

HEALTH MANAGEMENT ASSOCIATES

Evaluation Series: Part 1 Measuring with Purpose and Aligning to Achieve Impact

Million Hearts Learning Collaborative
July 21, 2021

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MANAGEMENT
ASSOCIATES



Jodi M. Pekkala, MPH
Senior Consultant
New York, NY
jpekkala@healthmanagement.com

Measuring with Purpose and Alignment to Achieve Impact

MHLC
(July 21, 2021)

Nuts and Bolts of Measurement and Evaluation Design

Recorded Webinar
(August 2021)

Assessing Your Results and Overcoming Challenges

MHLC
(September 15, 2021)

Leveraging the Evaluation: Making the Case and Promoting Sustainability

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(October 20, 2021)

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- ❑ **Purpose** of measurement and evaluation: *why are we doing this?*
- ❑ Intersection of **improvement** and **impact**
- ❑ Defining **SMART** goals
- ❑ Putting the pieces together: a **roadmap for change** considering the **audience**
- ❑ Next Steps: **putting learning to work**

WHAT DO YOU SEE HERE?



The case for change:

- When “**good enough**” isn’t good enough

The case for evaluation:

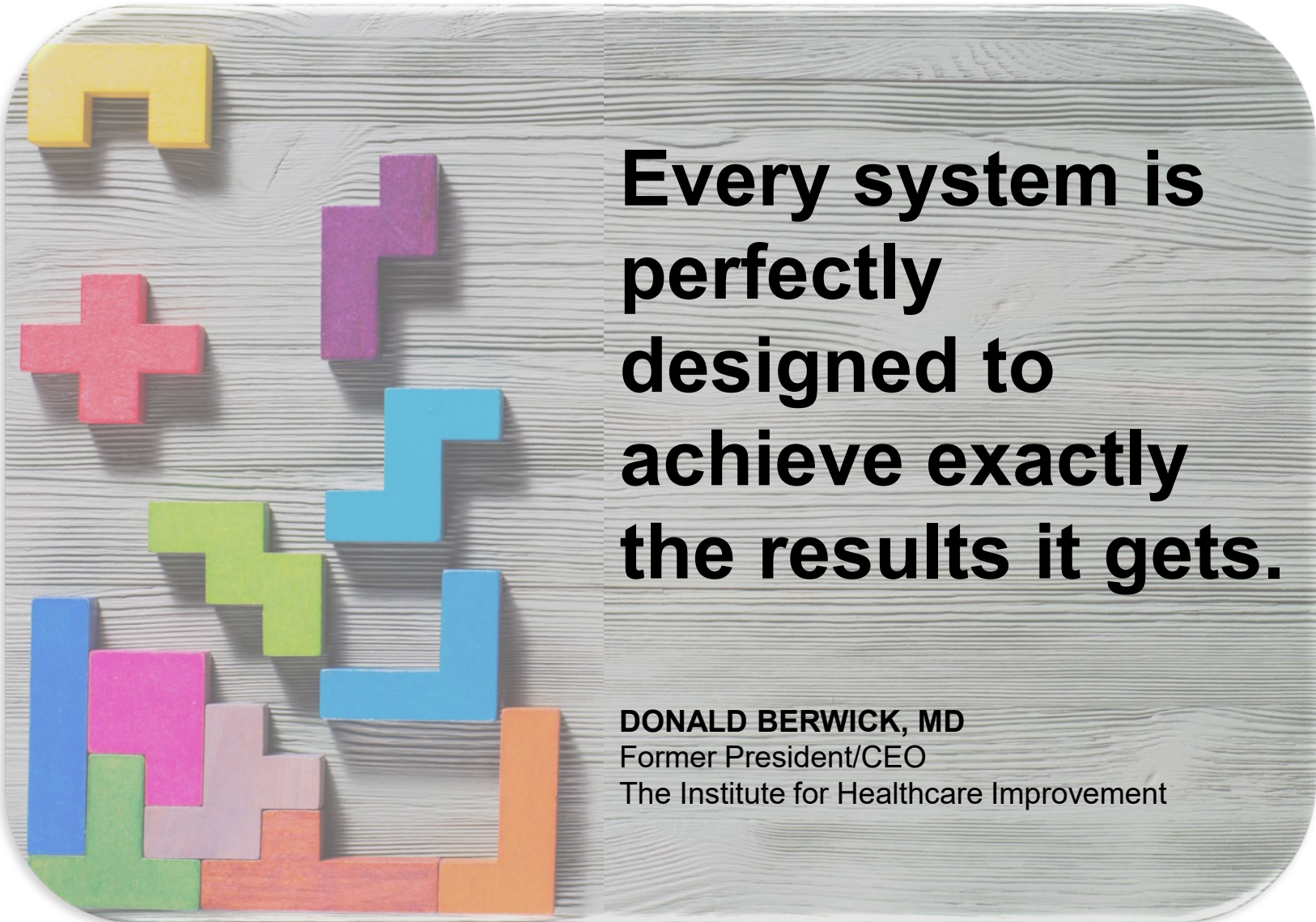
- When “**we’re doing this better now**” doesn’t show you if it’s better
 - You can’t improve what you can’t (or don’t) measure
 - Change and measurement need to be **intentional**: know your endpoint, and measure to get there.
 - End points:
 - **improve** the process;
 - understand **impact** on (diverse, high-risk) populations;
 - **report value** to leadership/funders.

MEASUREMENT FOR RESEARCH

MEASUREMENT FOR IMPROVEMENT

To discover new knowledge	+	PURPOSE	+	To practice new knowledge
One large test (“blind”)	+	TESTS	+	Several sequential tests (observable)
Control for biases	+	BIASES	+	Keep biases stable
Collect as much data as possible	+	DATA	+	Collect minimal data before moving on
Long periods	+	DURATION	+	Comparatively rapid

MHLC PROJECTS: EVALUATION FOCUSES ON IMPROVEMENT AND OVERALL IMPACT



**Every system is
perfectly
designed to
achieve exactly
the results it gets.**

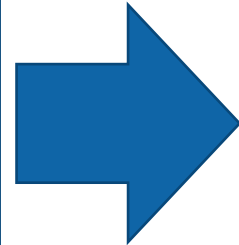
DONALD BERWICK, MD
Former President/CEO
The Institute for Healthcare Improvement

....So what results do we want?

- To know if we are meeting our goals and objectives:
 - Is the program working as intended?
 - Why or why not is this the case?

Not everything that counts can be counted, and not everything that can be counted counts.

-Albert Einstein



S
Specific

M
Measurable

A
Achievable

R
Realistic

T
Timely

DISCUSSION

WHAT DOES SUCCESS OF YOUR
MILLION HEARTS PROJECT *LOOK LIKE?*

DISCUSSION

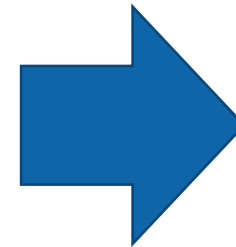
WHAT DOES SUCCESS OF YOUR MILLION HEARTS PROJECT *LOOK LIKE?*

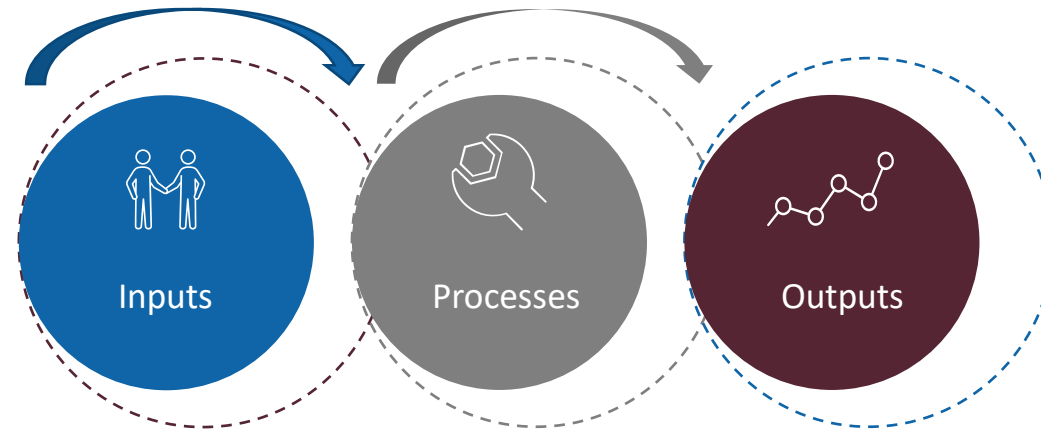
- For your funders, or payers?
- For your leadership?
- For you?
- For your team?
- For your patient population?

DISCUSSION

WHAT DOES SUCCESS (OR UNSUCCESS) OF YOUR MILLION HEARTS PROJECT *MEAN*?

- Continue or discontinue a program
- Improve program implementation
- Compare performance of different versions of program
- Allocate resources among competing programs





Resources

- People
- Infrastructure
- Materials
- Information
- Technology

Activities

- What is done
- How it is done

Outcomes

- Health services delivered
- Change in health behavior
- Change in health status
- Patient satisfaction
- Change in cost
- Return on investment

INTERNAL VALIDITY

- + Degree to which we can be certain that the way we went about answering our question actually answered it
- + Making sure that the program is responsible for any changes seen
- + “A design is internally valid if it enables the evaluator to be confident that the program is effective in a specific experimental instance” (*Arlene Fink, Langley Research Institute*)

EXTERNAL VALIDITY

- + Degree to which we can be certain the results from this program and specific setting be generalized to other settings
- + Threats to external validity come from:
 - How participants were selected
 - Who was included
 - Are they representative
 - Characteristics of individuals involved

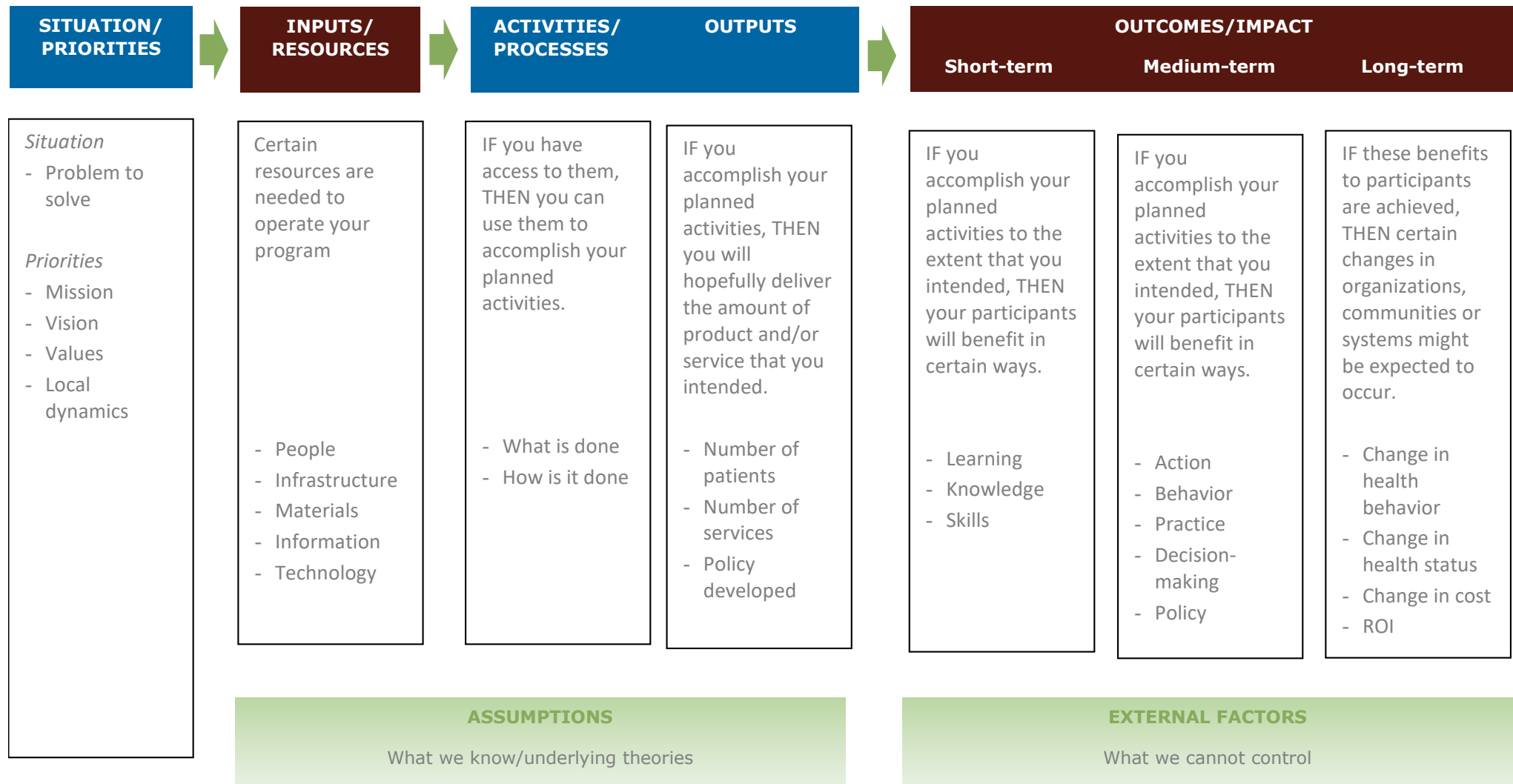
ACCURACY OF EVALUATION ANSWERS DEPEND ON INTERNAL AND EXTERNAL VALIDITY

Threats to internal validity occur when the following are not present:

- **Theoretical, conceptual, or practical basis for an expected relationship**
 - Why do we believe that the intervention will have the effects that we think it will?
 - Causal mechanism for outcomes needs to be **explainable and reasonable**

- **Program precedes the outcome in time**
 - Explanation of the **steps in the intervention**
 - Need to show that **just by timing** the intervention might be the source of change

- Other explanations ruled out
- Outcome measures reliable and valid
- Statistically significant association between program and outcome



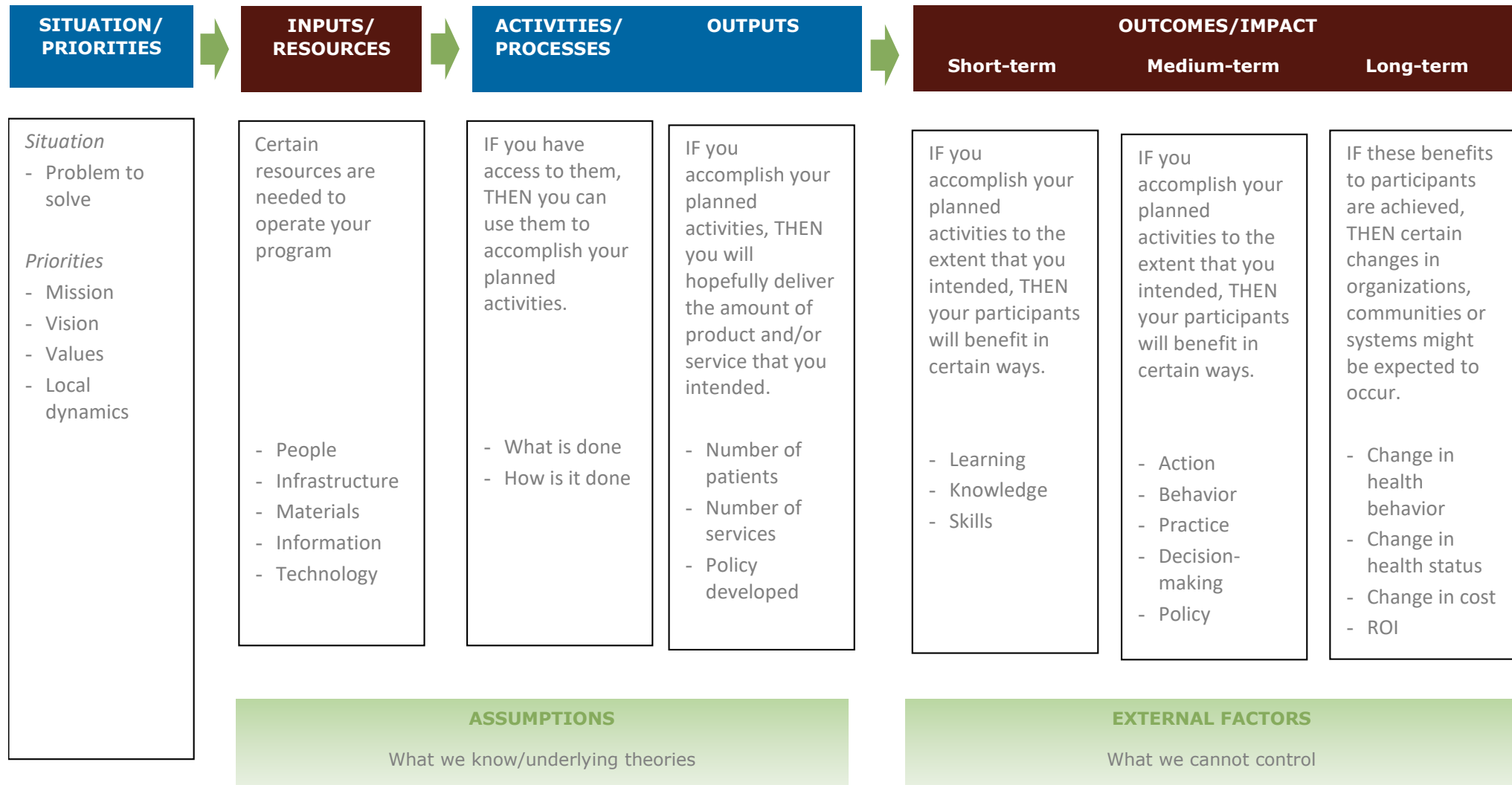
CASE STUDY: ABC FQHC

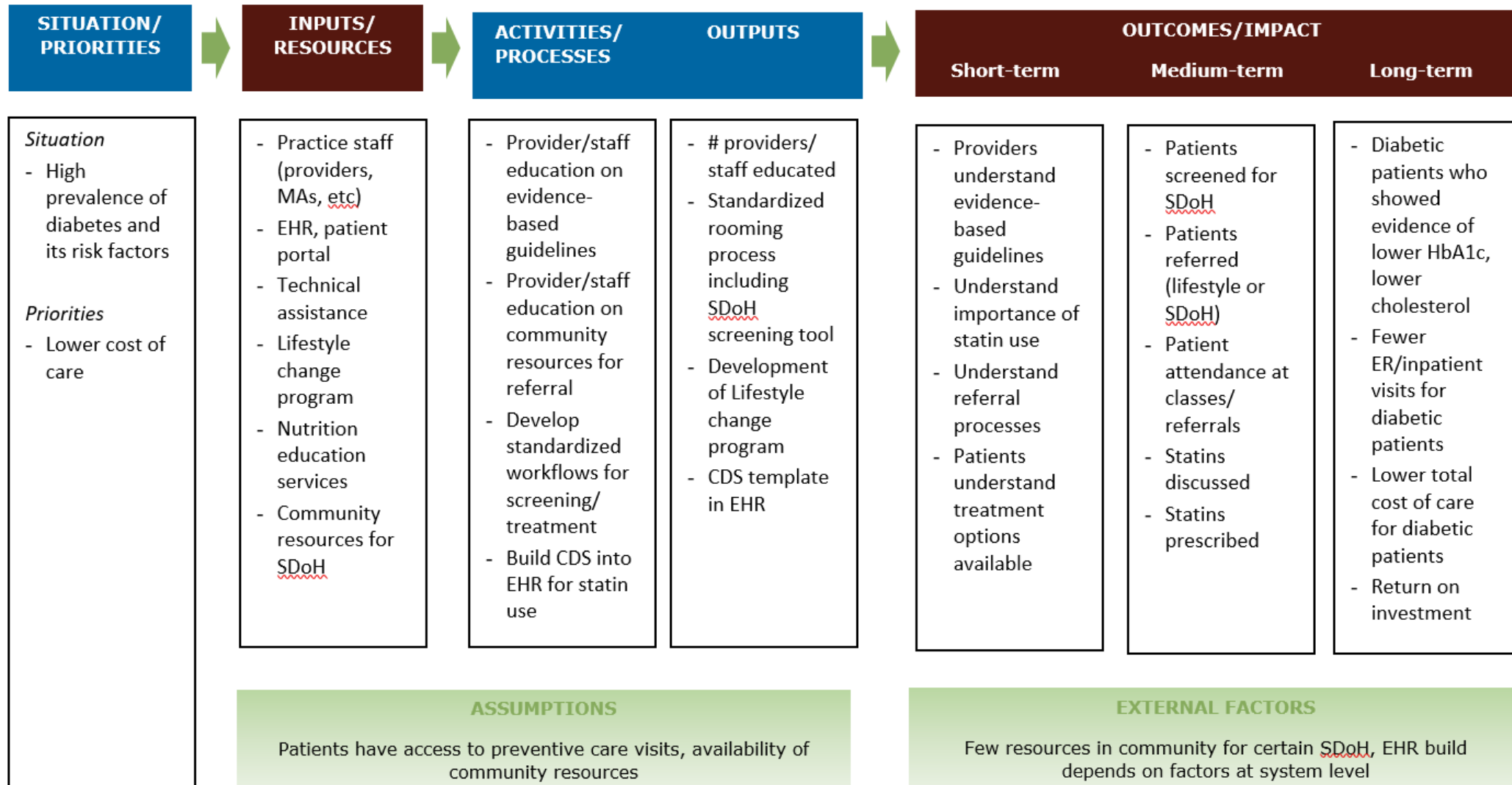
The problem: ABC FQHC has a large population with uncontrolled diabetes, HTN and cholesterol. Based on a local community needs assessment, between 2017-2020, the proportion of residents with diabetes rose from 8.2% to greater than 11.8%, higher than the national and DC averages. Risk factors for diabetes complications—HbA1c rates, uncontrolled BP, high cholesterol, and high obesity rates—are also prevalent in the ABC population. The prevalence of diabetes and its risk factors has had a resultant impact on utilization of costly health care settings and is a significant driver of health outcomes and cost of care.

Goals: to improve health outcomes for patients with diabetes by promoting education, screening, access to treatment.

- Improve provider knowledge about the importance of statins for patients
- Improve patient screening for SDoH
- Improve access to resources to address diabetes
- Improve outcomes for patients with diabetes







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❑ Bring it back to your team:

- ❑ Purposeful measurement and *why*
- ❑ Try the tools: AIM Statement, Logic Model

❑ Discuss with us/your fellow grantees

- ❑ Office hour: July 26, 12-1pm
- ❑ Individual technical assistance: available on request
- ❑ Review these (and other) tools, best practices

❑ Up Next: Evaluation Part 2

- ❑ August 2021 (Recording)
- ❑ Measurement and Evaluation Design