



Measuring the Impact of Community Benefit Programs

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Bridget Hogan Cole, MPH
Executive Director

Objectives...Intent

- Provide an overview of perspectives on measurement as designer, teacher/coach, and grantee
- Overview of types of measurement and evaluation – linking them to activities, outcomes/impact
- Share examples – tools, communications, programs
- Open for Discussion, Questions...throughout

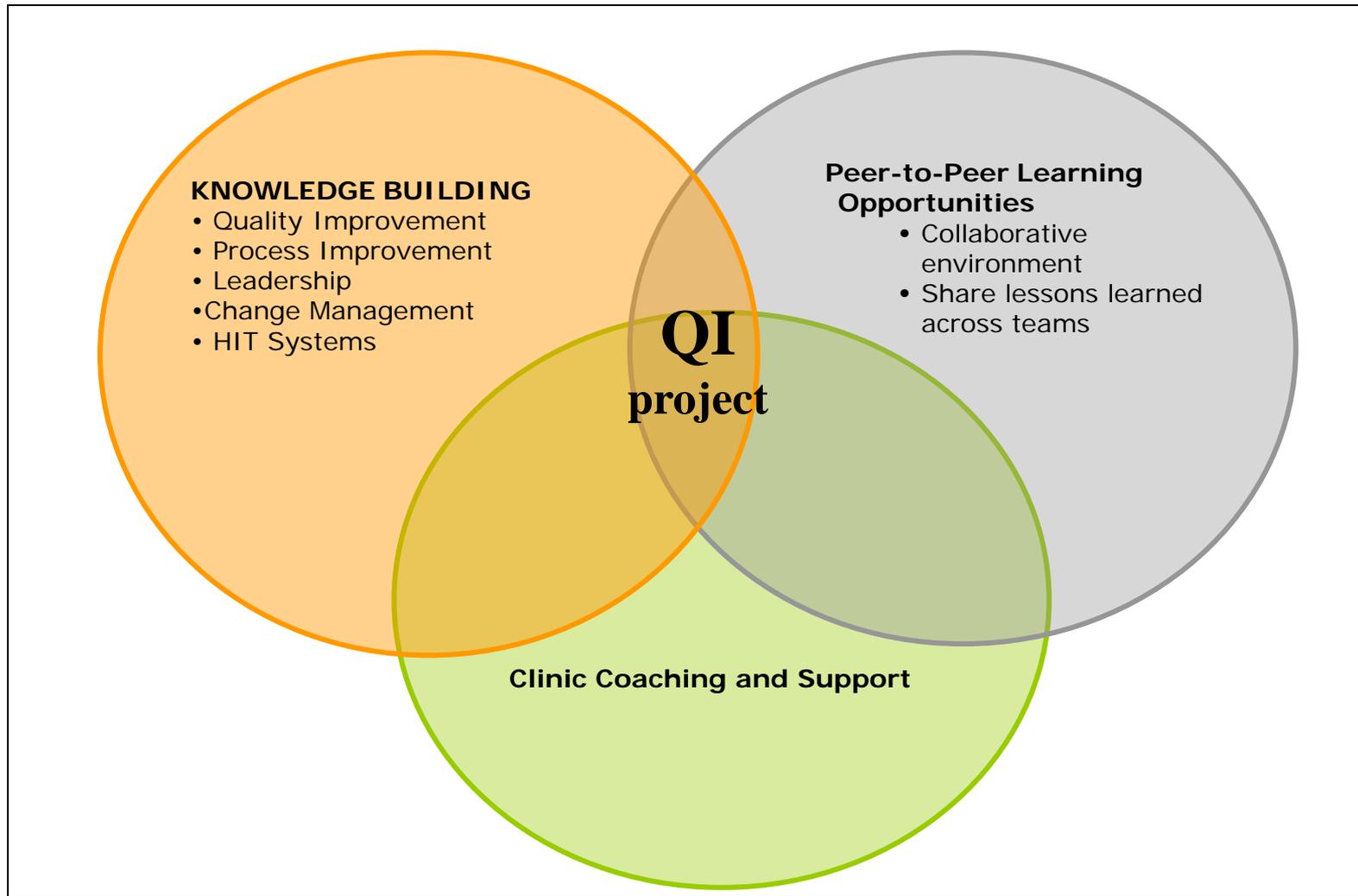
Introduction

- Bridget Hogan Cole, MPH
 - Executive Director
 - Institute for High Quality Care (IHQC) (www.IHQC.org)
 - bcole@IHQC.org
- IHQC –
 - Learning Communities
 - Consulting
 - Initiatives

Learning Communities

- Since 2007, IHQC (through its BCCQ Program) has created multiple learning communities – participant-defined, applied learning laboratories for clinics, provider care teams to:
 - Engage in quality and process improvement trainings
 - Interact and share promising practices with their peers
 - Apply tools and techniques that will advance their own QI efforts
 - Prepare for an ever-changing healthcare environment
- IHQC focuses on moving health care delivery systems toward cultures of quality.

IHQC's Applied Learning Model



Consulting and Initiatives

- Specialty Care Initiative – statewide support for 25 coalitions of community providers;
 - Focus (aim) - improve access to specialty care services, decrease inappropriate referral demand
- Riverside University Health System – 18 interdisciplinary teams (providers, administrators, frontline);
 - Focus (aim) - applying improvement techniques on projects supporting organizational strategic goals

Perspectives

- I come at this topic through multiple perspectives:
 - Supporter/Collaborator – the design of measurement, evaluation programs
 - Coach – learning communities; about ways to measure impact on work, how to present work
 - Grantee – creating measurement plans for grant-funded programs, responsive to the funder and the program's (or initiative's) vision

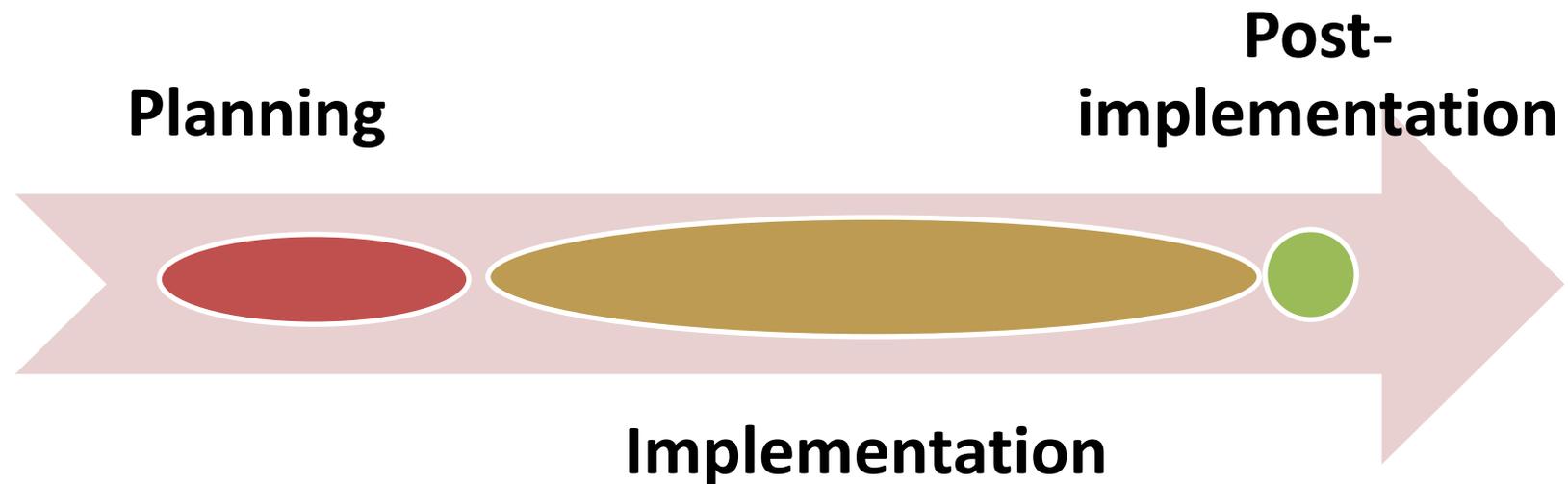
Evaluation – The Why's and The What's

Slides extracted from Northrop, Gayle. “Monitoring & Evaluation.”
UCLA/Johnson and Johnson Health Care Executive Program. July 2014

Why Monitor and Evaluate?

- ✓ **Improve programs**
 - Improve quality of services
 - Enhance planning
 - Provide direction to staff
 - Recruit talented staff and volunteers
 - Identify training needs
- ✓ **Increase accountability to the public**
 - Increase public confidence
 - Support fundraising efforts
- ✓ **Assure best use of funds**
 - Demonstrate program effectiveness
 - Identify excellent programs
 - Detect and address ineffective programs
 - Compare costs of similar programs
- ✓ **Compare programs locally and across regions**

When Should Evaluation Be Done?



Primary Types of Evaluation

You do work. When you evaluate how well you do what you do, it's called

process evaluation.

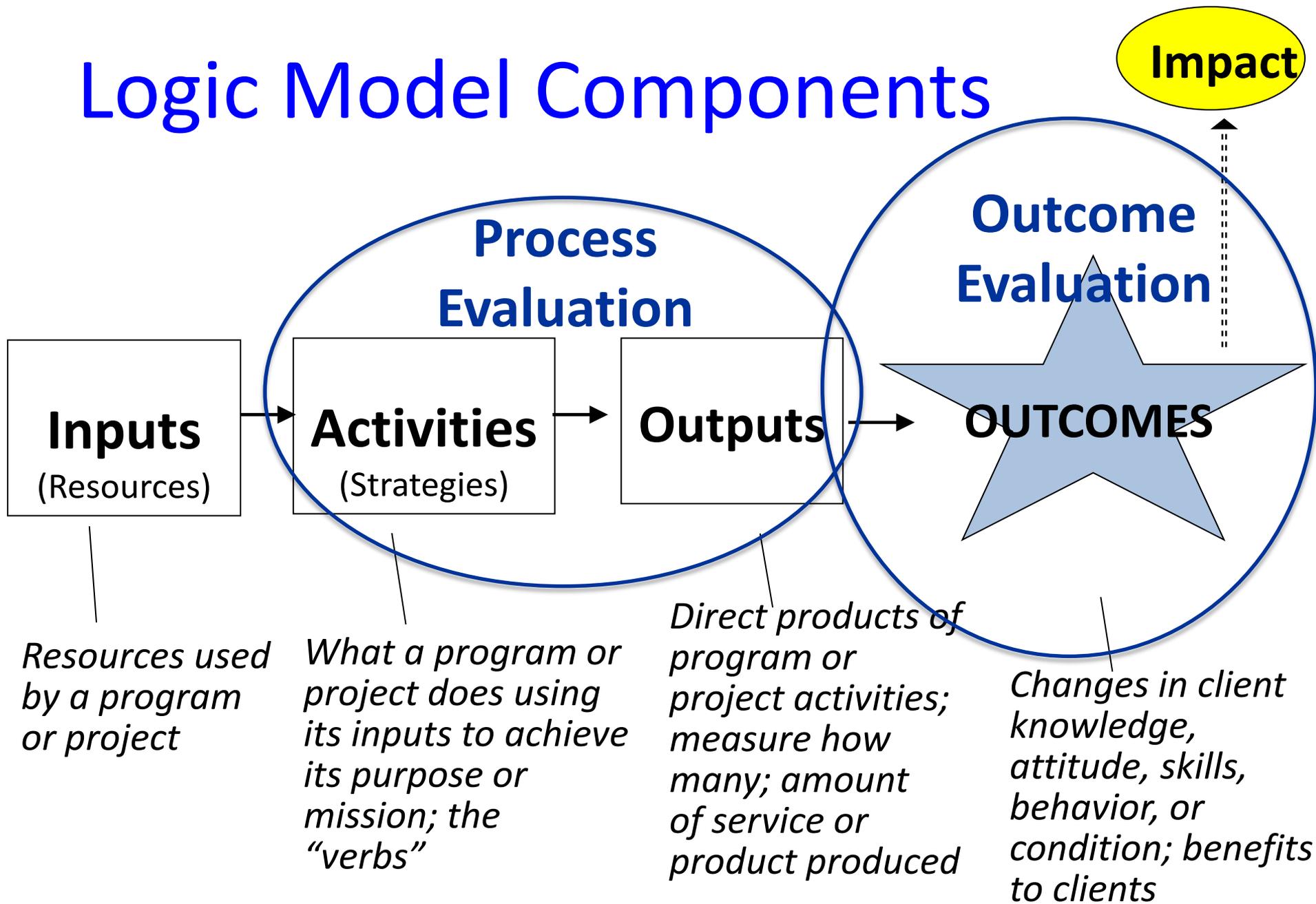
Your work has results. When you evaluate the results of your work, it's called

outcome evaluation.

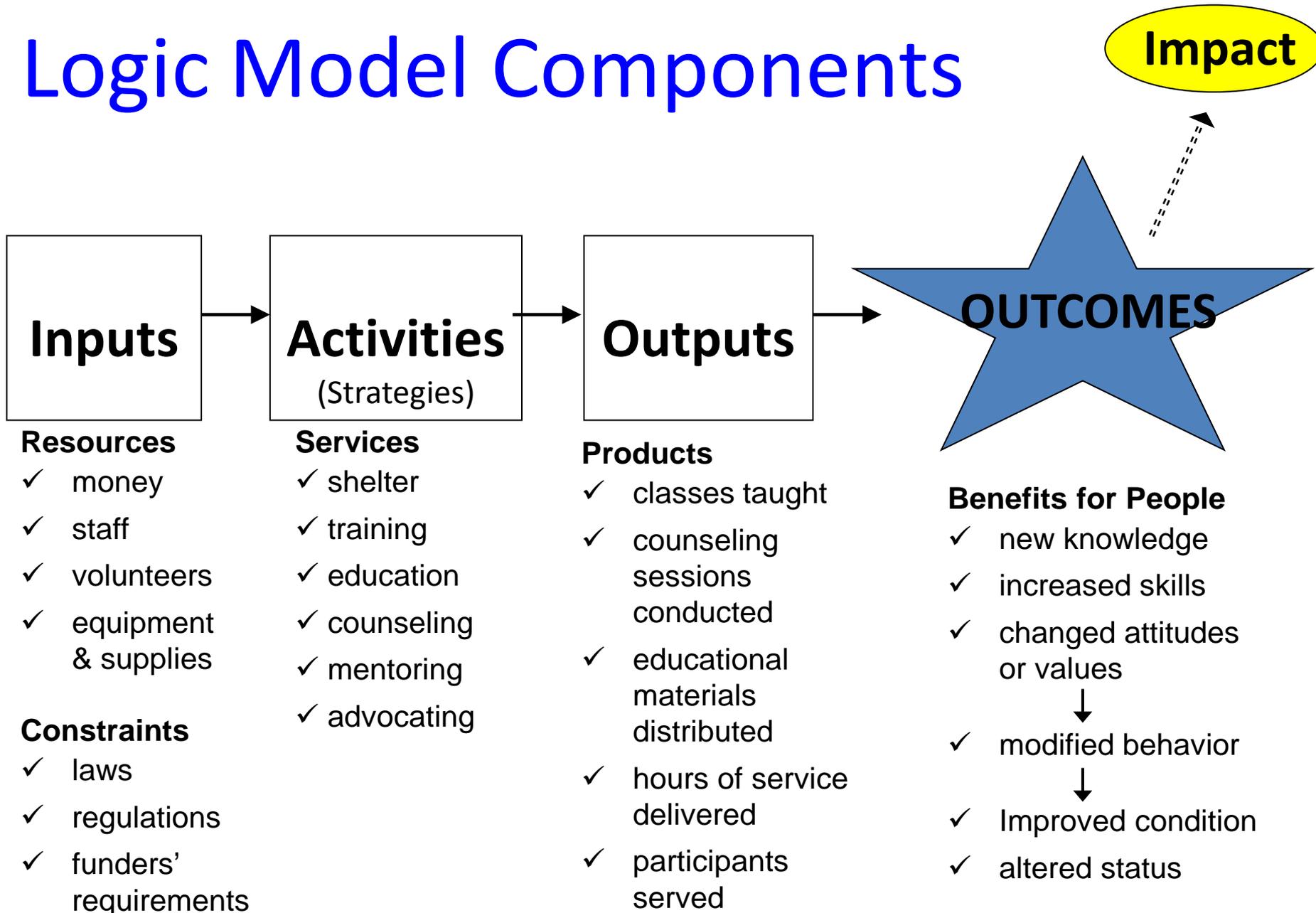
Lots of work produces multiple outcomes over time. This equals

impact.

Logic Model Components



Logic Model Components



Data Analysis & Presentation

Process Evaluation

Quantitative

- # of meetings, trainings, etc
- Distribution of materials
- Attendance records
- Satisfaction ratings

Qualitative

- Timelines, key milestones
- Improvement suggestions

Outcome Evaluation

Quantitative

- Trends
- Comparisons between clients, patients, staff
- View of statistical significance

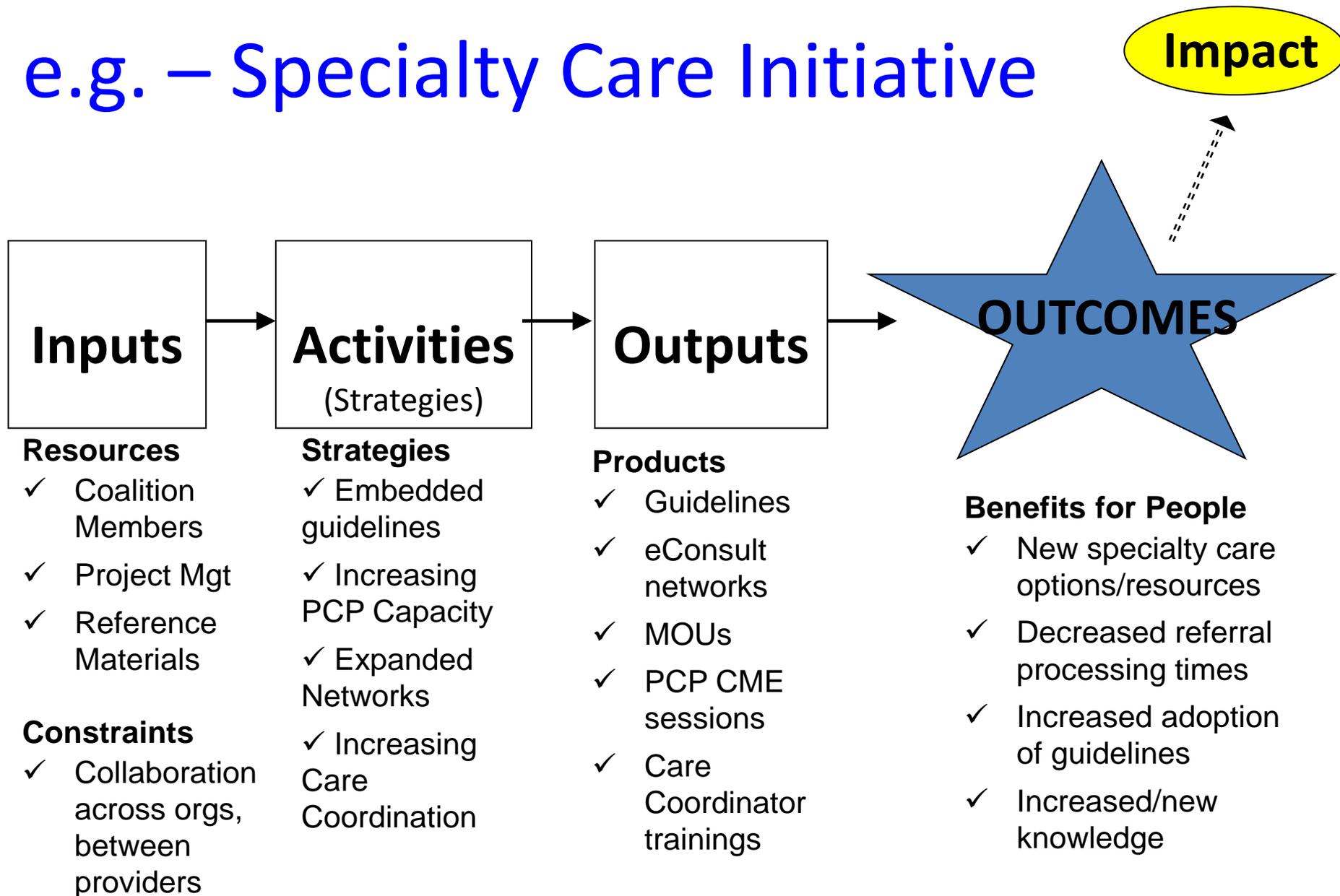
Qualitative

- Impact on individual patients, clients, staff members
- Limitations of methods, possible alternate explanations for findings

Tables,
graphs

Figures,
stories,
quotes

e.g. – Specialty Care Initiative



e.g. – Specialty Care Initiative

Process Evaluation

Quantitative

- # of referrals, by specialty
- # of guidelines adopted
- CME event attendance records

Qualitative

- Timelines, key milestones
- Implementation dates for eConsult
- Post-training satisfaction

Outcome Evaluation

Quantitative

- Decreased wait times to appointment
- Decreased referral processing cycle time
- Decreased no-show rate

Qualitative

- Improved access to specialty services – care, treatments, preventive screenings, etc.
- Improved collaboration between providers
- Increased care coordination, patient navigation

What makes this challenging?

- Resource constraints (time, reporting systems)
- Different requirements (funders, reg. agencies)
- Questions about validity (methods, data)
- Confusion around what, how, how much to evaluate
- Attribution – linking outcomes to activities
- Patient burden, interest, privacy
- Consequences of negative findings or that findings may be ignored
- Weak culture of evaluation (not valued, understood)

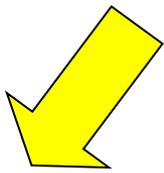
Tools We've Used

- To define the project, vision, aim
 - To focus on measurement
 - To communicate the impact

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Clinic:



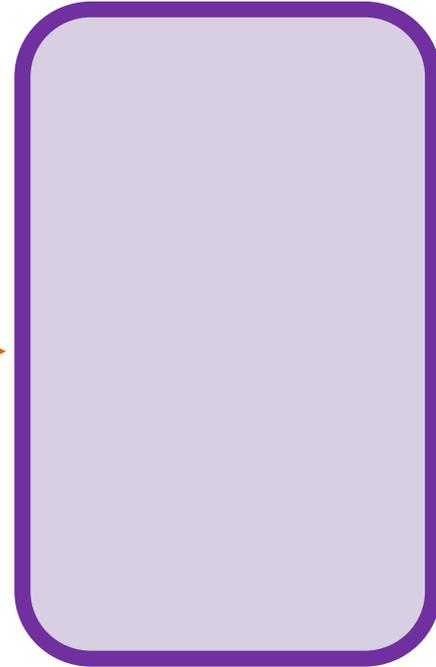
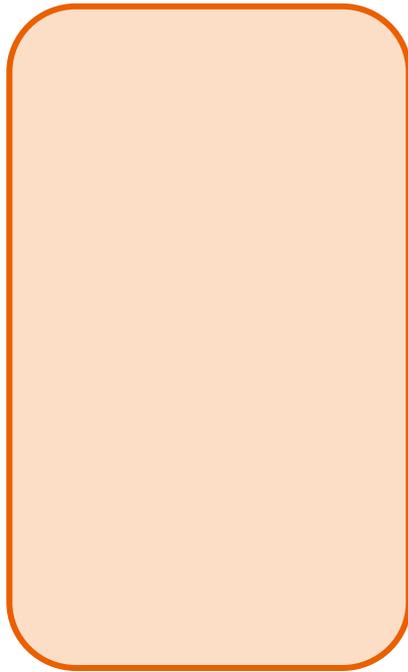
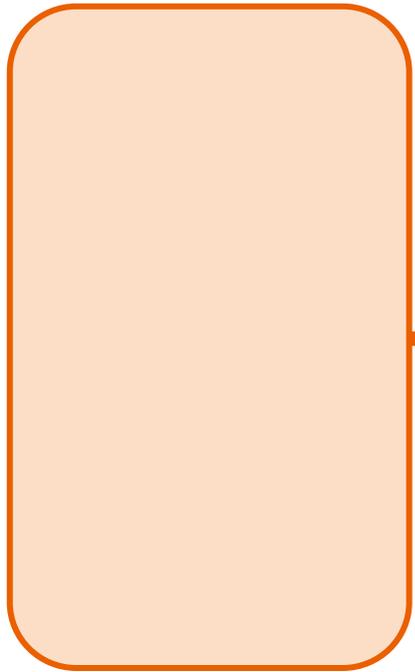
AIM Statement:

Resources

Activities

Outcomes

Impact



Assumptions

Aim Statement Examples:

When

Purpose/Focus

By November 1, 2012, we will **decrease the time**
to register and check-in for *scheduled patients*
at our North Avenue clinic
during the first two hours of the day.

Who

What system/process

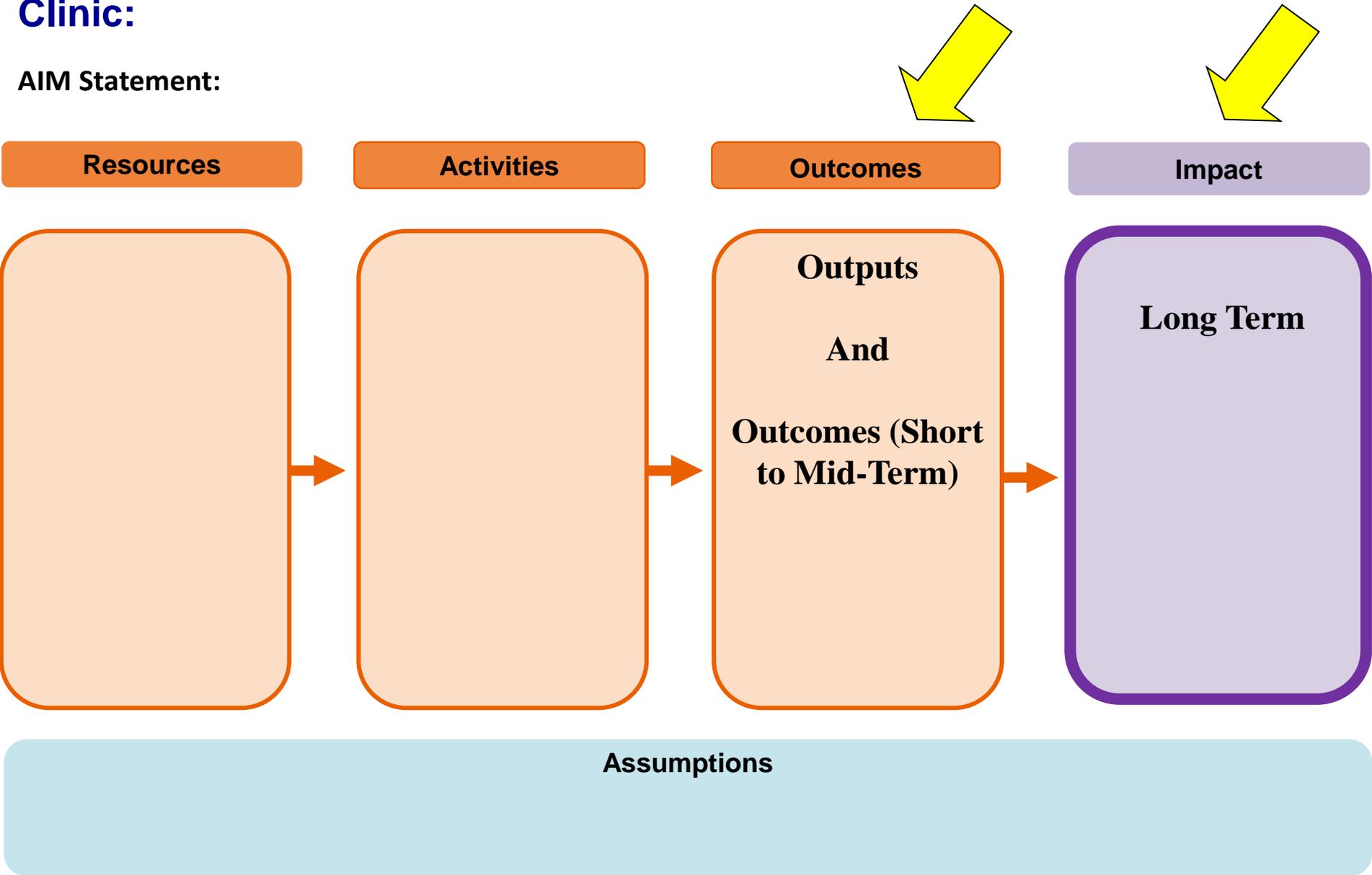
Where

SMART Statement Examples

- (1) **Increase** percentage of **prenatal appointments scheduled in the 1st trimester** for **patients testing positive for pregnancy** from current baseline of **62% to 90%** by **June 30, 2016**
- (2) **100%** of **patients seen in both of our clinics who have abnormal PAP smears** will be **notified and have follow-up appointment scheduled within 10 days** by **August 1, 2016**
- (3) **Increase** the percentage of **patients 18-75 years of age with diabetes (type 1 and 2) whose most recent test (occurring during the measurement year) showed a HbA1c control (<8.0%)** from **65% to greater than 70%** by the **end of July 2016** and to **greater than 80%** by the **end of December 2016**

Clinic:

AIM Statement:



Impact

= Long-term, lasting changes you expect (and hope) to see in the ***patients you serve*** and in ***your organization*** as a result of your project

- **Examples:**

- Health care providers have the ability to access and use HIT in the treatment of their patients.
- Patients are empowered to self-manage and evaluate their personal health status by receiving access to their medical information in a timely and comprehensive fashion, in a manner that they will understand.
- Display a level of caring such that patients see us as their "medical home". Our patients reduce the number of visits to an ER due to unmanaged chronic disease conditions.

Outcomes

= Short and medium-term results of your project;
what you hope will be the results of your activities

- Focus on realistic, tangible – *scope and scale* – outcomes
 - What can be accomplished in the time allotted?
 - What can be accomplished given competing priorities?
 - “Motivating” target without being *overwhelming*
- **Examples:**
 - Increase screening rate to 80%
 - EHR implemented and all staff trained
 - Point of care access to lab data and results

Clinic:

AIM Statement:

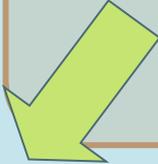
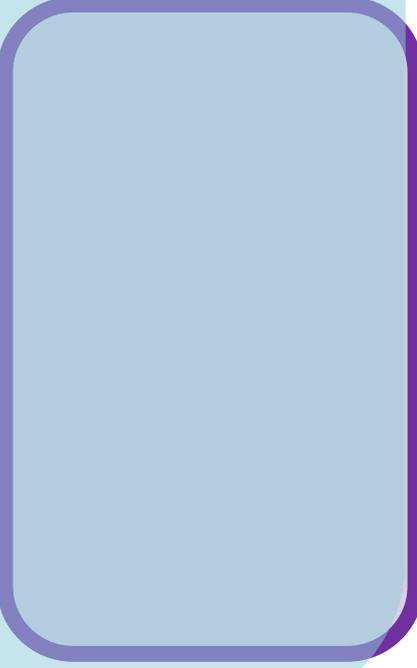
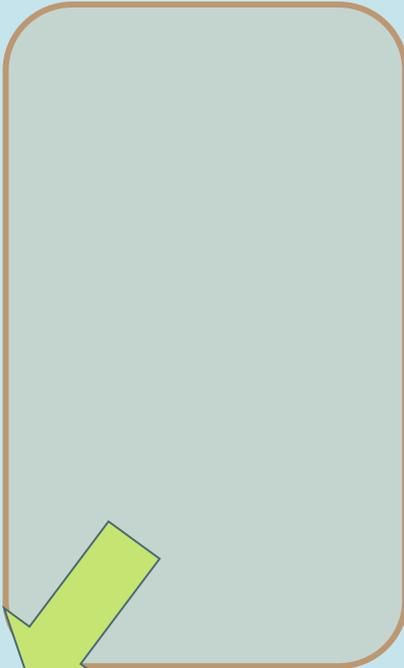
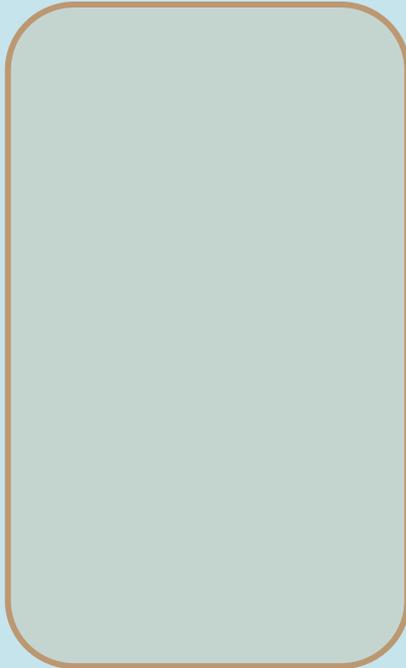
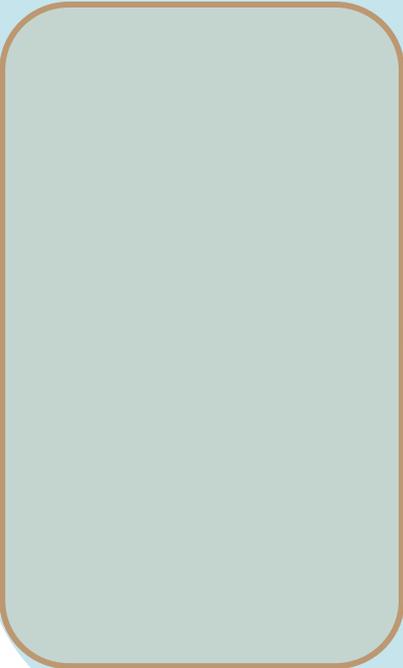
Assumptions

Resources

Activities

Outcomes

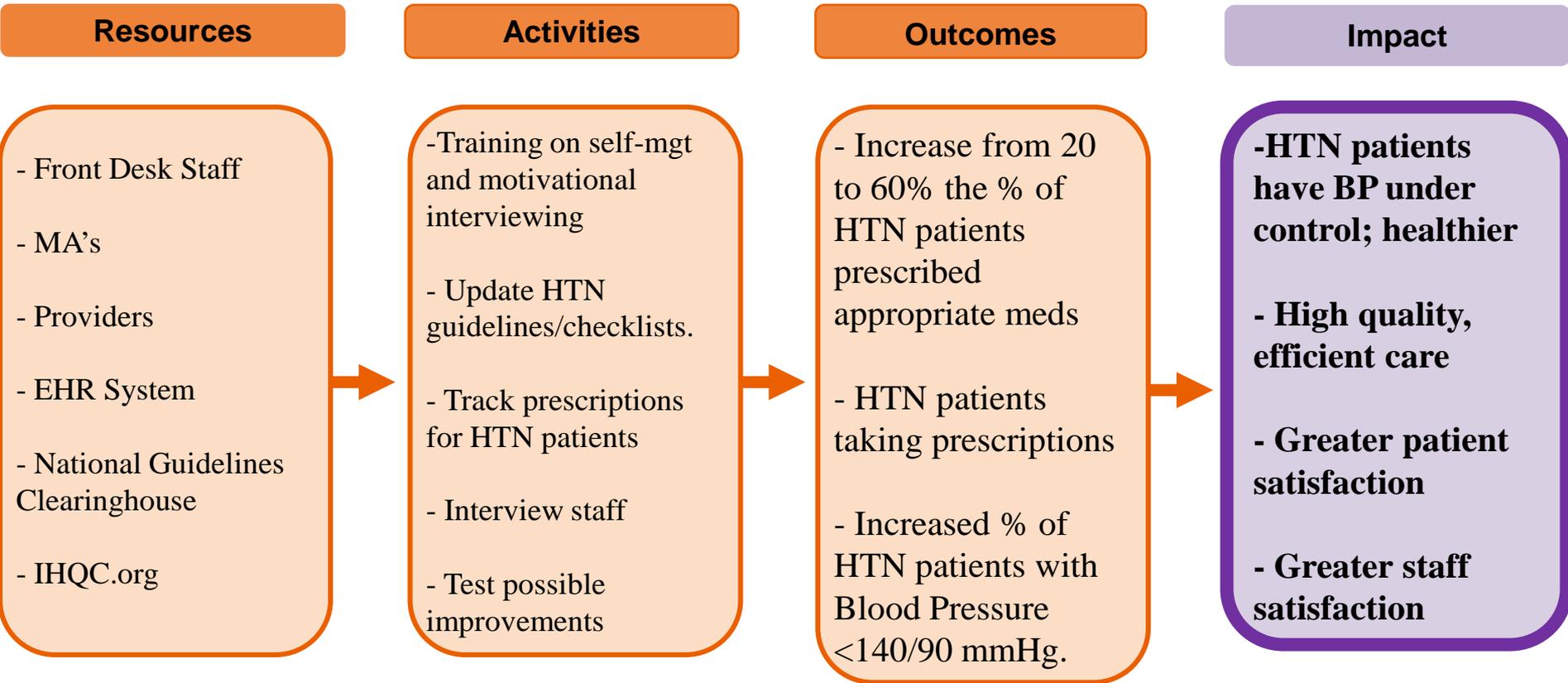
Impact



Assumptions

ClinicSoCAL

AIM Statement: By June 2016, ClinicSoCal will increase the % HTN patients w/ BP controlled from 43% to 60% through patient education and implementing evidence-based hypertension guidelines



Assumptions:

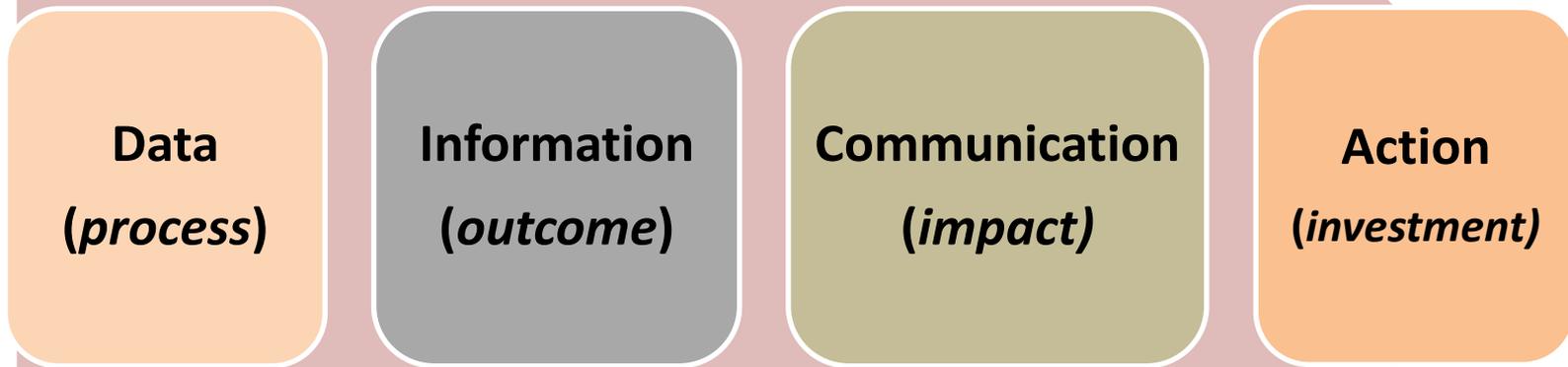
Providers and staff will be able to provide patient education during clinic visit; providing cost effective prescriptions will improve medication adherence; Data can be gathered about new prescriptions for HTN; Report can be generated about levels of BP control; Providers and staff are willing to test possible improvements and follow new processes.

Tools We've Used

- To define the project, vision, aim
 - **To focus on measurement**
 - To communicate the impact

Measurement – Leveraging Data to ~~Prompt~~ Action Demonstrate Impact

Why Should We Measure?



Measurement – Leveraging Data to Prompt Action

Three Purposes For Measurement

	Research	Accountability	Improvement
Audience	Scientific Community, Evaluators, Academics	Customers, Board of Directors, Funders, Regulatory Entities	Internal to the Organization
Purpose	New Knowledge	Reporting, Assurance, Basis for Comparison	Understand Processes, Inform Change,
Characteristics	Slow, Complex, Precise, “Blind’	Summarized, Comparative	Rapid, Simple, Motivating
Sample Size	Large, “Just in case” data	Relevant, 100% of what is available	Small, sequential samples, “Just enough”

Derived from Solberg, L., Mosser, G, and McDonald, S. 1997. “The three faces of performance measurement: improvement, accountability, and research.” *Jt Comm J Qual Improvement* 23:135-147.

Measurement – Leveraging Data to Prompt Action

- Cross-over of measurement purposes –
 - “Accountability” measures can be leveraged to be “Improvement” measures
 - Recognize the distinction of one-time “snap shot” (accountability) vs. continuous tracking (improvement)
- e.g., Diabetes measures
 - Accountability = Total Number of DM patients with an HbA1C < 8
 - Improvement = % of DM patients with an average HbA1C < 8, target 90%

Measurement – Leveraging Data to Prompt Action

- Measurement for Improvement should
 - **Be meaningful** – support and inform the Aim, the QI work
 - **Be attainable** – information that you can get, tool, worksheet, software
 - **Be useful** – don't focus on perfection, will the measure help
 - **Be focused on learning** NOT judgment
 - Be displayed, communicated, interpreted and most importantly – **acted upon**

Measurement – Leveraging Data to Prompt Action

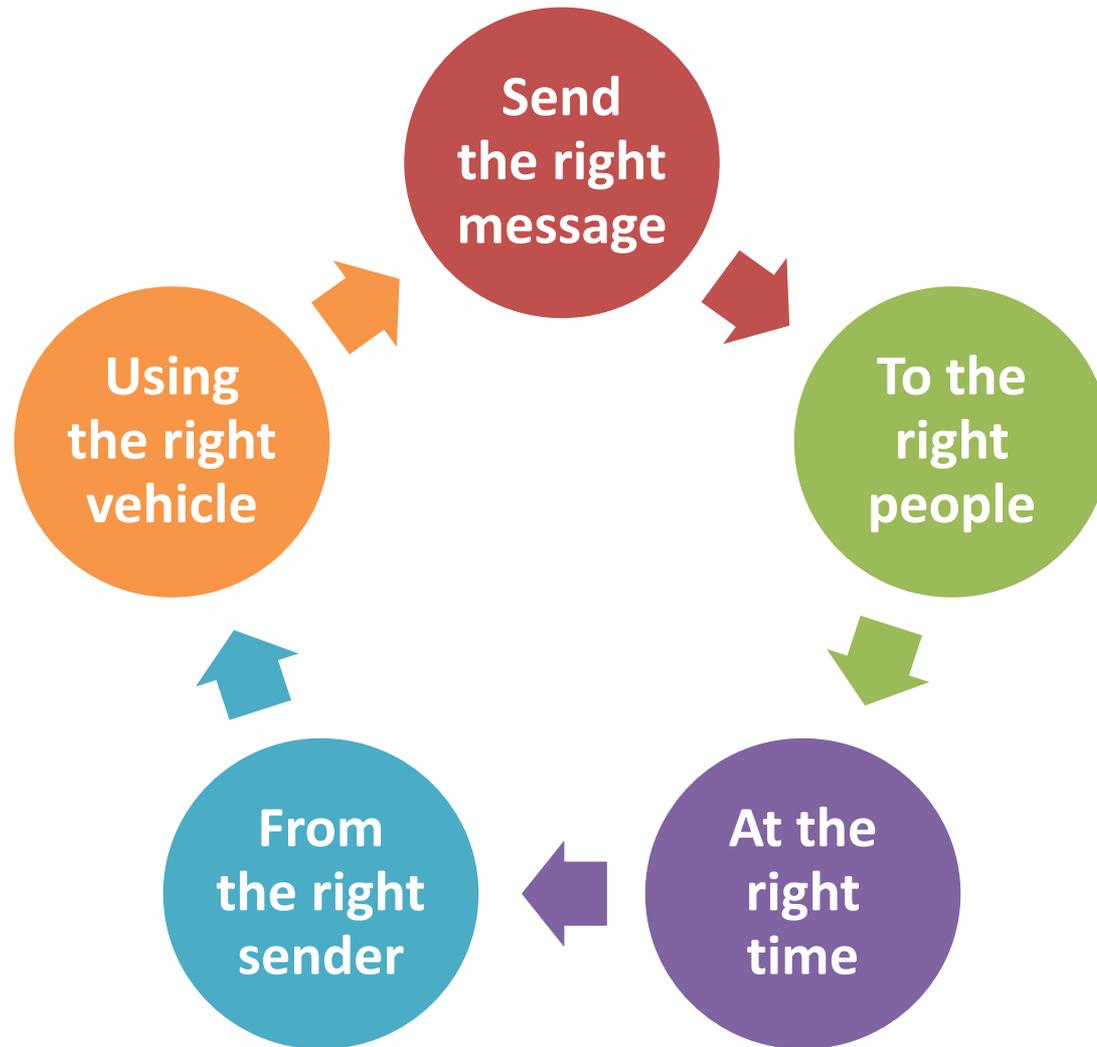
Creating the Measurement Plan

- The Measurement Plan becomes your tool for training, communication, and creating consensus.
- Key Elements of the Measurement Plan:
 - Measurement Definitions
 - Baseline Data – Starting Point
 - Target Goal
 - Data Collection/Gathering Plan – and reporting plan

Tools We've Used

- To define the project, vision, aim
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 - **To communicate the impact**

Effective Communication is Key



How We Communicate Matters

SHARE
INFORMATION

SHAPE
BEHAVIOR



General
Publications

Flyers
Newsletters
Videos
Articles
Posters
Intranet

Personal
Touch

Letters
E-mail
Social
Media

Interactive
Activities

Telephone
E-mail
Meetings
Seminars
Site Visits

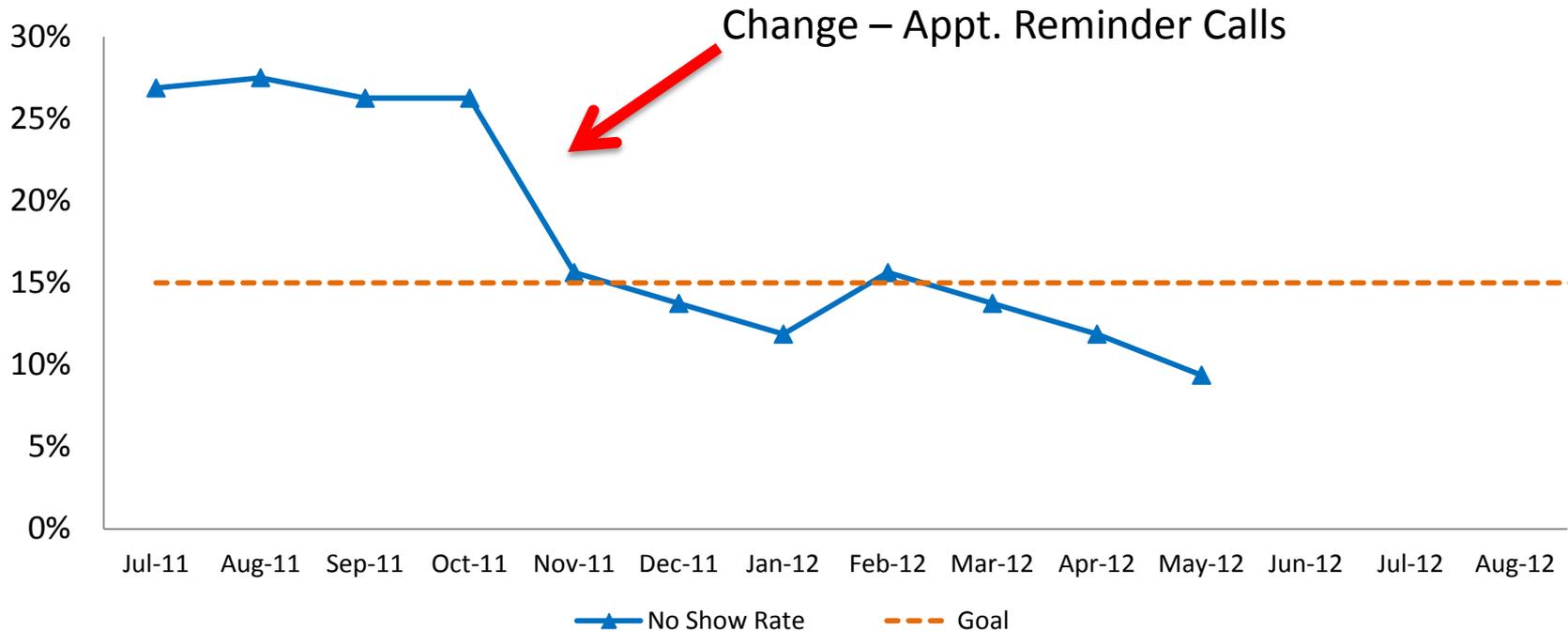
Face-to-face

Opinion Leaders
One-on-One
Mentoring
Counseling
Shadowing

Adapted from Ashkenas, 1995

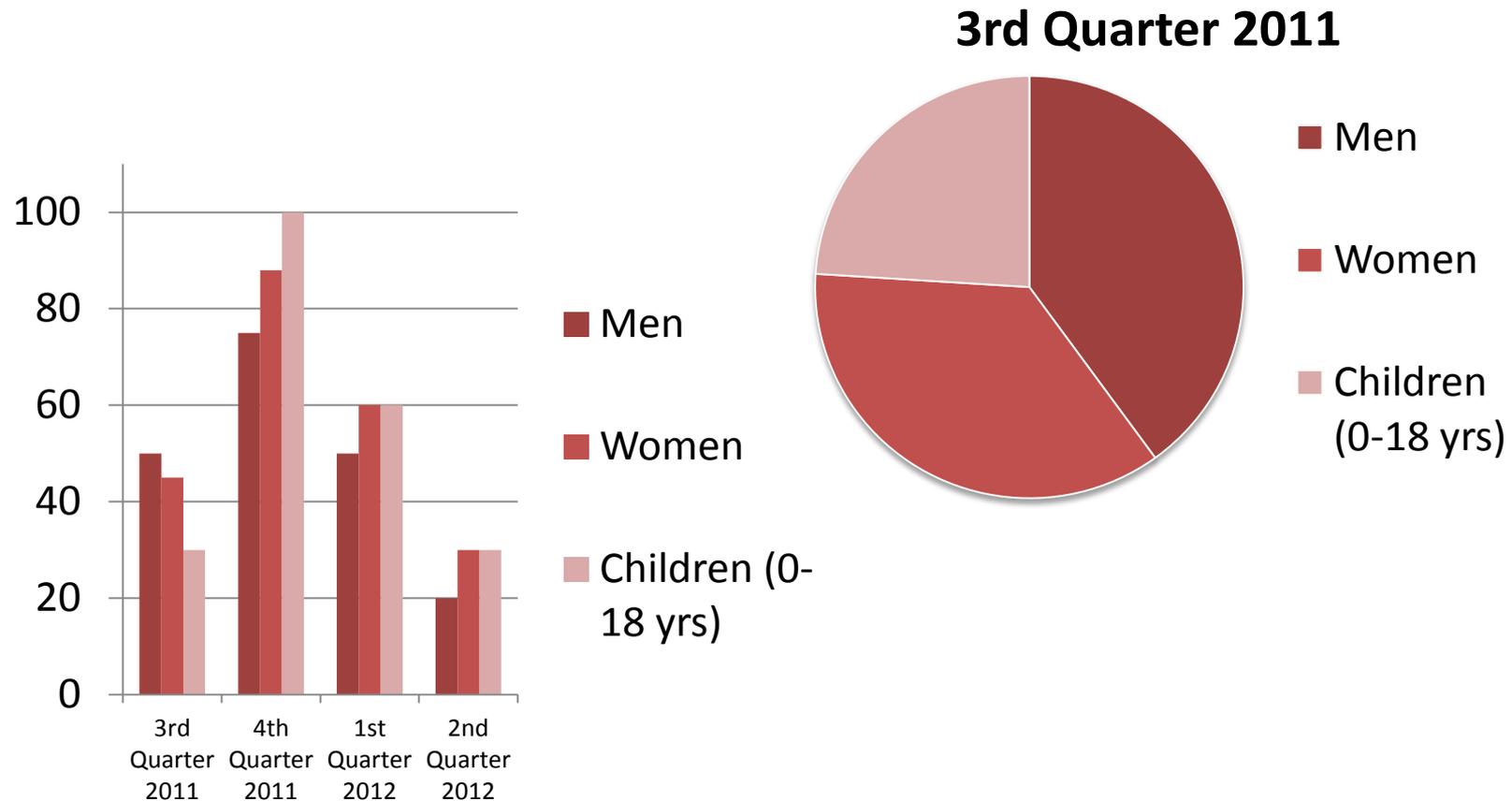
Measurement – Leveraging Data to Prompt Action

Run Charts



Measurement – Leveraging Data to Prompt Action

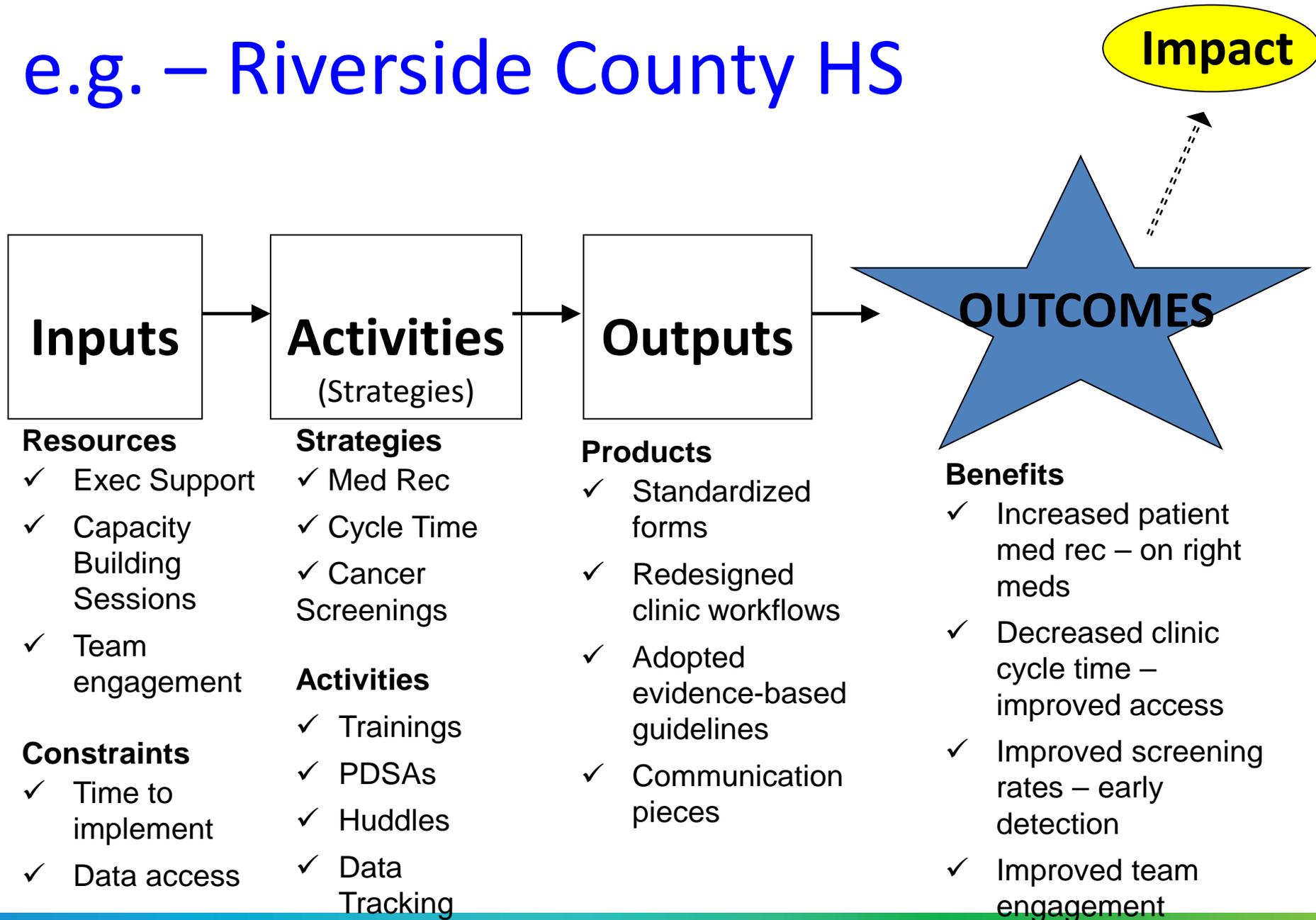
Bar Graphs, Pie Charts



OTHER EXAMPLES

Q&A

e.g. – Riverside County HS



e.g. – Riverside County HS

Process Evaluation

Quantitative

- # of staff involved
- # of trainings, projects
- % forms completed

Qualitative

- Timelines, key milestones
- Post-training satisfaction

Outcome Evaluation

Quantitative

- Increased % of patient med rec.
- Decreased clinic cycle time
- Increased screening rates

Qualitative

- Increased staff capacity with tools, screening guidelines, etc.
- Improved collaboration between providers, teams
- Improved patient care/case stories – access, preventive screenings, etc.

Thank You!

Bridget Hogan Cole, MPH
Executive Director
Institute for High Quality Care
bcole@IHQC.org
1-213-346-3238