

# 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 (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 Resident/Fellow FTE chart (attached) is published in the THCGME Notice of Funding Opportunity announcement (NOFO). The THCGME Program, Section 340H of the Public Health Service (PHS) Act, was established by Section 5508 of Public Law 111–148. The Consolidated Appropriations Act, 2021 (P.L. 116-260) and the American Rescue Plan Act of 2021 (P.L. 117-2), provided continued funding for the THCGME program.

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 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. The FTE Chart revisions will now collect the number of resident/fellow FTEs from previous academic years and will further clarify the number of resident/fellow FTEs positions requested with the Notice of Funding Opportunity (NOFO) application.

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 THCGME Resident/Fellow FTE chart provides projections over five academic years. The 5-year time frame allows program applicants to project the variations that occur during the natural expansion and scaling up of residency programs. The THCGME Resident/Fellow FTE Chart equips HRSA to make accurate future funding projections.

The 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).

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

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 to submit a Resident/Fellow FTE chart as part of their NOFO application.

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

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.

### **3. Impact on Small Business or Other Small Entities**

No small businesses will be involved.

### **4. 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 June 24, 2022 (87 FR 37876). There were no public comments.

A 30-day Federal Register Notice was published in the Federal Register on September 15, 2022 (87 FR 56690). There were no public comments.

8B. Seven (7) THC program awardees were contacted for consultation regarding the clarity and format of the THCGME Resident/FTE chart data collection instrument and the frequency of collection. The individuals found the data collection instrument to be clear and straightforward. There were no suggestions for improvement.

**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 survey of 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 representative would typically perform the task. The hourly wage rates were taken the Bureau of Labor Statistics website.

**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
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THCGME Program Eligible Resident/Fellow FTE Chart	90	1	90	1.25	112.5
Total	90		90		112.5

**12B: Estimated Annualized Burden Costs**

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Time Per Response	Total Respondent Costs
Administrative Representative	112.5	\$19.08/hour <sup>1</sup>	1.25 hours	\$2,146.50
Total	112.5			\$2,146.50

**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 \$8,661.00 annually.

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

The burden has not changed from the burden shown in the current inventory.

**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.

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<sup>1</sup> The wage rate is based upon Bureau of Labor Statistics data for the mean hourly wage of a Secretary/Administrative Assistant; Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Secretaries and Administrative Assistants, at <https://www.bls.gov/ooh/office-and-administrative-support/secretaries-and-administrative-assistants.htm> .

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

The OMB number and Expiration date will be displayed on every page of every form/instrument.

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

There are no exceptions to the certification.