

# CDC Evaluation Coffee Break



## Developmental Evaluation and Health System Interventions: A State Example

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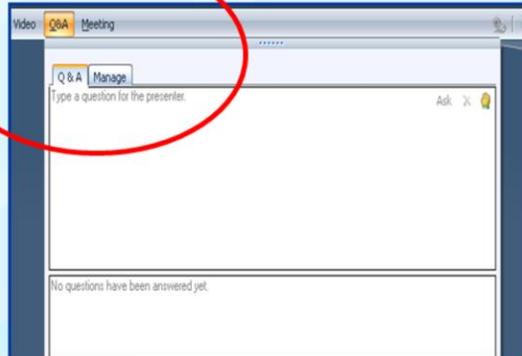


### Abstract:

Developmental evaluation is an approach well-suited for evaluating innovative and complex interventions. Using this approach, evaluators provide real-time feedback to program implementers, increasing use of evaluation findings to guide program changes and adaptations. Evaluators at the Indiana State Department of Health use developmental evaluation to assess their state coordinated chronic disease public health efforts and health systems interventions. Presenters will share an example of their experiences, benefits and learnings using this type of evaluation for the Indiana Primary Care Learning Collaborative (INPCLC); a quality improvement effort with community health centers implementing the Chronic Care Model to improve hypertension and diabetes clinical outcomes.

## Before we begin...

- All phones have been placed in SILENT mode
- To ask a question, simply click on the **"Q & A"** tab located at the top of your screen
- Time permitting, your question will be answered at the end of the presentation



*Disclaimer: The information presented here is for training purposes and reflects the views of the presenter. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.*

## Presentation Overview

- ❑ Define developmental evaluation
- ❑ Healthcare systems interventions
- ❑ Two examples from the field
- ❑ Benefits
- ❑ Learnings
- ❑ Key messages
- ❑ Resources

Thanks, John. It's my pleasure to be here and to present on this topic.

During today's coffee break we will give a brief introduction to what developmental evaluation is, and discuss the current movement of public health collaborating with healthcare systems. Cynthia will share two examples from Indiana where they use a developmental approach to evaluate their healthcare system interventions. She'll cover some of the benefits and learning's. We'll close with the some overall take home messages and references and resources.

## Developmental Evaluation

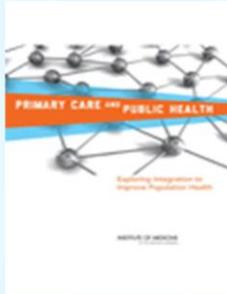
An approach to evaluation grounded in systems thinking and that supports innovation by collecting and analyzing real time data in ways that lead to informed and ongoing decision making as part of the design, development and implementation process.

— *Michael Quinn Patton*

Michael Patton, the father of developmental evaluation, describes this approach to evaluation as grounded in systems thinking, and supportive of innovation by collecting and analyzing real time data in ways that led to informed and ongoing decision making as part of the design, development and implementation process.

I underlined some of the key characteristics within this definition that I hope you walk away with. This evaluation approach is designed for arenas where perhaps we are doing some innovative public health work; the evaluator is responsible for asking evaluative questions, collecting data in real time, and sharing it with the program to make data-driven decisions about how to better develop the program.

## Drivers for Healthcare System Interventions



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Joanna-

This slide highlights key drivers of opportunities for public health to support health system transformation. These are the 2012 Institute of Medicine report called “primary care and public health: exploring integration to improve population health”, CDC’s strategic direction of public health and healthcare collaboration, and domain 3 of the four domains of chronic disease prevention, the national Million Hearts initiative, and the Affordable Care Act. The underlying evidence, national priorities and health care policy support public health organizations to promote healthcare system interventions such as quality improvement efforts, the use of health information technology, team-based care, and reporting of quality measures with the goals of reducing health care costs and improving outcomes, quality of care, and chronic disease management.

Now I’ll hand over the presentation to Cynthia-

# Why a Developmental Approach?

- Public Health is long term change
  - need to document that you are moving toward the outcomes
  - measurable change is long term
- Developmental Evaluation
  - Innovation oriented
  - Embedded, not detached
  - Continuous, not episodic
  - Goal of learning, not judgment<sup>1</sup>

<sup>1</sup>Tim Broadhead, President and CEO, The J.W. McConnell Family Foundation in introduction to *A Practitioner's Guide to Developmental Evaluation* by Elizabeth Dozois Marc Langlois Natasha Blanchet-Cohen

Cynthia

One of the ongoing challenges for Public Health is that change is long term. As programs and as program evaluators we have to be able to document that the work being undertaken is moving toward the outcomes we hope to achieve, because measurable change is long term.

We have all hear the quote and know that when “we keep doing what we have always done we will keep getting what we always got.” Therefore if we want to improve from where we are, we need to innovate and adapt.

Developmental evaluation is about supporting innovation.

Tim Broadhead of the J.W. McConnell Family Foundation describes developmental evaluation as different:

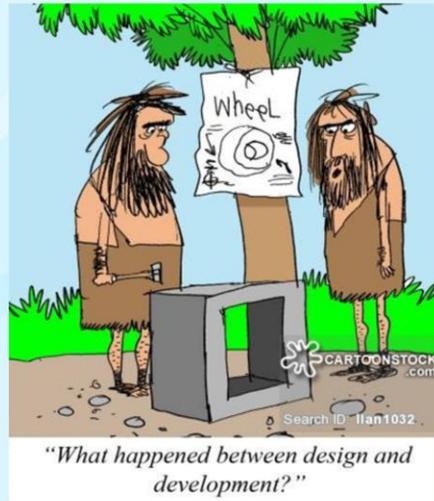
Because you have an evaluator that is embedded with the program team, evaluation can be continuous with a focus on learning.

Much of the practice of evaluation has historically been done with evaluators who are detached from the team and provide episodic, judgement based evaluation that comes at specific time points in the program, usually at the end.

<sup>1</sup> Tim Brodhead, President and CEO, The J.W. McConnell Family Foundation in introduction to *A Practitioner's Guide to Developmental Evaluation* by Elizabeth Dozois Marc Langlois Natasha Blanchet-Cohen

## Developmental Evaluation is Not...

- ...the solution for every project.
- ...formative evaluation.



Now let's talk about what developmental evaluation is not...

Developmental evaluation is not the solution for every project, issue or situation. Often times traditional evaluation fulfills the intended purpose of judging whether a particular model, intervention, program or policy is working or not. However, when a situation and context are overly complex, uncertain, and dynamic then developmental evaluation could be a potential option.

Also, developmental evaluation is not formative evaluation. The distinction here is subtle. The purpose of formative evaluation is to assess the implementation of some type of model or process, and to try to improve it, to make a few tweaks or adjustments. The purpose of developmental evaluation, or its appropriate use, is when there is not enough of a knowledge or evidence base for the work that is being done; the work is innovative and quickly adapts to the changes in the environment or new learning's that emerge.

## Examples from the Field

- The Indiana Primary Care Learning Collaborative
- The Indiana WISEWOMAN Program



Starting in 2011, the Chronic Disease Control and Prevention section made the decision to change the way they utilized evaluation. They hired a Director of Chronic Disease Evaluation with the express purpose of creating a culture of evaluation within all of the chronic disease programs and the office of nutrition and physical activity. The definition of “culture of evaluation” was that program staff would be able to identify evaluation needs, engage with an evaluator to fulfil those needs, and implement evaluation findings.

It took a few years, but the following examples, the Indiana Primary Care Learning Collaborative and the Indiana WISEWOMAN program are two examples of ways in which ISDH has been able to translate that culture of evaluation into use of Developmental Evaluation to support innovations in public health in the case of the learning collaborative and improvements in program development in the case of the Indiana WISEWOMAN program.

## The Indiana Primary Care Learning Collaborative

- The Indiana Primary Care Learning Collaborative
  - Innovative
  - Staff embedded
  - Changes to process

The Indiana Primary Care Learning Collaborative is an example of an innovation at the Indiana State Department of Health (ISDH). It employs evidence based guidelines, the Chronic Care Model, and the Model for Improvement to enable community health centers to track clinical and process outcomes on a monthly basis to measure quality improvement on diabetes, hypertension, cancer screening and other health indicators. They use rapid planning cycles in the form of the Plan-Do-Study-Act (PDSA), to test clinical practice change which once proven successful is implemented practice wide.

The ISDH goal is to train Community Health Centers in the model for improvement and engage them to use the tools to improve quality measures. In many ways, developmental evaluation mirrors PDSA in that the team receives 'real time' evaluative feedback from the embedded evaluator and makes modification to the process accordingly until they find what works best.

For the Learning Collaborative, the Chronic Disease Evaluator Staff from ISDH was embedded on the team.

The pilot collaborative consisted of four health centers.

Evaluative feedback during the pilot was ongoing and consisted of many minor tweaks along the way. Observations were made for the team regarding where participants may have been getting lost in language or concepts. For example, a

fundamental component for measurement of quality indicators was the identification of what was originally presented as a patient 'registry'. The trainer and ISDH practice coaches were using the 'registry' language and the clinics involved could not comprehend how they were going to track the patients in 'registries' without creating data systems separate from their EHR. They had to modify their language to talk instead about affected or at risk populations of patients, identified by characteristics not by specific patient – this signals some of the mis-match between the clinical world which is patient/person based and the public health world which is based on population or population types.

Learning from the pilot was incorporated into Cohort 2, which consisted of 29 centers. During the pilot the team learned a lot about how to communicate population based measures for a provider or clinic panel. ISDH was still developing the quality measures during the pilot, they learned how important it was to have measures firmly in place before introducing them to the clinics.

Cohort 2 continued to reveal language issues. One of the major challenges in Indiana is a high infant mortality rate. The collaborative included measures for Prenatal risk assessment to cohort 2. They received a lot of push back from clinics that said they don't do pre-natal care. They then changed the definition of the measures to women's health assessment.

One of the tenants of the Learning Collaborative is that it works best when clinics are engaged and sharing experiences during the in person learning sessions and monthly calls. An issue that arose in cohort 2 was with so many clinics representing both urban and rural areas, the clinic staff were not engaging during the learning collaborative sessions. The evaluator suggested that they use open space planning lunch sessions to encourage interaction between clinics on specific topics of interest for them. This was very well received and all participated and reported out their results after lunch.

Cohort 3 is underway right now. Unfortunately, I am no longer with ISDH and no longer embedded with the team. I can tell you that the greatest feedback we received from the first two groups of clinics was about the presentations and messages that are delivered during the learning sessions. The team was using this feedback to communicating the messages from ISDH that make sense within CHC practices, such as:

- Prevention with community resources
- Early identification and education resources
- Management through PDSA cycles for improved

outcome

# The Indiana WISEWOMAN Program

- The Indiana WISEWOMAN Program
  - New program
  - Consultant embedded
  - Changes to process



Indiana received WISEWOMAN first time funding in 2013. We are entering year three of the Indiana program.

Because of the culture at ISDH, the chronic disease staff knew that they wanted an evaluator involved with the program from the start. As a result the an evaluation consultant was embedded with the program even before the director was hired. The role of the evaluation consultant is to provide both evaluation, ongoing evaluative observations and technical assistance for program improvement

The primary goals of the program were enrollment and engagement of women in lifestyle change programs. From the earliest stages, the program was not meeting their goals.

The first objective that the team chose to address was how to get the women who did enroll in the program to engage in lifestyle change programs.

The evaluators recommended increasing the capacity of the lifestyle change coaches by training them in Brief Action Planning (BAP) with the goal of equipping them to motivate more women to participate in lifestyle change programs. All lifestyle intervention coaches and the program director participated in BAP training early in 2015.

A parallel change for understanding why women choose not to engage in lifestyle change programs was additional data collection questioning women about the reasons they choose not to participate. The data collection forms were changed to capture information about why patients don't participate in lifestyle change programs. With this information the lifestyle coaches can begin to address their concerns.

Reaching program enrollment goals is difficult because the lifestyle coaches are not on site at each provider every day. One of the program requirements is that women receive risk reduction counseling at the time of enrollment. The program is considering a modification that would allow the health care providers to enroll women and risk reduction counseling. This is a major program modification for Indiana that requires the identification of billing codes for the providers to justify the time they spend doing the risk reduction counseling. If this happens, the LIC would then follow-up with women who have alert and elevated test values to provide case management and lifestyle interventions.

Evaluators are recommending that the program pilot this at a few provider sites to gauge feasibility before expanding to all providers. If the providers do not assume the responsibility for risk reduction counseling, the LIC capacity will need to increase. If the capacity is not increased, given the current limited amount of time available for LICs to complete risk reduction, lifestyle referrals, and health coaching, it will be difficult to reach screening goals moving forward.

## Benefits

- Adoption of a culture of evaluation
  - Program can adapt quickly to evaluative feedback
  - Especially helpful for process changes
  - Improve program outcome



Cynthia

There are a lot of benefits to developmental evaluation, including the adoption of a culture of evaluation within an organization. Once an organizations really starts evaluation results it is striking how quickly they change their behavior to rely on evaluative questions to drive their actions. They realize that by doing so they can adapt quickly to evaluative feedback and they tend to find this most helpful to make informed changes to their processes. They can see the impact of these changes with improved program outcomes.

## Learnings

- Not everyone is ready
  - Must have an able evaluator
  - Must equip team to use evaluator
- Must keep evaluator 'in the loop'
- May need to help the group unlearn some preconceptions about evaluation<sup>2</sup>
  - gentle reminders
  - clear examples
  - reinforcing positive actions

<sup>2</sup>The J.W. McConnell Family Foundation in introduction to by Elizabeth Dozois Marc Langlois Natasha Blanchet-Cohen

Some important learnings about developmental evaluation are that not everyone is ready for this approach – this applies to program staff as well as evaluators.

This type of evaluation requires the evaluator to be quite nimble, to think on their feet, to interpret data quickly and to have very good facilitation skills to guide staff through the changes that result from evaluation observations.

It is essential to keep the evaluator 'in the loop' – this requires the team to think about the times the evaluators presence is necessary and invite them, it also requires that the evaluator be a bit pushy and insist on being included at times when the team may not think to include them.

In *A Practitioner's Guide to Developmental Evaluation* the authors point out that these goals can be accomplished through gentle reminders, especially using clear examples for how developmental evaluation is useful and use ongoing reinforcement of positive actions on the part of the team.

<sup>2</sup>The J.W. McConnell Family Foundation in introduction to by Elizabeth Dozois Marc Langlois Natasha Blanchet-Cohen

## Key Messages

- Program Elements
  - Culture of evaluation
  - Adaptable
  - Learning based
- Evaluator Skills
  - Team work
  - Adaptable
  - Strong facilitation skills
  - High tolerance for ambiguity
- Developmental Evaluation
  - Formative AND summative



To use developmental evaluation successfully the program should embrace a culture of evaluation. The team program should be very adaptable – this would not work in a program that has a prescribed design, and the program should recognize and encourage learning based observations.

A team that is going to be using developmental evaluation should look for an evaluator who is skilled in this approach and skilled in team work, is adaptable again has strong facilitation skills and a high tolerance for ambiguity.

Finally, it is really important to remember that developmental evaluation is both formative AND summative.

## References and Resources

- Patton, M. (2010). *Developmental evaluation applying complexity concepts to enhance innovation and use*. New York, NY: Guilford Press.
- A Developmental Evaluation Primer, 2008, Jamie A.A. Gamble, [www.mcconnellfoundation.ca](http://www.mcconnellfoundation.ca)
- DE 201: A Practitioner's Guide to Developmental Evaluation, 2010, Elizabeth Dozois Marc Langlois Natasha Blanchet-Cohen, [http://vibrantcanada.ca/files/development\\_evaluation\\_201\\_en.pdf](http://vibrantcanada.ca/files/development_evaluation_201_en.pdf)
- Better Evaluation: Sharing Information to Improve Evaluation web site: [http://betterevaluation.org/plan/approach/developmental\\_evaluation](http://betterevaluation.org/plan/approach/developmental_evaluation)



## We'd like to hear from you...

- Questions and Answers
- Short Poll Questions
- Email presenters at [JElmi@cdc.gov](mailto:JElmi@cdc.gov) and [Ccunningham@communitysolutionsinc.net](mailto:Ccunningham@communitysolutionsinc.net)



It is great to hear the approach Indiana took towards evaluating their health system work. Can you speak to any aspects of the organization such as organizational structure, or perhaps other facilitators that made a development evaluation approach feasible and successful in Indiana?

“You said in the beginning of the presentation that developmental evaluation is not formative evaluation and gave the distinction, but at the end you said that it is both formative and summative. Can you explain?”

Great question and thanks for paying attention. The purpose for conducting a developmental evaluation is different from formative and summative evaluation and therefore we use different evaluation models, However, the results of Developmental Evaluation can be both formative and summative and can actually include outcomes.

## Reminders

All sessions are archived and  
can be accessed on-demand at:

**<http://www.cdc.gov/dhdsp/pubs/podcasts.htm>**

If you have any questions, comments, or topic  
ideas send an email to:

**[AREBHeartInfo@cdc.gov](mailto:AREBHeartInfo@cdc.gov)**

# Next Coffee Break

*To Be Announced...*



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