Frontier Community Health Care Network Coordination Grant

**Public Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-XXXX. Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

#### **Advanced Letter**

Via Email

Dear Interviewee:

On behalf of the Office of Rural Health Policy, the Altarum Institute, IMPAQ International and the NORC Walsh Center for Rural Health Analysis are conducting an evaluation of the Frontier Community Health Care Network Coordination Grant. The grant is supporting the training and placement of community health workers in several Montana critical access hospitals to facilitate the coordination of care for patients.

The interview will be conducted either in-person or by telephone and will last no longer than one hour. Your participation will provide increased understanding and perspectives on access to quality care, adequate compensation, and regulations that allow for the integration and delivery of high quality care in frontier areas. With your permission, we will record the interview to assist us in taking notes and summarizing the discussion.

Findings from this evaluation will be included in reports for ORHP that may be publicly available. In those reports, data or quotations will not be linked to the identity of a particular respondent or organization.

If you have questions about this study, please contact me at knudson-alana@norc.org. Shena Popat from NORC will be contacting you within the next few days to schedule a telephone interview. For questions about your rights as a study participant, you may call the NORC Institutional Review Board Administrator at 773-256-6000.

Expiration Date: xx/xx/201x

Thank you for your participation in this very important study.

Sincerely,

Alana Knudson, PhD

Co-Director, NORC Walsh Center for Rural Health Analysis

OMB Control Number 0915-XXXX

Frontier Community Health Care Network Coordination Grant

#### **Informed Consent**

Good morning/afternoon. My name is Alana Knudson and I am a researcher at the NORC Walsh Center for Rural Health Analysis. Altarum Institute, IMPAQ International and the Walsh Center have been contracted by the HRSA Office of Rural Health Policy to ascertain your unique perspective on the Frontier Community Health Care Network Coordination Grant. The grant is supporting the training and placement of community health workers in several Montana critical access hospitals to facilitate the coordination of care for patients.

This interview will last no more than one hour. There are no risks associated with your participation. Your participation is voluntary, and you may skip questions, and stop the interview at any time without any adverse consequences. Your answers will only be reported in aggregate form, and will not identify you or your organization. Your responses will be used in a final report for ORHP. If you have any questions about your rights as a participant in this research project, please call the NORC Institutional Review Board Administrator at 773-256-6000.

Do you consent to participate in this interview? [All parties on line must say "yes" to proceed.]

Do you have any questions for me?

[If "yes" then proceed. If "no" then terminate interview.]

#### [BEGIN RECORDING]

NORC would like to record this interview in order to ensure our notes are as accurate and comprehensive as possible. This recording will be deleted at the end of the project. Do you consent to have this interview recorded?

[If all parties indicate "yes" then proceed, and continue to record the interview."]

[If "no" then say: "That's fine. Please be patient as I take notes." Then, stop and delete the recording.]

Expiration Date: xx/xx/201x

**OMB Control Number 0915-XXXX** 

### Frontier Community Health Care Network Coordination Grant

### **Hospital Administrator Interview Guide**

- 1. How long have you been the CEO/administrator at this facility?
- 2. Has your career primarily been in CAH facilities?

### **Overview of Patients and Services**

- 3. What proportion of your CAH patients are Medicare patients?
- 4. What proportion of your patients is covered by Medicaid?
- 5. What proportion of care is covered by private insurance?
- 6. What proportion of care is uncompensated?

#### **Care Coordination**

- 7. What hospital serves as your referral hospital?
- 8. Do you receive referrals from other facilities?
- 9. How does the coordination of care between your two facilities and individual care providers work? (e.g., written communication, oral communication, faxes, EHRs, or regularly scheduled meetings)
- 10. What is the CAH's relationship with other CAHs, networks, and referral hospitals?
- 11. How is care coordination achieved within your facility (e.g., case manager, transition coach, etc)?
- 12. How are Community Health Workers used to integrate health care services and other health related social services for Medicare beneficiaries? For Medicaid beneficiaries? For privately insured patients? For uninsured patients?
  - a. What are some care coordination practices that have worked well?
  - a. What are some lessons learned?
- 13. For what reasons would a patient be transferred out of the frontier community?
  - a. Patient/family preference;
  - b. Availability of beds/services;
  - c. Cost:
  - d. Complexity of needed services; or
  - e. Other? (Please explain)
- 14. What are the unmet needs of the community (e.g., specialty care, assisted living, home health, meals on wheels, behavioral health)?
  - a. How do these unmet needs impact the community?
- 15. What additional agreements (e.g., HIPAA data sharing, state and/or regional, business partner, ACO partner, other?) would enhance care coordination?

OMB Control Number 0915-XXXX Expiration Date: xx/xx/201x

Frontier Community Health Care Network Coordination Grant

### **Summary Questions**

- 16. Do you have any suggestions for improving the coordination of care for your community's patients?
- 17. Is there anything else you would like to share regarding how to improve providing coordinated, integrated, high-quality health care to your patients or any suggestions on how to make the role of CHWs more valuable?

Expiration Date: xx/xx/201x

Thank you for taking the time to share your experience and ideas with us. We greatly appreciate your input.

OMB Control Number 0915-XXXX