

Cost Study – Recipient Interview Guide

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Cost Study Recipient Interview Guide

Date of Interview	
Interviewer	
Organization Name	
Organization Type	
State	
Organization City	
Cooperative Agreement(s) (select all that apply)	<input type="checkbox"/> The National CVH Program <input type="checkbox"/> The Innovative CVH Program <input type="checkbox"/> WISEWOMAN
Interviewee Name(s)	
Interviewee Role(s) or Title(s)	

Introduction

Thank you for taking the time to participate in this interview. My name is <insert name> and I am with the Deloitte evaluation team. Our team is working with the CDC Division for Heart Disease and Stroke Prevention to evaluate the <insert Cooperative Agreement>. As part of the CDC-led evaluation, we are conducting a cost study to estimate resources and costs associated with implementing <insert Cooperative Agreement> strategies. We want to understand more about the resources and costs needed to implement the sub-strategies associated with your CDC-funded project.

The information collected from this interview will be analyzed together with information gained from interviews with other organizations implementing similar activities. These interviews will provide valuable insights on implementation resource use and cost. We will also use this information to improve the collection of cost data within our Resource Use and Cost Inventory Tool.

The interview is expected to take no longer than 1 hour. We will use this time to understand your implementation costs and provide support for completing the Resource Use and Cost Inventory Tool. Your participation in this interview is completely voluntary. If at any time during the interview you are not clear about what we are asking, be sure to let me know. Your participation in this interview is completely voluntary. You may choose not to respond to questions at any time and it will not in any way impact the funding or technical assistance to your organizations receive from CDC.

Steps will be taken to protect your privacy; no information that identifies you will be shared with anyone except our project staff. All information will be kept secure and any personally identifiable information will be removed when results are aggregated for analysis.

Do you consent to this interview?

- ☐ Yes
☐ No

With your permission, we would like to record this interview for transcription purposes.

Do we have your permission to record?

- ☐ Yes
☐ No

Do you have any questions or concerns before we start the discussion?

I. Background

I'd like to start with some questions to understand <insert recipient or organization name> and your role within the organization.

1. What is/are your role(s) and what are your specific responsibilities related to <insert cooperative agreement >?

Probes:

- How familiar are you with the specific activities being implemented under each strategy (e.g., <description of Strategy 1, Strategy 2, Strategy 3>)?
- How familiar are you with the resources/costs associated with implementing each strategy (e.g., <description of Strategy 1, Strategy 2, Strategy 3>)?

There are three overarching strategies for <insert Cooperative Agreement>. We are going to ask you questions about the Resource Use and Cost Inventory Tool and explore some of the costs associated with program implementation, tailoring implementation, sustainability, and preliminary outcomes.

II. Strategy 1

The following questions are about the costs associated with your <summarize recipient activities related to implementing EHR/HITs, tracking and monitoring clinical measures, using quality improvement tools>.

Strategy 1 Implementation and Outcomes

2. What funding models are in place to support your <recipient activities related to Strategy 1>?

Probes:

- <For WISEWOMAN recipients> How are you supporting partnering providers for these activities?
 - Do you receive braided funding related to these activities? If so, is the braided funding with other CDC or non-CDC sources?
 - In what ways did you structure costs for these activities?
 - In what ways is the current cost structure similar to or different from how your organization typically structures costs?
3. When you think about some of the facilitators that support these activities, in what ways are they impacted by cost and resources used?
 4. Which costs or resources were the most helpful to achieving program outcomes?

Probes:

- In what ways did cost or resource allocation hinder the achievement of outcomes?
 - <For WISEWOMAN recipients> What resources were the most helpful for increasing the number of screenings or healthy behavior support services provided?
5. For the <recipient activities related to Strategy 1>, did you make any adaptations to align expenditures with the program budget? If so, can you describe the adaptations made (e.g., changing priorities, role, scope)?
 6. What, if any, implementation costs were challenging to categorize for these <recipient activities related to Strategy 1> (e.g., personnel, materials/equipment/supplies, contractors, in-kind contributions, other resources)?

Probes:

- What, if any, are some of the challenges in identifying personnel, their costs, or their contributions to specific sub-strategies/activities?
- In what ways have you monitored or tracked unallowable grant costs?

7. Are there any challenges in estimating the number of participants or patients serviced through the <recipient programs, partners, activities related to Strategy 1>?

Probes:

- Any challenges in estimating the number of participants or patients specifically from the population(s) of focus?

Strategy 1 Sustainability

8. Of the resources that your organization has allocated funds towards, which are necessary to support program sustainability?

Probes:

- Which resources and costs are you reviewing to assess sustainability?
- Which resources and costs are the most important for identifying the program modifications needed for sustainability?
- What resource needs or costs hinder sustainability?

III. Strategy 2

The following questions about the costs associated with your activities to <recipient activities related to the implementation of team-based care, building/coordinating networks of multidisciplinary partners and addressing social services and support>.

Strategy 2 Implementation and Outcomes

9. When talking about your <activities related to Strategy 1>, we asked about the funding models that are in place to support that work. How does that compare to the funding models in place to support your <recipient activities related to Strategy 2>?

Probes:

- <For WISEWOMAN recipients> How are you supporting partnering providers for these activities?
- In what ways did you adapt the cost structure to implement these activities?
- Do you receive braided funding related to these activities? If so, is the braided funding with other CDC or non-CDC sources?
- In what ways is the current cost structure similar to or different from how your organization typically structures costs?

10. When you think about some of the facilitators that support these activities, in what ways are they impacted by cost and resources used?

11. Which costs or resources were the most helpful to achieving program outcomes?

Probes:

- In what ways did cost or resource allocation hinder the achievement of outcomes?
- <For WISEWOMAN recipients> What resources were the most helpful for increasing the number of screenings or healthy behavior support services provided?

12. For the <recipient activities related to Strategy 2>, did you make any adaptations to align expenditures with the program budget? If so, can you describe the adaptations made (e.g., changing priorities, role, scope)?

13. What, if any, implementation costs were challenging to categorize for these <recipient activities related to Strategy 2> (e.g., personnel, materials/equipment/supplies, contractors, in-kind contributions, other resources)?

Probes:

- What, if any, are some of the challenges in identifying personnel, their costs, or their contributions to specific sub-strategies/activities?
- In what ways have you monitored or tracked unallowable grant costs?

14. Are there any challenges in estimating the number of participants or patients serviced through the <recipient programs, partners, activities related to Strategy 2>?

Probes:

- Any challenges in estimating the number of participants or patients specifically from the population(s) of focus?

Strategy 2 Sustainability

15. Of the resources that your organization has allocated funds towards, which are necessary to support program sustainability?

Probes:

- Which resources and costs are you reviewing to assess sustainability?
- Which resources and costs are the most important for identifying the program modifications needed for sustainability?
- What resource needs or costs hinder sustainability?

IV. Strategy 3

The following questions are about the costs associated with your activities to <recipient activities related to the implementation of community and clinical linkages, community health worker programs, bi-directional referrals to support healthy behavior support services, and self-monitored blood pressure monitoring programs>.

Strategy 3 Implementation and Outcomes

16. Thinking about the funding models that are in place to support your <recipient activities related to Strategy 3>, how does that compare to the funding models you previously described?

Probes:

- <For WISEWOMAN recipients> How are you supporting partnering providers for these activities?
- In what ways did you adapt the cost structure to implement these activities?
- Do you receive braided funding related to these activities? If so, is the braided funding with other CDC or non-CDC sources?
- In what ways is the current cost structure similar to or different from how your organization typically structures costs?

17. When you think about some of the facilitators that support these activities, in what ways are they impacted by cost and resources used?

18. Which costs or resources were the most helpful to achieving program outcomes?

Probes:

- In what ways did cost or resource allocation hinder the achievement of outcomes?
- <For WISEWOMAN recipients> What resources were the most helpful for increasing the number of screenings or healthy behavior support services provided?

19. For the <recipient activities related to Strategy 3>, did you make any adaptations to align expenditures with the program budget? If so, can you describe the adaptations made (e.g., changing priorities, role, scope)?

20. What, if any, implementation costs were challenging to categorize for these <recipient activities related to Strategy 3> (e.g., personnel, materials/equipment/supplies, contractors, in-kind contributions, other resources)?

Probes:

- What, if any, are some of the challenges in identifying personnel, their costs, or their contributions to specific sub-strategies/activities?
- In what ways have you monitored or tracked unallowable grant costs?

21. Are there any challenges in estimating the number of participants or patients serviced through the <recipient programs, partners, activities related to Strategy 3>?

Probes:

- Any challenges in estimating the number of participants or patients specifically from the population(s) of focus?

Strategy 3 Sustainability

22. Of the resources that your organization has allocated funds towards, which are necessary to support program sustainability?

Probes:

- Which resources and costs are you reviewing to assess sustainability?
- Which resources and costs are the most important for identifying the program modifications needed for sustainability?
- What resource needs or costs hinder sustainability?

V. Tailoring Implementation

Next, we would like to learn more about how your <recipient organization, program> is tailoring strategy implementation to achieve outcomes and the relationship to implementation costs.

23. In what ways are you tailoring implementation to your population(s) of focus in order to achieve outcomes?

Probes:

- <If recipient does not identify specific tailoring activities related to each strategy>
 - i. Strategy 1: How is implementation tailored specifically for <activities related to implementing EHR/HITs, tracking and monitoring clinical measures, using quality improvement tools>?
 - ii. Strategy 2: How is implementation tailored specifically for <activities related to the implementation of team-based care, building/coordinating networks of multidisciplinary partnerships, and addressing social services and support needs >?
 - iii. Strategy 3: How is implementation tailored specifically for <activities related to the implementation of community and clinical linkages, community health worker programs, bi-directional referrals to support healthy behavior support services, and self-measured blood pressure monitoring programs>?
- In what ways are those costs reflected in the Resource Use and Cost Inventory tool?
- How do those costs and resource needs vary year over year?
- Are there any categories not represented in the Resource Use and Cost Inventory tool that are important for tailoring strategy implementation?

VI. Overall Costs

For the next set of questions, we would like to learn more about your overall costs and resources for program implementation.

24. What, if any, cost savings have occurred as a result of implementing <recipient or partner activities related to the Cooperative Agreement> (e.g., efficiencies in workflows or practices that resulted in additional cost savings, participation in value-based payment structures such as shared savings programs, partners eligibility to apply for additional funding)?
25. Have you experienced any formal staff vacancies during implementation of <insert Cooperative Agreement> strategies during <Program Year 1/Program Year 2>? If so, how is work conducted during formal staff vacancies?

Probes:

- What are the indirect costs or resources associated with staff vacancies (e.g., other staff moving work forward by taking on those roles and responsibilities along with their own)?
 - Do any of these costs or resources vary by strategy?
26. In the Resource Use and Cost Inventory Tool, we asked your organization to identify the level of maturity of your activities. From your perspective, in what ways does the level of maturity impact your resource use/costs?
- Probes:
27. <Reviewing the recipient tool and maturity variations> Are there any resource/cost-related limitations or supports when looking at the maturity variations across <sub-strategies that are rated less or more mature from the Resource Use and Cost Inventory Tool>?
28. <For recipients of more than one cooperative agreement within the Comprehensive Evaluation> In what ways are you leveraging funds across the <insert Cooperative Agreements recipient is funded under>?
- Probes:
- How did your organization coordinate costs associated with implementation (i.e., personnel, contracts, materials/supplies, travel, other)?
 - What are the benefits of participating in multiple NOFOs in terms of cost and resources?
 - What are the disadvantages of participating in multiple NOFOs in terms of cost and resources?

VII. Close

29. What information, guidance, or tools were helpful to the collection and reporting of resource and cost data?
30. Were there any concerns that you or your partners had about providing cost data?
- Probes:**
- How were those concerns addressed?
 - What data were the most challenging to obtain? How did you mitigate those challenges?
31. Is there anything else about your resource use or cost that you would like to share?

Those were all the questions we had for you. Is there anything else you'd like to add that we haven't had a chance to discuss?

Thank you so much for your time. This concludes our interview. If you have any additional questions, please feel free to contact the Comprehensive Evaluation Team, hdsp_nof eval@cdc.gov.