MODULE 2

Describe the Program

INTRODUCTION: Describe your health workforce training program

The purpose of this module is to fully describe your health workforce training program. You will want to clarify all the components and intended outcomes of the health workforce training program to help you focus your evaluation on the most important questions.

STEP 1: Describe your health workforce training program and develop SMART objectives

Think about the following components of your health workforce training program:

- **Need.** What problem or issue are you trying to solve with the health workforce training program?
- **Targets.** Which groups or organizations need to change or take action?
- **Outcomes.** How and in what way do these targets need to change? What specific actions do they need to take?
- **Activities.** What will the health workforce training program do to move these target groups to change and take action?
- **Outputs.** What capacities or products will be produced by your health workforce training program's activities?
- **Resources and inputs.** What resources or inputs are needed for the activities to succeed?
- **Relationship between activities and outcomes.** Which activities are being implemented to produce progress on which outcomes?
- **Stage of development.** Is the health workforce training program just getting started, is it in the implementation stage, or has it been underway for a significant period of time?

Using a logic model can help depict the program components. Also known as a program model, theory of change, or theory of action, a logic model illustrates the relationship between a program's activities and its intended outcomes. The logic model can serve as an "outcomes roadmap" and shows how activities, if implemented as intended, should lead to the desired outcomes.

A useful logic model:

- Identifies the short-, intermediate-, and long-term outcomes of the program and the pathways through which the intervention activities produce those outcomes.
- Shows the interrelationships among components and recognizes the influence of external contextual factors on the program's ability to produce results.
- Helps guide program developers, implementers, and evaluators.

SMART objectives

As you think about developing objectives within your logic model, the SMART objectives framework can help you write objectives that are clear, easily communicated, and measurable.

The acronym stands for:

S **Specific:** What exactly are we going to do?

M **Measurable:** How will we know we have achieved it?

A **Agreed upon:** Do we have everyone engaged to achieve it?

R **Realistic:** Is our objective reasonable with the available resources and time?

T **Time-bound:** What is the time frame for accomplishment?

ADAPTED FROM: U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation. Introduction to program evaluation for public health programs: A self-study guide. Atlanta, GA: Centers for Disease Control and Prevention, 2011. Available at: http://www.cdc.gov/eval/framework/index.htm

Example SMART objectives for a health workforce training program:

- The program will mentor five primary care residents' provision of team-based care over the course of a year. Their team-based care competency will be measured by a self-assessment tool in months 1 and 12 of the program.
- The program will expose all medical trainees to enhanced competency in social determinants of health including screening for health literacy and barriers to care; participating in collaborative visits with pharmacists and behavioral health care providers; and referring to social workers for non-medical barriers. Trainees will be exposed to these approaches in a four-week module and knowledge of these approaches will be measured through participation in a minimum of five screenings, five collaborative visits, and five referrals.

STEP 2: Develop a logic model

A useful logic model is simple to develop if you have identified the following information for your health workforce training program.

- **Inputs:** Resources crucial to implementation of the health workforce training program.
- **Activities:** Actual events or actions done by the health workforce training program.
- **Outputs:** Direct products of the health workforce training program activities, often measured in countable terms. For example, the number of trainees who participate in a complex care management team meeting or the number of community providers who participate in population health forums.
- **Outcomes:** The changes that result from the health workforce training program's activities and outputs. Consider including outcomes that measure your program's success in stages (e.g., short-term: increased number of trainees who have knowledge of population health management tools; intermediate-term: increase in patients at clinical preceptor sites who have proactive patient education visits for chronic disease management; long-term: number of graduates who opt to work in a primary care setting that uses population health data for patient outreach and screening).
- **Stage of development:** Programs can be categorized into three stages of development: planning, implementation, and maintenance/outcomes achievement. The stage of development plays a central role in setting a realistic evaluation focus in the next step. A program in the planning stage will focus its evaluation differently than a program that has been in existence for several years.

Basic logic model components

Methodology for logic model development

To stimulate the creation of a comprehensive list of these components, use one of the three following methods.

1. Review any information available on the health workforce training program—whether from mission/vision statements, strategic plans, or key informants—and extract items that meet the definition of activity (something the program and its staff does) and of outcome (the change you hope will result from the activities).
2. Work backward from outcomes. This is called "reverse" logic modeling and is usually used when a program is given responsibility for a new or large problem or is just getting started. There may be clarity about the "big change" (most distal outcome) the program is to produce, but little else. Working backward from the distal outcome by asking "how to" will help identify the factors, variables, and actors that will be involved in producing change.
3. Work forward from activities. This is called "forward" logic modeling and is helpful when there is clarity about activities but not about why they are part of the program. Moving from activities to intended outcomes by asking, "So then what happens?" helps elucidate downstream outcomes of the activities.

Use the identifying components worksheet listed in the resources section to help you develop a logic model for your health workforce training program. An example from the University of South Alabama's health workforce training program is listed below.

Identifying components example

	ACTIVITIES What will the program and staff do?	OUTCOMES What are the desired outcomes of the program?	SEQUENCING When are these outcomes expected (short, intermediate, long term)?
1	*Improve practice performance in caring for complex patients*	*Increased number of complex patients under care management.* *Increased number of patients screened for substance abuse.* *Increased number of patients seen in a group office setting.* *Reduction in unnecessary admissions for health system.*	Short-term: *Increased number of complex patients under care management.* *Increased number of patients screened for substance abuse.* *Increased number of patients seen in a group office setting.* Intermediate-term: *Reduced number of unnecessary admissions for health system.* Long-term: *Care delivered by graduates and learners measured by well-being and other markers above 80th percentile.*
2	*Provide modular education for all learners on population health, care of complex patients, and improved patient engagement.*	*Increased number of residents who have knowledge of team-based care of complex patients.* *Increased number physicians who have extensive team-based population health.* *Reduced number of ED visits.* *Care delivered by graduates and learners measured by well-being and other markers above 80th percentile.*	Short-term: *Increased number of residents who have knowledge of team-based care of complex patients.* *Increased number physicians who have extensive team-based population health.* Intermediate-term: *Reduced number of ED visits.* Long-term: *Care delivered by graduates and learners measured by well-being and other markers above 80th percentile.*
3	*Provide intense educational opportunity for medical students regarding value-based care.*	*Increased number of students in value-based care track.* *Increased number of students interested in value-based care.* *Residency graduates taking leadership positions in primary care.*	Short-term: *Increased number of students in value-based care track.* Intermediate-term: *Increased number of students interested in value-based care.* Long-term: *Increased residency graduates taking leadership positions in primary care.*

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Once you have the information outlined in the table, you can develop the sample logic model for your program. The University of South Alabama's logic model is shown on page 5 as an example.

STEP 3: Using and updating your logic model

A logic model provides a critical framework for evaluators and implementers to monitor a program over time. It is not a static tool. Tracking indicators for each step in the logic model helps determine whether resources are sufficient and whether activities are being implemented according to plan. This process identifies areas for program refinement, mid-course corrections, and/or technical assistance to support ongoing program implementation.

Examples of the types of information that may provide mid-term feedback to change program implementation:

- Student focus groups on experience in working with complex patients indicate that they want more experience to feel confident in their skills.
- Patient surveys on care coordination approach identifies that patients would like better introduction and understanding of roles among their care team.
- Clinical process tracking data on number of patients screened for substance use shows improvement at one of the five clinical preceptor sites, and no change at the four remaining clinical sites.

Caring for the Complex Patient in the PCMH — University of South Alabama

SITUATION

Need: To improve poor health of population through improved care coordination and engagement while better training physicians, mental health providers, and others to deliver team based care

Desired Result: High performing care delivery and training platform, modular educational program focused on improving social determinants through improved patient engagement and team based care

Enabling "protective" Factors: Existing population based focus of residency

Limiting "risk" factors: Incorporation of medical students and mental health students

Strategies and best practices: Use of modular learning activities; certification approach; pipeline approach

INPUTS

What we invest (resources)

- Clinical practice staff
- Family medicine faculty
- Mental health faculty
- Pharmacy faculty
- Patient time
- Curriculum time
  - Medical student LEAP experience
  - COM III and IV time
  - Residency population health rotation
  - Mental health time
  - Post graduate physician and pharmacy time

OUTPUTS

Activities

What we do

- Improved practice performance regarding complex patients
- Modular education for all learners on population health, care of the complex patient, and improved patient engagement
- Simulated team based care delivery training
- Intense educational opportunity for medical students regarding value- based care
- Faculty development

Service delivery

Evidence of Program Delivery

- # of complex patients under care management
- # of patients screened for substance abuse
- # of patients seen in group office setting
- # of team home visits made
- # of residents and students with training in population and care of the complex patient
- # of students in value-based care track
- # of students engaged in team based care of complex patients

OUTCOMES-IMPACT

Short term results (1-4 years)

- Change in # of residents with knowledge of team based care of complex pts
- Change in # of students with experience in team based care of complex patient
- Change in # of patients screened for substance abuse
- Change in physicians with extensive team based population health experience

Long term results (5-7 years)

- Reduction in unnecessary admissions for USA Health System
- Reduction in ED visits for SA Health System
- Decrease in admissions within the last 2 weeks prior to death in patients cared for by USA Health System
- Increase in non- rvu to family physicians in lower Alabama
- Increased student interest in value based care

Ultimate impact (8+ years)

- Increased interest amongst entering students who are seeking training in value based training
- USA Residency graduates successfully seeking leadership positions in primary care
- Care delivered by graduates and learners as measured by wellbeing and other markers above 80th percentile.

ASSUMPTIONS

Mental health care delivery in a primary care setting will be accepted by patients and reimbursed by payers

Learners will find simulations engaging and will value improving resource utilization as an equivalent clinical skill

Regional care organization will value improved clinical outcomes over volume based metrics in local market

EXTERNAL FACTORS

Payment migrating to value on national level will continue, sparking student interest

Need for enhanced primary care workforce, mental health workforce, and team-based focus will be seen by learners

EVALUATION

1. Learner satisfaction with the educational offerings
2. Learner acquisition of skills necessary to manage complex patients
3. Learner participation in team based activities
4. Graduates undertaking team based care in underserved environment upon graduation
5. Mental health graduates seek opportunities in primary care setting upon graduation
6. Reduction in hospitalizations for patients under the care of USAFM and subsequently USA Health
7. Improvements in patient health attributable to improved primary care

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TOOL 2.1

Components of your logic model

	ACTIVITIES What will the program and staff do?	OUTCOMES What are the desired outcomes of the program?	SEQUENCING When are these outcomes expected (short, intermediate, long term)?
1			
2			
3			