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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Rural Maternity and Obstetrics Management Strategies Program Data Collection, OMB No. 0915-0394 - Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than **[INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE *FEDERAL REGISTER*]**.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 13N82, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call Samantha Miller, the HRSA Information Collection Clearance Officer, at (301) 443-9094.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: Rural Maternity and Obstetrics Management Strategies Program Data Collection, OMB No. 0915-0394 - Revision

Abstract: HRSA administers the Rural Maternity and Obstetrics Management Strategies (RMOMS) Program, which is authorized by section 330A-2(d) of the Public Health Service Act. The RMOMS Program grants support networks that improve access to, and continuity of, maternal and obstetrics care in rural communities. The goals of the RMOMS Program are to: (1) improve maternal and neonatal outcomes within a rural region; (2) develop a sustainable network approach to increase the delivery and access of preconception, prenatal, pregnancy, labor and delivery, and postpartum services; (3) develop a safe delivery environment with the support and access to specialty care for perinatal patients and infants; and (4) develop sustainable financing models for the provision of maternal and obstetrics care in rural hospitals and communities. HRSA currently collects information about RMOMS grants using an OMB-approved set of performance measures and seeks to revise that approved collection. The proposed changes are a result of keeping this instrument relevant, responsive to the RMOMS Program needs, and to improve clarity of reporting for respondents.

Need and Proposed Use of the Information: The purpose of the revised data

collection is to assess RMOMS awardees' progress in meeting the program goals and how well each awardee meets their community needs. Additionally, HRSA will be able to monitor and assess the impact of the RMOMS Program and ensure that funds are effectively used to provide services that meet the target population's needs.

The proposed changes to this data collection include:

- Changing the frequency of data reporting from an annual basis to a biannual basis (twice a year).
- Changing from aggregate data reporting to patient level data reporting.
- Reducing the number of measures from 34 to approximately 25 data elements.
- Removing Forms/Sections 1 (Consortium/Network) and 2 (Sustainability).
- Form/Section 3: Demographics will be changed to Section 1: Demographic Information.
- Form/Section 4: Project Specific Domain will be separated into the following: Section 2: Prenatal Care and Pregnancy Characteristics; Section 3: Labor and Delivery; Section 4: Postpartum Care; Section 5: Health Behaviors and High-Risk Conditions; and Section 6: Program and Support Services.

HRSA also estimates an increase in the estimated total burden hour compared to the currently approved ICR package. The increase in burden is to account for additional RMOMS respondents, changes to the instrument and frequency of data reporting, and the time it takes for awardees to refine their existing processes to coordinate and collect data from their partner organizations. Awardee organizations vary in data collection and

reporting capacity as well as in the number of member organizations each must coordinate with to report this data to HRSA. The amount of time it takes to build processes to coordinate and collect data from network partners will vary. Larger networks with multiple partners across different organizations are likely to report higher burdens due to the wait time in between coordinating data requests. Networks that already have established working relationships with member organizations may have existing processes in place to effectively collect data for this program.

Likely Respondents: Respondents will be the RMOMS award recipients.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

Total Estimated Annualized Burden Hours:

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Rural Maternity and Obstetrics Management Strategies Data Collection	14	2	28	105	2,940

Total	14	2	28	105	2,940

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Maria G. Button,

Director, Executive Secretariat.

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