CHNA Workshop: Tracking Progress, Evaluation of Outcomes

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**Why Monitor & Evaluate?**

- Ensures that the health improvement plan created in response to areas of identified need is both effective and sustainable
  - Allows for stakeholder accountability
  - Provides systematic measurement of goals and objectives
  - Helps to improve existing programs
  - Demonstrates ROI

- **Monitoring**: gives info on *where* a program is at any given point in time relative to targets and outcomes
  - A continuing process of collecting and analyzing data/indicators to assess program progress
  - Collection of baseline data
  - Examination of quantitative and qualitative indicators

- **Evaluation**: gives info on *whether* and *why* targets and outcomes are/are not being achieved
  - Have the objectives been met?
  - Is the program effective and sustainable?
  - What is the impact? (and how is impact demonstrated?)
  - What are the lessons learned?
Evaluation Models

Process Evaluation:

- Measures the process of delivering the intervention
- Focuses on the quality and implementation of the intervention
- Ongoing data collection is used to identify potential/developing problems & make any necessary modifications

Asks:
- Is the intervention delivered as planned?
- Are target levels being met?
- Is the intervention reaching the target population?

Impact/Outcome Evaluation:

- Measures the intermediate and longer-term outcomes’ effects of an intervention/program
- Asks:
  - Is the intervention having an impact on the identified target population?
  - Were the right program activities selected?
- Looks at changes on the individual level
  - Pre- and post- intervention measures
  - Enhanced learning (knowledge/perceptions/attitudes)
What We Track & Measure

- Initiative is CHNA driven

- Objective: to provide patient-centered care and improve outcomes by developing wrap-around services through multi-agency partnership and care planning

- Target Population: complex high-risk and high-need ED “super user” patients with dxs of alcoholism, mental illness, co-occurring, other drug dependence

**Impact Metrics:**
- # of visits (ED & inpatient) pre- and post- intervention (snapshot in time)
- Cost/losses

**Demographics:**
- # of patients who have received care planning
- Dx category
- Gender and age distribution
- Insurance status
- Housing status
Outcomes (Mdsx Hospital data)

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<th># Inpt visits</th>
<th>Total (ED + IP)</th>
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- **Of the 52 patients who have received CCT intervention for 6+ months:**
  - 52% reduction in combined ED and IP visits (924 visit pre-; 478 visits post-)
  - $485,090 decreased loss (62% reduction)
  - 72% reduction in costs

**52 CCT patients (6-11 months intervention)**

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<th>pre-CCT intervention</th>
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<th>Difference</th>
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<td>Total Mdsx Hospital Collections</td>
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<td>Total loss</td>
<td>-$744,296</td>
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**Average CCT Patient**

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<th>post-CCT intervention</th>
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<td>Total Mdsx Hospital Costs</td>
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<td>Total Mdsx Hospital Collections</td>
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<td>Average loss per patient</td>
<td>-$14,313</td>
<td>-$4,984</td>
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*31 more patients........not shown here due to lack of space*
Our Monitoring & Evaluation Process

- **Team Forum:**
  - Formal review of data and process
  - Programmatic brainstorming (team expansion? reduction in overall Medicaid cost? agency presentations)

- **Program Monitoring:** (ongoing)
  - Incremental lowering of ED visit threshold criteria
  - What are barriers to success?
  - With increase in patient case load, how to adjust weekly meeting format?

- **Program Evaluation:**
  - Conducted at team forum
  - Data review (# of visits pre/post; cost/losses) every 6-9 months (vs. every year)
  - Programmatic adjustments needed?
Our Monitoring & Evaluation Process

- **Result of Monitoring & Evaluation → Strategic Planning:**
  - Future focus on homelessness
  - Reduction in Length of Stay study

- **Lessons Learned:**
  - Open and ongoing communication among team members is critical → program progress; needed changes; barriers
  - Ongoing Monitoring & Evaluation:
    - is necessary to assess program effectiveness
    - is an iterative, evolving process; continuous improvement
  - Data is powerful (includes qualitative data; the patient experience → “story-telling”)
  - Sharing the results/good news (board; front-line ED staff; partner organizations; external conferences) helps with program sustainability
  - Inter-agency (and inter-departmental) relationship building shouldn’t be overlooked at an important outcome
Additional Benefits

**Patient:**
- Improved quality of life:
  - Sobriety
  - Mental health stabilization
  - Reduced homelessness
  - Re-entry to workforce
  - Re-connection with family
  - Achievement of feelings of self-worth and respect
- Linkages to:
  - Primary care physicians, psychiatrists, specialists, etc.
  - Supportive housing
  - Appropriate outpatient services

**Hospital:**
- Improved patient care
- Reduction in ED violence and risk
- Reduction in employee injuries
- Reduction in ED crowding
- Increase in staff satisfaction which causes → reduction in staff turnover
- Improved bottom line

**Collaborative:**
- Improved patient care
- Improved agency-specific care plans (many agency providers were unaware of frequency of ED visits)
- Improved inter-agency communication and relationships

**Society:**
- Increase in safety to all
- Reduction in Medicaid & Medicare expense