

AF4Q Research & Evaluation

Annual Grantee Meeting

June 27 - 28, 2007

Seattle, WA

Evaluation Team

Jeff Alexander – University of Michigan

Jon Christianson – University of Minnesota

Bob Hurley – Virginia Commonwealth University

Dennis Scanlon – Penn State University



Evaluation is a Part of RWJF

- Builds the field
- 30 year history
- 30 to 40 evaluations every year
- Independence of evaluation





What Kinds of Learning?

- *How to improve the program*
- *What works under what circumstances*
- *An evidence base for:*
 - social change
 - practice in the field
 - Foundation grantmaking





Audiences for the Evaluation

- **The Foundation Board of Trustees**

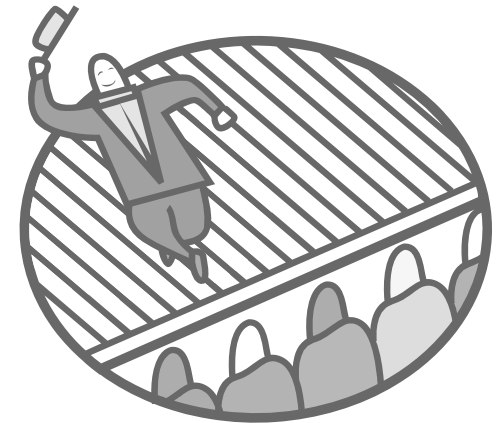
- *RWJF staff* are accountable for the strategies we put out there!

- **Grantees**

- **Foundation Staff**

- **The field**

- **Other funders and co-funders**





The AF4Q Evaluation Team: Selection Process

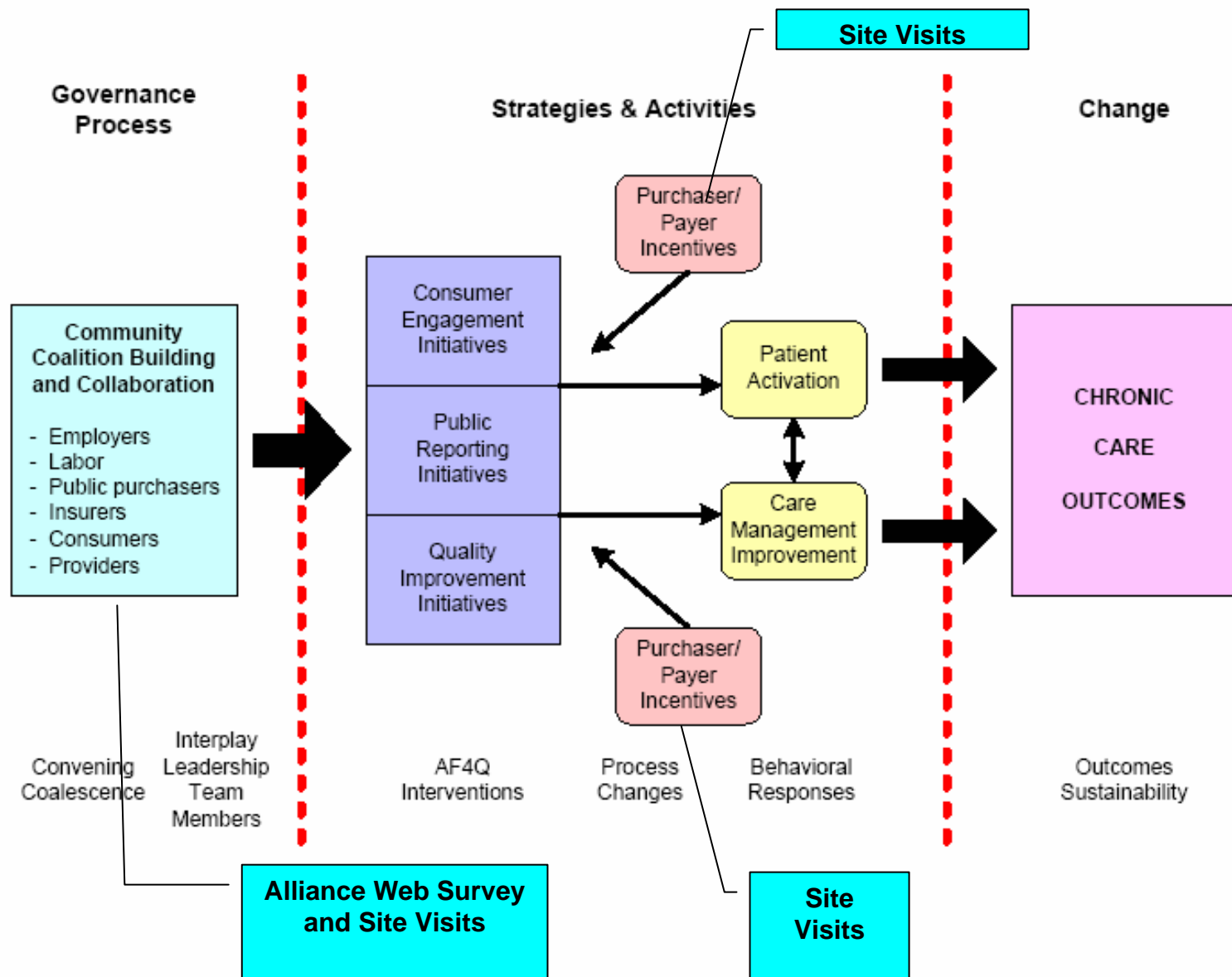
- **Scanlon team won an invited bid for planning process**
- **Needs:**
 - Diverse expertise on market approaches
 - Credibility and connections in health policy
 - Flexibility in planning for regional data collection

AF4Q Evaluation: Addressing Key Research & Policy Gaps

- Can locally led initiatives make significant improvements in the quality of care for chronically ill patients?
 - What strategies seem to work (e.g., PM/PR, QI, CE)?
 - Under what market conditions do these strategies work?
 - Are there particular approaches to organizational structure and collaboration that promote success?
 - Can successful approaches be ‘transported’ to other communities?

- The policy and research community is watching AF4Q with interest!
 - Grantees are considered ‘laboratories for learning’
 - Those developing national policy strategies, like DHHS’ ‘value exchanges’, are looking to AF4Q for important lessons
 - Health practitioners look to AF4Q to understand how to motivate improvement in chronic illness care and compliance with guidelines

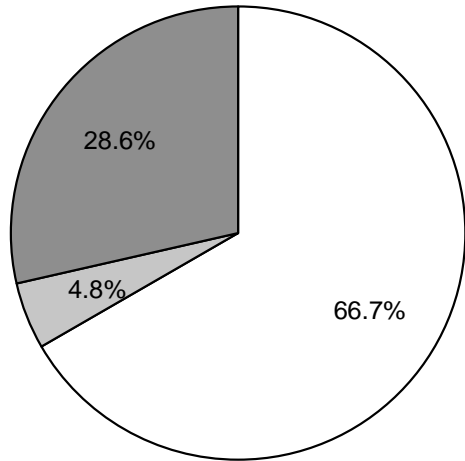
AF4Q Evaluation: Logic Model



Benefits of Alliance Participation

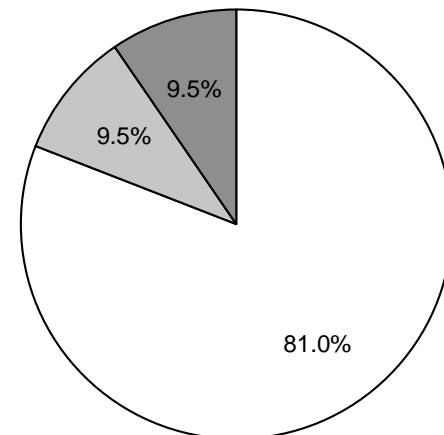
Source: AF4Q Seattle Alliance Web Survey

From your organization's perspective do the benefits of participation in the Alliance appear to outweigh the costs (Q21)



Yes No Don't Know

From your professional/personal perspective do the benefits of participation in the Alliance appear to outweigh the costs (Q22)

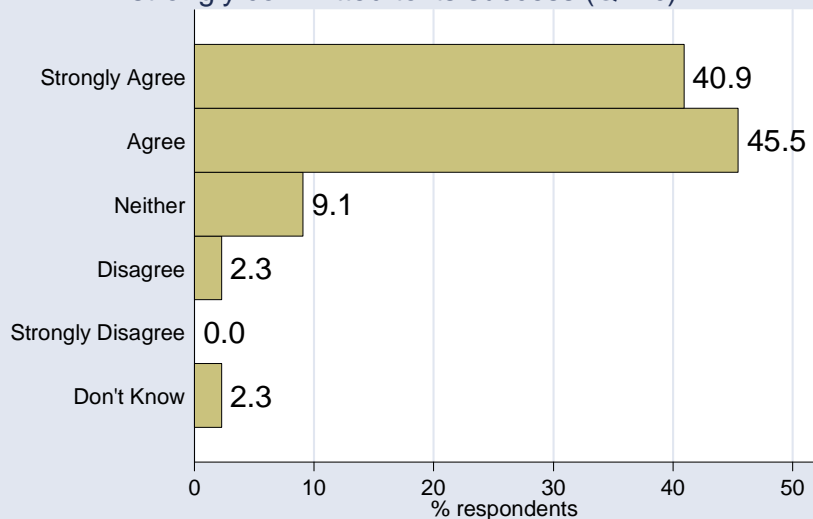


Yes No Don't Know

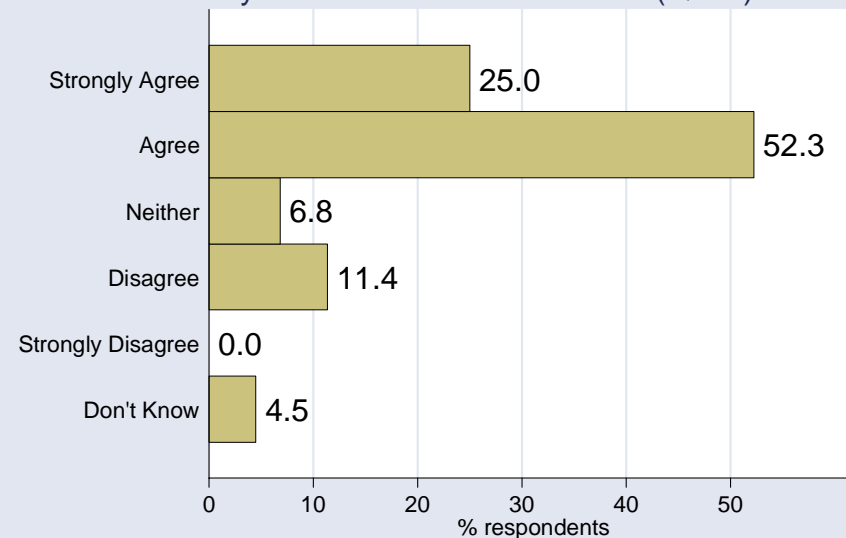
Alliance Composition / Member Commitment

Source: AF4Q Seattle Alliance Web Survey

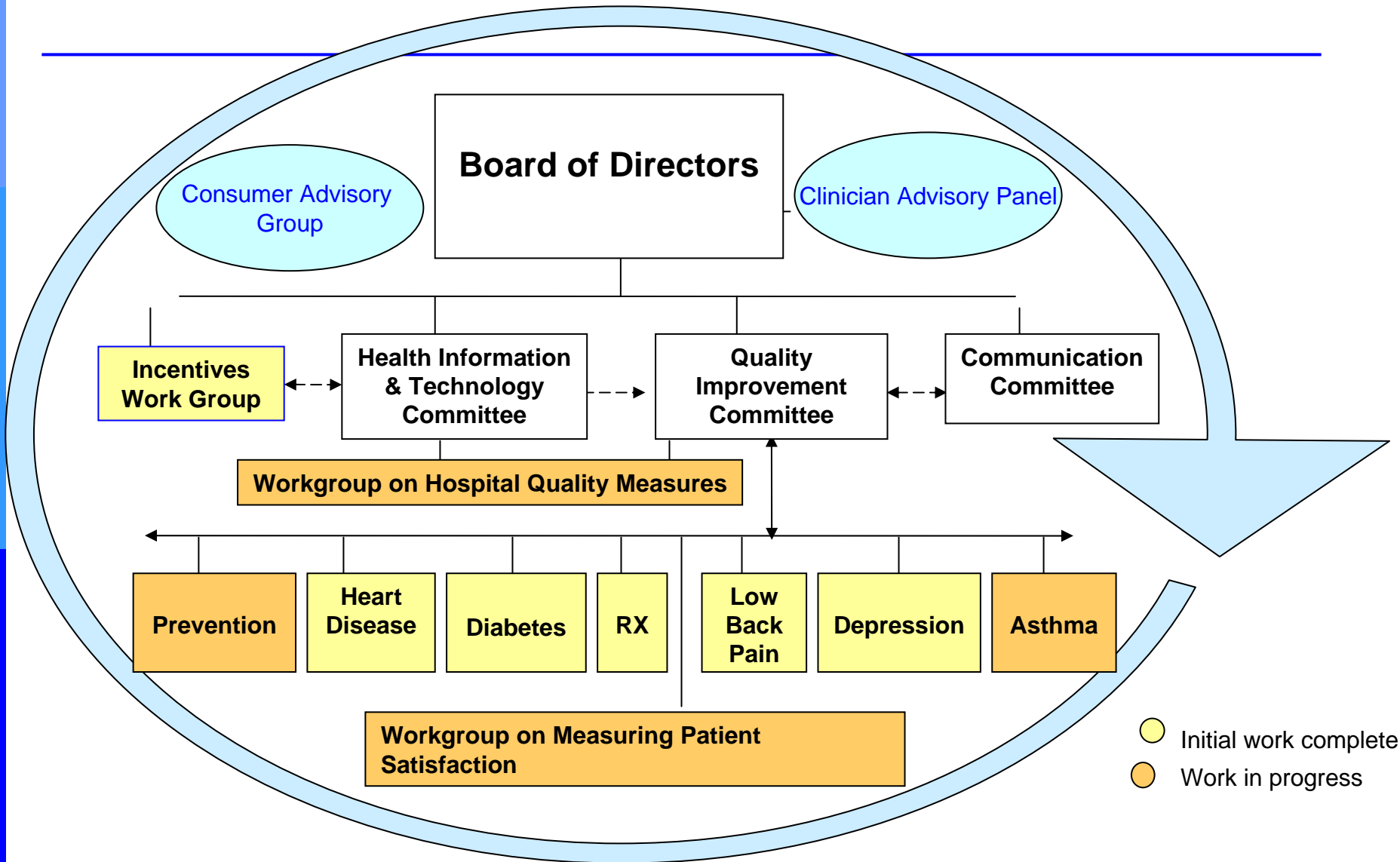
The Alliance members appear to be strongly committed to its success (Q24c)



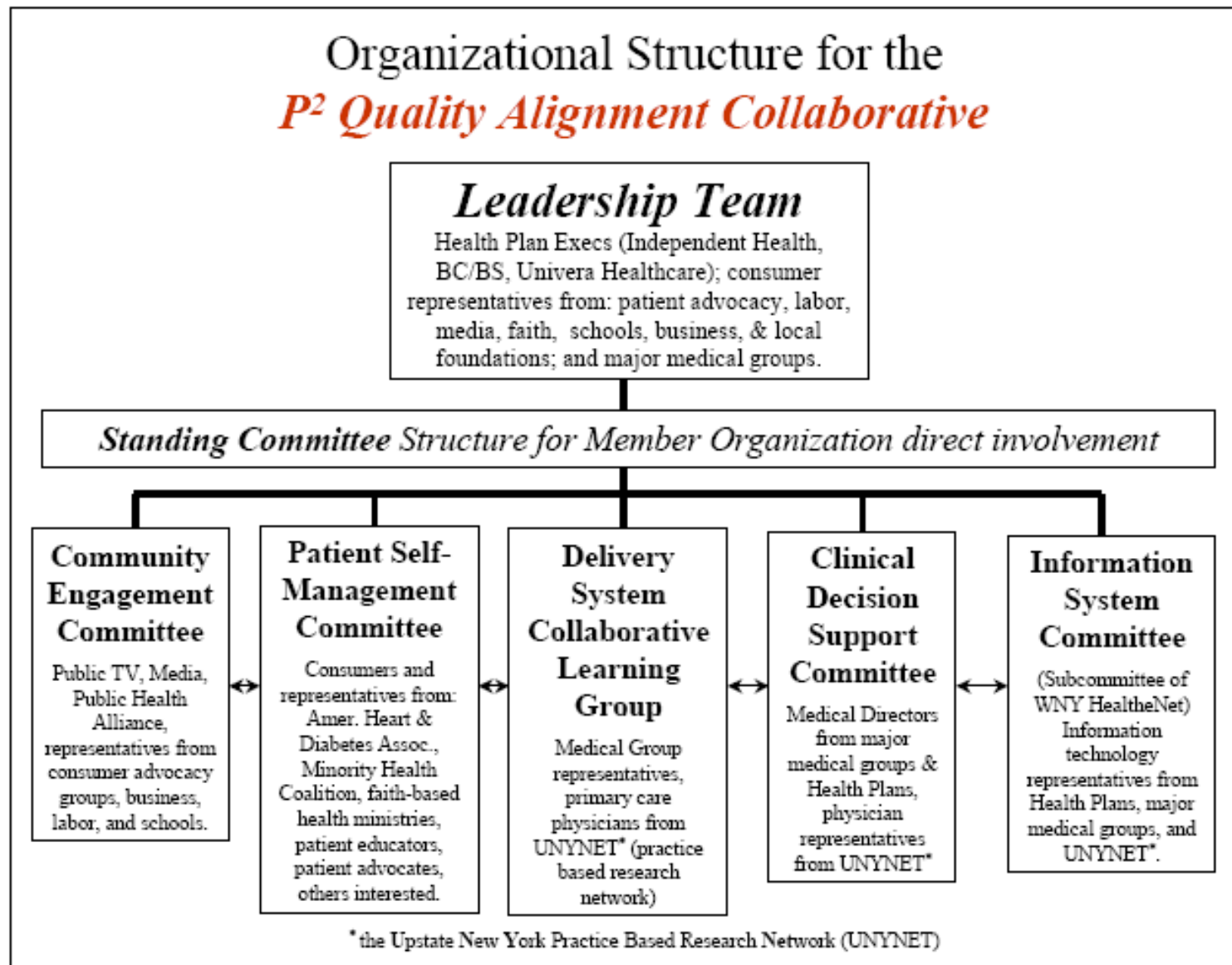
The Alliance includes all of the key organizations/individuals necessary to make its work successful (Q24d)



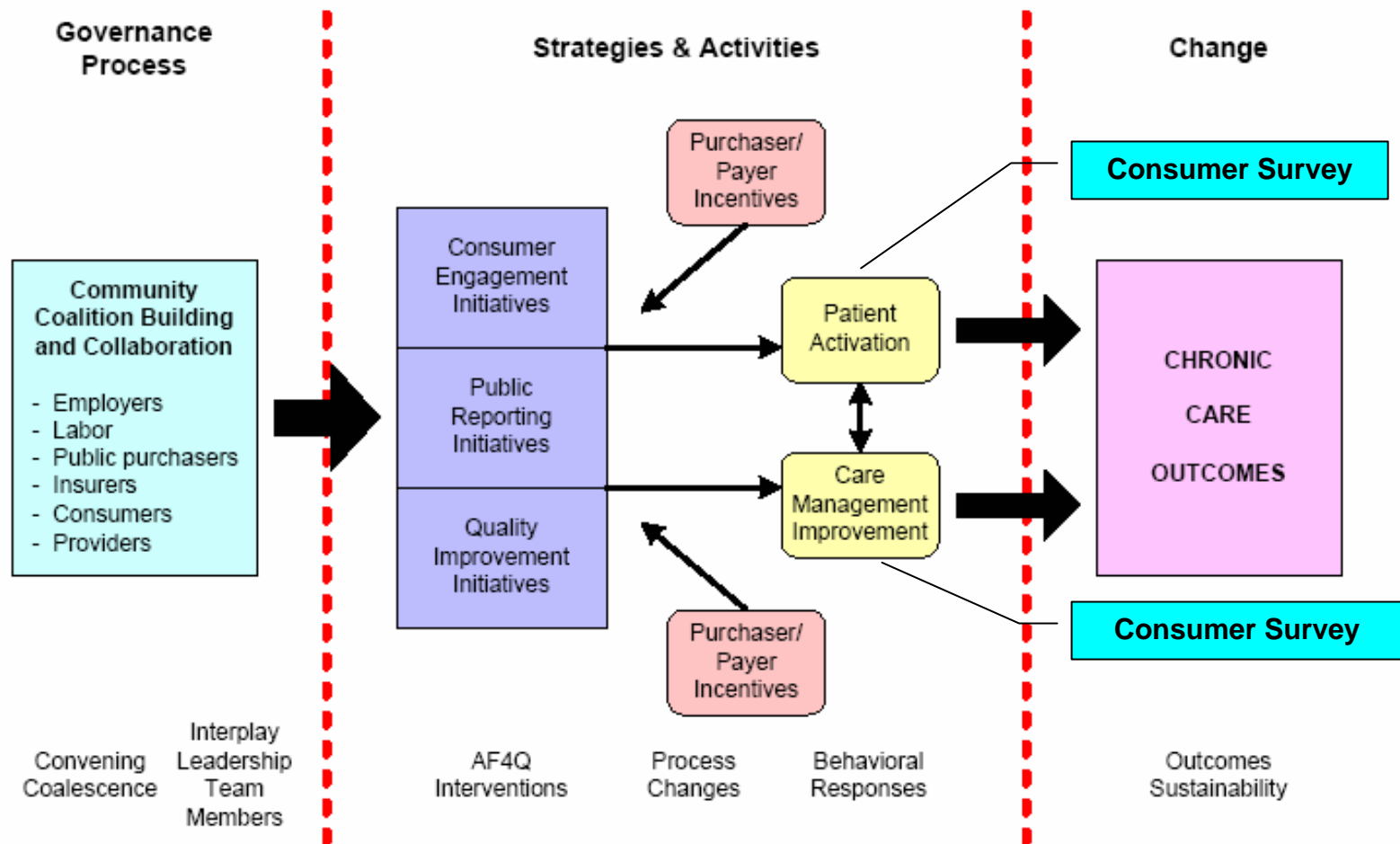
Variation in Alliance Structure: Puget Sound Health Alliance



Variation in Alliance Structure: Western New York



AF4Q Evaluation: Logic Model



AF4Q Consumer Survey

- Random digit dial survey with a screener for five chronic illnesses
 - Diabetes
 - High Blood Pressure
 - Heart Disease
 - Asthma
 - Depression

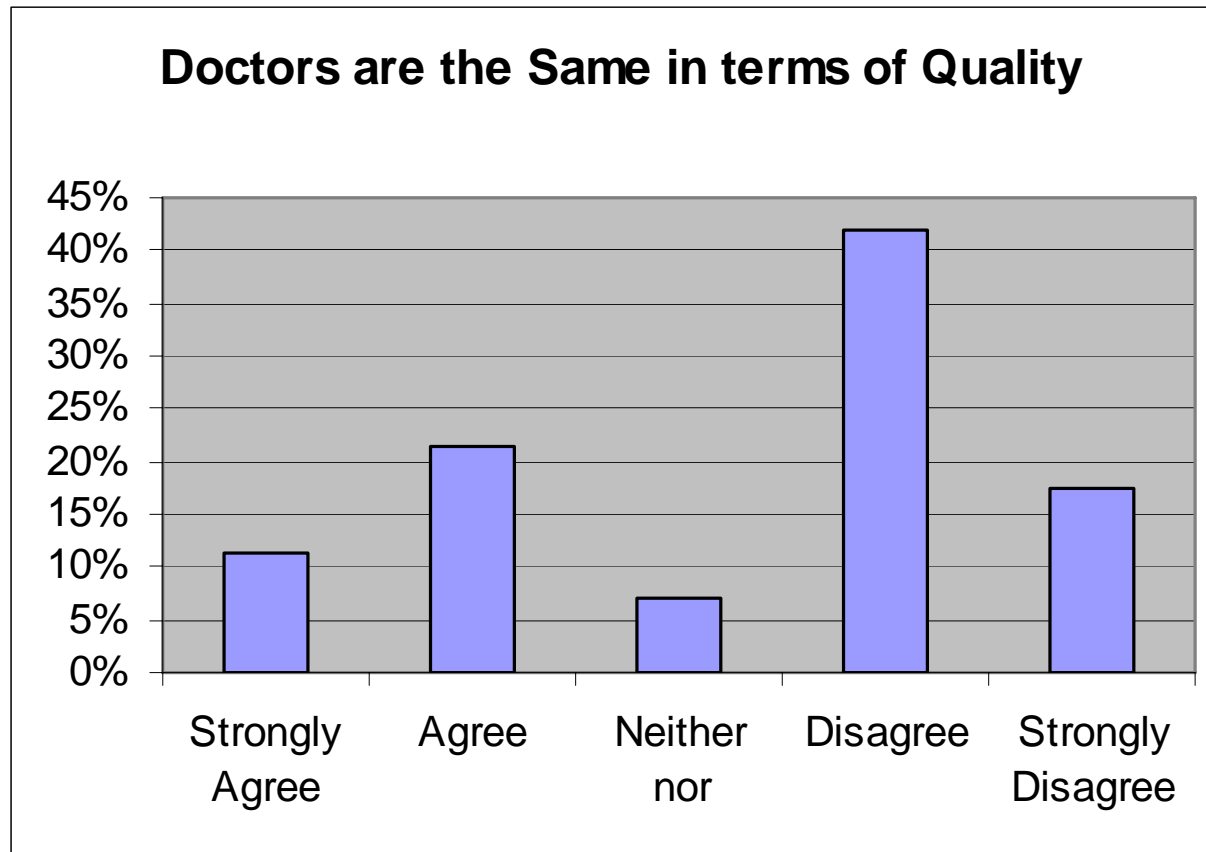
- 25 minute phone survey for those passing the screener. Survey content areas include:
 - Quality/utilization of services
 - Compliance with disease specific treatment guidelines (e.g., testing and drugs)
 - Consumer engagement/patient activation
 - Public Report visibility and use

- Survey in each of 14 communities with a national control sample
 - n=300/site
 - National control sample (n=800)
 - Oversample (n = 300) for race and ethnicity in 9/14 communities
 - Total n = 8,050

- Pilot completed 05/07 (n=100)

Doctor Quality

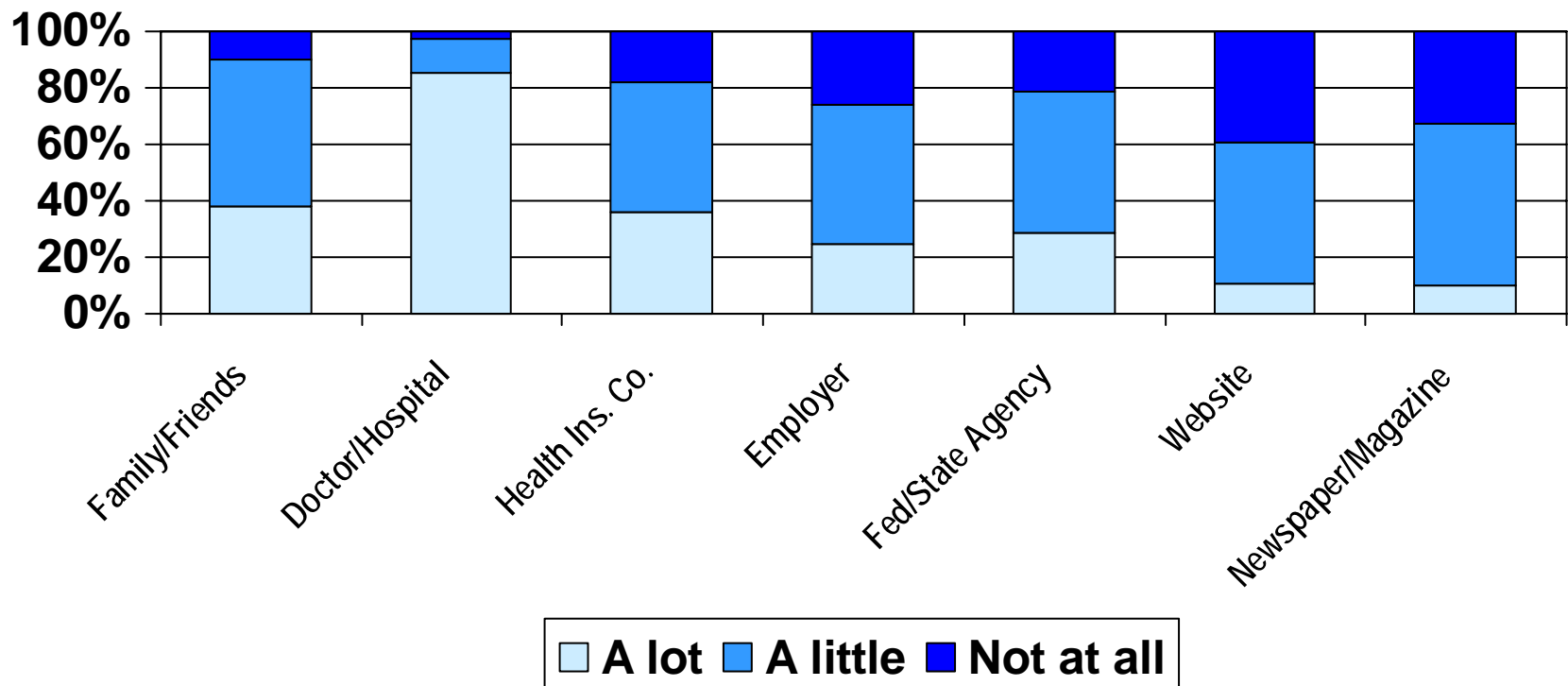
Source: AF4Q Consumer Survey (national pilot sample, n=100)



Trusted Information Sources

Source: AF4Q Consumer Survey (national pilot sample, n=100)

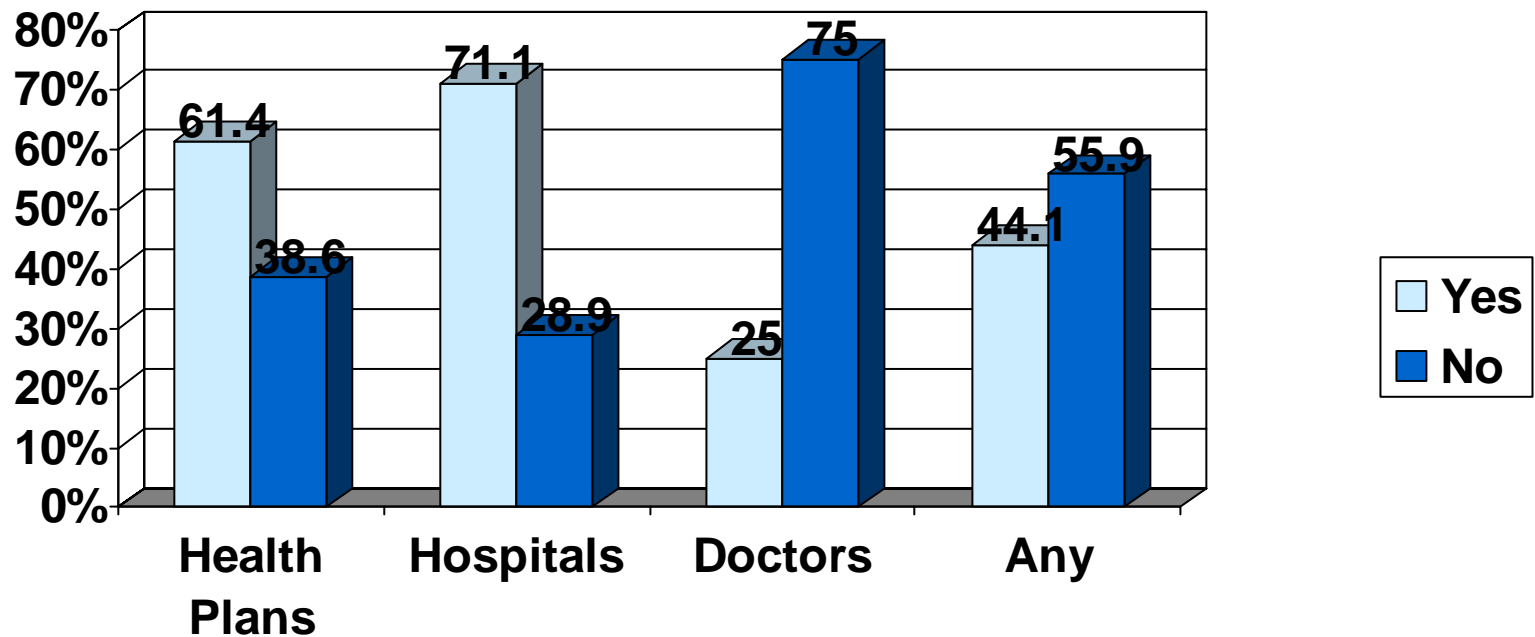
Respondent would trust information about health care quality from this source



Awareness of Public Reports

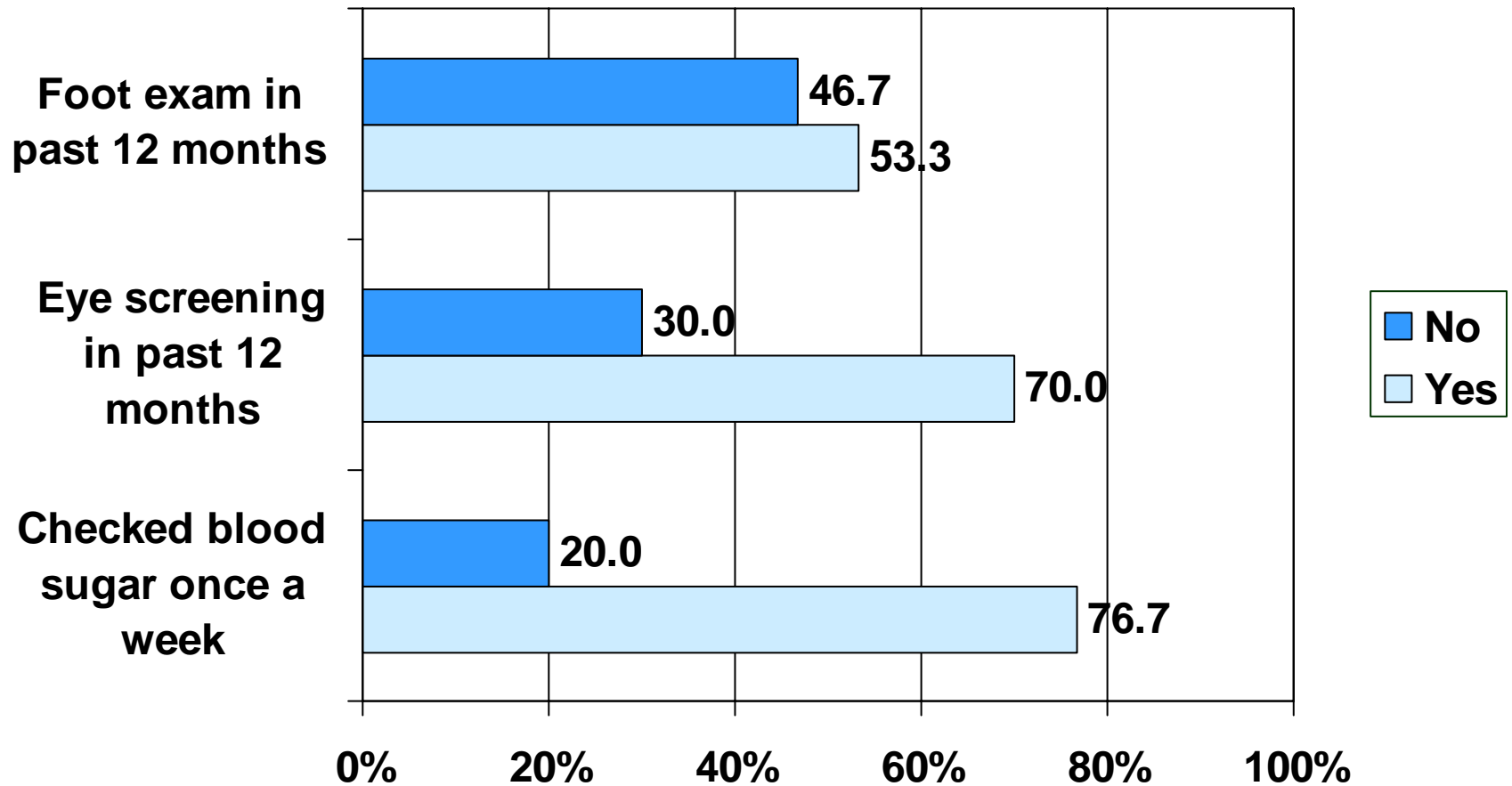
Source: AF4Q Consumer Survey (national pilot sample, n=100)

Respondent saw information comparing quality of plans, hospitals, and doctors

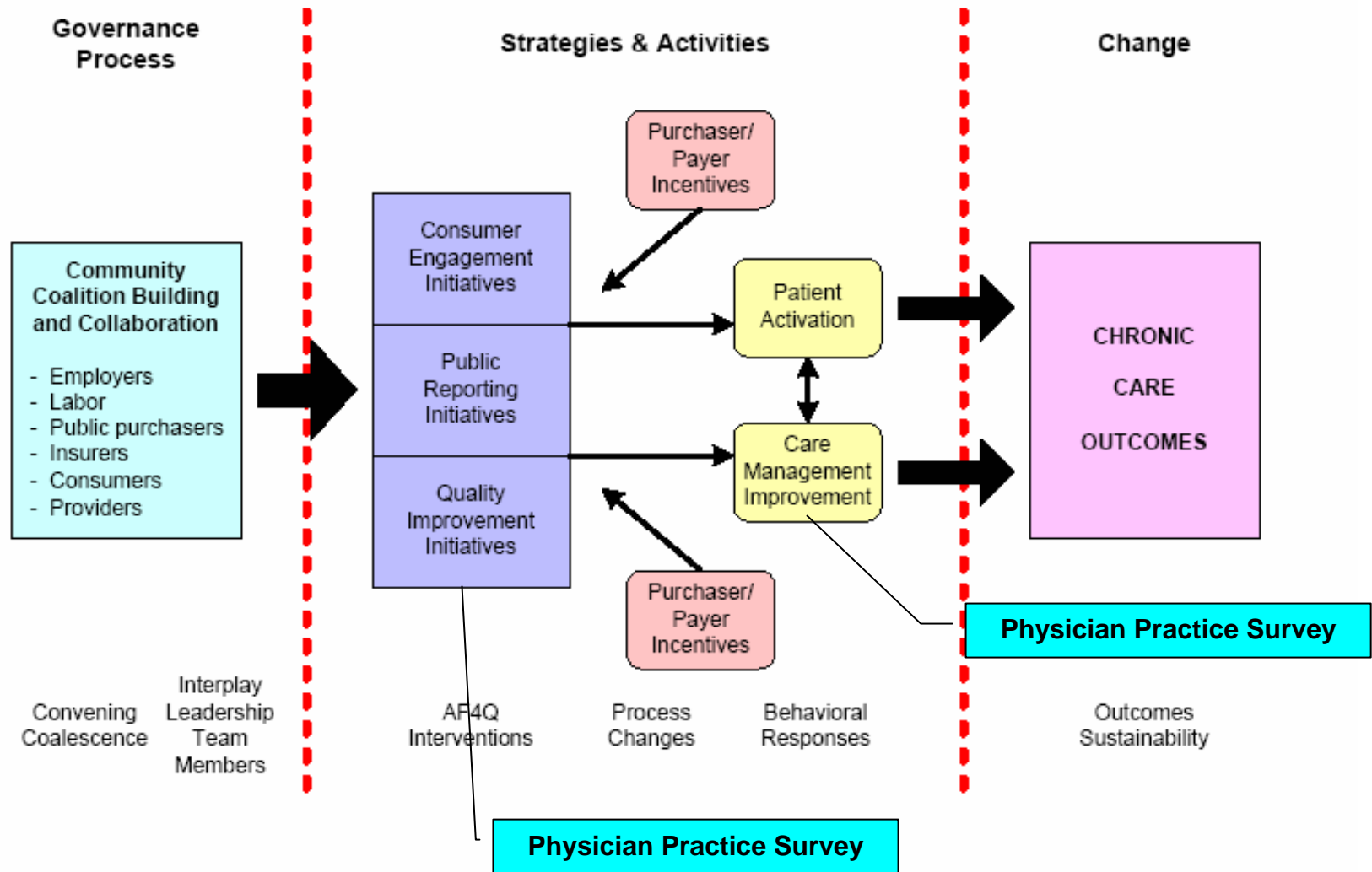


Patient Reported Diabetes Care

Source: AF4Q Consumer Survey (national pilot sample, n=100)



AF4Q Evaluation: Logic Model



National Study of Small and Medium-Sized Physician Practices (NSSMPP) and NSPO-2

- Nationally representative phone survey of small and medium-sized physician practices (<20 physicians) designed to complement the National Survey of Physician Organizations, a survey of large practices and IPAs, funded by the RWJF.
 - Sample restricted to specialties that care for four major chronic illnesses
- Survey content focuses on practice adoption of 'care management processes' beneficial for treating patients with chronic illness (e.g., electronic registry, decision support, EMR, etc.)

National Study of Small and Medium-Sized Physician Practices (NSSMPP)

- ❑ Sampling frame from IMS is based on pharmacy claims data and approximates the universe of relevant physician specialties
- ❑ Oversample in 14 AF4Q communities with the goal of n=120 completed surveys per site
- ❑ Ability to compare AF4Q sites to each other, to the national sample (non-AF4Q sites), and over time (pre/post)

Care Management Processes (CMPs) for Asthma Care

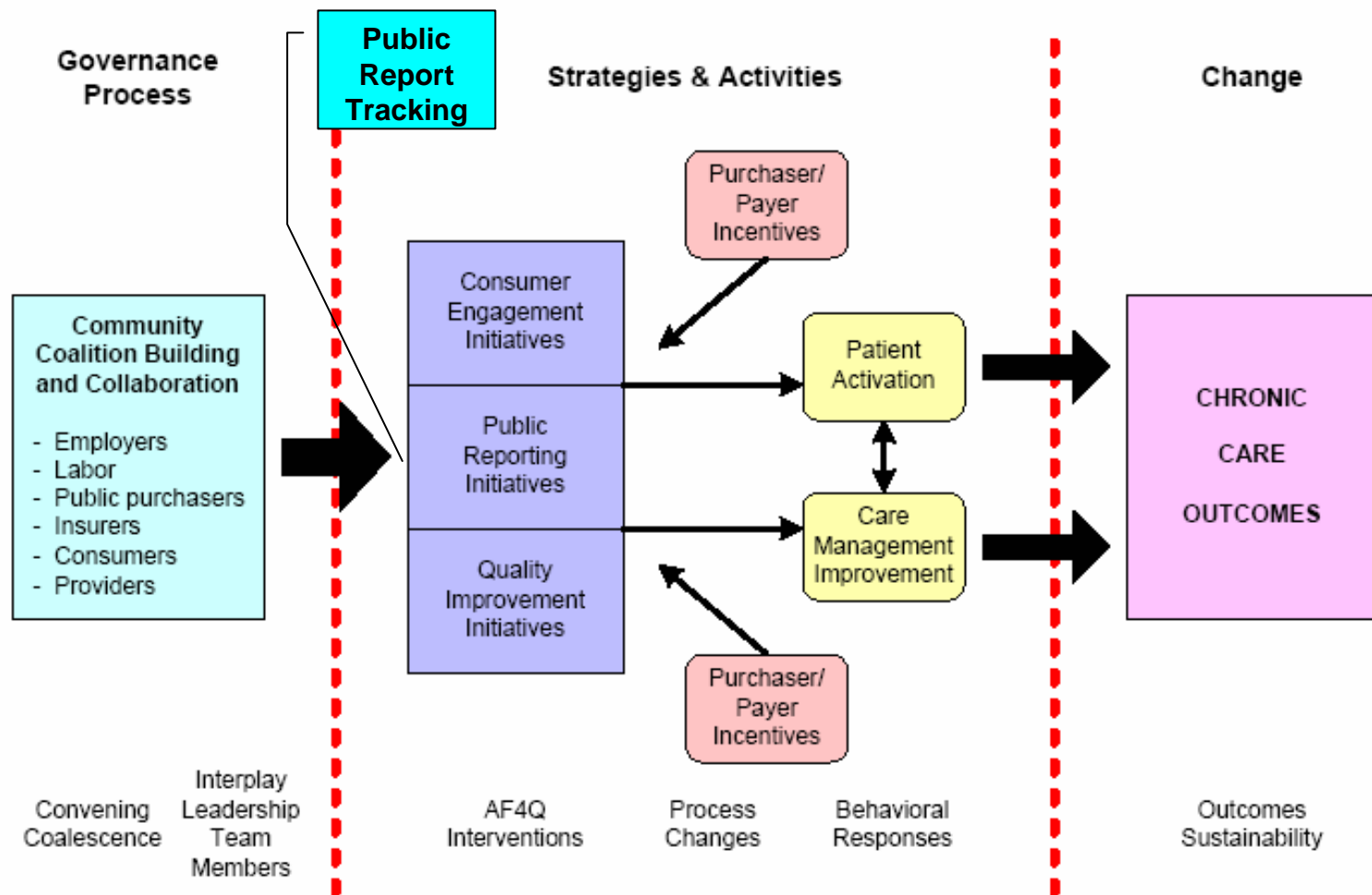
Sites	Electronic Registry	Guideline-Based Reminders	Physician Organization (PO) Gives Data to MDs	PO Sends Care Reminders to Patients
Site A	25.0%	41.7%	50.0%	25.0%
Site B	22.2%	50.0%	88.9%	0%
Site C	50.0%	77.8%	70.0%	40.0%
Site D	44.4%	44.4%	44.4%	33.3%
Site E	25.0%	33.3%	33.3%	25.0%

EMR Adoption and Use

Site	Have EMR with Progress Notes	Most MDs use Progress Notes	Have EMR with Problem List
Site A	58.3%	41.7%	50.0%
Site B	55.6%	22.2%	55.6%
Site C	50.0%	50.0%	50.0%
Site D	66.7%	44.4%	66.7%
Site E	66.7%	58.3%	50.0%

Source: NSPO2

AF4Q Evaluation: Logic Model



Tracking Public Reports on Quality

- Goal of Public Report Tracking is to document and measure:
 - Changes in number of reports, report content and report dissemination over time
 - Differences in public reports in AF4Q sites vs. a set of comparison sites

Identifying and Abstracting Reports

- Reports identified through:
 - General World Wide Web searches
 - Medical association, hospital association, QIO, health plan association and top five health plan websites
 - AF4Q grantee organization contact
- Reviewed reports for:
 - Level of reporting (physician or group)
 - Chronic care measures included
 - Data sources and aggregation methods
 - Distribution/dissemination methods
 - Length and history of reporting activities
 - Involvement of provider and payer communities

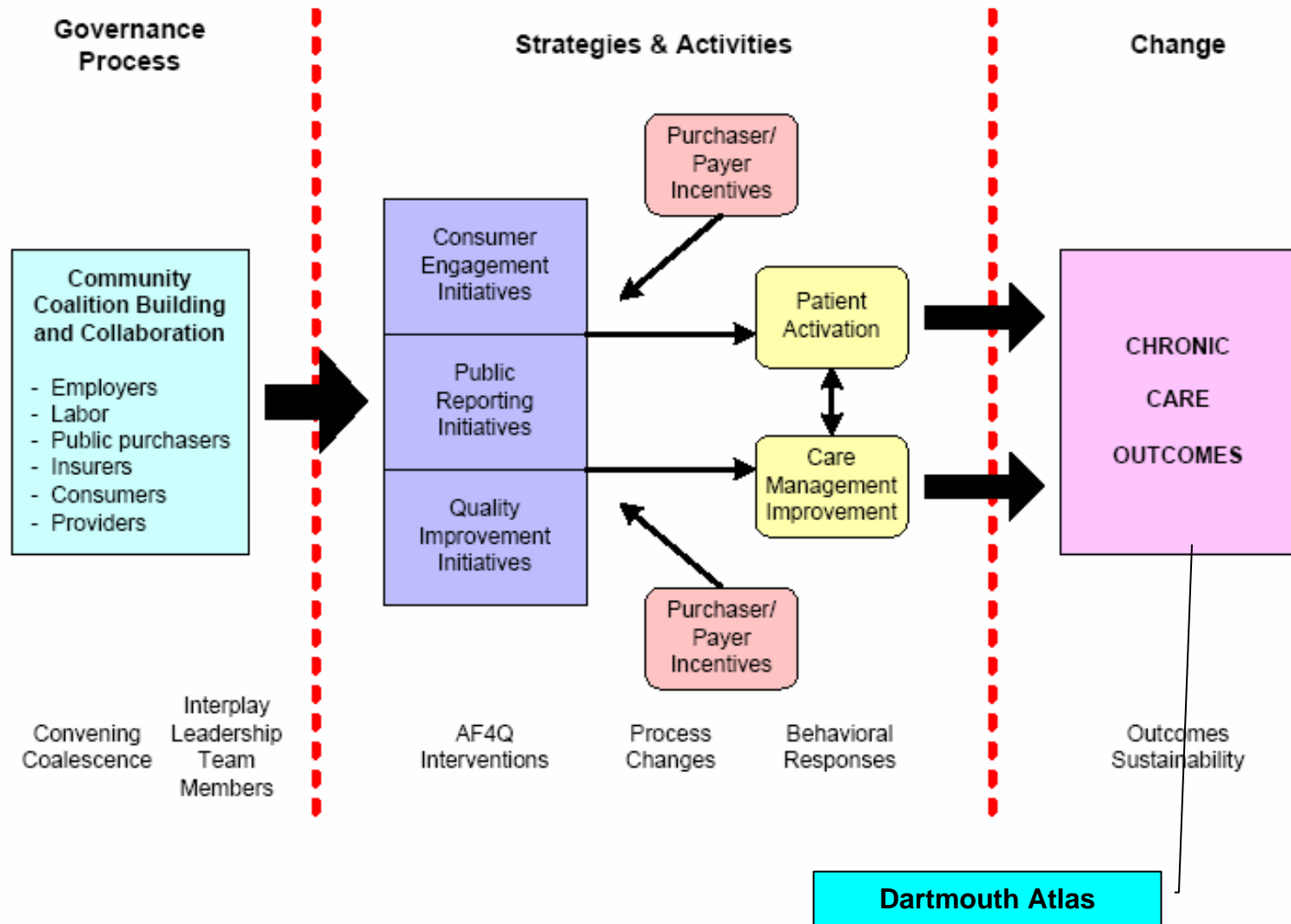
Number of Public Reports

	Minnesota	Seattle	Detroit	Memphis
Unique provider or plan quality reports	11	7	9	6
• Plan quality reports	1	0	3	0
• Hospital quality reports	4	5	3	4
• Nursing Home quality reports	1	0	1	0
• Physician Group/Clinic quality reports	5	2	2	1
• Physician quality Reports (*designation only)	0	0	0	1(1)
Reprinting of other reports/scores+	2	1	2	2
URL links to other reports	HC, LF, NCQA, BTE, 5M Lives	HC, LF(2), BTE, HEDIS	HC, LF	HC(2), LF(2), NCQA(2), Healthgrades
<p>*designation only-provider identified as meeting quality thresholds for premium network. +Reproductions include <i>scores</i> from other national or local reports that are repackaged in some way HC-CMS Hospital Compare, LF-Leapfrog, e8- eValue8</p>				

Chronic Disease Care Measures in Physician Quality Reports

Condition (s) Measured	Minnesota	Seattle	Detroit	Memphis
Any Chronic Illness Care Measures	5(10.2)	2(5.5)	1(7)	2(7.5)
Diabetes	5(7.4)	2(4)	1(5)	2(5)
Asthma	4(1)	2(1)	1(1)	2(1)
Depression	2(1)	1(1)	0	1(1)
Hypertension	2(1)	0	0	0
Coronary Artery Disease	2(2.5)	0	1(1)	1(2)
Key: Number of reports measuring condition(s) (Average number of measures, if reported)				

AF4Q Evaluation: Logic Model



Chronic Care Process Measures from Dartmouth Atlas Data

- The Dartmouth Group is using Medicare claims data (20% sample) to produce HEDIS like measures at the AF4Q region level so that we can track performance on these measures historically and into the future
- We'll also be tracking the trajectory of these measures in non-AF4Q communities as a pseudo control group.
- Several measures will be available for the AF4Q evaluation and for AF4Q communities. Measures are available in several areas including:

Diabetes

Heart Disease

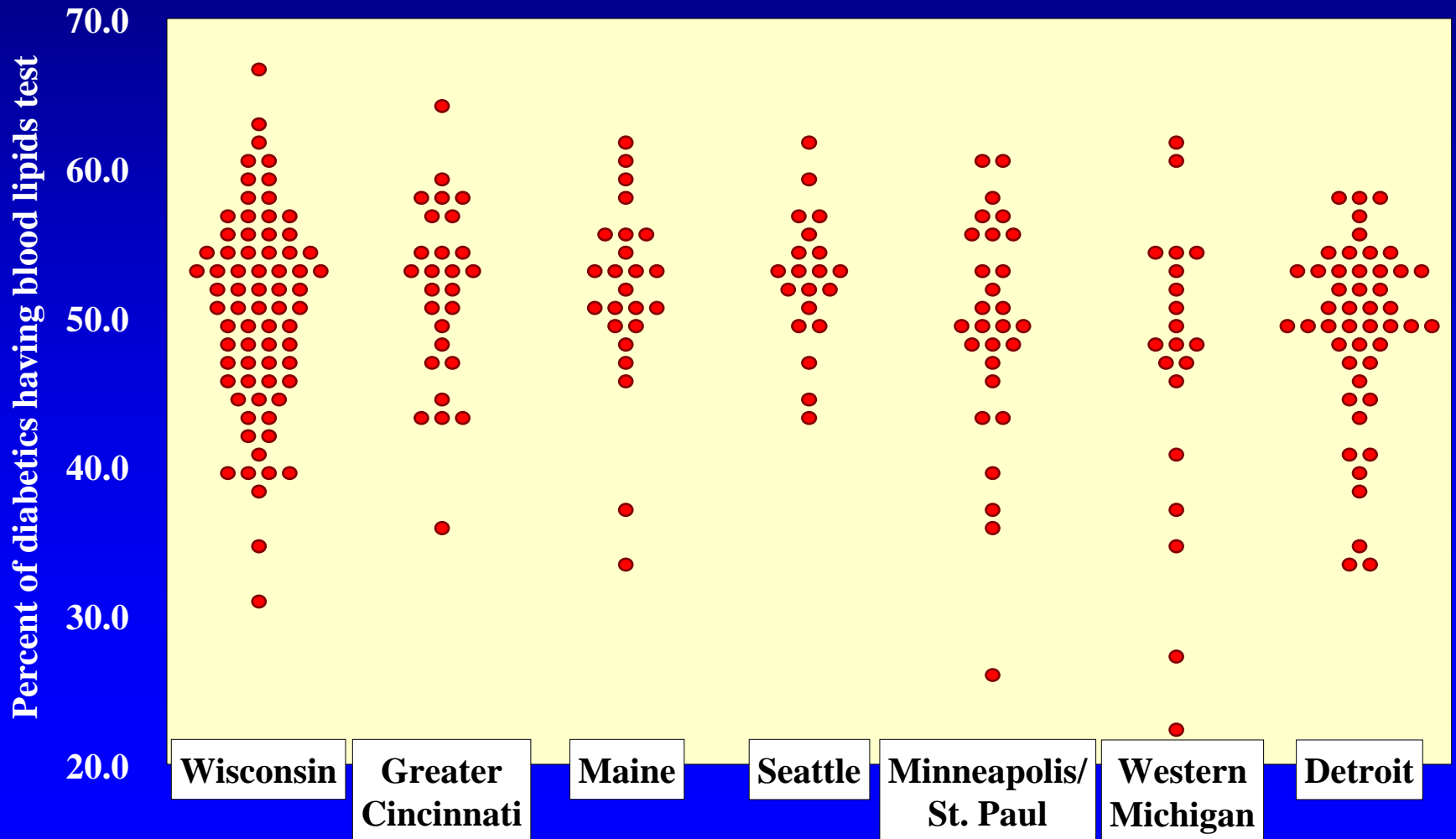
Asthma

Depression

Preventive Care

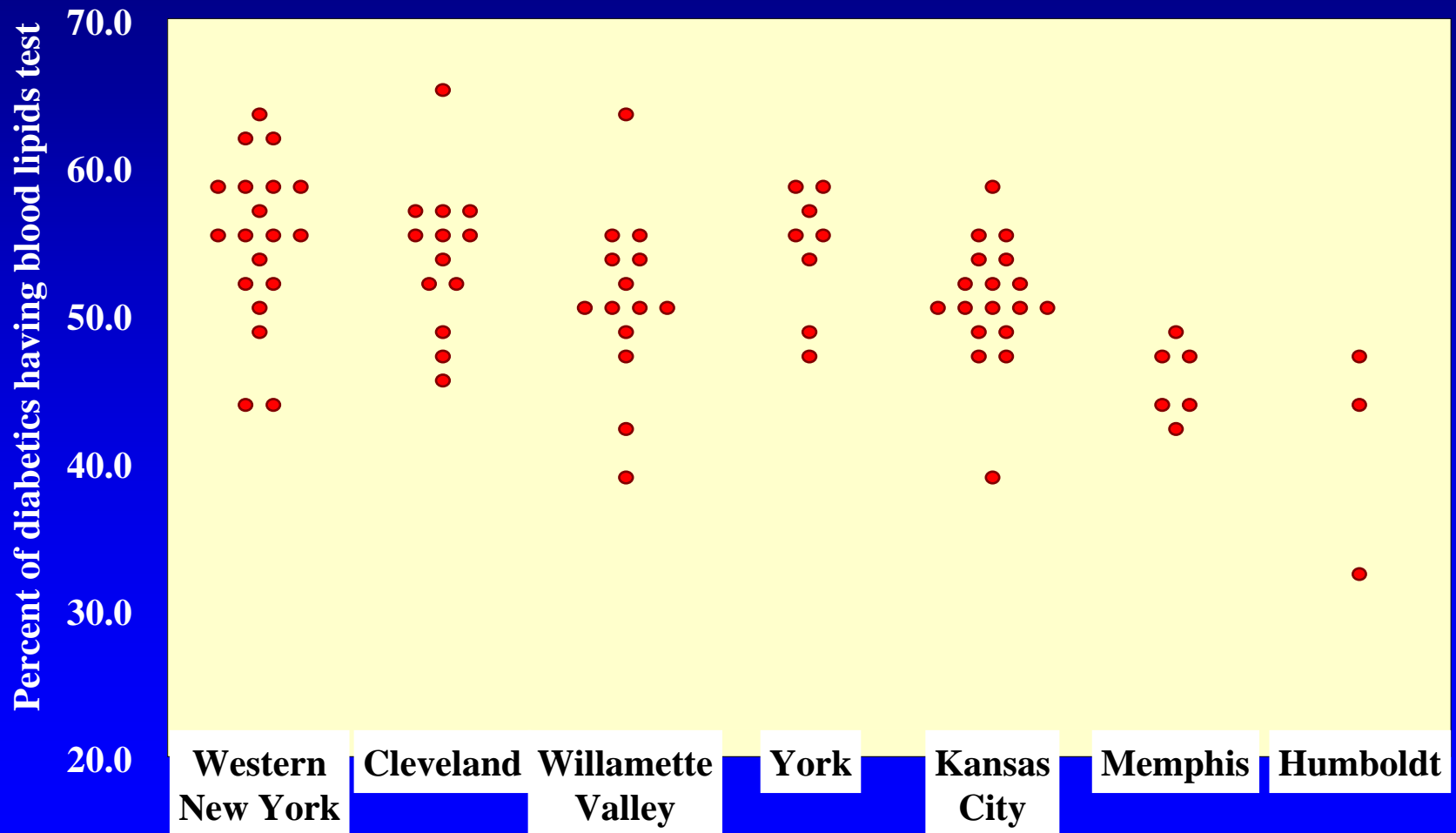
Dartmouth Atlas Data: Diabetic Lipid Testing

Percent of diabetics having blood lipids tested in sites with 20+ hospitals with 500+ patients



Dartmouth Atlas Data: Diabetic Lipid Testing

Percent of diabetics having blood lipids tested in sites with <20 hospitals with 500+ patients



Working with the Evaluation Team

- The evaluation team will provide sites with data summaries from the various data collection activities once available. Our hope is that these summaries (e.g., alliance web and consumer surveys) are useful in formative development
- We also plan to study a limited number of specific interventions implemented by sites in the areas of PR, QI, and CE

Site Specific Research Opportunities

- ❑ The evaluation team has a limited amount of resources (research staff time, data collection, etc.) to study specific interventions implemented by AF4Q sites
- ❑ It is envisioned that the interventions studied will be related to PR/PM, CE, or QI
- ❑ The research must generate knowledge that will benefit the AF4Q program and be useful to the sites

Site Specific Research Opportunities

- Projects must have a credible research design, including a control group strategy
- Sites, the NPO, or the evaluation team can suggest possible research projects
 - This can start very informally with a discussion of ideas to gauge feasibility
- Decisions on projects (likely 4-5) will be made by the AF4Q research committee
- Details of this process, including how to suggest opportunities, are provided in the meeting binder in the evaluation section

Questions?
