Using budgetary data to inform program implementation: An assessment of funding allocations and program structures among the Colorectal Cancer Control Program Grantees

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American Public Health Association
Public Health Finance Roundtable

November 05, 2017
Disclaimer

• The findings and conclusions in this presentation are those of the presenter and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Collaborators

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- Katherine Ross, M.P.H.
Agenda

- CDC’s Colorectal Cancer Control Program (CRCCP)
- **Methods**: Using budget data to inform program implementation
- **Insights**: Assessing program design and management
- **Impact**: Identify areas for further consideration
- CRCCP Management Dashboard
- Takeaways
CDC’s Colorectal Cancer Control Program (CRCCP)
**DP15-1502: Organized Approaches to Increase Colorectal Cancer Screening**

**Colorectal Cancer Control Program (CRCCP)**

DP15-1502 is a CDC funded five-year cooperative agreement to increase colorectal cancer (CRC) screening rates among an applicant defined priority population by collaborating with a health system partner to implement evidence-based interventions\(^1\) and supporting activities in health care clinics with the goal of increasing clinic level CRC screening rates.

\(^1\): The Guide to Community Preventive Services
The program consists of two distinct components:

**Component 1**  
*All 30 Grantees*

Partner with health systems to implement evidence-based interventions (EBIs) and supportive activities (SAs).

**EBIs:**
- Patient reminders
- Provider reminders
- Provider assessment & feedback
- Reducing structural barriers

**SAs:**
- Small media
- Patient navigation/community health workers
- Provider education
- Health IT

**Component 2**  
*6 Grantees Only*

Provide high quality CRC screening, diagnostics, patient navigation, and other support services to eligible patients.

**Patient eligibility criteria:**
- Un- or underinsured
- <250% of the federal poverty level
- 50-64 years-old
There are 30 total CRCCP grantees

- 23 states
- 6 universities
- 1 tribe
Methods: Using budget data to inform program implementation
A Novel Approach for Using Budget Data to Assess Program Management

Source: 30 CRCCP PY2 Approved Budgets

Design: Cross-sectional, descriptive

Process:

- **Step 1:** Conduct systematic data abstraction using Excel tool
- **Step 2:** Developed and assign standard categories for personnel, contractor type, and contractor activities
- **Step 3:** Carry out descriptive analysis
Insights: How are grantees designing and managing their programs?
We abstracted PY2 budget data using CDCs standard budget categories.

1. Contracts/Consultants
2. Total Personnel Cost (Salary and Fringe)
3. Indirect Funding
4. Other
5. Travel
6. Supplies
7. Equipment
In PY2, over $23.2 million was awarded to CRCCP grantees.

**Component 1**

- All 30 Grantees

  **Total:** $19,510,684

  **Median:** $697,967

  **Range:** $430,265 - $816,388

**Component 2**

- Only 6 Grantees

  **Total:** $3,741,142

  **Median:** $627,894

  **Range:** $354,905 - $915,500

Source: CRCCP PY2 Approved Budgets, N=30
For PY2, over 80% of all grantee funds were budgeted for **Contracts/Consultants** and **Total Personnel Costs**.

Source: CRCCP PY2 Approved Budgets, N=30
Across grantees, there was a trade-off in funds budgeted for **Total Personnel Costs** and **Contracts/Consultants**.

![Graph showing the relationship between % Budget – Total Personnel Costs and % Budget – Contracts/Consultants. The Pearson correlation coefficient is -0.91.](source: CRCCP PY2 Approved Budgets, N=30)
On average, grantees budgeted for 7 personnel comprising 2.6 FTEs.

<table>
<thead>
<tr>
<th></th>
<th>Number of Personnel</th>
<th>Number of FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grantee Average</strong></td>
<td>7.0</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>Median</strong></td>
<td>6</td>
<td>2.4</td>
</tr>
<tr>
<td><strong>Range</strong></td>
<td>0 – 22</td>
<td>0 – 5.4</td>
</tr>
<tr>
<td><strong>CRCCP Total</strong></td>
<td>208</td>
<td>79.5</td>
</tr>
</tbody>
</table>

Source: CRCCP PY2 Approved Budgets, N=30
Correlations showed some grantees falling outside the norm or pattern.

Source: CRCCP PY2 Approved Budgets, N=30
We identified and defined ten unique personnel types.

1. Administrative Support Staff
2. Clinician
3. Community Engagement Specialist (outreach workers)
4. Data Manager
5. Director
6. Evaluator
7. Fiscal Operations Specialist
8. Informatics Specialist
9. Patient Navigator
10. Program Manager
Program Managers were consistently the most budgeted personnel type across all three personnel focus areas.

Source: CRCCP PY2 Approved Budgets, N=30
Grantees contracted with eight different types of Contractors/Consultants in PY2.

1. Health Care Systems & Clinics
   - Examples: FQHC

2. Clinical Care Support Organizations
   - Examples: State Primary Care Association

3. Academic Institutions
   - Examples: University

4. Public Health Focused Non-Profit Orgs
   - Examples: American Cancer Society

5. Businesses
   - Examples: EHR vendor

6. Health Care Plan/Insurers
   - Examples: State Medicaid program

7. Community Based Organizations
   - Examples: Faith-based organizations

8. To Be Determined
   - Examples: Unknown or To Be Announced
Nearly half (44%) of Contract/Consultant funds were budgeted for Health Care Systems & Clinics.

<table>
<thead>
<tr>
<th>Health Care Systems &amp; Clinics</th>
<th>Total Number of Contracts</th>
<th>Total Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Care Support Orgs</td>
<td>26</td>
<td>$2,007,816</td>
</tr>
<tr>
<td>Public Health Focused Non-Profit Orgs</td>
<td>12</td>
<td>$1,419,477</td>
</tr>
<tr>
<td>Businesses</td>
<td>32</td>
<td>$925,672</td>
</tr>
<tr>
<td>Academic Institutions</td>
<td>14</td>
<td>$660,445</td>
</tr>
<tr>
<td>Unknown</td>
<td>14</td>
<td>$560,043</td>
</tr>
<tr>
<td>Health Care Plans/Insurers</td>
<td>2</td>
<td>$63,000</td>
</tr>
<tr>
<td>Community Based Orgs</td>
<td>0</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Source: CRCCP PY2 Approved Budgets, N=30
Management Dashboard – non-funded partners
We identified and defined eleven contract activities that contractors were budgeted to conduct.

1. Administrative Support
2. Community Outreach
3. EBI Implementation/Support
4. EHR Improvement
5. Evaluation & Performance Measurement
6. Patient Navigation
7. Personnel Support and Implementation Services
8. Professional Development
9. Program Assessment and Planning
10. Small media
11. Other Activities (not directly related to health systems change)
Overall, Health Care Systems and Clinics were the predominant partner budgeted to conduct Implementation and Patient Navigation.
Health Care Systems and Clinics were primarily contracted to support **EBI Implementation**.

Source: CRCCP PY2 Approved Budgets, N=30
Grantees primarily contracted for **Evaluation & Performance Management** and **EBI Implementation/Support**.

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of Contracts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation and Performance Measurement</td>
<td>30</td>
</tr>
<tr>
<td>EBI Implementation/Support</td>
<td>25</td>
</tr>
<tr>
<td>Professional Development</td>
<td>20</td>
</tr>
<tr>
<td>EHR Improvement</td>
<td>15</td>
</tr>
<tr>
<td>Small Media</td>
<td>10</td>
</tr>
<tr>
<td>Program Assessment and Planning</td>
<td>5</td>
</tr>
<tr>
<td>Patient Navigation</td>
<td>5</td>
</tr>
<tr>
<td>Community Outreach</td>
<td>5</td>
</tr>
<tr>
<td>Administrative Support</td>
<td>5</td>
</tr>
<tr>
<td>Other Activities</td>
<td>5</td>
</tr>
<tr>
<td>Personnel Support and Implementation Services</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: CRCCP PY2 Approved Budgets, N=30
Impact: Identifying areas for further consideration and narrowly targeted technical assistance
Two Grantees have 0% of their funds budgeted for Total Personnel Cost.
One Grantee budgeted over 3x’s as much of their budget for travel, compared to other grantees.
Similar outliers were observed in the ‘other’ budget category.
Beyond funding allocations, we compared grantees examining the average FTE time per person.
Finally, comparisons were made looking at the number of contracts/consultants.

Source: CRCCP PY2 Approved Budgets, N=30
CRCCP Management Dashboard: An Analysis Tool for Program Consultants
CRCCP PY2 Breakdown

$23,251,826
Total PY2 Funding

$19,510,684
Component 1 PY2 Funding

$3,741,142
Component 2 PY2 Funding

PY2 Funding Map

Budget Categories by Grantee

Select a Component

Budget Category

Source: CRCCP PY2 Data Approved Budgets, as of 1/5/17
## Grantee Challenges and TA Needs

**Grantee Challenges**

Select a Group of Challenges:
- Programmatic Issues

<table>
<thead>
<tr>
<th>Question</th>
<th>Grantee Response</th>
<th>CRCCP Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensuring access to adequate endoscopy services in your area (i.e., not enough endoscopy sites)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensuring access to follow-up colonoscopies (after a positive FOBT/ FIT or sigmoidoscopy) for...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establishing or expanding a partnership with the state quality assurance organization (e.g., linked)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establishing or expanding a partnership with your state primary care association (PCA)</td>
<td></td>
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<tr>
<td>Establishing or expanding partnerships with health systems that are community health centers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establishing or expanding partnerships with insurers/payers, including Medicaid, Medicare, and...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementing EBIs in health systems/clinics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementing supporting activities in health systems/clinics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improving electronic health record systems to get an accurate CRC screening rate</td>
<td></td>
<td></td>
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<tr>
<td>Maintaining previously established partnerships</td>
<td></td>
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</tbody>
</table>

**Grantee TA Needs**

Select a Group of TA Needs:
- Supporting Program Activities

<table>
<thead>
<tr>
<th>Question</th>
<th>Grantee Need</th>
<th>CRCCP Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community health worker strategies</td>
<td></td>
<td></td>
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<tr>
<td>Patient navigation/case management</td>
<td></td>
<td></td>
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<tr>
<td>Professional development/Provider education</td>
<td></td>
<td></td>
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<tr>
<td>Small media</td>
<td></td>
<td></td>
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<tr>
<td>Workplace interventions</td>
<td></td>
<td></td>
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</tbody>
</table>

Source: CRCCP PY1 Annual Grantee Survey, as of 12/5/16
Final Thoughts

• This process provides new insights into how a public health program is structured and implemented.

• Systematic data collections allow CDC to collect consistent information and inform timely guidance provided to grantees.

• Budget data provides opportunities to prospectively improve performance and strengthen accountability.
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Thank you!

Go to the official federal source of cancer prevention information:
www.cdc.gov/cancer

Follow DCPC Online!
@CDC_Cancer

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