

CMS Response to Public Comments Received for CMS-10467

The Centers for Medicare & Medicaid Services (CMS) received comments from one organization that represents nurse managed health clinics and supports the clinical placement sites for advance practice nurse students. The 3 comments received were suggestions and concerns to the research evaluation activities rather than suggested changes to the actual documentation related to the CMS-10467.

Response:

CMS appreciates the suggestions and concerns expressed by this commenter. Each bulleted item will be addressed individually.

Comment:

1. *Suggest surveying staff/preceptors in community-based sites as part of the evaluation to determine: 1) what changes, if any, they made to accommodate the growing demand for training opportunities; and 2) if changes were made to accommodate the increased demand for training opportunities are these changes sustainable post GNE Project.*

Response:

The research evaluation activities include interviewing a sample of 65 staff/preceptors across the demonstration. A number of questions are asked of these staff/preceptors in community-based sites including as the commenter suggests, growth in training opportunities and sustainability plans post-GNE.

Comment:

2. *Suggest that the evaluation 1) compare the average level of funding available to support hospital-based training opportunities to the average level of funding available to support community-based opportunities; 2) the average cost of training APRNs in hospitals and community-based sites; 3) survey APRNs to determine if there is any difference in their level of satisfaction with hospital and community-based training opportunities; and 4) survey community-based sites to identify systems that have been developed to lessen the cost of clinical placements.*

Response:

The funding per incremental student in hospitals and community-based sites is the same. The average cost of training APRNs in hospitals and community requires collecting specific information such as transportation costs to different settings and salaries earned by preceptors in different settings (to estimate the opportunity cost of

training), however those resources are not available to this evaluation. The evaluation team is interviewing a number of stakeholders, including about experiences with hospital and community-based clinical education opportunities. Additionally, community sites and GNE demonstration teams provide insight through qualitative interviews into implemented innovative strategies related to clinical placement processes.

Comment:

3. *Suggest that the evaluation survey hospital and community-based placement sites nationally to: 1) identify best practices for growing the number of available placement sites; and 2) identify and catalog what standards used to gauge the quality of placement sites, and 3) identify and catalog standards to evaluate the quality of potential preceptors.*

Response:

Current research evaluation activities are legislatively mandated. As such identifying best practices for the growing the number of available placement sites; cataloging what standards are used to gauge the quality of placement sites, and evaluating the quality of potential preceptors nationally is beyond the scope of this research evaluation project.