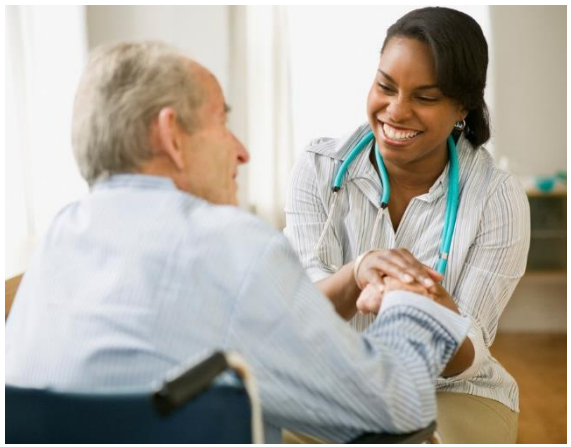

A utilization-focused, participatory approach for evaluating grant-making programs

October 31, 2018

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Institute for Community Health (ICH)

- Nonprofit consulting organization
- ICH helps hospitals, health centers, government agencies, and community-based organizations **improve their services and maximize program impact**

PARTICIPATORY EVALUATION

APPLIED RESEARCH

ASSESSMENT & PLANNING

DATA SERVICES

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Partnership for Community Health

- Initiative of:
  - Neighborhood Health Plan
  - Partners HealthCare
  - MA League of Community Health Centers
- Excellence & Innovation grant program
- Two cycles of 2-year implementation grants to community health centers in Massachusetts

Partnership for Community Health

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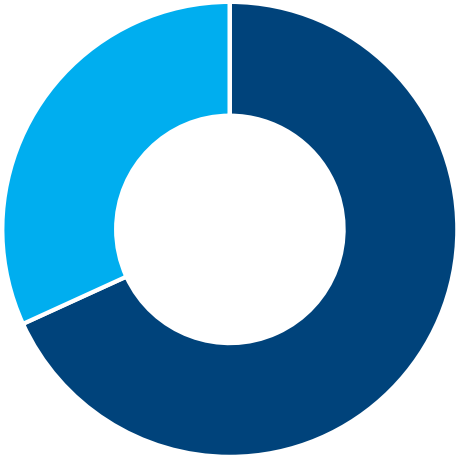
Partnership for Community Health (PCH)

22 total grants



7 grants to multi-CHC collaboratives

15 grants to individual CHCs

Award size

$200k — **$1M**

Grant focus areas:

- New technology
- Integrating new roles into care teams
- Improving communications and operations
- Data systems

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Challenge

Grantees' activities and individual program goals vary widely…

How can we design a meaningful evaluation that provides value to grantees and the grant-maker?

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Our approach

- Participatory
  - Close collaboration from start to end with PCH and each grantee
- Utilization-focused
  - Data for programmatic decision-making
  - Understanding the big-picture impact of this funding mechanism
  - Informing future programming and grant-making

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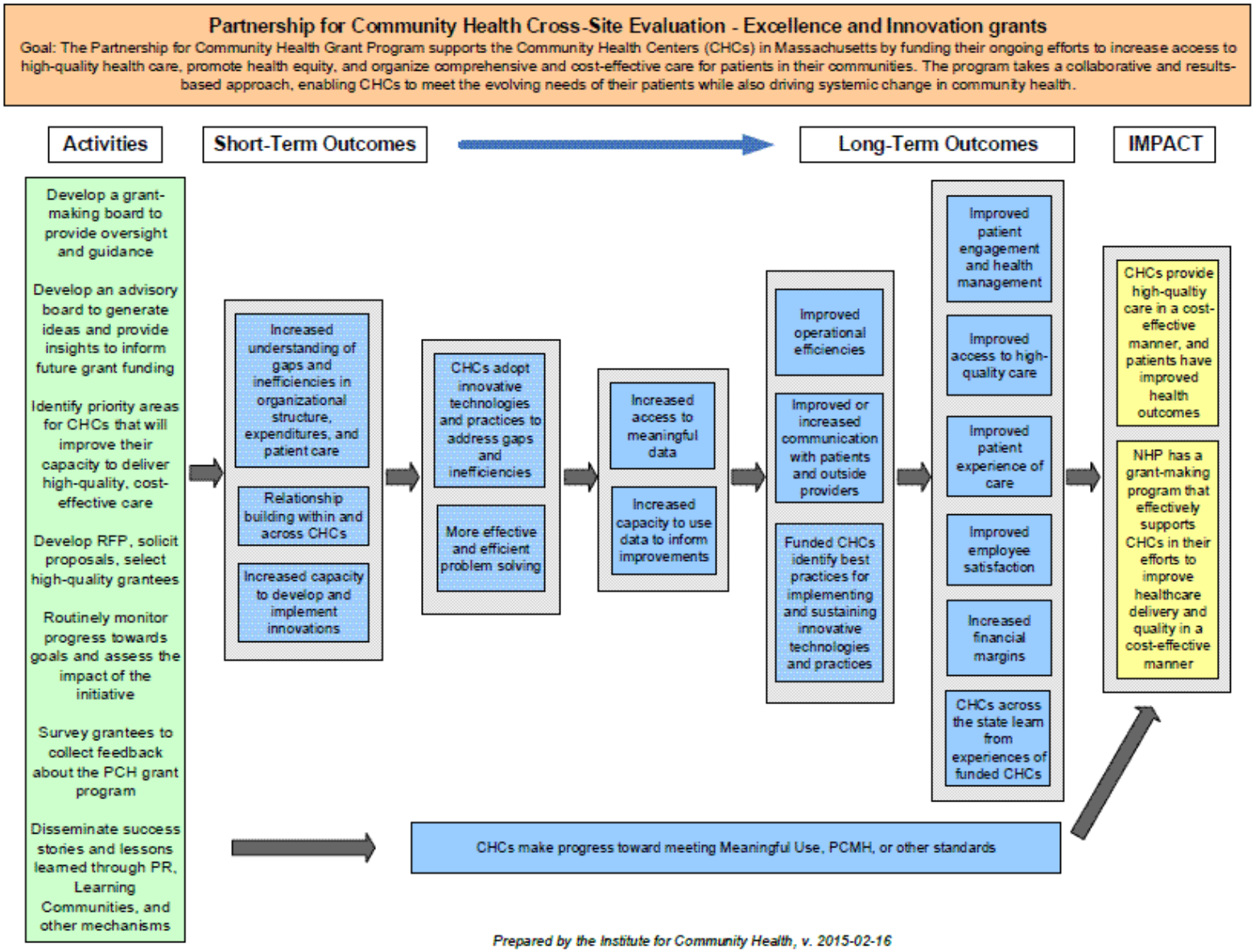
Overarching logic model



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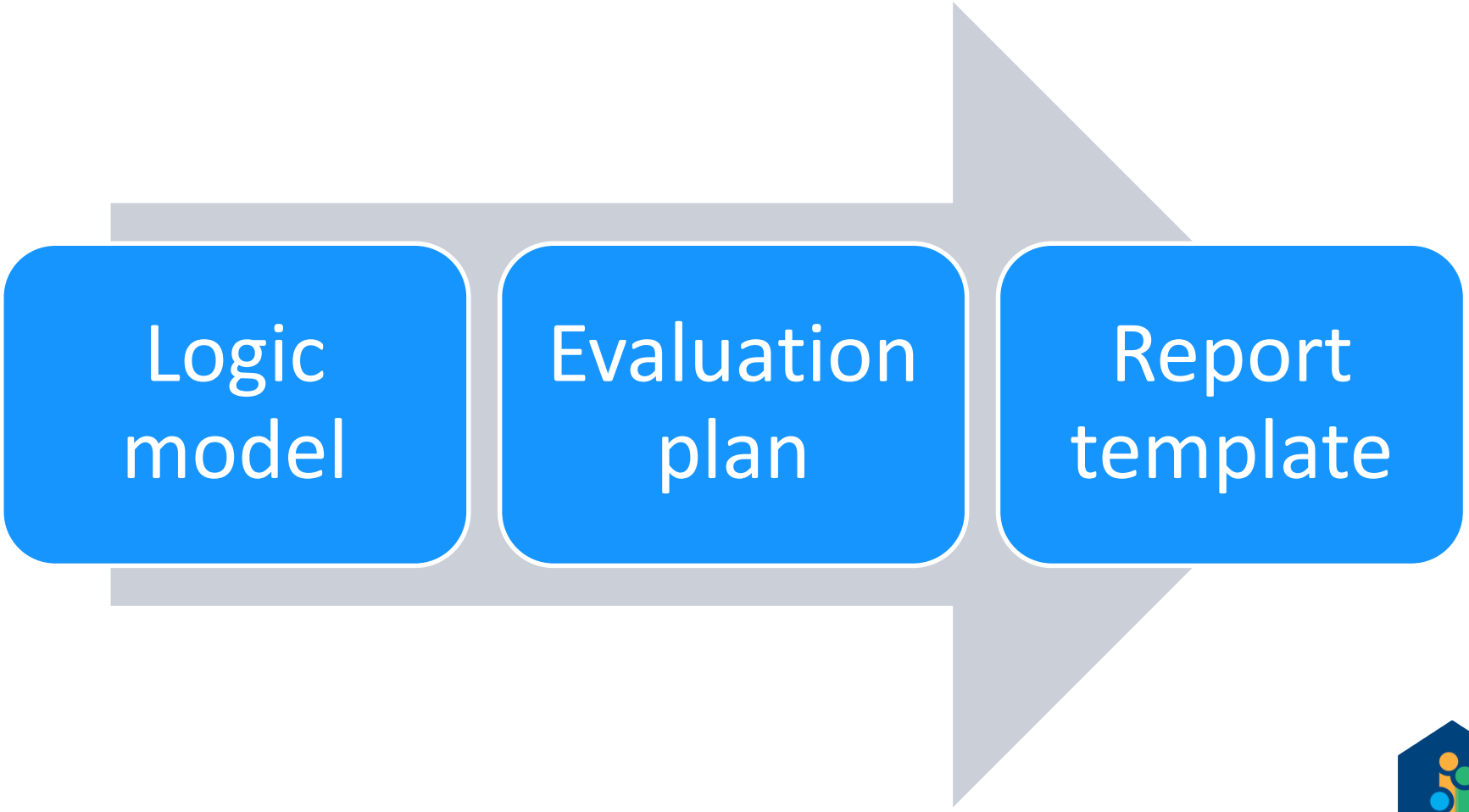
Individualized evaluation process



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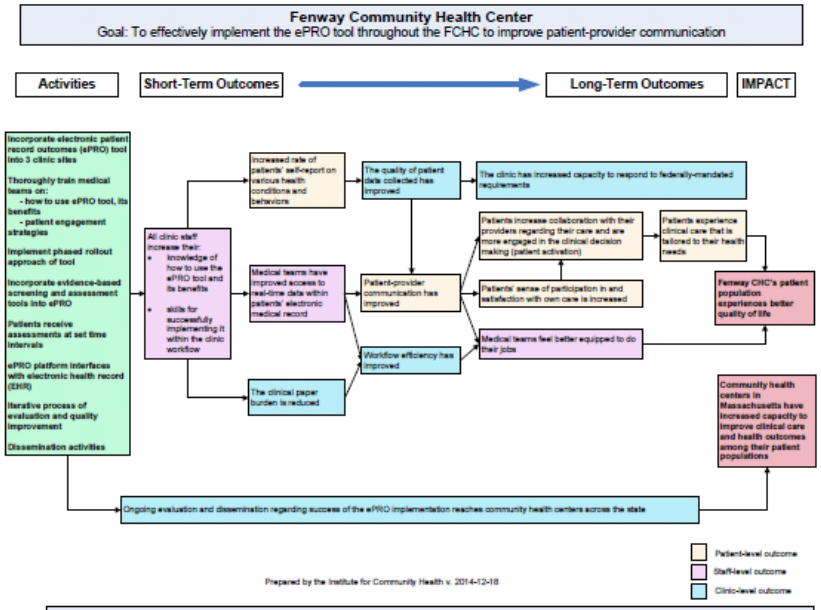
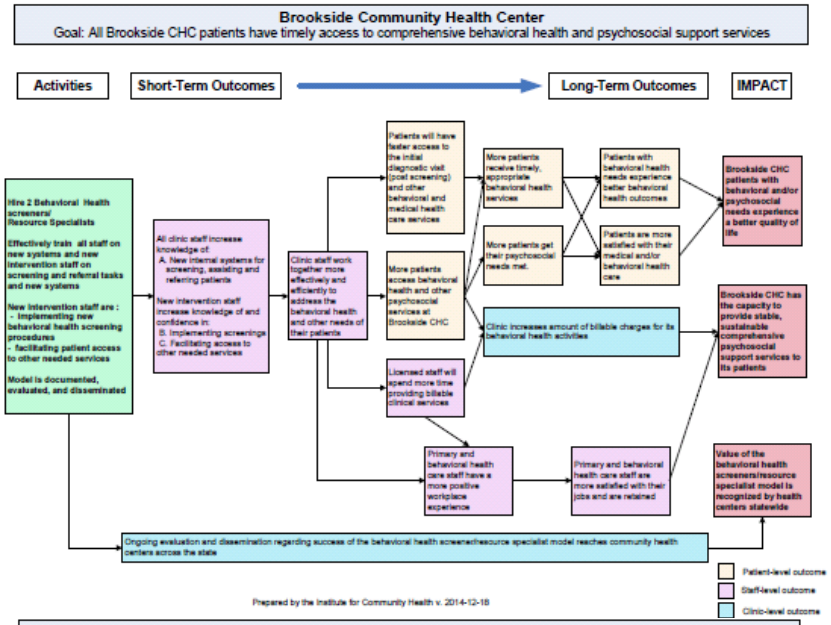
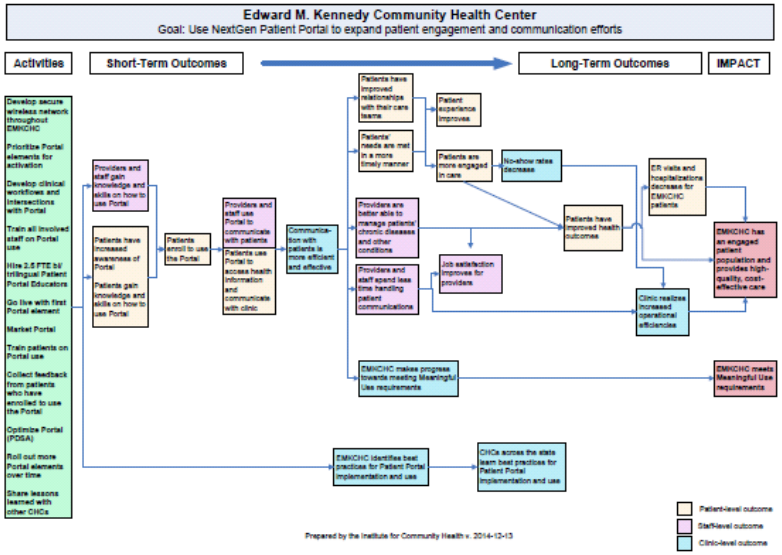
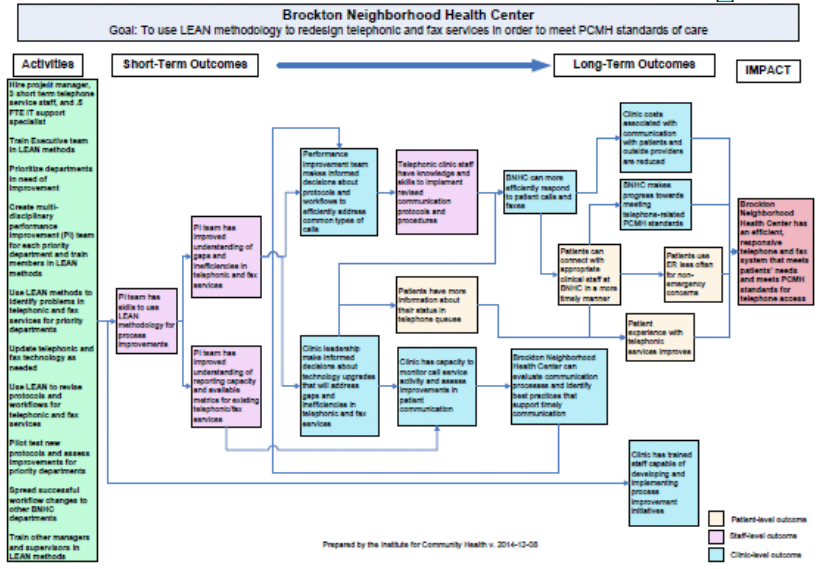
Program-specific logic models









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Tailored evaluation plans

- Stemming directly from grantee logic models
- Selected priority activities and outcomes to measure and report on
- Identified feasible data collection strategies
- Set indicators with concrete targets

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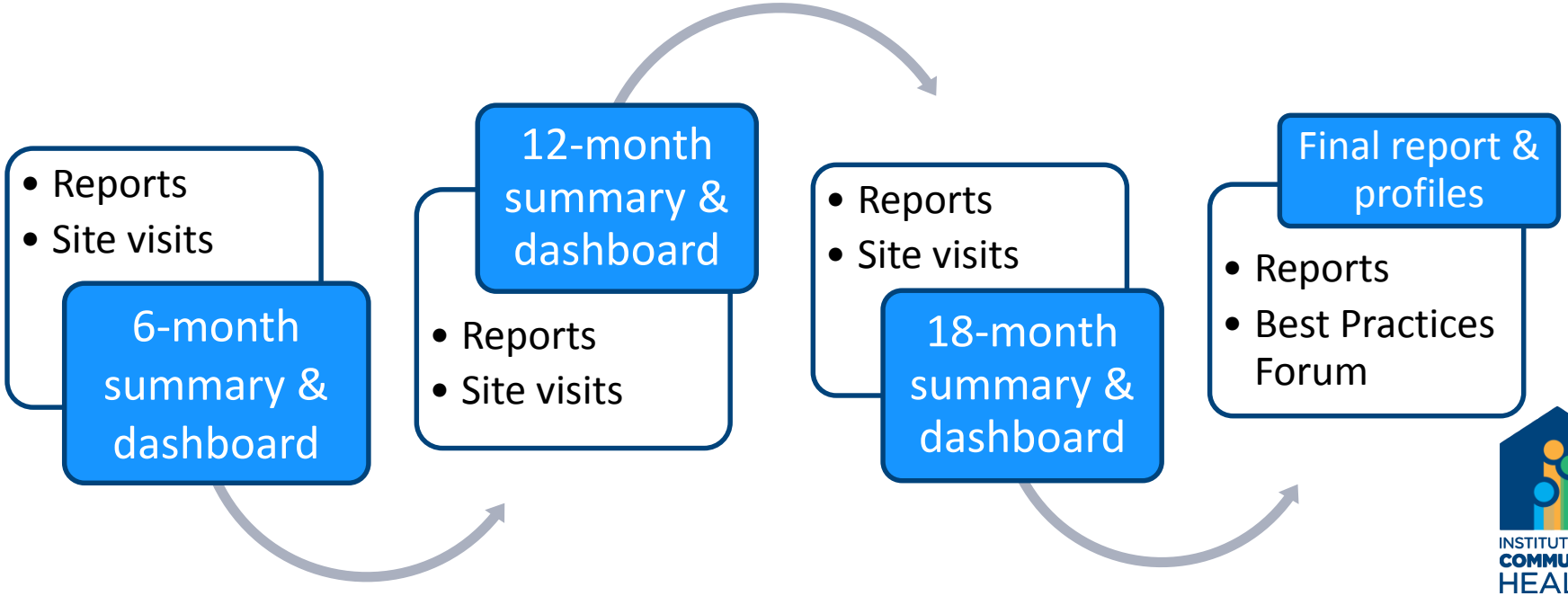
Reporting

- Developed tailored reporting template for each grantee based on evaluation plan
  - ICH provided data collection/analysis TA
- ICH reported data back to PCH at multiple levels



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Summary reports

Partnership for Community Health Excellence and Innovation Grants - 2015
18-Month Summary Report

Overview

In the Excellence and Innovation 2015 grant round, the Partnership for Community Health (PCH) awarded 12 two-year grants, totaling $6 million, to 22 community health centers (CHCs) throughout Massachusetts. Three of the grants were awarded to multi-organization groups and nine were awarded to individual organizations. The Institute for Community Health (ICH) has been contracted to conduct an evaluation of the Excellence and Innovation grant initiative. This report provides a high level summary of the progress that the 2015 Excellence and Innovation grantees made during the first 18 months of their grants (October 2015 - March 2017).

Overall Grantee Progress

- Grantees were rated on their overall progress with project implementation. For grantees who were behind schedule or had modified their plans, ICH is analyzing the most recent reports and conducting qualitative interviews with front-line staff to understand implementation successes, challenges, and lessons learned.
- Grantees were also assessed on the number of proposed goals met for outcomes measures. At this point in the grant period, grantees were expected to have achieved most proposed goals and begun sustainability planning.
- Together, grantees have spent about 57% of their grant awards.

*8 grantees were making **appropriate progress** on implementation*

*2 grantees had achieved **most proposed outcomes***

Grantee Highlights

- **Bowdoin Street Health Center** has increased the number of patients enrolled in the electronic health record portal by 57% and has implemented a new appointment reminder call system.
- **CHC of Cape Cod** has trained 141 staff members in QI processes and developed a structure for QI oversight and support. They have completed six QI projects, with seven more currently underway. Staff now feel more capable of succeeding in QI and better understand their role in the CHC's vision for improvement.
- **Caring CHC** successfully integrated Community Health Workers (CHWs) into primary care teams by assigning them to PODs and having them participate regularly in huddles. CHW involvement has contributed to a 35% increase in the number of patients seen per day, per provider at the health center.

Dashboard

Grantee	Overall Progress	Budget Status	Project Implementation	Measurement of Proposed Outcomes	Number of Proposed Goals Met for Outcomes Measures
CHC of Cape Cod Redesigning care using process improvement methodologies	3	84% $227,810/$270,014	3	3	Few

Impacts and Sustainability:
Providers and staff at CHC of Cape Cod have completed QI training and are actively engaged in improvement work. CHC of Cape Cod is implementing a sustainability strategy to maintain the QI momentum after the grant ends. This includes keeping the Lean Oversight Committee active and using members as QI coaches, implementing an ongoing training plan including training for new hires, and establishing a resource library for staff including templates and guidelines for QI.

Project Implementation:

- CHC of Cape Cod has established a Lean Oversight Committee that has determined a policy for submitting and selecting QI projects. This Committee tracks QI projects and coaches project teams.
- 65 staff members were trained in QI during the reporting period. 141 have been trained in total, and all providers, nurses, MAs, registration staff, and dental staff have been trained.
- Six QI projects were completed in this reporting period and seven more were underway at the time of the report.
- The CHC has developed a comprehensive sustainability plan.
- The CHC has presented about this project to the Blue Cross Blue Shield Foundation and to the Community Care Cooperative.

Highlights from Reported Outcome Measures:

- CHC of Cape Cod conducted a follow-up improvement culture survey in April. Based on survey data:
  - Only 28% of staff reported never having worked on a QI project, compared to 59% at baseline.
  - 63% of staff reported that the CHC promotes learning about CQI at all levels of the organization (52% at baseline)
  - 72% of staff reported that their supervisor seeks and uses input from staff at all levels (62% at baseline).
  - 73% of staff reported that they have the training and capabilities to succeed with QI (57% at baseline).
  - 74% of staff reported that they understand the role they play in the vision for QI (63% at baseline).
  - Many other survey items did not show improvement, indicating challenges in creating true cultural change.
- A general medicine improvement team was able to successfully decrease the length of time pediatric patients were waiting for vaccines and improve the exam room turnover time.

Unexpected Successes or Challenges:

- Some staff have concerns about the ability to take on QI work in addition to other responsibilities. Project leaders are providing coaching, creating templates, and breaking down projects into manageable pieces to mitigate this concern.
- Some staff felt that too much focus was put on meeting targets and not enough on patient care goals. Managers are working on improving their messaging so that QI problem statements resonate with staff.

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Qualitative interviews

- Approximately 18 months into grant period
- Interviewed 2-3 people per grant
- In-depth reflections on successes, challenges, impacts, recommendations for others

> *"[This is] certainly a great place to be putting an investment to get them kind of retooled for the next decade and to **let them be participating with these other health systems** and not be left behind by them. ... As health reform takes off it's going to leave behind a whole bunch of businesses. And this is a great place to be putting that energy."*

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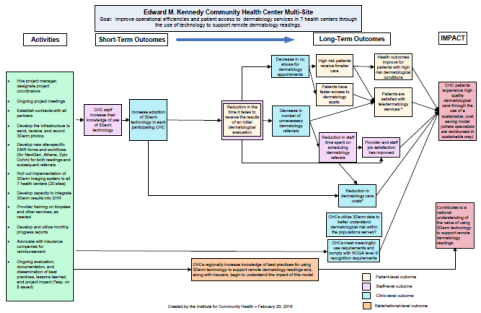
Final report and dissemination

- Executive summary + in-depth narrative
  - Components of effective programs
  - Key impacts organized in categories based on overarching logic model
- Grantee profiles
- Best Practices Forum



Prepared by the **Institute for Community Health**

TECHNOLOGY SOLUTIONS TO IMPROVE SPECIALTY REFERRALS

Edward M. Kennedy Community Health Center, Family Health Center of Worcester, Harbor Health Services, Charles River Community Health Center, Lynn Community Health Center, Manet Community Health Center, South Boston Community Health Center

Locations: Worcester, Framingham, Clinton, Milford, Southbridge, Mattapan, Brockton, Harwich, Plymouth, Hyannis, Dorchester, Neponset, Boston (Allston-Brighton), Waltham, Plymouth, Lynn, Salem, Gloucester, Peabody, Quincy, Hull, Taunton, South Boston

Grant award: $992,190

Overview

Many patients face significant barriers accessing specialty healthcare services, which can lead to delays in treatment and negative health outcomes. Referral and scheduling processes can be inefficient, there are typically long wait times for available appointments, and patients sometimes have to travel considerable distances to reach specialty providers. Led by Edward M. Kennedy Community Health Center (EMK CHC), a group of seven health centers across the state piloted a skin imaging technology that allows clinical-quality 2D and 3D images to be taken in the primary care setting and uploaded for remote review by a dermatologist. Through this program, the health center collaborative sought to reduce unnecessary dermatology referrals, improve access to specialty dermatology, and create a CHC-based teledermatology model that could be replicated at other institutions.

Key staff and roles

- **Project manager:** Coordinates project implementation across participating CHCs
- **Technology vendor (3Derm Systems):** Manages technical aspects of implementing imaging system, works with CHCs to optimize technology adoption, and conducts quality assurance of images and data entry
- **Dermatologists:** Conduct remote readings of images taken at CHCs

Key activities

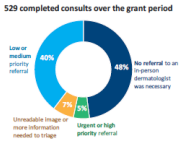
- Installed 3Derm equipment, created new workflows, and went live with teledermatology system at all seven health centers
- Trained medical assistants (MAs) on using the 3Derm imaging system
- Created EHR integration interface for the three EHRs used by the participating health centers (NextGen, Epic OCHIN, Athena)
- Optimized implementation process to a 5-week timeframe
- Over the course of the project, significantly reduced set up time of equipment and workflow integration/adaptation from months to weeks
- Advocated with insurance providers for reimbursement of remote dermatology readings and reached agreements with four providers

Prepared by the **Institute for Community Health**

- Lynn CHC engaged MAVEN (an organization that provides healthcare services through physician volunteers) to do remote dermatology readings, enabling them to provide the teledermatology service to all patients regardless of insurance plan.

Highlighted outcome measures

- 529 teledermatology consults were completed over the grant period, and on average, results were received within 1-3 days of taking the image.
- 267 MAs were trained on the 3Derm technology and participated in taking images during patient visits.
- For almost half (48%) of the teledermatology consults, an in-person follow-up dermatology appointment was not deemed necessary, resulting in an estimated savings of $45,720 in dermatology spending. In addition, 254 patients did not incur costs due to transportation, missed time at work, and co-pays.
- Patients triaged as high priority received expedited visits and were able to see a dermatologist within 1-2 weeks, compared to the 16-week average wait time for Massachusetts CHCs at baseline.



Significant accomplishments and lessons learned

- This project allowed MAs to build new skills and increase the scope of their job responsibilities. In addition, by having access to specialist input soon after seeing patients, primary care providers gained knowledge about common dermatological conditions.
- Insurance reimbursement was a significant challenge for the program. There are currently no state or federal policies that facilitate reimbursement for telemedicine services. Although some insurance providers agreed to reimburse for remote dermatology readings, others did not. As a result, the teledermatology service could only be offered to patients with specific insurance plans, and CHC workflows became more complicated, causing barriers to technology adoption for some CHCs.

Patient impact vignette

A 56-year-old man came to primary care with a skin concern that was originally thought to be eczema but turned out to be **T-cell lymphoma**. The patient was able to see a dermatologist **four days** after the teledermatology consult. Without this program, the patient might have waited months to see a dermatologist and could have experienced life-threatening health complications.

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Using the findings

Grantees

→ program improvements
→ make the case for ongoing funding
→ presentations to others in the field

PCH

→ identify where grantees needed support
→ articulate the impact of the program
→ make recommendations to second cohort
→ facilitate sharing of best practices and models

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Reflections: what worked well

Sustained collaboration

- Built relationships and trust (in-person meetings helped)
- No surprises at reporting time

Utilization-focus

- Focus on learning, not judgment → open discussion about challenges
- PCH was flexible and supportive

Customization

- Helped build buy-in
- Kept evaluation focused on measures that were relevant to the grantee

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Reflections: lessons for others

- **Tension** between feasibility and rigor/quality
  - Especially for smaller grants and multi-CHC groups
- Requires substantial **investment** in the evaluation process
- Need to set **expectations** to grantees up front (preferably in RFP)
- Grant-maker needs to be **involved** – but not too involved!

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Questions?

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