

State Flex Program Assessment Primer

Information Services to Rural Hospital
Flexibility Program Grantees - Technical
Assistance and Services Center (TASC)

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This Assessment Primer is a summary of the [Flex Program Evaluation Toolkit](#) created in 2013 for the Medicare Rural Hospital Flexibility (Flex) Program state grantees. The Flex Program has transitioned to ‘assessment’ of need to identify grant activities and the outcomes in order to maximize the impact on critical access hospitals. The Flex Program Evaluation Toolkit includes a glossary, resources and tips as well as several examples for each section.

EVALUATION BACKGROUND AND BASICS

The Medicare Rural Hospital Flexibility Program (referred to as the Flex Program) supports: improving the quality of health care provided in communities served by critical access hospitals (CAHs), improving the financial and operational performance of the CAHs and developing collaborative regional and local delivery systems. The Flex Program is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP).

As of fiscal year 2015 (FY15) applicants are required to prepare a work plan for each area of the Flex Program they plan to participate:

1. Quality Improvement (Required)
2. Financial and Operational Improvement (Required)
3. Population Health Management and Emergency Medical Services Integrations (Optional)
4. Conversion to CAH status (Required if Requested)

With a new fifth optional area:

5. Integration of Innovative Health Care Models

A solid work plan is foundational to a comprehensive assessment. The assessment of state Flex Programs, as well as the national program, is critical to the success and sustainability of the program. It is critical to assess impact of the activities at the hospital level and the state level to demonstrate value. The [Flex Monitoring Team](#) with FORHP developed a framework for national measures to demonstrate the impact of the Flex Program funding especially for CAHs.

Program assessment findings may be utilized to identify areas of strength and determine program improvements needed to support CAHs in preparing for a value based health care environment with national quality initiatives, financial sustainable models and community engagement. Findings are also useful replicate best practices among CAHs and states.

Flex Programs are required to assess project results at least annually. Assessment measures must assess both the extent the program objectives have been met (quantitative) and the extent these can be associated to the project (qualitative). Assessment findings are required to inform program improvements and develop lessons learned. For Program sustainability,

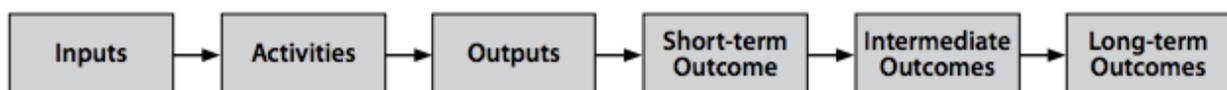
assessment provides an opportunity to learn or gain insight from feedback. Through the assessment, the state Flex Program is able to detect important warning signs of possible failure. Furthermore, the state Flex Program is given a chance to tell its story and prove that the program actually had an impact.

A thorough program assessment includes both process measures (outputs) and performance measures (outcomes). These measures are required to be appropriate and quantifiable to demonstrate progress towards program goals and outcomes. In general, findings illustrate potential best practices, challenges, barriers and successes, and help shape activities that are implemented to improve program performance.

PROGRAM PLANNING AND BUILDING THE WORK PLAN

A comprehensive assessment of a work plan focuses on measuring process inputs and activities to achieve the desired outcomes and demonstrates the impact of the strategies. Many Flex Programs use a [Logic Model](#) to describe how a program will work. It presents the planned activities for the program and focuses on anticipated outcomes. It uses diagrams or pictures that illustrate the logical relationship among key program elements through a sequence of "if-then" statements. A thorough work plan will incorporate this relational methodology whether it uses the logic model or not.

A work plan that is prepared with assessment in mind will follow the flow from what goes into the plan to what actually is intended to be the end result.



Inputs are the resources including the human, financial, organizational and community resources a program has available to accomplish the work.

Program **activities** are what the program does with the resources and are the outputs developed to achieve outcomes for goal attainment. Activities might be processes, events, technology and actions that are an intentional part of the program implementation. These activities are used to bring about the intended program changes or results.

Outputs are the direct products of program activities. The tangible results from the completion of activities or initiatives that support the project objectives (e.g., project contract deliverables).

Clearly and specifically identify desired **short- and long-term outcomes** (e.g., what accomplishments are expected from the program in each of these time frames? Short-term outcomes should “roll up” and support desired long-term outcomes.) The plan should tie outcomes to Flex Program areas and identify:

- Specific program activities designed to achieve desired program outcomes and related outputs
- Resources (dollars, staff, consultants, hospital/emergency medical service staff) needed to undertake program interventions
- External/environmental factors that can assist or hinder program accomplishments

This type of planning is critical because programs can make decisions about the future based on what the expectation was and what really happened. Outcomes are changes or benefits to individuals, groups, organizations and/or communities that result from program outputs.

- Outcomes should be time specific: short- and long-term
- Outcomes become more difficult to measure and assign attribution or causality as the time horizon becomes longer
- The chain of outcome evidence becomes important as the goals of the program are carried forward over time
- Example: improvements in hospital quality or financial performance

Adapted from: [Using Logic Models for State Flex Programs](#) John Gale, Maine Rural Health Research Center, TASC Webinar, March 6, 2012

MEASUREMENT

Many times the first measurement from an activity will be a process measure, or an output. A good assessment, as stated previously, works not only to measure outputs, but outcomes as well. To really measure the impact a Flex Program is having, it is important to move from collecting primarily output counts or process data to outcome data to assess what changed.

Example Measures

Activity	Outcome	Output and Outcome Measures
Support efforts to improve CAH business office and billing operations	CAHs exhibit better cash flow and improved viability	# of CAHs participating in business office and billing operations # and % change of CAHs have improved the turn-around time to bill 3 rd party carriers # and % change of CAHs with improved cash flow # and % change of CAHs with improved financial margins

Source: [Using Logic Models for State Flex Programs](#) John Gale, Maine Rural Health Research Center, TASC Webinar, March 6, 2012

DESIGNING AN ASSESSMENT

In designing an assessment, it is important to start with an understanding of the program’s inputs, process, products, outputs and outcomes. Also, keep in mind the goals of and audience for the assessment. Think about what is needed to document outcomes for the audience as well as how and from where that information or data can be collected. Consider the best ways to measure whether activities are producing the intended results and what resources, including money and people, are available to accomplish it.

There are two kinds of assessments: internal and external. The choice depends on multiple factors, including the purpose of the assessment, cost, availability of evaluators, knowledge of staff and assessment timeline. Internal assessments can be useful because insiders know the program best, assessments can be ongoing, flexible to modifications based on the monitoring and quicker than external assessments.

External assessments are preferred when a program requires an unbiased study of the longer term impact of activities in relation to a broader national policy and program. External evaluators can be more objective than insiders. Drawbacks include that external evaluations can be expensive, time-consuming and disruptive of ongoing progress.

Steps to Assessing Flex Programs

1. Engage stakeholders

Stakeholders are the ones most likely to be impacted by the Flex Program and include those involved in program operations (hospital association, state health information technology and innovation programs, quality improvement organization-quality innovation network [QIO-QIN]), those affected by the program (CAHs, CAH patients or patient representative groups and networks) and primary users of the assessment (FORHP, legislators). Involving stakeholders early in the process can create buy-in and help avoid pitfalls that may not be apparent to program staff. Engaged stakeholders can move a program forward, eliminate barriers to change, help inform the process and assist with necessary changes and results dissemination. Choosing not to engage stakeholders can result in barriers to creating buy-in, which may result in resistance to changes identified in assessment findings. Engaging stakeholders might include using their data, having them help with program planning, evaluation design or tools and including them on an assessment committee.

2. Describe the program

Create a detailed description of the program's mission, goals, strategies and capacity to effect change. This should include problems being addressed, accomplishments that must be met in order to be successful, description of activities being taken to implement the program, information about external factors and environmental influences (legislative, leadership changes) and overall resource allocation (time, staff, finances). If you have used a framework such as Logic Model or Balanced Scorecard, much of this will be done already.

3. Create and focus the assessment design

The focus should be on those areas that are of greatest concern, greatest resource allocation and/or of greatest interest to stakeholders.

4. Gather credible data/information/evidence

Strive to collect believable, credible and relevant evidence that will convey a well-rounded picture of the program. Use a variety of assessment methods if possible.

5. Analyze and interpret the data

There are various methods of data collection and assessment that can be utilized in program evaluation. (See “Assessment and Data Collection Methods” below.)

6. Report the evaluation findings

The assessment results should then be disseminated widely following analysis to ensure that stakeholders are able to utilize the information that is most important to them. (See “Reporting and Using Assessment Data for Programmatic Changes” below.)

ASSESSMENT AND DATA COLLECTION METHODS

There are various methods of data collection and calculation that can be utilized in program assessment. Each one has its own advantages and challenges. Some are useful for gathering quantitative data and others for qualitative information. Some are better for assessing processes, while others help to assess outcomes.

Each Flex Program is unique and may benefit from various combinations of assessment methods. It is important to determine how data will be collected and measured as early as possible and to look for readily available data sets before creating new ones. Readily available data sets encouraged for use by state Flex Programs include Medicare Beneficiary Quality Improvement Project (MBQIP) and Flex Monitoring Team data on CAHs. Many resources are available to assist in finding existing data and in choosing and executing each method, including samples and templates used by other programs.

Assessment Methods

- Focus groups are used to explore a topic in depth through group discussion, which is useful in evaluation and marketing
- Interviews are used to fully understand someone’s impressions or experiences or learn more about their answers to questionnaires
- Case studies are used to fully understand or depict a client’s experiences in a program and conduct a comprehensive examination through cross comparison of cases, which is useful in depicting a holistic portrayal of experiences and results regarding a program
- Questionnaires/Surveys/Checklists are used to quickly and/or easily obtain a significant amount of information from people in a non-

threatening way, capturing a snapshot of what is happening at a given time

- Document review is used to assess how the program operates without interrupting the program, including review of applications, finances, memos, minutes, etc.
- Observation is used to gather accurate information about how a program actually operates, particularly about processes
- Pre- and post-testing at educational events is used to measure a participant's knowledge, comfort level and abilities with subject matter before and after an educational event, which is useful to demonstrate change or progress
- Recommendation Adoption Process (RAP) report is used to assess behavior or process change after a given time period, such as a year following an educational event or consultation by using a Likert scale, which is useful in providing qualitative data as a complement to quantitative data for a comprehensive review

REPORTING AND USING ASSESSMENT DATA FOR PROGRAMMATIC CHANGES

The analysis of data used for Flex Program assessments will ultimately depend upon the types of data collected. Data analysis can be complex and may seem daunting, but it is only through the collection, analysis and synthesis of valid quantitative and qualitative data that program effectiveness can be demonstrated. Include a process to collect and analyze assessment findings as appropriate for each outcome that is being measured to ensure the program is on the right track. These lines of communication between activities and results allow for ongoing assessment. Waiting until the end of the program cycle to evaluate and get feedback is not ideal to implement process improvements.

Merely uncovering program performance facts is not an assessment. Instead, the facts must be interpreted to determine the practical significance of the lessons learned. The evaluation conclusions are justified when they are linked to the evidence gathered and judged against agreed-upon values or standards set by the stakeholders.

Once analysis, synthesis, interpretation and judgment are complete, it is time to write a final report that clearly demonstrates the work that has been accomplished and communicates the findings to a diverse audience.

Final Assessment Report Sections

1. Executive summary
2. Background and purpose
3. Assessment methods
4. Results
5. Discussion of the results
6. Conclusions and recommendations
7. References
8. Appendices

An effective assessment summary will note several areas for improvement and make recommendations, which are actions for consideration resulting from the evaluation. These should be made while keeping in mind any factors that may impact ability to follow through. The assessment results should then be disseminated widely in a number of ways to ensure that stakeholders are able to utilize the information that is most important to them.

Program assessment is a systematic, continual and complicated process. Planning well from the start is fundamentally important and will save a lot of hassle down the line. There are many [tools and resources](#) available to assist with program assessment. For more information, consult the [Flex Program Evaluation Toolkit](#) available on the TASC website.

RESOURCES

Centers for Disease Control and Prevention (CDC) Evaluation Guide: Developing and Using a Logic Model

http://www.cdc.gov/dhdsp/programs/nhdsp_program/evaluation_guides/docs/logic_model.pdf

Conducting Rural Health Research, Needs Assessment, and Program Evaluation

<https://www.ruralcenter.org/tasc/resources/conducting-rural-health-research-needs-assessment-and-program-evaluation>

This guide: identifies the similarities and differences among rural health research, assessment and evaluation; discusses common methods, such as surveys and focus groups; provides contacts within the field of rural health research; addresses the importance of community-based participatory research to rural communities; looks at the community health needs assessment (CHNA) requirements for non-profit hospitals and public health, and examines the importance of building the evidence-base so interventions conducted in rural areas have the maximum possible impact.

Creating Program Logic Models: A Toolkit for State Flex Programs

<http://www.flexmonitoring.org/wp-content/uploads/2013/07/PLMToolkit.pdf>

This toolkit presents the basics of logic models as well as information and resources for developing a logic model for state Flex Programs.

Flex Program Evaluation: 2013 Pre-Conference Workshop Materials

<http://www.ruralcenter.org/tasc/2013-national-conference-flex-programs>

Flex Program Evaluation Template

<https://www.ruralcenter.org/tasc/resources/program-evaluation-template>

This document serves as a template for program evaluation, particularly for the Medicare Rural Hospital Flexibility (Flex) Program.

Evaluation Workshops 2014 Materials

<https://www.ruralcenter.org/tasc/resources/program-evaluation-workshop-materials>