Department of Health and Human Services
Health Resources and Services Administration

OMB No. 0915-0313
Expiration Date: 11/30/2010

CHILDREN'S HOSPITALS GRADUATE MEDICAL EDUCATION PAYMENT PROGRAM

ANNUAL REPORT FORM HRSA 100-3

Public Burden Statement

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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 services		
Interdisciplinary patient care conferences		
Assist families with transition of children into child care and educational settings		

Type of Training	Required/Elective/Not Currently Used	Underserved Population
Pediatric Palliative Care/ Pediatric Hospice		
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) sites		
Rural health centers		
Cultural immersion experiences		
Other, specify		
Research		
Other		
Advocacy Training		
Language Training		
Cultural Efficacy Training		

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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	☐	☐	☐	☐

	Didactic	Clinical Experiences/ Patient Care	Research	Not Currently in the Curriculum
Domestic violence/child abuse	☐	☐	☐	☐
Underserved for Socio-cultural Reasons				
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	☐	☐	☐	☐

Children's Hospitals Graduate Medical Education Payment Program Training

Training Experiences and Resulting Benefits

Residency Program Name:	0
Medicare provider number:	0
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 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)?**
Didactic Training				
Basic Science				
Genomics/Proteomics	☐	☐	☐	☐
Neuroscience	☐	☐	☐	☐
Developmental biology	☐	☐	☐	☐
Translational Research	☐	☐	☐	☐
Effects of physical environment (toxins, etc)	☐	☐	☐	☐
Effects of social environment (crime, etc)	☐	☐	☐	☐
Tailoring therapy to the 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 changes, if any, made and the benefits resulting from the changes noted above in the didactic training in health promotion? Please respond in the space below.				
Other Topics in Didactic Training				
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 changes, if any, made and the benefits resulting from the changes noted above in the other didactic training topics? Please respond in the space below.

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	☐	☐	☐	☐

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

Community health system topics				
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 changes, if any, made and the benefits resulting from the changes noted above in the training of community health system topics? Please respond in the space below.

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 changes, if any, made and the benefits resulting from the changes noted above in the training of community based rotations/experiences? Please respond in the space below.				
Other clinical experiences/rotations				
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 changes, if any, made and the benefits resulting from the changes noted above in the training of other clinical rotations/experiences? Please respond in the space below.				
Changes in Training Evaluation				
Observed structured clinical examination (OSCE)	☐	☐	☐	☐
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.

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Expiration Date:

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

Residency Program Name:	0
Medicare Provider Number:	0
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 or expanded or improved since the previous academic year (2008-2009). There must be at least one check mark in each row. Also, please briefly describe the reasons for and 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" section. See detailed guidance for complete instructions.

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, if any, made and the benefits resulting from the changes noted above in training on health care quality? Please respond in the space below.

Quality 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, if any, made and the benefits resulting from the changes noted above in the training on quality improvement? Please respond in the space below.

Program

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

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

For your training program answer the following questions. **See detailed guidance for complete instruc**

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 (2008-2009)		**Most Recent Year (2009-2010)**	
Number of Residents	**Number of Faculty**	**Number of Residents**	**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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Children's Hospitals Graduate Medical Education Payment Progr
HRSA 100-3-F Practice Locations of Residents Completing Training

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	State	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				

Resident No.	City	State	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
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