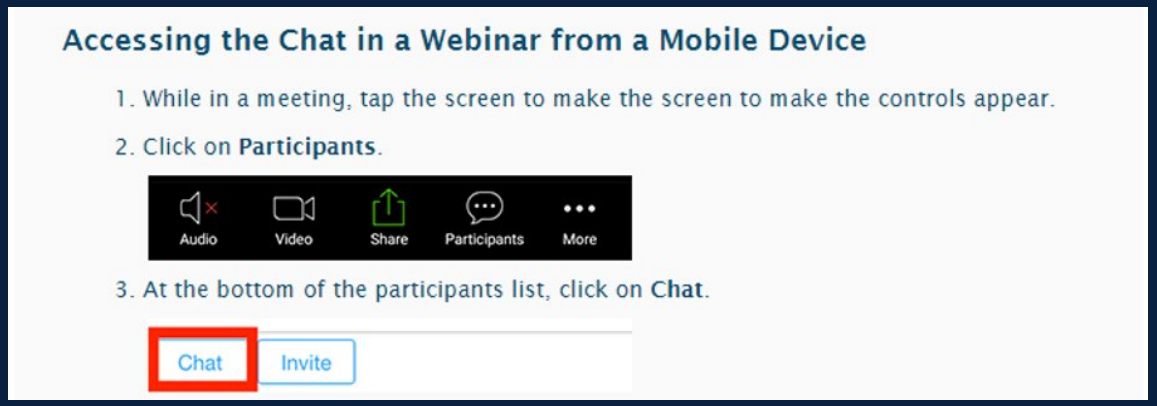
HSPN HEALTH SYSTEM PERFORMANCE NETWORK

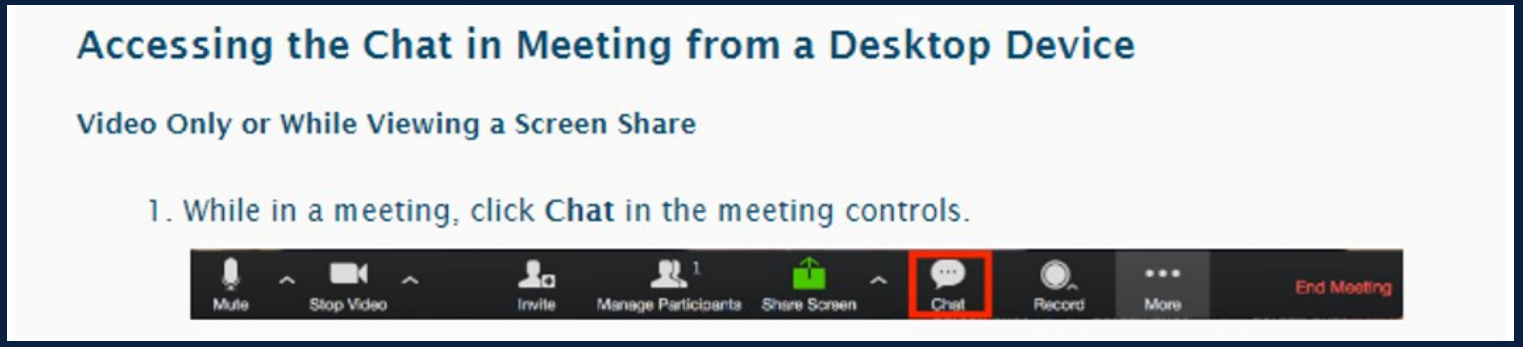
Evaluation and Logic Model Development for OHTs

February 25, 2020

Welcome & thank you for joining us!

Please let us know who you are by introducing yourself
(name & OHT or other org)
to <u>everyone</u> in
the chat box





Today's event

Host

Dr. Walter Wodchis

Discussants

Dr. Kaileah McKellar
Asst. Professor (Status)
Evaluation Consultant

Jagger Smith

Program Director
Baycrest
NYT OHT

Kristen Caballero

SVP Community Services
Better Living Health
NYT OHT

Anne-Marie Yaraskavitch
Patient and Family Advisor
Durham OHT

HSPN

Webinar Overview

1. Overview of Central OHT Evaluation
2. “How to” develop logic models
3. Example logic models from North York Toronto Health Partners
4. Patient/family/caregiver involvement
5. Participant discussion

Walter Wodchis

We are building community

&

Everyone is involved !

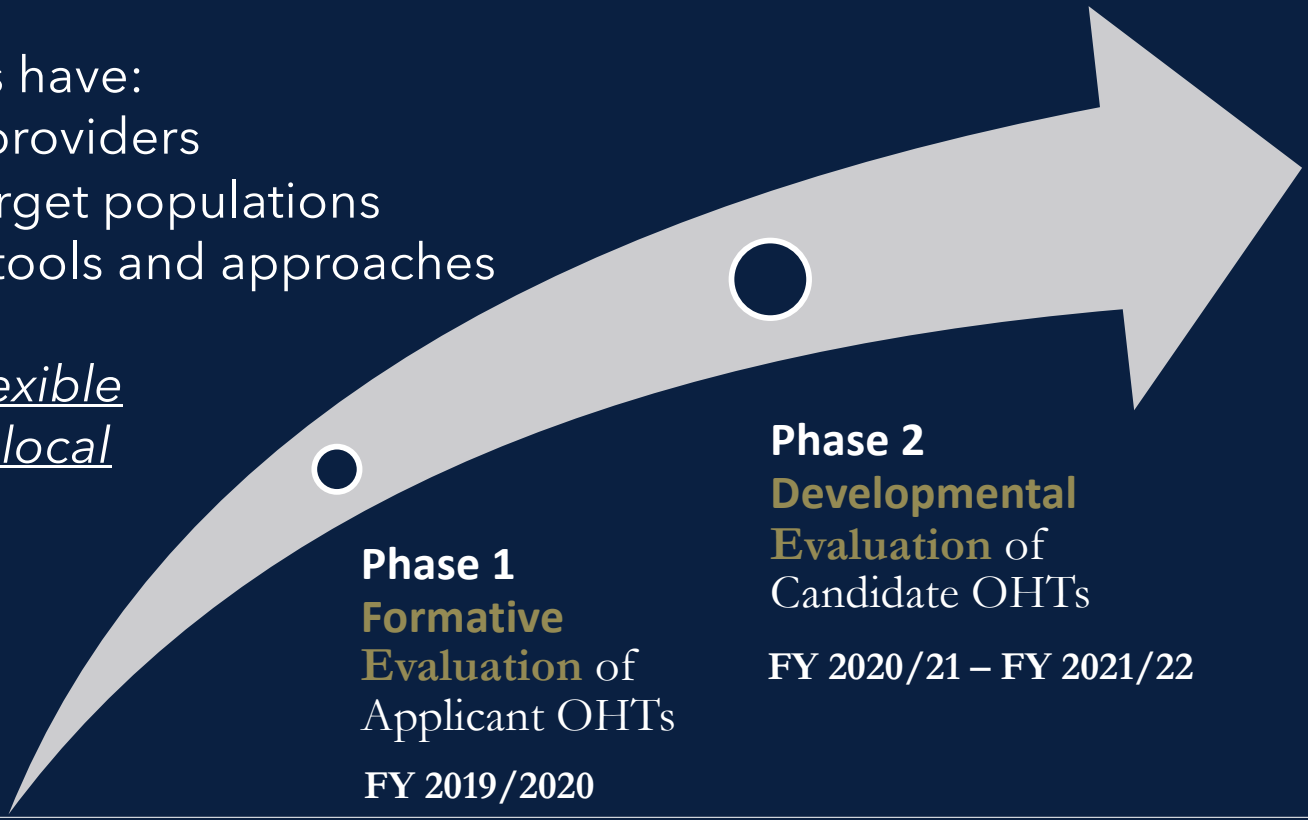
Use the chat-box **<To everyone>** to enter thoughts, reflections and questions

Overview of Central Evaluation

Ontario Health Teams have:

- Varied groups of providers
- Varied first year target populations
- Varied resources, tools and approaches

Evaluation must be *flexible*
Evaluation should be *local*



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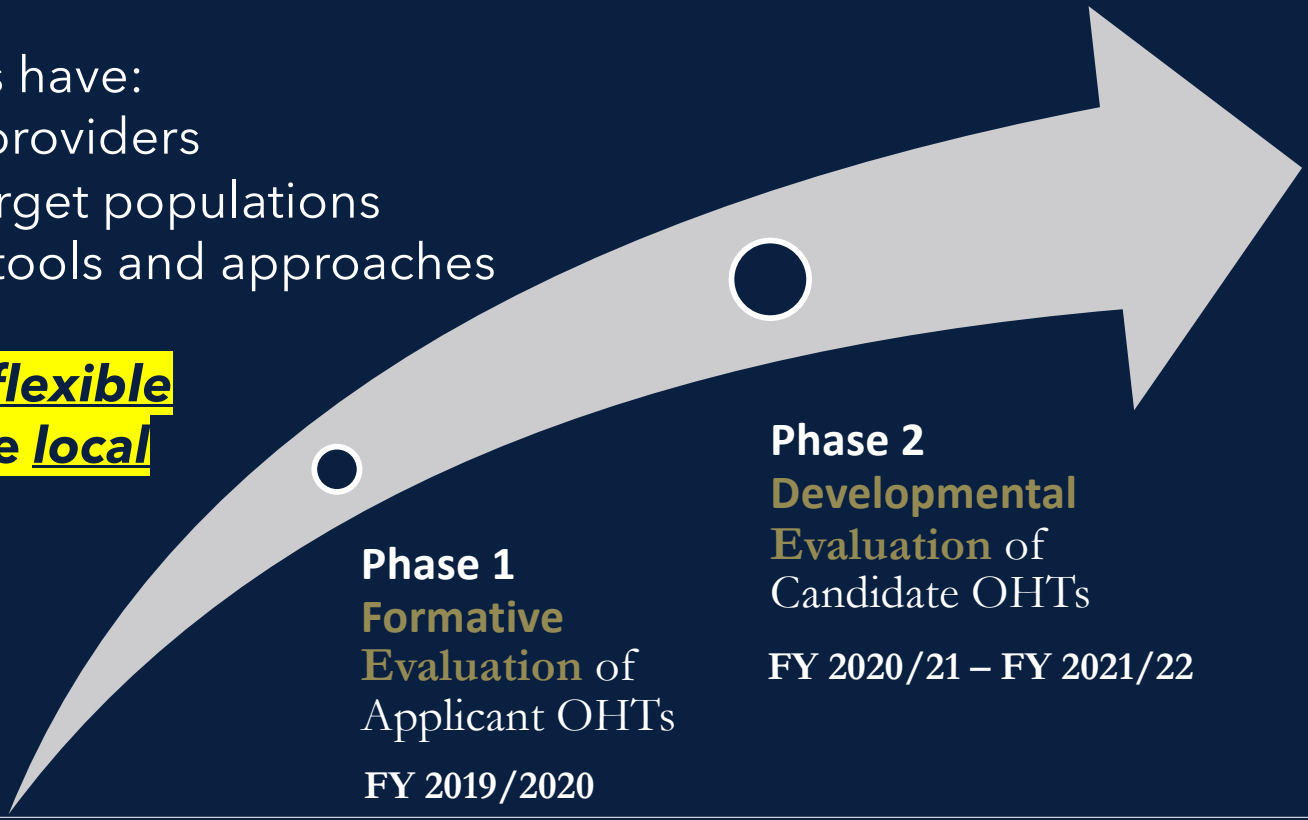


Overview of Central Evaluation

PHASE 1

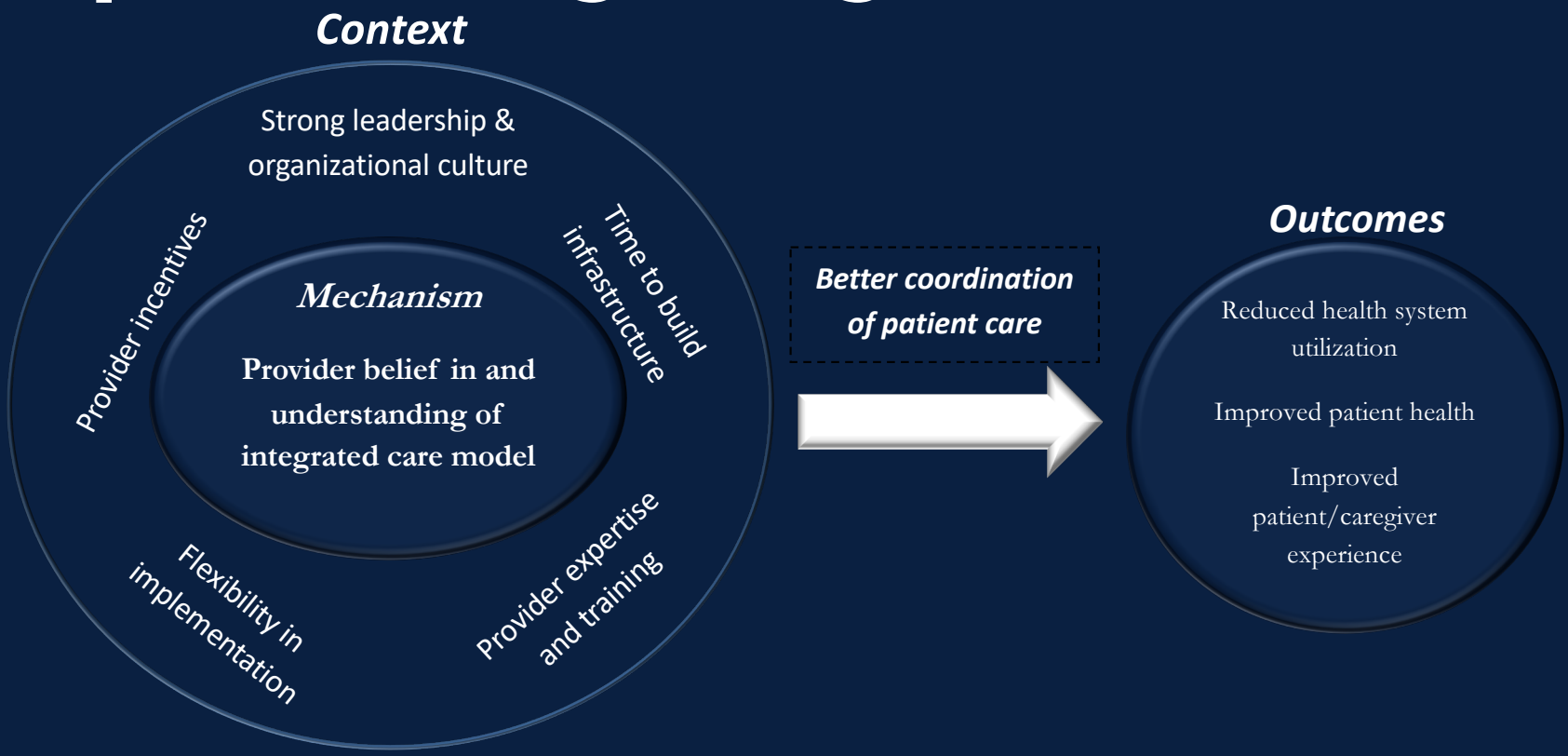
Formative Evaluation

Purpose

1. Understand the local context of OHTs
2. Assess key strengths such as

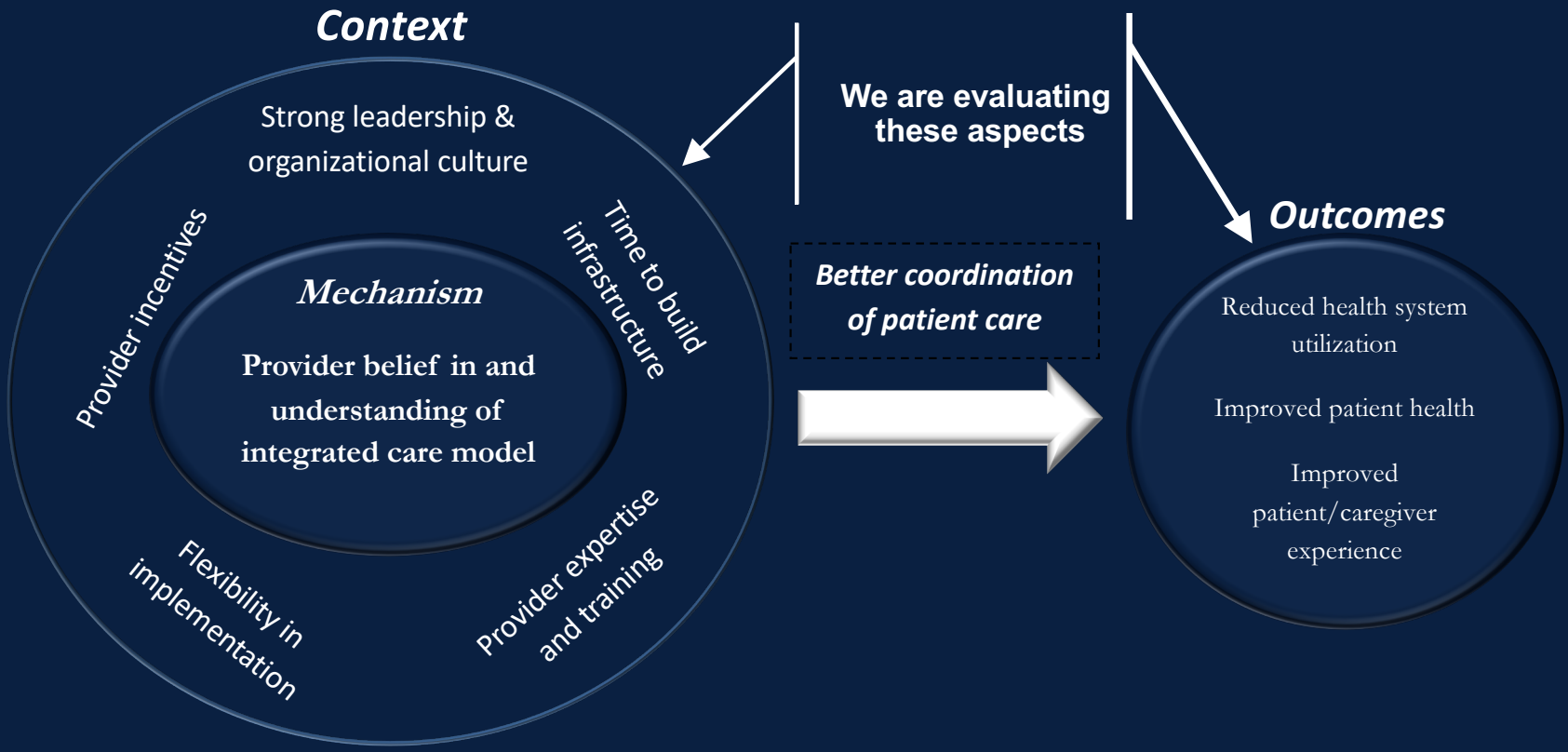
   Leadership, Common Vision, Assets

Implementing integrated care



What works in implementation of integrated care programs for older adults with complex needs? A realist review. Kirst M, Im J, Burns T, Baker GR, Goldhar J, O'Campo P, Wojtak A, Wodchis WP. Int J Qual Health Care. 2017 Oct 1;29(5):612-624

Implementing integrated care



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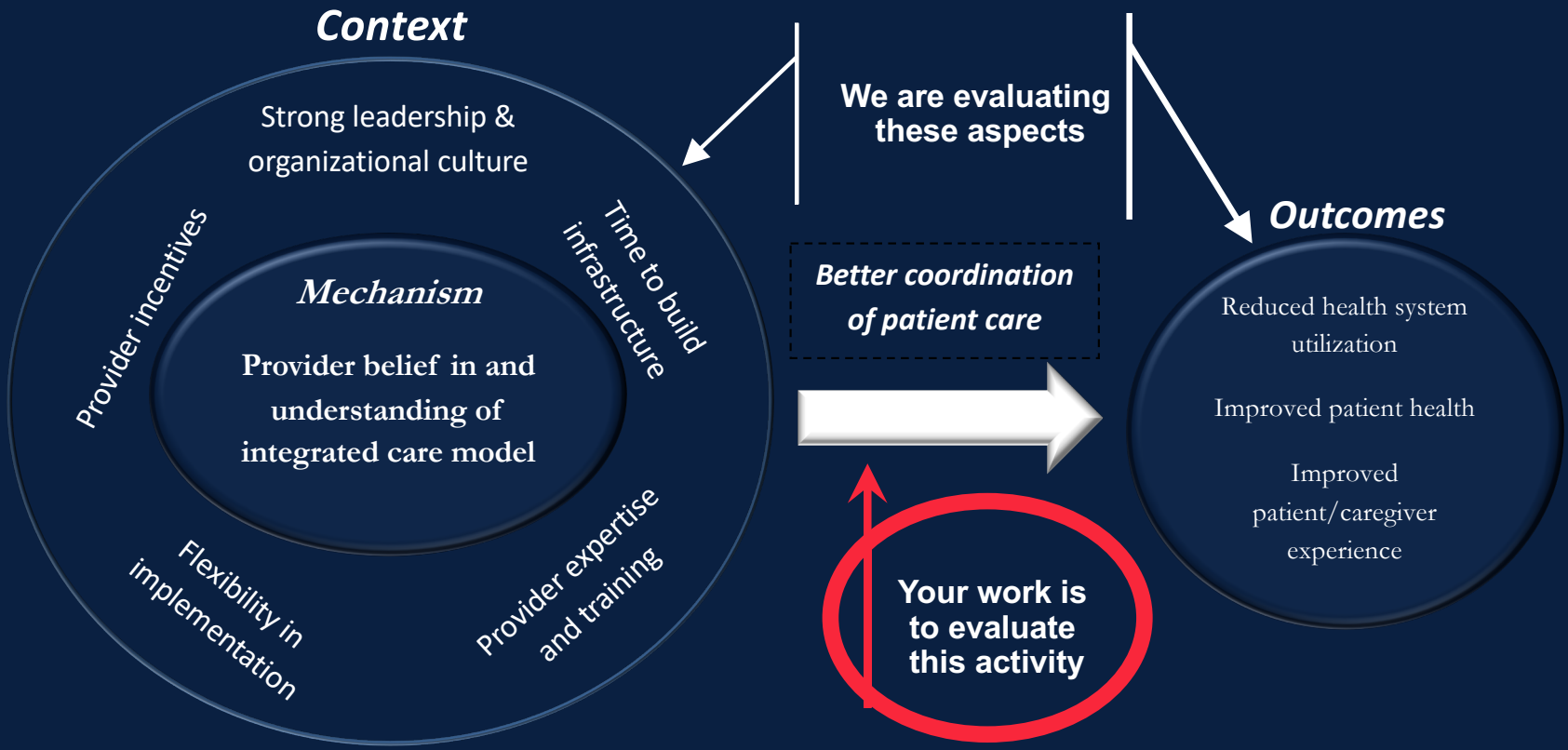

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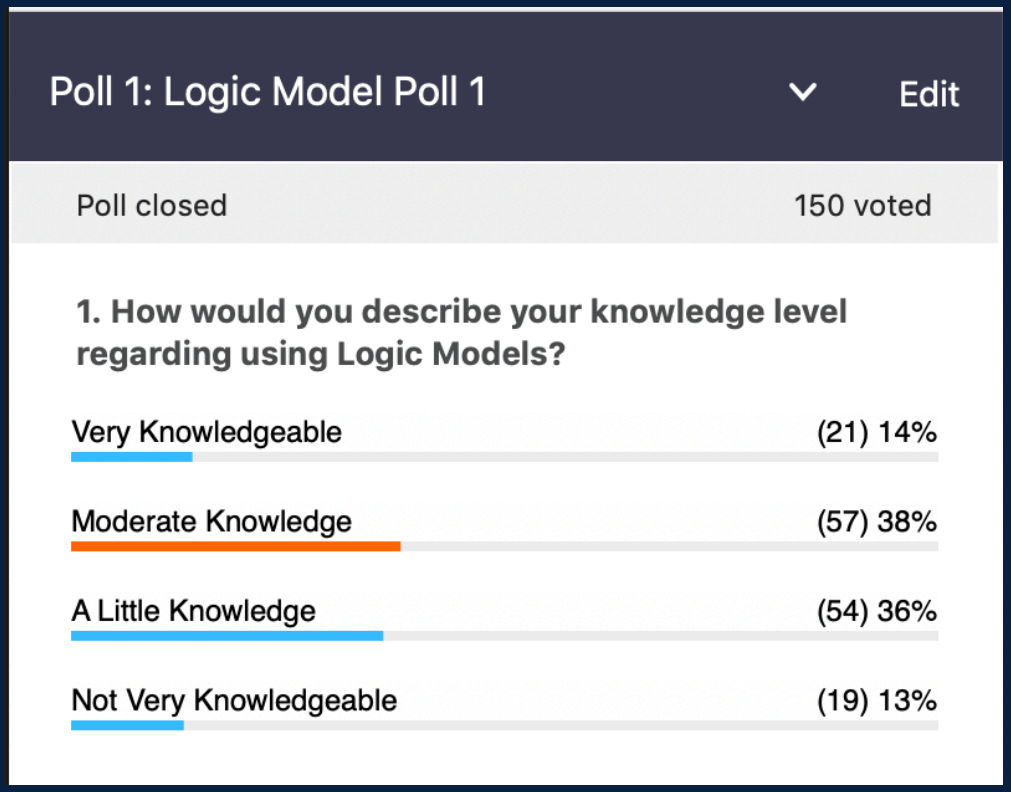
A Poll


Poll 1: Logic Model Poll 1
Edit
Poll closed
150 voted
1. How would you describe your knowledge level regarding using Logic Models?
Very Knowledgeable
(21) 14%
Moderate Knowledge
(57) 38%
A Little Knowledge
(54) 36%
Not Very Knowledgeable
(19) 13%

Kaileah McKellar

What is Evaluation?

The systematic collection of information about the activities, characteristics, and results of programs to make judgments about the program, improve or further develop program effectiveness, inform decisions about future programming, and/or increase understanding."

-Michael Patton (1997, 23)

10 Steps of Evaluation

1. Engage users, providers, managers and leaders (throughout)
2. Describe the program and context
3. Develop a logic model for the program
4. Assess resources and evaluability
5. Identify important evaluation questions

10 Steps of Evaluation cont`d

6. Use the logic model to identify essential measures for evaluation
7. Develop an evaluation plan including how to capture required data (e.g. data sources or new data collection)
8. Collect data, including capturing required data as part of program implementation
9. Analyze results and interpret evaluation findings
10. Identify the audiences and develop reporting approaches for program data; disseminate results

What is a Logic Model?

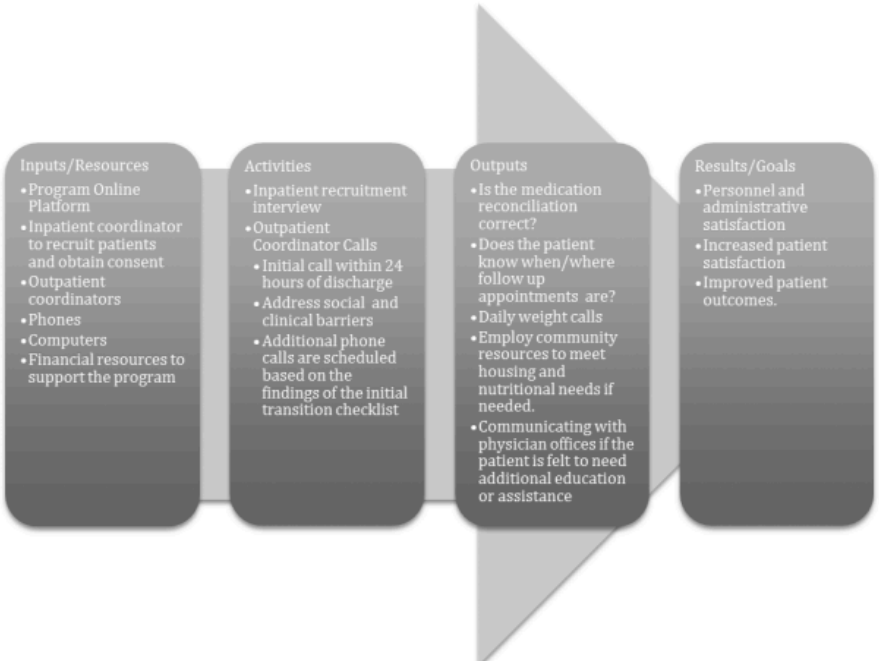
- A systematic and visual way to present and share understanding of the relationships among the resources for program, the activities you plan, and the results you hope to achieve.
- They describes the underlying rationale of a program

Common Components of a Logic Model

- Description of **resources or inputs** to create change
- Description of **activities** to bring about change
- Description of **outputs** associated with the program
- Description of **outcomes** and **impacts** achieved by the program

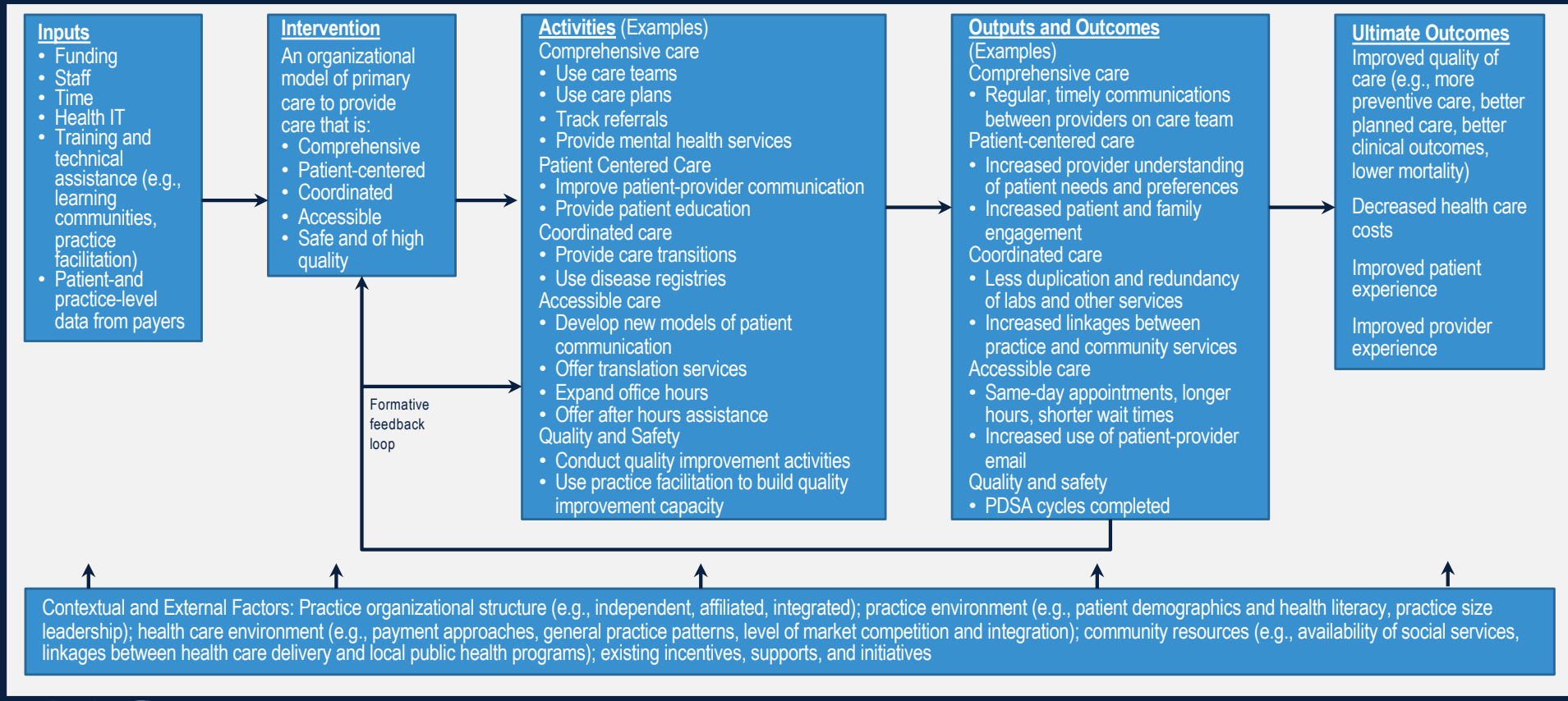
Example Logic Model 1

The organization is currently using a readmission prevention telehealth platform in an effort to reduce 30-day readmissions. No formal evaluation of theimplementation or utilization of the program in the organization has taken place.



Garner, J. S., & Wilson, M. L. (2019). Evaluation of a Transitional Care Management Tool Using the Logic Model. Professional case management, 24(2), 101-107

Example Logic Model 2



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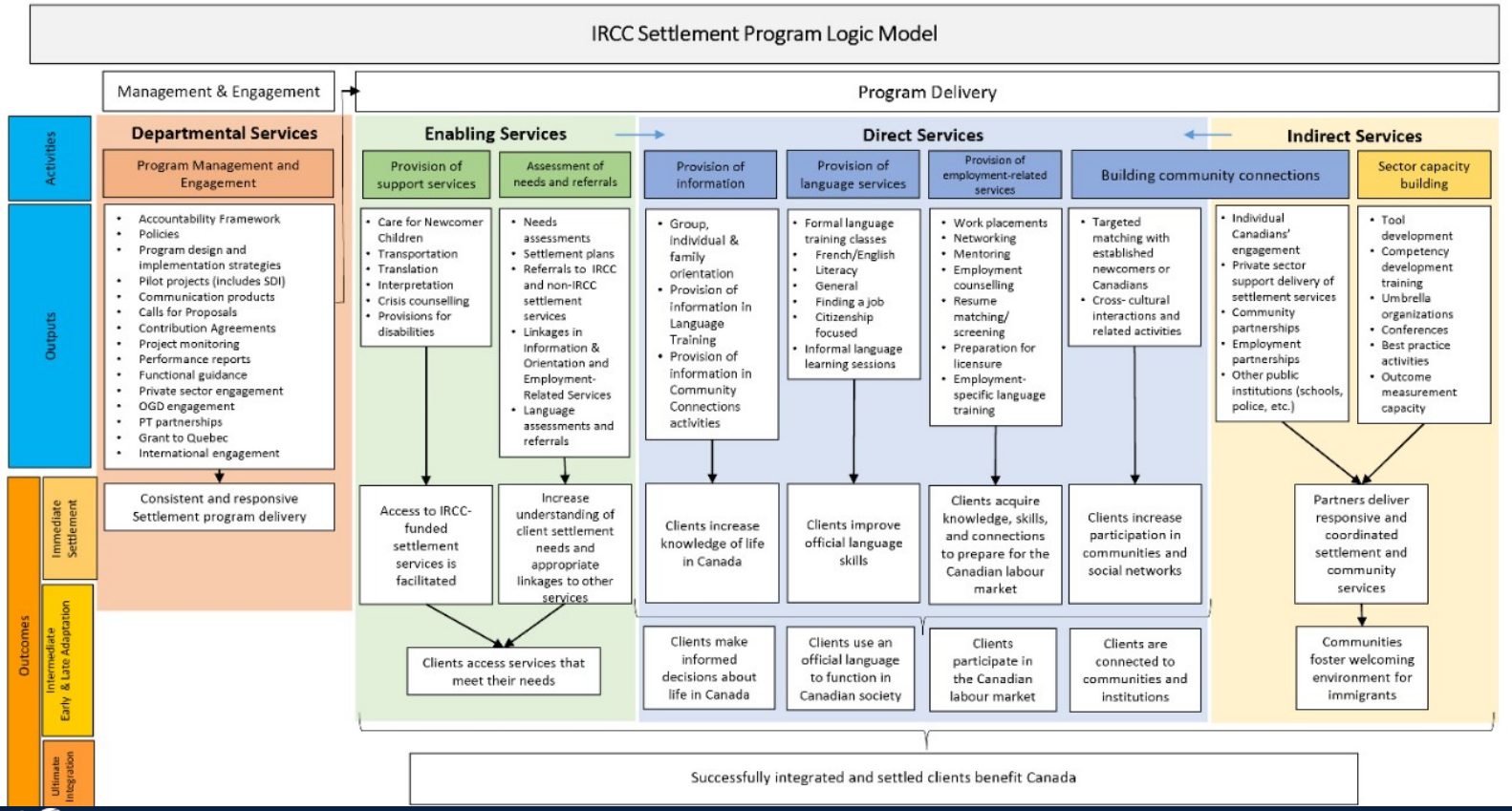
Adapted from: Petersen D, Taylor EF, Peikes D. Logic Models: The Foundation to Implement, Study, and Refine Patient-Centered Medical Home Models. Rockville, MD: Agency for Healthcare Research and Quality, February 2013. AHRQ Publication No. 13-0029-EF https://pcmh.ahrq.gov/sites/default/files/attachments/logic-model-brief.pdf

Example Logic Model 3



Government of Canada, IRCC Settlement Program logic model. https://www.canada.ca/en/immigration-refugees-citizenship/corporate/partners-service-providers/funding/resources/settlement-logic-model.html

Benefits of Logic Models

- Program Design and Planning
- Program Implementation
- Program Evaluation

Benefits of Logic Models

- **Program Design and Planning**
  - Enhance your ability to clearly explain and illustrate program concepts and approach for key stakeholders
  - Opportunity to engage stakeholders
  - Creates shared understanding (consensus building)

Benefits of Logic Models

- **Program Implementation**
  - Maintain accountability for activities and outputs identified
  - Helps to consider and prioritize the program aspects most critical (and where tracking a reporting should occur)
  - Understand how the program has changed over time
    - Logic model are living documents
  - Communication tool

Benefits of Logic Models

- **Program Evaluation**
  - Guide evaluation questions
  - Facilitates measuring the degree to which an intervention is delivered as intended
  - Supports developing measures used to identify program success
  - Starting point to understanding how a program works

How to Build a Logic Model

- **Before you begin:**
  - Consider who should be involved in logic model development (e.g. program staff, participants, and evaluators)?
  - It is recommended to develop logic models collaboratively with key stakeholders.

Logic Model Template

Resources/Inputs	Activities/Strategies	Outputs	Outcomes (Short & Long-Term)	Impact
What resources will enable the set of activities?	In order to address the issue, we will conduct the following activities. These activities are required to achieve our desired outcome.	These outputs should help monitor progress towards outcomes. Once completed or underway, the activities will produce the following evidence of service delivery.	We expect that if complete or ongoing, these activities will lead to the following changes in 1-3 years then 4-6 years	What is the goal of the program? What issue are you trying to address? We expect that if complete or ongoing, these activities will lead to the following changes.
• **Example**: Human Resources: Nurse practitioner; Technology Resources: Electronic medical records	• **Example**: Identify patients at risk (Accessing X service or with 3 or more co-morbidities); develop individualized action plans (for X patients)	• **Example**: attendance of X staff at education program; X# patients enrolled per Y time in the program, electronic medication reconciliation (X patients per Y time)	• **Example**: Example: Improved medication management, Decreased severity and duration of COPD exacerbation	• **Example**: Reduce readmission frequency and duration for patients with COPD and multiple co-morbidity.

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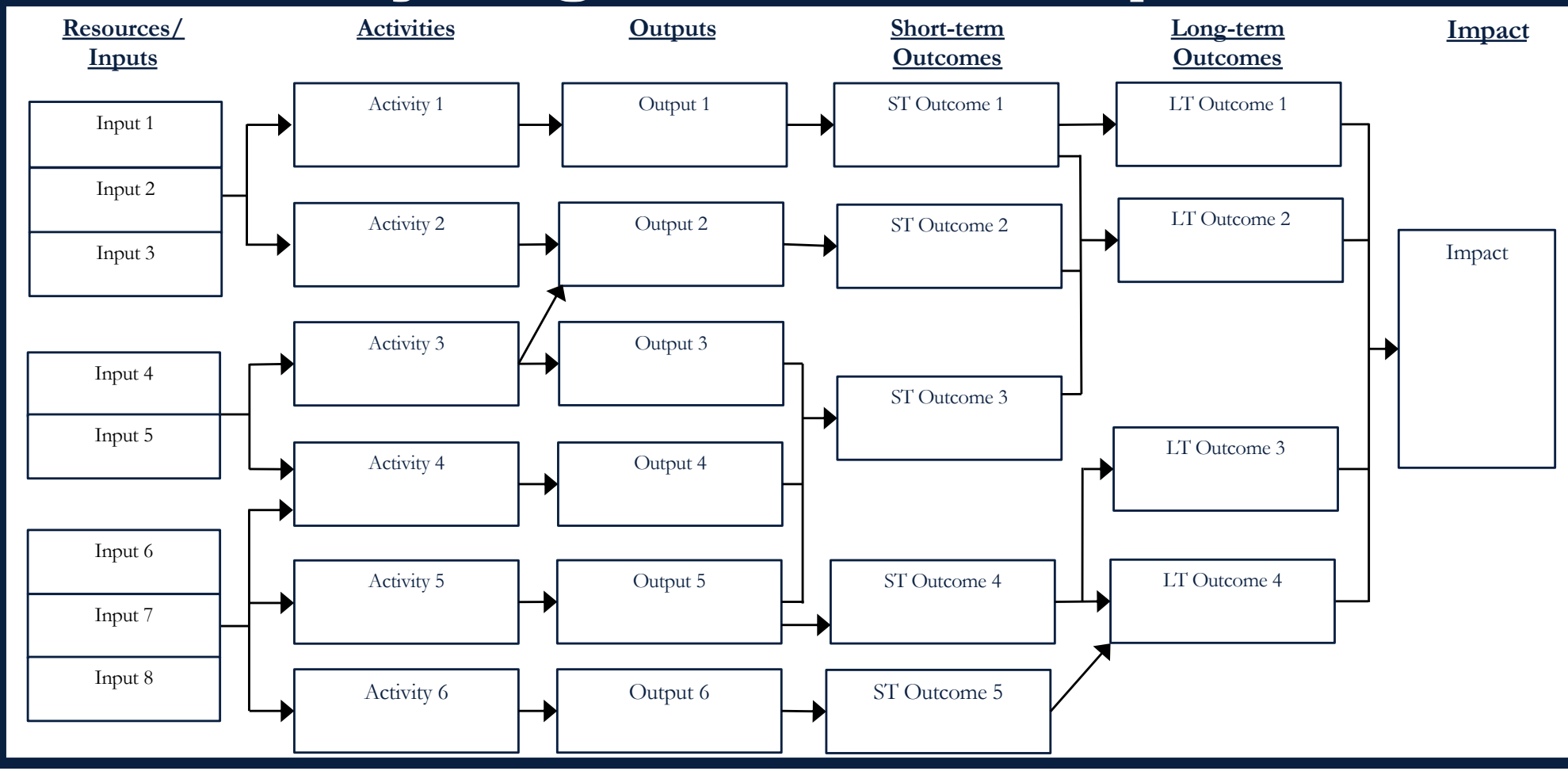
Pathway Logic Model Template



Resource Available

- Logic Model Development Exercise. Includes:
  - Overview of Logic Models
  - Instructions to develop a logic model
  - Checklist for quality logic models
  - Checklist for quality pathway models
    - ➢ Logic Model Template (.doc, .ppt)
    - ➢ Pathway Model Template (.doc, .ppt)

Next Steps

- **Focus on Measures**
  - Developing evaluation questions
  - Aligning measures with logic models and evaluation questions
  - Key data sources
  - Measurement processes

Jagger Smith & Kristen Caballero

North York Toronto Health Partners

Seniors Working Group Logic Model Demonstration

Our Core Group

North York Toronto Health Partners

Patient and Family Advisors

NYGH FMTU FHO

Bathurst FHO

1100 FHO

New Family Medicine FHO

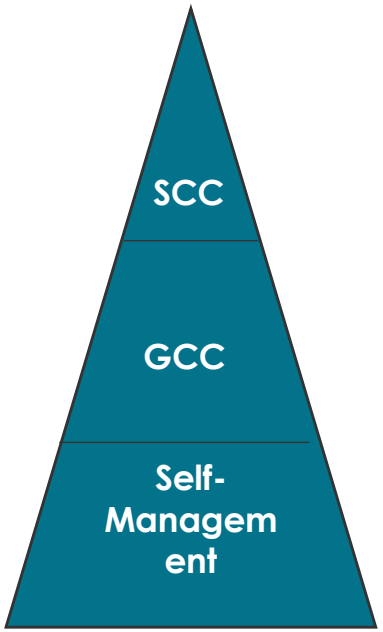
Fairview FHO

Lawrence Park FHO

Seniors: Generalized and Specialized Care Coordination

North York Toronto Health Partners

Specialized Care Coordination (SCC)	**Objective**: to provide seamless coordinated home and community care via specialized Clinical Consultants (SCC) providing overall care coordination responsibilities for seniors who are at rising risk or high risk and experiencing COPF/CHF and Dementia **Target**: 680 patients
Generalized Care Coordination (GCC)	**Objective**: to provide seamless coordinated home and community care to seniors via generalized care coordination (GCC) connected directly to interprofessional primary care teams (FHT, CHC, IPCT, etc.) **Target**: 1315 patients



Seniors Working Group Specialized Care Coordination: Logic Model

North York Toronto Health Partners

Legend: Setting up the program | Delivering the program | Comments for Webinar

Inputs**

Community
Trust in Partnership:
- Connectivity and consensus
- Inventory of assets
- Decision-making

Human
- Shared allocation of 9.4FTE nursing and allied health
- Physician FTE
- Patient advisor

Financial
- $2.4M/yr operating

Digital
- Criteria to ID patients.
- Federated registration.
- Health info sharing.
- Data extraction for reporting

Activities

Create shared definitions of: care coordination, scope of specialized vs generalized, and synergy btwn roles

Leverage previous re-designs (i.e. IFM), patient's voice and new opportunities (i.e. Medley) for inter-organizational process redesign to establish common model and standard work

Identify existing programs/services that currently support the 3 patient populations and define synergistic opportunities with proposed new programs

Train teams on program model and new standard work

- Identify Year 1 patients.
- Consent to program.
- Collect baseline PROM/PREM and projected TCC

Outputs

Program model (processes, roles) for Specialized Care Coordination

Identify inter-organizational efficiencies and shift/re-allocate shared resources to support new model

Performance Mgmt & Eval Committee to re-analyze HPG data and recommend scale of impact

Approved business plan with health outcome and total cost projections

Teams following new standard work.

Iterative update/adaptation of program model and standard work.

2,500 patients screened for program by March 31, 2021.

Outcomes

12-18 months

Integration at OHT-level

Improved patient and caregiver PREM: integration of care

Improved team functioning score

Improved provider experience

680 patients enrolled and receiving program by March 31, 2021.
- 400 dementia
- 150 COPD
- 130 CHF

24 - 36 months*

Improved EuroQol-5D5l

Dementia:
- QOL-AD
- Caregiver EQ-5D-5L

CHF:
- Improvement in Self-Care Heart Failure Index
- Improvement in Kansas City Cardiomyopathy Questionnaire

COPD:
28% increase in 6-Minute Walk Test

11% decreased 30-day re-admission rate in COPD and CHF.

7% (CHF) - 14% (COPD) reduction in ED visits from baseline

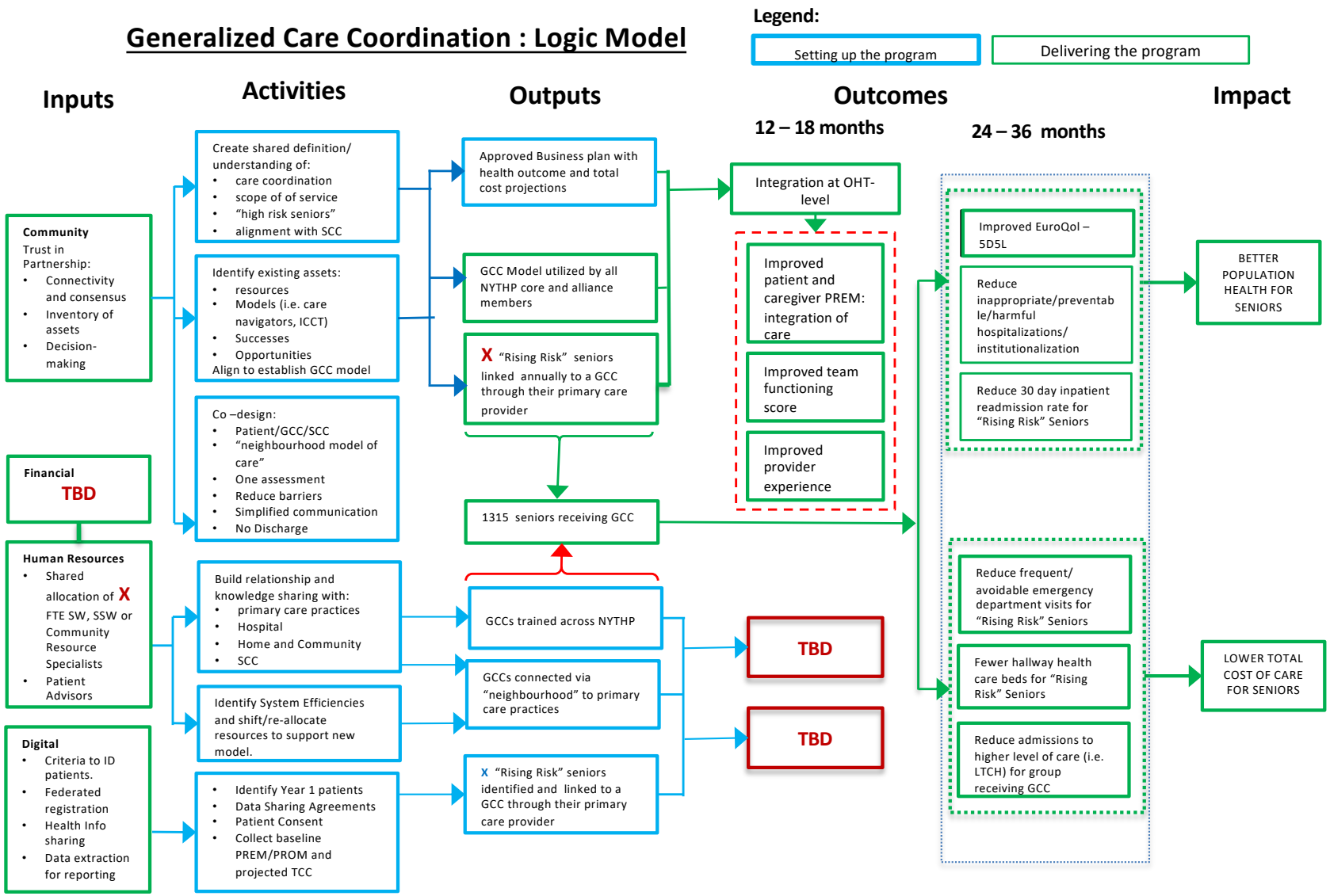
50 dementia patients avoid a $21,032 'value-break' between HPG Q006 and Q007

Impact

Better (population) health for seniors

Lower total cost of care for seniors

Generalized Care Coordination : Logic Model



Insights from Building the Logic Model

North York Toronto Health Partners

- Crafting a logic model is a process of engagement and consensus building. More complex with multiple organizations.
- As a "living document" collaborators can ask themselves: "does this still make sense"? The initial consensus of the OHT application is being revisited by the team. A lot of the logic was in the application and weak points are revealed.
- Able to understand what adjacent projects should integrate. SCC and GCC will have a joined logic model. Able to say "yes" to a research program.

Anne-MarieYaraskavitch

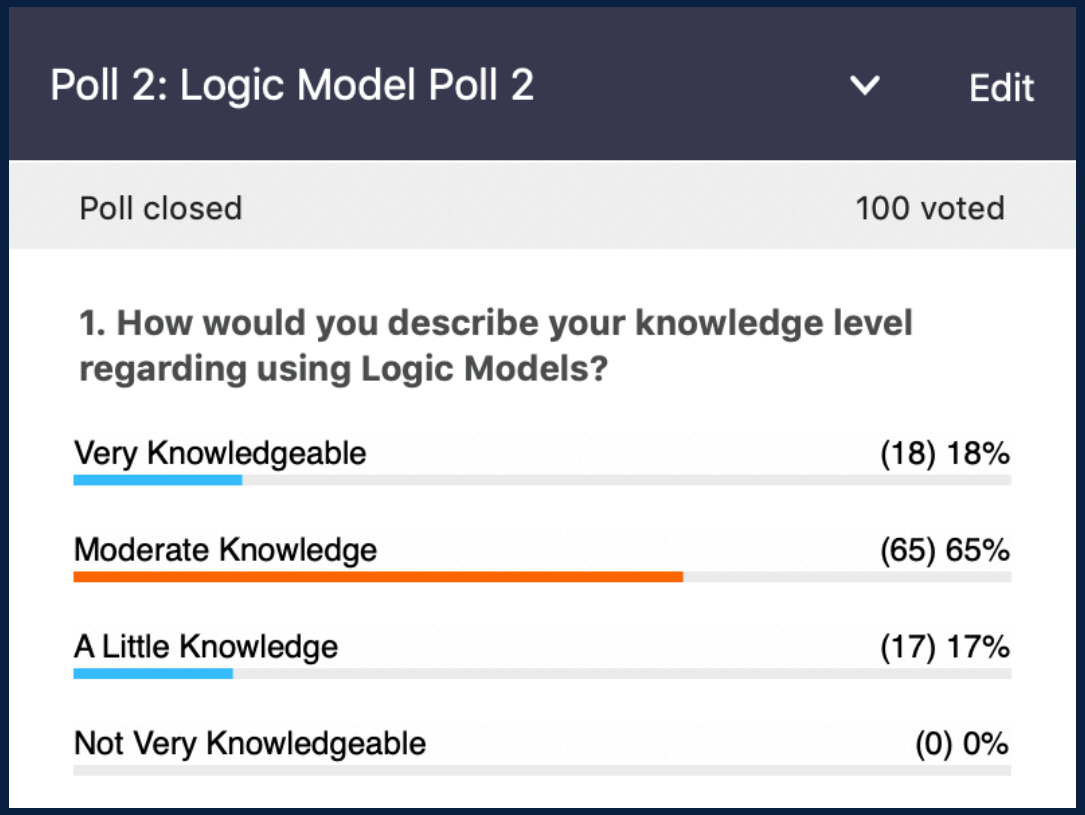
Patient / Caregiver Involvement

- Development of *"Program Logic Model for a Seniors Care System "*
- Importance of co-designing with patients and caregivers
- Importance of including wide variety of patient and caregiver voices
- Patient and Caregiver engagement in development of this model
- Value of this Program Logic Model in OHTs' work
- Voices still needing to be heard

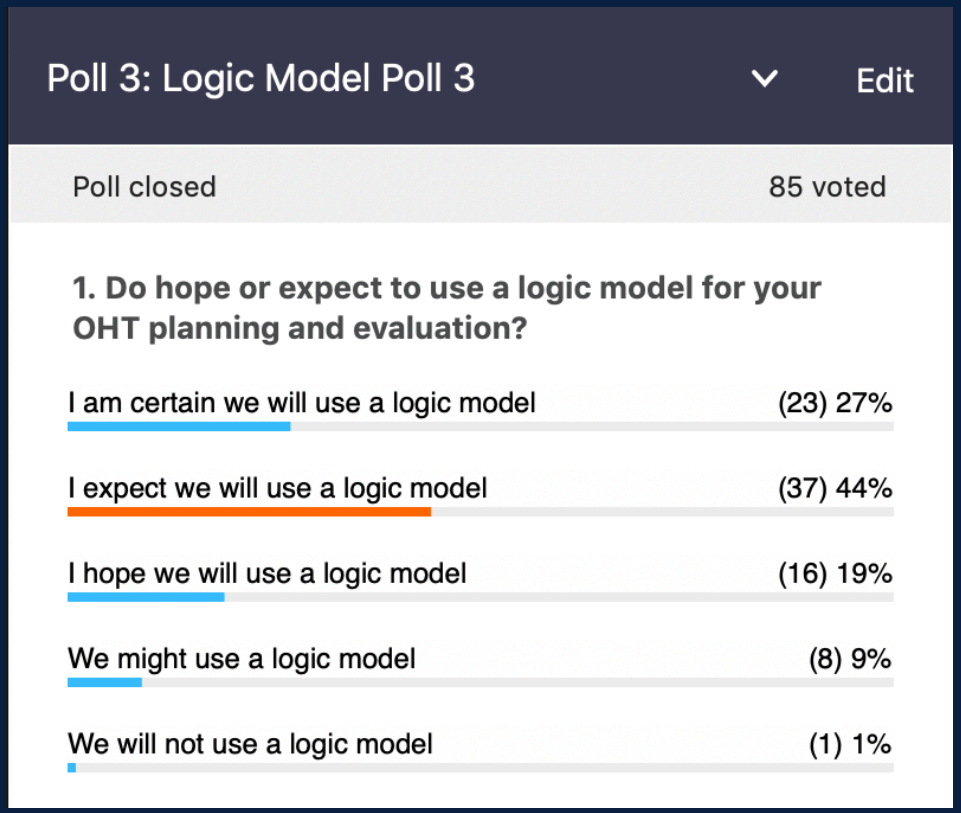
Everyone is involved!

Use the chat-box **<To everyone>** to enter thoughts, reflections and questions

A Poll


Poll 2: Logic Model Poll 2
Edit
Poll closed
100 voted
1. How would you describe your knowledge level regarding using Logic Models?
Very Knowledgeable
(18) 18%
Moderate Knowledge
(65) 65%
A Little Knowledge
(17) 17%
Not Very Knowledgeable
(0) 0%

A Poll


Poll 3: Logic Model Poll 3
Edit
Poll closed
85 voted
1. Do hope or expect to use a logic model for your OHT planning and evaluation?
I am certain we will use a logic model
(23) 27%
I expect we will use a logic model
(37) 44%
I hope we will use a logic model
(16) 19%
We might use a logic model
(8) 9%
We will not use a logic model
(1) 1%

Key Resources Available

Teams are encouraged to access the **ministry's central program of supports** for resources and assistance to improve their readiness to implement the Ontario Health Team model wherever they are in the readiness assessment process.

Teams can access this central program through the Ministry of Health website:
http://health.gov.on.ca/en/pro/programs/connectedcare/oht/default.aspx

Ontario
Ministry of Health
Ministry of Long-Term Care

Key resources include:

- **Ontario Health Teams: Digital Health Playbook** – playbook to help understand how providers can build a digital health plan for Ontario Health Teams that supports the delivery of integrated care.
- **Rapid-Improvement Support and Exchange (RISE)** – an interactive website (www.ohtrise.org) that provides access to resources, experts and assistance for potential Ontario Health Teams. Main rapid learning and supports delivery partner.
- **HSPN – Central OHT Evaluation -** evaluation of the progression of teams in discovery and in development through the readiness path, rapid cycle evaluations of implementation to inform OHT candidate's real-time decisions and adjustments, and a comparative evaluation across OHTs. **(www.hspn.ca)**

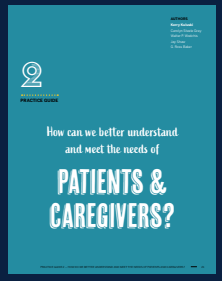
RISE
Rapid-Improvement Support and Exchange

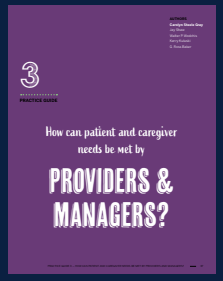
HSPN
Health System Performance Network

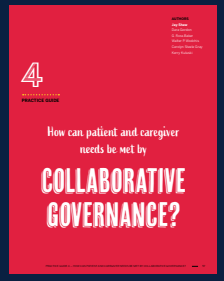
Some Implementation Resources

https://hspn.ca/evaluation/ontario-health-teams/

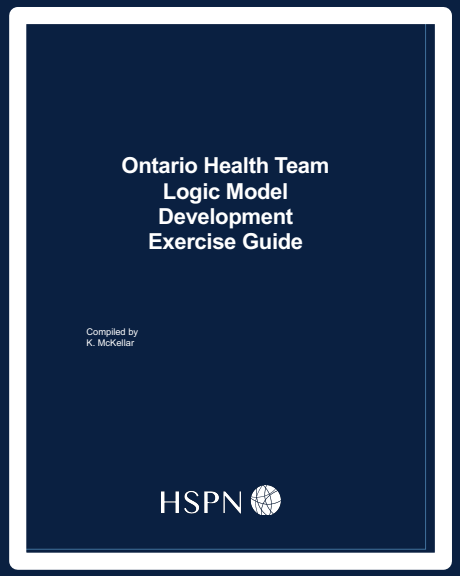
Practice Guides

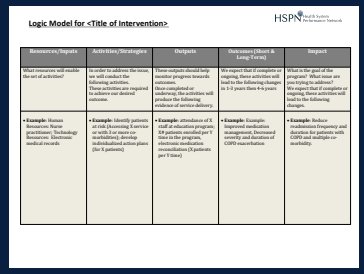


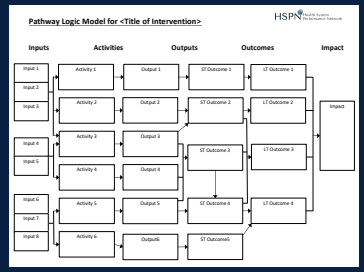




Logic Model Guide & Templates







Up Next:

HSPN Webinar Series – 4th Tuesday of the Month: 12:00 – 1:30pm

Upcoming Topics:

- The Generation of Integration: Lessons Learned in Ontario
- OHT Formative Evaluation Results
- A Focus on Measures for Local Evaluation
- HSPN Developmental Evaluation Plan

… and more

Everyone is involved!

https://hspn.ca/evaluation/ontario-health-teams/

Follow us: @infoHSPRN

Email: OHT.Evaluation@utoronto.ca

Thank you!