MODULE 3

Focus Evaluation Design

INTRODUCTION

The purpose of this module is to guide development of the evaluation purpose, questions, and findings. There may be evaluation questions that you will not have time or resources to answer in a single grant cycle. How do you prioritize? Now that you have developed your logic model and clearly defined your program, the next step is to focus the scope of your evaluation design.

STEP 1: Determine your health workforce training program stage of development

Identifying the stage of development of the program and/or its components will help you prioritize evaluation questions and approach. Health workforce training programs vary significantly in their stage of development and longevity. If your program is **established**, the emphasis of the evaluation might be to provide evidence of the program's contributions to its long-term goals. If you have a **new** program, you might prioritize improving or fine-tuning operations.

Program Development Stage Overview

PROGRAM COMPONENT STAGE	EVALUATION PURPOSE	WHAT TO MEASURE
PLANNING STAGE (first year of program)	Determine best structure and design.	Process questions on how consistently program components were implemented, and which practices facilitated implementation.
IMPLEMENTATION STAGE (approximately 2–5 years into program) **Some programs may be ready to assess maintenance in year 3, others later.*	Program is fully operational (i.e., no longer a pilot) and available to all intended trainees.	Implementation process and outcomes.
MAINTENANCE STAGE (3 or more years into program)	Measuring program results.	Short- and long-term outcomes.

Depending on your program's development stage you may want to include formative evaluation questions as part of your evaluation plan. For all Primary Care Training Enhancement (PCTE) evaluation plans, HRSA has asked grantees to measure long-term effects of the program- in particular on graduates' ability to support a transformed health care delivery system and the Three Part Aim plus provider well being (more information on using the Three Part Aim plus provider well being to frame your evaluation is on page 4 of this module).

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

Prioritizing evaluation questions by stage of program development

For example, let's say as part of your health workforce training you are building a mentorship program and quality improvement project between community preceptors and trainees. Thinking through three stages of program development—planning, implementation, and maintenance—will help you prioritize your evaluation questions.

In a new program **planning stage**, formative evaluation questions may be process-oriented, e.g., "Was the preceptor orientation sufficient? Is there a better way to structure collaboration with and support of the preceptors? Should we require three structured meetings between preceptor mentors and trainees, or should they be allowed to create custom schedules?"

In the **implementation stage**, the key questions might be, "How many quality improvement projects were completed? How did trainees and preceptors rate the program? What effects did the quality improvement projects have on clinical performance in the preceptor sites?"

In the **maintenance stage**, the program can begin to look at long-term outcomes of the projects. Include questions such as, "Did trainees apply what they learned to their clinic work? Did they take a leadership role in quality improvement in a primary care setting?"

Approaches to measurement of long-term outcomes

Measuring the long-term effects of your program on graduates can be done with some creativity and persistence. The graduate outcomes HRSA would like to see for the health workforce training program include placement in underserved areas, working with vulnerable and underserved populations, and leadership of graduates in supporting the transformation of the health care delivery system and achievement of the Three Part Aim. Tools for measurement include surveys of graduates and use of publicly available datasets, and for graduates who remain within your regional health system, locally available data. The following are some approaches you can consider for measuring long-term outcomes.

1. Revising your post-graduate survey to include questions on primary care leadership and practicing in reformed health care settings.

   Sample questions:
   - Do you lead quality improvement efforts at your organization?
   - Is the practice you work in PCMH-certified?
   - Do you use a population health management or panel management tool to risk-stratify your patients?
   - Do you receive information on cost of care as a participant in an accountable care organization or managed care plan?

2. Using publicly available data as a proxy for graduate outcomes. Public datasets can provide information on whether graduates are working in a setting that has embraced elements of a reformed health care system, and provide information on clinical quality and patient experience at that setting. Some of this information may be provided at the practice level, and some at the provider level.

   - If the practice site of your graduate is known, you can find out if the practice is PCMH-certified through NCQA site: http://reportcards.ncqa.org/#/practices/list.
   - In some states and regions, primary care practice quality information is publicly available. Examples include the state of Massachusetts Health Compass (HealthCompassma.org) which publishes both patient experience and clinical quality data at the practice level. GetBetterMaine.org publishes provider-level data on clinical quality and patient experience. Because these data sources are not uniformly available across states or providers, ease of use will depend on the geographic dispersion of your graduates. Other public information may be available in your region based on state or regional health reform efforts.

A resource of a sample tracking sheet for long-term outcomes is provided in Module 4: Gather Credible Evidence. For more guidance on long-term trainee tracking see:

Morgan, P., Humeniuk, K. M., & Everett, C. M. (2015). Facilitating Research in Physician Assistant Programs: Creating a Student-Level Longitudinal Database. The Journal of Physician Assistant Education: The Official Journal Of The Physician Assistant Education Association, 26(3), 130–135.

STEP 2: Assess program intensity

Consider the depth of the program intervention and its potential effect on trainee or patient clinical outcomes. A short-term shallow intervention is unlikely to affect results, trainee learning, or patient clinical outcomes, regardless of stage and maturity of implementation. Questions to think about include: How many trainees will it affect? Over what period of time? What is the level of exposure and intensity?

Consider the previous example of a preceptor program including a mentor and quality improvement project. The health workforce training program has given trainees the option to choose a quality improvement project with a four-month timeline. One trainee chooses adult diabetes management, one focuses on adolescent substance use screening, one on healthy eating counseling for children, another on eating counseling for adults, and the remaining two on child immunization rates. In this situation there is not a single clinical outcome that can assess impact across all trainees, nor is four months likely an adequate time to see a clinical impact. However, the programs that are focused on counseling or screening could assess process measure improvements in those areas.

STEP 3: Write priority evaluation questions

Consider the stage of development and intensity of the program. What outcomes are reasonable to expect and measure? Write the three most important evaluation questions.

STEP 4: Assess constraints

The following questions will help you determine if the priority evaluation questions can be answered during your grant period.

1. How long do we have to conduct the evaluation?
2. What data sources do we have access to already?
3. Will new data collection be required?
    a. If yes, do we have people with skills and time to collect data?
    b. Are there any technical, security, privacy, or logistical constraints to the data?

STEP 5: Finalize evaluation questions

Return to your logic model and finalize the evaluation questions for this grant cycle. You may have identified questions that can be put aside for future evaluation cycles or grant opportunities.

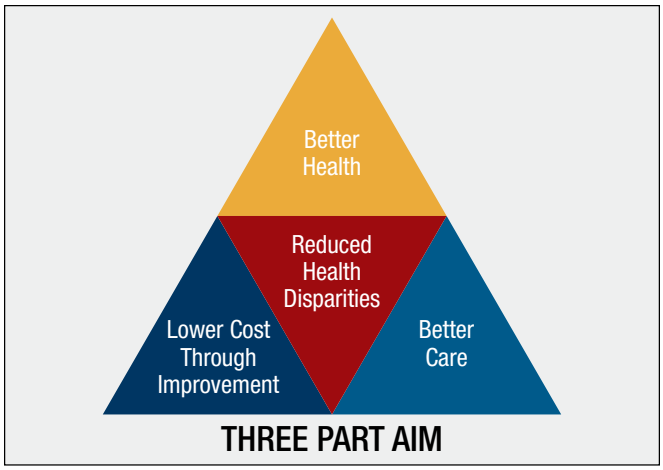
RESOURCES

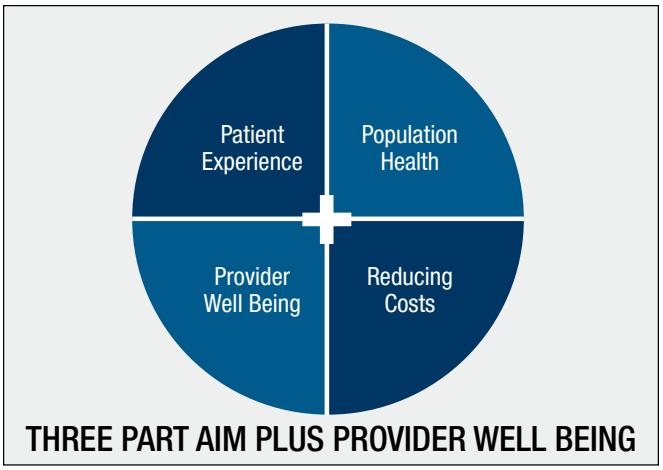
Evaluation frameworks

Evaluation frameworks can provide an overall structure and vision for your evaluation. Two frameworks to consider in developing your evaluation are how to use the Three Part Aim to assess program elements in preparing trainees for health system transformation, and the RE-AIM framework to understand the program implementation process and context for replication and sustainability. More detail on these two frameworks is below.

Addressing the Three Part Aim plus Provider Well Being through evaluation

HRSA's funding announcement for the health workforce training 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."[1]





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.1 Recently, there has been discussion of expanding to add provider well being, which incorporates improving the work life of clinicians and staff to the goals. PCTE programs should assess the ways that they are preparing future clinicians to provide services that improve patient experience, population health, cost effectiveness, and provider well-being.

The table on pages 6 and 7 includes examples of evaluation approaches. The Three Part Aim plus provider well being's focus on provider experience and assessing provider resiliency has been added to these resources, based on health workforce training programs' feedback and interest. The next module (Module 4: Gather Credible Evidence) will provide examples of related measures and indicators to consider within your evaluation.

RE-AIM Framework

The RE-AIM framework is a structured approach to identify critical and contextual elements related to translating evidence-based practices into real-world settings. It can provide a systematic approach for understanding how a program is "translated" to the health workforce training program, to what extent the experience of your program could be generalized to other primary care training programs, and how successes and challenges can inform future projects and initiatives.

More information on RE-AIM can be found at www.re-aim.org.

1 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.

Summary of RE-AIM Framework Components

R	**Reach**	Characteristics of those reached by the program intervention and those who are not reached; how representative of the general population are they?
E	**Efficacy/ Effectiveness**	Extent to which an intervention resulted in desirable outcomes (e.g., improved learning of key concept, mastering of skills, patient improvement).
A	**Adoption**	Who is/is not participating in the intervention (trainees, faculty, etc.), and how representative of the program are they?
I	**Implementation**	How was it done? Fidelity to model, changes, and why. Consistency and costs of implementation.
M	**Maintenance**	Sustainability and institutionalization of model.

Health workforce training RE-AIM Example

The multi-disciplinary program includes primary care residents from pediatrics, internal medicine, and family medicine. The program includes symposiums inviting community providers and is open to medical students and other trainees to encourage networking across disciplines and cross learning. Trainees participate in quality improvement projects of six months at a clinical site to enhance skills and apply knowledge on population health management and quality improvement.

In this example there are two separate activities within the grant period that could be looked at through the RE-AIM Framework. Below are example questions that may be used to frame the evaluation.

Example: Health workforce training RE-AIM

R	**Reach**	SYMPOSIUM Who participates in the primary care symposium? What types of interactions between trainees occur? QUALITY IMPROVEMENT PROJECTS Which patients are included in trainee quality improvement projects?
E	**Efficacy/ Effectiveness**	SYMPOSIUM Were the learning objectives for the primary care symposium met? QUALITY IMPROVEMENT PROJECTS What were the clinical operational and/or clinical results of the trainee quality improvement projects? Were trainee skills to lead quality improvement projects enhanced?
A	**Adoption**	SYMPOSIUM AND QUALITY IMPROVEMENT PROJECTS How representative were the trainee participants of all trainees in primary care?
I	**Implementation**	SYMPOSIUM If the symposium model is used again, are there any changes to format or curriculum that should be considered? QUALITY IMPROVEMENT PROJECTS Were there differences in how trainees were supported on their quality improvement projects? Were there any adaptations to the trainee quality improvement program during the grant period? If yes, why? What was learned?
M	**Maintenance**	SYMPOSIUM What resources or collaboration will be needed to sustain the symposium model in future years? QUALITY IMPROVEMENT PROJECTS What was the reception of the clinical preceptor sites on including trainees as quality improvement leaders? Is there clinical practice support to continue the program?

Addressing the Three Part Aim plus provider well being through evaluation

THREE PART AIM PLUS PROVIDER WELL BEING COMPONENTS	APPROACH	DESCRIPTION	EXAMPLES	SAMPLE MEASURES
Population health-reduced cost	Capitalize on health care enhancement initiatives in your state and region.	Many states and regions are collecting data from practices as part of their health care enhancement initiatives. Consider how these efforts might provide data for your evaluation efforts.	State Innovation Model Grants (SIM) Delivery System Reform Incentive Payment Program (DSRIP) Transforming Clinical Practice Initiatives (TCPCi), also known as Practice Transformation Networks (PTN)	Data on clinical quality, cost of care (e.g., total cost of care for Medicaid enrollees by claims).
Population health-reduced cost	Use clinical measures reported by precepting sites to funders.	Are you working with clinics that are part of an ACO or FQHC? You might use their quality metrics to assess the clinical quality of your health workforce training program participants.	All FQHCs must report the UDS clinical quality measures. These measures are reported at the clinic level, but your health center partner may be able to share provider-level data. ACO participation may provide clinics with monthly data including utilization from claims and clinical quality.	Clinical quality measures of immunizations, cancer screenings, chronic disease care.
Population health	Patient-centered medical home (PCMH) transformation efforts provide specific information on practice-level quality of care and an organizational assessment of the training environment.	Programs might assess the number of clinical training sites that have achieved recognition status -OR- Assess progress in attainment of specific core elements of PCMH recognition.	The NCQA PCMH recognition standards or alternatively, the Safety Net Medical Home PCMH assessment. *Note: NCQA PCMH standards are updated regularly. Consider which will be used by your practice and evaluation process.*	The NCQA PCMH program is divided into 6 standards that align with core components of primary care: – PCMH 1: Enhance access and continuity – PCMH 2: Identify and manage patient populations – PCMH 3: Plan and manage care – PCMH 4: Provide self-care support and community resources – PCMH 5: Track and coordinate care – PCMH 6: Measure and improve performance
Patient experience	Use existing patient experience surveys whenever possible.	Many practices use patient experience surveys; some can separate results by provider. This allows provider-specific results to compare trainee patient experience ratings to clinic averages and other benchmarks.	CAHPS (Consumer Assessment of Healthcare Providers and Systems) PAM (Patient Activation Measure)	Communication between provider and patient.

Addressing the Three Part Aim plus provider well being through evaluation, continued

THREE PART AIM PLUS PROVIDER WELL BEING COMPONENTS	APPROACH	DESCRIPTION	EXAMPLES	SAMPLE MEASURES
Patient experience/access	Clinic operational data can be abstracted from standard reports or designed for evaluation purposes.	Improving patient access to acute care appointments. Use training logs to assess continuity of care with a single provider or team.	N/A	Wait-time for 3rd next available appointment. % of patient appointments with assigned care team.
Provider resiliency	Assessing student resiliency during the program can mark their preparedness for primary care and heighten awareness of resiliency for trainees and program.	Are you providing specific resiliency training or are you interested in understanding trainee capacity for resiliency?	There is interest in measuring provider resilience in primary care but there are no standards in validated tools.[2] The Professional Quality of Life Scale (ProQOL) is the most commonly used measure of negative and positive effects of helping those who experience suffering and trauma.	Job satisfaction, self-fulfillment, anxiety, stress, and compassion. As a 1-page assessment tool there is low burden in use and distribution. The sensitivity of such questions requires careful administrative structuring to protect respondent privacy.

2 Robertson HD, Elliott AM, Burton C, Iversen L, Murchi P, Porteous T, and Matheson C. Resilience of primary healthcare professionals: a systematic review. British Journal of General Practice. June 2016. 66(647).