

2011

# Some approaches to evaluation: a focus on outcomes

Janet E. Sansoni

*University of Wollongong, jans@uow.edu.au*

---

## Publication Details

J. E. Sansoni "Some approaches to evaluation: a focus on outcomes", Seventh Annual Disease Management Conference, Canberra, 24 August 2011, (2011)

---

# Some approaches to evaluation: a focus on outcomes

## **Abstract**

Powerpoint presentation presented at the Seventh Annual Disease Management Conference, Canberra

## **Keywords**

approaches, evaluation, focus, outcomes

## **Publication Details**

J. E. Sansoni "Some approaches to evaluation: a focus on outcomes", Seventh Annual Disease Management Conference, Canberra, 24 August 2011, (2011)



australian health services  
research institute

# Some Approaches to Evaluation: A Focus on Outcomes

Assoc Prof Jan Sansoni

Australian Health Outcomes Collaboration

Australian Health Services Research institute,  
UOW



University of Wollongong

# Purpose of Evaluation

- Inform decision making; review programs
- Describes how program/intervention worked, what outcomes achieved, and their impact – implications for practice

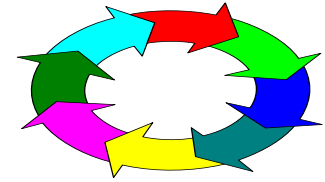
## Three main types

- **Process** – focus on processes and strategies used
- **Outcome** – effectiveness/ result of intervention/program
- **Impact** - also focuses on effectiveness and whether objectives met but considers the broader implications for practice and the outcomes of the strategies, processes, and interventions

# Methods Used

- **Process** – can include site visits, informant interviews, surveys of participants, analysis of reports and minutes, direct observation, outcome related performance indicators
- **Outcomes** – with/without, before and after, research paradigms with standardised assessments - but also outcome related performance indicators, surveys, focus & other group techniques, time series designs etc
- **Impact** – surveys, questionnaires, focus and nominal group techniques and other qualitative and quantitative approaches – results produced by both strategies and interventions

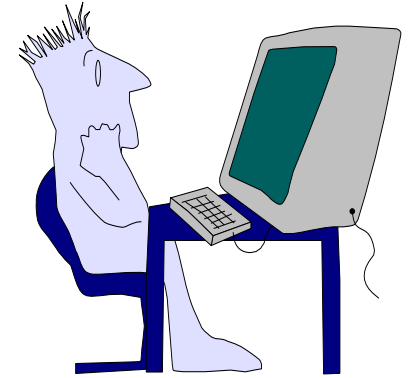
# The Service Evaluation Cycle



- **Structure** Context, organization/ model, inputs, e.g. adequacy of \$, staff training etc.
- **Process** How service delivered, procedural endpoints, process outcomes, e.g. standards, QA, care paths, timeliness
- **Outputs** Efficiency, throughputs - often tied to costs data, e.g. alos, \$ per episode
- **Outcome** Change in health status due to intervention, e.g. dead/ alive/ hrqol/ disability
- **Impact** Effect on the broader health and economic context



## Some Questions to Ask



**What is the intervention being evaluated?**

**What are the goals of the intervention?**

**What is the hypothesis?**

**Are we examining group or individual outcomes?**

**How do you define the intervention?**

**What are the desired outcomes of this intervention - if this treatment or service works what would you expect to happen?**

**What information does the organization collect routinely - does any of this reflect on outcome?**

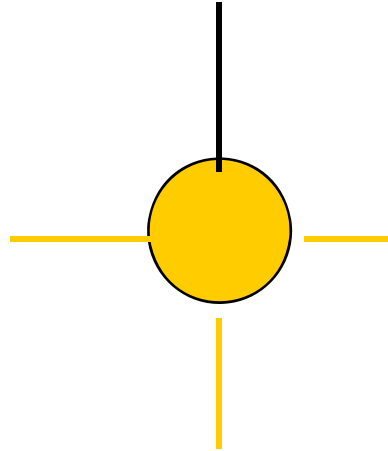
**Is there any baseline information?**

# CDSM

- This is both a **health** and an **educational** intervention
- Train patients to manage their condition better
- Did patients acquire the knowledge to do this?
- Did they apply the knowledge?
- If so, you would expect improvement in HO – health status, health behaviours, disability, fatigue, pain, social role, depression, self efficacy; and health service utilisation (Stanford)



# What is a health outcome?



**A health outcome is a change in the health of an individual, or a group of people or a population, which is wholly or partially attributable to an intervention or series of interventions (AHMAC 1993, Modified NHIMG 1996).**

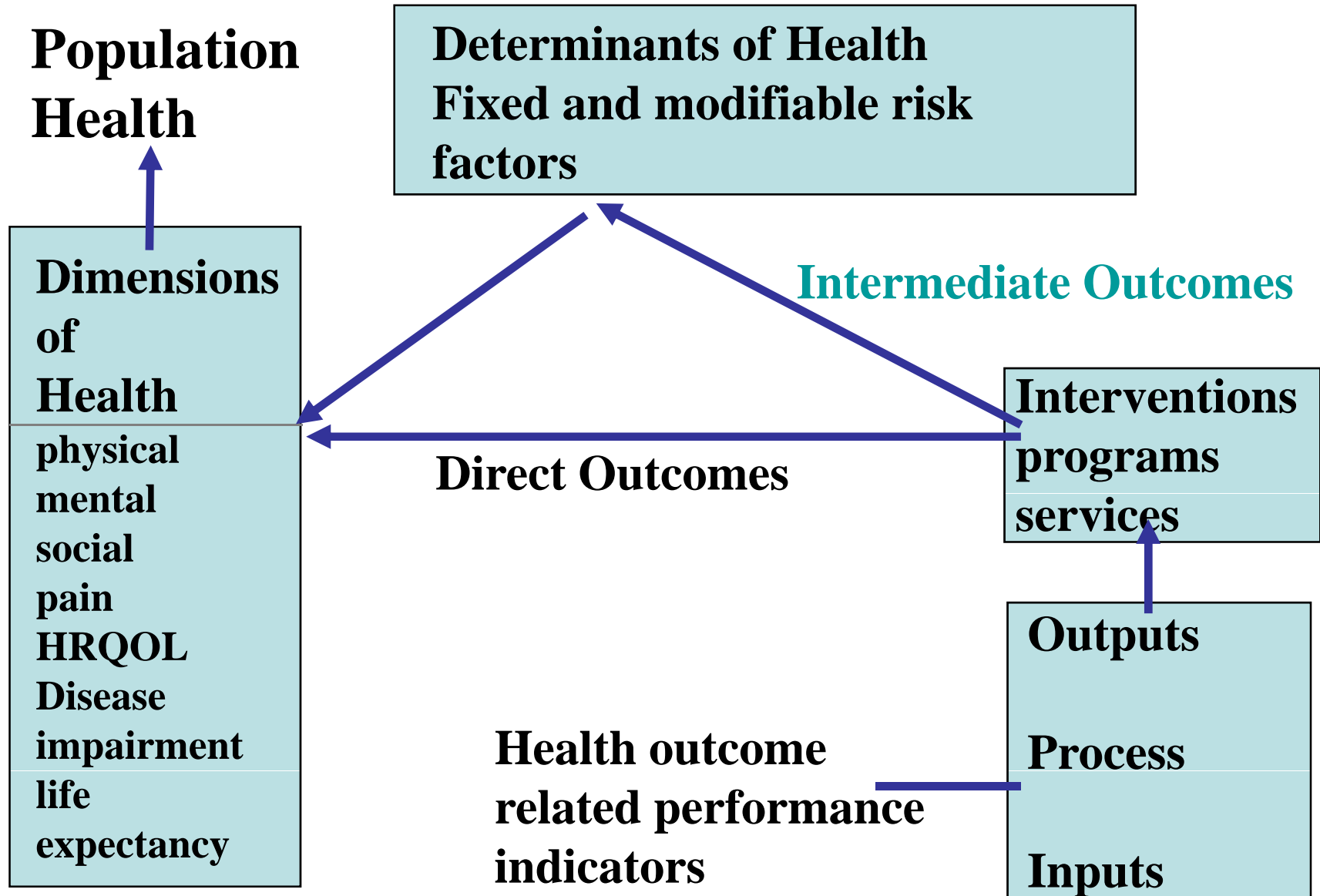


# Health Outcomes Related Performance Indicators

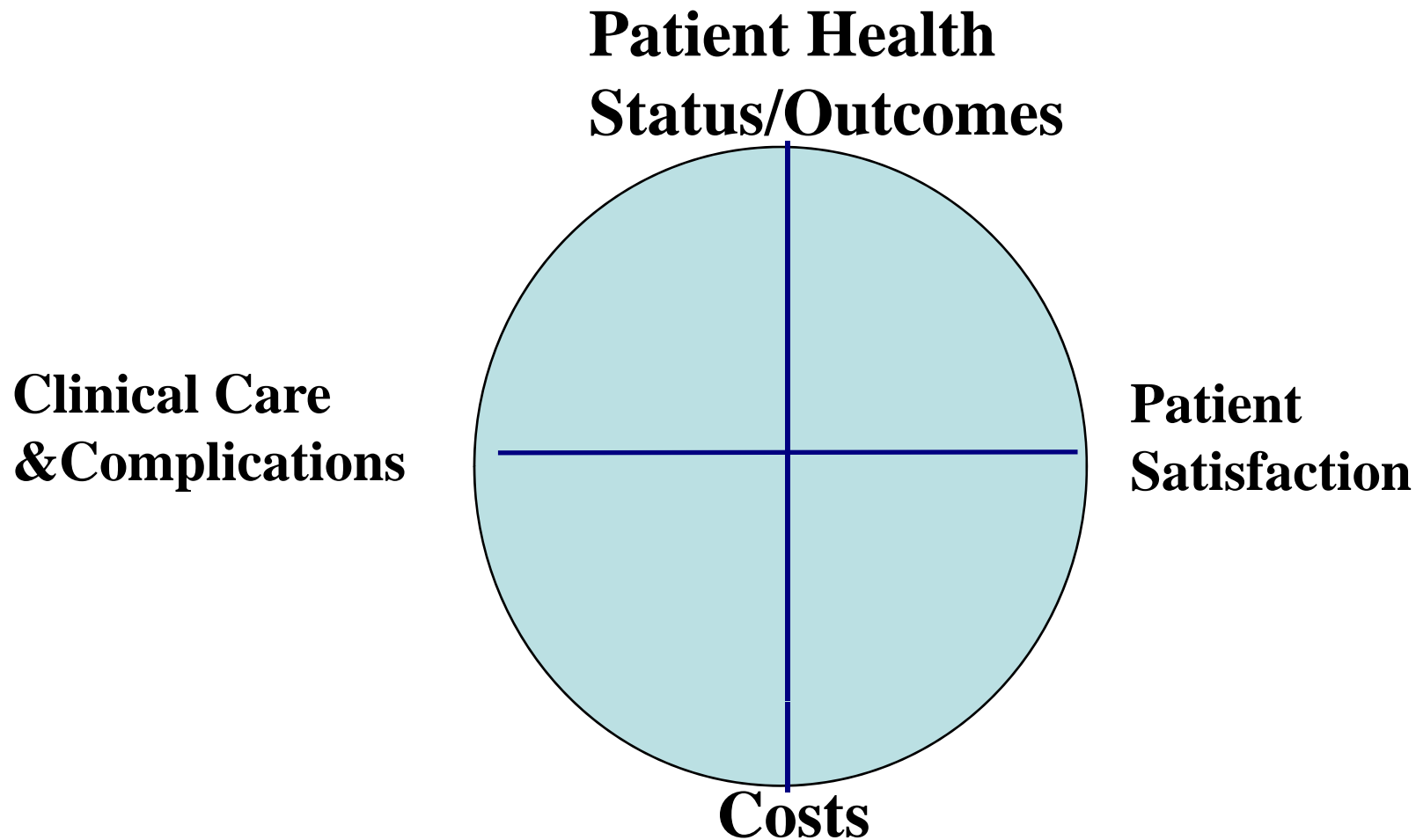
**An outcome-related performance indicator in the health and welfare field is a statistic or other unit of information which reflects, directly or indirectly, the performance of a health or welfare intervention, facility, service or system in maintaining or increasing the wellbeing of its target population (Armstrong, 1994).**

**CRS example – time to treatment**

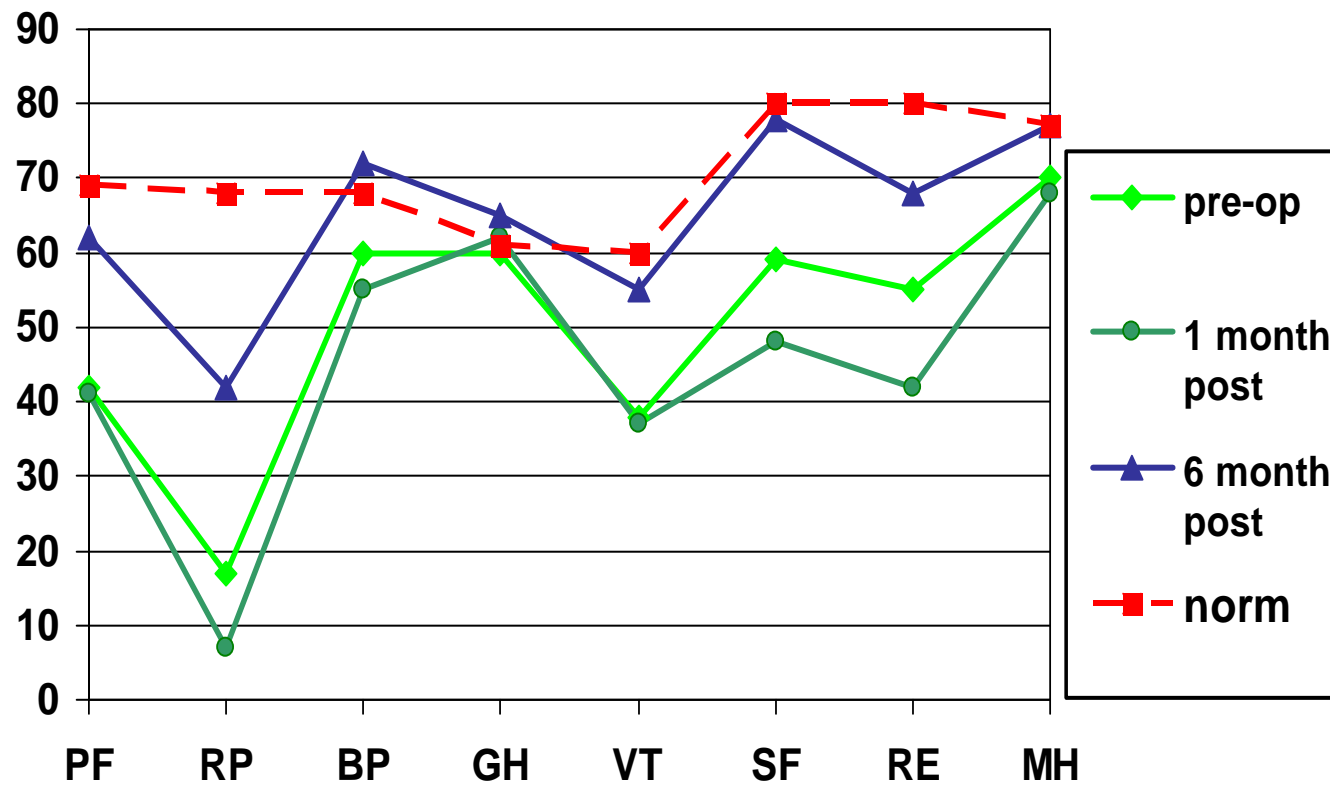
# Health Outcomes Framework



# Q.A. and Health Outcomes Monitoring Throughout the Clinical Pathway



# Heart Valve Replacement: Time Issues



# TYPOLOGY OF OUTCOME MEASURES

- **QUANTITY of LIFE**
  - Mortality, period of survival, avoidable premature mortality
- **PROCESS**
  - Practice Variations, ORPIs - readmission, HSU, complication rates etc
- **QUALITY of LIFE**
  - Generic and specific measures: health status, HRQOL, QOL
- **SATISFACTION**
  - Client surveys, focus groups

# Health Related Quality of Life

<b>Physical</b>	<b>Impairment</b>	<b>Disease/ Symptom</b>	<b>Single</b>
<b>Mental</b>	<b>Disability</b>	<b>Condition</b>	<b>Multiple Measures</b>
<b>Social</b>	<b>Handicap/ Capacitation</b>	<b>Generic Measures</b>	<b>Profiles/ Indexes</b>

# Types of Measures

**Generic HRQoL/ Health Status Measures:** e.g. SF-36 and  
**Generic QoL Measures:** e.g. WHOQOL (**Why we use generics**)

**Disease/ Symptom Specific:** Symptom checklists of a particular disease e.g. diabetes. May include symptom severity and impact items. **Clinical indicators** related to disease control e.g. blood glucose levels, no. of asthma attacks etc.

**Condition Specific:** Chronic Illness, Ageing, Mental Health – broader conditions vs. specific diseases

**Blends:** A quality of life or HRQoL measure is combined with a disease / condition specific measure (e.g. Asthma QOL). Some issues with these measures (**avoid**).



# Types of Measures

- **Functional Status Measures:** Disability (e.g. HAQ); ADL/ IADL FIM, Barthel, OARS; Cognitive Status; Aged Care - ONI
- **Health Utility Indexes:** For economic evaluation (impact)
- **Patient Satisfaction Measures:** SAPS, Visit/Consult surveys
- **Outcome Measurement Suites:** Stanford CDSM, DOMS

CDSM - also might consider Health Education Impact Q (HeiQ), and educational assessments e.g. knowledge gained/applied; self efficacy measures, and broader measures such as the Patient Assessment Chronic Illness Care (PACIC) and Stanford Q

# Criteria for Instrument Selection

- **Normative Data/ Clinical Data:** is information available for comparison purposes/ benchmarks?
- **Type of Instrument:** well-being measure, generic health status measure, health utility index, disease specific measure, symptom index, condition specific measure
- **Style of Instrument:** self-report inventory, clinical rating scale, goal attainment scale - issue of proxy reports

# Criteria for Selection

- **Practical Utility:** respondent burden, costs, training
- **Freedom from Confounding Factors:** social desirability, inappropriate questions, literacy levels
- **Relevance and Suitability of Application:** does the instrument cover the dimensions of interest
- **Mode of Administration:** client fills in survey, structured interview, computer assisted telephone interview (norms can vary by method)
- **Culture, Gender, Age Appropriateness:** Some instruments need language modifications for Australia.
- **Psychometric Properties:** is the instrument, **reliable valid and sensitive to change** in target group

# CDSM Instruments

- **Health Ed Impact (HeiQ)** - 42 items: positive life engagement; health directed behaviour; skill acquisition; constructive attitudes/ approaches; self-monitoring insight; health service navigation; social integration/support; emotional well-being  
HeiQ: health and education focus, proximal outcomes focus,
- **PACIC** – 20 items - overall quality of chronic illness care: patient activation, delivery system design/ decision support, goal setting, problem solving/counselling, follow-up/coordination (process evaluation focus – needs to be assessed for outcome evaluation)
- **Stanford Measurement Suite** – 32 items: health status, health behaviours, disability, fatigue, pain, breathlessness, health distress, social role, self efficacy; health service utilisation – some are more distal outcomes

# If Using Instruments...

- Standardised instruments/items are better than DIY as they have known psychometric properties and these can be evaluated when selecting your measures
- Instrument/survey/questionnaire/item design and development is a complicated process
- Selecting the best measures/items requires careful thought and it is often useful to gain advice – AHOC happy to help

- **Thank you**