

# **Children's Hospitals Graduate Medical Education Payment Program**

**Annual Report for Academic Year 2008-2009 (FY2010 Annual Report)**

Presented by :

Kathleen Bond

**U.S. Department of Health and Human Services (HHS)**

**Health Resources and Services Administration (HRSA)**

**Bureau of Health Professions (BHPr)**

**Division of Medicine and Dentistry (DMD)**

**Graduate Medical Education Branch (GMEB)**



**FY2010 CHGME Annual Report:  
Academic Year 2008-2009**

**Due Date: February 4, 2010**

# Topics

- Public Law 109-307: Annual Report Requirements
- Planned Analysis of Annual Report Data
- Report to Congress
- Annual Report Forms:
  - HRSA 100-1
  - HRSA 100-2
  - HRSA 100-3
- Certification Form (HRSA 100-4)
- Annual Report Checklist (HRSA 100-5)

# Children's Hospitals' GME Support **Reauthorization Act of 2006**

Public Law 109-307

# Annual Report Requirements

- “The report required ... for a children’s hospital for a fiscal year is a report that includes .... the following information for the **residency academic year completed immediately prior to such fiscal year**

# Coverage Period for Annual Report

- Academic year
- Third Report: July 1, 2008 - June 30, 2009

# Information Required

- 5 BROAD TOPICS
- Multiple Components

# Types of Residency Training Programs

- “(i) The types of resident training programs that the hospital provided for residents described in subparagraph (C) such as general pediatrics, internal medicine/pediatrics, and pediatric subspecialties including both medical specialties ... and non-medical subspecialties ... (such as pediatric surgery).

# “Subparagraph (C)...”

- “(C) RESIDENTS. -- The residents described in this subparagraph are those who--
  - (i) are in full-time equivalent resident training positions in any training program sponsored by the hospital; or
  - (ii) are in a training program sponsored by an entity other than the hospital, but who spend 75 percent of their training time at the hospital.

# Number of Residents

- (ii) The number of training positions for residents described in subparagraph (C), the number of such positions recruited to fill, and the number of such positions filled.

# Training to Care for Underserved Children

- “(iii) The types of training that the hospital provided for residents described in subparagraph (C) related to the health care needs of different populations, such as children who are underserved for reasons of family income or geographic location, including rural and urban areas.

# Changes in Residency Training

- “(iv) The changes in residency training for residents described in subparagraph (C) which the hospital has made during such residency academic year (except that the first report submitted by the hospital under the subparagraph shall be for such changes since the first year in which the hospital received payment under this section), including--

# Changes in Residency Training, Continued

- (I) changes in curricula, training experiences, and types of training programs, and benefits that have resulted from such changes; and
- (II) changes for purposes of training the residents in the measurement and improvement of the quality and safety of patient care.

# Practice Location of Graduates

- “(v) The numbers of residents described in subparagraph (C) who completed their residency training at the end of such residency academic year and care for children within the borders of the service area of the hospital or within the borders of the State in which the hospital is located. ...

# Failure to Report

- “The amount payable...shall be reduced by 25 percent if.... The hospital has failed to provide....the report required; or such report fails to provide the information required....

# Notice and Opportunity to Provide Missing Information

- “Before imposing a reduction...the Secretary shall provide notice to the hospital of such failure....and shall provide the hospital with the opportunity to provide the required information within a period of 30 days beginning on the date of such notice....If the hospital provides such information within such period, no reduction shall be made....”

# Topics for Analysis

- Infrastructure and capacity for GME training including the types of training programs offered and the number of resident training positions approved, recruited, and filled
- Changes in curricula, training experiences and types of training since the beginning of the CHGME program including advances in medicine and patient care
- Incorporation of training experiences and curricular topics associated with caring for underserved populations into GME training,
- Changes in training related to the quality and safety of patient care; and
- Identification of practice locations of graduates from these GME training programs.

# Analysis Topics (1)

## **Infrastructure and capacity to offer GME training.**

- The types and the number of GME training programs offered by freestanding children's hospitals by type of accreditation (sponsoring institutions, major participating institutions, or a rotation sites) and
- The number of residency training positions approved, recruited and filled for each academic year.

# Analysis Topics (2)

**Changes in GME curricula, training experiences and types of training since the beginning of the CHGME program including advances in medicine and patient care**

- Identification of additional or different education modules and training experiences from the traditional GME training and
- Changes in curricula and/or training experiences to incorporate changes in the field of medicine such as the teaching of genomics, advances in health information technology.

# Analysis Topics (3)

**Incorporation of training experiences and curricular topics associated with caring for underserved populations into GME training**

GME approaches (didactic, clinical and research) and associated content areas to meet the healthcare needs of patients:

- Underserved for financial reasons
- Underserved for socio-cultural reasons
- Underserved for geographic reasons
- Underserved for medical reasons

# Analysis Topics (4)

## Changes in training related to the quality and safety of patient care

- Curricular topics in health care quality, quality measurement, and quality improvement as reported in the individual program reports
- Patient safety initiatives reported at the hospital level including such topics as error analysis, rapid recognition and response practices, and medication safety practices.

# Analysis Topics (5)

## Identification of practice locations of graduates from these GME training programs

- Practice locations (HPSA, MUAs, urban/ rural) and with respect to the proximity to the hospital service areas and underserved populations
- Graduates specialty choices with respect to primary care pediatrics (e.g., general practice, pediatric allergy)
- Practice type choices upon graduation ( private practice, hospitals, community health centers)
- Number of graduates choosing to practice and care for children within the State where the hospital is located.

# Report to Congress

## Due at the end of FY2011

- Characteristics of children's hospitals
- Characteristics of populations served by children's hospitals
- Infrastructure and capacity for GME training including the types of training programs offered and the number of resident training positions approved, recruited, and filled
- Changes in curricula, training experiences and types of training since the beginning of the CHGME program including advances in medicine and patient care
- Incorporation of training experiences and curricular topics associated with caring for underserved populations into GME training including characteristics of populations served
- Changes in training related to quality and safety of patient care
- Identification of practice locations of graduates from these GME training programs.
- Recommendations for improvement in the program

# **CHGME Annual Report Forms**

# CHGME Annual Report Forms

- HRSA 100-1 - Screening Instrument
- HRSA 100-2 - Hospital Level  
Information
- HRSA 100-3 - Individual Program Level  
Information
- HRSA 100-4 - Certification Form
- HRSA 100-5 - Annual Report Checklist

# Screening Instrument: HRSA 100-1 (5 Worksheets)

***\*All Children's Hospitals Must Complete\****

## **Purpose:**

- Hospital ID Information
- Status and Change for GME *Programs*
- Number of Positions and Residents
- Determination of Further Annual Reporting Requirements

# HRSA 100-1-A: Children's Hospital Identification Information

- Name of Children's Hospital
- Address
- City
- State
- Zip Code
- Medicare Provider Number
- Relevant fiscal year for application: FY2010
- Relevant academic year for application: **July 1, 2008-June 30, 2009**
- Year your hospital first received CHGME funding: e.g., 2000
- Submission Date of Annual Report: **02/04/2010**
- Indicate years in which hospital received any CHGME funding  
(Check all that apply)
- Type of Report: First Submission or Provision of Missing Information

# HRSA 100-1-B: Program Status and Program Change

- This form has changed for FY2010 to include both program status in academic year 2008-2009 AND program change in status since the previous academic year. (Program change information was previously collected on form HRSA 100-2-D)
- Now, there must be **at least two check marks in each row** that lists the name of a program. Each row under “program status” must have at least one check mark. Also, each row must have one check mark under “program change.”

# HRSA 100-1-B: GME Program Training Status

“Status” is whether your hospital is a

- Sponsoring Institution
- Major Participating Institution; and/or
- Rotation Site; or
- Does not offer training for the program listed at the left side.

# HRSA 100-1-B

## Sponsoring Institution

- The institution (or entity) that assumes the ultimate financial and academic responsibility for a GME program.
- Use the checkbox to indicate that your hospital is a sponsoring institution for the program listed at the side. If a program for which the hospital is a sponsor is **not listed**, **add the name** of the program at the end of the list and check the “sponsoring program” box.

# Major Participating Institution

- A residency review committee (RRC)-approved participating institution to which the residents rotate for a required educational experience. Generally, to be designated as a major participating institution, in a 1-year program, residents must spend at least 2 months in a required rotation; in a 2-year program, the rotation must be 4 months; and in a program of 3 years or longer, the rotation must be at least 6 months. **The sponsor of the training program is another institution.**

# HRSA 100-1-B

## Rotation Sites / Other Participating Institutions

- Those institutions (children's hospitals) to which residents rotate for a specific educational experience for *at least one month*, but which do not require prior RRC approval.
- If your hospital is a major participating institution, rotation site or other participating institution for a program listed along the side of the table, use the appropriate check box.

# HRSA 100-1-B: “Not Offered”

- Check the “Not offered” box for any program listed down the side of the table if your hospital is neither a sponsoring institution *nor* a major participating institution, participating institution, or rotation site for residents training in that particular program.
- Again, each row under “program status” must have **at least one** check mark. There may be two checkmarks under program status if the hospital is both a sponsor and a rotation site for a particular program. Also, each row under “program change” must have one check mark.

# HRSA 100-1-B:

## Changes in GME Programs

- Under the heading “PROGRAM CHANGE SINCE 2007-2008, indicate whether any of the programs was added or dropped since the previous academic year by checking the appropriate box. If a program was neither added nor dropped, check “No Change.”
- Again, each row under “program status” must have **at least one** check mark AND each row must have one check mark under “program change.”

# HRSA 100-1-C: Sponsoring Institution Number of Approved Positions

- (Only those programs identified as sponsored programs in the HRSA 100-1-B will be highlighted in this table.)
- The total number of accrediting body approved positions for the particular GME program representing all PGY years (**positions, not people**)

# HRSA 100-1-C: Sponsoring Institution Number of Recruited Positions

- The number of accrediting body approved positions that the program recruited to fill in FY2008-2009 for the particular GME program (positions, not people)
- This should be the number of positions that were recruited to be filled in the **most recent academic year**.
- (In most cases, the number is about a third of the total number of positions reported in the first column because most programs are three years in length and a new “class” is recruited each year.)

# HRSA 100-1-C: Sponsoring Institution Number of Positions Filled For the Total Program

- The number of accrediting body approved positions that the program filled FY2008-2009 for the particular GME program (positions, not people)
- This number is the **total number of approved positions (representing all PGY years) filled**. It is usually close to the total number of approved positions. It may be larger or smaller, however.

# HRSA 100-1-C: Sponsoring Institutions

## Number of Residents in FTE Training Positions

- **This is people!** These are residents (persons) who are in FTE resident positions in the specific program indicated for your **hospital-sponsored program**.
- The number may or may not equal the previous numbers placed in the table.

# HRSA 100-1-C: Annual Report Required

- If any residents ( $N > 0$ ) are listed in the last column of the HRSA 100-1-C, then the hospital must complete the other two components of the Annual Report, HRSA 100-2 and HRSA 100-3.
- (But this is not the only situation in which the requirement is met.... (discussed a little later)

# HRSA 100-1-D: Major Participating Institutions and Rotation Sites Approved Positions

- Only those programs identified in the HRSA 100-1-B will be highlighted in this table.
- Approved Positions (first column) are those approved by the relevant accrediting body. The number should include all PGY years.

# HRSA 100-1-D:Major Participating Institutions and Rotation Sites Recruited Positions

- For major participating institutions and rotation sites, this is the number of positions that the program sought to fill in the FY2008-FY2009 academic year.

## **HRSA 100-1-D:Major Participating Institutions and Rotation Sites: Number of Approved Positions Filled**

- Of all the approved positions in the first column across all PGY years, how many were filled?

**HRSA 100-1-D: Major Participating Institutions and Rotation  
Sites: Total  
Number of Residents Receiving Training**

- This is the **total** number of residents (persons) who came to the hospital in the academic year 2008-2009 to train in the identified program-- regardless of the length of time they spent at your hospital in the training program.

## **HRSA 100-1-D: Major Participating Institutions and Rotation Sites: Number of Trainees Spending 75 Percent Time under the Children's Hospital's Supervision**

- **“75% time”** refers to the percent time residents in non-sponsored programs spend in the children's hospital during the academic year on which they are reporting (For FY2010: 2008-2009 academic year)
- Examples:
- A Peds resident who spent 36 or more of the required 48 weeks (52-4-wk vacation) of PGY1
- A peds cardiology resident who spends 9 of 12 months doing research in the hospital complex

# HRSA 100-1-D: Annual Report Required

- If any residents ( $N > 0$ ) are listed in the last column of the HRSA 100-1-D, then the hospital must complete the other two components of the Annual Report, HRSA 100-2 and HRSA 100-3.
- But this is not the only situation in which the requirement is met. If any residents are reported in the last column of the HRSA 100-1-C, the hospital must complete the HRSA 100-2 and HRSA 100-3.

# HRSA 100-1-E: Programs for which an Annual Report is Required

- Based on responses to the previous worksheets in the HRSA 100-1, this sheet will pre-fill with the names of those programs for which an annual report is required. **[Scroll all the way down!]**
- If any programs are listed here, the hospital must complete:
  - One HRSA 100-2 and
  - As many HRSA 100-3's as there are programs listed on the 100-1-E.

# **Hospital Level Information: HRSA 100-2 (3 Worksheets)**

- Discharge Data by Payor and Zip Code
- Discharge Data by Chronic Disease
- Patient Safety Initiatives

# HRSA 100-2-A:

## Discharge Data by Payor and Zip Code

- The discharges by payor table asks for information on inpatient discharges, and outpatient visits and emergency department visits for the most recent academic year (July 1, 2008-June 30, 2009) **Lab visits should not be included.**
- The payor categories are 1) private insurance, 2) Medicaid and/or SCHIP (*include Medicaid managed care here*), 3) Medicare, 4) Other public payors, self-pay (*out of pocket for the patient*), and 5) Uncompensated care.

## HRSA 100-2-A: Discharge Data by Payor and Zip Code

- The discharges by zip code data refer to the most recent academic year (July 1, 2008-June 30, 2009)
- This information should be submitted on a separate CD – **no paper copy of the zip code data is required.**

# HRSA 100-2-B: Discharge Data by Selected Chronic Disease

- Inpatient discharges, outpatient visits, and emergency department visits (Outpatient visits **do not include visits for lab services only.**)
- Include primary and all secondary diagnoses in the counts
- Information is for the period July 1, 2008- June 30, 2009.

# HRSA 100-2-C: Hospital Patient Safety Initiatives

This table lists various patient safety initiatives down the side and asks whether the particular initiative was:

1. One of the hospital's safety initiatives in the most recent academic year,
2. Changed since the previous academic year, and, if so;
3. the reasons and
4. the benefits of the changes.

# HRSA 100-3

## Program Specific Information

- To be completed for each *program* highlighted in the HRSA 100-1-E (Programs for which Annual Report is Required)
- There are six components (spreadsheets) to the 100-3:

# HRSA 100-3-A: Training related to Different Populations(1)

The table includes a list of didactic, clinical, community-based and research experiences and asks with the use of “drop down” boxes, whether:

- 1) The approach is required elective or not current used;

# HRSA 100-3-A: Training Related to Different Populations (2)

and:

- 2) Which underserved population is addressed by the training (response categories are : financial, sociocultural, geographic, medical or combinations or all of the above)

# HRSA 100-3-B:Underserved Populations Training Content

The table in this worksheet lists particular topics related to underserved populations and asks whether they are addressed in the didactic curriculum, clinical experience, research experience or not in the curriculum.

**[Check boxes are used for the responses.]**

# HRSA 100-3-C:

## Changes in Residency Training

- The table in this worksheet lists topics in residency training and asks whether the topic was part of the curriculum in the most recent academic year (2008-2009)—there is a “yes” box and a “no” box. Check one.
- If the “yes” box is checked the last two columns ask whether the topic is newly offered since the previous academic year (2007-2008), and whether it has been expanded or improved since the previous academic year.
- Space is provided for a narrative explanation of the rationale and benefits of any changes.

## **HRSA 100-3-D: Changes in Residency Training related to Quality Improvement**

- In the same format as the HRSA 100-3-C, this worksheet lists topics related to training in quality improvement and quality measurement.
- Space is provided for narrative explanations of the reasons for and benefits of any changes made.

## **HRSA 100-3-E: Changes in Number of Faculty and Residents**

- This worksheet asks for the number of faculty members and number of residents in the program in the previous academic year (2007-2008) and in the most recent year of CHGME funding (2008-2009).
- Space is provided for a comments regarding the benefits of any changes to the hospital, residents, and patients.

# HRSA 100-3-F: Practice Locations of Residents Completing Training

- This worksheet asks for the city, state, zip code and first place of employment (*of at least 6 months' duration*) for each resident who graduated from the program in the most recent academic year – 2008-2009. (Trying to get at first permanent employment.)
- A drop down menu asks for type of employment. Numerous options are listed.
- If there are no graduates, please type in “None.”

# QUESTIONS

# THANK YOU!

Contact:

Your CHGME Regional Manager

or

Kathleen Bond

Public Health Analyst

Children's Hospital Graduate Medical Education Payment Program

Tel: (301) 443-8681

E-mail: [kbond@hrsa.gov](mailto:kbond@hrsa.gov)

Fax: (301) 443-1879

Visit us at:

<http://www.bhpr.hrsa.gov/childrenshospitalgme>