

## ATTACHMENT A

### **Item 1: A detailed work schedule for implementing and adopting each GAO recommendation:**

- **Recommendation #1: Expedite the review of the report containing national projections to 2020 for the primary care workforce to ensure it is published in the fall of 2013 in accordance with HRSA's revised timeline.**

On November 27, 2013, HRSA released *Projecting the Supply and Demand for Primary Care Practitioners Through 2020*, which completed the first GAO recommendation. As the GAO stated in its report, modeling the health care system is complex, particularly given significant changes currently underway. For example, following the passage of the Affordable Care Act, the original projections required significant revisions in order to account for the effects of expanded insurance coverage. In order to ensure the validity of the updated projections, additional vetting and review was required which extended the time needed to publish the projections.

- **Recommendation #2: Create standard written procedures for completing the tasks necessary to review and publish workforce projection reports delivered from contractors; such procedures may include a list of necessary review steps, estimates of how long each step should take to complete, and designated internal and external reviewers.**
- **Recommendation #3: Develop tools for monitoring the progress of projection reports through the review process to ensure that HRSA's timeline goals for publication are met.**

As GAO was developing its study and drafting its report, HRSA was in the process of developing new standard written procedures and tools to ensure timely publication of reports. HRSA staff have already been trained on these protocols and the use of these tools, and they are now in use throughout the agency. See Attachment B for additional details.

### **Item 2: Provide a date certain by which we can expect to see the "fall 2013" report mentioned in GAO's report.**

On November 27, 2013, HRSA published *Projecting the Supply and Demand for Primary Care Practitioners Through 2020*, which completed the first GAO recommendation.

### **Item 3: An explanation of the requirements for awarding contracts to the three contractors doing analysis, along with the performance metrics by which the contractors are evaluated. Please also provide an explanation of how many program officers or other personnel at HRSA may be responsible for overseeing these contractors.**

HRSA awards all contracts in accordance with Federal Acquisition Regulations, which includes internal review and approval of the solicitation followed by a competitive process for selecting a contractor. The contracts mentioned in GAO's report to develop workforce projections models were awarded between 2008 and 2012. Prior to making these awards, the Bureau of Health Professions (BHPr) and HRSA leadership approved the overall goals of the solicitation. The contract Statements of Work were approved by BHPr, the Office of Acquisition Management and Policy (OAMP), and other HRSA divisions (e.g., Office of Information Technology (OIT)). A Technical Evaluation Panel reviewed proposals, including: specific tasks and deliverables based upon their technical merits (each task and subtask to be executed in meeting study objectives), management plan (work plan, time schedule, and

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personnel), experience, and cost. The contractor that provided the best value based on technical and price considerations was selected.

Once a contract is awarded, HRSA staff work together to monitor the contractor's performance to include submission of project deliverables and adherence to timelines. HRSA staff monitored the contracts reviewed by GAO in accordance with OAMP's standard protocol. OAMP's protocol requires a Contracting Officer's Representative (COR) to serve as the point of contact for the contractor to ensure that technical objectives are met; provide the necessary information, direction, and coordination to ensure successful outcomes; verify contractor progress and performance; conduct an annual performance report; and maintain records, logs, and reports to document the actions taken by the contractor and the Government. The COR also reviews monthly reports from the contractor detailing status updates, issues of anticipated problems/possible solutions, and next steps in the projects. OAMP monitors invoice payments and addresses performance issues if identified by the COR. Earned Value Management (EVM) metrics (planned and actual cost and schedule data) are routine measures incorporated into contracts for workforce projections.

**Item 4: An explanation of the purpose and processes of the NCHWA. We understand the center is collecting data, but the findings from the GAO's report calls into question the ultimate timeliness and usefulness of their analysis.**

As authorized by Section 761 of the Public Health Service Act, the NCHWA engages in a number of activities, including the collection and analysis of health workforce data and information in order to provide policy makers and the private sector with information on health workforce supply and demand. NCHWA manages data collection, analysis, and compilation, and evaluates workforce policies regarding their effectiveness in addressing workforce issues. Specific activities of NCHWA include:

- Improving the quality and availability of health workforce data (e.g., *the Minimum Data Set initiative* and the *National Sample Survey of Nurse Practitioners*), and identifying how existing sources of data can be used for health workforce analysis in order to avoid redundancy and maximize data utility ( e.g., the *Compendium of Federal Data Sources for Health Workforce Analysis* published in 2013);
- Providing policy makers, states, researchers, and the public with meaningful health workforce data and information through such vehicles as the *Area Health Resources Files*, *The Health Workforce Chartbook*, *The U.S. Nursing Workforce: Trends in Supply and Education*, webinars, data briefs, and presentations;
- Making improvements to workforce projections through the development of micro-simulation models which will allow states to assess their workforce needs; and
- Building state health workforce planning capacity through direct work with states, including Primary Care Offices (PCOs), and through HRSA's cooperative agreement with the National Governors Association that supports workforce technical assistance to states.

**Item 5: Provide a breakdown of the number and allocation of Bureau of Health Professions (BHPr) staff by functional tasks and work projects.**

BHPr programs are designed to improve the health of the nation's underserved communities and vulnerable populations by assuring a diverse, culturally competent workforce is ready to provide access to quality health care services. BHPr programs and over 1,600 grant awards are supported by approximately 165 individuals and through annual appropriations, which totaled \$608,224,000 in fiscal

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year (FY) 2013 (after sequestration), in addition to revolving funds, user fees and mandatory accounts. Areas of activity include:

- **Grant Program Administration and Oversight:** Provide technical assistance, ensure compliance with laws and regulations, and review fiscal and performance reports to grantees, as well as oversee four Federal Advisory Committees.
- **National Practitioner Data Bank (NPDB):** Coordinate with federal entities, state licensing boards, and national, state, and local professional organizations, to promote quality assurance efforts and deter fraud and abuse of practitioners, providers, or suppliers. The NPDB contains one million reports and is queried over 5.7 million times annually.
- **National Center for Health Workforce Analysis:** Develop and disseminate data and research on the health care workforce, as explained further in the response to Item 4 (above).
- **Behavioral and Oral Health:** Serve as the Agency lead for behavioral and oral health issues throughout the Agency.

**Item 6: An explanation of what HRSA is doing to coordinate amongst the existing 91 federal workforce training/education programs to:**

- **share best practices**
- **prevent duplication and waste**
- **apply metrics to evaluate program performance and outcomes, and**
- **ensure they are faithful steward of taxpayer dollars**

The programs identified in the GAO report *Health Care Workforce: Federally Funded Training Programs in Fiscal Year 2012* contribute to a comprehensive federal strategy to help educate and train an adequate health care workforce to meet the nation's needs. Internal collaboration within HRSA, as well as across HHS agencies occurs regularly. In addition, HRSA and HHS work with the Department of Defense (DoD), Department of Veterans Affairs (VA), and the Department of Education (ED) on a range of workforce issues, including working to ensure that programs are complementary, fill gaps, and avoid redundancies. For example:

- **Internal HRSA collaboration:** HRSA's National Health Service Corps (NHSC) program partners with HRSA's service delivery programs (e.g., Health Centers and the Ryan White Program) to increase access to primary care services in underserved areas. The NHSC program and BHPPr share information and disseminate best practices to their respective grantees and providers.
- **Internal HHS collaboration:** HRSA collaborates closely with the Centers for Medicare and Medicaid Services (CMS) to ensure consistency and avoid duplication in payment policies across graduate medical education programs.
- **Cross-government collaboration:** HRSA partners with the VA and DoD to foster best practices in facilitating veteran transition to civilian health careers, including the development of bridge programs, tools for facilitating hiring of veterans, and strategies for removing barriers to licensure and credentialing.

HRSA would like to clarify that the 91 programs referenced in the GAO report are not, in fact, separate programs. HRSA relies on program authorization and appropriation to define programs which may include a number of activities under each program. In addition, HRSA uses the same definition that GAO uses to define the term 'program' as, "An organized set of activities directed toward a common purpose or goal that an agency undertakes or proposes to carry out its responsibilities." Many of the 91 activities GAO presented as separate programs in the report, in fact, are implemented under the same program authority and authorization. For example, the GAO report has separate listings for the four NHSC

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activities, which are a suite of strategies aimed at recruiting and retaining health care providers to serve in and meet the workforce needs of communities designated as health professional shortage areas (HPSAs). Using the definition above, which GAO articulated in the report, these activities should be considered together as a single program, as the NHSC Loan Repayment and Students to Service Loan Repayment activities share exactly the same legislative authority and are both mechanisms for increasing the number of primary care providers in HPSAs.