CHILDREN'S HOSPITALS GRADUATE MEDICAL EDUCATION PAYMENT PROGRAM

OMB No. 0915-0313

Expiration Date: 11/30/2010

ANNUAL REPORT FORM HRSA 100-3

Public Burden Statement

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Health Resources and Services Administration	Expiration Date:	11/30/2
Payment Program		

HRSA 100-3-A: Training in the Health Care Needs of Different Populations

Residency Program Name:	
Medicare Provider Number:	
Date of Report:	(mm/dd/yy)

Types of Training

For each of the following types of training, use the drop down boxes to indicate whether the training is required, elective, or not currently used in your program **and, if currently used,** whether the training applies to those who are underserved due to financial, sociocultural, geographic or medical reasons or combinations of these reasons. **See detailed guidance for complete instructions**.

Type of Training	Required/Elective/Not Currently Used	Underserved Population
Didactic Approaches		
Formal courses		
Lectures		
Workshops		
Standardized patients		
Case-based experiential learning (e.g., morning report, noon case presentation, morbidity & mortality)		
Grand Rounds		
Medical simulations		
Clinical Experiences		
Bedside Training		
Patient Rounds		
Identify/mobilize medical home		
Coordination of health care and community resources		
Coordination of mental health care		
Interdisciplinary patient care conferences		
Assist families with transition of children into child care and educational settings		

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Type of Training	Required/Elective/No Currently Used	ot	Underserved Population
Pediatric Palliative Care/ Pediatric			
Transition to adult care			
Community-based Experiences			
Community health center			
Public health department			
Drug rehabilitation program			
Homeless shelter			
Day care settings, including Head Start			
Home visits to patients			
Mobile health van			
School health			
Juvenile detention facilities			
Migrant Health Center			
Indian Health Center Sites			
National Health Service Corps sites			
Area Health Education Center (AHEC)			
Rural health centers			
Cultural immersion experiences			
Other, specify			
Research			
Other			
Advocacy Training			
Language Training			
Cultural Efficacy Training			

Children's Hospitals Graduate Medical Education Payment Pro HRSA 100-3-B: Training Related to Underserved Populations: Training Content and Types of Training

Residency Program Name:	0
Medicare Provider Number:	0
Date of Report:	(mm/dd/yy)

For each of the following topic areas, please use the check boxes to indicate the types of training used to address the topic in the training program in the most recent academic year (2009-2010). Check all that apply. For example, if your program offers a lecture on homelessness as well as a community rotation in a homeless shelter, check both didactic and clinical experiences. There must be at least one check in each row. **See detailed guidance for complete instructions**.

	Didactic	Clinical Experiences/ Patient Care	Research	Not Currently in the Curriculum
Underserved for Financial Reasons				
Poverty, including causes, consequences, & implications for child health				
Uninsured and Underinsured				
Medicaid and SCHIP and related programs such as EPSDT				
Public sources of care (e.g., community health centers, public health departments)				
Other social services, such as WIC				
Homelessness				
Migrant worker families and children				
Community-based medicine				
Advocacy Training				
Substance Abuse				

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	Didactic	Clinical Experiences/ Patient Care	Research	Not Currently in the Curriculum
Domestic violence/child abuse				
Underserved for Socio-cultural Rea	isons			
Foreign language instruction				
Issues related to use of interpreter services (both professional and ad hoc)				
Cultural beliefs and attitudes				
Availability of community based programs such as cultural centers				
Immigration/Deportation issues				
Underserved for Geographic Reasons				
Telemedicine				
Transportation and travel barriers				
Availability of allied health providers (PT/OT/Speech Pathology, etc.)				
Public sources of care in rural areas				
Underserved for Medical Reasons				
Medical Home				
Care coordination with other health care providers				
Interfacing with community organizations (such as schools and day cares)				
Palliative care for terminally ill children / Pediatric hospice				
Individualized education plans (IEPs)				

	Didactic	Clinical Experiences/ Patient Care	Research	Not Currently in the Curriculum
Americans with Disabilities Act				
Dental Care				
Oral health screening				
Counseling for oral hygiene, diet (e.g., baby bottle use), and fluoride use				
Fluoride guidelines				
Referral for dental care				
Access to dental health services				
Availability of public sources of dental services				

OMB No. 0915-0313 Department of Health and Human Services Expiration Date: 11/30/2010 Children's Hospitals Graduate Medical Education Payment Program **Training** Training Experiences and Resulting Benefits Residency Program Name: 0 Medicare provider number: Date of Report: (mm/dd/yy) Please indicate whether each topic listed in this worksheet was part of the program's training/curriculum in the most recent academic year (2009-2010) and, if so, whether the topic was newly offered since the previous year (2008-2009) or expanded or improved since the previous academic year. Also, please briefly describe resulting benefits from any change(s) in the space provided following each broad subheading. If you wish to provide greater detail about the benefits resulting from changes in the curricula, you may do so by adding a sheet to the Excel workbook or attaching a separate document. [Benefits may include, for example, increases in medical knowledge; improvements in clinical competence; increased awareness of psychosocial and behavioral aspects of health and illness; increased awareness of the availability of community resources; increased ability to function as a medical home provider; improvements in patient care and outcomes and promotion of leadership skills.] If no changes have occurred, you need not complete the rationale and "benefits" sections. See detailed guidance for complete instructions. If Yes If Yes TRAINING TOPIC No, Not Part of **Has this Training** Yes, Part of Is this Newly Training in Most Recent Academic **Expanded or Training in Most** Offered since the Improved since Recent Academic **Previous Academic** previous year (2008-2009)? Year (2009-2010) Year? (2008-2009)? Year (2009-2010) **Didactic Training** Basic Science Genomics/Proteomics Neuroscience Developmental biology Translational Research Effects of physical environment (toxins, etc) Effects of social environment П (crime, etc) Tailoring therapy to the П П П individual What are the reasons for the change(s), if any, made and the benefits resulting from the changes noted above in the didactic training in basic science? Please respond in the space below.

TRAINING TOPIC	No, Not Part of Training in Most Recent Academic Year (2009-2010)	Yes, Part of Training in Most Recent Academic Year (2009-2010)	Is this Newly Offered since the Previous Academic Year? (2008-2009)?	Has this Training Expanded or Improved since previous year (2008- 2009)?
Health Promotion				
Promoting positive health behaviors				
Health promotion/ Illness Prevention				
Screening/referral for maternal depression				
Screening/referral for parental substance abuse				
Screening/referral for domestic violence				
Tobacco prevention and control				
Obesity-directed care				
Anticipatory guidance				
What are the reasons for the cha didactic training in health promot	nges, if any, made ar ion? Please respond	nd the benefits resul in the space below.	ting from the changes	noted above in the
Other Topics in Didactic Train	ing T	-	1	T
Family-centered pediatrics				
Interdisciplinary care				
Medical Home model				
Cultural competency				
Competency-based training				
Physician-patient communication				

TRAINING TOPIC	No, Not Part of Training in Most Recent Academic Year (2009-2010)	Yes, Part of Training in Most Recent Academic Year (2009-2010)	Is this Newly Offered since the Previous Academic Year? (2008-2009)?	Has this Training Expanded or Improved since previous year (2008- 2009)?
Patient advocacy				
Leadership training (conflict resolution, self-awareness, vision-entrepreneurship, etc)				
Interpretation of research				
Care of domestically adopted children				
Care of internationally adopted children				
What are the reasons for the cha other didactic training topics? Plo	nges, if any, made arease respond in the s	nd the benefits resul space below.	ting from the changes	s noted above in the
Dental Care				
Oral health screening			П	
Counseling for oral hygiene, diet (e.g., baby bottle use), and fluoride use				
Fluoride guidelines				
Referral for dental care				
Access to dental health services				
Availability of public sources of dental services				
What are the reasons for the cha didactic training of dental care?			ting from the changes	s noted above in the
Community health system tonics				
Substance abuse treatment system				
Domestic violence resources				
Mental/behavioral health care system				

TRAINING TOPIC	No, Not Part of Training in Most Recent Academic Year (2009-2010)	Yes, Part of Training in Most Recent Academic Year (2009-2010)	Is this Newly Offered since the Previous Academic Year? (2008-2009)?	Has this Training Expanded or Improved since previous year (2008- 2009)?
Social service system				
Public education				
Welfare system				
Foster care system				
Migrant health system				
Indian health service				
Community-level advocacy				
Legislative/ policy advocacy				
What are the reasons for the char training of community health syst	nges, if any, made ar em topics? Please r	nd the benefits resulespond in the space	ting from the changes below.	noted above in the
Clinical Training				
Community based pediatric rotations/clinical experiences				
Local and state health departments				
Community health centers				
Schools				
Day care				
Juvenile detention facilities				
Home care services				
Advocacy (communicating with elected officials, providing legislative testimony, etc.)				
Private practice				
Child protective teams				

TRAINING TOPIC	No, Not Part of Training in Most Recent Academic Year (2009-2010)	Yes, Part of Training in Most Recent Academic Year (2009-2010)	Is this Newly Offered since the Previous Academic Year? (2008-2009)?	Has this Training Expanded or Improved since previous year (2008- 2009)?
Head Start				
Homeless Shelters				
Mobile health van				
What are the reasons for the char training of community based rota				s noted above in the
Other clinical experiences/rot	ations			
Scholarly activities (performing basic, clinical, translational, or health services research)				
Use of transformative learning techniques, e.g., role plays, reflective exercises				
Resident project				
What are the reasons for the char training of other clinical rotations	nges, if any, made ar /experiences? Please	nd the benefits resule respond in the space	ting from the changes e below.	noted above in the
Changes in Training Evaluation				
Changes in Training Evaluatio Observed structured clinical				
examination (OSCE)			Ш	
360 evaluations				
Standardized patients				
Record reviews				
Chart-stimulated recall				
Checklists of observed behaviors				
Global ratings				
Procedure logs				

TRAINING TOPIC	No, Not Part of Training in Most Recent Academic Year (2009-2010)	Yes, Part of Training in Most Recent Academic Year (2009-2010)	Is this Newly Offered since the Previous Academic Year? (2008-2009)?	Has this Training Expanded or Improved since previous year (2008- 2009)?
Case logs				
Patient surveys				
Reflective exercises				

What are the reasons for the changes, if any, made and the benefits resulting from the changes noted above in the training evaluation? Please respond in the space below.

Children's Hospitals Medical Education Payment Program

HRSA 100-3-D: Training Related to Measurement and Improvement in Quality, Changes in Training and Resulting Benefits of Change

Quality , cliailges iii ii ai	9			-9-
Residency Program Name:			(
Medicare Provider Number:				
Date of Report:				(mm/dd/yy
Please indicate whether each topic lister recent academic year (2009-2010) and expanded or improved since the previous row. Also, please briefly describe the refollowing each broad subheading. If yo the curricula, you may do so by adding	, if so, whether the us academic year <u>easons</u> for and res u wish to provide o	e topic was newly of (2008-2009). There ulting <u>benefits</u> from greater detail about	fered since the pre must be at least on any change(s) in th the benefits resulti	vious year or e check mark in each le space provided ng from changes in
[Benefits may include, for example, inc awareness of psychosocial and behavio community resources; increased ability outcomes and promotion of leadership If no changes have occurred, you n guidance for complete instructions	ral aspects of heal to function as a m skills.] eed not complet	th and illness; increated increated increated increased	ased awareness of er; improvements in	the availability of n patient care and
TRAINING TOPIC			If Yes	If Yes
	No, Not Part of Training in Most Recent Academic Year (2009- 2010)	Yes, Part of Training in Most Recent Academic Year (2009- 2010)	Is this Training Newly Offered since the Previous Academic Year (2008-2009)?	Has this Training been Expanded or Improved since the Previous Academic Year (2008-2009)?
Health Care Quality				
Quality characteristics				
Evidence-based medicine				
Ambulatory care sensitive conditions				
Volume-outcomes				
Small area variation				
Health care disparities				
Systematic literature reviews/meta- analysis				
Practice guidelines				
What are the reasons for the changes, training on health care quality? Please			g from the changes	noted above in
Quality Measurement				
Quanty Measurement				

Benchmarking

TRAINING TOPIC			If Yes	If Yes	
	No, Not Part of Training in Most Recent Academic Year (2009- 2010)	Yes, Part of Training in Most Recent Academic Year (2009- 2010)	Is this Training Newly Offered since the Previous Academic Year (2008-2009)?	Has this Training been Expanded or Improved since the Previous Academic Year (2008-2009)?	
Consumer Assessments of Health Plans (CAHPS)					
Health Plan Employer Data and Information Set (HEDIS)					
Agency for Health Care Research and Quality (AHRQ) Pediatric Quality Indicators					
AHRQ Clinical Performance Measures for Ambulatory Care					
Structure/Process/Outcomes Measures					
Performance measurement and indicators					
Severity/risk adjustment					
Sentinel event					
Interdisciplinary care					
What are the reasons for the changes, if any, made and the benefits resulting from the changes noted above in the training on quality measurement? Please respond in the space below.					

TRAINING TOPIC			If Yes	If Yes
	No, Not Part of Training in Most Recent Academic Year (2009- 2010)	Yes, Part of Training in Most Recent Academic Year (2009- 2010)	Is this Training Newly Offered since the Previous Academic Year (2008-2009)?	Has this Training been Expanded or Improved since the Previous Academic Year (2008-2009)?
Quality Improvement				
Physician reminder systems (e.g., prompts in paper charts or computer-based reminders)				
Facilitated relay of clinical data to providers (e.g., use of faxes to send information between PCP and specialists)				
Audit and feedback approaches (e.g., performance review, report cards, benchmarking)				
Physician education (e.g., conferences, etc.)				
Patient education (e.g., pamphlets, classes, self-care instruction, etc.)				
Promotion of disease self management (e.g., workshops, monitoring devices, etc)				
Patient reminder systems (e.g., telephone or postcard reminder systems)				
Organizational changes (e.g., total quality management, continuous quality improvement, etc.)				
Financial incentives (e.g., pay for performance)				
Use of practice guidelines				
What are the reasons for the changes, training on quality improvement? Plea			g from the changes	noted above in the

Program

HRSA 100-3-E: Changes in the Numbers of Residents and Faculty Members and Resulting Benefits

Residency Program Name:	
Medicare Provider Number:	
Date of Report:	(mm/dd/y
For your training program answer the following questions.	See detailed guidance for complete instr
In which year was this training program first offered?	
	•

In the following table, please indicate the total number of trainees and faculty involved in your program in the previous academic year (2008-2009) and in the most recent year of funding (2009-2010):

Previous Academic Year (Most Recent Ye	ear (2009-2010)	
Number of Residents	Number of Residents Number of Faculty		Number of Faculty

How have the changes in the number of residents and/or the number of faculty in your program yielded benefits to your residents, institution, or patients?

[Benefits may include, for example, increases in medical knowledge; improvements in clinical competence; increased awareness of psychosocial and behavioral aspects of health and illness; increased awareness of the availability of community resources; increased ability to function as a medical home provider; improvements in patient care and outcomes and promotion of leadership skills.] Please respond in the space below.

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Residency Program Name:	0
Medicare Provider Number:	0
Date of Report:	(mm/dd/yy)

Public Law 109-307 requires that you report for each resident (who was in a hospital-sponsored program or who spent 75% of his/her training time in your hospital in the last academic year) who completed training in the academic year (2009-2010), his or her first place of employment lasting at least 6 months: city, state, zip code, and type of employment for their current position. Do not include names or SSN's-just resident #1; resident #2, etc., as indicated in the table. **See detailed guidance for complete instructions.**

Resident No.	City	Stat e	Zip Code	Type of Employment
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				

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Resident No.	City	Stat e	Zip Code	Type of Employment
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				

Required
Elective
Not Currently Used
Two Currently Oscu
The annual number of trainees increased
The annual number of trainees decreased
The annual number of trainees stayed the same
The number of faculty increased
The number of faculty decreased
The number of faculty stayed the same
Private Practice
Non-academic medical center
Non-academic medical center - Hospitalist
Non-academic medical center - Outpatient clinic
Academic medical center - Additional training (fellowships, etc.)
Academic medical center - Hospitalist
Academic medical center - Staff Physician
Academic medical center - Faculty Physician
Academic medical center - Other academia
Public setting - Community/rural/migrant health center
Public setting - Health department
Government - Federal (CDC, FDA, NCHS, etc)
Government - State government
Government - National Health Service Corps
Government - Military
Private industry - Pharmaceuticals/Biotechnology/Software
Other
Not currently employed
Financial
Sociocultural
Geographic
Medical
2 or 3 Populations
All of the above

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