

Best Practices in Program Evaluation

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It's all about Quality...

A quality organization focuses on:

- continuous and ongoing efforts to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

...So, how do we do that?

Why do we need to do this...

- Public programs shifting from seeing themselves as being accountable for creating and carrying out activities to being accountable for achieving results – meeting goals, effecting change, and improving the quality of their services.
- Shrinking resources force a focus on efficiency, effectiveness, return on investment, cost benefit analysis.
- Increased need to communicate results to the public, stakeholders and funders --“success stories.”

Source: Turning Point Guidebook to Performance Measurement

What We Used To Do

- Wrote evaluation plan into grant application as part of progress report.
- It had very little detail on how it was linking to previous work plan or to future work plan
- Relied heavily on performance measures dictated by ORHP
- Those performance measures were mostly outputs not outcomes
- Little correlation between what we outlined in the needs portion of our grant application and what we were doing
- Did not use what limited internal capacity that did exist
- Too busy doing the work to measure the work
- Not enough thoughtful linkages between programs and ways to leverage all activities to achieve results
- Did use the CAH CEOs as stakeholder input to guide activities for Flex
- Also had a Rural Advisory Group for input from other stakeholders to guide both Flex and SORH

What We Are Doing Now

- Using TruServe to collect daily/weekly measures both required by ORHP and those outlined in grant work plans
- This has enabled staff level conversations about measuring what we do on a micro level and decreased stress around collection
- Funding a formal evaluation of a 4 state Flex funded project that has been going on for 10 years
- Receiving formal process improvement/quality improvement/performance measurement training as part of Public Health Accreditation process
- Building system (WISDOM) inside our public health agency to report performance measures for internal staff and contracted vendors
- These PMs will be connected to a prioritized health disparity with goals as part of the State Health Improvement Plan
- Building external facing WISDOM dashboards to communicate health disparities information to everyone
- Creating Logic Models in our program based on prioritized health disparity goals that we can then use to connect what we do with WISDOM
- Talking about what we do not as separate grant programs but under overall program categories

NH State Office of Rural Health & Primary Care

Access

- Rural Health Clinic Technical Assistance Network
- Critical Access Hospitals (CAH) Technical Assistance
- Supporting statewide systems of care for trauma, STEMI and stroke
- Integrating local health care services including oral health care
- Statewide primary care needs assessment that identifies the key barriers to access health care for these communities
- Supporting community needs assessments in rural communities
- Advisory for Northeast Telehealth Resource Center
- Support rural veterans initiatives

Quality Improvement

- Supporting effective clinical practices in Critical Access Hospitals by increasing staff capacity to engage in QI (IHI Expeditions, IHI Open School, certifications)
- Supporting effective clinical practices in Rural Health Clinics
- Supporting use of trauma registry in Critical Access Hospitals
- Supporting ICD -10 conversion in small rural hospitals

Sustainability

- Collecting and disseminating information to rural health stakeholders
- Federal and State Policy Information
- Coordinating rural health resources and activities statewide
- Participating in strengthening State, local and Federal partnerships
- Technical assistance for applying for funding (FORHP, etc)
- Financial improvement support for Critical Access Hospitals
- Operational improvement support for Critical Access Hospitals
- Monitor financial indicators on primary care contracts with Maternal & Child Health Section

Workforce

- Health Professional Shortage Area Designations
- State Loan Repayment Program
- Technical assistance for National Health Service Corps (NHSC) & J1 Visa Waiver Programs
- Regular communication with the Area Health Education Centers
- DHHS Commissioner proxy - Workforce Investment Board
- DHHS Designee - Legislative Commission on Primary Care Workforce Issues
- Contract with the NH Recruitment Center for recruitment & retention initiatives with rural safety net providers
- Clinical Placement Program
- NH Health Professions Data Center – provider capacity survey and analysis

What Are We Doing Next?

- Using CDC Evaluation Toolkit as guide to fill in the program level portion of evaluation - <http://www.cdc.gov/obesity/downloads/cdc-evaluation-workbook-508.pdf>
- Continuing to work on an overall logic model for the entire program
- Fine tuning logic models for SMART objectives as the ability to gather and use consistent data increases
- Continuing to increase staff knowledge around what has to be measured and how to do that as an integrated part of our work
- Considering pooling funds to get assistance with formal evaluation from an outside party
- Carefully balancing what we are being asked to do for evaluation with what we can conceivably achieve

Conclusion

- It is not enough to just say it worked but you should be able to say WHAT worked.
- Open the programmatic “black box”
- You need an accurate program record so you do not repeat the mistakes of the past

“How to Assess Program Implementation,” Jean A. King, Lynn Lyons Morris, Carol Taylor Fitz-Gibbons, SAGE Publications, 1987.

Questions?

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