

IPC Million Hearts Fall 2015 Intensive Rapid Evaluation

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Background

The IPC Intensives are remote training programs on a focused topic related to evidence-based practices and process improvement. The target audience include staff associated with a Patient Centered Medical Home practices. The Million Hearts Intensive supports the Indian Health Service's partnership with the CMS Million Hearts Initiative. The national initiative has a goal to prevent 1 million heart attacks and strokes among American people by 2017.

The Million Hearts Intensive had four learning objectives:

1. Provide training in Million Hearts protocols and other evidence-based practice.
2. Enhance communication and coordination of care support among team members.
3. Develop regular, structured follow-up mechanisms to measure progress against Quantitative Goals.
4. Harvest learning and disseminate improvement throughout the organization

Participants were asked to commit 16 weeks, plus time for pre-work. Teams participated in calls, data collections and collaboration with peers and subject matter experts. Each participating site identified a patient Focus Group to engage with using the Hypertension (HTN) Management Protocol. This protocol employs the ABCs to prevent heart attack and strokes to improve targeted health outcomes.

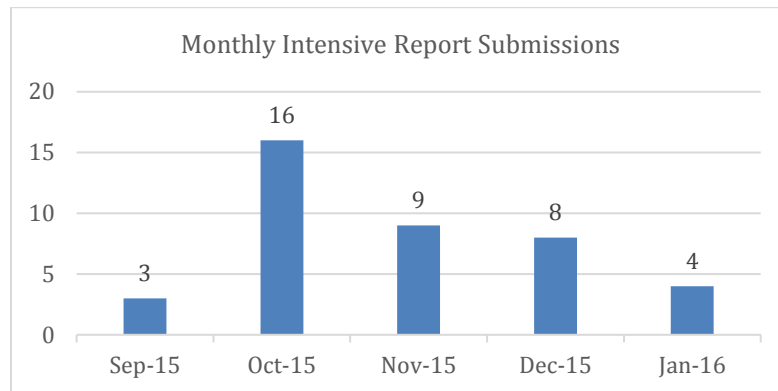
In addition to attending monthly webinars, participants were asked to track six inputs and outputs.

- Denominator: Number of Patients in Focus Group (based on local criteria)
- Number of Patients in Focus Group Contacted
- Number of Patients in Focus Group Seen
- Number of Patients in Focus Group Whose Blood Pressure Range in Undesired Range
- Number of Patients in Focus Group with HTN Protocol Implemented
- Number of HTN Protocol Patients Receiving Follow-up

Summary of Findings & Recommendations

1. **Data Collection:** In addition to standardize monthly reporting on six data elements, each site developed local Aim Statements and support measures. However, sites were not expected to provide data collection plans nor actual reports on local measures. Of the 17 Teams starting the

intensive, only six (35%) submitted reports for October, November and December. The following table summarizes report submissions over the intensive.



Recommendations:

- a) Create a monthly reporting process that increases data collection submissions and quality for Intensive and Local measures. This process should allow for Headquarters' staff to quickly identify missing submissions and data quality issues. Creating a collection instrument on a site such as Survey Monkey, would allow for easy tracking of responses, response validation to ensure answers are in the correct format, and automated summation of data.
 - b) Provide more detailed explanation and expectation for each data point. For example, "number of patients in focus group contacted" could be for that specific month or a cumulative count since the start of the Intensive. There was large variation between sites on cumulative vs discrete monthly counts. Also, one site had a change in focus group counts. The design of the Intensive suggest this number should remain the same over the program.
 - c) Local measures should be tracked and reported to Headquarters. This will allow for a more rigorous and complete evaluation of the Intensive outcomes.
2. **National Aim Measures:** The Intensive's Aim Statement identify measures related to the ABCs of Hypertension Management. However, sites were asked to track different monthly data points. Variation in data collection approaches and completion created challenges to evaluation outcomes. The below table summarizes successes in Patient Contact and Outreach for the six sites with data for October, November and December 2015.

	Focus Group Participants	Total # Contacted Final Report	% Contact Final Reporting	Total Appt Outreach	Avg Monthly % Managed
Kyle HC	49	46	94%	43%	12
Mashpee Wampanoag	22	22	100%	22%	12
Nimkee Memorial HC	85	76	89%	15%	4
Wanblee HC	60	42	70%	42%	22
White Earth HC	88	55	63%	48%	6
Winnebago Hospital	70	70	100%	38%	

Recommendation:

a) Many of the measures were counts related to a process. This approach is understandable given the Intensive's focus on process improvement and implementation of protocols. However, future measures should include more patient outcomes related to the intervention.

3. **Participant retention and engagement:** Attendance records for each online session were not available. This could be used to supplement assessments on participant retention and engagement. Based on monthly report submission, only 53% of the sites submitted data for November 2015 (the second month of the intensive). Additionally, none of the sites could provide locally collected data. This suggests a lack of full participation in all Intensive activities.

Recommendations:

a) After a team misses a single online training sessions or monthly data collection submission, the POC is contacted to assess desire and ability to continue participation. Reasons for missed activities should be tracked for inclusion in a future evaluation. Additionally, a process for getting those teams back on track should be established. For example, if a team express challenges with scheduling remind them all sessions are recorded and any officer hours are established for questions.

b) Develop participant satisfaction surveys. Quick surveys can occur at the end of each online session. For example, establishing a poll in Adobe Connect that asks:

- I feel confident about taking what I learned today and applying it to my role
- The topics covered provided enough information
- The training will be useful to my work

- a. A post-Intensive survey should be used to evaluate the effectiveness of the training in meeting objectives and to assess to changes in participant behavior as a result of the training. It could include questions like:
 - The course would have been more effective if:
 - The most valuable part of this course was
 - The course has improved my knowledge on the subject
4. **Prepare for the Evaluation:** Ideally, evaluation design planning occurs during the program development. At minimum, brainstorm evaluation questions, required data and an evaluation design.

Recommendation:

- a. For future Intensives that have patient outcomes goals, the Training Evaluation Framework may be appropriate. It is a Patient Outcome-Focused training evaluation framework that includes nine distinct types of outcomes that can be evaluated. It is organized within three nested levels: individual, organizational and health system/population. For this type of Intensive, the evaluation should focus on individual patient health or organizational-level patient health. More information can be found at:
<http://www.go2itech.org/resources/TEFT>