# Performance Management Improvement System (PIMS) Update

Suzanne Stack, MS SORH Program Coordinator Federal Office of Rural Health Policy Health Resources and Services Administration





- Provide background on development PIMS.
- Review FY 16 SORH PIMS definitions for Technical Assistance and Unduplicated Client.
- Review five year (FY 11 FY 15) program wide SORH PIMS trends.
- Explain FY 16 SORH PIMS timeline and process.





#### **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).





## **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 was released June 22, 2016.
- Currently convening SORH PIMS Workgroup (one rep per region) to conduct an analysis of existing PIMS measures.





#### **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 (2:1).





#### **Definition: 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. 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 or routine telephone and email responses and direct mass mailings are not considered TA for the purpose of this measure.
- TA encounters provided to the same client on different occasions shall still be counted as an individual encounter.





## **Definitions Continued:**

<u>Client (Unduplicated)</u>: Any individual, group or organization interested in rural health. A client may only be counted *once* regardless of how many times the client receives TA during the reporting period. Examples include but are not limited to: providers, hospitals, clinics, networks, agencies, associations, organizations, academic institutions, government officials, communities, partners and other stakeholders.

<u>Affiliated Individuals:</u> (i.e. members of an association or organization) are considered a single client. Example - SORH addressing State Rural Health Association about grant opportunities.

<u>Non-affiliated Individuals:</u> (i.e. hospital administrators or nurses) are considered *multiple* clients. Example - hospital staff attending a SORH sponsored workshop on quality and performance improvement.





#### **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.
- Roll-up of measures from all 50 SORHs reported to OMB, high variations require explanation.
- To view HRSA's Budget Justification, visit: <u>https://www.hrsa.gov/about/budget/budgetjustification2018.pdf</u>





## **Types of TA listed in EHB PIMS**

	Types of TA Provided	Number
$\checkmark$	In-Depth Telephone and email interactions	1102
$\checkmark$	Webinar Technology	27
$\checkmark$	Thru Teleconference	42
$\checkmark$	Face to Face	129
$\checkmark$	Other	129
	Total:	1429
		U.S. Depa

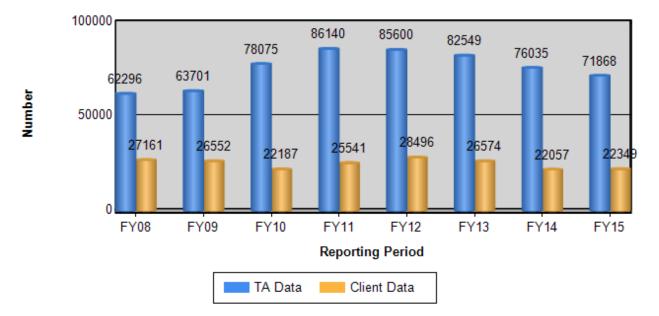


	Types of Clients that Received TA	Number
$\checkmark$	Communities	28
$\checkmark$	Government Officials	2
$\checkmark$	Academic Institutions	4
$\checkmark$	Associations	8
$\checkmark$	Agencies	6
$\checkmark$	Networks	3
$\checkmark$	Emergency Medical Services (EMS)	2
$\checkmark$	Clinics	41
$\checkmark$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





#### **SORH Performance Measures**



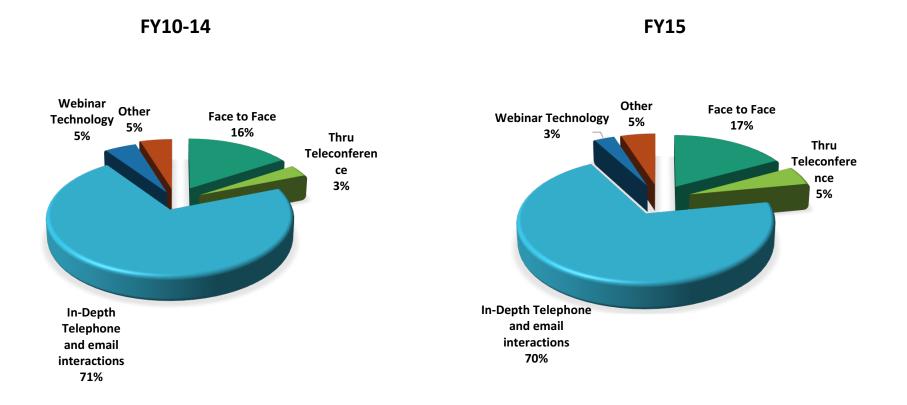
Number of TA Provided & Clients Received over Reporting Period

Note: 30 SORHs now using TruServe collection instrument.





#### **SORH Performance Measures: Types of Technical Assistance**







#### SORH Performance Measures: Types of Clients

**TYPE OF CLIENTS RECEIVING TECHNICAL ASSISTANCE, FY15** 

#### Other **Clinics** 15% 17% Agencies 5% **Emergency Medical Services** (EMS) 4% **Providers Associations** 23% 3% Academic Institutions 4% **Hospitals** 10% **Communities Networks** Government Officials 13% 5% 1%

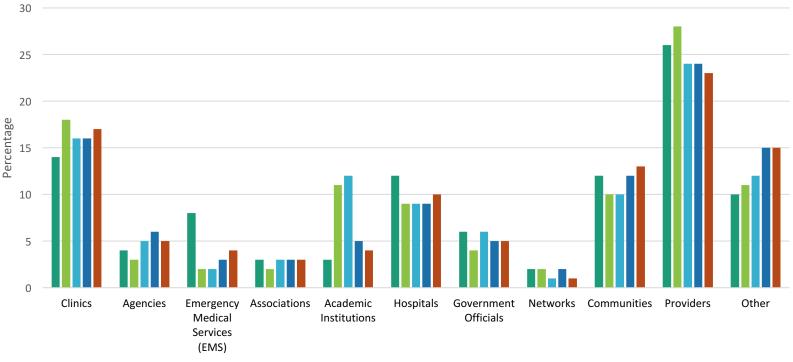
NOTE: Providers, clinics and hospitals receive about 50% of technical assistance





#### **SORH Performance Measures: Type of Clients**





Axis Title

■ FY11 ■ FY12 ■ FY13 ■ FY14 ■ FY15





#### **FY 16 Submission Process**

- All prior year reports can be viewed in EHB.
- Project Officer can provide five year trend.
- FY 16 PIMS due in EHB by August 30, 2017.
- If FY 16 measures vary significantly (5% or more) from FY 15 for either 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**

Suzanne Stack, MS SORH Program Coordinator Federal Office of Rural Health Policy Health Resources and Services Administration <u>sstack@hrsa.gov</u> / (301) 443-4043

FORHP HSD Project Officer Map: https://www.hrsa.gov/ruralhealth/ruralhospitals/regionmap.html

HRSA EHB Contact Center / 877-Go4-HRSA (464-4772)

Web: hrsa.gov/ruralhealth/

**Twitter:** twitter.com/HRSAgov

Facebook: facebook.com/HHS.HRSA



