Regional Evaluation

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Evaluation is making a comparative assessment of the value of something, using systematically collected and analyzed data, in order to decide how to act.”

John Øvretveit, 1998
“The key to good evaluation is to choose the design and methods which are most suited to the users’ questions and to the type of intervention or change, but to do so within the constraints of time and resources for the evaluation.”
“Paperwork is the most important thing we do at this hospital!”

“Hooray for paperwork!”

Page 204
Tips for a Useful Evaluation

1. Describe who the evaluation is for and what decisions it is to inform.

2. Describe the intervention and the conditions under which it was done.

3. Don’t gather too many or too few outcomes data.

4. Don’t assume only the intervention could cause the outcome.

“The aim of an evaluation, like the aim of a health intervention, is to make a difference. Even if the difference is only that people continue to do what they did before, but with more confidence that they are doing the right thing.”
Selected “Golden Rules” for Data Collection and Analysis

- Don’t invent a new measure when a proven one will do.
- Measure what is important, not what is easy to measure.
- Don’t collect data where confounders will make interpretations impossible.
- Spend twice as much time on planning and designing the evaluation than you spend on data collection.
- Always do a small pilot to test the method on a small sample.
- Back up your data.
Aims: what are the questions to be addressed? What information is needed?

Description: what are the details of the intervention, its implementation and context?

Attribution: how confident can we be that the intervention caused the outcomes reported?

Generalization: can we copy it and obtain similar results?

Usefulness: in which situation are the intervention and implementation feasible? how do we enable users to use the findings?

ADAGU strategies

Checklist for understanding an evaluation page 39
Quality of care
Chronic disease
Access to care
Behavioral health
Maternal and child health
Communicable disease

CN 1: Quality of care (51 projects)
CN 2: Chronic disease (58 projects)
CN 3: Access to care (52 projects)
CN 4: Behavioral health (42 projects)
CN 5: Maternal and child health (5 projects)
CN 6: Communicable disease (4 projects)

Experience of Care
Population Health
Per Capita Cost

- Behavioral Health (37 projects)
- Primary Care (23 projects)
- Care Mgmt/Navigation (20 projects)
- Specialty Care (13 projects)
- Health Promotion (9 projects)
- Process Improvement (9 projects)
Performance Improvement Measurement Continuum

- **Payment for full completion only**
- **Payment for partial achievement**
- **Payment for reporting (hospitals only)**

**Process Milestones**
*Categories 1 & 2*

- Develop implementation plans for Crisis Intervention Unit (CIU)

**Improvement Milestones**
*Categories 1 & 2*

- Increase utilization of CIU admissions
- Unduplicated patients

**Outcome Improvement Targets**
*Category 3*

- 30 Day Readmission Rate: Behavioral Health (targeted population)

**Reporting Domains**
*Category 4*

- 30 Day Readmission Rate: Behavioral Health (Medicaid enrollees)
## DY3 Results

**as of July 2, 2015**

### DY3 – Quantifiable Patient Impact (QPI)

<table>
<thead>
<tr>
<th>QPI</th>
<th>Projects Reporting</th>
<th>DY3 Result</th>
<th>DY3 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients Served</td>
<td>65</td>
<td>68,464</td>
<td>41,798</td>
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<tr>
<td>Patient Visits</td>
<td>38</td>
<td>218,139</td>
<td>93,310</td>
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<tr>
<td>Patients positively Impacted</td>
<td>17</td>
<td>178,478</td>
<td>152,870</td>
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</table>
Project Management Software

Tableau Interactive Tools
Texas Health Care

Transformation

and Quality

Improvement Program

So what exactly is... Transformation?
The Electronic Medical Record?
Transformation is...
Community Health Workers in rural Uvalde County

Uvalde Memorial Hospital
Transformational Impact Summaries

Dr. Ø’s Tip #1: Describe who the evaluation is for and what decisions it is to inform.

<table>
<thead>
<tr>
<th>Potential User</th>
<th>Potential Uses</th>
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</thead>
<tbody>
<tr>
<td>HHSC</td>
<td>• Identify best practices and “mentors”</td>
</tr>
<tr>
<td></td>
<td>• Inform Waiver 2.0 protocols</td>
</tr>
<tr>
<td></td>
<td>• Communicate successes and other information to CMS</td>
</tr>
<tr>
<td>Other Providers</td>
<td>• Replicate</td>
</tr>
<tr>
<td></td>
<td>• Learn from other providers’ successes and challenges</td>
</tr>
<tr>
<td></td>
<td>• Identify best measures</td>
</tr>
<tr>
<td>Performing Provider and Stakeholders</td>
<td>• Was it worth your investment?</td>
</tr>
<tr>
<td></td>
<td>• Should you stop, maintain, or expand?</td>
</tr>
<tr>
<td></td>
<td>• Application to other programs?</td>
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</tbody>
</table>
Transformational Impact Summaries

Describe the services delivered. Describe plans for sustainability.

How is the project addressing Triple Aim, increasing access...?

Describe potential for replicability / integration.

Describe challenges / lessons learned. Describe quality/data improvements.

Describe relationship /changes to system of care.

How aligned are your Cat 3 measures? What else are you measuring? Results??

Provide examples from the industry/literature where the strategies you are implementing have been successful. How have you modified your projects?

ADAGU?

“Evaluation alone changes nothing.”
Regional Healthcare Partnership plans and DSRIP projects were developed and implemented to address community needs

... So are they??
Community Need

QUALITY OF CARE
Quality of Care

“According to the Agency for Healthcare Research and Quality’s 2011 report, Texas ranks last in the nation on health care quality.”

RHP 6 Plan Submission (March 2012)

According to AHRQ’s 2013 report, Texas is now ranked 49th of 51 but scores remain weak.

http://nhqrnet.ahrq.gov/inhqrdr/Texas/snapshot/summary/All_Measures/All_Topics
## County Health Rankings & Roadmaps

### 2012
Of 221 counties reviewed, 4 RHP 6 counties ranked in the lower half of Texas counties on Health Outcomes.

**RHP 6 Plan Submission (March 2012)**

<table>
<thead>
<tr>
<th>County</th>
<th>2012</th>
<th>2015</th>
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<tr>
<td></td>
<td>Health Factors Ranking</td>
<td>Health Outcomes Ranking</td>
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<td>Uvalde</td>
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<td>Zavala</td>
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<td>235</td>
<td>127</td>
<td>159</td>
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</table>

### 2015
Of 237 counties reviewed, 6 RHP 6 counties ranked in the lower half of Texas counties on Health Outcomes.

University of Wisconsin
Robert Wood Johnson Foundation

Infant Mortality Rate

Center for Public Policy Priorities
KIDS COUNT
Annie E. Casey Foundation
http://datacenter.kidscount.org/data#TX/2/0
Potentially Preventable Readmissions

RHP 6 performs worst in Texas on PPRs (Medicaid and CHIP - CY 2012)

- PPR rate: 5.3%
  - Admissions at risk: 34,391
  - Range: 2.3 – 5.3%
  - State Overall (SFY 2013): 3.7%
  - State Overall - Adults: 8.7% ↑
- Actual to Expected Ratio: 1.02
- PPR Expenditures: $18,872,000
- Penalties
  - CMS – 9 hospitals
  - HHSC – 2 hospitals

PPR Expenditures by Diagnosis

http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml
Self-Reported Results By Hospital

- Diabetes
- All Cause (MC/LIU)
- All Cause
- Unplanned
- HCUP - HF
- HCUP - AMI
- PPR High Risk
- All Cause

Each Hospital's Target Population

- Baseline Rate
- Rate During LC Initiatives
- Final Rate
Gap Analysis – Reducing Readmissions (GARR)

Approach

- Provide a tool that detects the gap between current practices and best practices; Regularly reassess
- Broadly describe readmission practices across RHP 6
- Determine the utility and feasibility of GARR as a benchmarking strategy

Results: Upon review of five completed GARRs, we learned:

- Readmissions practices vary widely across RHP 6;
- Leaders reported that their programs include about 65% of known best practices.
- With regard to the GARR, users identified that the GARR was easy to use, provided a good assessment, and would be used at regular intervals to reassess progress toward improvement.
Improvement Strategies and PDSA Cycles

Providers reported testing and/or implementing the following improvement strategies during the Learning Collaborative initiative:

- Discharge process improvements – 4 hospitals
- Post-discharge follow-up – 6 hospitals
- Transition of Care programs – 6 hospitals
- Patient stratification, tracking and reporting – 8 hospitals
- Medication reconciliation – 3 hospitals
- Community partnerships – 9 hospitals and organizations
- Other – 2 hospitals
Cat 3 Achievements (April DY4)

**Baptist Health System**
- Risk adjusted CHF readmission ratio decreased from 0.7551 to 0.6085
- Risk adjusted AMI readmission ratio decreased from 0.7439 to 0.7067

**CHRISTUS Santa Rosa Health System**
- Risk adjusted AMI readmission ratio decreased from 1.0338 to 0.9821
- Risk adjusted CHF readmission ratio decreased from 1.0630 to 0.7803

**Methodist Healthcare System**
- Stroke – Thrombolytic Therapy improved from 95% to 100%

**Nix Health**
- Catheter-associated Urinary Tract Infection rate decreased from 7.485 to 3.6815
Community Need

PREVENTION AND MANAGEMENT OF DISEASE
Behavioral Risk Factor Surveillance System (BRFSS)  
Percent Reporting Doctor Diagnosed Diabetes

Texas Department of State Health Services  
Texas BRFSS Data Query System  
https://www.dshs.state.tx.us/chs/brfss/
In 2013, more than half of managed care organizations were conducting projects focused on:

- Asthma management
- Diabetes management
- Weight management
- Breastfeeding
- Physical Activity
- Healthful eating

Texas Medicaid Managed Care and CHIP Program External Quality Review Organization Summary of Activities and Trends in Healthcare Quality, 2014


http://www.hhsc.state.tx.us/hhsc_projects/ECI/index.shtml

**These projects are underway:**

- Pay-for-Quality (P4Q) Program
- Health Plan Performance Improvement Projects
- Potentially Preventable Events
- Health Plan Requirement for Value-Based Payments
- Health Plan Quality Report Card for Enrollees
- Evaluation of Substance Use Disorder Benefit

Opportunity for alignment!
Managed Care

STAR Child BMI
- Underweight: 11%
- Healthy Weight: 28%
- Overweight: 45%
- Obese: 16%

CHIP BMI
- Underweight: 8%
- Healthy Weight: 27%
- Overweight: 18%
- Obese: 48%

STAR Adult BMI
- Underweight: 3%
- Healthy Weight: 25%
- Overweight: 43%
- Obese: 29%
Tuberculosis

- RHP 6 accounts for 8.2% of all Texas counties

Tuberculosis Cases per 100,000 Population

Texas Department of State Health Services
Infectious Disease Control Unit

https://www.dshs.state.tx.us/IDCU/
https://www.dshs.state.tx.us/IDCU/disease/tb/statistics/TBCases_Rates_2009_13_byCounty.doc
Community Need

ACCESS TO MEDICAL AND DENTAL CARE
Health Provider Shortage Areas

Primary Care
HPSAs Before DSRIP: 15 Full and 1 Partial
Current HPSAs 12 Full and 1 Partial
Removed from List: Dimmit, Guadalupe, Uvalde

Dental Care
HPSAs Before DSRIP: 11 Full and 1 Partial
Current HPSAs 12 Full and 1 Partial
Added to List: McMullen

Texas Department of State Health Services (includes links to HRSA)
http://www.dshs.state.tx.us/Texas-Medical-Shortage-Area-Designations.shtm
Primary Care Physicians (PCP) per 100,000 Population

Department of State Health Services
Center for Health Statistics
Health Professions – Supply and Distribution Tables

https://www.dshs.state.tx.us/chs/hp/health.shtm
Patient Experience

- All hospitals report on patient experience through Category 4
- 20 DSRIP projects are incentivized to improve patient experience through Category 3 outcome measures using a variety of tools
  - HCAHPS, CGCAHPS, VSQ9, CSQ8
- HHSC (EQRO) assesses patient experience of Medicaid and CHIP members
- Patient experience data are reported publicly through CMS’ Hospital Compare Web site
And whenever possible.....
BRFSS: Percent Reporting Good or Better Health (RHP 6)

By Income

By Education

By Employment Status

By Insurance Status
- Pictures
- Video
- Articles
- Posters
- Patient stories
- Models, charts, diagrams...
- Apps, interactive tools, maps...
- Poetry, song, dance...