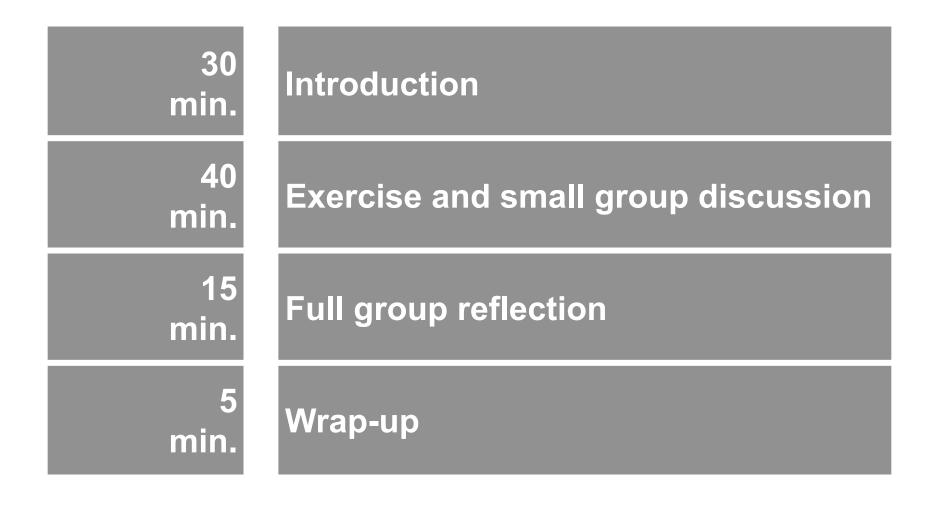


Evaluation for Sustainability: Leveraging Data to Attract Partners and Funders

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Session agenda



Effective use of evaluation and data supports the five elements of success for health equity programs

- Effective use of data
- A community-based approach
- Leadership with a systems orientation and an equity mindset.
- An enabling policy environment
- **Cross-sector collaboration**



Different types of evaluation support organizations to answer different kinds of questions

Forms of Inquiry

Purpose

Research

The systematic investigation to establish **new knowledge**

Monitoring and Performance Measurement

The analysis of routine measurements to detect changes in status (progress, movement)

Developmental Evaluation

A study that informs and supports innovative and adaptive **development** in complex dynamic environments

Formative (Process) Evaluation

An assessment conducted during the implementation of a program to determine if it is likely to reach its objectives

Summative (Impact) Evaluation

A study conducted toward the **end of an intervention** to determine the extent to which anticipated outcomes were achieved.

Evaluation can be leveraged to "make the case" for program sustainability

What is evaluation for sustainability?

Effective collection and use of data from existing research or project evaluations to effectively "make the case" for support from internal and external stakeholders critical to program sustainability and scale.

How can it help your program?

- Provide fodder for efforts to attract grant funding
- Make the case for reimbursement from public and private payers
- Make the case to internal leadership for support and resourcing and/ or for changes to policies and procedures that enable program success
- Inform other similar efforts and motivate replication
- Inform state and federal policy agendas

Three types of evaluation output can be leveraged for sustainability

- **HEALTH OUTCOMES** FOR INDIVIDUALS AND POPULATIONS
- Improved patient likelihood of survival
- Reduced rates of morbidity and complications
- Improved patient quality of life

QUALITY AND PATIENT SATISFACTION

- Improved patient satisfaction
- Reduced rates of medically critical errors
- Improved quality "scores"

COST SAVINGS AND RESOURCE **EFFICIENCY**

- Reduced emergency department use
- More efficient human resource allocation
- Reduced cost of treatment with early diagnosis

Measuring more than health outcomes can help programs move beyond grant funding towards more sustainable sources

Articulating the connections between these outcomes is critical to "making the case"



- Health outcomes are relevant for all audiences
- Most programs already collect this information
- Measures of quality, patient satisfaction, and cost savings are most compelling for leadership at payer & provider organizations
- These will become increasingly important with the current shift to value-based care
- Few programs collect this information today

Organizations can use this evaluation output to increase their impact in two ways





- Share data with potential partners, health systems leadership, payers, and others
- Use data to "make the case" for why supporting the program is worthwhile for different health systems actors in your local system
- Leverage those relationships to support the success, growth, and sustainability of your specific program



INFLUENCING SYSTEMS

- Share data with broader audiences through publications, conferences, or through other channels
- Use data to "make the case" for the approach or model that your program takes
- Greater understanding of the impact of the approach on health outcomes, quality indicators, and/or cost-savings will encourage replication by others

Patient navigation provides an example of how this type of evidence-building can influence systems over time.

Project Cicero at Montefiore Medical Center in NYC has successfully advocated for grant funding





- Expands access to HIV care through a network of trained primary care physicians
- Used evaluation to show an 87% viral suppression rate for its patients, well above the 73% rate for the city as a whole
- Also demonstrated faster time between diagnosis and treatment initiation and improved adherence to treatment
- With these results, has been able to advocate for consistent program operational support from the Ryan White program and other government grants
- Has anecdotal evidence on cost savings (e.g., little ER usage by program patients), but has not yet conducted evaluation of costs

Kaiser made the internal case for sustained language/culture investments by linking to quality





- Provides easy access to language translation services and trains health care workers to mitigate implicit biases
- Monitors patient satisfaction by race / ethnic group, gender, age, and other characteristics
- Found evidence of increased patient satisfaction, reduced disparities in patient satisfaction, and increased utilization of health services
- Used this data to successfully advocate to internal leadership for expansion of the program beyond pilot sites
- No direct evidence of cost savings in some instances, initiative actually increased resource use because doctors were spending more time with their patients

VODI has attracted support from local providers, payers and gov't by demonstrating cost savings





- Coordinates health care for the Medicaid and un / under-insured population in Detroit
- Started with recognition of potential impact high rates of serious diseases for the population and \$400M in annual uncompensated care costs for Detroit health systems
- Used potential impact to get initial \$5M grant from WK Kellogg Foundation
- From pilot project, demonstrated significant impacts on cost savings: 100 - 300% decrease in ER use for certain patient populations and \$168M reduction in uncompensated care costs
- Leveraged outcomes data to attract ongoing operational support from major local health care provider organizations, HRSA, and the Michigan Department of Community Health

DISCUSSION QUESTIONS

PLEASE SHARE WITH THE FULL GROUP:

- WHERE HAVE YOU SEEN PROGRAMS SUCCEED IN USING EVALUATION FOR FINANCIAL SUSTAINABILITY, EITHER AT YOUR OWN ORGANIZATION OR IN OTHER CIRCUMSTANCES?
- WHAT TYPES OF EVALUATION DATA WERE DEVELOPED?
- WHO WERE THE KEY AUDIENCES AND HOW WERE THEY ENGAGED THROUGHOUT THE PROCESS?
- WHAT TYPES OF RESOURCES WERE REQUIRED TO CONDUCT THE EVALUATION?

Key lessons on evaluation for sustainability

- Engage key audiences early in the planning process. It can be difficult to guess at specific motivations, so ensure that you have an accurate understanding of data priorities and collection capabilities and build them into the evaluation plan.
- Do not try to evaluate everything. Instead, target the pieces of information that are the most relevant to engaging key stakeholders.
- Leverage existing research and data to make the case for a pilot project. The pilot project will yield more location- and population-specific data that can be used to engage more partners.
- Extrapolate and model where you can. This practice can help key stakeholders understand the magnitude of potential and realized impact while keeping actual data collection manageable.
- Numbers help facilitate conversations, but relationships are absolutely essential. While the numbers can help "make the case," program sustainability will ultimately rest on building buy-in amongst key constituencies. Building those relationships remains critical.

Reflecting on audiences and goals can clarify evaluation plans

What are you aiming to achieve (e.g., attract funding, partners)? **GOAL:** Audience **Desired Motivators and data needs Existing data** Plan for new and research data collection supporting Quality Cost Health action savings outcomes What types of What relevant How can you Who needs data will be most collect new data can you to be compelling to pull from necessary involved? What action these data? What existing do they need audiences? research and/ proxies can to take? you use to or your own make data program evaluation? collection easier?

Evaluation data diagnosis: worksheet example

EXAMPLE: COMPLETED WORKSHEET

GOAL: Establish sustainable funding for lung cancer screening outreach program

Audience	Desired supporting action	Motivators and data needs			Existing data	Plan for new
		Health outcomes	Quality	Cost savings	and research	data collection
Hospital leadership team and board	Allocate human resources for 2-year pilot to support early lung cancer diagnosis	X			Track stage of diagnosis for program patients; research shows morbidity/ mortality impact of early diagnosis	Track patient follow-up, health outcomes for participating patients
Local private payers	Provide ongoing funding for screening program			X	Program costs; evidence of cost savings from other studies	Identify costs of treatment in cases of late diagnosis; model ROI of early diagnosis for participating patients

TABLE DISCUSSION 20 MINUTES

AT YOUR TABLES, PLEASE DISCUSS WITH YOUR GROUP:

- WHAT EXISTING DATA CAN YOU LEVERAGE IN NEW WAYS?
 WHAT DATA GAPS DID YOU FIND THAT YOU DID NOT ANTICIPATE?
- WHAT WILL YOU NEED TO DO / WHO WILL YOU NEED TO TALK TO IN ORDER TO GATHER THE DESIRED DATA FOR YOUR PROGRAM EVALUATION?
- HOW AND WHEN WILL YOU ENGAGE YOUR KEY AUDIENCES?
- WHAT QUESTIONS DID THIS EXERCISE RAISE FOR YOU?

FULL GROUP DISCUSSION 15 MINUTES

PLEASE SHARE WITH THE FULL GROUP:

- WHAT WERE THE COMMON THEMES FROM YOUR DISCUSSIONS?
- WHAT TYPES OF EVALUATION ARE YOU ALREADY DOING? WHERE ARE THE COMMON GAPS?
- WHAT NEXT STEPS DO YOU WANT TO TAKE WITH YOUR PARTNERS / POTENTIAL PARTNERS? HOW WILL YOU ENGAGE YOUR "KEY AUDIENCES" FOR THIS EVALUATION INFORMATION?