

Supporting Statement B

Evaluation of the Frontier Community Health Care Coordination Grant

OMB Control No. 0915-XXXX

B. Collection of Information Employing Statistical Methods

If statistical methods will not be used to select respondents and the corresponding item is checked “No”, this section does not have to be completed.

Given the small number of participants in this intervention, ($N < 200$) we will not randomly select respondents.

The evaluation of the Frontier Community Health Care Network Coordination (FCHCNC) Grant is studying the following components of the Montana FCHCNC Grant:

- o Identify the strengths and challenges of implementing the FCHCNC Grant
- o Assess the effectiveness of the grantees implementation of the FCHCNC Grant
- o Determine client satisfaction
- o Evaluate whether the intervention is meeting FCHCNC Grant goals
- o Assess health care utilization and cost savings associated with FCHCNC Grant participation

The evaluation will collect data from key stakeholders, grantee sites and clients using the following methods:

1. In-person and telephonic interviews will be conducted with key stakeholders (e.g., care transition coordinator, health care providers)
2. Community Health Worker (CHW) data collection forms
3. Client satisfaction surveys will be completed by individuals receiving health care through the pilot program.

The respondents for each method of data collection will be selected based on their direct involvement and participation in the FCHCNC Grant.

1. Respondent Universe and Sampling Methods

In-Person Interviews/ Key Informant Interviews

The total size of the potential respondent universe is about 132 people from 11 participating pilot sites. There will be two types of entities covered in this data collection process – grant recipient (state government employees?) and intervention site participants (hospital administrators, health care providers, CHWs, care transition coordinator (CTC) and clients (Medicare and/or Medicaid beneficiaries)).

Key informants will be identified and selected with the help of the Montana CTC. Since the one CTC, the 11 CHWs (one at each site) and the two grantee program managers at the Montana Department of Public Health and Human Services are most closely engaged in the pilot program, we will interview all 14 of these key informants. To reduce the interview burden for the other types of informants, we will identify two key hospital administrative staff, two health care providers and two clients from each pilot site location from all those engaged or participating in the program. The hospital administrators, health care providers and clients to be interviewed will be chosen based on involvement in the program, availability and willingness to be interviewed.

In summary, during the course of the two site visits to be conducted as part of the evaluation, we anticipate interviewing a total of 80 people (see Table 1). We expect to have 100% participation based on the interviews planned for the site visits. Key informants are critical to the success of the program implementation and contribute essential information regarding programmatic successes and challenges.

Table 1: Key informant interviews

Form Name	Number of Eligible Subjects	Number of Respondents
Care Transition Coordinator (CTC) Interview Protocol	1 (1 staff)	1 (1 staff)
Community Health Worker Interview Protocol	11 (1 CHW per site)	11 (1 CHW per site)
Grantee Interview Protocol	2 (2 staff)	2 (2 staff)
Hospital Administrator Interview Protocol	2-4 per site	22 (2 per site)
Primary Care Provider Interview Protocol	2-4 per site	22 (2 per site)
Client Interview/ Focus Group Protocol	About 10 per pilot site	22 (2 per site)
Total	132	80

CHW Data Collection

For the CHW data collection, the total universe of potential respondents is 11 CHWs. We will be collecting data from one type of entity (persons) for this data collection. We will be surveying the 11 CHWs on a quarterly basis (see Table 2). The CHWs are the only entity in direct contact with the clients and, in their role, they have intimate knowledge of the client intervention goals, client recruitment methods and other programmatic details needed to conduct a comprehensive evaluation. There is a possibility that one or two sites may not have CHWs currently working at their site. Thus, we may not have all pilot sites represented in the evaluation. However, as mentioned above, we will survey all participating CHWs since each pilot site has had a unique experience implementing the FHCNC Grant. We will work with the CTC and CHWs to obtain a 100 percent response rate.

Table 2: Community Health Worker Collection Respondents

Form Name	Number of Eligible Subjects	Number of Respondents
Community Health Worker Interview Protocol	11 (1 CHW per site)	11
Total	11	11

Client Satisfaction Survey

The data collection for the client satisfaction is focused on one entity type, clients who have completed the program. Due to delays in program implementation, the total universe of all clients served by the pilot program is estimated to be only 110 clients (or about 10 per site). In addition, to be eligible for the program, the individuals must be frail elderly individuals with multiple chronic diseases residing in frontier counties (counties with fewer than 6 people/mile). Therefore, several of these clients have moved out of their homes, become incapacitated or passed away. These factors have resulted in a lower than anticipated enrollment and completion rates of the clients. Therefore, all clients of all FHCNC critical access hospitals (CAH) will be mailed the survey (see Table 3). The reasons are two-fold. First, we want to ensure we have a large enough population to evaluate and second, we want to ensure perspectives of all the clients are part of the evaluation. Consequently, the survey will be a census of clients and will not require any sampling design. However, we will conduct a careful analysis to assess non-response bias.

Given reasons stated above (i.e., delays in program implementation and inaccessibility of clients), we anticipate 85 participants to be surveyed. Past data collections using this approach have yielded response rates of 50 percent. Therefore we expect about 43 completed responses to be returned.

Table 3 Client Satisfaction Survey Respondents

Form Name	Number of Eligible Subjects	Number of Respondents
Client Satisfaction Survey	About 10 per site	85
Total	110	85

2. Procedures for the Collection of Information

In-Person Interviews/ Key Informant Interviews

There will be two site visits conducted during the course of the evaluation. The site visits will divide up the 11 participating pilot sites. Five pilot sites will be visited during the first site visit and the remaining six pilot sites will be visited during the second pilot site. Each interviewee will be interviewed once with the exception of the one CTC and the two grantees. These three individuals will be interviewed during both site visits to gather detailed information about program implementation activities and challenges. In addition, we will interview the other key informants as identified by CTC. The number and type of interviewees will be selected based on their role in the program implementation. We will interview all of the CHWs, dependent upon whether the positions are filled, to ascertain their experiences recruiting clients and their knowledge of clients' intervention goals. To reduce interview burden for the hospital administrators, health care providers and clients, the CTC will identify two individuals in each group to provide feedback out of all the potential interviewees at each site. The hospital administrators, health care providers and clients to be interviewed will be chosen based on involvement in the program, availability and willingness to be interviewed.

In advance of the visit, the interviewees will receive a specific meeting time and be provided with a discussion guide/ interview protocol. The interviews will be conducted by Dr. Alana Knudson who has extensive experience interviewing rural populations about health-related programs. All interviews will be transcribed and coded for accuracy and analyzed to find key themes using NVivo.

As mentioned above, a subset of hospital administrators, health care providers, and clients will be selected for interviewing based on their involvement in the program and availability, rather than through a random sampling process.

The discussion guides /interview protocols are included in the Appendix.

CHW Data Collection

Client data will be collected quarterly from each CHW upon OMB approval. Given the program termination date in September 2014, there are only three more potential quarters to collect data. Data will be collected from each CHW with support from the CTC and

the evaluation team. The data collection form will ask for details of each client's intervention goals, recruitment activities, resources utilized during their program and client intervention start and end dates. Given the small number of participants, we will request that each CHW report on each client served. Information about all clients currently participating in the program is critical to understanding the effectiveness of the program, and ultimately, to evaluate the overall success of the program.

The CHWs will report program data to the CTC, who will provide quality control by ensuring that the data are complete and accurate before submitting to the evaluation team. Furthermore, the evaluation team will then review the submitted data and ask any follow up data-related questions (e.g., regarding missing data or data fields) to the CTC. The evaluation team's goal is to have the most complete data possible for the quarterly reports.

Prior to the first quarterly data collection, a technical assistance training will be provided to the CTC and the CHWs. Hospital administrators and other key personnel will also be invited to attend to participate. The training will provide details on each data element needed and why it is important to collect the information for each client. The CHWs will be given a template and instructional sheet which explains how to fill in each data field. In addition to sharing the electronic data report template files, we will also make hard copies available in order to reach those individuals who do not have access to a computer or internet.

Given the small number of pilot sites and the small number of clients, all of the pilot site's (11) CHWs will be selected to report on the activity of all of their clients. The CHWs' direct knowledge of each client is foundational to evaluating this program's goals and outcomes.

There will be no sampling method or statistical methods employed to collect this information due to small sample size and unique implementation aspects at each of the 11 sites.

The data template, template definitions and training slides are included in the Appendix.

Client Satisfaction Survey

The client satisfaction survey is a one-time survey that will be mailed to clients who have completed program. All clients who complete the program and for whom we have contact information will be mailed a survey. There are so few clients enrolled in this program that we will survey all participants who have completed the program in order to ensure an adequate number of responses. Our goal is to mail the survey to at least 85 participants and to obtain at least a 50 percent response rate (at least 43 respondents).

To increase the response rate, we will inform the CTC and CHWs when the surveys will be mailed out and ask them to encourage their clients to respond to the surveys and to be candid in their responses. In addition, we will send out reminder cards within 10 business days. A second mailing will be sent 10 business days after the reminder cards. For quality control, the data will be thoroughly cleaned prior to analyses. We will test for

differences in characteristics (e.g., age, pilot site) of survey respondents and non-respondents to assess potential non-response bias.

There will be no sampling or statistical methods employed to collect this data.

The client satisfaction survey can be found in the Appendix

3. Methods to Maximize Response Rates and Deal with Nonresponse

In-Person Interviews/Key Informant Interviews

The interviewees will be selected based on their roles in the program. Interviewees who agree to participate will meet with the project team during the scheduled site visits. We anticipate having all invited interviewees participate. However, if an issue arises that prevents the scheduled interviewee from meeting with our team, we will offer to follow-up with a telephone interview following the site visit.

CHW Data Collection

In order to obtain a 100% response rate from the CHWs, the evaluation team will hold an initial technical assistance training and be available to provide technical assistance as need by the CHWs. Furthermore, the CTC has agreed to serve as the primary avenue to aid the CHWs in submitting completed forms and to strongly encourage participation by the CHWs. Each CHW will provide client data on a quarterly basis. The CTC and the evaluation team will review submitted data and follow up with any CHWs where missing data elements or other data details are needed. The goal is to have the most complete and accurate data from each CHW.

Client Satisfaction Survey

In order to increase response rates, we will send a reminder card to each client within 10 business days of the initial mailing. A second mailing will be sent to non-respondents 10 business days following the reminder cards. We will examine a potential non-response bias based on the responses we receive.

In conjunction with the mailing, we will inform the CTC and CHWs when the surveys are mailed. The CHWs can inform the clients that the survey will be coming in the mail to strongly encourage the participation in the survey to reduce the non-response rate.

Given our team's past experiences with surveys conducted with similar populations coupled with the limited number of current clients, we expect a 50% response rate.

4. Tests of Procedures or Methods to be Undertaken

Given the limited number of pilot sites and clients, we did not pilot any data collection component without OMB approval with the exception of the client satisfaction survey.

Client Satisfaction Survey

In the initial phases of the evaluation, there was some concern regarding the ability of this frail elderly population to complete a mail survey. In order to explore this population's ability to complete a mail survey, the evaluation team mailed surveys to three participating clients. Two of the three surveys were completed and returned to our project team. Pending OMB approval, we will mail the surveys to other clients as described above. No changes to the survey will be made based on this pilot. The pilot test was to determine feasibility of a mailed process.

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

Dr. Brad Smith, Principle Investigator (Former), Altarum Institute (Contractor)

Dr. Smith provided guidance and input into evaluation design for each component of the evaluation.

Email: paulbradleysmith@gmail.com

Phone: 210.788.1938

Dr. Alana Knudson, Current Principle Investigator, NORC (Contractor)

Dr. Knudson provided guidance and input into evaluation design for each component of the evaluation, expert opinion provide for the site visits. Dr. Knudson will be responsible for conducting the site visits and the analysis of the site visits.

Email: Knudson.alana@norc.org

Phone: 301.634.9326

Ms. Shena Popat, Senior Research Analyst, NORC (Contractor)

Ms. Popat will participate in the site visits, take notes, create transcripts and code the data in NVivo. She will also assist in the analysis and development of the site visit report.

Email: Popat-shena@norc.org

Phone: 301-634.9521

Dr. Donald Nichols, Lead Researcher for Quantitative Data, IMPAQ International, (Contractor)

Dr. Nichols provided guidance on all quantitative data collection for the evaluation design. Dr. Nichols will be responsible for collecting and analyzing the CHW data collection forms.

Email: dnichols@impaqint.com

Phone: 510.465.7884 ext. 283

Dora Hunter, Project Manager/ Research Analyst, Altarum Institute (Contractor)

Ms. Hunter provided input to the final evaluation design. She will be responsible for disseminating and collecting the client satisfaction survey. She will also aid in the data collection from the pilot sites.

Email: dora.hunter@altarum.org

Phone: 202.776.5184

Dr. Guido Cataife, Research Analyst IMPAQ International (Contractor)

Dr. Cataife will be conducting the analysis of the CHW data collection form and provide feedback on data quality.

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Sharanjit Toor, Research Analyst, IMPAQ International (Contractor)

Ms. Toor will be conducting the analysis of the CHW data collection form and provide feedback on data quality.

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Appendix A- C enclosed via separate attachments

Appendix A Site Visit Materials

Appendix B1 CHW Data Collection Form- Client Data

Appendix B2 CHW Data Collection Form- Design Implementation Data

Appendix B3 CHW Data Collection Form- Help

Appendix B4 CHW Data Collection Form- Excel

Appendix B5 CHW Data Collection-Technical Assistance Training

Appendix C Client Satisfaction Survey