

Supporting Statement

Understanding and Monitoring Funding Streams in Ryan White Clinics

OMB Control No. 0915-XXXX

B. Collection of Information Employing Statistical Methods

1. Respondent Universe and Sampling Methods

Study Population

The study population will include grantees who meet the following criteria:

- lead agency for a Ryan White Part C and/or Part D grant
- provide Ryan White services directly
- provide outpatient/ambulatory care
- served at least 10 clients with at least one outpatient/ambulatory care visit in 2012

Providers will be selected based on the most recent data available from the Ryan White HIV/AIDS Program Services Report (RSR). Using the 2012 RSR data, there were 399 grantees with Part C, Part D, or both Part C and D grants. Grantees who are not providers are excluded from the study population because they do not have direct experience in serving clients and, therefore, do not coordinate different funding streams for payment of client services. Finally, among those that provide medical care, we will restrict the population further to those that serve a threshold number of 10 outpatient/ambulatory care clients. The 2012 data on provider types and number of clients served are not yet available, but will be used for the final sample selection. Based on RSR data from 2010 and 2011 reports, 309 Part C and D grantee-providers meet all of these criteria.

Additionally, there are two grantee-providers characteristics that are important to have represented in the completed survey responses. These include:

- Ryan White HIV/AIDS Program grant part
- Grantee-provider type

Ryan White Grant Part

Part C and Part D funds are targeted to different populations. As a result, we expect that Part C and Part D grantees may use a different mix of funding streams to serve the needs of their clients.

Grantee-Provider Type

We expect that grantee-provider type (as defined in the RSR) will capture fundamental organizational differences among grantee-providers. Grantee-provider type is likely closely correlated with whether or not the grantee-provider is reimbursed by insurance, receives other grants, or shares resources with a larger organization. It is also likely to reflect differences in

their ability to track the different funding streams used to support the provision of services.

Stratified Random Sample by Study Population by Key Characteristics

Table 1 below organizes the study population into the Ryan White Grant Part and Grantee-Provider Type characteristics discussed above. Each cell represents the number of grantee-providers with two combined characteristics (category). In the last column, Solo/Group Private Practice grantees were combined with other types of grantees (e.g., substance abuse treatment center). Due to the small numbers and the ambiguity of this combined category, it will not be sampled. There were also only 12 grantee-providers who received Part D funding only, so these providers were combined with those who received both Parts C and D funding. The numbers in parentheses in each cell represent the number to be sampled from each category.

Table 1. Sampling Frame / Study Population by Key Characteristics

Ryan White Grantee-Providers	Publicly Funded Community Health Centers	Hospital or University Based Clinic	Other Community-Based Service Organization	Health Department	Solo/Group Private Practice/ Other	Total
Part C only	88 (31)	52 (19)	24 (12)	31 (13)	9*	204 (75)
Part D only / Parts C & D	35 (18)	59 (21)	20 (10)	6 (6)	4*	124 (55)
Sample	49 out of 123 (41%)	40 of 111 (35%)	22 of 44 (50%)	19 of 37 (50%)	Not included in sample	130 of 315 (41%)

*Not sampled and not included in population totals

We will use a stratified random sample using a higher sampling ratio for grantee-provider and funding categories that are relatively small (disproportionate stratified sample). Although the survey is designed to answer research questions regarding the entire C and D grantee-provider population, it is also intended to guide the development of an MS Excel tracking tool (Tracker) (Phase 2 of this project). The tool will be a resource that grantees can select to use, but the tool must be designed to meet the needs of the respondents to the survey. Therefore, it is important that both Part C and/or Part D grantee-providers be represented sufficiently; thus, the full range of potential users of the tool will be well represented. We plan to follow-up with sampled grantee-providers to achieve an overall response rate of at least 70 percent, and a rate of at least 60-65 percent within each cell.

2. Procedures for the Collection of Information

As described above, it is desirable to draw a disproportionate stratified sample that deliberately over represents the smaller grantee-provider-type and funding-type categories in order to provide an adequate basis for representation and comparison. This sampling approach will yield a

maximum 95 percent confidence interval of +/- 9 percent, which corresponds to an item response percentage estimate of 50 percent for a population of 315 and a response rate of 70% (final sample of 91 out of the initial sample of 130). If an item's response percentage is smaller (or larger) than 50 percent, the confidence interval may decrease to as small as +/- 7 percent.

During a period of 3-4 weeks, the survey instrument will be distributed once, via SNAP Survey, to Program Directors of Part C and/or Part D grantees. To launch the recruitment efforts, HAB will send a letter by e-mail, to all the Part C and/or Part D grantees. The purpose of the letter will be to introduce the study, highlight its significance, and encourage participation. Three days later, the study team will follow up with an e-mail inviting the sample population selected to participate in the study. The e-mail will include the purpose of the study, the type of data collected, the medium used to complete the survey, and contact information for the study coordinator for responding to the invitation. After receiving consent to participate by the Program Director, the study team will e-mail the instructions for completing the survey, the survey link, a timeframe for completing the survey. The instructions e-mail will also include an MS Word version of the survey and a Glossary of Terms. The MS Word version of the survey will be provided so that Project Directors can become familiar with the different topics of the survey before they start answering the questions online. This will also assist Project Directors in identifying any additional staff members who might be needed to complete the survey. The Glossary of Terms will help clarify definitions of terms used throughout the survey (see, Attachment B: Survey Implementation Materials).

After the first invitation letter is sent to grantees, the study team will begin monitoring grantee-provider responses using a response monitoring spreadsheet to ensure high response rates for completing the survey. The spreadsheet will be used to record participation responses, survey completion, and any communication between the study team and Program Directors to support follow-up efforts. This spreadsheet will be used in conjunction with a sampling frame to ensure that sample categories are well represented.

3. Methods to Maximize Response Rates and Deal with Nonresponse

Consent to Participate

During the recruitment process, the study team will follow up with potential respondents (Program Directors) and remind them to respond to the e-mail invitation. Program Directors will be asked to respond within a week. In the event that we do not receive a response, the team will make a second attempt via e-mail and also make telephone calls. The team will attempt to reach Project Directors via telephone every other day thereafter. A third e-mail attempt will also be made three days after the second one is sent. If a Project Director declines to participate in the study, a replacement grantee-provider will be drawn from the sample. The will be sent an invitation to participate. The team will be prepared to emphasize the importance of this study to the RWHAP, the opportunity to provide input into the Tracker tool and the benefits of having a tool that all grantees can use to track funding streams.

Completion of Survey

After the study team receives consent to participate in the study from the grantees, efforts will be made with Project Directors to remind them to complete and submit the survey. The study team will monitor the completion of surveys and will focus follow-up efforts to achieve as high an

overall response rate as possible. We will also focus follow-up efforts to ensure sufficient response rates within all cells in Table 1.

Peer consultants who are familiar with Part C and Part D grantees will also make calls to Project Directors to offer assistance in filling out the survey. Project Directors will also be offered peer-to-peer assistance in filling out the survey. Part of the study team will include consultants who have worked with Part C and Part D grantees and know their financial and billing systems and practices. E-mail reminders to complete the survey will be sent 2 days before the deadline. If a Project Director has not completed the survey, follow-up calls will be made until the survey is submitted.

4. Tests of Procedures or Methods to be Undertaken

The study team pilot-tested the survey instrument in April 2013 with three Part C and Part D grantees. Major revisions to the instrument were made and the survey was re-piloted in July 2013 with 7 grantees (including two grantees from the first pilot). The pilots were conducted to test the appropriateness and validity of the survey questions, determine whether questions were consistently understood, whether respondents had the information needed to answer questions, and to obtain a basis for burden estimates. Feedback was gathered from respondents via questionnaires and follow-up telephone calls. In addition to the pilots, the study team used feedback provided by external project consultants and HAB to enhance the survey.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

The survey design, data collection activities, and data analysis are being conducted for HRSA and by the contractor, Walter R. McDonald & Associates, Inc. (WRMA) and its partner, Mission Analytics Group, Inc.

The following persons provided guidance and input into the survey design, sampling and statistical analysis approaches:

Name	E-mail	Telephone Number
Harry Day, Ph.D.	hday@wrma.com	703-402-8059
Carolyn Lichtenstein, Ph.D.	clichtenstein@wrma.com	301-881-2590
Peggy O'Brien-Strain, Ph.D.	strain@mission-ag.com	415-263-9885
Liz Oppenheim, JD	loppenheim@wrma.com	301-881-2590

The person responsible for receiving and approving the contract deliverables is Contracting Officer Representative, Faye Malitz, M.S., HAB Senior Advisor for Data, Division of Policy and Data, HRSA/HAB ,(301) 443-3259, fmalitz@hrsa.gov.