The Center's Purpose

The **National Rural Health Resource Center (The Center)** is a nonprofit organization dedicated to sustaining and improving health care in rural communities. As the nation's leading technical assistance and knowledge center in rural health, The Center focuses on five core areas:

- Transition to Value and Population Health

- Collaboration and Partnership

- Performance Improvement

- Health Information Technology

- Workforce

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National Rural Health Resource Center

Diversity, Equity, Inclusion, & Anti-racism

Building a culture where difference is valued

The Center is committed to DEI and anti-racism. We create an environment that reflects the communities we live in and serve; a place where everyone feels accepted and empowered to be their full, authentic selves; and where everyone belongs.

We understand the impact of and seek to defeat racism and discrimination in ourselves, our workplace, and the world. This guides how we cultivate leaders, build our programs and resources, and deliver our technical assistance.

We are an organization that honors, celebrates, and respects all dimensions of diversity. These principles are central to our mission and to our impact.

Read more at ruralcenter.org/DEI

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National Rural Health Resource Center

Flex Monitoring Team | University of Minnesota
University of North Carolina at Chapel Hill
University of Southern Maine

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Purpose of the Flex Program Evaluation Webinar Series

Deepen state Flex Program understanding of Program Evaluation

National Rural Health Resource Center

What to Expect

- **Each 60-minute webinar**
  - Brief presentation on the day's topic by the Flex Monitoring Team and TASC
  - Engaging conversation on Q&A and application of the topic

Understanding Program Evaluation & Basics	Understanding the Theory of Change & Logic Model	Accessing & Analyzing Data for Decision Making	Designing Activities & Describing Output & Outcome Measures	Designing Measurable Outcomes that Demonstrate Program Impact
NOV 1	NOV 30	DEC 12	JAN 9	JAN 31

Recording Link

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Speaking of Evaluation...

- **Please take a moment to complete the pre-polling.**

- **At the conclusion of today's webinar, we will share a feedback form with you to gather your input on the first two webinars. This will help us inform the rest of the series – please take a moment to complete it, even if you didn't attend the first webinar.**

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Flex Monitoring Team

A Performance Monitoring Resource for Critical Access Hospitals, States, & Communities

Evaluation Webinar Series:
Logic Models and Theory of Change

John Gale, MS

Megan Lahr, MPH

Flex Monitoring Team

November 30, 2023

Purpose

- Understanding the role of the *Theory of Change* (TOC) in program planning, implementation, management and evaluation

- Moving from TOC to development your program's *logic model*

- Using *TOC* and *logic models* to support program planning across the Flex Program funding cycle

- "Connecting the dots" by leveraging interventions across funding years to demonstrate progress towards long-term goals

- Connecting interim activities to long-term goals

The Activity Trap Challenge

- Doing a particular activity for a long time
  - Not sure why we keep doing them
- Things may be done right – they are just not the right things
- Targeting symptoms – not the root causes
- Falling for the "intervention" of the month
- Not adapting interventions to the local context
- Not having a consistent strategy over time
- Failing to identify who has the power to make desired changes

Art by Frits Ahlefeldt

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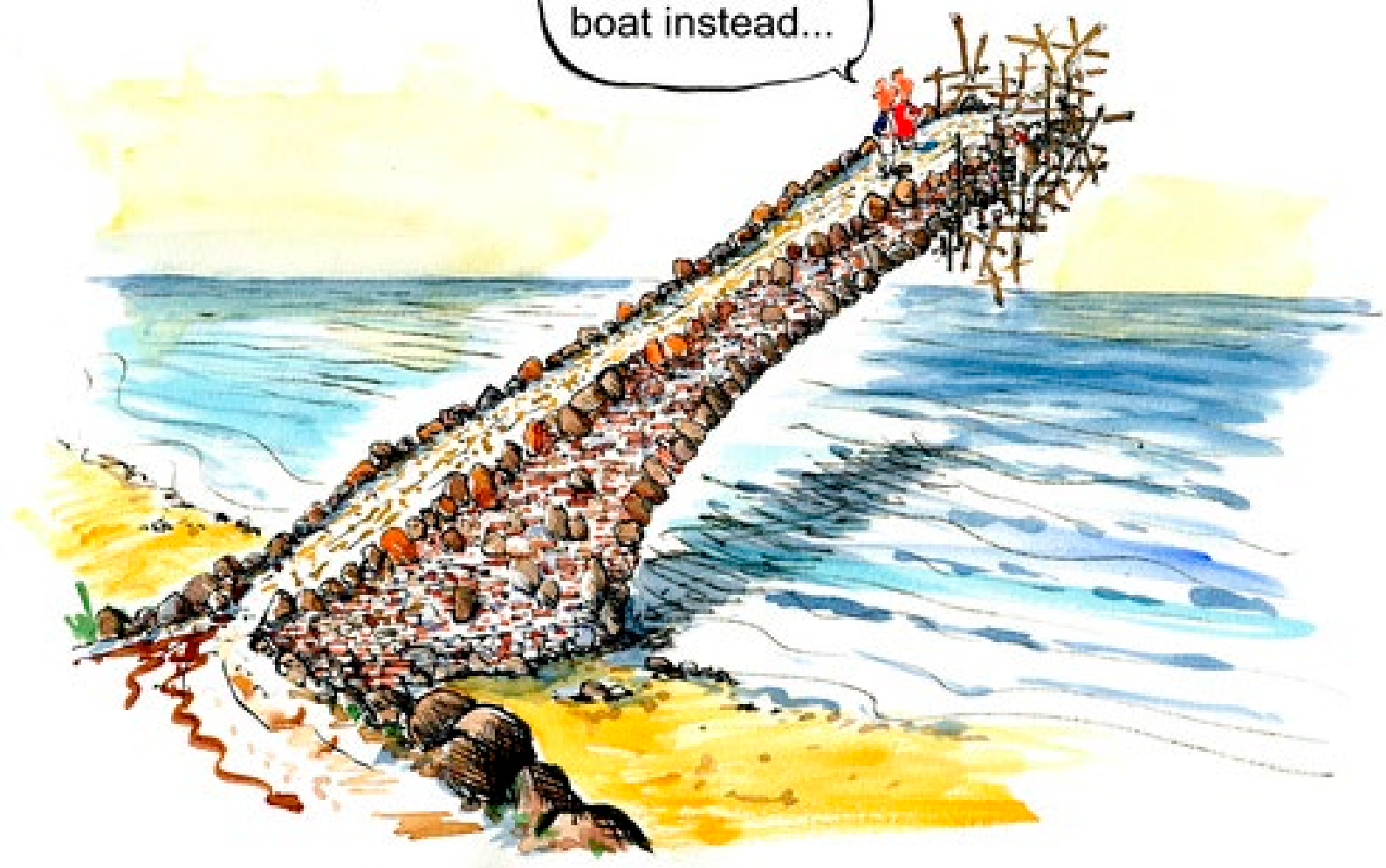
Theory of Change

- Articulates the assumptions about the process through which change will occur and how the outcomes will be achieved and documented
    - Develops a causal pathway to identify necessary outcomes needed to achieve a goal
    - Creates a roadmap that leads from actions to desired goals
    - Identifies interventions and assumptions critical to producing an outcome
    - Highlights critical areas addressed by external actors and how the project links to them

What theories of change can help with

Understanding interventions better

Clarifying changes in interventions, such as due to pandemic

Informing evaluation questions

Improving chances of buy-in for evaluations and its findings

Graphic provided by the International Initiative for Impact Evaluation:
https://www.3ieimpact.org/blogs/three-ways-theories-change-are-helping-evaluate-complex-initiative-improve-waste-pickers

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Problem Analysis:
Situation, needs & assets, cause & effect, underlying constraint, and assumptions

Stakeholder Analysis:
Priorities, inputs, activities, outputs, outcomes, external factors

Levels of Analysis

Opportunity Analysis:
Resources & inputs, activities, outputs, outcomes, impact

Strategic Alternative Analysis: Assumptions, external factors, situation, priorities

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Let's check in with everyone!

Please take a moment to complete the polling on your screen.

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Evaluating a Theory of Change

- What is the causal chain of events leading from interventions to desired outcomes and impact?

- Are outcomes sequenced properly?
  - Does each lower-level outcome lead to at higher-level outcome?
  - Do the proposed interventions connect the outcomes?

- Are there leaps in logic or missing elements?
  - Is each outcome necessary/sufficient to cause the higher-level outcome?
  - Are all necessary outcomes that others are responsible for included?

- Are there sufficient time and resources?

- Are the right participants engaged in the process?

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Moving from TOC to a Logic Model

- Illustrates the logic behind a policy, program, or initiative
- Demonstrates links between the assumptions and principles of a program, the program activities/processes, and the outcomes (short, intermediate, and long-term)
- Highlights how results will be monitored and evaluated
- Key factors to consider
  - Obtaining consensus between the stakeholders over what the basic problem to be addressed is
  - Formulated the problem so that it can be addressed by specified interventions

Theories of Change	Logic Models/Logical Frameworks
Explanatory (*'if we do X then Y will change because'*)	**Descriptive** (*If we plan to do X, then this will give Y result'*)
Starts with the goal and works backwards	**Usually designed from the 'bottom up'**

Pictures from Microsoft Commons

Benefits of Using a Logic Model

- Provides a logical link between means and ends.

- Places activity within broader development environment.

- Encourages examination of risks.

- Requires an analysis of whether objectives are measurable

- Helps establish a monitoring and evaluation framework.

- Links problem analysis to objective setting.

- Visually accessible and relatively easy to understand.

- Can be applied in a participatory way.

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PLANNING: start with the end in mind

Program Action

Inputs	Outputs		Outcomes - Impact		
	Activities	Participation	Short Term	Medium Term	Long Term

Situation
Needs and assets

Symptoms versus problems

Stakeholder engagement

Priorities
Consider:
Mission
Vision
Values
Mandates
Resources
Local dynamics
Collaborators
Competitors

Intended outcomes

What we invest
Staff
Volunteers
Time
Money
Research base
Materials
Equipment
Technology
Partners

What we do
Conduct workshops, meetings
Deliver services
Develop products, curriculum, resources
Train
Provide counseling
Assess
Facilitate
Partner
Work with media

Who we reach
Participants
Clients
Agencies
Decision-makers
Customers

What the short term results are
Learning
Awareness
Knowledge
Attitudes
Skills
Opinions
Aspirations
Motivations

What the medium term results are
Action
Behavior
Practice
Decision-making
Policies
Social Action

What the ultimate impact(s) is
Conditions
Social
Economic
Civic
Environmental

Assumptions

External Factors

Evaluation

What do you want to know?   How will you know it?

EVALUATION: check and verify

Source: Upcraft, M. L., & Schuh, J. H. (2002). Assessment vs. Research: Why We Should Care about the Difference. About Campus, 7(1), 16-20.

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Challenges of Using a Logic Model

- Getting consensus on objectives
- Reducing objectives to a simple linear chain
- Inappropriate level of detail (too much or too little)
- Finding measurable indicators for higher level objectives
- Establishing unrealistic targets too early
- Prepared too late and mechanistically
- Problem analysis and objective setting not always linked
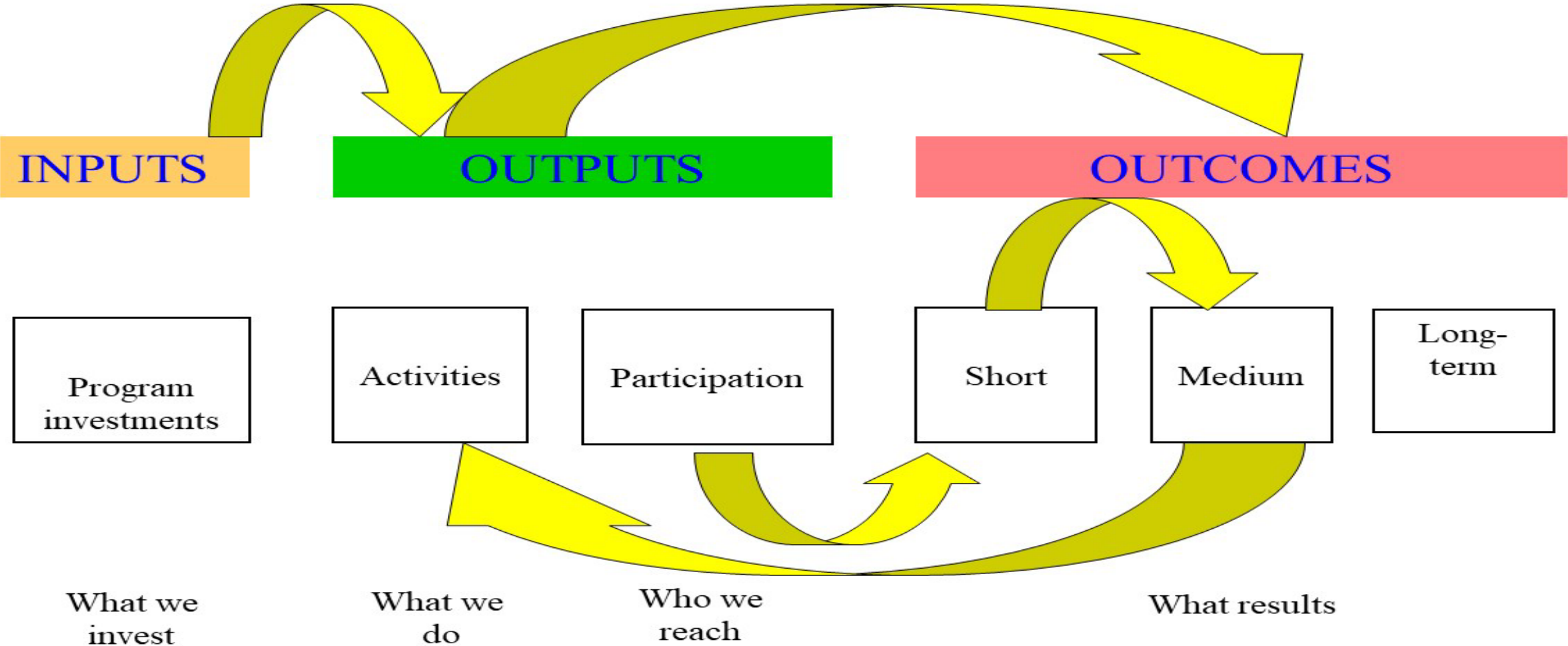- Risks marginalized.
- High demands for training and judgment

Figure 1: Specifying Conditionals in a Model
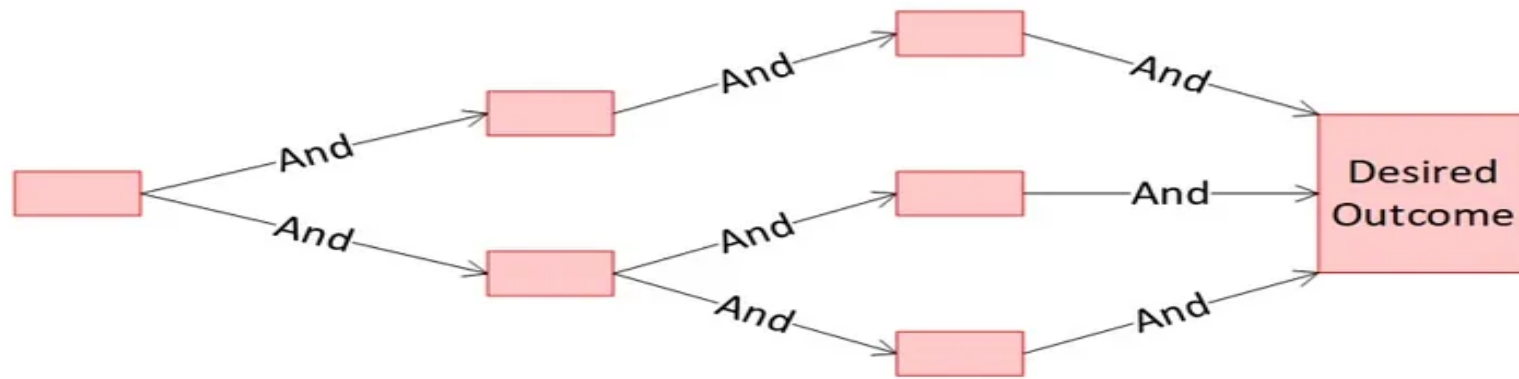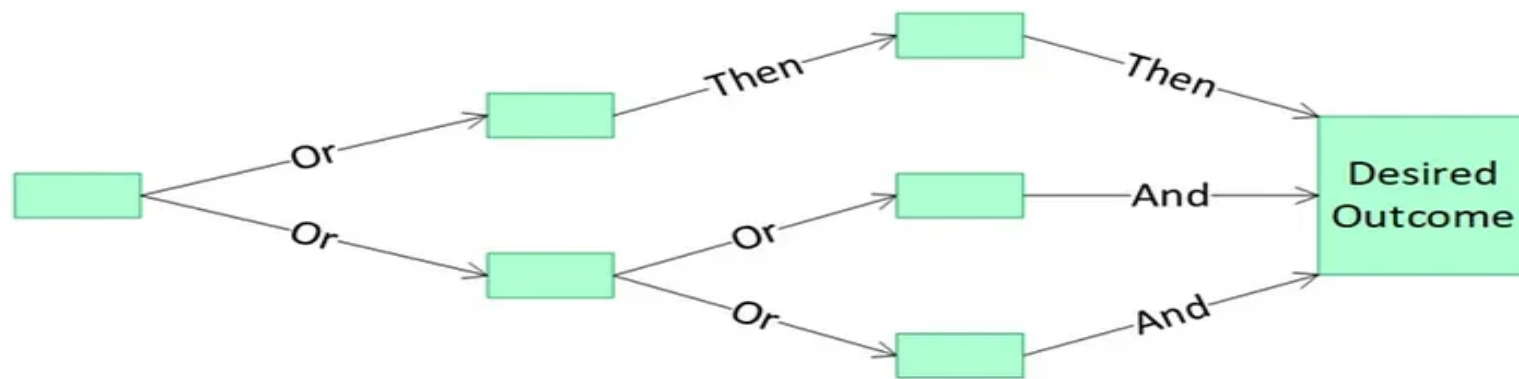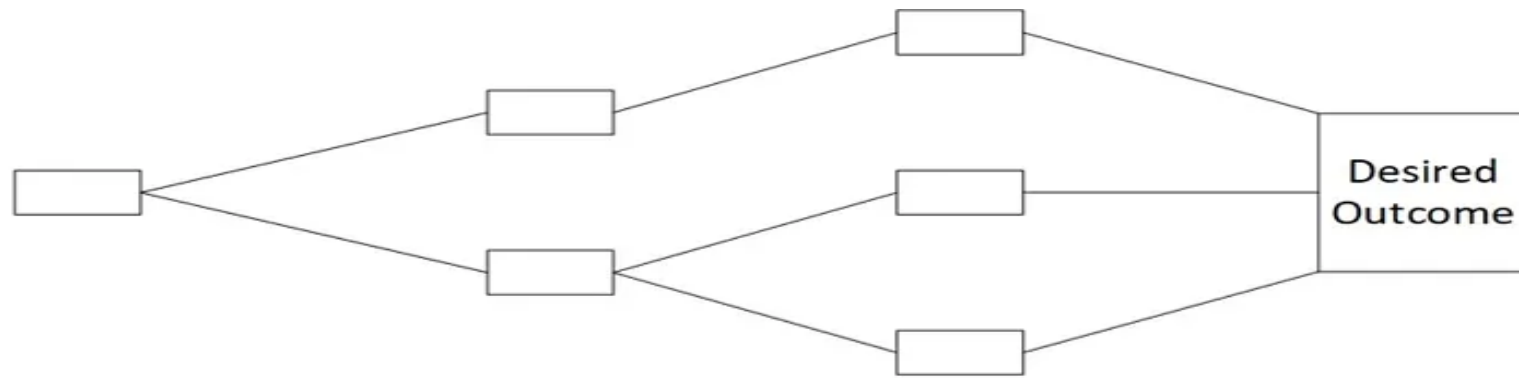
Dealing with Complexity

Source: *Assumptions Through a Complexity Lens;* Jonny Morell

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Programs aren't linear – feedback loops and dimensions

INPUTS | OUTPUTS | OUTCOMES

| Program investments | Activities | Participation | Short | Medium | Long-term |

What we invest   What we do   Who we reach   What results

Let's check in with everyone!

Please take a moment to complete the polling on your screen.

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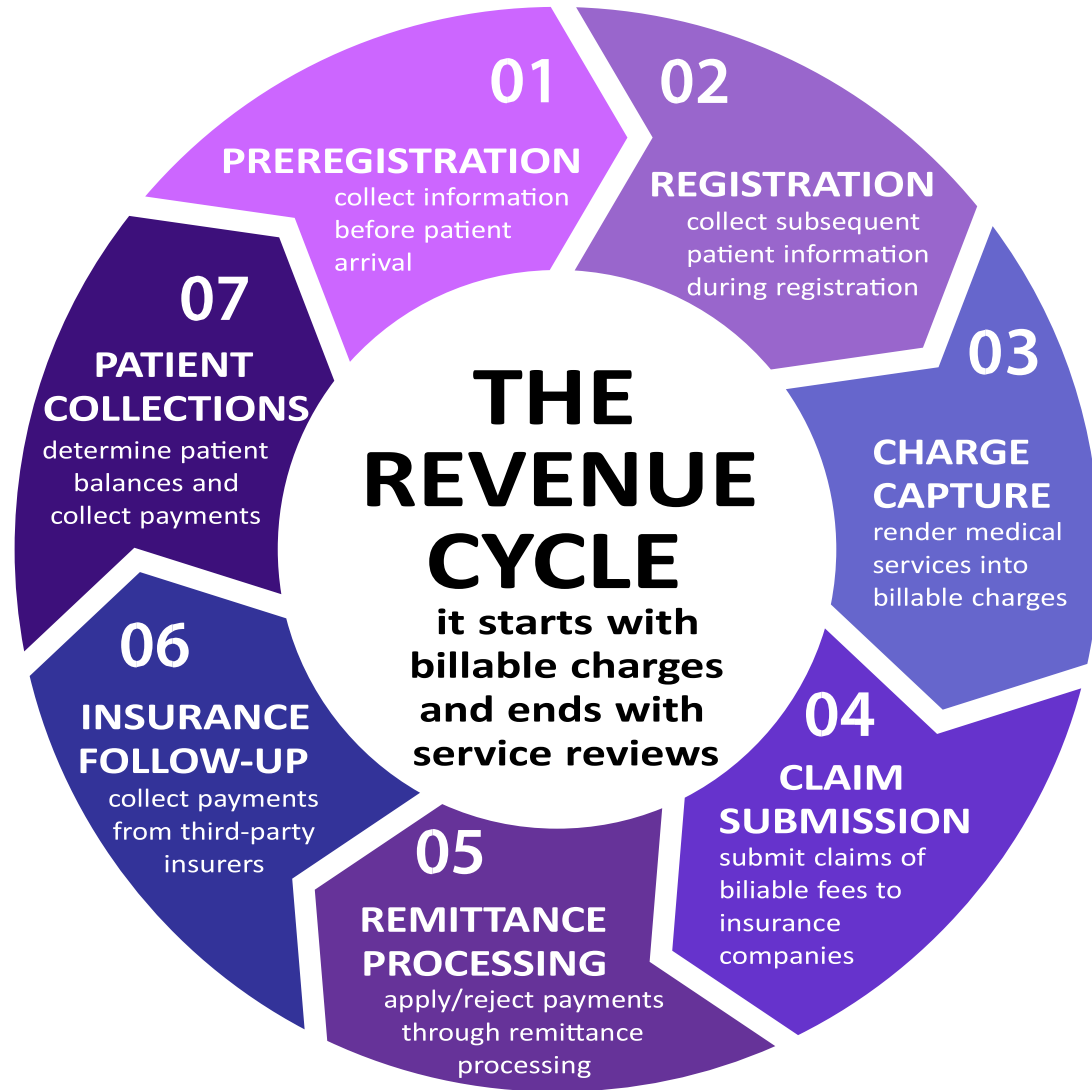National Rural Health Resource Center

Checking Your Logic Model

- Assessing and finalizing the logic model
  - Is it meaningful?
  - Does it make sense? (Plausibility)
  - Is it doable?
  - Can it be verified?
  - Have targeted participants agreed to engage in proposed interventions and report necessary data?

- Share with development committee, program partners, evaluators, program participants, other involved agencies for comment and feedback

Connecting the Dots Across the Funding Cycle

- **How do you eat an elephant? Bit by bit, one bite at a time!**
  - The problems experienced by CAHs, EMS agencies, and rural communities are complex and have evolved over time
  - The solutions are equally complex and must be tackled in stages over time
- **Start by doing what's necessary; then do what's possible; and suddenly you are doing the impossible – St. Francis of Assisi**
  - Break interventions into manageable stages that can be accomplished within a reasonable timeframe
  - Build on activities undertaken in a previous funding year in the current year
  - Develop a coherent set of activities across the competitive funding cycle

THE REVENUE CYCLE

it starts with billable charges and ends with service reviews

01 PREREGISTRATION
collect information before patient arrival

02 REGISTRATION
collect subsequent patient information during registration

03 CHARGE CAPTURE
render medical services into billable charges

04 CLAIM SUBMISSION
submit claims of biliable fees to insurance companies

05 REMITTANCE PROCESSING
apply/reject payments through remittance processing

06 INSURANCE FOLLOW-UP
collect payments from third-party insurers

07 PATIENT COLLECTIONS
determine patient balances and collect payments

Steps in the Revenue Cycle

Source: LBMC Group, https://www.lbmc.com

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Steps in Revenue Cycle Improvement

- **Building the foundation – Opportunities for Improvement**
  - Revenue Cycle Management seeks to improve the administrative functions associated with claims processing and payment to ensure prompt and appropriate payment for services renderer
  - Payment schedules, charge capture and coding, claims submissions, follow-up with third party payers, processing
  - Patient scheduling and registration
  - Point of service financial counseling
  - Collection, pre-service insurance verification and authorization, utilization review, management of charge
  - Payments and rejections, payment postings, appeals, and collections

Please join your breakout room. Some of you will remain in the main room.

Time for a report out

For which of the program areas are you most interested in having additional resources for supporting the development of theories of changes and/or logic models?

Questions?

Flex Monitoring Team

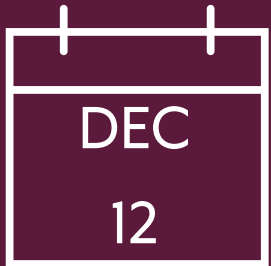A Performance Monitoring Resource for Critical Access Hospitals, States, & Communities

Thank you!

John Gale, john.gale@maine.edu

Megan Lahr, lahrx074@umn.edu

Flex Monitoring Team | University of Minnesota
University of North Carolina at Chapel Hill
University of Southern Maine

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See you on the next call!

Accessing & Analyzing Data for Decision Making

DEC
12

Tuesday, December 12, 2023

12:00 p.m. PT | 1:00 p.m. MT | 2:00 p.m. CT | 3:00 p.m. ET

Please complete the feedback form.

Contact us with questions!

TASC   tasc@ruralcenter.org

John Gale   john.gale@maine.edu

Megan Lahr   lahrx074@umn.edu

Flex Monitoring Team | University of Minnesota
University of North Carolina at Chapel Hill
University of Southern Maine

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Breakout Room Results
You can reference the Mural space anytime

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Glossary of Terms

Logic Model: A visual representation that provides a road map showing the sequence of related events connecting the need for a planned program with the programs' desired outcomes and results.

Inputs: Resources that go into a program including staff time, materials, money, equipment, facilities, volunteer time.

Activity: A one-time input but may not always be able to measure impact on outcomes.

Output: Measures that an activity occurred, stepping stones used to move forward such as meetings, education programs, etc.

Outcome: Measurable change resulting from an activity or series of activities. Measures need to be well defined and understood by all those responsible for reporting.

- Short-term Outcome: Effects occurring more immediately, typically within the first year.
- Intermediate Outcome: Intended effects that occur in the first 1-2 years.
- Long-term Outcome: Intended effects that occur after 3 years.

Impact: The results or effect that is caused by or attributable to a project or program. Impact is often used to refer to higher level effects of a program that occur in the medium or long term and can be intended or unintended and positive or negative.

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Kayla's Room

Inputs	Activities	Outputs	Short-term Outcome	Intermediate Outcome	Long-term Outcome	Impact
SFP contracts with ABC Accounting to conduct the reviews	SFP funds chargemaster reviews for 8 CAHs	5 CAHs receive a chargemaster review	Changes to coding and billing systems identified through chargemaster reviews are implemented	Improved net revenue per adjusted admission	Improved operating margin (CAHMPAS)	2 CAHs who received chargemaster reviews fall off the vulnerable hospital list
Budget: $20,000						
Budget: $25,000	SFP hosts a learning collaborative focused on helping CAHs setup a Chronic Care Management Program	8 CAHs participate in the learning collaborative	Participating CAHs achieve a readmission rate in the 5th percentile of all hospitals	Reduction in the rate of readmission after discharge from the hospital for all cause readmissions (NQF 1789)	Reduction in # and % of low patient satisfaction survey scores	# and % of patients with 2 or more chronic conditions at risk of death, acute exacerbation, decompensation, or functional decline registered in CCM program
SFP partners with SMEs at Hospital Assoc. to host learning collaborative						

Megan's Room

Inputs	Activities	Outputs	Short-term Outcome	Intermediate Outcome	Long-term Outcome	Impact
Budget: $20,000	SFP funds periodic chargemaster reviews for select CAHs to identify and correct errors/omissions in a CAH's list of procedures and related codes and charges	5 CAHs receive a chargemaster review	Changes to coding and billing systems identified through chargemaster reviews are implemented	Improved net revenue per adjusted admission	Improved operating margin (CAHMPAS)	2 CAHs who received chargemaster reviews fall off the vulnerable hospital list
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John's Room

Inputs	Activities	Outputs	Short-term Outcome	Intermediate Outcome	Long-term Outcome	Impact
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SFP partners with SMEs at Hospital Assoc. to host learning collaborative						

Caroline's Room

Inputs	Activities	Outputs	Short-term Outcome	Intermediate Outcome	Long-term Outcome	Impact
Budget: $20,000	SFP contracts with ABC Accounting to conduct the reviews	5 CAHs receive a chargemaster review	Changes to coding and billing systems identified through chargemaster reviews are implemented	Improved net revenue per adjusted admission	Improved operating margin (CAHMPAS)	2 CAHs who received chargemaster reviews fall off the vulnerable hospital list
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