

## **Supporting Statement**

### **Health Resources and Services Administration/Bureau of Health Professions**

### **Teaching Health Centers Graduate Medical Education (THCGME) Program Eligible Resident/FTE Chart**

(OMB No. 0915-xxxx) NEW

**Terms of Clearance: None**

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

This is a request for Office of Management and Budget (OMB) approval to utilize the Teaching Health Center Graduate Medical Education (THCGME) Program Eligible Resident/FTE Chart to determine the number of eligible residents/FTEs in an applicant's primary care residency program. The tool will be used to provide evidence of the expansion of the number of residency positions supported by the Teaching Health Centers Graduate Medical Education Program (THCGME). The Resident/FTE chart (attachment 1) will be published in the THCGME Funding Opportunity Announcement (FOA). The THCGME program is authorized under section 340H of the Public Health Service Act and was established by Section 5508 of Public Law 111-148, the Affordable Care Act.

THCGME is an initiative to promote primary care residency training in community-based settings. The THCGME model is one of many different training models supported by the Affordable Care Act to address the shortage in primary care health providers. The majority of residency training in the United States is funded by Centers for Medicare and Medicaid (CMS) reimbursement payments to teaching hospitals. In the THCGME model funding goes directly to eligible Health Centers, allowing the Health Center to sponsor primary care training directly in the community. The program supports training for primary care residents (including residents in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, and geriatrics) in community-based ambulatory patient care settings. The statute allows Teaching Health Centers (THC) to receive payments for both direct and indirect costs associated with training residents in community-based ambulatory patient care centers.

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

The purpose of the THCGME Resident/FTE chart is to require applicants to provide data related to the size and/or growth of the residency program over previous academic years, the number of residents enrolled in the program during the baseline academic year, and a projection of the program's proposed expansion over the next two academic years. The utilization of the Resident/FTE chart to gather this important information has decreased the number of errors in the eligibility review process resulting in more accurate review and funding process. The request for this information collection has been previously approved (OMB 0915-0061).

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

HRSA will collect the Resident/FTE data via the Electronic Handbook to reduce grantee burden and improve data quality. Every effort was taken to design the tool to collect the least, but appropriate, amount of data needed to identify the number of Resident/FTE positions. From discussions with THC awardees, the data requested are not perceived to be burdensome and are readily available to the respondents. All of the respondents will be required use the electronic Resident/FTE chart as part of their application.

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

The THCGME program is a new residency-training model. The information gathered in the Resident/FTE chart will be used to document expansion and is not collected by other HHS agencies or data collection systems. There is no similar information pertaining to the Residents/FTEs funded by the THCGME program. The data will be requested from all applicants of the THCGME program.

### 5. Impact on Small Business or Other Small Entities

No small businesses will be involved.

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

There are legal consequences to collecting the information less frequently. Each applicant will complete the Resident/FTE Chart to satisfy the legislative requirement to document expansion of their residency programs. If collection of the data is not administered, THCGME program will not be able to determine the applicants' eligibility for THCGME funding.

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

All guidelines relating to 5 CFR 1320.5 are met. The request for Resident/FTE chart fully complies with the regulation.

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

8A. A 60-day Federal Register Notice was published in the Federal Register on May 24, 2013 vol. 78, No. 101; pp. 31563 (see attachment 2)

There was one comment from the public requesting a copy of the tool.

8B. The following THC program awardees were consulted on the burden of completing the THCGME Resident/FTE Chart. The consultations were administered in April 2013.

Name	Title	Telephone number	Email	Organization
Debbie McQuin-Channing	Director of Planning and Communication s	(203) 743-9760 ext. 203	<a href="mailto:Channingd@ct-institute.org">Channingd@ct-institute.org</a>	Connecticut Institute for Communities
Janette Davis	Chief Financial Officer	(313) 871-3751	<a href="mailto:jdavis@dwcha.org">jdavis@dwcha.org</a>	Detroit Wayne County Health Authority

Michelle Robin	Administrator	(208) 954-8744	<a href="mailto:Michelle.Robin@fmridaho.org">Michelle.Robin@fmridaho.org</a>	Family Medicine Residency of Idaho
Dr. Jeffery Heck	President & CEO	(828) 257-4406	<a href="mailto:Jeff.Heck@mahec.net">Jeff.Heck@mahec.net</a>	Mountain Area Health Center
Dr. Roxanne Fahrenwald	Residency Director	(406) 247-3306	<a href="mailto:Roxanne.fah@riverstonehealth.org">Roxanne.fah@riverstonehealth.org</a>	Montana Family Medicine Residency
Jeff Hackler	Assistant to the Dean for Rural Health Service Programs	(918) 584-4611	<a href="mailto:Jeff.Hackler@okstate.edu">Jeff.Hackler@okstate.edu</a>	Osteopathic Medical Education Consortium of Oklahoma
Jeffrey LeBoeuf	Executive Director	(918) 561-1414	<a href="mailto:Jeffrey.leboeuf@okstate.edu">Jeffrey.leboeuf@okstate.edu</a>	Osteopathic Medical Education Consortium of Oklahoma
Katheryn C. Norris	Director of Medical Education	(509) 788-1702	<a href="mailto:katherynn@yvfwc.org">katherynn@yvfwc.org</a>	Yakima Valley Farm Workers Clinic
Don Heard	Director	(479) 424-3172	<a href="mailto:HeardDonA@uams.edu">HeardDonA@uams.edu</a>	UAMS/AHEC West

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

No remuneration was given to the respondents.

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

The information collected will be kept secure and protected. Information containing personal identifiers will not be requested.

**11. Justification for Sensitive Questions**

There are no sensitive questions in the THCGME Program Eligible Resident/FTE Chart.

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

The hour burden estimates were derived by survey of THCGME award recipients. The recipients were asked to estimate the amount of time it took to complete the Resident/FTE Chart within their institution. Respondents agreed that an administrative assistant would typically perform the task.

**12A: Estimated Annualized Burden Hours**

<b>Form Name</b>	<b>Number of Respondents</b>	<b>Number of Responses per Respondent</b>	<b>Average Burden per Response (in hours)</b>	<b>Total Burden Hours</b>
THCGME Program Eligible Resident/ FTE Chart	25	1	30/60	12.5
Total				12.5

**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>
Administrative Representative	12.5	\$18.00/hr	\$225.00
Total			\$225.00

**13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers/Capital Costs**

There are no costs outside of the customary and usual business practices. Residency programs are required to collect and maintain data on FTE status of all residents in the program to maintain academic accreditation.

**14. Estimates of Annualized Cost to the Government**

An estimated 0.1 FTE at the GS 11 level is needed to serve as the coordinator for data evaluation and to provide technical assistance to grantees regarding the data collection process and subsequent evaluation at an estimated cost of \$8,903.30 annually.

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

There are no changes or adjustments requested of the program required to report the data in the Resident/FTE Chart.

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

There are no plans for the manipulation or publication of collected data. Tabulation will be conducted as needed to complete an internal review sufficient to satisfy an OMB audit.

**17. Reason Display of OMB Expiration Date is Inappropriate**

An expiration date and OMB number will be shown.

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

There are no exceptions to the certification.