



THE HARVARD CLINICAL
AND TRANSLATIONAL
SCIENCE CENTER

PWTF Evaluation:

PWAB Sustainability Committee

December 10, 2015

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Harvard Catalyst

Population Health Research Program

Our Common Goal

A rigorous, comprehensive, and credible evaluation of a groundbreaking prevention and cost containment initiative that provides the best chance of yielding definitive results:

- With 4 different priority conditions
- In nine diverse communities
- Within a very short time period
- With modest resources

Primary PWTF Evaluation Goals

To know whether it worked

Assess the impact of PWTF policies and interventions

To know how and why it worked

Gather sufficient information to develop a roadmap for current and future grantees

Legislated Guidance for Evaluating PWTF Effectiveness

- Reduction in the prevalence of preventable health conditions;
- Reduction in health care costs or the growth in health care cost trends; and
- Assessment of which groups benefitted from any reduction.

Evaluation Overview: Chapter 224

The evaluation must also provide recommendations as to whether:

- Programs should be discontinued, amended or expanded, with a timetable for the implementation of these recommendations;
- The funding mechanism for the Prevention and Wellness Trust Fund should be extended beyond 2016, or whether an alternative funding mechanism should be established.

DPH to prepare annual reports to MA legislature on effectiveness of funded activities.

Community: policy, systems, and environmental changes improving access to opportunities for healthy behaviors

Community-Clinical Linkages: improving access to high-quality preventive and chronic care services and promoting healthy behavior

Clinical: policy and systems changes improving quality and coordination of care

Health Conditions to be Addressed

Coordinating Partner	Tobacco	Hypertension	Pediatric Asthma	Falls in Older Adults	Other Conditions
Cohort 1					
Holyoke Health Center					Obesity, Oral Health
City of Worcester					
BPHC					
City of Lynn					
Manet Community Health Center					Substance Abuse
Cohort 2					
Barnstable County Dept of Human Services					Diabetes
New Bedford Health Dept					Substance Abuse
Town of Hudson					
Berkshire Medical Center					Diabetes

Tier 1 Interventions

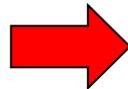
Condition	Clinical and Community Interventions
Tobacco	<ul style="list-style-type: none">• Implement USPSTF Recommendations for Tobacco Use Screening and Treatment
Pediatric Asthma	<ul style="list-style-type: none">• Care Management for High-Risk Asthma Patients• Home-Based Multi-Trigger, Multi-Component Intervention
Falls	<ul style="list-style-type: none">• Comprehensive Clinical Multi-Factorial Fall Risk Assessment• Home Safety Assessment and Modification for Falls Prevention
Hypertension	<ul style="list-style-type: none">• Evidence-based guidelines for diagnosis and management of hypertension*• Chronic Disease Self-Management Programs

Prevention and Wellness Trust Fund: Example e-Referral Flow

Transmission from EHR

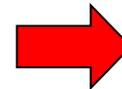
Clinical Setting

Identifies patient appropriate for community intervention



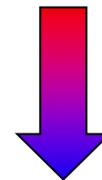
e-Referrals from Clinical Provider to Community Organization

Patient Contact Information
Referral-specific information:
(1) Parent/Guardian Information
(2) Condition status
(3) Reason for referral



Community Resource

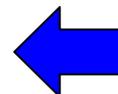
Patient contacted by Community Organization to enroll in intervention



Transmission to EHR

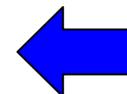
Clinical Setting

Feedback reports added to EHR. At next appt., provider sees update in EHR and will reassess status



Progress report from Community Organization to Clinical Provider

Sessions attended
Condition status
Next steps



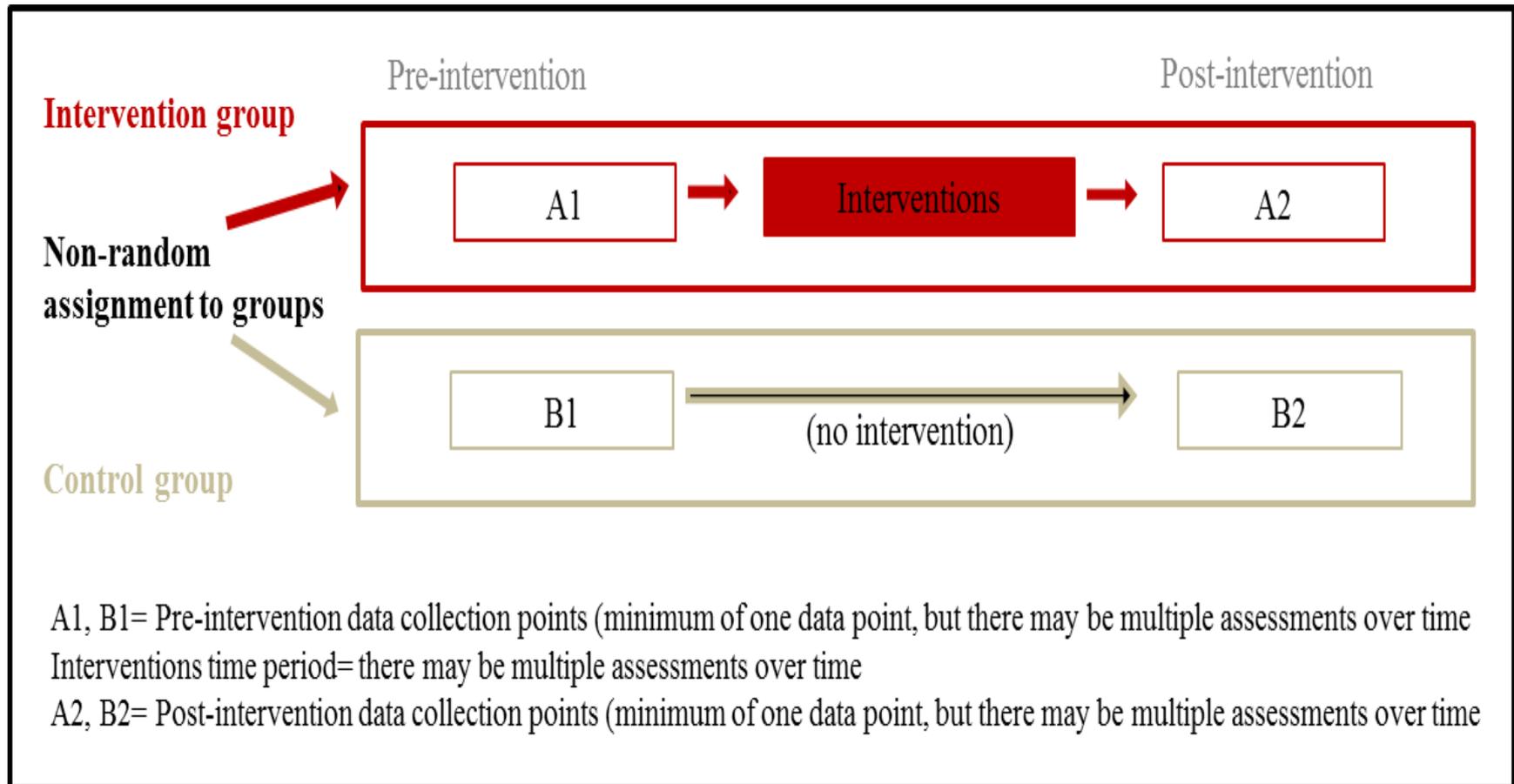
Community Resource

Community Organization provides feedback to clinical provider

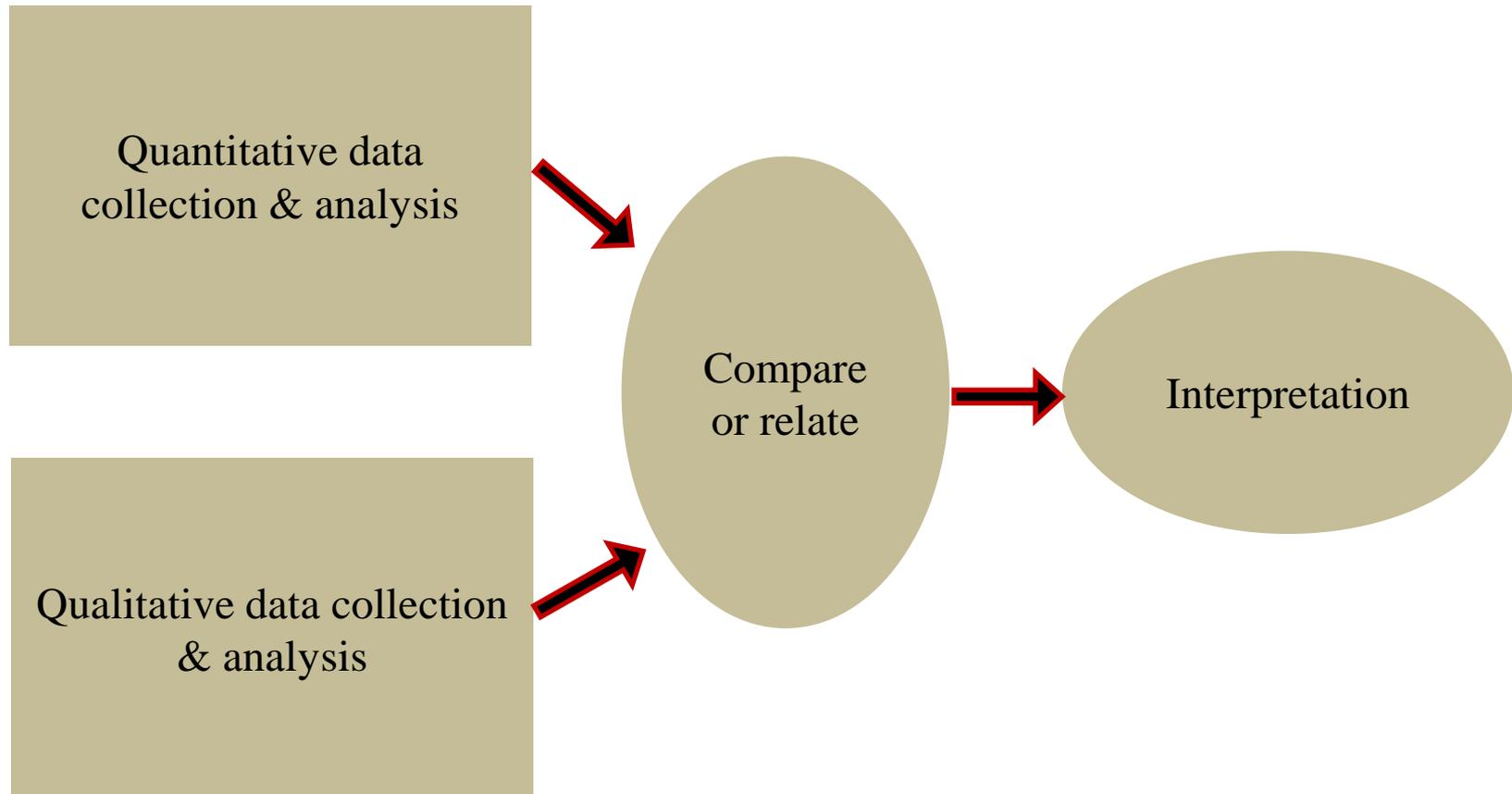
PWTF Evaluation: Structure

- Independent AND highly collaborative
- Funded by nine grantees and DPH; facilitated by DPH
- MOU/SOW with multiple deliverables and invoices
- Administratively complex
- Several subcontracts
- Final report to legislature 12/31/16

Evaluation Design: Quantitative



Evaluation Design: Mixed Methods



Data Sources

All-Payer Claims Database (APCD)

CaseMix

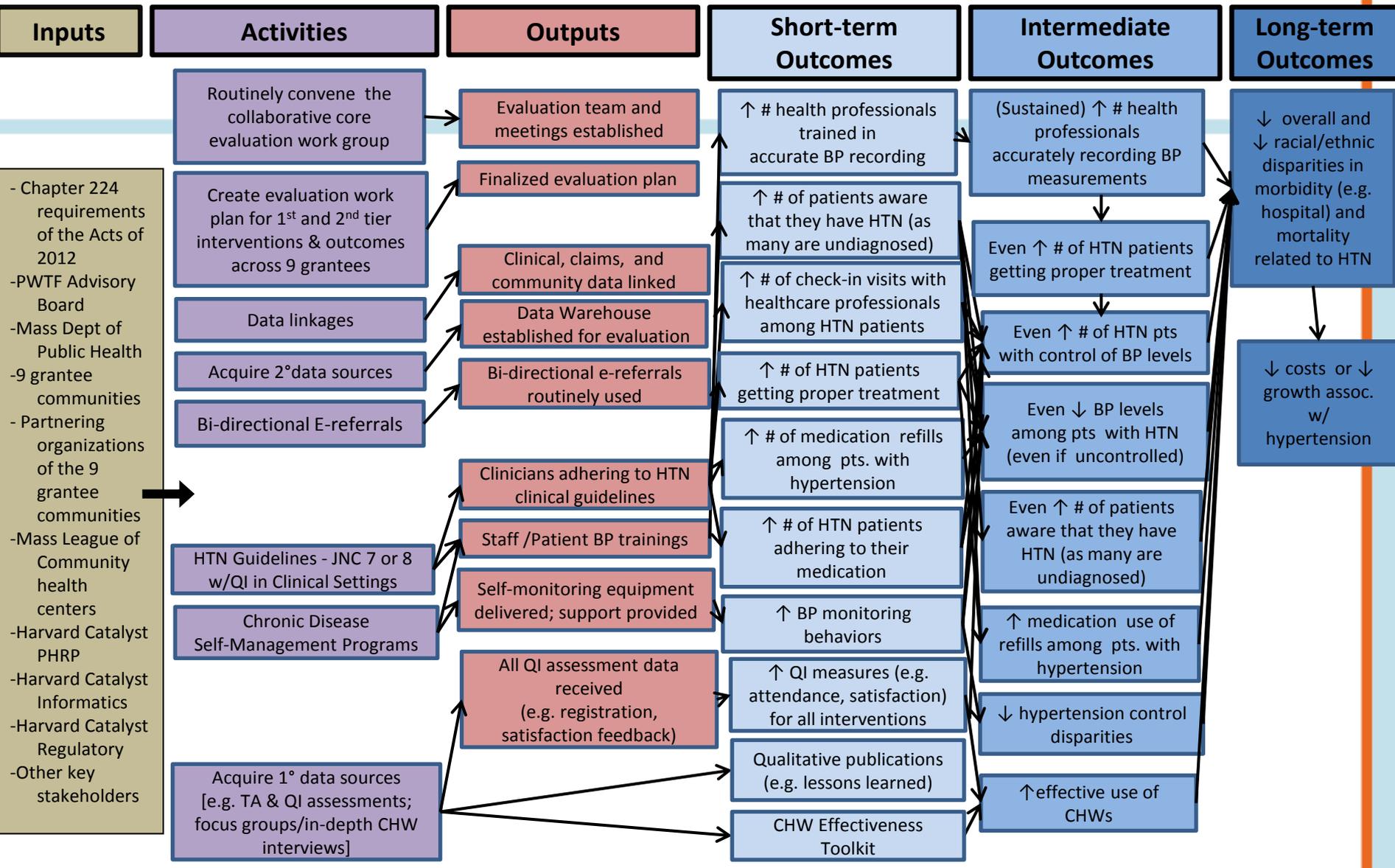
MDPHNet/DRVS

Other DPH sources, e.g., death registry

E-referral

Grantees: *Focusing and aligning DPH and Harvard Catalyst data needs while minimizing burden for grantees*

Tentative PWF Logic Model for Hypertension Evaluation Activities



CONTEXTUAL FACTORS: State-wide and participating organizations' (e.g. community-based organizations) practices, trends and policies

Aligning Evaluation Plan with Implementation and Evaluation Realities

- Pooled design focusing on Tier 1 clinical and community strategies and outcomes common to 4 or more partnerships
- Meta-analytic approach that manages heterogeneity
- Attention to co-morbidities and other previously unreached, high-risk disparity populations
- Modeling Cost Effectiveness and ROI
- Feasibility of linkages

Telling the Stories

PWTF is about sustainable systems change, which precedes outcomes change.

Challenges, successes and lessons learned in:

- Building strong partnerships
- Effective clinical-community collaborations, including but not limited to e-referral
- Disparities reduction: Reaching formerly unreached
- Community Health Workers in PWTF interventions and data collection

DPH Responsibilities to Grantees

DPH responsibilities to PWTF grantees include:

- Coordinating cross-site evaluation activities with outside evaluator(s)
- Providing data collection instruments and performance indicators for all community and clinical initiatives
- Developing a data system that connects community and clinical data
- Providing technical assistance for programmatic initiatives and data collection
- Convening funded agencies regularly to increase forums for communities to learn from each other

Summary of Evaluation Challenges

- Very short intervention period
- Data lag (APCD)
- Quality of data uncertain, e.g., HTN
- Capturing institutional memory
- Selection of comparison communities
- E-referrals data utilization
- CHW utilization and effectiveness
- Disparities impact: Hardest to reach populations
- Co-morbidities

Forecast: What do we expect by 12/16?

- We will submit an independent evaluation report to the legislature through DPH
- Much will depend on the quality and timeliness of data
- Because of the short duration of interventions and lag in data, unlikely to answer legislature's questions, but longer span for interventions and evaluation may lead to specific noteworthy results.
- Will address cost effectiveness and ROI through modeling
- Strong narrative to explain and enlarge upon quantitative data

First Steps

- Project manager: Victor Shopov
- Finalize contracts
- Get to know data sources
- Input from DPH and partnerships re evaluation plan
- Revise evaluation plan and timeline
- Revise budget and staffing
- Coordinate with worksite wellness evaluation
- Meet with PWAB Evaluation Subcommittee

Questions?

Thank you!