

Supporting Statement A

Teaching Health Center Graduate Medical Education (THCGME) Program Eligible Resident/Fellow FTE Chart (OMB No. 0915-0367) REVISION

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

This is a request for Office of Management and Budget's (OMB) continued approval to utilize the Teaching Health Center Graduate Medical Education (THCGME) Program Eligible Resident/Fellow full-time equivalent (FTE) Chart to determine the number of eligible residents/fellow FTEs in an applicant's primary care residency program. The tool is 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 revised Resident/Fellow FTE chart (attached) will be published in the THCGME Funding Opportunity Announcement (FOA). The Teaching Health Center Graduate Medical Education (THCGME) Program, Section 340H of the Public Health Service (PHS) Act, was established by Section 5508 of Public Law 111-148. Public Law 114-10, the Medicare Access and CHIP Reauthorization Act (MACRA), provided continued funding for the THCGME program in April 2015.

The THCGME program 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 Program Eligible Resident/Fellow FTE Chart is to determine the number of eligible resident/fellow FTEs in an applicant's primary care residency program. It is imperative that applicants complete this chart and provide evidence of a planned expansion, as per the statute, THCGME funding may only be used to support an expanded number of residents in a residency program or to establish a new residency training program. Utilization of the Resident/Fellow FTE chart to gather this important information has decreased the number of errors in the eligibility review process resulting in a more accurate review and funding process. *The Health Resources and Services Administration (HRSA) is revising the Resident/Fellow FTE chart to provide projections over five academic years instead of two. This extended time frame would allow programs the flexibility to project the variations that occur during the natural expansion and scaling up of residency programs. This would better equip HRSA to make more accurate future funding projections.*

THCGME Resident/Fellow FTE chart requires 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 five academic years. The request for this information collection has been previously approved (OMB 0915-0367).

3. Use of Improved Information Technology and Burden Reduction

HRSA will collect the Resident/Fellow 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/Fellow 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/Fellow 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/Fellow 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 Resident/Fellow 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/Fellow 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/Fellow 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 18, 2016 vol. 81, No. 96; pp. 31244. There were no public comments.

8B. The following THC program awardees were consulted on the burden of completing the revised THCGME Resident/FTE Chart. The consultations were conducted in June 2016.

Name	Title	Telephone number	Email	Organization
Cynthia Ausink	Dental Residency Manager/ Coordinator	(509) 865-6175 ext. 3652	cynthiaa@vfwfc.orf	Yakima Valley Farm Workers Clinic
Susanne Callahan	Vice President, Planning and Development	(212) 633-0800 ext. 1234	Scallahan@institute.org	Institute for Family Health/Mid-Hudson
Jeff Hackler	Assistant to the Dean for Rural Health Service Programs	(918) 584-4611	Jeff.Hackler@okstate.edu	Osteopathic Medical Education Consortium of Oklahoma
Diane Hauser	Department of Family Medicine Administrator	(212) 659-1406	dhauser@institute.org	Institute for Family Health/Harlem
Christopher Holland	Business Manager	(479) 424-3115	CLHolland@uams.edu	UAMS/AHEC West
Robert Maudlin	Associate Director of Medical Education and Designated Institutional Official	(509) 459-0672	Robert.Maudlin@providence.org	Spokane Teaching Health Center
Barbara Trost	Graduate Medical Education Coordinator	(305) 253-5102	btrost@chisouthfl.org	Community Health of South Florida

9. Explanation of any Payment/Gift to Respondents

No remuneration is 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/Fellow FTE Chart.

12. Estimates of Annualized Hour and Cost Burden

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

12A: Estimated Annualized Burden Hours

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
THCGME Program Eligible Resident/Fellow FTE Chart	90	1	90	1	90
Total	90		90		90

12B: Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Administrative Representative	90	\$17.55/hour	\$1579.50
Total	90		\$1579.50

The hourly wage rate was taken the Bureau of Labor Statistics, May 2015 National Industry-Specific Occupational Employment and Wage Estimates at <http://www.bls.gov/ooh/office-and-administrative-support/secretaries-and-administrative-assistants.htm>.

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. Annualized Cost to the Government

An estimated 0.1 FTE at the GS 11 Step 9 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 \$8,188.90 annually.

The estimated cost of EHB maintenance for the entire THCGME program is \$147,359. The resident/fellow FTE data collection is estimated to be 2% of the overall EHB functionality for the THCGME program. The estimated cost of the THCGME Resident/FTE Chart is \$2,947.

15. Explanation for Program Changes or Adjustments

The current burden inventory for this ICR is 13 hours with this revision requesting 90. This is due to an increase in the estimated response time based on feedback from actual program sites. In addition, there are more THCGME awardees thus increasing the estimated number of respondents.

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.