Data: An Important Key to Successful Contract Management

How do you work with your service providers to collect, submit and use program data?

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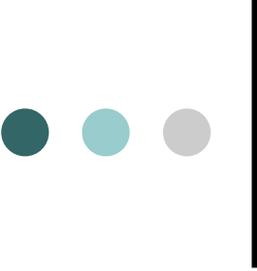
Background

- Part A Grantee

- Currently contract with13 direct service providers with 22 contracted programs located through out two Counties
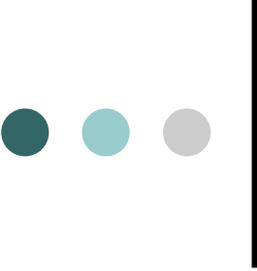
Why is data collection important for contract management?

- Monitor and fulfill contracting and reporting requirements and conditions of award
- Supports all levels of program and contract monitoring
- Informs reporting of the actual funded Ryan White services provided by the programs
- Facilitates information-sharing with all parties across all Parts
- Assists the region to identify and overcome barriers
- Identify strengths & weaknesses of priorities & programs
- Develop implement and monitor their Quality Management program
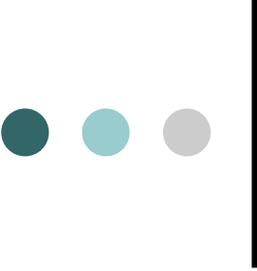
How to implement a system to work for the you and your service providers?

- Engage contractors in the process of data collection
- Assess data needs
- Create a method to collect the type of data you need
- Provide Training, Technical Assistance, Guidance Documents and Reference Materials
- Provide customized reports for the providers, programs and region
- Establish adequate deadlines and timelines suitable for both the Grantee and the service providers

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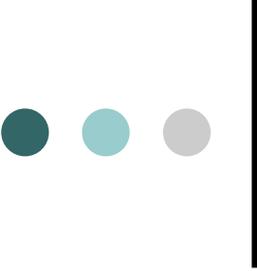
Service Providers use data to…

- Monitor access to clients' medical care
- Facilitate continuous quality improvement activities
- Identify barriers to service
- Identify and track trends
- Supervise the quality management program
- Develop intake forms
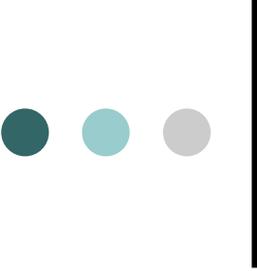
Create a method to collect the type of data you need

- Service providers are required on a monthly basis to provide all demographic data and utilization data for clients served by their funded program.

- Every quarter in addition to program data reports, service providers are required to provide the reports based on their agency. This data is similar to the RDR and is used to validate the data need to complete the RDR in January. In addition a quarterly narrative is required that provides program information that is not reported in data summaries and can identify accomplishments and challenges experienced by the program throughout the quarter.

- All reports are mandated to be submitted by the 4:30 pm on the 15th of every month.
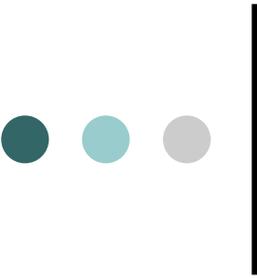
Support your service providers to collect and submit data that meets your requirements

○ Formal data training is provided for all data changes; ongoing technical assistance available at anytime.

○ A program data manual based on HRSA and regional definitions developed and distributed. Manual is basis for completing data reports. This manual is sent out annually or when new staff starts with a program.

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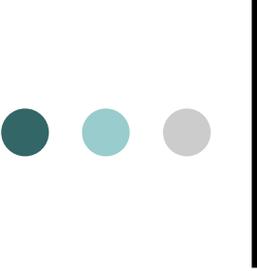
Training fundamentals

- Develop an appropriate program manual to address all RDR variables.

- Enable direct service providers to incorporate the variables and definitions into their day-to-day program.

- Disseminate manuals at trainings on the RDR process.

- Disseminate manuals at trainings at the start of each calendar year to address changes or update new staff.

- Explain why and how these reports make a difference to everyone.

- Meet with the Consumer Advisory Group to help members understand & appreciate the value of reporting. When the consumers are part of the process, reporting is easier for everyone.
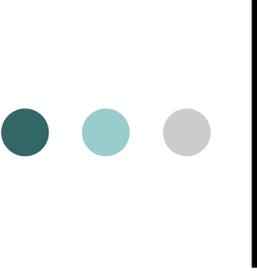
Now that you have the data, what's next?

- Verify data integrity by establishing a system of checks & balances to ensure accuracy

- Because data is reported throughout the year, reports are monitored for accuracy.

- At the Grantee level every individual program is tracked in a master database and any outlying data is given back to the provider for correction. For example if 7 unduplicated clients are reported all data must relate to the 7 clients.

- Data from the individual programs is linked to priorities for monitoring progress.
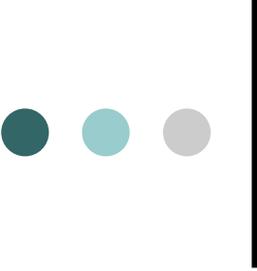
Now that you have the data, what's next? (cont.)

- Incomplete sections are returned until all data is validated

- Run mock RDR's during funding year

- Since monthly reports are based on program and quarterly based on agency, components of the monthly are built into the quarterly to ensure accuracy

How Data Are Used

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                    ┌─────────────────────────────────┐
                    │ Provider data submitted to Grantee │
                    │      "Original source of data"     │
                    └─────────────────────────────────┘
                ┌───────────────┴───────────────┐
        ┌───────────────────┐         ┌───────────────────┐
        │ Calendar Year Data │         │  Funding Year Data │
        └───────────────────┘         └───────────────────┘
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Program Stats Units of Service: Actual vs. Projected	RDR Data	WICY Data	Priority Data *Priorities	MAI Data	Demographic data
Used by grantee & Contract Admin Staff to monitor programs	Data check between Grantee & program for Annual RDR	Filters to main WICY report to calculate & monitor clients by agency/program & priority	Tracks progress of each priority Identifies areas facing challenges and areas that are excelling	Tracks populations served	Monitors high need areas in the region being served
Reports developed for site visits Report for contract progress Linked to priorities for priority setting	Final report for HRSA	Final report for HRSA Report for Grant Application Report for priority setting	Final report used by Grantee & Contract Admin staff & Data Needs Committee	Final report for HRSA Grant Application Priority setting	Final report used by Grantee & Contract Admin staff, RFP Review Committee Data Needs Committee

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Internal Timeline to meet a mandated reports example: RDR

- Set providers' RDR data due dates at least 4 weeks before March 15. Why? To allow time for questions & error corrections

- Send out a save-the-date reminder mid-year.

- Set up quarterly conference calls & meetings with all Parts to ensure data are on target.

- Run a mock RDR report mid-year to work out potential problems for the final RDR.

- Communicate with the other Parts as to when you'd like RDR's completed or develop a timeline *with* the other Parts so your work is coordinated.

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Example: 2007-2008 RDR Suggested Timeline

	Jan	Feb	Mar	Apr	May
Providers correct rejected RDRs	8th		→	2nd	
Grantees receive verification mailing				mid	→
Send any corrections/changes to Data Support				mid	→
All RDR data ready to review	3rd week				
Multi-titled RDR's due	Last week				
RDR data entry begins	→				
Print all RDR's submitted			1st week		

- Multi-titled RDR's due the last week of Jan. or the 1st week of February
- RDR reminders: to check your data if not each quarter then at the end of the second quarter
- Each quarter suggest cross Part communication
- Save the date-After RDR training-normally 1st week in November
- Send out RDR info by no later than the 3rd week of December

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