Advocating for Family Medicine

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Reva Harris
Acting Director, Division of Policy and Information Coordination
Health Resources and Services Administration
Proposed Project: BHPr Performance Data Collection (OMB No. 0915-0061) Revision
Rockville, MD 20857

Attention: HRSA Desk Officer

To whom it may concern:

On behalf of the Council of Academic Family Medicine (CAFM), which represents the membership of The Society of Teachers of Family Medicine, The Association of Departments of Family Medicine, The Association of Family Medicine Residency Directors, and The North American Primary Care Research Group, and in conjunction with The American Academy of Family Physicians (AAFP), we write to comment on the Office of Management and Budget's (OMB) Comment Request published in the October 14th, 2011 Federal Register.

As organizations whose members are greatly involved in Title VII grant applications, programs, and activities, particularly in the area of primary care training, we applaud HRSA and OMB's goals of streamlining the reporting process and updating information collection efforts with the goal of allowing meaningful, consistent assessments of the programs' successes.

We also commend HRSA and OMB for seeking input on "the accuracy of the agency's estimate of the burden of the proposed collection of information," and "ways to minimize the burden of the collection of information on respondents," among other requests for feedback.

We concur with the identification of the following five key outcomes the proposed measures will focus on, but unless there are more funds provided we are concerned about HRSA and the nation's ability to provide more primary care physicians, and our ability to show success in meeting these outcomes, will be harmed:
(1) Increasing the workforce supply of diverse well-educated practitioners;
(2) Influencing the distribution of practitioners to practice in underserved and rural areas;
(3) Enhancing the quality of education;
(4) Diversifying the pipeline for new health professionals; and,
(5) Supporting educational infrastructure to increase the capacity to train more health professionals

The data collection requirements have always been difficult. We have discussed these difficulties with staff of the Bureau of Health Professions and HRSA over the years. We have described the need to move toward more national data sets, helping relieve the individual

grantee of much of the data collection burden. We appreciate the recognition by HRSA that efforts must be made to reduce the obstacles and burden involved in such data collection efforts, but we believe more needs to be done. Programs do not need to do the onerous work of tracking graduates. HRSA and OMB would serve the program and the grantees best by developing a global, routine evaluation capacity in-house or contracting for it. Moreover, a move to a centralized, national system for tracking program outcomes is important not just to address the burden on grantees, but for validity purposes. The goal for any data collected by the grantees should be to enhance the evaluations; specifically by reporting on the contact time, actual activities, etc. so that the effects of the funded activities on outcomes can be estimated. And of course, the data to be collected must be tied back to an evaluation plan--not just collected in case they're used later. We have attached three peer-reviewed articles showing how national data sets can be used appropriately to provide such evaluations.

The Notice estimates only 9 hours for collecting data for the application, 10 hours for Program Aggregate data collection and 5 hours for Individual- level data collection. We believe that this significantly underestimates the time needed to fulfill these requirements. In particular, the trainee level data requirements are a very labor-intensive effort that requires significant staff resources to accomplish. We understand that applicants can include evaluation as part of the budget of the application, to help pay for these efforts, but since funding for these programs has been frozen and reduced in recent years, caps have been set on the applications budget. At a time when calls for increased innovation and expansion outside of normal partners for these programs are increasing, it is problematic to add additional requirements without adequate funding to accomplish them. In addition, this process, if required should be aided by HRSA's promulgation of templates and best practices for tracking and collecting such data. It is also important to provide applicants with the logic models prepared by HRSA regarding the data collection tables as they can help applicants/grantees understand the rationale behind these efforts and aid in their understanding of the need for such data.

As a corollary to the above concern, many institutions are not set up to track graduates or trainees. Grant applicants who are departments or programs within departments, as well as residencies, frequently do not have the ability to leverage institutional resources to aid in this collection. These programs have much lower "indirects" than many other grant programs offered by the Department of Health and Human Services and they are not adequate to garner institutional support for additional data collection.

We reiterate our call in our earlier response to the May 20, 2011 HRSA notice regarding this data collection for the use of a national data set. A unique identifier needs to be established so that individual trainees can be searched for in a national data bank, without the burden of individual tracking by each program. We believe this is a necessary precursor to measuring performance of these grants and longitudinal evaluations of the grants and their outcomes over time. It should not be necessary for applicants and grantees to track their trainees. HRSA, using a national data set and unique identifier should be able to do so, on behalf of the entire program(s).

One issue that needs to be addressed when one is looking at long term evaluation of the success of these programs is the benchmark and relationship between program graduates or completers and those who haven't been involved in these programs. In order to effectively measure the success of these programs one must be able to compare those funded under these programs versus those not funded – a control group, if you will. The unique identifier and national data set would facilitate and enable this effort.

Should you have any questions regarding this letter, please feel free to contact Hope R. Wittenberg, CAFM Director of Government Relations, at hwittenberg@stfm.org or 202-986-3309 or Teresa Baker, AAFP Government Relations Representative at tbaker@aafp.org or 202-232-9033.

Sincerely,

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