

- Request:** The Health Resources and Services Administration (HRSA) Bureau of Health Workforce requests changes to the Performance Reports for Grants and Cooperative Agreements (OMB #0915-0061, expires 06/30/2019).
- Purpose:** Three optional questions are added to the individual-level performance data collection as part of a new system that allows grantees to better track individuals and upload bulk information to HRSA's grant system, significantly reducing grantee burden.
- Time Sensitivity:** The new TRIP portal is scheduled for deployment in late April for the Children's Hospital program (CHGME); thus OMB approval of this change is required for grantees to begin using some of the new features.
- Burden:** The three new questions included herein are optional for grantees and do not increase the estimated reporting burden. If grantees utilize the upload features of the new information portal, their burden would be substantially reduced.

PROPOSED CHANGES TO PERFORMANCE REPORTS FOR GRANTS AND COOPERATIVE AGREEMENT (PRGCA):

HRSA's Bureau of Health Workforce (BHW) requires all recipients of Health Professions awards to report annual performance data to BHW to enable BHW to determine the success of its programs as part of the Performance Reports for Grants and Cooperative Agreements (PRGCA; OMB Control Number 0915-0061). The performance data must include information about health professionals who directly or indirectly benefit from a BHW award. The information is usually reported via the INDGEN and INDGEN-PY forms that are part of the performance measures approved by OMB. Data reported on the INDGEN and INDGEN-PY forms is at the individual level.

Currently, HRSA Children's Hospital awardees submit performance data into the Electronic Handbooks (EHBs), an enterprise grants management system at HRSA. To reduce the reporting burden on awardees, BHW has developed a data collection portal that will allow awardees to collect individual-level trainee data (consisting of the trainee's name, training program, demographic information, aspects of their training, and employment information upon completion of training) directly from trainees via online surveys and/or bulk data upload directly into the portal via an Excel spreadsheet. Only data from the INDGEN and INDGEN-PY forms will be collected through the new TRIP portal. Use of the new portal is voluntary for the HRSA awardee. Awardees may continue only to utilize the Electronic Handbook (EHB) system currently in place to provide their performance data to HRSA if they choose. The new TRIP portal is essentially a voluntary and alternative input pathway for an awardee's INDGEN and INDGEN-PY forms data. Only the Children's Hospital program will be initially utilizing the portal as that program has the largest number of INDGEN records. BHW hopes to eventually expand the portal for use by other programs that also heavily rely on the INDGEN form.

For awardees that decide to communicate with trainees for this data collection via the surveys, a trainee email addresses would be required. The survey responses will be collected, monitored, and managed in the portal, and awardees will be able to transmit and submit the data electronically into EHBs. Awardees will decide if they want to utilize the survey feature of the portal and may send their trainees up to 3 voluntary surveys that consist of the INDGEN and INDGEN-PY questions. A trainee profile survey would be sent at the beginning of their training experience. A trainee completion plans survey would be sent at the end of their training experience, and a graduate follow up survey would be sent approximately

6-10 months after their training. Awardees will be able to send reminders or notifications to the trainees for initial surveys or any follow-up reminders. As the surveys are voluntary, awardees will still be responsible for gathering and reporting the data to HRSA in the event a trainee does not respond to the surveys. A list of the INDGEN and INDGEN-PY questions for each survey can be found on pages 23-24 of the attached TRIP instruction manual. Awardees will always complete INDGEN questions pertaining to the training program (that a trainee might not be aware of). Those items are listed on page 23 of the TRIP instruction manual.

Awardees will also have the ability to directly upload bulk individual-level data rather than key in every required data field or utilize the survey function described previously. This upload feature will significantly reduce grantee burden and has been a feature that grantees have sought. A small group of volunteer grantee organizations (7-8) worked with HRSA to help develop features of this portal that will reduce their reporting burden and still allow HRSA to effectively evaluate its programs. Further, the same group also helped participate in user acceptance testing of the new portal. The feedback HRSA received was unanimously positive and grantees are anxiously waiting to utilize this new reporting tool for their individual-level data, particularly the upload feature.

Data elements collected in the portal about individual trainees will be the same as those already being collected in the EHB on the INDGEN and INDGEN-PY forms; only the source and retrieval method are changing. Enabling awardees to collect individual level trainee data directly from trainees may result in more accurate annual reports to BHW. There are three additional, optional fields contained in the portal that are not in the EHB INDGEN form. They are first name of trainee, last name of trainee, and trainee email address. The first and last name fields were added at the request of many grantees who wanted an easier method to identify individuals on the INDGEN form as some found the trainee unique ID field and NPI field (the current identifiers) not to be easy methods for identification from a grantee's perspective. The grantee has the option to populate these fields in the new portal as a means to easily identify a record if they choose. They may also choose not to utilize them. The third new element is the email address that is also an optional field for the grantee. For grantees who choose to contact trainees directly via the survey response function, the email address of the trainee would be required to accomplish this function. This function and the email address field are again optional methods that HRSA have included to ease reporting burden on the grantee. Use of the portal is not a requirement, and a grantee could continue to exclusively utilize the EHB for their performance reporting.

Data from these three new fields will remain in the portal and not be transmitted to the INDGEN form within EHB as they are not required of the grantee. As such, the new portal has been designed to meet the PII requirements for this new identifying information. Please find attached the Privacy Impact Analysis and approved SORN. OMB approved the SORN on 02/13/2018. The system name and number is the HRSA Trainee Data Collection Portal System, 09-15-0092. The SORN may also be found here: <https://www.federalregister.gov/documents/2018/03/14/2018-05062/privacy-act-of-1974-system-of-records-notice>

BHW's ability to follow trainees after the completion of their training to find out if they are employed in health care and/or work in underserved areas is critical to evaluate the effectiveness and success of BHW health professions programs. The information gathered via the new portal will help HRSA/BHW to comply with the mandate for longitudinal tracking of trainees. Section 5103 of P.L. 111-148 requires a longitudinal evaluation of individuals who have received education, training, or financial assistance from programs funded through the Bureau of Health Workforce (BHW). In addition, the GPRAMA Modernization Act of 2010 (GPRAMA) provides a stronger, more precise framework for performance management within the federal government. In accordance with this law, and as directed by the Office of Management and Budget, federal agencies must place a stronger emphasis on performance management and evaluation activities to help support their annual budget requests and demonstrate to the public the effectiveness of

their programs. As part of a larger performance management framework, the BHW is committed to longitudinal evaluation of its programs to gain better understanding of factors associated with recruiting, retaining, and diversifying the healthcare workforce. The results of this effort will be used to inform the continued offering of current BHW programs and the development of future programs.

Attachments:

1. Privacy Impact Analysis
2. TRIP portal SORN
3. Current EHB instruction manual
4. New TRIP instruction manual