

## Connecting Healthcare in Communities: Evaluation Framework

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### Overview

- About us
- Reflection on PCP strategy in Victoria
- Overview of evaluation approach
- Draft program logic
- Evaluation focus
- Suggested approach to Statewide evaluation
- Statewide & local level evaluation

## About us

- **Australian Institute for Primary Care (AIPC)**

- Within Faculty of Health Sciences, La Trobe University
- Program of applied research, evaluation, professional development, quality improvement and consultancy in primary health & community services
- Centres include the Centre for Health Systems Development (CHSD), Lincoln Centre for Ageing and Community Care Research, and the Centre for Quality in Health and Community Services
- Provides the national secretariat for the Quality Improvement Council



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## About us

- **Examples of work relating to health systems reform & development**

- Development of Primary Care Partnership (PCP) initial needs identification & care planning tools template
- Evaluation of PCP Strategy in Victoria
- Evaluation of the Early Intervention in Chronic Disease Initiative
- Population health approaches in small rural health services
- Evaluation and monitoring framework for the Australian Better Health Initiative
- Evaluation framework for the Aboriginal Health Promotion and Chronic Care Partnerships initiative
- Community- hospital interface project for DHS HARP



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## Reflections on PCP strategy in Vic

- Departmentally mandated
- Centrally structured agenda
- Funding for:
  - Partnership and relationship development
  - Planning, service coordination
  - Some projects
  - Evaluation
- Minimal service delivery funding



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## CHIC

- Departmentally facilitated
- Locally structured agenda within guidelines
- Funding for:
  - Partnership and relationship development
  - System innovation
  - Service delivery
  - Evaluation



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## Evaluation: our approach

- Use program logic
  - Program Logic is a way of scoping the activities, aims, objectives and goals of a program
  - Shows the links between the program's activities and the medium and longer term changes you predict will occur as a result of those activities
  - Allows you to test whether the activities result in the predicted changes
  - Assists in ongoing program planning
  - Is compatible with plan, do, study, act & action research approaches
  - Collecting evidence along the continuum (aims – objectives –goals) can provide a rigorous alternative to experimental methods
  - The evaluation measures, methods and design are built up based on the practice described in the program logic



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## Evaluation: what will we do?

- Develop a CHIC program logic map
- Identify key evaluation questions, indicators for the domains in the program logic map
- Identify existing & relevant data sources
- Develop draft & then final evaluation framework with recommendations about data collection tools and methods
- Provide final framework and tools (mid April)
- Begin implementing evaluation



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## The CHIC Program Logic

- The ultimate goals of CHIC are to contribute to:
  - Improving the health outcomes of people living in Queensland
  - Increased efficiency & effectiveness of the health system
- Outcomes related to these goals might include:
  - Improved health status
  - Improved quality of life
  - Reduced avoidable hospital admissions and presentations to EDs
  - Reduced inappropriate referrals to outpatient services
- NB: These outcomes are likely to be longer term and outside the time frame of the evaluation

## Things that CHIC is trying to change that will lead to achieving goals (1)

- We know from the evidence/ or hypothesise that certain kinds of changes – or impacts are likely to lead to the outcomes we want
- Medium term changes (impacts)
  - Increased control over health and its determinants
  - Changes to health related behaviours, risk and protective factors
  - Changes to health service utilisation (better primary health care)

## Things that CHIC is trying to change that will lead to achieving goals (2)

### Short-medium term changes (outputs/ early impacts)

- Establish sustainable & equal partnerships between all interested primary health care providers in the catchment
- Improve integration, service coordination, collaborative action & reduced duplication
- Increase service provider satisfaction/ experience
- Increase the appropriateness of services
- Improve access to promotion, prevention & care (especially for vulnerable populations)
- Improve the quality of primary health care
- Increase consumer satisfaction/ experience with the health system
- Increase the capacity of the system (including workforce)

### Outputs/ early impacts

Partnerships (equality)

Integration, service coordination, collaborative action & reduced duplication

Service provider satisfaction

Appropriateness of services

Access to promotion, prevention & care

Quality of primary health care

Consumer satisfaction/ experience

Capacity of the system (including workforce)

### Impacts

Increased control over health and its determinants

Changes to health related behaviours, risk and protective factors

Changes to health service utilisation (better primary health care)

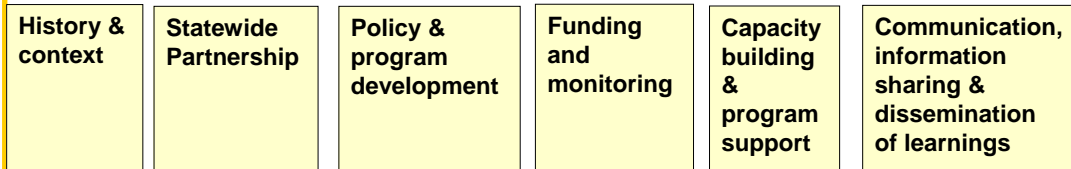
### Outcomes

Improve the health outcomes of people living in Queensland

Increased the efficiency & effectiveness of the health system

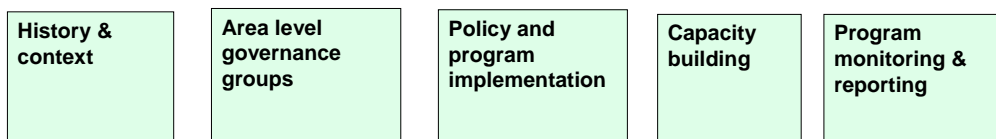
## How will CHIC get there?

### Level 1: Statewide systems development



## How will CHIC get there?

### Level 2: Area level implementation & support



## How with CHIC get there?

### Level 3: Local systems & organisational development (should be sustainable)

- *collaborative approaches to planning and delivery*
- *capacity to appropriately address local health needs*

**History  
&  
context**

**Partnership  
formation &  
development**

**Joint planning for local  
service delivery in  
primary & community  
health**

**Service  
linkages and  
integration**

**Organisational  
development for, &  
maintenance of,  
accessible &  
responsive  
practice**

**Capacity building  
& workforce  
development**

**Monitoring,  
review &  
evaluation**



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## How will CHIC get there?

### Level 4 Local programs & activities

**Delivery of good  
practice shared  
primary health care  
services**

- *Integrated Health promotion & illness prevention*
- *Chronic & complex care*
- *Early childhood health*
- *Community mental health*
- *Drug & alcohol services*

**Delivery of good practice shared  
primary health care services**

- *Interventions based on evidence*
- *Population groups at highest risk targeted (recruitment & prioritisation criteria developed)*
- *Consumers engaged*
- *Primary, secondary, tertiary prevention & treatment addressed (& links between these established)*
- *Providers understand & utilise service coordination practices, protocols, processes, tools, systems & care pathways*
- *Multidisciplinary teams/ cross service strategies developed*

**Programs &  
services  
provided**

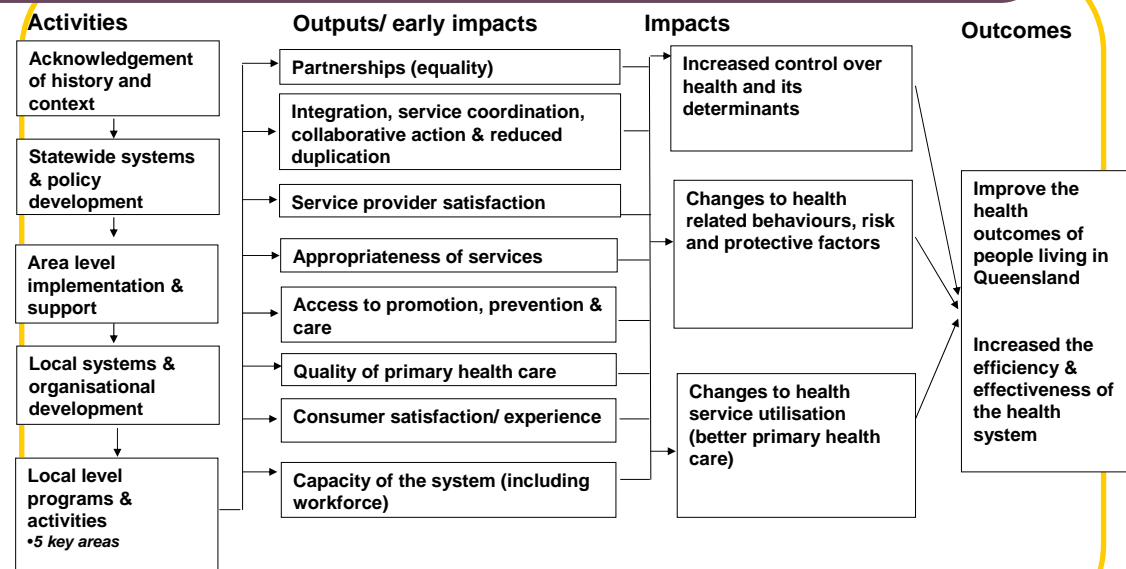
**Appropriate &  
seamless non-  
clinical &  
clinical care  
provided**



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## Summary of the CHIC program logic



Contextual issues: Eg: potential change in primary care landscape, other overlapping programs running concurrently, existing partnerships, geography, local area service capacity

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## Context & issues

- The evaluation will be developed to take into account a range of contextual issues that may differentially influence the development of partnership councils.

Examples include:

- Pre-existing partnerships & collaborations
- Number & capacity of services in the District
- Geographical location
- Amounts of funding provided in 'doing' bucket

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## Suggested statewide evaluation method & tools

- Based on previous experience suggest that evaluation occur at four levels:
  - Statewide and area levels (through Key Stakeholder interviews & existing data)
  - CHIC Partnerships (through a Partnership Survey/Workshop & existing data)
  - Participating agencies (through an on-line and/or paper based survey & existing data)
  - Consumers of the health services involved in the CHIC initiative (suggest that these data be collected by PCs and provided to Statewide evaluation using tools/ questions provided)

## Suggested statewide evaluation method & tools

- Multiple data sources allows for 'triangulation' which increases the strength of the evidence
- Will allow for examination of relationships between, for example:
  - Policy & program development & the effectiveness of CHIC program implementation
  - Partnership arrangements (and the systems work done to support collaboration) and agency level change
  - Agency level change and consumer experience of the health system

## Statewide & local level evaluation

- Statewide evaluation could focus on:
  - Partnership & local systems development levels
  - Collection of data on common activities of all Partnerships that can then be aggregated to a statewide level
  - Collection of data useful for statewide level activities such as influencing policy & program development
  - ?? Probably not report data at the statewide level that identified individual Partnerships unless permission is given for this
- Local level evaluation could focus on:
  - Developing a case study of the local work & the local service models
  - Collection of data based on the specific model/s developed – but focusing on the CHIC outputs/ early impacts
  - Collection of data useful at the local level (eg for tracking progress, quality improvement, reporting to the community, advocacy)
  - Including feedback from consumers and communities
  - Provide summaries of these data to the statewide evaluation

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## Next steps

- Revise & finalise program logic map
- Work on developing the evaluation framework and evaluation tools
- Begin implementing evaluation

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Contact us if you have any comments or questions

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