

# HRSA Health Workforce Training Program EVALUATION TOOLKIT



# Health Workforce Training Program Evaluation Toolkit

## Introduction

The goal of the HRSA Health Workforce Training Programs is to train clinicians to deliver high-quality care. This toolkit suggests ways to track trainee outcomes and your program's ability to meet the Three Part Aim goals of improving patient experience and access, lowering cost, and raising quality of health care services. We believe evaluation is the key to the sustainability. As we build the workforce of the future, it is important that programs construct evaluations that clearly measure long-term outcomes on trainees and patients.

## Who should use this resource?

This toolkit should be used by the health workforce grant evaluation planning and implementation team. Evaluation is best done as a collaborative effort among stakeholders, including those involved in data collection and evaluation decisions.

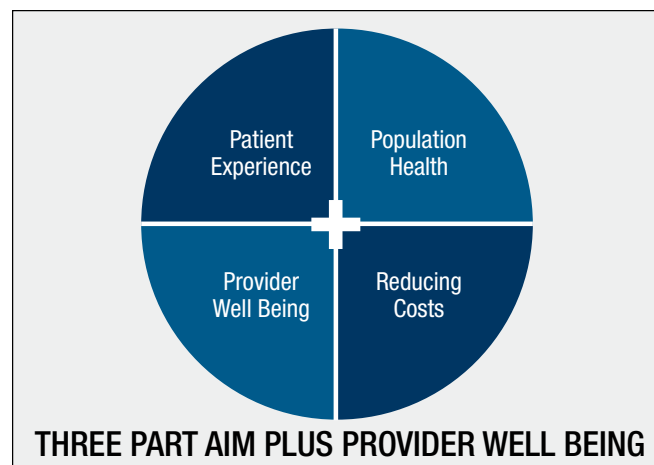
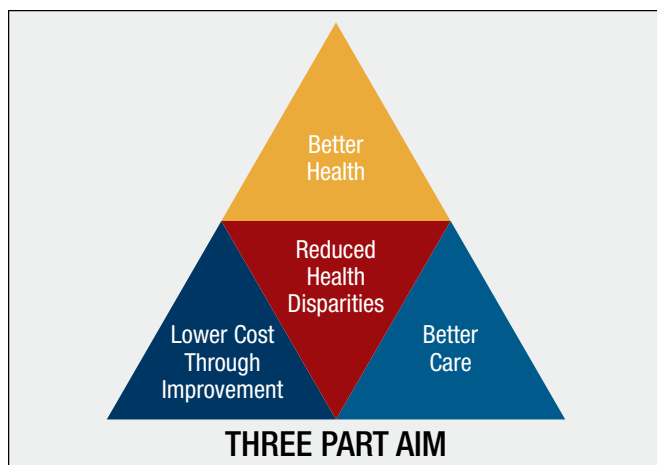
## When should it be used?

This toolkit is designed for grantees in the grant-planning phase and in the evaluation process after a program award. The toolkit can be accessed by:

- 1) Downloading the entire toolkit as a PDF file.
- 2) Accessing modules individually to address specific questions, depending on your phase of evaluation.

## Addressing the Three Part Aim Plus Provider Well Being

HRSA's funding announcement for the Primary Care Training Enhancement program states the goal of "working to develop primary care providers who are well prepared to practice in and lead transforming healthcare systems aimed at improving access, quality of care and cost effectiveness."



ADAPTED FROM: U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation. Introduction to program evaluation for public health programs: A self-study guide. Atlanta, GA: Centers for Disease Control and Prevention, 2011. Available at: <http://www.cdc.gov/eval/framework/index.htm>



The National Quality Strategy promoted by the Department of Health and Human Services is an overarching plan to align efforts to improve quality of care at the national, State, and local levels. Guiding this strategy is the Three Part Aim which is to provide better care, better health/healthy communities and more affordable care.<sup>1</sup> Recently, there has been discussion of adding a fourth aim, “provider well being”, which adds improving the work life of clinicians and staff to the goals.<sup>2</sup>

The 2014 Clinical Prevention and Population Health Curriculum Framework, developed through consensus of educators, created a framework for integration of the Three Part Aim into health professional education.<sup>3</sup> These guidelines acknowledge that going forward more educational content should focus on population health. Elements of population health have been integrated across accrediting bodies such as the American Association of Colleges of Nursing and the American Association of Medical Colleges.

The engagement of the health care workforce is of paramount importance in achieving the primary goal of the Three Part Aim Plus Provider Well Being—improving population health. Health workforce programs should assess the ways they are preparing future clinicians to provide services that improve patient experience, population health, cost effectiveness, and provider well-being. This toolkit provides examples for health workforce grantees to consider as they evaluate the ability of their programs to achieve the Three Part Aim Plus Provider Well Being.

### **A note on language**

HRSA health workforce programs support a variety of schools and health professionals. Funded programs serve a range of health professional students and have a wide variety of designs. For this reason, we strive to use terminology that applies across programs. Throughout this guide the term trainee will be used to apply to the student or learner regardless of his/her profession or level of education.

1 <https://www.amia.org/sites/amia.org/files/Report-Congress-National-Quality-Strategy.pdf>

2 Bodenheimer T, Sinkov C. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *Annals of Family Medicine*. 2014; 12(6): 573-576.

3 Paterson MA, Falir M, Cashman SB, Evans C, Garr D. Achieving the Triple Aim: A Curriculum Framework for Health Professions Education. *Am J Prev Med*. 2016;49(2):294-296.