NWX-HRSA BHPR

Moderator: Shannon Bolon
July 25, 2011
2:40 pm CT

Coordinator: Welcome and thank you for standing by. At this time, all participants will be in a listen-only mode until the question and answer session. To ask a question at that time, please press Star, then 1.

Today's conference is being recorded. If you have any objections, you may disconnect at this time. With that, it is my pleasure to turn over today's call to Ms. Martha Evans. You may begin.

Martha Evans: Good morning and welcome to everyone. I am Martha Evans. I am the program officer for the Academic Administrative Units Grant program. Sylvia Joice, who is the program officer for the Physician Faculty Development program will be presenting with me.

We are joined by Shannon Bolon, Chief of the Primary Care Medical Education branch; and Cindy Eugene, who is the program officer for the Expansion of PA program. Cindy will provide an overview now of how to maneuver through the Webinar.

Cindy Eugene: Good morning, everyone. Please put your phones on - well your phones will be on mute during the presentation, and then will be open during the question and answer period. At this Webinar, remember to dial in at 1-800-857-9812, ask for 7058852.

To enlarge the screen, press the Full Screen button at the bottom of your screen. And once activated, click Full Screen button to exit full screen mode, so you will have access to the chat box and the attendee list.

If you drop off, click on the link in your email, and the link is https://hrsa.connectsolutions.com/aaufacmr1. This (unintelligible) assistance Webinar is being recorded and will be available for playback.

To ask a question or make a comment, click on the arrow next to the raised hand icon at the bottom left of your screen. Select Raise Hand and the icon will appear next to a name on the attendee list. The host will recognize you verbally, and you may also type in your questions.

Unmute your phone to ask questions or comments, include your (unintelligible) status by clicking on the same icon, and mute your phone after speaking. Thank you.

Martha Evans: We have just also been joined by Cassandra Barnes, who is the performance evaluator for the Bureau of Health Professions.

In an effort to provide you with more technical assistance related to your grant program, the Bureau of Health Professions will host a series of quarterly TA Webinars on various practices that will help you manage and implement your grant project. Today's Webinar is the third of the series, and we welcome your suggestions on topics that you think we should cover on future Webinars.

The purpose of today's Webinar is to provide you with information about revised data elements that will inform Bureau-wide performance measures. After we provide you with some initial information, we'd like to engage in open dialogue to get your feedback on some key questions.

This call is being recorded and will be available for replay using a toll-free number until August 31, 2012. I will provide you with that number and passcode at the end of today's call.

Importance of Performance Measures. By way of background, BHPR's mission is to increase access to healthcare by developing, distributing and retaining a diverse, culturally competent health workforce. We continuously strive toward fulfillment of this mission through our many grant programs that are awarded throughout the nation to eligible applicants.

To ensure that we are good stewards of our resources, we use program measurement to, in part, gauge the impact of our programs. Performance measurement indicates what a program is accomplishing and whether results are being achieved, and helps to demonstrate the value of Title III, VII and VIII programs of the Public Health Service Act.

Performance management helps HRSA by providing us information on how resources should be allocated to ensure effectiveness, and it keeps grantees focused on the key goals of the program. It aids in answering questions about our programs from upper management at the Department of Health and Human Services, Congress and the public.

Data collected in the performance measurement process also supports more targeted and rigorous evaluation activities that the Bureau conducts

periodically. Finally, performance measurement supports development and justification of budget requests for these programs by indicating how taxpayers and others benefit.

The work you do and the performance measurement data you collect related to that work is crucial in making the case for continuity of these programs.

Background. BHPR has four years of experience with the current performance measures, and has identified the need to revise them to more accurately evaluate your successes and four BHPR strategic focus areas -- quality, quantity, diversity and distribution in the health profession.

In addition, the Affordable Care Act re-authorized many of BHPR's programs, and the data collected needs to address (unintelligible) and programmatic emphases or new program activity.

Finally, BHPR needed to review - renew the Office of Management and Budget Paperwork Reduction Act (unintelligible) of our performance measures. Some of you may have seen the so-called 60-Day Notice in the Federal Register, soliciting comments on the revised measures.

BHPR uses this revision process as an opportunity to examine and improve performance measures across BHPR grant programs covering numerous performance measures. Approximately 1500 grantees will use these data elements to make program improvements.

Goal of performance measure revisions. The goal is to collect richer, more meaningful data that would enable us to provide more details, descriptive answers to questions about our programs, as well as to be more useful in evaluating our programs.

In addition, the revisions seek to ensure that all of the critical outputs and outcomes that BHPR programs are charged with accomplishing are represented in the data collected at all points in the grantee process, including in the application and award, and annually after award.

Revision process overview. Over the last several months, BHPR staff has been revising existing measures and methodologies for measuring program impact, exploring the extent to which development of new measures or adaptation of existing measures is appropriate for specific programs.

The revision process has allowed us to identify cross-cut areas and common performance measures across programs, eliminating data duplication and unnecessary reporting burdens for grantees. Existing logic models, data collection forms and accompanying guidance including data definitions and definitions of data sources, have been examined and revised as needed to support revised performance measures.

Discussions were held whenever possible with current grantees to involve them in the review and revision process as well. And as mentioned earlier, we are currently in a formal 60-day comment period intended to make certain that the public and our grantees have an opportunity to comment on the revised measures.

Process results. The process has resulted in a set of design (unintelligible) measures, tools and guidance to provide more accurate and programmatically relevant data for Government Performance and Results Act -- which we call GPRA -- and other reported as well as to support the evaluation activities.

In addition to continuing the use of aggregated data for more program reporting, individual-level data collection will be an added requirement for grantees in selective program areas, including programs that produce primary care providers and programs designed to increase the diversity of the health workforce. Please note, not all programs will collect individual-level data, and this will be discussed in more detail later in the Webinar.

Next steps. Now that I have covered the background of the performance measures revision process, I'd like to talk a little more concretely about what this means for you as a grantee. The performance data revision package will be submitted to OMB for clearance on July 20, 2011. Clearance is expected from OMB by November, 2011.

However, in anticipation of overall approval, we are asking grantees to review the data that would need to be collected, and implement any needed changes in their data collection activities beginning as soon as possible.

The first reporting of the revised measures will occur in July/August of 2012. Most of the changes to the performance measures are compatible with existing data collection requirements or will ask for data that most grantees already collect but was not previously required by us.

Therefore, we do not anticipate that the burden of data reporting will increase significantly for grantees. The formal reports will be submitted through the HRSA electronic handbook, so the mechanism that grantees seamlessly use to submit reports will not change.

We do, however, anticipate providing alternative approaches to submitting the performance data for grantees who wish to take advantage of them. More details will be provided at a future date.

To reiterate, grantees are asked to begin collecting data under the new measures beginning on July 1, 2011. The first reporting of the revised measures will occur in July/August of 2012 in the HRSA EHB system.

Legislative required data. The following papers were developed in order to easily meet the Public Health Service Act requirement for data collection, PHS Title VII, Section 799(c)(2), or to provide a denominator for the measures used to meet the Government Performance and Results GPRA Act requirements, and/or Office of Management and Budget, OMB's, program assessment and evaluation requirements.

Sylvia Joice: Thank you, Martha. Now we'll move on to the actual tables. First table, LR-1, Total Number of Students Trained. A variation of this table has been used in previous reporting periods.

Changes. The instructions have been simplified and revised to accurately account for the number of participants our programs touch. No double counting is allowed. For the purpose of compiling and analyzing data, anyone who receives training or education in a BHPR-funded program is considered a student.

For each question, provide the population data requested for the period between July 1, 2011 and June 30, 2012. Note, program completers excludes fellowships/residents, which should be accounted for in the previous question. Count each student only once. Total will calculate based on previous responses.

LR-2, Students Being Trained by Age and Gender. A version of this table has been used in previous reporting years. Change. The instructions have been

revised to accurately account for the number of participants our programs touch. No double counting is allowed.

For the purposes of compiling and analyzing data, anyone who receives training or education in a BHPR-funded program is considered a student. Provide data on age and gender between July 1, 2011 and June 30, 2012.

Enrollees are students that were trained in BHPR-funded programs and have not graduated or completed programs before June 30, 2012. Count each student only once. Total must equal total entries from LR-1. Note, programs providing corresponding individual-level data will pre-populate.

Moving on to required diversity measures, while DV-1 provides data on the percent of under-represented minority students, DV-2 is used to collect data on the percent of disadvantaged students in BHPR-funded programs. Please note that DV-1 is divided into DV-1a and DV-1b.

DV-1a, Hispanic or Latino Students by Race. For the purpose of compiling and analyzing data, anyone who receives training or education in a BHPR-funded program is considered a student. Provide the number of students by race and ethnicity that have graduated or completed programs between July 1, 2011 and June 30, 2012.

For enrollees, provide the number of students who received training and have not graduated or completed programs before June 30, 2012. Count each student only once. Note, programs providing corresponding individual-level data will pre-populate.

DV-1b, Non-Hispanic or Non-Latino Students by Race. For the purpose of compiling and analyzing data, anyone who receives training or education in a

BHPR-funded program is considered a student. Provide the number of students by race and ethnicity that have graduated or completed programs between July 1, 2011 and June 30, 2012. For enrollees, provide the number of students who received training and have not graduated or completed programs before June 30, 2012. Count each student only once. Note, programs providing corresponding individual-level data will pre-populate.

Moving on to Table DV-2, Students by Disadvantaged Status and Race. Disadvantaged means an individual who, one, educationally comes from an environment that has inhibited the individual from obtaining the knowledge, skill and abilities required to enroll in and graduate from a health professions school; or two, economically comes from a family with an annual income below a level based on low income thresholds according to family size, published by the US Bureau of the Census, adjusted annually for changes in the Consumer Price Index and adjusted by the Secretary for use in all Health Professions programs.

Note, programs providing corresponding individual-level data will pre-populate the total number of disadvantaged students. Note, Rows 2 and 4 will pre-populate for everyone.

Individual-level data. We realize that many of you may be concerned about reporting individual-level data and issues of confidentiality. We also acknowledge that you may have to make changes in your data collection processes including informed consent procedures and IRB review.

HRSA is fully aware of and sensitive to these issues, and will work with grantees to ensure that, one, the information that you send to us is properly safeguarded; and two, that you receive any needed technical assistance to help facilitate the process.

We will only be asking for personally identifiable information in selected programs where BHPR intends to conduct follow-up and/or longitudinal evaluations. All other programs will report individual data using grantee-assigned unique identifiers that do not identify the individual.

Being able to identify specific participants of our programs is essential for longitudinal tracking of participants that will help us understand where these individuals end up after they have graduated from Health Professions training programs funded by Title III, VII and VIII grants.

More generally, collecting individual-level data on participants will increase usefulness of the data for program evaluation purposes. We are asking all grantees to create a seven-digit numeric unique identifier for all program participants that you will be reporting on. This unique identifier would be used for the same participants through the duration of the grant, and should remain consistent in all of your reports.

Shannon Bolon: Thank you, Sylvia. I'm Shannon Bolon, the Primary Care Medical Education Branch Chief. I supervise the administration of the Academic Administrative Units in Primary Care, and Physician Faculty Development and Primary Care programs among others.

We will now review the new tables. You will find that instructions and clarifications follow each table. We will be begin with Table AAU-1. This table will be completed by Academic Administrative Units and Primary Care program grantees only. I'll be referring to this group of grantees by AAU for the remainder of this presentation.

Its purpose is to obtain information about the grant-funded activities according to discipline. Respondents will first state the involved discipline. Disciplines describe the primary care specialty, for example, pediatrics. Some grants will involve multiple disciplines. This table is created to capture that.

After selecting the discipline, you will then give the percent of the total grant that is devoted to each of the activities listed. This is total grant time. Each row should total 100%. The instructions currently state that the columns should also equal 100%. This will be revised. The rows should equal 100%.

Are there any questions regarding Table AAU at this time? Operator, would you please open the lines to allow for questions?

Coordinator: Thank you. If you'd like to ask a question, please press Star, then 1. Please be sure to unmute your phone and clearly record your name. Again that's Star, then 1. And we will allow a few moments for any questions to come through. Again that's Star, then 1. I show no questions at this time.

Shannon Bolon: Great. We'll move forward. Please now refer to the table labeled Table PC-1, Program Level Supply Indicators for Primary Care.

Table PC-1 will be completed by Physician Faculty Development grantees. We are currently deciding if AAU grantees should complete this table, and are looking for your feedback today. You may also submit your comments to paperwork@hrsa.gov.

The purpose of this table is to obtain information about your program's training capacity, and to learn about the current trainees and program completers. There are three parts to Table PC-1, labeled A, B and C.

Instructions and clarifications, again, follow each table. We will walk through a brief example.

A Physician Faculty Development program that, as part of their grant-related activities, provides training to Faculty Development fellows and the fellowship faculty would select the following from the drop-down menu. First, Health Profession. They would select Physician.

Second, for Primary Program Focus they would select Faculty Training Program Development. Although this grantee has multiple levels of trainees, the principal purpose of the program and their grant is the development of faculty.

Trainee Level. They will select Fellow, Faculty Academic and Faculty Community-Based. The Faculty options allow grantees to distinguish between Academic Health Center or Residency or Fellowship Faculty and Community Preceptor.

The remainder of the fields will be completed for each of the training levels. Some Physician Faculty Development programs are not fellowships. In this case, you will select the correct faculty designation to represent your trainees, either Faculty Academic and/or Faculty Community-Based. If your program does not offer a degree, select None.

You will only report the number of current trainees and program completers for the reporting period. For example, if you are completing this table in July, 2011, you would only count the number of trainees and the number that completed the program between July 1, 2010 and June 30, 2011. These dates are consistent with the reporting period. Are there any questions or suggestions regarding Table PC-1?

Coordinator: I do have a question from (Kelly Morton). Your line is open.

Shannon Bolon: Go ahead.

(Kelly Morton): All right. I had a question about the previous table.

Shannon Bolon: Okay, go ahead.

(Kelly Morton): It just says that you list Family Medicine, Internal Medicine, et cetera. But we only have trainees in family medicine. So would we list residents and medical students separately on the training hours?

Shannon Bolon: The table currently only asks for the discipline in and of itself. There would be - we could add a column that would allow you to select the trainee level. We're talking about the AAU program, the AAU-1?

(Kelly Morton): Right. Our department trains med students and residents and...

Shannon Bolon: Right, and you don't have the opportunity to give the level of training...

(Kelly Morton): Right.

Shannon Bolon: With this table. Just the discipline.

(Kelly Morton): Right. So do you want it combined?

Shannon Bolon: Well the other way that we could capture your level of trainees is if you did indeed complete the PC-1 tables.

(Kelly Morton): Right.

Shannon Bolon: So some of us are in favor of having you do so. Is there other benefits that you see or other data elements that you would be able to supply by completing the PC-1 table?

(Kelly Morton): Well I think PC-1 would probably do it, but how would we fill out this table? So would we add up the amount of didactic hours that a medical student had, and the amount that a resident had? I mean, you know, and the amount that a PA student had? And then just put that total hours? You won't be able to tell the didactic hours or any of the training hours.

Shannon Bolon: Well the purpose of this table is to try to determine where the focus of the training lies.

(Kelly Morton): Oh, okay.

Shannon Bolon: So we're mostly trying to determine, by using the percent hours, where if you're doing predominantly research training or if you're really focusing in on developing your faculty and infrastructure; or if you're doing mostly didactics.

(Kelly Morton): Right, right.

Shannon Bolon: Does that make sense?

(Kelly Morton): Right.

Shannon Bolon: So we're trying to gather really where the focus of your grant project is.

(Kelly Morton): Okay. It'll probably just be different for residents and med students and PA students.

Shannon Bolon: Okay.

(Kelly Morton): You see what I mean? I mean like residents may have more clinical. Medical students may have more didactics, et cetera. So that'll just be lost in the combination.

Shannon Bolon: You're right. So one way that we could go about correcting that would be allowing you to first identify the discipline, and then identify a trainee level, and then be able to answer the activity questions or columns by trainee level per discipline.

(Kelly Morton): Right.

Shannon Bolon: That would resolve this problem.

(Kelly Morton): Right.

Shannon Bolon: Okay, great. Thank you for your suggestion. We've made note of that.

(Kelly Morton): Okay.

Shannon Bolon: Next question, please?

Coordinator: I show no other questions at this time.

Shannon Bolon: Okay, great. We'll go ahead and we'll move forward then. At this time, the participants representing AAU grantees may disconnect. There is no

additional content in today's Webinar that applies to AAU projects. You will receive an email with information about how to replay this Webinar.

If you have additional comments or suggestions, please submit them to paperwork@hrsa.gov. This process will formally record your comments and transmit them to the evaluation team. Before we let the AAU folks go, are there any remaining questions from the AAU participants at this time?

Coordinator: As a reminder, to ask a question, please press Star, then 1, and be sure to unmute your phone and clearly record your name. That's Star, then 1. And we will allow a few moments as questions come in. (Peter Conhold), your line is open.

(Peter Conhold): Oh, hi. I was just curious how we should deal with non-responders on survey data of demographics and other data collected?

Woman: Right. For the LR-1, 2 and DV-1 and 2 tables, if you have non-respondents then there will be rows for Unknown.

(Peter Conhold): Okay.

Woman: And you would just count them as unknown.

(Peter Conhold): Great. Thank you.

Woman: You're welcome.

Shannon Bolon: Operator, are there any additional questions queued?

Coordinator: I show no other questions at this time.

Shannon Bolon: Okay. Thank you to all of our AAU grantees. Of course you're welcome to stay on for a riveting Faculty Development conversation, but if not, we wish you a great weekend. The remainder of today's content...

Coordinator: Excuse me?

Shannon Bolon: Oh, yes. Go ahead.

Coordinator: Would you like to take one more question?

Shannon Bolon: Of course.

Coordinator: (Kelly Morton), your line is open.

(Kelly Morton): I'm sorry to bother you again, but on the disadvantaged students status, you said that they were, you know, changing amounts every year. And, you know, the people that we're talking to are, you know, older. I mean they could be 30 years old. So how would we know if they met the disadvantaged student status? Is it at this point in their life? Is it when they were children?

Woman: That's a good question, and it's actually related to their background. So it's really their childhood background. And so we will provide more information, but typically it's their childhood background between the ages of birth and like 18 years old.

(Kelly Morton): Right.

Woman: And (unintelligible) consider themselves from a disadvantaged background. And that's from their childhood.

(Kelly Morton): Yes. We've just been asking them that on a survey, but we haven't been giving them like the, you know, ratio of poverty to family number or anything like that.

Woman: And that's typical. Other grantees do it that way also. We'll provide you with official definitions. How you think the best way to get that information from your participants is up to you.

(Kelly Morton): Okay. Okay, thank you.

Woman: You're welcome.

Coordinator: I show no additional questions.

Shannon Bolon: We have a question on our chat which we'll read aloud. This is from (Janice Benson). If the trainee says they are unknown ethnically or they have an unknown ethnicity -- sorry -- but then choose to respond later, is there a way to change their status?

Woman: I'm not sure if I understand the question. The grantee's responsible for reporting annually to us. And so you're reporting period would be from July 1 to June 30, 2012. And then you have until, I think, the middle of August actually for all of your data, for your grant at one time.

So if during the course of the year your participants want to change their answers, it's up to you. You report to us once. So I hope I framed your question. If you need more clarity, please ask it in another way and I'll try to better articulate.

Shannon Bolon: There's another question on the chat. Ms. (Bowman)? (Marjorie Bowman), you've raised your hand? Unmute your line, please.

Coordinator: If you can please press Star, then 1, we can put you through. Press Star, then 1.

Woman: If you're talking, we can't hear you.

Shannon Bolon: Press Star, 1, or type in your question.

Coordinator: There's no one coming through on the audio portion.

Shannon Bolon: Okay. Well if you have questions, there'll be other opportunities a little bit later in the presentation. Okay, the remainder of today's content is for Physician Faculty Development and Primary Care grantees. Please refer to the table labeled Table PCR.

Okay, let's see here. We have a question. (Marjorie Bowman) was able to come through. The question is about completers and enrollees. You attempted to explain...

Woman: So if you're referring to the LR-1 table? We can go back to that table and explain it. So the enrollees would be everyone in your program that has not graduated during that reporting period. Yes, if you're referring to LR-1, these are the instructions here.

So enrollees -- anyone in your program who has not graduated over the reporting period. And then your graduates are just those graduates. And then your residents or fellows are a separate category. So the total of these three should be your entire population of trainees. And so we split completers into

two different categories -- less than 120 hours or greater than 120 hours -- to help account for those participants.

Coordinator: Excuse me? (Peter Conhold) is on the line.

Shannon Bolon: Go ahead.

(Peter Conhold): Yes, I apologize if the question just got answered. I couldn't hear what people were saying while I was spelling my name. So we have faculty who are exposed to training through our AAU over a three-year period. And then we have students who attend a seminar, you know, perhaps even a single seminar series that we provide.

So I'm trying to think. On an annual basis, would the students who attended the seminar be considered completers? They'd all be enrollees, but would the students be completers, but the faculty would only be completers at the end of the third year?

Shannon Bolon: Yes. The faculty, when they've completed the entire curriculum for the program in which they are participating or are enrolled in, then they would be considered program completers.

(Peter Conhold): And (unintelligible)?

Shannon Bolon: Because (unintelligible) students are not finishing their medical student training. They're just participating in a supplemental seminar series. They would also be considered program completers.

(Peter Conhold): Got it. Thank you.

Shannon Bolon: Thank you. There's a question from (Janice Benson). Is there any easy way to get the family poverty income levels for the relevant years of the trainee's childhood?

Woman: Well we'll provide you with instructions on that. It's just a generality. It's not that we're asking you to do some type of statistical analysis about the percent of poverty levels in their childhood. So basically, most people just ask the question do they consider themselves economically disadvantaged. And if they do, then that would apply. Or educationally disadvantaged.

Those are the two categories of accounting for participants as being disadvantaged. But we will provide you with the percent poverty level information if you choose to ask the question in that way.

Shannon Bolon: There was an incomplete question started by (Michelle Lundy), referencing Table PC-1. If you could finish your thought with that question, we'd be happy to answer it.

Coordinator: As a reminder, that's Star, then 1.

Shannon Bolon: Okay, how do programs that are part-time seminar series complete the columns in PC-1? Because they're not all full-time. We're just conferring about the question here.

Coordinator: I show nothing on the audio portion.

Shannon Bolon: Okay, thank you. I'm not sure that - so repeating the question. Table PC-1 seems to assume that the Faculty Development Fellowship participants are full-time. How do programs that are part-time or seminar series complete these columns?

I'm not sure that there necessarily has to be a discrepancy between the part-time or the full-time trainees. So if you have a mixture of full-time and part-time, I would see as this would only create a problem if their curricula were different. And when we look at the (FTE) columns, then that would allow us to be able to capture that there.

I guess another way that we could address that, too, is if we had, again with the training level and options to be able to indicate part-time and full-time participants.

Woman: Who's in the program.

Shannon Bolon: Right.

Woman: Or not. We're not explicitly distinguishing between part-time and full-time. So how this table is supposed to work is you identify your profession, your program and your trainee level. And then you would give us the discipline and those positions that are recruited for, those that are filled. You know, if there was an expansion piece. And we know that doesn't apply to all your programs.

But the number (FTE)s here would allow you to say if there were perhaps a bit more part-time students than full-time. We would be able to tell by that. So we really weren't distinguishing between part-time and full-time students. If you feel that's an important element that we should collect, then we can have more discussion about that and maybe revise the table.

Shannon Bolon: We have two additional hands raised, one from (John Tempte). If you can unmute your line, we'll field your question now.

Coordinator: Please press Star, then 1 to unmute your line. One moment.

Shannon Bolon: Okay, then (Michelle Lundy) also had her hand raised. (Michelle), do you have additional comments?

(John Tempte): (John Tempte) here. Am I coming through?

Shannon Bolon: Yes, you are.

(John Tempte): Oh, yes, thank you. Just a quick question on - maybe I'm getting ahead, but I'm looking at the proposed individual-level data elements and information to populate some of the tables. And I'm, number one, wondering if there will be a uniform survey tool developed by HRSA that we can provide all of our trainees.

And number two, I'm just looking at some of these and it's going to be nearly impossible to gain information from a number of our trainees, for example, GPA in year one of medical school. And I'm just curious about how much of this do we need to pursue, and how much time? We do a number of community preceptor workshops, and just the burden of data acquisition will cut into our training time.

Shannon Bolon: Right. Actually for the AAU program grantees and the Physician Faculty Development program grantees, the individual-level data will not be completed by you. That has been replaced with the AAU-1 table and the (PFD-1) table.

Your institution may have other HRSA grants that will require that individual-level data collection. If that is the case, in answer to your first question, yes,

HRSA will be providing some templates to assist that. And those individual data elements are currently under development and will be refined.

(John Tempte): Thank you.

Shannon Bolon: Thank you. Okay, (Michelle Lundy), did you want to have additional clarification on your question?

Coordinator: Please stand by as we have some more questions coming through.

Shannon Bolon: Okay, great. Why don't we go ahead with the next question?

Coordinator: We do have a question. I was unable to get the name that was on there, so your line is open if you've queued for a question. Please check your mute button.

Shannon Bolon: We can't hear if there's a question being asked. Please check your mute button.

Martha Evans: Operator, can you open all lines, please?

Coordinator: Sure. Just stand by.

Shannon Bolon: Are there any additional questions queued at this time?

Coordinator: All lines are currently open.

Woman: Hello?

Shannon Bolon: Hello. Please go ahead with your question.

Woman: Hi. My question about Table PC-1A is that we can't even capture it with (FTE), you know, the part-time. We're talking about a once-a-month seminar that goes over the course of a year, and where this seems to refer to training programs that are full-time, over more than one year, and so number of positions by year one, year two. It doesn't fit. I don't know how I would be able to describe that to you all in filling this table out.

Shannon Bolon: Okay. You bring up a valid point, and we're particularly interested in cultivating additional grantees that have a non-traditional fellowship model for faculty development using seminars and longitudinal curriculum spread over time. Do you have any recommendations for ways that we would be able to capture the time spent by your trainees participating in the curriculum for a program like yours?

Woman: I mean by hours. We could do that. Like we have one that's a teleconference series to rural physicians in the state. It's very set every month, exactly how many hours they're getting every month. But even with our own program, we've got these two divisions -- a seminar everyone comes into or they're being teleconferenced.

There's just no way to capture that (unintelligible) the two groups, if you understand what I'm saying. So maybe by hours and allowing for different tracks.

Shannon Bolon: Okay, that's a great point. When we get down to talking about (PFC-1), a lot of - be thinking about this and let us know if there's additional ways that we can refine that table to try to capture that.

Woman: Okay.

Shannon Bolon: Could you do that for us?

Woman: Yes.

Shannon Bolon: Great. Thank you. Thank you for your comments. Next question, please.

Coordinator: As a reminder, all lines are open.

Woman: They're getting into details. You might want to explain that table first and maybe that might help. And then you come back.

Shannon Bolon: Okay.

Woman: All physicians now, right? Physicians only...

((Crosstalk))

Shannon Bolon: Okay, we're going to go on and we're going to move on to the next table. Please refer to Table PCR, Curriculum Content. The purpose of this table is to obtain information about the innovative or out-of-the-box curriculum content that your program is providing, that is beyond the standard curriculum.

These are topics that set your program apart. You should report on all activities -- not just those that are grant-supported. You will again see that the instructions and clarifications proceed the table.

The first column lists content areas. You will first decide if the content area is a highlight of your program. Then if it is, taught as part of a required, elective or both required and elective activity.

Then you will indicate if the material is taught through research, traditional didactic or classroom model, or experiential learning. Experiential learning may include clinical work, community or population interventions or outreach, and public health strategies.

The Teaching Strategies section located in the second half of the first column refers not to how your faculty teaches the content, but what teaching strategies are being taught to your trainees. Are there any questions regarding Table PCR, including any recommendations for additional content areas?

There being no questions, we'll move on. Please refer to the table labeled Table EXP-1, Experiential Training. The purpose of this table is to obtain detailed information about the experiential learning activities provided by the grantee.

Examples of experiential learning may include clinical work, community or population interventions or outreach, and public health strategies. Table EXP-1 differs from Table PCR. Table PCR gathers information about how specific content is taught. Table EXP-1 gathers information about the actual experiential teaching strategies. There are four parts to Table EXP-1, labeled A, B, C and D. You should report on all experiential training, not just that supported by the BHPR grant.

In Table EXP-1, you will give the name of the training site. For example, McComb County Health Department. Next, you will give the Zip code for the location of the site.

Site-type choices will be provided in a drop-down menu. In this example, you would select Health Department. The Training/Studying Choices will also be provided in a drop-down menu, and is comprised of different designations

such as Federally Qualified Health Center, Rural Health Clinic, Health Professions Shortage Area or HPSA. You will select all that apply to the named training site.

The Training Objective field is where you will state the learning objective of the experiential training that occurs at the site. This should be consistent with your curriculum objectives.

You will then check only the vulnerable populations that are principally served at this site. For example, if the trainees are working in the substance abuse treatment center at the health department in our example, the purpose is to treat patients with substance abuse disorders and co-existing HIV/AIDS.

You would then select both Mental Health and HIV/AIDS as the vulnerable population. You will not select descriptors of all of the types of patients or clients seen at the site -- only those that are the targeted population.

The Partnering/Leveraging field asks for any formal partners that you, the grantee, is collaborating with at this training site. Partners should be essential to achieving the educational objective, and be identified in your grant.

Interprofessional Work is that between different health care professions, for example, a family physician, a physician assistant and a public health analyst. Interdisciplinary Work is that between different primary care specialties, for example, a pediatrician and a general internist.

Table EXP-1B will link with the individual-level data. You will enter the unique identifier that you created for each trainee, and then provide the requested demographic information.

Table EXP-1C will be pre-populated with information that you provided in Table EXP-1A. The only field that you will add data to is the Mean Percent Time trainees spend at each site per discipline. Remember that discipline refers to the primary care specialty.

Table EXP-1D requests information on how much training occurs in four training settings, those found in FQHCs, HPSAs, MUCs or Medically Underserved Communities, and Rural Areas. Definitions for these designations are the standard HRSA definitions and will be provided.

Rotations should be blocks of trainee time, for example, a four-week period when the trainees spend the majority of their time working in this location. Are there any questions regarding Tables EXP-1A, B, C or D, or any of the preceding tables?

We did have one question come through about is PCR for Faculty Development only. This table, for the participants on this call, applies only to Faculty Development. However, there are other programs that are also completing this table. Are there any other questions on the line now?

(Michelle Lundy): This is (Michelle Lundy). I have a question about this.

Shannon Bolon: Go ahead.

(Michelle Lundy): Again, with Faculty Development, these last tables seem to be actually capturing the fellows' clinical experiences, which isn't anything directly associated with the Faculty Development itself.

Shannon Bolon: Well capturing the experiential training is not limited to the clinical experiences. That may include curriculum development, precepting, you

know, teaching research, holding conferences, organizing administrative time. All of those would be hands-on activities that would be appropriate to report in the experiential training.

(Michelle Lundy): Even if they're not coordinated through the Faculty Development, but rather what they're doing on their own sites? In our particular case, like I said, we've got folks that are in the community and rural communities that we're teleconferencing to. And one morning a month, they're part of the program. None of it's clinical.

Shannon Bolon: Right.

(Michelle Lundy): But in the rest of their life, it's clinical. But I mean it's not related to the program.

Shannon Bolon: Well then we need to consider what activities are their quote, unquote homework. What sort of things are they utilizing the content that you're teaching them. If you're teaching them precepting strategies and they are performing precepting in their home environment, then that time would be that they're spending precepting and they're practicing and utilizing those strategies that have been taught would be appropriate to report.

(Michelle Lundy): Okay.

Shannon Bolon: That's one of the benefits of having the programs without walls, is that they're able to come and learn content and then apply it in their real-life settings.

(Michelle Lundy): So we can make that leap and report that as data to you?

Shannon Bolon: I would think that that would be the intent of the structure of your program, right? Is that you're teaching them content that they're going to go to their home base and use and practice with. If you are evaluating their change in efficacy in using those strategies, then I would say that that would make a strong case for being able to report that as data.

(Michelle Lundy): So their percent clinical training time is how much? They're not being trained, but who they're training.

Shannon Bolon: I see the point that you're raising. So we're going to have to (unintelligible) you to clarify that. Because we certainly want to capture how much time they're directly interacting with you, the trainer...

(Michelle Lundy): Correct.

Shannon Bolon: And doing their homework or practice. But that homework or practice is experiential. It's what they're actually doing as part of their job. So I see the point that you're raising, and I think that we need to be able to ask this in at least two different ways. Thank you for bringing up this comment. We're going to take that to the drawing board and see how we can clarify that.

(Michelle Lundy): That would be really helpful. Even like their patient encounters, I mean we would have to ask each participant how many patients that they're seeing, you know? How many students are coming through a given site, you know? That type of thing.

Shannon Bolon: Right, and so the question then that's going to have to underlie the discussion that we'll have internally is what information will be most useful, and is that solely just a direct contact and assignment time, or is that going to be defined more broadly. Thank you for your comment.

(Michelle Lundy): Thank you.

Shannon Bolon: We're ready for the next question. Okay, then we're going to move on to Table PFD-1. The purpose of Table PFD-1 is to describe the characteristics of the Physician Faculty Development training program in terms of stipends awarded and certificates and degrees offered. We're looking for feedback on this table.

The table is presented in two parts. The first part obtains data on the foci of the Physician Faculty Development program. Currently you may only report on the primary goal of the program by selecting just from one of the options. We could create an additional column that would allow you to give percent of concentration or time spent, so you could include all of your program's activities. We're looking for your feedback on this issue.

The next portion of the table that you see collects individual trainee-level data for each of the selected program purposes. These would relate directly to the data that you put into the first portion marked Program Purpose. What questions and suggestions do you have regarding this table?

Woman: Hello?

Shannon Bolon: Yes, go ahead.

Woman: I like the table. I would like to see it broken down that you could - I think it would be much richer information for you all to see what percent of a program is being devoted to each of those areas, rather than have it be all or none. Because I don't think most programs are all or none.

Shannon Bolon: I agree. Okay, thank you for your comment. We've made note. On the chat we have the comment from (Janice Benson). I do advise that the secondary program purpose -- example, teaching research fellows how to teach research -- might show a secondary program purpose. And it seems consistent with the prior audible comment. Thank you.

Is the individual-level data, data that you're currently collecting? Would that be easy for you to collect?

(Michelle Lundy): This is (Michelle) again. I think that would be difficult. I guess with the unique identifiers now, we have it collated -- this information -- but we just haven't asked people to identify themselves specifically.

Shannon Bolon: Okay. Is there something that we could do that would facilitate the data collection?

(Michelle Lundy): You come up with a form?

Shannon Bolon: Well we could definitely - we're definitely pursuing how we can create templates to facilitate the data collection, because we want to decrease the reporting burden for this, and at the same time increase the accuracy and reliability of the data that you're reporting.

This data is critical for us to be able to show the efficacy of our programs; and where they're not successful, be able to make changes so that they do indeed meet their required purposes. So we're dedicated to facilitating your data collection.

(Michelle Lundy): So if that was a uniform template for people, it would certainly make it not only easy for the participants, but for you all, too, because you'll get exactly the data you want.

Shannon Bolon: I agree. Other questions and suggestions regarding any of the tables that we've reviewed?

(Michelle Lundy): When Stipend Amount doesn't apply, would we just put N/A?

Shannon Bolon: N/A or zero. We can include that in the instructions.

Woman: At this point we would like to provide you with some summary information and some reminders. First of all, we'd like to thank you for all of your feedback. We will take all of your comments into consideration as we roll out the revised performance measures.

As a reminder, you will be able to access the final revised reporting guidance at http://bhpr.hrsa.gov/grants/reporting/index.html. Once the guidance is finalized, all grantees will receive a notice indicating the document is ready to be reviewed. We expect grantees to begin collecting data as per the revised performance measures beginning July 1, 2011. The first reporting period will be July/August, 2012.

As mentioned previously, the 60-day period to comment on the performance measure revisions is currently open and will close on July 20, 2011. If you have any comments, please send them to paperwork@hrsa.gov.

The Webinar has been recorded and can be replayed until July 31, 2012. To access the replay, please dial the toll-free number 1-800-395-1636. The password is 7058852.

If you have any questions, any additional questions or input, you can contact Faculty Development. You can contact Sylvia Joice, sjoice, that's S-J-O-I-C-E, at HRSA dot gov. This is for Faculty Development.

If there are any AAU grantees on the line, you would contact Martha Evans, that's M-E-V-A-N-S at HRSA dot gov.

Shannon Bolon: We do however encourage you to send suggestions and critiques of the tables that we reviewed today to paperwork@hrsa.gov, as this is the formal process that your comments will be officially recorded at, and will be distributed to the evaluation team.

Woman: We'd like to thank you again for your participation on this Webinar. Have a great weekend. Thanks again.

Coordinator: Thank you for your participation today. You may disconnect at this time.

Shannon Bolon: Operator, can you give us a total of the number of callers?

Coordinator: Please stand by.

END