July 15, 2025

The Honorable Thomas J. Engels
Administrator, Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Submitted to *paperwork@hrsa.gov*

RE: Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: The Teaching Health Center Graduate Medical Education Program Reconciliation Tool, OMB No. 0915-0342 – Revision

Dear Administrator Engels:

We, The Wright Centers for Community Health (TWCCH) and Graduate Medical Education (TWCGME)(collectively, "The Wright Center"), wish to express our gratitude for the opportunity to submit public comment regarding the proposed revisions to the Teaching Health Center Graduate Medical Education (THCGME) Program Reconciliation Tool. Having been a grantee of the Teaching Health Center Program since its inception and a Graduate Medical Education Safety-Net Consortium (GME-SNC) for nearly 50 years, we are uniquely positioned to offer constructive feedback in response to the Information Collection Request. This submission underscores our support for HRSA's ongoing commitment to transparency and accountability in its vital work of responsibly supporting community-based primary care training through the THCGME Program.

TWCGME, a Sponsoring Institution accredited by the Accreditation Council on Graduate Medical Education, is the foundational educational member of our GME-SNC. TWCCH is a Federally Qualified Health Center (FQHC) Look-Alike, an Essential Community Provider of safety-net primary health services, an Opioid Use Disorder Center of Excellence, and a Ryan White HIV/AIDS provider. TWCCH serves approximately 34,000 patients, operating thirteen primary care community health centers (CHCs) throughout Northeastern Pennsylvania, inclusive of a school-based health center and a mobile medical and dental unit ("Driving Better Health"). TWCCH serves as the cornerstone ambulatory provider of whole person primary health services and the foundational community-based clinical learning environment for TWCGME's primary care residency and fellowship programs in Northeastern Pennsylvania.

Together with GME-SNC stakeholders, The Wright Center trains over 200 primary care residents and fellows in a community-based, needs-responsive, physician and interprofessional health workforce development model to advance our shared mission to improve the health and welfare of our communities through inclusive and responsive health services and the

sustainable renewal of an inspired, competent workforce that is privileged to serve. Our GME-SNC is community owned and governed, with a fiduciary responsibility for high-integrity stewardship of federal GME resources, including those from CMS, HRSA, and the Department of Veteran Affairs, as well as multi-payor clinical revenues.

Necessity and Utility of the Proposed Information Collection

TWCGME fully recognizes the necessity and utility of the THCGME reconciliation tool as outlined in the notice of information collection request. We understand that its primary purpose is to accurately gather data on the number of resident full-time equivalents (FTEs) within Teaching Health Center GME programs. This data collection is essential for ensuring proper reconciliation of payments related to both direct medical education (DME) and indirect medical education (IME) expenses, which promotes accountability across the THCGME Program.

Accuracy of the Estimated Annualized Burden Hours

TWCGME respectfully believes that the current estimate of two annual burden hours per THC program for completing the THCGME Program Reconciliation Tool does not accurately reflect the time and effort required. Based on our experience administering multiple THCGME-funded residency and fellowship programs during academic year 2024-2025 (Internal Medicine, Scranton Family Medicine, National Family Medicine, and Geriatrics), we estimate an average of 24 hours spent per program annually to fulfill the requirements of the Reconciliation Tool in a complete and compliant manner.

While we recognize that the intricacies of our consortium model and our braided funding streams across multiple clinical partners may be somewhat unique, we believe our experience offers important insight into the administrative realities THCs may face. The reconciliation process is intensive and spans the full academic year, requiring close coordination among our academic, financial, clinical teams, and hospital and VAMC partners to ensure accuracy, integrity, and transparency in our reporting. The average burden per program includes several key phases of effort that is summarized in the table below.

Table 1. TWCGME Total Estimated Annualized Burden Hours by Program and Time Frame

	Time Frame	Approximate Year-Beginning Hours	Approximate Total Ongoing Hours Per Year	Approximate Year-End Hours	
	Examples of Tasks	Ensuring schedules have been created appropriately, reformatting/adjusting of new academic year's FTE reconciliation spreadsheets, etc.	Monthly FTE reconciliations, working with GME coordinators, meetings to discuss scheduling changes, etc.	Verifying year-end data, performing final calculations of claimable FTEs, ensuring reports and attachments are correct and completed appropriately before submission, etc.	Total Estimated Burden Hours
Program	Internal Medicine	7	22	22	51
	Family Medicine Regional	5	14	14	33
	National Network Family Medicine	4	11	11	26
	Psychiatry *	1	1	1	3
	Geriatrics	1	3	3	7
	Total Estimated Burden Hours	18	51	51	120
				Estimated Average Burden Time Per Program	24

* Final AY24-25 THC Reconciliation Report for Psychiatry program submitted Friday, May 2, 2025.

This 24-hour estimate is based on internal tracking across our multiple residency and fellowship programs funded by the THCGME Program during the 2023–2024 academic year. The above

table reflects the consistent, hands-on effort needed by our teams to meet the program's high standards. In contrast, the two-hour estimate currently published does not capture the nuanced, ongoing work that this tool demands, especially in more complex delivery and funding environments like ours with high integrity reconciliations across multiple GME funding sources. We encourage HRSA and OMB to consider revising the burden estimate to more accurately reflect the reality of program administration and to explore potential refinements to the tool that could reduce unnecessary manual steps while maintaining program integrity and accountability.

Ways to Enhance the Quality, Utility, and Clarity of the Information to be Collected
To improve the quality, utility, and clarity of GME data collection, TWCGME recommends that the federal GME funding agencies (CMS, HRSA, VA, DOD) collaborate to establish a unified funding framework. This should include aligned definitions and payment eligibility for DGME and IME, as well as a single, coordinated list of allowable and unallowable costs. Currently, the differing definitions and cost categorizations across agencies create the potential for confusion among programs that have similar GME funding streams. The need for high-performing systems and well-trained staff is critical; the absence of such can drain program resources due to the complex, source-specific FTE reconciliation process across inconsistent cost eligibility. A standardized federal methodology would reduce administrative burden, improve accuracy, and help ensure consistent and efficient use of funds.

The strength of the THCGME Program lies not only in its outcomes, i.e., improved access to care in underserved communities, strong graduate retention in shortage areas, and a more diverse, community-responsive workforce, but also in its unmatched accountability. As the only federally funded GME program with rigorous reporting requirements and metrics tied directly to trainee outcomes, THCGME has set the standard for data-driven GME investment into closing the primary care physician workforce shortage. Data clearly demonstrates the THCGME Program's effectiveness and value, yet it continues to face uncertainty in funding and limitations that undermine its full potential.

Despite its success, the THCGME Program is at a crossroads due to an inadequate Per Resident Amount (PRA). The current PRA of $160,000 does not adequately cover resident salaries, benefits, faculty time, or program infrastructure. HRSA's own contracted studies estimate the actual cost of training a resident exceeds $227,000 annually. Without a meaningful increase designed to make the program sustainable, existing programs face growing financial strain, risking reductions in class sizes or even closures, as has occurred in the past. The challenges imposed by the lack of stability in program funding and inability to increase the PRA to sustainable levels is further compounded by an absence of responsible annual inflationary adjustments.

At the same time, TWCGME remains committed to advocating to Congress to secure a robust, multi-year reauthorization that ensures stable, predictable funding for both current grantees and future awardees. The sustainability of this highly effective, data-rich program depends on consistent investment, both in PRA increases that reflect the real cost of training and in long-term funding that gives THCs the certainty they need to plan and grow.

At this time, TWCGME respectfully urges HRSA to fund the 54 resident FTEs at the 18 conditionally approved CHC-sponsored programs that started training this July. TWCGME's new Scranton Family Medicine residency (accredited 6-6-6) and our partners at HealthSource of Ohio's new family medicine residency (accredited 4-4-4) together account for 10 of those FTEs. These positions fulfill all the requirements and should count as part of the program.

TWCGME also fully recognizes that the THCGME program was never intended to replace CMS-funded GME. However, the design of the program can leave THCs in vulnerable positions when partnerships with hospitals or health systems begin to shift, especially when those partnerships depend on for-profit hospitals and systems with a different mission. TWCGME respectfully encourages HRSA to proactively consider contingency strategies or "if-then" scenarios to help protect and preserve THCGME programs that may face challenges due to commonly evolving institutional relationships.

If you have any questions or would like more information, we're happy to make ourselves available. TWCGME believes the THCGME Program is a proven solution to the nation's primary care shortage and is grateful for HRSA's ongoing leadership in strengthening the healthcare workforce.

Sincerely,

Laura Spadaro
Vice President of Primary Care & Public Health Policy
The Wright Center for Community Health
The Wright Center for Graduate Medical Education