

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



Division of Cancer Prevention and Control

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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.

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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 interventions¹ 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

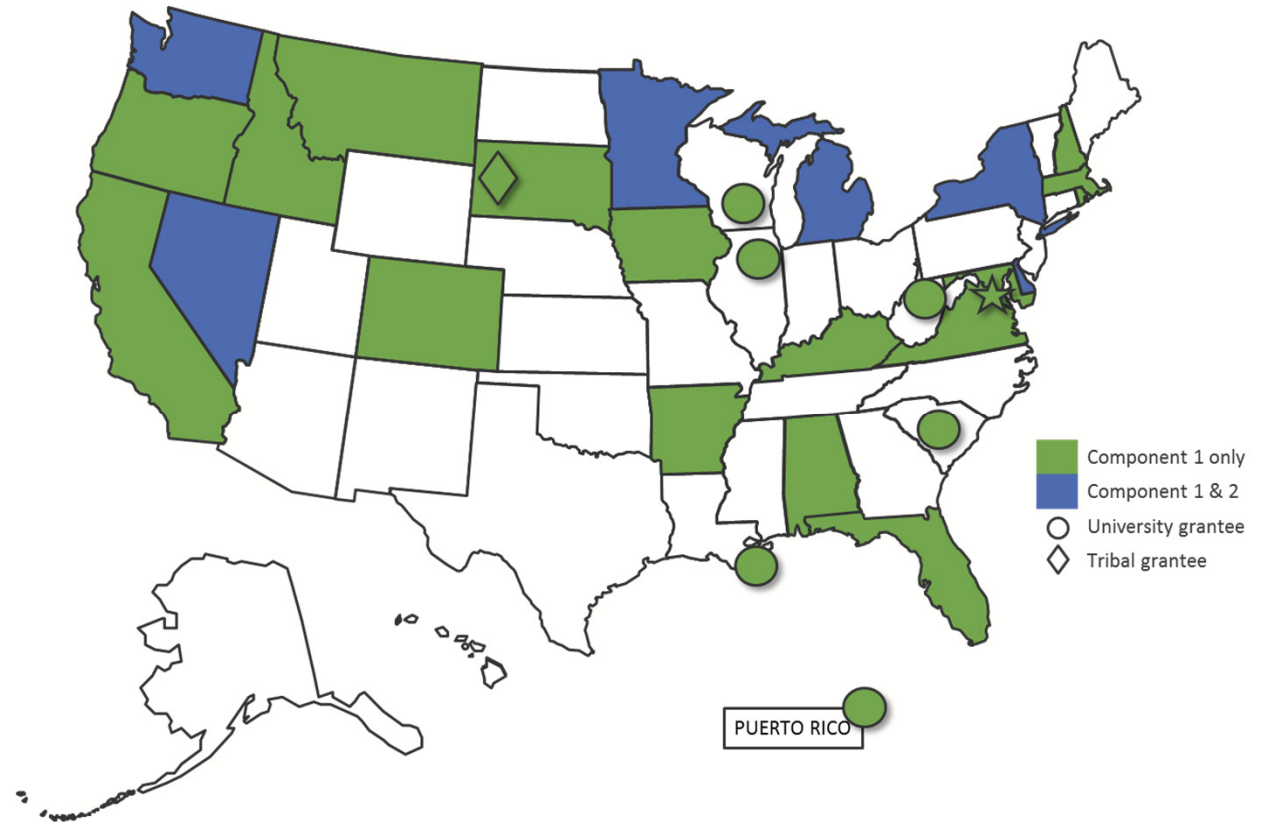
Provide high quality CRC screening, diagnostics, patient navigation, and other support services to eligible patients.

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



CDC DP15-1502 CRCCP Grantees

**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:

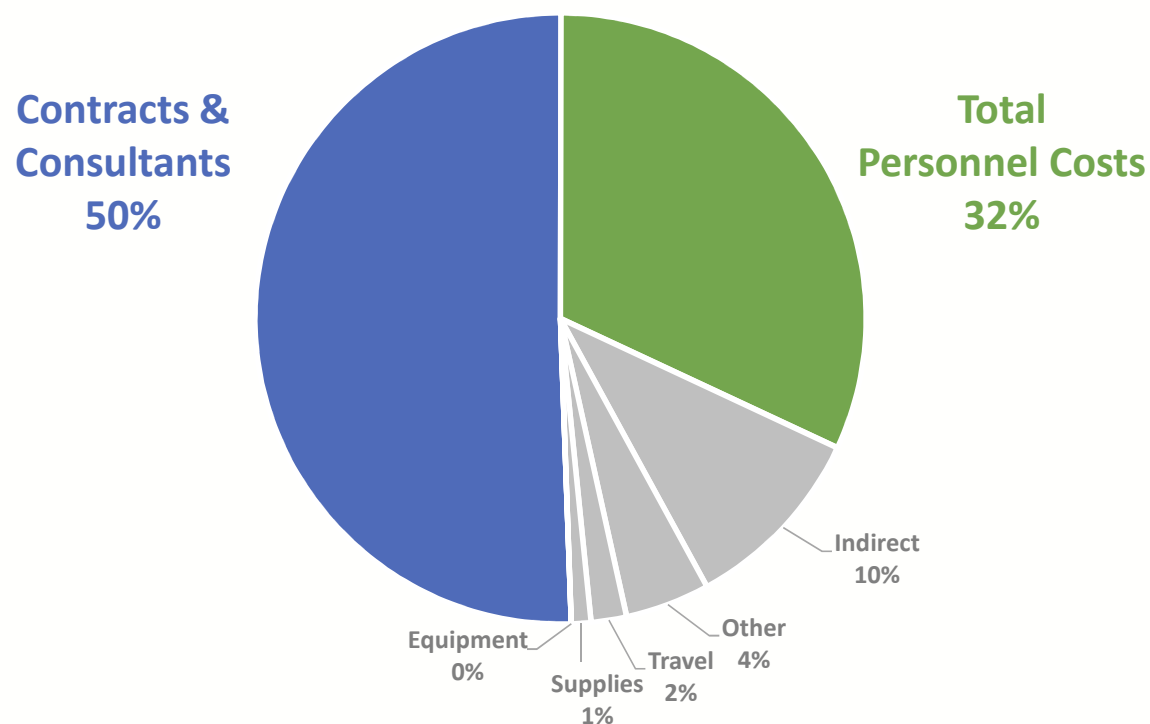
\$627,894

Range:

\$354,905 - \$915,500

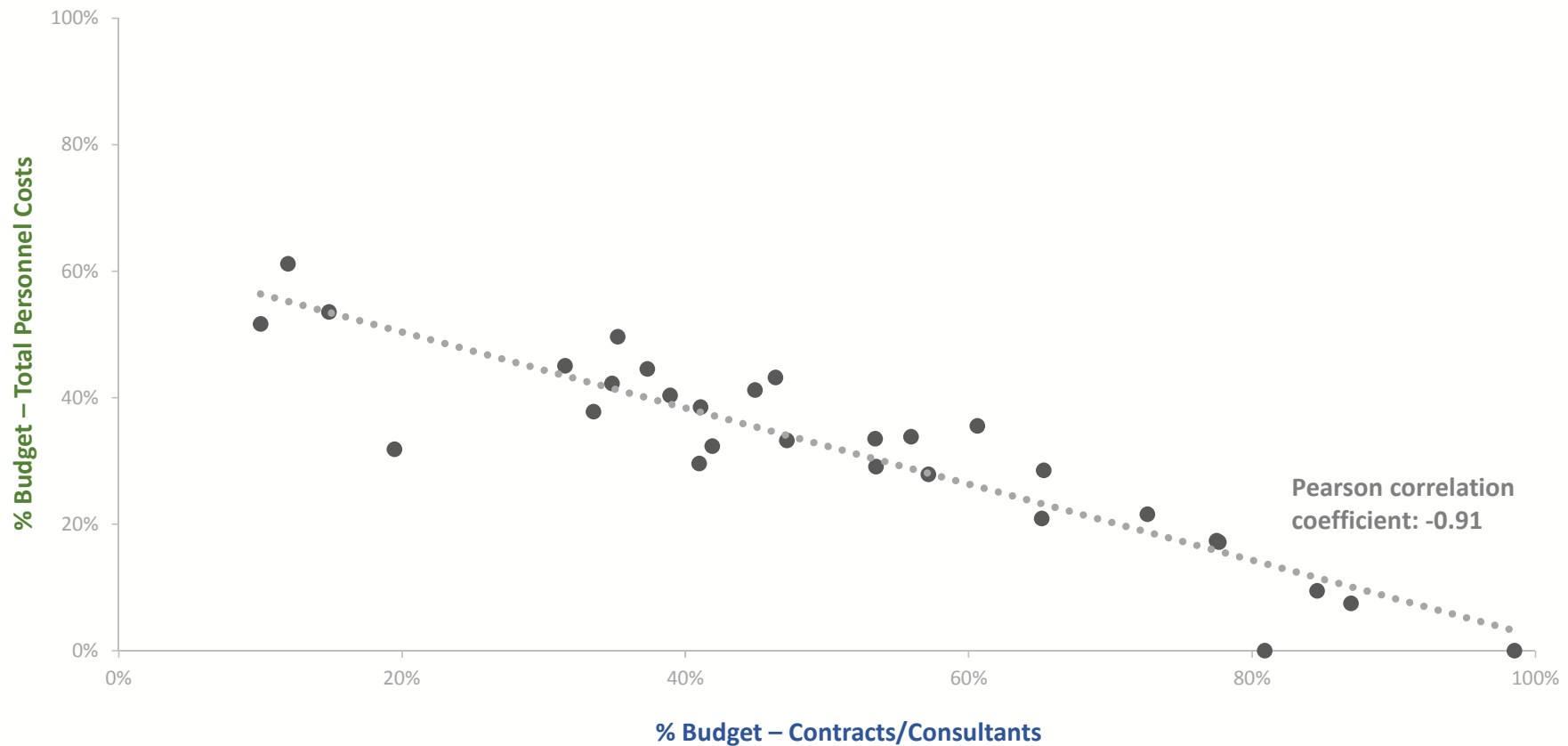
Source: CRCCP PY2 Approved Budgets, N=30

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**.



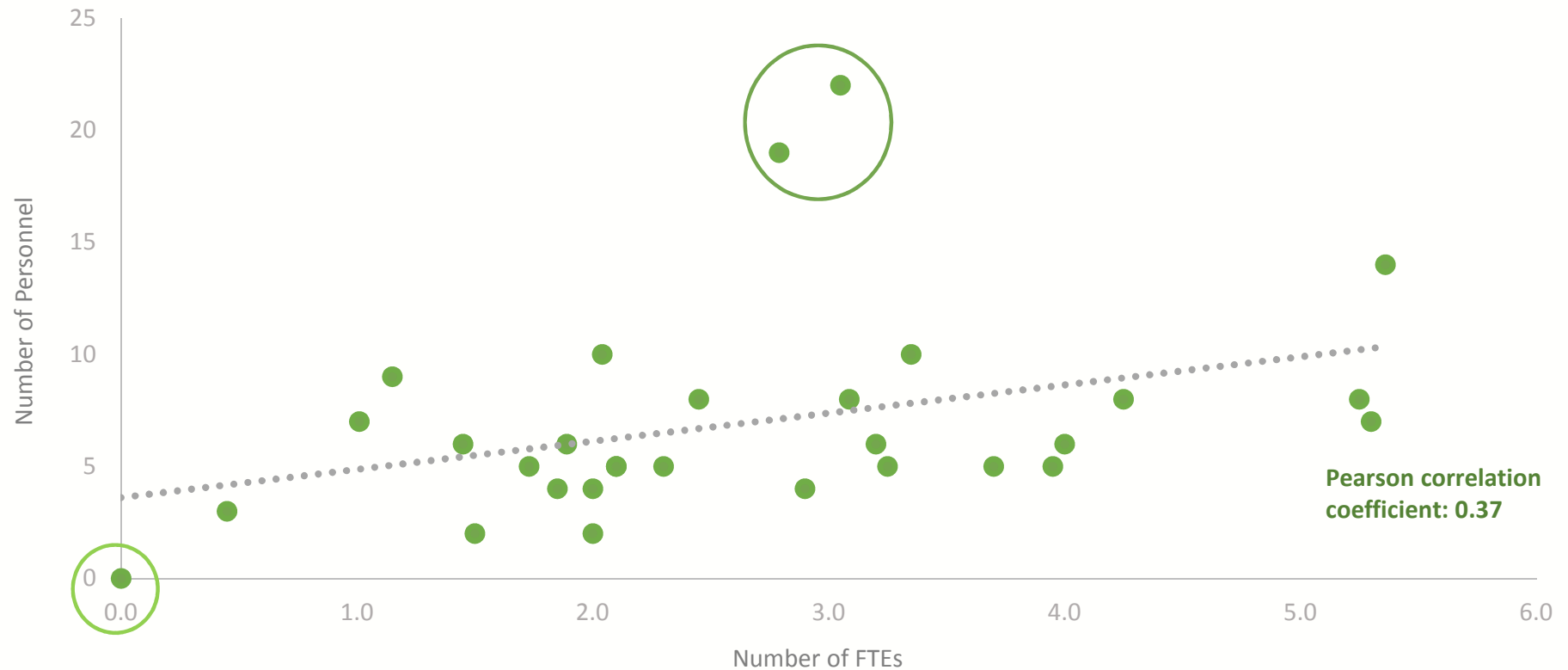
Source: CRCCP PY2 Approved Budgets, N=30

On average, grantees budgeted for 7 personnel comprising 2.6 FTEs.

| | Number of Personnel | Number of FTEs |
|-----------------|------------------------|-------------------|
| Grantee Average | 7.0 | 2.6 |
| Median | 6 | 2.4 |
| Range | 0 – 22 | 0 – 5.4 |
| CRCCP Total | 208 | 79.5 |

Source: CRCCP PY2 Approved Budgets, N=30

Correlations showed some grantees falling outside the norm or pattern.

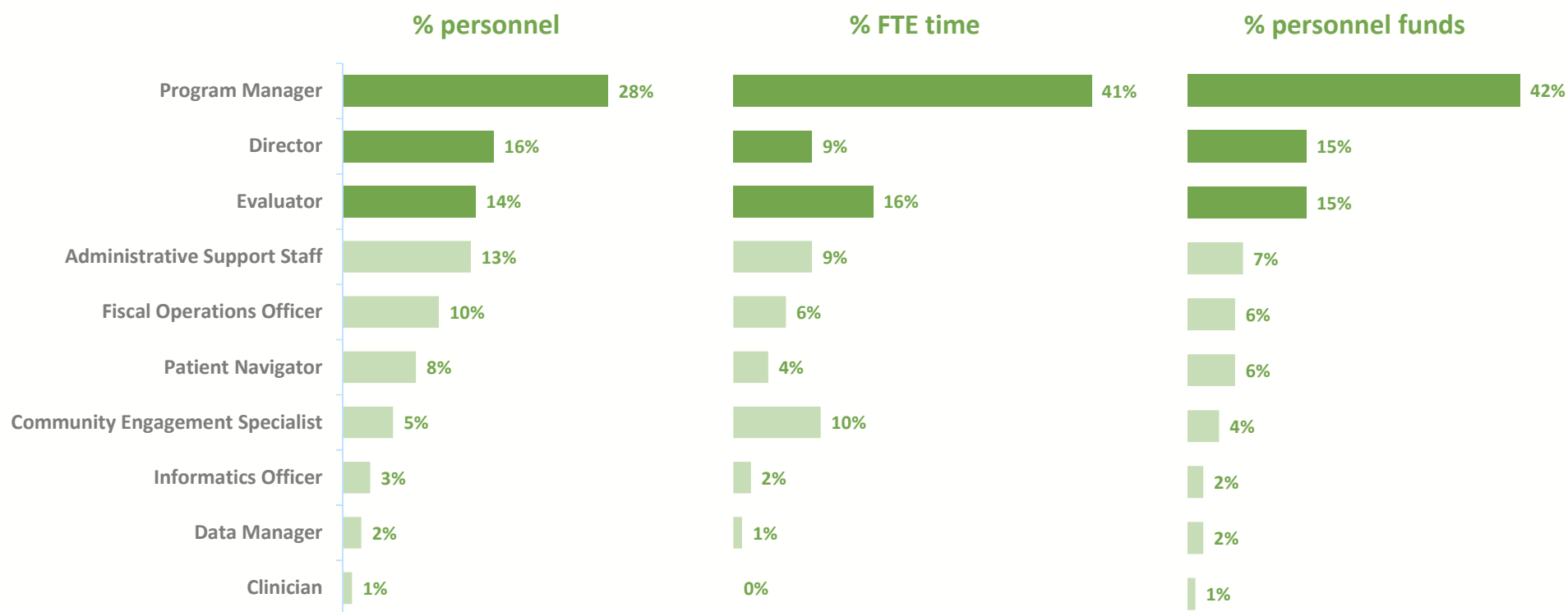


Source: CRCCP PY2 Approved Budgets, N=30

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.

Examples

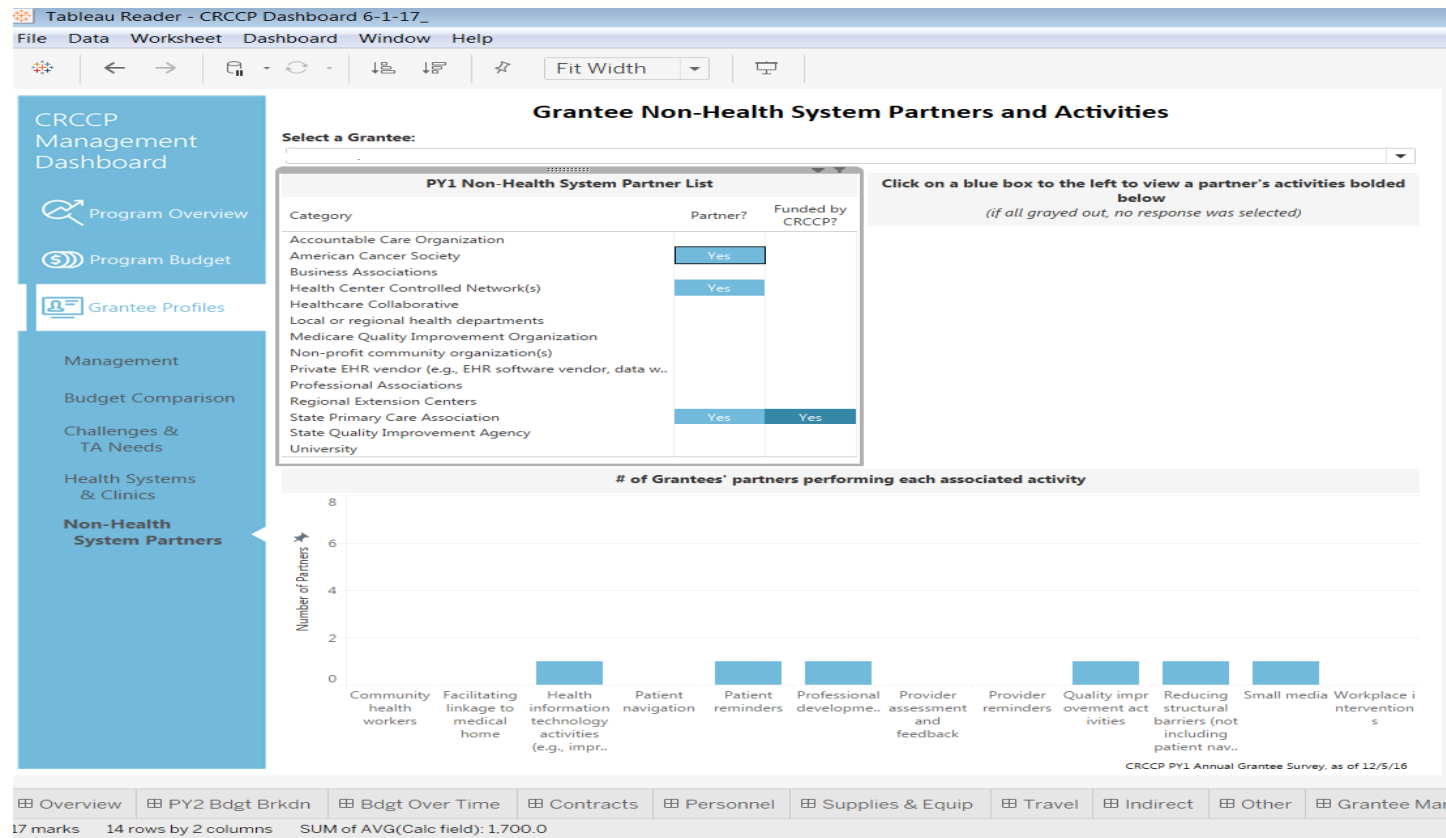
- | | |
|--|--------------------------------|
| 1. Health Care Systems & Clinics | FQHC |
| 2. Clinical Care Support Organizations | State Primary Care Association |
| 3. Academic Institutions | University |
| 4. Public Health Focused Non-Profit Orgs | American Cancer Society |
| 5. Businesses | EHR vendor |
| 6. Health Care Plan/Insurers | State Medicaid program |
| 7. Community Based Organizations | Faith-based organizations |
| 8. To Be Determined | Unknown or To Be Announced |

Nearly half (44%) of Contract/Consultant funds were budgeted for Health Care Systems & Clinics.

| | Total Number of Contracts | Total Funding |
|--|------------------------------|--------------------|
| Health Care Systems & Clinics | 57 | \$4,405,080 |
| Clinical Care Support Orgs | 26 | \$2,007,816 |
| Public Health Focused Non-Profit Orgs | 12 | \$1,419,477 |
| Businesses | 32 | \$925,672 |
| Academic Institutions | 14 | \$660,445 |
| Unknown | 14 | \$560,043 |
| Health Care Plans/Insurers | 2 | \$63,000 |
| Community Based Orgs | 0 | n/a |

Source: CRCCP PY2 Approved Budgets, N=30

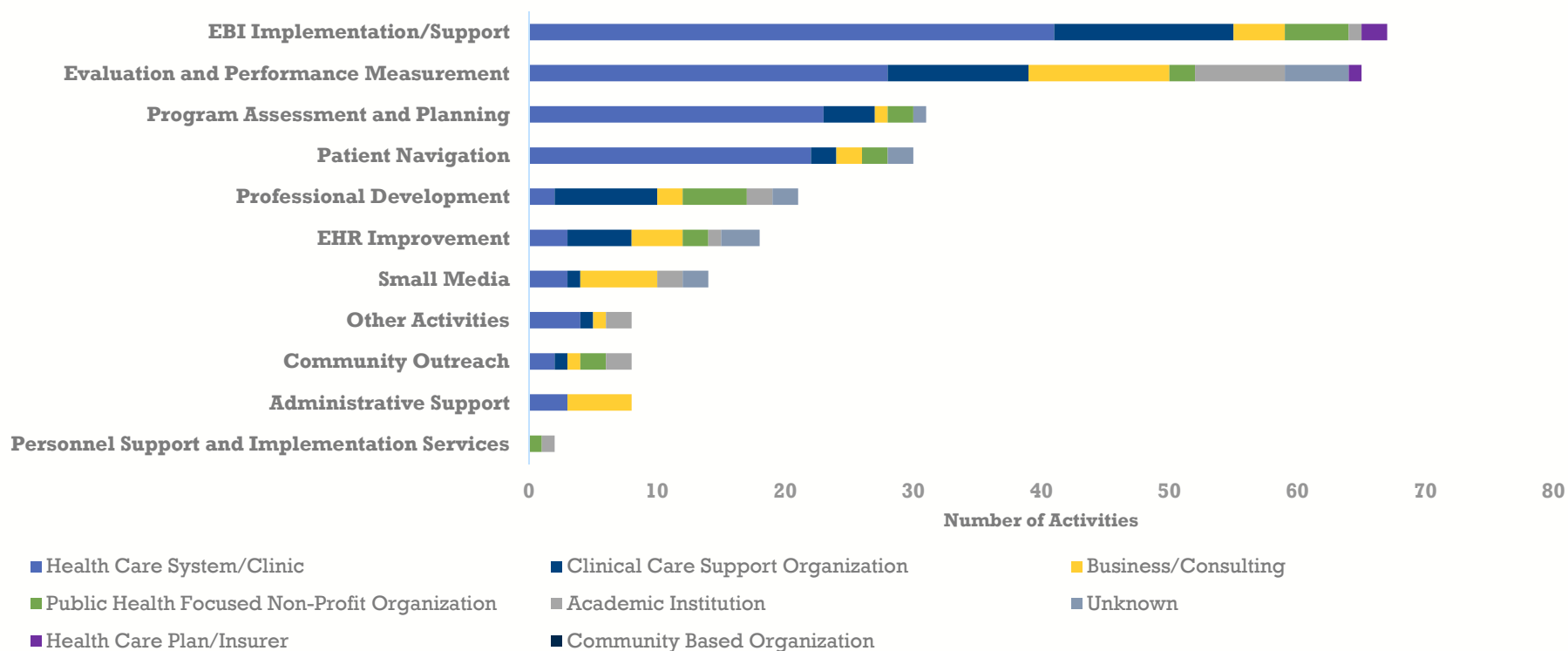
Management Dashboard – non-funded partners



We identified and defined eleven contract activities that contractors were budgeted to conduct.

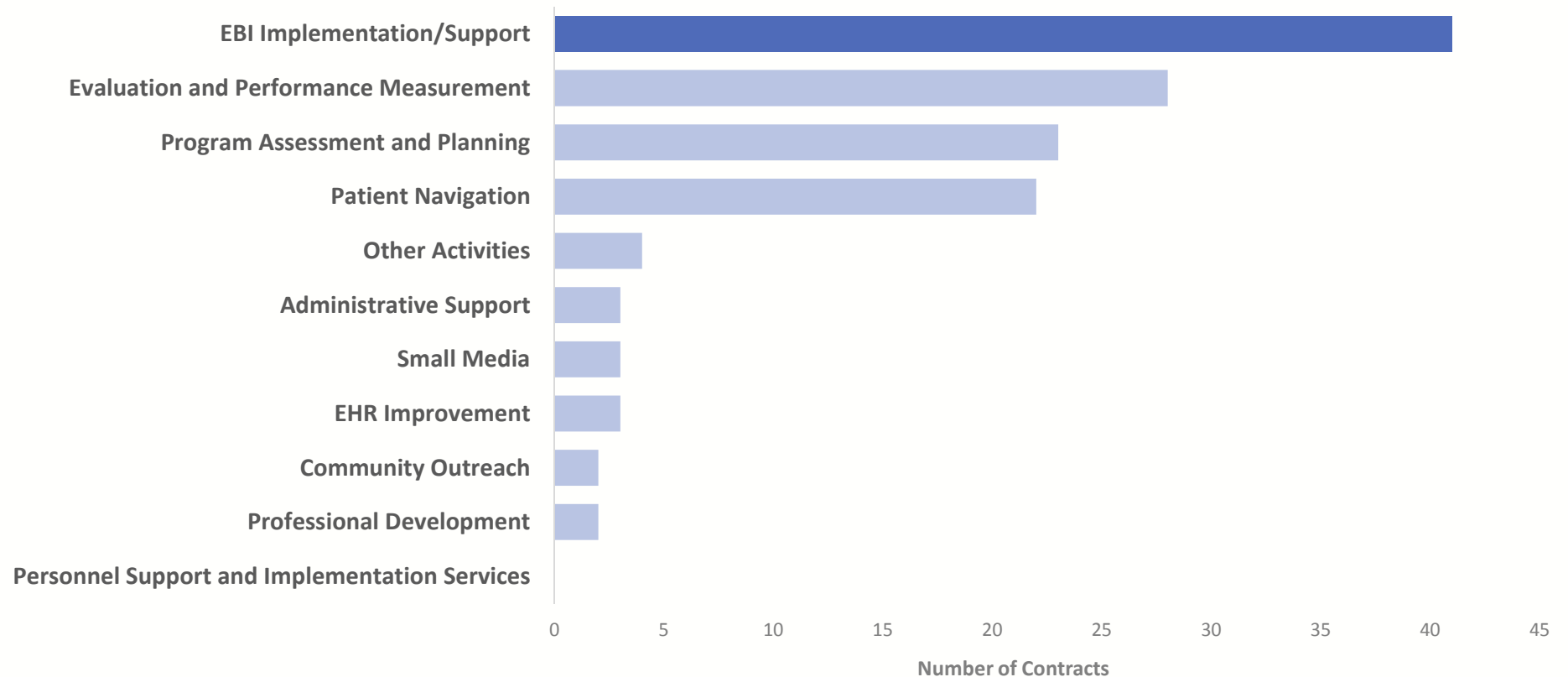
1. Administrative Support
2. Community Outreach
3. EBI Implementation/Support
4. EHR Improvement
5. Evaluation & Performance Measurement
6. Patient Navigation
7. Personnel Support and Implementation Services
8. Professional Development
9. Program Assessment and Planning
10. Small media
11. Other Activities (not directly related to health systems change)

Overall, Health Care Systems and Clinics were the predominant partner budgeted to conduct Implementation and Patient Navigation.



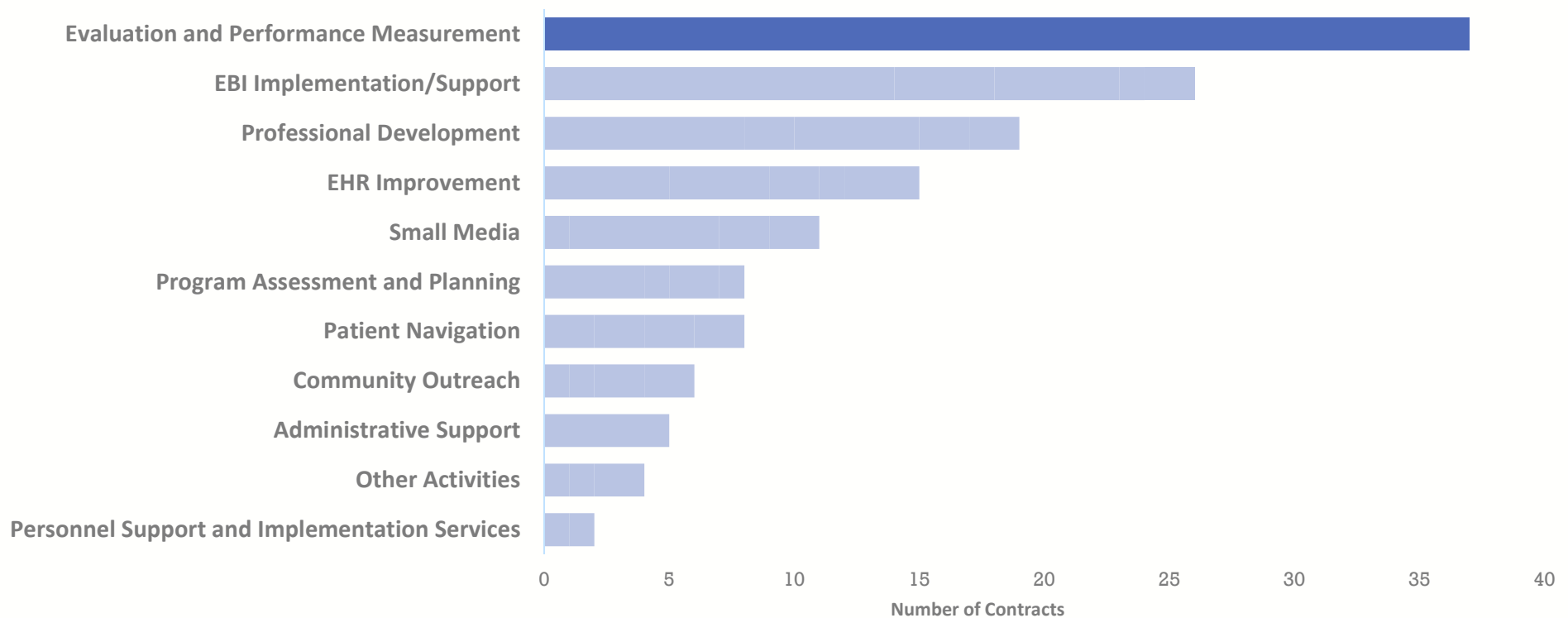
Source: CRCCP PY2 Approved Budgets, N=30

Health Care Systems and Clinics were primarily contracted to support EBI Implementation.



Source: CRCCP PY2 Approved Budgets, N=30

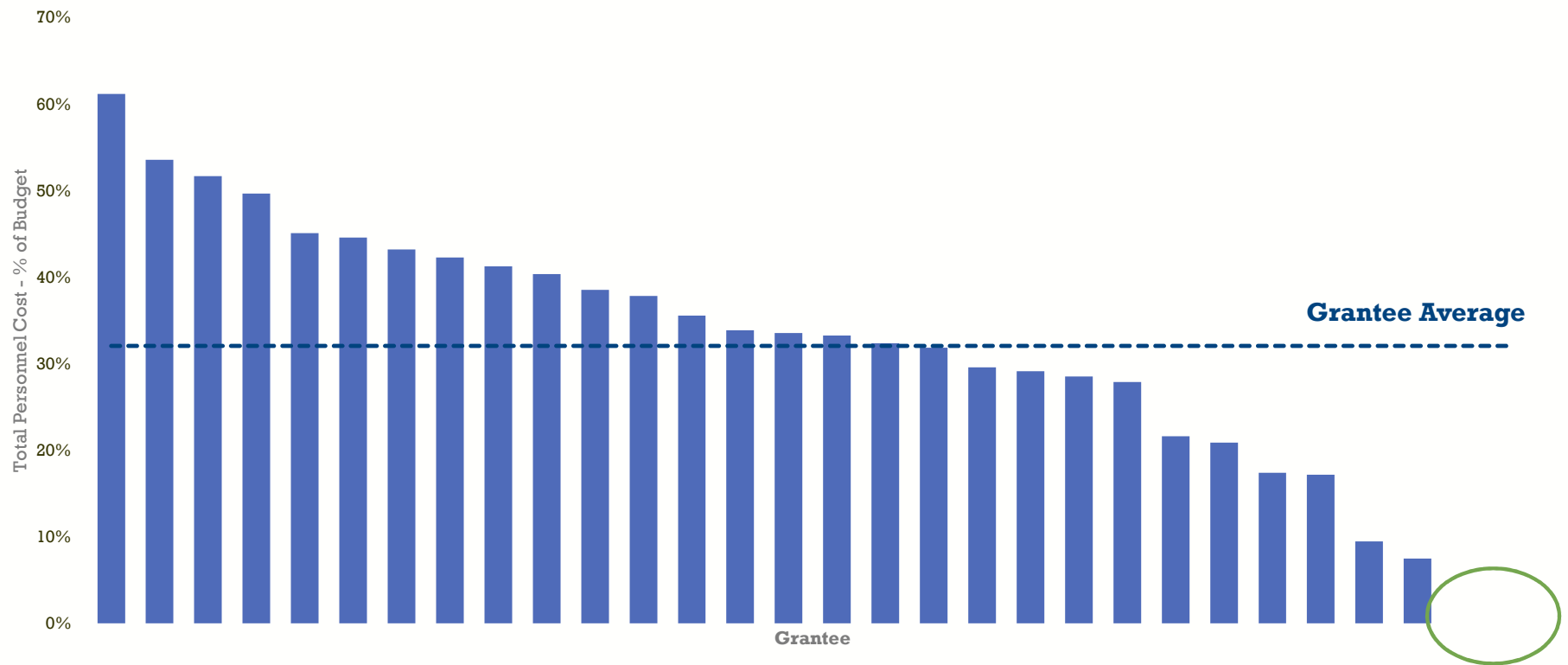
Grantees primarily contracted for Evaluation & Performance Management and EBI Implementation/Support.



Source: CRCCP PY2 Approved Budgets, N=30

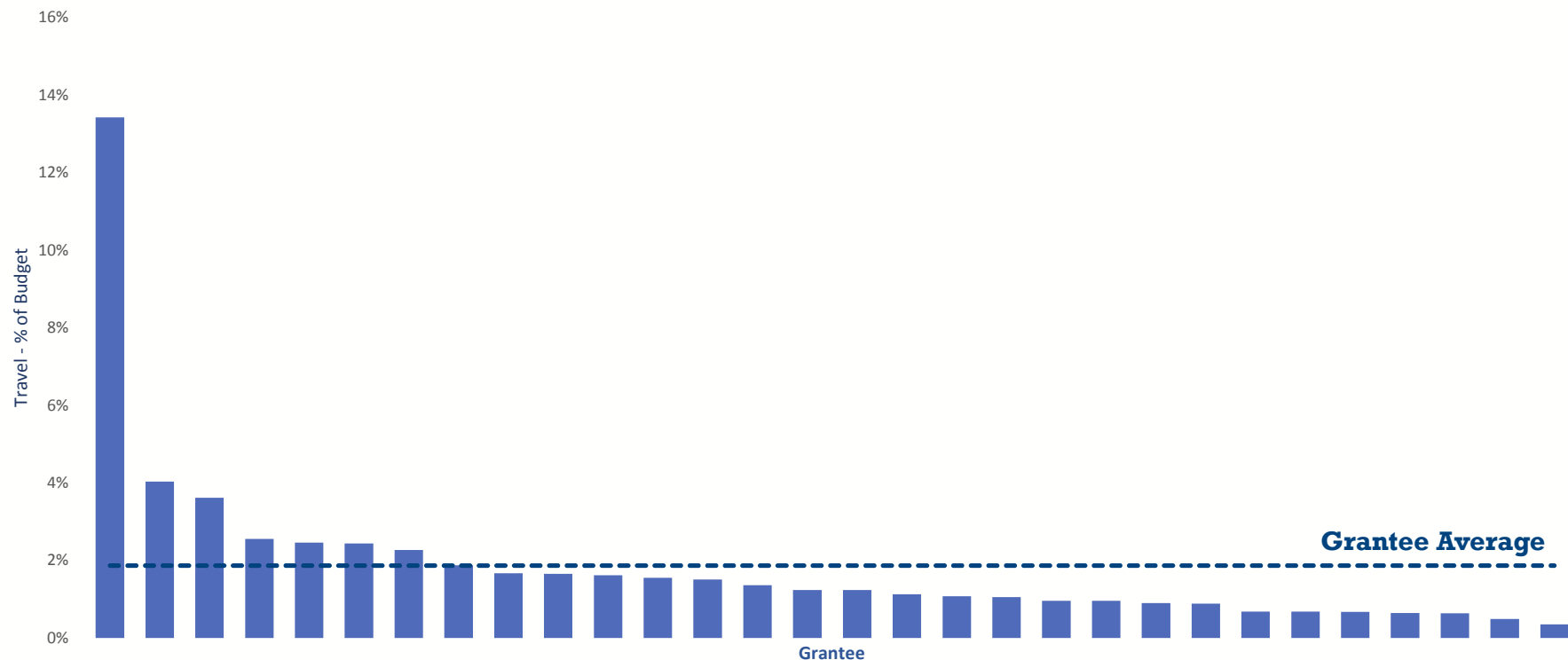
Impact: Identifying areas for further consideration and narrowly targeted technical assistance

Two Grantees have 0% of their funds budgeted for Total Personnel Cost.



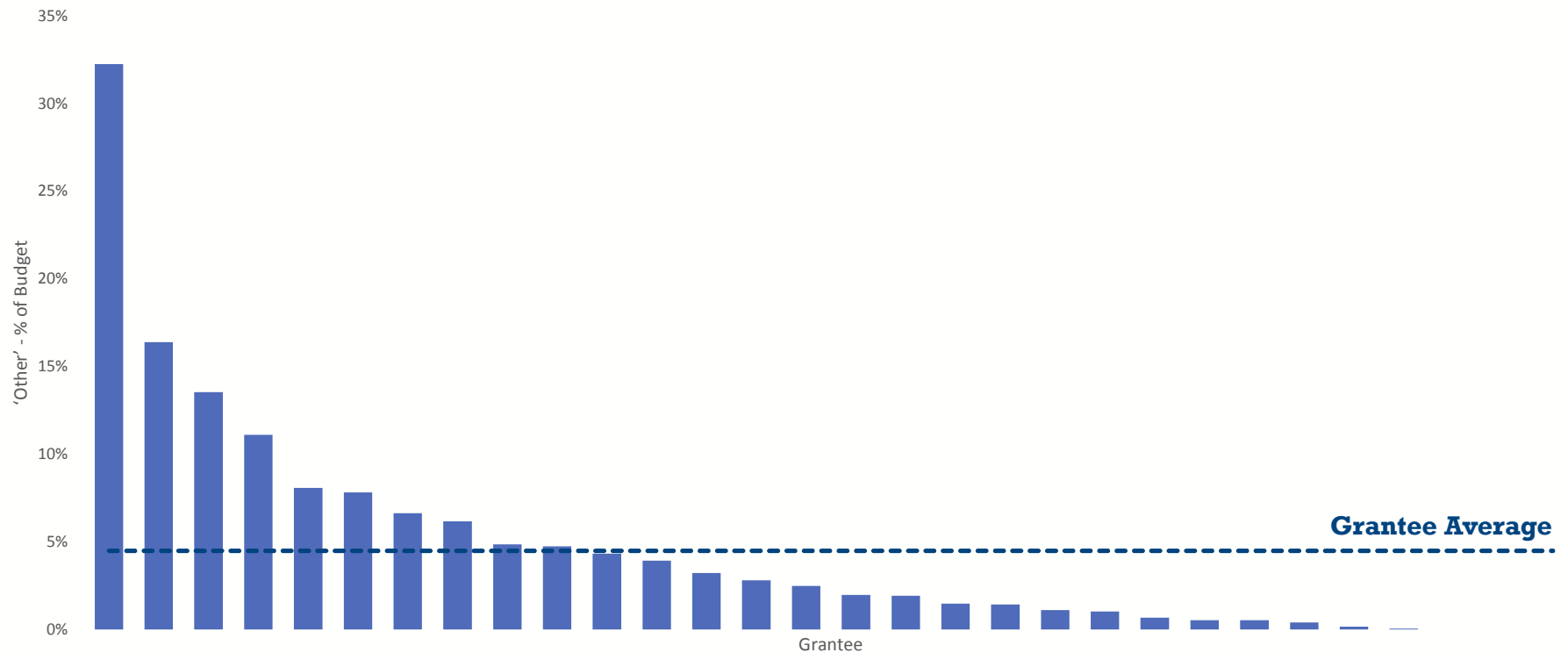
Source: CRCCP PY2 Approved Budgets, N=30

One Grantee budgeted over 3x's as much of their budget for travel, compared to other grantees.



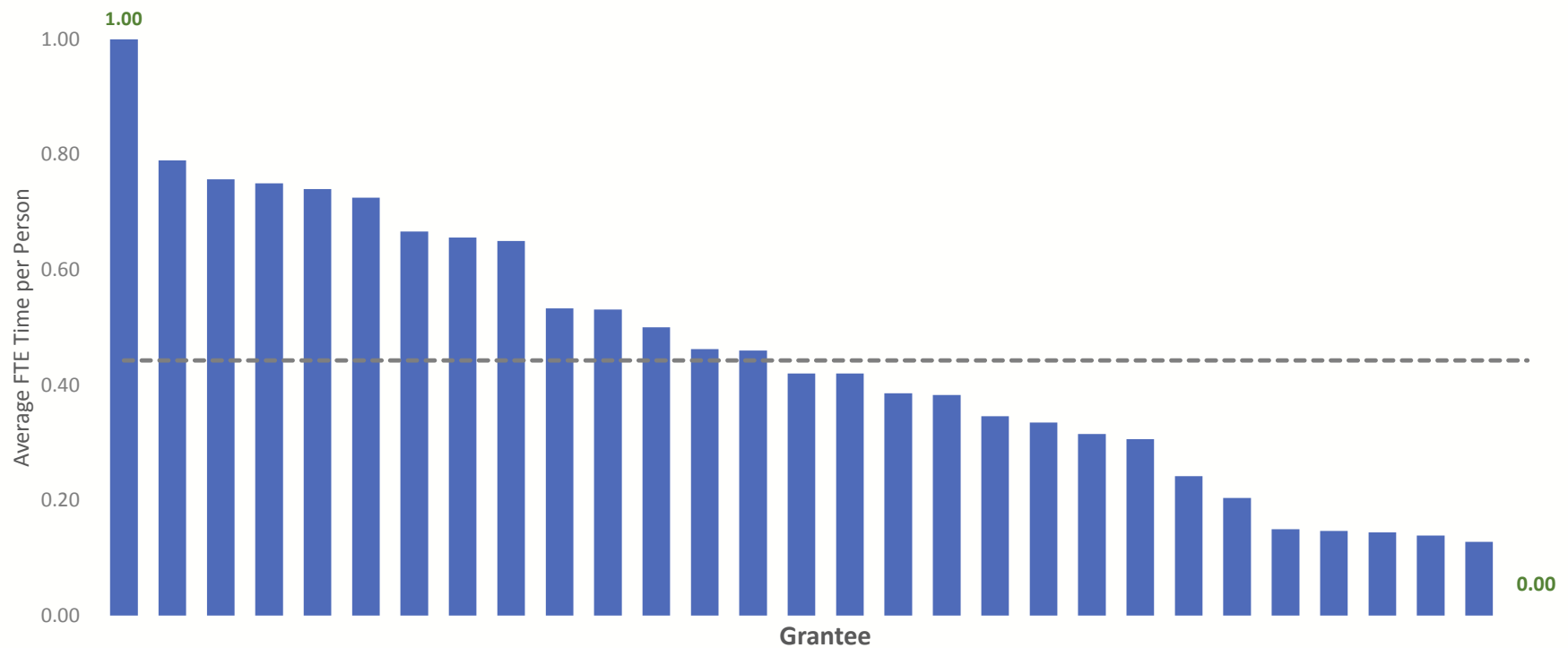
Source: CRCCP PY2 Approved Budgets, N=30

Similar outliers were observed in the 'other' budget category.

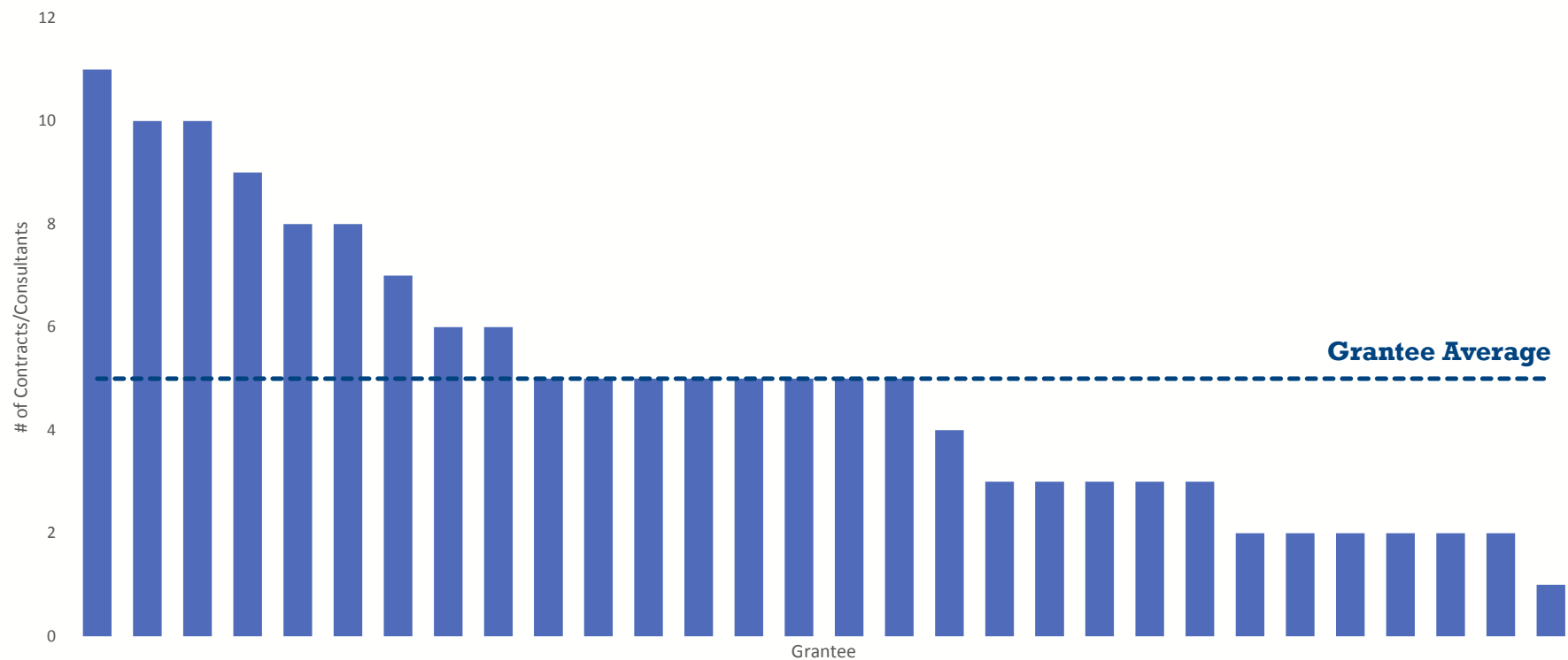


Source: CRCCP PY2 Approved Budgets, N=30

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
Management
Dashboard

 Program Overview

 Program Budget

PY2 Breakdown

Budget Over Time

Appendix

 Grantee Profiles

CRCCP PY2 Breakdown

\$23,251,826

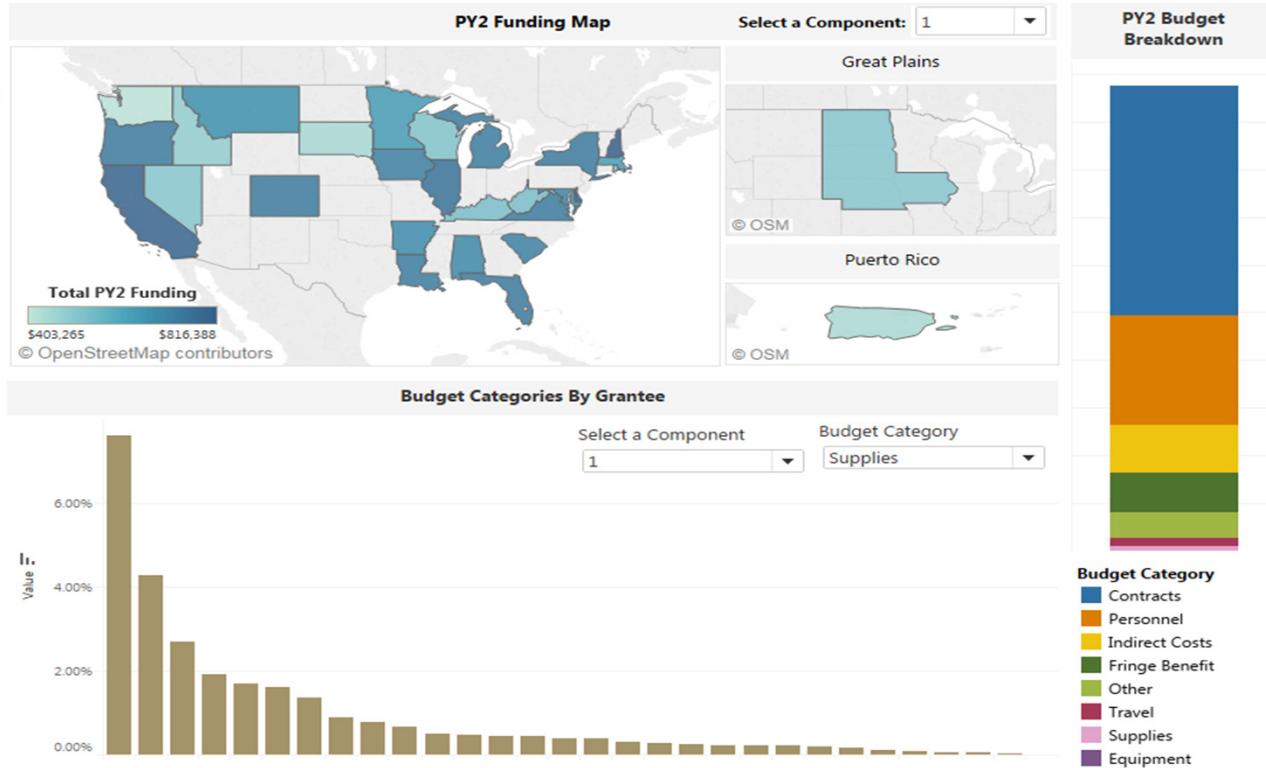
Total PY2 Funding

\$19,510,684

Component 1 PY2 Funding

\$3,741,142

Component 2 PY2 Funding



Source: CRCCP PY2 Data Approved Budgets, as of 1/5/17

CRCCP Management Dashboard

 Program Overview

 Program Budget

 Grantee Profiles

Management

Budget Comparison

Challenges & TA Needs

Health Systems & Clinics

Non-Health System Partners

Grantee Challenges and TA Needs

Select a Grantee:

Grantee Challenges

Select a Group of Challenges:

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

1.0 4.0

Not at all Difficult

Very Difficult

Grantee TA Needs

Select a Group of TA Needs:

| Question | Grantee Need | CRCCP Median |
|---|--------------|--------------|
| Community health worker strategies | | |
| Patient navigation/case management | | |
| Professional development/Provider education | | |
| Small media | | |
| Workplace interventions | | |

1.0 3.0

Low

High

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.

Contact Information

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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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