Performance Management Improvement System (PIMS) & TruServe Update

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U.S. Department of Health & Human Services
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Purpose of Webinar

- **Provide background on development PIMS.**

- **Review FY 15 SORH PIMS definitions for TA and Unduplicated Client.**

- **Review five year (FY 10 – FY 14) program wide SORH PIMS trends.**

- **Explain FY 15 SORH PIMS timeline and process.**

- **Update on TruServe collection instrument.**

SORH Performance Measures - Background

- **Based on 1993 *Government Performance Results Act* (GPRA)**

- **Initial performance measures consisted of reporting:**

  - Number of unduplicated rural communities that received technical assistance (TA) from SORH.

  - Number of SORHs supporting a rural recruiting and retention focal point.

  - Number of health professional placements in rural locations (from 3RNet).

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SORH Performance Measures - Background

- **In 2009, FORHP worked with NOSORH Committee (reps each region) to develop revised measures and definitions pertaining *only* to the provision of technical assistance.**

- **Revised measures, collection form and process approved by the Office of Management and Budget in 2010.**

- **Reauthorized every 3 years.**

- **60 day Federal Register notice released June 22, 2016.**

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SORH Performance Measures - Current

- **Current measures are:**
  1. Report the number of technical assistance (TA) encounters provided *directly* to rural clients by SORH.
  2. Report the number of rural clients (unduplicated) that received TA *directly* from SORH.

- **Clear definitions of what constitutes a *direct* TA encounter and the difference between *affiliated* and *unaffiliated* clients.**

- **TA encounters expected to *exceed* unduplicated clients (~1:2).**

Technical Assistance (TA) Encounter: Any activity that is planned, funded, organized, administered or provided by SORH that results in the delivery of substantive information, advice, education or training *directly* to a client (s). TA must be provided face to face, thru teleconference / webinar technology or via ***in-depth*** telephone and e-mail interactions that result in the delivery of substantive service or subject content (problem solving, proposal feedback, regulation interpretation, grant application guidance etc.) to a client. Relatively brief / routine telephone and email responses and direct mass mailings are <u>not</u> considered TA for the purpose of this measure. A client usually requests TA or receives an invitation from SORH to participate in scheduled / formal TA activities such as workshops, conferences, seminars, meeting or training sessions. TA encounters provided to the *same* client on different occasions shall still be counted as an individual encounter.

Client (unduplicated): Any individual, group or organization interested in rural health. Examples include but are not limited to: providers / technicians, hospitals, clinics, networks, agencies, associations, organizations, academic institutions, government officials, communities, partners and other stakeholders. *Affiliated* individuals (i.e. members of an association or organization) would normally be considered a *single* client. Example - SORH addressing State Rural Health Association about grant opportunities. *Non-affiliated* individuals (i.e. hospital administrators or nurses) would normally be considered as *multiple* clients. Example - hospital staff attending a SORH sponsored workshop on quality and performance improvement. A client may only be counted *once* regardless of how many times the client receives TA during the reporting period.

SORH Performance Measures - Current

- **In addition to TA measures, SORHs also provide breakdown of:**
  - **- *types* of TA provided (i.e. face-face, e-mail, teleconference, webinar, other); and**
  - **- *types* of unduplicated clients (i.e. hospitals, clinics, academic institutions, providers, other).**

- **Sum of types must *equal* TA & Clients totals.**

- **FORHP has <u>not</u> set SORH targets or average.**

- **Roll-up of measures from all 50 SORHs reported to OMB, high variations require explanation.**

Types of TA listed in EHB PIMS

	Types of TA Provided	Number
☑	In-Depth Telephone and email interactions	1102
☑	Webinar Technology	27
☑	Thru Teleconference	42
☑	Face to Face	129
☑	Other	129
	Total:	**1429**

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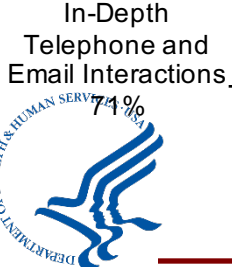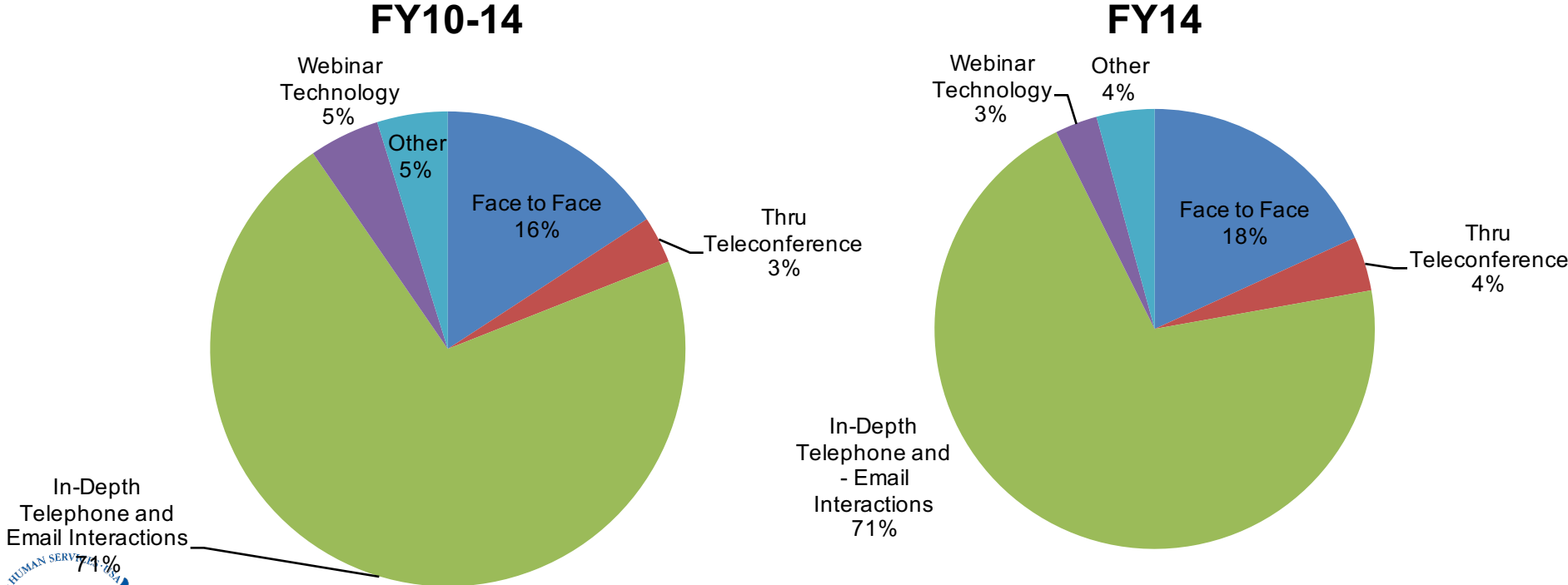| Types of Clients that Received TA		Number
☑	Communities	28
☑	Government Officials	2
☑	Academic Institutions	4
☑	Associations	8
☑	Agencies	6
☑	Networks	3
☑	Emergency Medical Services (EMS)	2
☑	Clinics	41
☑	Hospitals	18
☑	Providers	128
☑	Other	13
	Total:	253

SORH Performance Measures (cont.)

- **FY 08-10 TA totals increased / FY 11-13 stabilized / FY 14 - significant decrease.**

- **Total clients more stable, better understanding of affiliated versus unaffiliated un-duplicated clients likely reason for recent decline.**

Number of TA Provided & Clients Received over Reporting Period
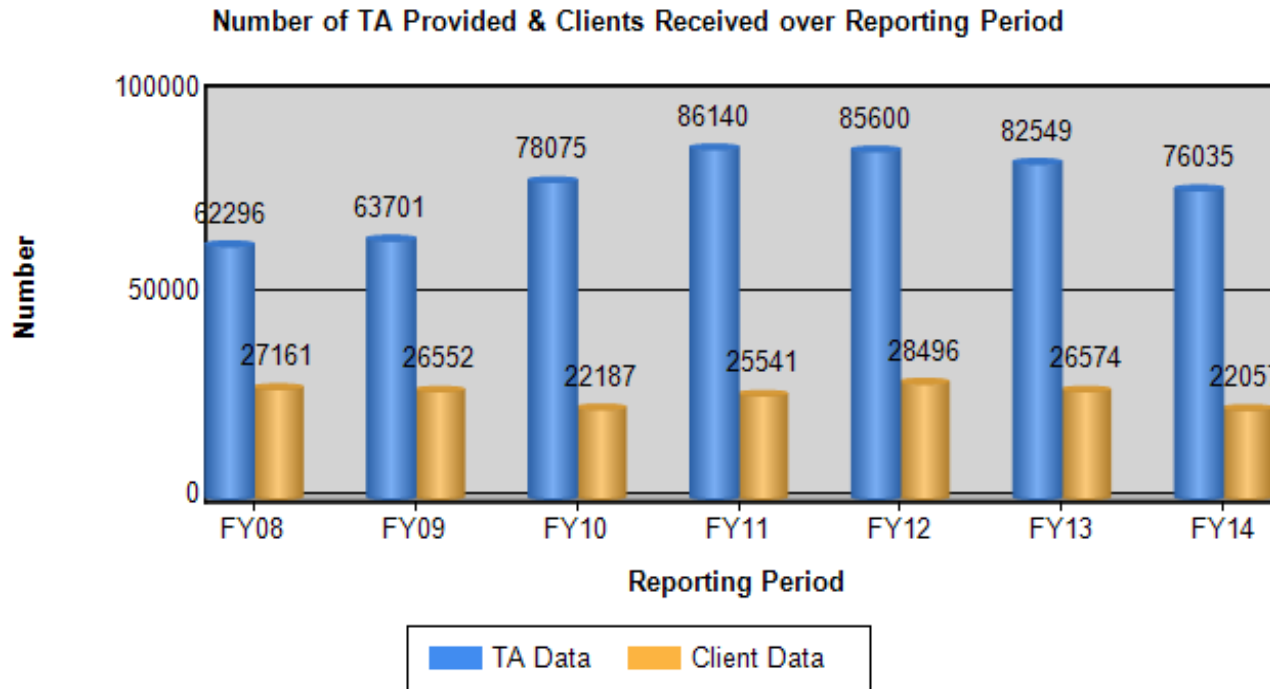
SORH Performance Measures (cont.)

- **In-depth telephone and email interactions most common type TA.**

- **Webinar technology increased FY 10-12, decreased FY 14.**

FY10-14

Webinar Technology 5%
Other 5%
Face to Face 16%
Thru Teleconference 3%
In-Depth Telephone and Email Interactions 71%

FY14

Webinar Technology 3%
Other 4%
Face to Face 18%
Thru Teleconference 4%
In-Depth Telephone and - Email Interactions 71%

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SORH Performance Measures (cont.)

- **Types of clients receiving TA relatively stable.**
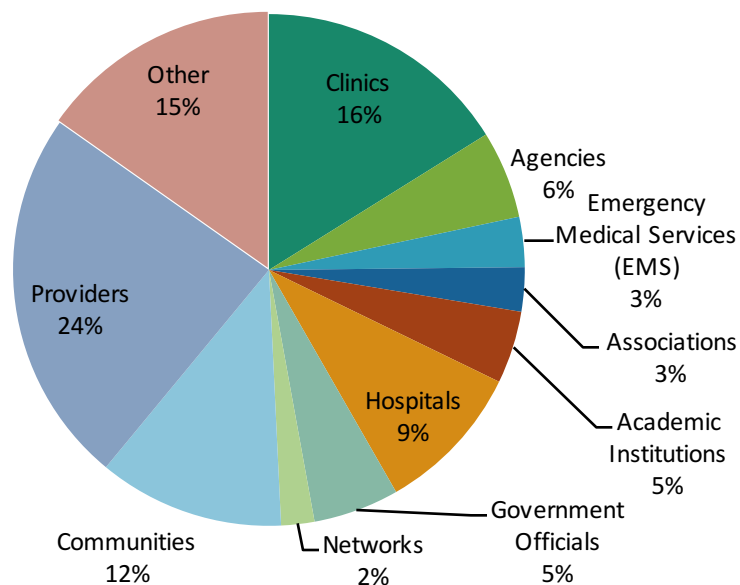- **Providers receive ~25% of TA.**

Type of Clients that Receive TA by Percent
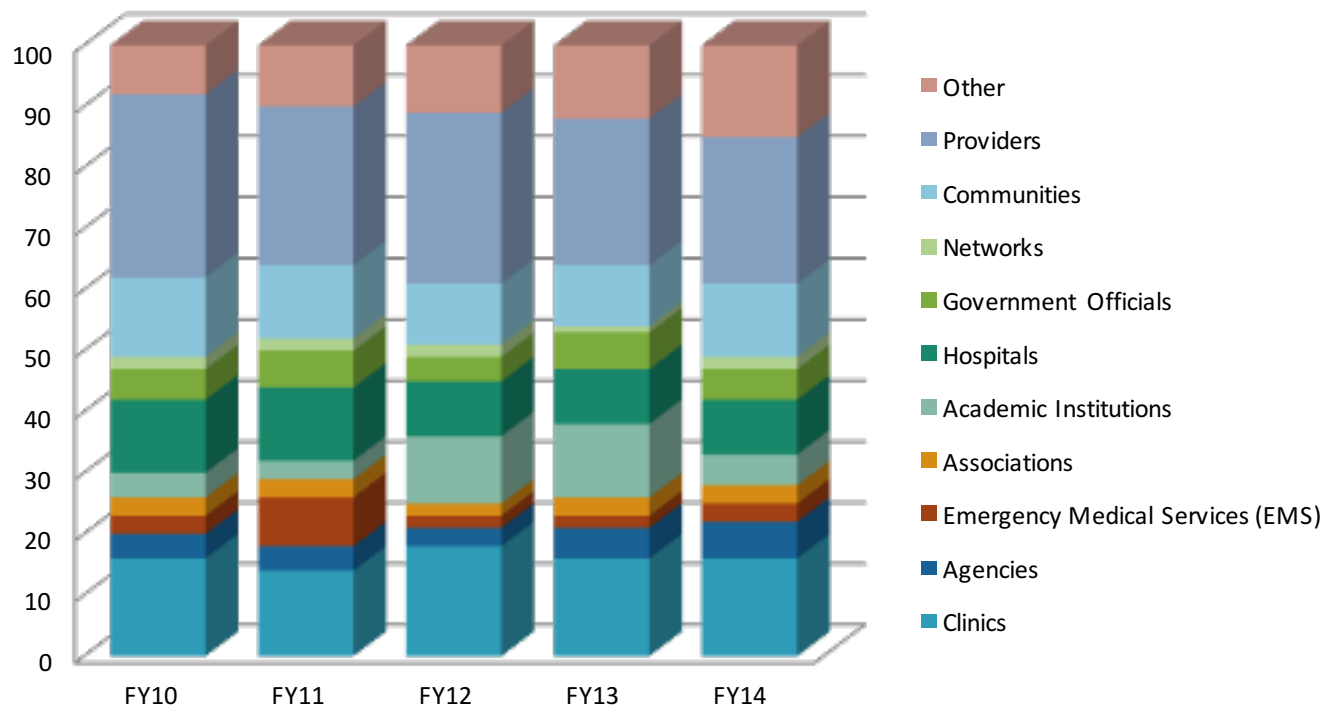
SORH Performance Measures (cont.)

- **Providers, clinics & hospitals (combined) receive ~50% of TA.**

FY14

Pie chart:
- Clinics 16%
- Agencies 6%
- Emergency Medical Services (EMS) 3%
- Associations 3%
- Academic Institutions 5%
- Government Officials 5%
- Hospitals 9%
- Networks 2%
- Communities 12%
- Providers 24%
- Other 15%

FY 15 Submission Process

- **All prior year reports can be viewed in EHB.**

- **Project Officer can provide five year trend.**

- **FY 15 PIMS due in EHB by August 30, 2016.**

- ***If* FY 15 measures vary significantly (5% or more) from FY 14 for <u>either</u> TA or Clients, contact Project Officer to discuss *prior* to submission.**

- **Note suspected reason for *change* in comment section at bottom of EHB submission form.**

Contact Information

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