State Offices of Rural Health (SORH) Performance Improvement Measurement System (PIMS)
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Suzanne Stack, MS
SORH Program Coordinator
Federal Office of Rural Health Policy
Health Resources and Services Administration
Purpose of Webinar

• FY 19 SORH PIMS reporting
• FY 19 SORH PIMS definitions for Technical Assistance and Unduplicated Client
• Five year (FY 14 – FY 18) program wide SORH PIMS trends
• Overview of *New* SORH FY18 PIMS
Program Objective 1: Collect and Disseminate Information

Information Disseminated:

• Number of people on listserv
• Number of people receiving newsletter (mail or electronic)
• Number of website hits
  • Include information on most popular sections of website, if known: textbox for this
• Is audience/membership for listserv the same as for newsletter: Yes or No
• Is the listserv one way information or interactive: one way or interactive
Program Objective 1: Collect and Disseminate Information

Optional Section, Complete Only if Applicable:

- Information Created or Developed: New/Updated/Not Applicable.

- Checkbox will be available for: Fact Sheets, Toolkits, Maps, Conferences (hosted or co-hosted), Articles, Webinars, Website Updates, Newsletter
  - Newsletter: how many newsletter issues per year (if known): provide number
  - Listserv: how many listserv posts distributed per year (if known): provide number
  - Describe one tool that you created to address a problem in your state: This will be a textbox.
Program Objective 2: Coordinate rural health care activities in state in order to avoid redundancy.

• Collaborative Efforts by 1) topic area and 2) type of audience.

• Topic Area: Convened/Attended/Not Applicable

• Checkbox will be available for the following topic areas: Rural Health Network, Needs Assessment, Workforce, Telehealth, Tribal, Older Adults/Aging, Behavioral Health, Community Development, Population Health, Opioids, Veterans, Oral Health, Transportation, Grant Writing and/or Other. Other will be a textbox.
Program Objective 2: Coordinate rural health care activities in state in order to avoid redundancy.

• Collaborated With: Other HRSA grantees, Other State Agencies, Policymakers, CAHs, Small Rural Hospitals, FQHCs, RHCs, Workforce Programs, National Organizations, Educational Institutions, Associations, Networks, Advisory Boards/Committees/Workgroups and/or Other. Other will be a textbox.

• Describe one collaborative effort in your state that resulted in increased engagement on issues and/or strengthened partnerships that helped further the goals of the SORH? This will be a textbox.
Program Objective 3: Provide Technical Assistance to Public and Non-Profit Private Entities

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)
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.
Definitions Continued:

**Client (Unduplicated):** 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.

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

**Non-affiliated Individuals:** (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

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

To view HRSA’s Budget Justification, visit:


Note: 38 SORHs use TruServe collection instrument.
SORH Performance Measures: Type of Clients

TYPE OF CLIENTS RECEIVING TECHNICAL ASSISTANCE, FY15-FY18

- Clinics
- Agencies
- Emergency Medical Services (EMS)
- Associations
- Academic Institutions
- Hospitals
- Government Officials
- Networks
- Communities
- Providers
- Other

FY15, FY16, FY17, FY18
SORH Performance Measures: Types of Technical Assistance

**FY13-17**
- In-Depth Telephone and email interactions: 70%
- Face to Face: 17%
- Teleconference: 4%
- Other: 5%
- Webinar Technology: 4%

**FY18**
- In-Depth Telephone and email interactions: 66%
- Face to Face: 21%
- Teleconference: 5%
- Other: 2%
- Webinar Technology: 6%
SORH Performance Measures: 2018

*NEW* SORH PIMS Information for 2018:

- Across the 50 SORHs, there are:
  - 43,070 listserv subscribers
  - 4045 items posted to listservs
  - 57,995 receiving a newsletter (mail or electronic)
  - 677 newsletters distributed
  - 1,344,501 website hits

- FORHP is sorting through additional data reported for 2018 and exploring ways to report this information.
FY 19 PIMS Submission Process

• Due in EHB by August 30, 2020
• If FY 19 measures vary significantly from FY 18, contact Project Officer to discuss prior to submission
• Note suspected reason for any changes in comment section at bottom of EHB submission form
• All prior year reports can be viewed in EHB
• Project Officer can provide five year trend
SORH PIMS Submissions FY2019

• Questions?
Suzanne Stack, MS
SORH Program Coordinator
Federal Office of Rural Health Policy
Health Resources and Services Administration
sstack@hrsa.gov / (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/
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