

# Supporting Statement A

## Primary Care Faculty Development Initiative

OMB Control No. 0915-XXXX

**Terms of Clearance:** None

### A. Justification

#### 1. Circumstances Making the Collection of Information Necessary

There is a national need for re-strategizing the health care workforce to deliver care in new models and delivery systems, such as accountable care organization, team based care and patient centered medical homes, where primary care physicians and the teams they lead play a central role. A key requirement for physicians, who have been trained, is not only to deliver on the promise of health reform, but to prepare the next generation of physicians and inter-professional teams by implementing common approaches, tools, methods to assist faculty in teaching and assessing students' and residents' knowledge, skills and attitudes in a variety of health care delivery domains. Currently there is no national consensus, nor infrastructure in place, to support effective faculty learning and development in the primary care specialties. As a leader in the area of faculty development through a variety of initiatives including working within its statutory authorities, the Health Resources and Services Administration (HRSA) is facilitating an initiative to develop, implement and evaluate recognized and needed improvements.

HRSA's Bureau of Health Professions, Division of Medicine and Dentistry, has contracted with Oregon Health and Science University (OHSU), contract HSH250201200023C, to conduct the planning, execution, and evaluation of a nationally based longitudinal Primary Care Faculty Development Initiative (PCFDI) demonstration project. The authority for the PCFDI can be found in the Public Health Services Act, 42 USC §293k(a)(1)(G) – Primary Care Training and Enhancement. OHSU has developed web-based survey instruments which will be used to review planned curriculum and its implementation and to make recommendations to improve teaching and competency assessment in primary care educational activities. The objectives of the surveys are to: 1) assess the feasibility and acceptability of an inter-disciplinary faculty development pilot program targeting primary care physicians; 2) to measure the leadership skills of PCFDI faculty participants; and 3) to assess the initial impact of faculty receiving training from an inter-disciplinary faculty pilot program on their ability to make changes in their practices and residencies and their

perception of skill development in the core content areas of leadership, change management, teamwork, panel or population management, competency assessment, and clinical microsystems.

## **2. Purpose and Use of Information Collection**

The evaluation of a nationally based, longitudinal, primary care faculty development initiative is to consist of the following: (1) development and execution of recruitment and pilot methodologies, and pilot evaluation strategy that can be utilized by a team of expert trainers to implement the pilot; (2) execution and evaluation of effectiveness, impact, results, and recommendations that can be used by a team of expert trainers to implement the pilot; and (3) evaluation of the effectiveness and impact of the pilot to produce a final descriptive report. The final descriptive report will be given to HRSA and shall include evaluation results and recommendations of the nationally based primary care faculty development demonstration pilot.

## **3. Use of Improved Information Technology and Burden Reduction**

The two PCFDI surveys are Irvine's Leadership Behavior Survey and the Faculty Skill & Program Feasibility Survey. The two surveys are web-based and the surveys will be administered one time to trainers participating in the PCFDI Train-the-Trainer meeting.

## **4. Efforts to Identify Duplication and Use of Similar Information**

Irvine's Leadership Behavior Survey was developed prior to the PCFDI contract, however the results obtained from both survey instruments are specific to the PCFDI pilot project, and information related to this pilot project has not yet been collected.

## **5. Impact on Small Businesses or Other Small Entities**

The two survey instruments will involve small entities (physicians), who attended the PCFDI Train-the-Trainer meeting, and it should take approximately 10-15 minutes to complete each one. The surveys are web-based to minimize their burden.

## **6. Consequences of Collecting the Information Less Frequently**

The data on the PCFDI surveys will only be collected one time during the contract lifespan, therefore if the information is not collected, there will be no data available to improve the pilot project curriculum. The evaluation of the PCFDI pilot program is one of the main objectives of HRSA's contract with Oregon Health and Science University.

## **7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

The request fully complies with the regulation.

## **8. Comments in Response to the Federal Register Notice/Outside Consultation**

### **Section 8A:**

A 60-day Federal Register Notice was published in the *Federal Register* on April 3, 2013,

vol. 78, No. 64; pp. 20117-8 (see attachment A). There were no public comments.

**Section 8B:**

Irvine's Leadership Behavior Survey has been previously published in the medical literature. The Faculty Skill & Program Feasibility Survey was developed based on the content of the implemented curriculum by evaluation experts at Oregon Health and Science University who are under contract with HRSA for the evaluation of the pilot.

Two consultants familiar with the PCFDI Train-the Trainer meeting curriculum pilot tested the two surveys, providing feedback on how long it took to complete the surveys. Both consultants are members of the project Steering Committee, have extensive knowledge of the project and have expertise in survey research. These consultants reviewed the surveys in detail to assure that the instructions are clear and understandable, the survey data elements are appropriate to the project, the frequency of collection is appropriate, and the survey design is sound. The two consultants concluded that the estimate of 10 minutes to complete the Leadership Behavior Survey and 15 minutes to complete the Faculty Skill & Program Feasibility Survey are accurate. No unresolved problems were identified by the consultants. The consultations took place in 2013.

The two consultants are:

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**9. Explanation of any Payment/Gift to Respondents**

There will be no payments or gifts given to respondents for completing the surveys.

**10. Assurance of Confidentiality Provided to Respondents**

The PCFDI surveys will not collect personally identifiable information from respondents. Participation is voluntary and data will be kept private to the extent allowed by law.

### 11. Justification for Sensitive Questions

The surveys do not contain questions of a sensitive nature.

### 12. Estimates of Annualized Hour and Cost Burden

The survey respondents will consist of 36 physicians who participated in the PCFDI pilot training program. The annual burden will be 10 minutes for the Irvine's Leadership Behavior Survey and 15 minutes for the Faculty Skill & Program Feasibility Survey. The time estimates were provided by two consultants familiar with the PCFDI Train-the-Trainer curriculum who pilot tested the surveys.

#### 12A. **Estimated Annualized Burden Hours**

<b>Type of Respondent</b>	<b>Form Name</b>	<b>No. of Respondents</b>	<b>No. Responses per Respondent</b>	<b>Average Burden per Response (in hours)</b>	<b>Total Burden Hours</b>
<b>Physicians</b>	Irvine's Leadership Behavior Survey	36	1	10/60	6
<b>Physicians</b>	Faculty Skill & Program Feasibility Survey	36	1	15/60	9
<b>Total</b>		36		25/60	<b>15</b>

#### 12B. **Estimated Annualized Burden Costs**

<b>Type of Respondent</b>	<b>Total Burden Hours</b>	<b>Hourly Wage Rate</b>	<b>Total Respondent Costs</b>
Physicians	15	\$85.77	\$1286.55
Total			\$1286.55

The wage rate used in the Estimated Annualized Burden Costs table was the average of the mean family medicine, internal medicine, and pediatric wages listed on the Department of

Labor website since these three groups of medical personnel will be responding to the PCFDI surveys.

**13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs**

The only associated cost to respondents is their time to provide the requested information.

**14. Annualized Cost to Federal Government**

The survey instruments are one aspect of the PCFDI initiative. The creation, administration, and analysis of the survey instruments is estimated to be \$67,000.00/year. The review and overview of the survey instruments by the government contracting officer representative will be equal to approximately 15 hours at an hourly rate of \$46.93, for a total of \$1395.00. The estimated annualized cost to the government is \$68,395.00.

**15. Explanation for Program Changes or Adjustments**

This is a new data collection.

**16. Plans for Tabulation, Publication, and Project Time Schedule**

Data collection for Irvine's Leadership Behavior Survey and the Faculty Skill & Program Feasibility Survey will occur one time only and is planned for November of 2013. The percent of participants who responded to each of the survey questions will be aggregated and used to assess the impact of the training on the ability of participants to make changes in their practices and residencies and their perception of skill development. The results of the survey instruments will be sent to HRSA in the final summative report in February of 2014. The findings from the overall PCFDI project including aggregated data from surveys will be submitted for publication in medical education journals for the purpose of improving future faculty development projects to better train the primary care workforce. This project will not use sampling, imputation, or other statistical estimation techniques. The time schedule for the entire project is as stated in contract HSH250201200023C.

**17. Reason(s) Display of OMB Expiration Date is Inappropriate**

No exemption is being requested. The expiration date will be displayed.

**18. Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to the certification.