

# Aging and Disability Resource Centers Technical Assistance Exchange Grantee Meeting

October 4-5, 2004 \* Arlington, Virginia\* Hilton Arlington

October 5<sup>th</sup> (8:30-10:00)

## State Project Evaluation Activities

**John Wren** of the Administration on Aging opened the session by discussing the function of evaluation for the ADRC projects. He stated there were two ideas emerging that highlighted the importance of evaluation: 1) Pioneering the vision and the cause through documented success of the programs on the ground and 2) Documenting this process and the progress in each state in order to facilitate replication. He stated that 18 states may come on board in 2005, and that we can benefit from the knowledge gained as long as we have collected the data both individually and collectively. He also stated a Two-Pronged Evaluation approach – 1) Evaluating the Process for Continuous Quality Improvement 2) Assessing the impact of the ADRC on clients and the community.

John gave a brief introduction to the Evaluation Framework created by Lewin and stated there can be flexibility across the states, but there needs to be a common core so that the information gathered can be useful at the national level and some generalizations can be made across sites.

John informed the 2003 grantees that they are requested to come to closure on their evaluation designs by the November 4<sup>th</sup> Monthly Call on Evaluation, and absolutely NO LATER than the end of the year. He stated it was time for grantees to focus on the evaluation design, making final decisions around evaluation strategies. He reiterated the level of investment AoA and CMS have made to the ADRC projects, and further stated that Administration Heads (McClellan/Carbonall) want a joint briefing on ADRC progress. Mary Leary will be putting this brief together, which is a distinct effort from other methods of information gathering, and she may be contacting the grantees separately about their progress.

**Karen Linkins**, from The Lewin Group, gave a brief presentation highlighting the *Core Elements of Evaluation*, and the importance of having common data elements from ALL grantees. Prior to moderating the presentations and discussion, Karen outlined several important points for grantees to keep in mind regarding data collection and evaluation:

- Maintain a straightforward approach – capture the implementation process and track the barriers/facilitators that arise when moving forward
- There is a distinction between *process* and *outcome* evaluation. Impact/outcome evaluation will be a culmination of impact (long-term) beyond the grant cycle. An **assessment plan** will carry grantees there, but it will not be realized during the 3-year grant. Focus will be on “Intermediate Goals” and will provide feedback for Continuous Quality Improvement.
- Demystify the evaluation process – focus on 5 major goals and areas put forth in RFP. Within the framework there are core research questions addressing each domain. Grantees can build on these.
- Pay attention to the constant state of change, which changes really matter and what needs to be paid attention to. The table in the evaluation framework highlights the minimum data set of information. Start with the minimum data set so national level can be collected for the purpose of comparison – but tailor the evaluation designs so that they ask/inform the salient questions of *your* state and answer to *your* stakeholders.

## New Hampshire

**Mary Maggioncalda**, Project Manager in New Hampshire, gave a presentation on how NH has taken the Evaluation Framework and developed a logic model that is tailored to their state goals. She took one of AoA’s goals of “Efficiency” and presented the specific indicators that NH has developed to identify progress towards this goal. Many of the following indicators came out of focus groups with consumers:

- ServiceLink – I/ A entity is given by a live person, with supportive referral and follow up – not an automated program
- Aggressive outreach to hospitals
- LOC determinations, State Health Insurance and Assistance Program (SHIP) all facilitated within the ADRC
- 1 single state Medicaid agency responsible for financial determination. Resource Center model in NH is to bring together disparate groups at state level.

- ADRC unites 3 separate entities (ServiceLink, Assessment & Counseling, and DEAS Nursing Programs)
- Decentralize these separate function through the ADRC by adding new positions that crossover programs to reduce fragmentation

Mary presented the various logic model components for this specific indicator as an example:

Logic Model Components:

*Structure:* Consolidation of these 3 programs.

*Process:* Several avenues of doing this were laid out.

*Output:* Number changes of nurses/counselors.

*Outcome:* Increase in breadth of job scope and level of expertise.

*Impact:* Elimination of duplicative job functions, more efficient system.

- Logic Model brings together the Operations of the ADRC and then provides the link to output/output/impact.

## **New Jersey**

The New Jersey team, consisting of **Nancy Day, Pat Polansky, and Nancy Field**, presented information on how tracking progress during the planning and implementation phase can be used for continuous quality improvement. They stated that quality measurement is the key to improving home/community based care. The NJ team stated that quality measurement involves going beyond “chart review”, that it involves looking at norms/ranges of what happened within the target population.

- *Change Agents.* Who are the change agents? AoA, CMS – then the state grantees – then counties who are change agents on the ground. Creating change through ADRC implementation.
- Structure – process – outcome. There are many questions that can be asked on all levels.

The NJ team presented the **ADRC Model: Concept and Client Pathway**. They developed a 6 Step Algorithm – (Infrastructure, Initiate, Identify, Indicate, Implement and Inquire) which is a step by step process along the client pathway. Each step on the client pathway has performance measures that can be collected along different points. NJ provided the following definition for *algorithm*: a well-defined rule or process for arriving at a solution to a problem.

ADRC Evaluation Tool Box – Based on 5 Research Questions from AoA/CMS framework. Tool Box Components:

- CMS HCBS Quality Framework
- Performance Measures (number of rings before call pick up, Did we give consumer what they wanted/expected?)
- Consumer Satisfaction/Score Cards
- Stakeholder Focus Groups (Cultural Competency, Vision of the ADRC-- then measure how close we were to achieving these goals
- Key informant Interviews
- State and County Pilot Data Reporting
- Algorithm – Guided by principles of cultural competency and consumer-direction
- Resource Center Quality Initiative
- Evaluation Matrix

The NJ team reiterated the importance of cultural competency and outreach for CQI, trust building and visibility to improve service delivery to these vulnerable populations.

## Q & A

*Maryland:* How do you see the model responding to measurement of outcomes for private pay individuals beyond Consumer Satisfaction.

A: The client pathway is tracked regardless of whether client is public/private pay.

*Georgia:* Resource allocation for evaluation. What specific CC indicators did you develop?

A: *New Jersey:* The University is co-chair of the Cultural Competency subcommittee and has assisted in developing relevant indicators such as: referral source, follow-up mechanisms, tracking number of minorities, structure/policies of organizations that work w/Latino community for building trust. Nancy Field of NJ stated the importance of recognizing consumer choice within the broader family context in minority communities. She advised the audience to avoid paternalism and taking a “top-down” perspective of “we know what you need”.

*South Carolina:* **Kathy Leith**, (expert in the audience), discussed the qualitative evaluation strategy for South Carolina. She is relying on qualitative interviews

with key informants to track process because SC is currently in the planning phase of their ADRC implementation. She suggests having ongoing discussions with program implementers on process findings so that important information can be fed back during meetings. She reminded the audience that the purpose of evaluation is not to be critical, but to keep the project on target and inform all contributors of the process.

*California:* **Mark Meiners** (expert in the audience), discussed evaluation from a CQI perspective. He made the following points regarding evaluation:

- Keep in mind the problem you are trying to solve. This should be the starting point with program development.
- Many problems to solve in ADRC which makes this task very complicated.
- Articulate a logical plan to solve these problems with multiple stakeholder input.
- Test this plan. Then go and rework this model.
- PDSA-- Plan, Do, Study, Act. Continual cycle of evaluation and improvement.

### **Specific questions to AoA and CMS re: Evaluation Design:**

What format are you looking for in report? Narrative description? Spreadsheet? Guidance from AoA as template?

*Greg Case:* Spreadsheet format may serve better. No plans currently to provide a format/template.

*Massachusetts:* We have created data collection formats and templates. We would like flexibility so that we don't have to start over or adjust it. (NJ, NH also) We could build off our existing format and transfer data into another excel format to meet AoA/CMS needs.

*Lisa Alexih:* Asked for the 3 states that have established data collection formats to submit their templates to Lewin so we can create a format from these models and avoid duplication.

*Karen Linkins:* The underlying goal of evaluation is try to assess the counterfactual – what would have happened to our consumers in our community if we did not get the ADRC grant money. How would the system be operating? Karen asked grantees if they are comfortable with the evaluation framework and whether they would like Lewin assistance in establishing evaluation plans – group collectively agreed.

Several questions were raised by grantees that were related to the difficulty of measuring effective diversionary strategies and decreases in nursing home utilization given data limitations in each state. Greg Case suggested this topic be discussed in greater detail during the November Evaluation Call. Karen Linkins added that Lewin is available to assist the grantees in their evaluation design and that states can tailor these measurements based on available data.