Demonstrating Value Through Program Evaluation Take

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Rural Network Allied Health Training Program

The Walsh Center
for Rural Health Analysis
NORC AT THE UNIVERSITY OF CHICAGO

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RURAL HEALTH
RESEARCH CENTER

330A Grant Evaluation Partners

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Profound Quote

"Would you tell me please
which way I ought to walk from here?"
"That depends a good deal on where
you want to get to," said the Cat.
"I don't much care where-" said Alice.
"Then it doesn't matter which way
to walk," said the Cat

End in mind

Why is evaluation important for your program?

- Demonstrate program effectiveness
- Guide resource allocation
- Inform program improvements
- Document and share lessons learned
- Document and share program accomplishments
- Engage staff
- Improve program implementation and effectiveness
- Increase stakeholder engagement
- Create awareness about impact of programs on rural communities

Evaluation Design Considerations

- **WHAT** do you want to know about the program?
- **WHO** has the information?
  - Information can be gathered internally from your organization (e.g., program staff) and/or externally (e.g., stakeholders).
- **WHEN** will the information be collected?
  - Baseline and completion of the funding cycle, quarterly, semi-annually, annually, other?
- **HOW** can we obtain the information?
  - Qualitative: interviews, observations, and focus groups
  - Quantitative: surveys, pre-post tests, claims data, MBQIP, FLEX Monitoring Team
- **WHAT** amount of resources are available for the evaluation?
  - Will a comparison group be used?

Evaluation Steps

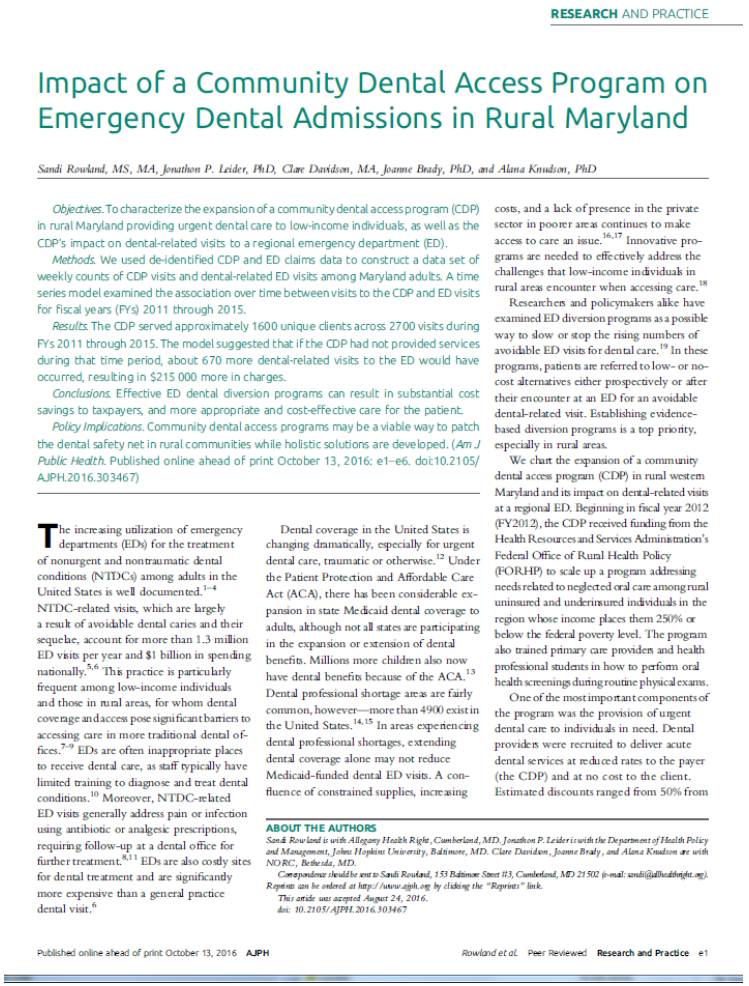
1. Engage Stakeholders
2. Describe the Program
3. Focus on the Evaluation Design
4. Gather Credible Evidence (qualitative and quantitative)
5. Justify Conclusions
6. Ensure Use and Share Lessons Learned

Uses for Evaluation Data

- Analyze Program Trends
  - *Measure Performance Over Time*
  - *How Are We Doing Compared with Last Year?*
  - *What Goals Do We Want to Set for Next Year?*
- Benchmark
  - *Compare Individual Program Results to Aggregate Data*
  - *Are We In Line With Our Peers?*
- Educate and Engage Staff
  - *What Can We Realistically Achieve?*
  - *What Specific Areas Can We Improve?*
- Engage Stakeholders, Policy Makers and Funders
  - *Use Data to Tell the Story of How You are Making a Difference*
  - *What is the Impact of our Program?*

Demonstrating Value: Western Maryland Dental Access Program

- Expand access to urgent dental care to low-income individuals
  - Reduce ED visits
- 1,600 clients had 2,700 visits
- Estimated reduction in dental-related visits was $215,000
- Conclusions
  - Effective ED dental diversion program results in substantial cost savings
  - Provides appropriate and cost-effective care for patients



Impact of a Community Dental Access Program on Emergency Dental Admissions in Rural Maryland

Sandi Rowland, MS, MA, Jonathon P. Leider, PhD, Clare Davidson, MA, Joanne Brady, PhD, and Alana Knudson, PhD

Objectives. To characterize the expansion of a community dental access program (CDP) in rural Maryland providing urgent dental care to low-income individuals, as well as the CDP's impact on dental-related visits to a regional emergency department (ED).

Methods. We used de-identified CDP and ED claims data to construct a data set of weekly counts of CDP visits and dental-related ED visits among Maryland adults. A time series model examined the association over time between visits to the CDP and ED visits for fiscal years (FYs) 2011 through 2015.

Results. The CDP served approximately 1600 unique clients across 2700 visits during FYs 2011 through 2015. The model suggested that if the CDP had not provided services during that time period, about 670 more dental-related visits to the ED would have occurred, resulting in $215 000 more in charges.

Conclusions. Effective ED dental diversion programs can result in substantial cost savings to taxpayers, and more appropriate and cost-effective care for the patient.

Policy Implications. Community dental access programs may be a viable way to patch the dental safety net in rural communities while holistic solutions are developed. (*Am J Public Health.* Published online ahead of print October 13, 2016: e1–e6. doi:10.2105/AJPH.2016.303467)

The increasing utilization of emergency departments (EDs) for the treatment of nonurgent and nontraumatic dental conditions (NTDCs) among adults in the United States is well documented.[1–4] NTDC-related visits, which are largely a result of avoidable dental caries and their sequelae, account for more than 1.3 million ED visits per year and $1 billion in spending nationally.[5,6] This practice is particularly frequent among low-income individuals and those in rural areas, for whom dental coverage and access pose significant barriers to accessing care in more traditional dental offices.[7–9] EDs are often inappropriate places to receive dental care, as staff typically have limited training to diagnose and treat dental conditions.[10] Moreover, NTDC-related ED visits generally address pain or infection using antibiotic or analgesic prescriptions, requiring follow-up at a dental office for further treatment.[8,11] EDs are also costly sites for dental treatment and are significantly more expensive than a general practice dental visit.[6]

Dental coverage in the United States is changing dramatically, especially for urgent dental care, traumatic or otherwise.[12] Under the Patient Protection and Affordable Care Act (ACA), there has been considerable expansion in state Medicaid dental coverage to adults, although not all states are participating in the expansion or extension of dental benefits. Millions more children also now have dental benefits because of the ACA.[13] Dental professional shortage areas are fairly common, however—more than 4900 exist in the United States.[14,15] In areas experiencing dental professional shortages, extending dental coverage alone may not reduce Medicaid-funded dental ED visits. A confluence of constrained supplies, increasing costs, and a lack of presence in the private sector in poorer areas continues to make access to care an issue.[16,17] Innovative programs are needed to effectively address the challenges that low-income individuals in rural areas encounter when accessing care.[18]

Researchers and policymakers alike have examined ED diversion programs as a possible way to slow or stop the rising numbers of avoidable ED visits for dental care.[19] In these programs, patients are referred to low- or no-cost alternatives either prospectively or after their encounter at an ED for an avoidable dental-related visit. Establishing evidence-based diversion programs is a top priority, especially in rural areas.

We chart the expansion of a community dental access program (CDP) in rural western Maryland and its impact on dental-related visits at a regional ED. Beginning in fiscal year 2012 (FY2012), the CDP received funding from the Health Resources and Services Administration's Federal Office of Rural Health Policy (FORHP) to scale up a program addressing needs related to neglected oral care among rural uninsured and underinsured individuals in the region whose income places them 250% or below the federal poverty level. The program also trained primary care providers and health professional students in how to perform oral health screenings during routine physical exams.

One of the most important components of the program was the provision of urgent dental care to individuals in need. Dental providers were recruited to deliver acute dental services at reduced rates to the payer (the CDP) and at no cost to the client. Estimated discounts ranged from 50% from

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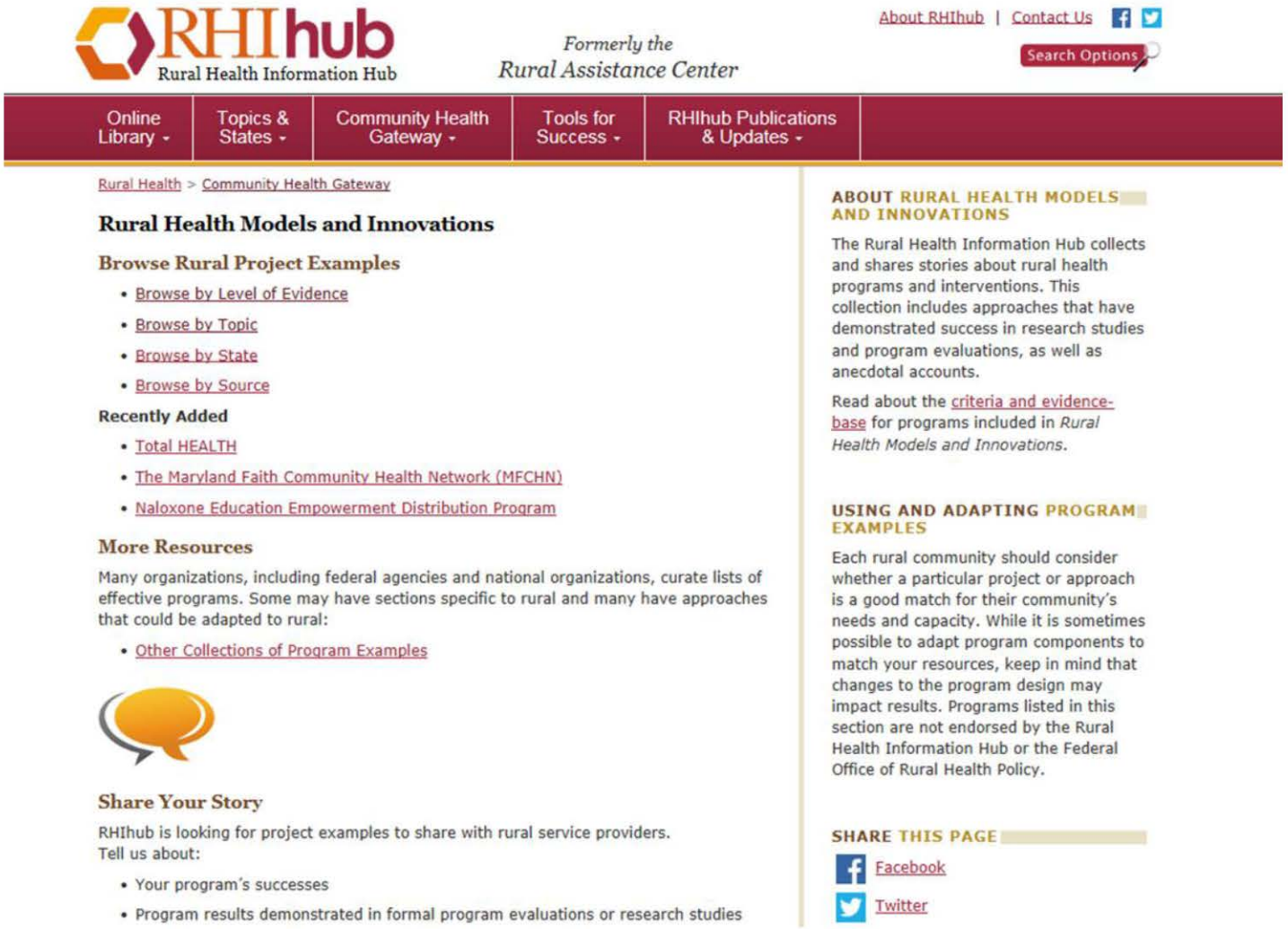
How does your program demonstrate value?

RHIhub's Rural Community Health Gateway



ruralhealthinfo.org

Rural Community Health Toolkit

Start here for a guide to building rural community health programs to address any type of health issue. Learn how to identify community needs, find evidence-based models, plan and implement your program, evaluate results, and much more.

Access to Care for Rural People with Disabilities

Learn about approaches rural communities can use to improve access to care for people with disabilities.

Care Coordination Toolkit

Find models and program examples for delivering high-quality care across different rural healthcare settings.

Community Health Workers Toolkit

Learn about roles community health workers (CHWs) fill, as well as CHW training approaches.

Diabetes Prevention and Management Toolkit

Find resources and best practices to develop diabetes prevention and management programs in rural areas.

Health Networks and Coalitions Toolkit

Find resources and strategies to help create or expand a rural health network or coalition.

Health Promotion and Disease Prevention Toolkit

Learn about strategies and models for rural health promotion and disease prevention in the community, clinic, and workplace.

HIV/AIDS Prevention and Treatment Toolkit

Explore models and resources for implementing HIV/AIDS prevention and treatment programs in rural communities.

Obesity Prevention Toolkit

Find out how rural communities, schools, and healthcare providers can develop programs to help address obesity.

Oral Health Toolkit

Discover rural oral health approaches that focus on workforce, access, outreach, schools, and more.

Prevention and Treatment of Substance Abuse Toolkit

Learn about models and resources for developing substance abuse prevention and treatment programs in rural communities.

Services Integration Toolkit

Learn how rural communities can integrate health and human services to increase care coordination, improve health outcomes, and reduce healthcare costs.

- Research approaches to community health programs
- Discover what works and why
- Learn about common obstacles
- Connect with program experts
- Evaluate your program to show impact

These toolkits are made available through the NORC Walsh Center for Rural Health Analysis and the University of Minnesota Rural Health Research Center in collaboration with the Rural Health Information Hub. Funding is provided by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration.

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