Rhode Island State Innovation Model Test Grant

Overarching Mixed Methods Evaluation Plan
Prepared by the RI State Evaluation Team

University of Rhode Island
Brown University
Overarching evaluation questions for National (RTI) and State evaluation

- To what extent did the Rhode Island SIM Test Grant foster collaboration, align efforts across sectors and between partners, and increase data-driven decision-making?
- To what extent has the Rhode Island SIM Test Grant implemented its Operational Plan and adhered to the theory of change (i.e., Transformation Wheel, Component Table, and Driver Diagram)?
- To what extent has the Rhode Island SIM Test Grant strengthened population health?
- To what extent has the Rhode Island SIM Test Grant transformed the healthcare delivery system?
- To what extent has the Rhode Island SIM Test Grant decreased per capita healthcare spending?

Evaluation Insight

As these are broad questions that cannot be answered in any simple, singular analysis, they will form the guiding principles behind specific questions being evaluated in more detailed individual evaluation plans. As procurement proceeds for each of the specific programs the RI State Evaluation Team is responsible for evaluating, we will utilize the mixed-methods framework as detailed below to generate a program specific evaluation plan that adheres to the design and fundamental overarching questions.
Evaluation Process

• Engaging stakeholders through the convening of a SIM Evaluation Workgroup and participating in the SIM Steering, Interagency, other Workgroup, and Core Staff meetings (as deemed appropriate). This includes participation in debrief conversation to evaluate how the meeting went and what follow-up is needed;

• Describing the program as depicted by the Rhode Island SIM Operational Plan and additional procurement documents

• Focusing the evaluation design to align with SIM-outlined goals and metrics, Steering Committee areas of interest, and return on investment study needs—including modeling new payment designs and the establishment of baselines and the plan for quantification of anticipated total spending for patient cohorts attributed to particular practices;

• Gathering credible evidence using existing defined measures, available and/or improved data collection, and methods to address other identified gaps/needs;

• Justifying conclusions on an ongoing and annual basis using findings from mixed methods evaluation, qualitative and quantitative analysis, and other anecdotal evidence;

• Ensuring usefulness of findings and sharing lessons learned with internal and external partners.
The core characteristics of a well-designed mixed methods research included in our evaluation strategy involves the following:

1. Collecting and analyzing both quantitative (closed-ended) and qualitative (open-ended) data.

2. Using rigorous procedures in collecting and analyzing data.

3. Integrating the data during data collection, analysis, or discussion.

4. Using procedures that implement qualitative and quantitative components either concurrently or sequentially, with the same sample or with different samples.
Specific Program Evaluation efforts

• Child Psychiatry Access Program (PediPRN)
  • Plan developed and approved
  • Initial data from Bradley quite promising (next slide)
  • Initiating discussions of how we might be able to use APCD to document outcomes and begin ROI process

• Community Health Teams
  • Programs are in early stages of implementation
  • Dr. Redding working with CTC coordinators and CHT providers to detail pertinent questions

• End of Life Directives
  • Worked with procurement process to outline basic information needed for evaluation
  • Recently procured and started implementation
  • Planning meetings to formalize evaluation questions and approach with vendors and project lead

• Culture of Collaboration
  • Recent initial survey (more on that later)
  • Finalizing primary questions with SIM leadership and finalizing follow-up evaluation plan

• TBD; Health Information Technology aspect
PediPRN initial findings

• 56 Practices and 336 practitioners have access to the services *(more than targeted)*

• Approximately 400 consultations for 300 children *(less than imagined, but needs to be contextualized with previously existing consultation options which didn’t exist in comparison states)*
  - 52% medication consult (44% of which changed or started meds), 18% resources-community access, 11% diagnostic, 10% 2nd opinion
  - 71% of consultations were completed in 20 minutes or less

• Provider pre-interim survey
  - 38% increase in ability to meet needs to children with psychiatric problems
  - **440% increase in ability to receive psychiatric consult in timely manner**
  - Increase in self-efficacy to identify and interpret mental health screening measures, diagnosing mild to moderate pediatric depression, anxiety but *no increase in confidence in ability to treat across conditions*
  - Mental health screening on daily basis went from 82% to 97%
  - 52% anticipated using PediPRN services weekly, but only 9% using it at that rate
    - Barriers: limited time for call (28%), forget it was an option (24%), too many competing demands (15%)
    - However, only 2% indicated service was unavailable when needed, did not meet needs of clinic, didn’t hear back from them
  - Overall 76% of surveyed providers found PediPRN services to be useful

• Next steps:
  - Examine ways to increase program usage
    - Reminders, trainings, service timing from sustainability lens (59% want return call within 30 minutes, 41% okay with scheduling)
  - Continue to examine program effectiveness as beginning of ROI exploration
    - Perhaps at practice level and using APCD to examine costs
Community Health Teams
Evaluation Progress

• Met with CTC-RI and SIM CHT/SBIRT staff to coordinate metrics and develop a logic model
• Some CHT and SBIRT evaluation goals have been aligned (Consolidated Operations)
• CHT data collection & reporting began on SIM metrics
  • Quarterly metrics: staff readiness, training, and work
  • Monthly metrics: # patient referrals, eligibility and contacts

• Next steps:
  • Decide how to evaluate CHT program effectiveness across problem areas (e.g., pre-post evaluation of Quality of Life)
  • Continue to examine program effectiveness as beginning of ROI exploration
Next steps

• Work with PediPRN to continue evaluation efforts and build reports and recommendations

• Finalize key evaluation questions and metrics for CHT and End of Life

• Continue to work on Culture of Collaboration evaluation

• Engagement with Brown to examine program effectiveness and potential ROI in longer term
  • Dr. Ira Wilson will speak next on this topic