

# Technical Assistance Training for Data Collection

Evaluation of the Frontier Community Health Care  
Network Coordination Grant

01/27/2021

# Presenters and Evaluation Team

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# Objectives of the TA

1. To introduce Quarterly Report data collection to Community Health Workers
2. To provide detail on data elements of the data collection instrument
3. To ensure that CHWs have a clear understanding of the data collection effort

# Background: Montana Grant

The HRSA Office of Rural Health Policy (ORHP) released the Frontier Community Health Care Coordination Grant, and the Montana Department of Public Health and Human Services was awarded this grant to support a network that focuses on clinical service coordination working with community health workers to:

- ▲ Improve quality of care
- ▲ Reduce avoidable hospitalizations
- ▲ Facilitate independent living to Medicare beneficiaries

# Background: Evaluation

The Federal Office of Rural Health Policy (ORHP), who funds the Frontier Community Health Care Network Coordination Grant program, is interested in learning how the program has impacted the lives of your clients.

As such, ORHP contracted with the Altarum Institute and its partners (IMPAQ and NORC) to conduct an evaluation of the program.

# Background: Elements of the Evaluation

## Site visits and telephone interviews

- ▲ Access to care
- ▲ Implementation of model
- ▲ Sustainability

## Quarterly reports

- ▲ Recruitment activities and successes
- ▲ Client interventions and successes
- ▲ Resources necessary for success

## Effectiveness analysis

- ▲ More efficient use of health care services
- ▲ Fewer preventable readmissions
- ▲ Better self-disease management and foster independent living

**Client Satisfaction** - assess experiences and satisfaction

# Quarterly Report Overview

## **Purpose:**

- ▲ To keep ORHP updated on the progress, successes, and lessons learned

## **Report contents:**

- ▲ Summary of recruitment efforts
- ▲ Census of clients
- ▲ Description of client interventions and progress
- ▲ Accounting of all resources used in program administration and interventions

## **Accurate reports:**

- ▲ Helped by information from you (CHWs)!

# Quarterly Reporting Overview

Frequency = quarterly

Report #	Analysis Period	Collection Date
1	Beginning - 12/31/2013	2/21/2014
2	1/1/2014 - 3/31/2014	4/14/2014
3	4/1/2014 - 6/30/2014	7/14/2014
4	7/1/2014 - 8/31/2014	9/15/2014

Longitudinal

EXCEL worksheets

- ▲ Client data tab
- ▲ Implementation data tab

Provide information to Heidi Blossom, safely

- ▲ She will consolidate and submit securely to us



# Reporting Expectations

What we expect the CHWs to do for this current reporting cycle

- ▲ Capture current and previous client information
  - ▲ From <enter dates > to 12/31/2013
- ▲ Submit EXCEL file to Heidi Blossom

# Data Collection Introduction

- ▲ Client Information
- ▲ Intervention Information
- ▲ Program Operation Information

# Client Data Overview

- ▲ Location
- ▲ Client number
  - ▲ Medicare ID number
  - ▲ Medicaid ID number
- ▲ Chronic health conditions
- ▲ Payers
- ▲ Intervention start date
- ▲ Intervention goal
- ▲ Intervention activities
- ▲ Goal achievement update
- ▲ Involved partners
- ▲ Additional resources
- ▲ Intervention completion/exit date
- ▲ Reason for completion/ exit

# Client Data: Location and Identification Number

Location and ID  
for each client:

	A	B	C
1	<b>Exhibit 4: Potential Data Elements for Monthly Submissions by Grantee Sites</b>		
2			
3	<b>Patient No</b>	<b>Pilot Location</b>	<b>Client (Medicare) Identification Number</b>
4	1	Big Timber	123456789
5	2		
6	3		

# Client Data: Health Information

## Health Information

- ▲ More than one response could be chosen.
- ▲ “Yes”/ “No” response for each qualifying conditions
- ▲ Free text response for other conditions that influence a client’s participation and intervention design

Patient No	Pilot Location	Client (Medicare) Identification Number	Chronic Condition					Other health condition:
			Qualifying Chronic Condition: (DM) Mellitus Type II	Qualifying Chronic Condition: Cardiovascular Disease (CVD) including hypertension	Qualifying Chronic Condition: Congestive Heart Failure (CHF)	Qualifying Chronic Condition: Coronary Artery Disease (CAD)	Qualifying Chronic Condition: Chronic Obstructive Pulmonary Disease (COPD)	
1	Big Timber	123456789	yes	yes	no	no	no	Rhumatoid arthritis

# Client Data: Payer information

## Payer Information:

- ▲ Yes”/ “No” response for each qualifying conditions
- ▲ Free text response for any other payer (e.g., TRICARE)

	Payer				
Qualifying Chronic Condition: Chronic Obstructive Pulmonary Disease (COPD)	Payer: Medicare	Payer: Medicaid	Payer: Private/commercial insurer	Payer: Other (free text)	Payer: None
no	yes	no	yes	blue cross blue shield	
	no	no	no	no	yes

# Client Data: Intervention Characteristics

## Intervention Goal

- ▲ Client's goal in participating in the program.
- ▲ Goals that are numerically measurable are helpful.
- ▲ More detail is better.

## Intervention Activities/Design

- ▲ Client's intervention activities and/or design of the client's intervention.
- ▲ More detail is better. (e.g., reason for selecting activity; frequency and duration of activities; missed appointments)

# Client Data: Intervention Information (2)

## Update on achievement of goal

- ▲ Progress toward or complete achievement of the intervention goals.
- ▲ If goal is measureable, provide numerical updates.

## Partners involved in intervention

- ▲ Non-CHW and non-hospital organizations
  - E.g., senior center, Meals on Wheels, church
- ▲ List name/type and describe what they do



# Client Data: Additional Resources

## Resources that are not provided by grant

- ▲ Resources used directly in client interventions.
- ▲ Choose “Yes” or “No” for type of additional resource.
- ▲ Provide description of resource.
- ▲ Estimate financial value (note if used for multiple clients, so that value is not double counted).
  - Price of equipment
  - Wages to pay someone to supply volunteer services
- ▲ Describe how resource is/was used in client’s intervention.

# Client Data: Intervention Completion

## Intervention Completion Date

- ▲ Date when intervention was complete
- ▲ Date when the client left program before completion of goal
  - Also indicate the reason for the early departure
- ▲ If client is still active in intervention, the completion status can be left blank

# Implementation Data Summary

Captures recruitment efforts, successes, and challenges

Assesses whether CHWs have enough time

Accounts for additional resources in management of program  
(non-intervention work)

**Only** concerned with **current** analysis quarter

# Implementation Data

- ▲ Number of client recruitment attempts
- ▲ Source of recruited clients
- ▲ Method of recruitment
- ▲ Number of new clients from attempts
- ▲ Understood reasons for unsuccessful attempts
- ▲ Total hours worked by CHW on program
- ▲ Additional resources (financial, equipment, volunteers, other)

# Implementation Data: Recruitment

## Source of attempts

- ▲ Source from which the CHW identified the potential clients whom s/he attempted to recruit.
- ▲ If multiple sources, note how many from each source.
- ▲ Examples: hospital case managers/staff, senior center, family/friends of patients

## Method(s) of recruitment

- ▲ Describe how the program was introduced to potential clients to recruit them into the program.
- ▲ If multiple methods of recruitment, note number of potential clients for each.

# Implementation Data: Enrollments

## Number of new clients

- ▲ Number of new clients recruited to the observation quarter.
- ▲ If multiple methods of recruitment, note number of successful recruitments from each method.

## Understood reason(s) for unsuccessful attempts

- ▲ The reasons provided by recruited potential clients to CHWs for declining to participate in the program.

## Total hours spent by CHWs on program

- ▲ The total number of hours that the CHW spent working on all aspects of the program (recruitment, interventions, administrative).
- ▲ Greater than, equal to, or less than 8 hours allocated by grant.

# Implementation Data: Other Resources

- ▲ Resources used to support all non-intervention aspects of program (administration, recruitment, etc.)
- ▲ Choose “Yes ”or “No” for type of additional resource.
- ▲ Provide description of resource.
- ▲ Estimate financial value.
  - Price of equipment
  - Wages to pay someone to supply volunteer services
- ▲ Describe how resource is/was used to support program.

# Conclusion

Questions?

First data collection date = **2/21/2014**

Thanks in advance!

Contact

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