Alberta Health

Primary Health Care Evaluation Framework

Primary Health Care Branch
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Introduction

In recognition of the importance of primary health care (PHC) to the broader health system, and with the introduction of new delivery models to the landscape, Alberta Health commissioned the development of a comprehensive Evaluation Framework (the Framework). The Framework is intended to support ongoing assessment and evaluation of PHC in the province and to contribute to continuing efforts to strengthen Alberta's PHC system. Although the Framework focuses on Primary Care Networks (PCN) and the recently introduced Family Care Clinics (FCC), it is intended to be applicable to all available PHC services in Alberta.

The Framework contains a series of discrete but associated components that can be used to evaluate unique aspects of Alberta Health's PHC service models. These components include a logic model, core evaluation questions, measurement concepts, and a description of the five key evaluation activities supported by the Framework.

The Framework is not an accountability or evaluation plan, but rather a comprehensive and enduring reference document that will support continuing efforts to strengthen the provincial PHC system and ensure return on investment. It provides useful tools for conducting formal and informal evaluation. The Framework aligns with and supports the provincial government's Results-Based Budgeting process and Alberta's Primary Health Care Strategy; it can also be used to supplement information traditionally reported in the Ministry's financial statements and the annual reports.

Background

In Alberta, PHC includes a wide range of services delivered by teams of providers that can include physicians, nurses, psychologists, pharmacists, dieticians, counsellors, rehabilitation therapists and social workers, among others, depending on the needs of the people with whom they are working. Social and community initiatives such as housing, employment and income supports are part of the programming people can draw on to support their overall health and well-being.

PCNs were established to provide better access, greater health promotion and chronic disease management, improved care coordination, and more use of interdisciplinary teams. First envisioned in 2003, there are now 41 PCNs in Alberta. Their staff includes over 3100 physicians and the equivalent of approximately 700 full-time positions for other health professionals such as nurse practitioners, nurses, dieticians, social workers and pharmacists. PCNs continue to evolve to meet PHC objectives.

FCCs are local, team-based PHC delivery organizations that provide individual and family-focused primary health care services tailored to meet the health needs of a community. Clinic staff co-ordinate a comprehensive range of PHC services that cover an individual's entire lifespan. FCCs provide non-emergency PHC services and linkages with services that support early childhood development, mental health and other issues such as homelessness, to address the needs of the community they serve. FCCs were piloted in 2012 and more clinics will be open in 2014.

Together, PCNs and FCCs form a system that is more focused on accountability and comprehensiveness.

As PHC evolves in Alberta, people can expect that their care will include:

- Being attached to a PHC provider or team
- Having better access to care and more care delivered closer to home
- The availability of the right provider to meet their needs
- One electronic health record that moves with them on their care journey
- A focus on wellness and prevention
- Programs and supports that help them manage their own health
- Health services that are better connected to community and social services and to other parts of the health system

At a system level, people can expect that the PHC system will include:

- Community involvement in determining the best ways of meeting unmet local needs
- An acknowledgement of the physical, mental, social and spiritual dimensions of health
- A focus on wellness and prevention at the system level
- Seamless information sharing that is used to improve care at the patient and system levels
- A culture that values teamwork, innovation, continuous learning and people participating in their own care
- Policy and programming across government that considers the impact on PHC and minimizes unintended negative consequences
- A focus on quality and positive outcomes that measures achievements and innovation

Alberta's Context for PHC Evaluation

Alberta has made significant strides in meeting many of the national objectives for PHC renewal.[1] In accordance with the Premier's commitment to achieving further progress in strengthening the provincial PHC system, Alberta Health has developed a Primary Health Care Strategy. Understanding the effect of this emerging strategy on the overall PHC system and the new PHC delivery models will be an important component of ongoing evaluations. Ensuring rigorous performance management and accountability for current and future investment is essential.

POLICY LINKAGES

The Primary Health Care Strategy is closely aligned and links with other policy initiatives underway, including:

- Alberta's Social Policy Framework
- Together We Raise Tomorrow
- Creating Connections: Alberta's Mental Health and Addiction Strategy
- The Alberta Tobacco Reduction Strategy
- Changing Our Future: Alberta's Cancer Plan to 2030
- Alberta's Health Research and Innovation Strategy
- Alberta's Strategic Approach to Wellness
- Early Childhood Development initiatives

Following an audit of the PCN program in 2012, Alberta's Office of the Auditor General (OAG) recommended that Alberta Health strengthen evaluation to improve reporting on the success and the cost-effectiveness of the PCN program. The specific recommendations include:

- Establish clear expectations and targets for PCN program objectives;
- Develop systems to evaluate and report performance of the PCN program; and
- Improve its systems to provide information and support that the PCNs and Alberta Health Services (AHS) need to achieve program objectives.

The Evaluation Framework has been developed to respond to these recommendations.

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[1] http://www.hc-sc.gc.ca/hcs-sss/prim/phctf-fassp/object-eng.php

Alberta's Primary Health Care Logic Model

The logic model supports evaluation questions and strategies. The model encompasses all aspects of Alberta's PHC system and outlines the changes that are being introduced to improve PHC delivery throughout the province. The logic model acknowledges varying approaches to PHC delivery, as well as activities at all levels of care:

- System level: encompasses the PHC system as a whole
- Model level: encompasses the PHC model (e.g., PCN, FCC)
- Delivery Site level: encompasses where PHC services are delivered (i.e., individual FCC or PCN)

The logic model also focuses on describing elements that will facilitate system and model level change, referred to as enablers. Together, system and model level enablers are the factors that allow for transformational change in PHC to occur, which in turn leads to improved quality health outcomes (e.g., improvement in overall health of Albertans). The focus on enablers allows Alberta Health to assess which areas of the system may require further resources or attention.

Components of the Logic Model

Alberta's PHC Logic Model was created using standard terminology and approaches, incorporating perspectives from internal documents, publicly available documents, academic and grey literature, and input from senior executives. It exists within the context of the province and thus the "logic" is specific to PHC in Alberta. The model recognizes that factors external to the health care system have an impact on the system and can influence initiatives for change. Context includes historical, social, demographic, cultural and legislative factors, as well as economic and physical environments.

The first tier of the logic model specifies those elements that must be in place to enable change. At the system level, seven key enablers - critical central structures and processes - are identified as necessary for the ongoing evolution of primary care within the Alberta context. The model level includes enablers that are essential supports for successful implementation and ongoing operation of individual service models. Although they may be customized for each model, the key model enablers are:

1. **Stewardship**: Includes an appropriate leadership and management structures with the accountability, authority, expertise and resources to achieve successful implementation of PHC delivery models and drive and support change where needed.
2. **Enrolment**: Articulation of policies and procedures and IMT system supports to formally register clients with a primary care organization, team, or provider, to foster attachment of that client to a regular PHC provider or team, facilitate the development of a longitudinal relationship with that provider or team, and increase the likelihood of receipt of the majority of the client's PHC through that relationship.
3. **Interdisciplinary collaborative practice**: Support for the establishment of interdisciplinary provider teams and for changes in practice associated with shared care; support for development of collaborative practice.
4. **Data and information**: The technology required to collect, store, and access medical and administrative information in a standardized, timely and accurate way to improve clinical practice, health outcomes and support decision-making.

5. **Knowledge and learning**: Model-specific interdisciplinary education to create and support a culture of quality improvement that emphasizes continuous learning and adherence to best practice.

6. **Quality improvement**: Investment in building the knowledge and skills of managers, administrators, and providers and provider teams to achieve change and improvements in all aspects of PHC service delivery, from work flow and process redesign to improved clinical care delivery and safety.

7. **Workforce development**: Strategies to achieve effective recruitment, deployment management, and retention of human resources.

8. **Accountability**: Defined performance expectations and reporting requirements for different PHC models and sites with delineation of governance roles and responsibilities, tracking progress against organizational goals, and comparison of performance against both internal and external standards.

The second tier of the Logic Model, service delivery, itemizes activities at the delivery site level, essentially the "what" and "how" of health care service delivery. At this level, activities are distinguished from the enablers that facilitate these activities to take place.

Care elements reflect the fundamental clinical functions of PHC delivery models (e.g., PCNs and FCCs) and include the multiple services that will be provided to meet individual and family health needs.
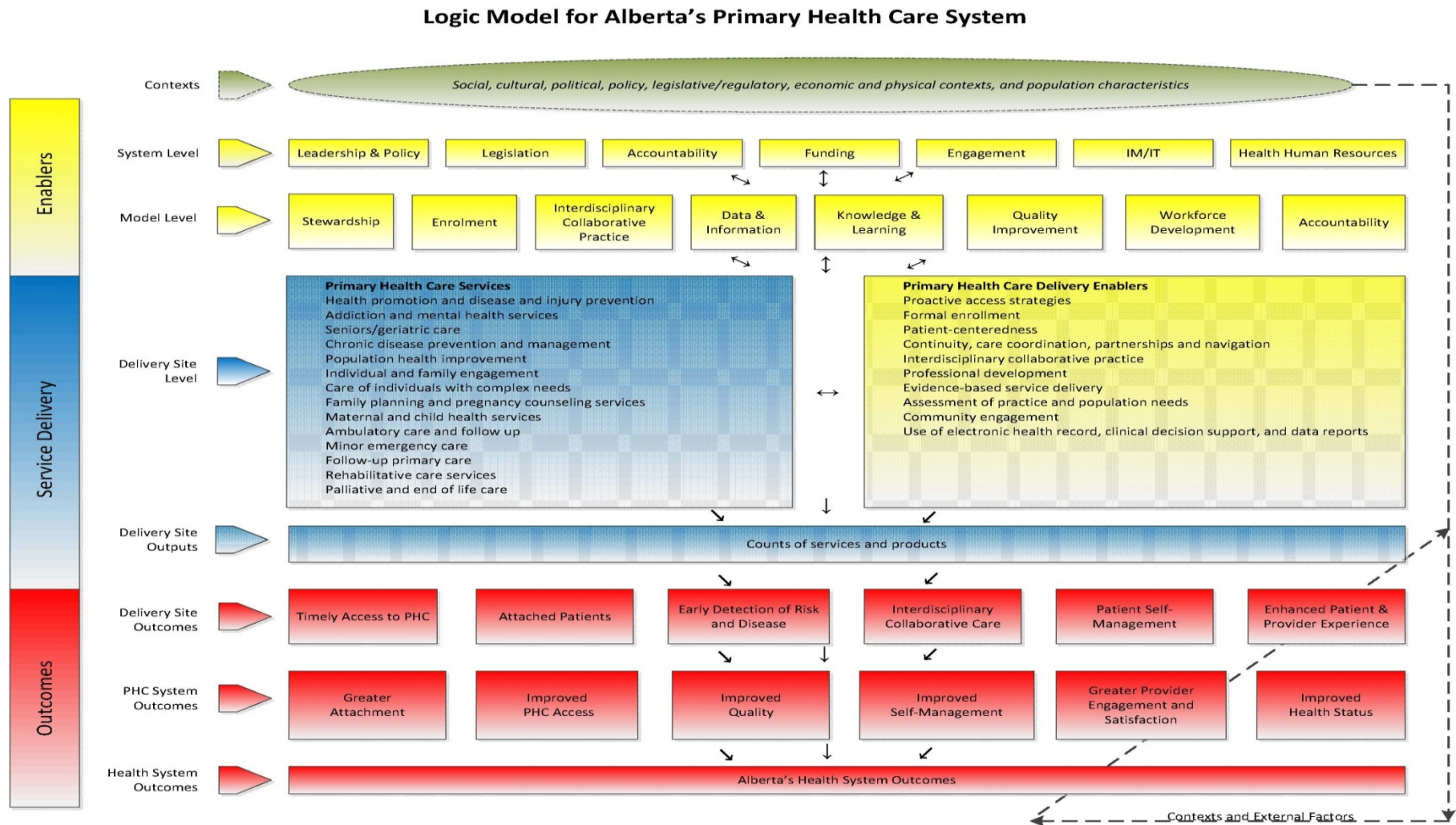
In traditional logic model terms, tiers one and two represent the inputs (enablers) and activities in the PHC system, while the third tier, outcomes, represents the results at the three levels. At the delivery site level, outputs are differentiated from outcomes; outputs include aspects which can be counted, such as patient enrollment numbers, volumes of patients and visits, types and amount of services, and referrals. Delivery site outcomes represent immediate service outcomes for patients, families, and communities.

Primary delivery site outcomes include: timely access to PHC; attached patients; early detection of risk and disease; interdisciplinary collaborative care; patient self-management; and enhanced patient and provider experience.

The six desired outcomes for the PHC system include: greater attachment; improved PHC access; improved quality; improved self-management; greater provider engagement and satisfaction; and improved health status.

By addressing these critical components, the logic model makes it clear that co-ordinated action at the system, model and delivery site levels is needed to achieve the desired results from Alberta's PHC system.

Figure 1: Logic Model for Alberta's Primary Health Care System

Logic Model for Alberta's Primary Health Care System

Contexts — Social, cultural, political, policy, legislative/regulatory, economic and physical contexts, and population characteristics

Enablers

System Level: Leadership & Policy | Legislation | Accountability | Funding | Engagement | IM/IT | Health Human Resources

Model Level: Stewardship | Enrolment | Interdisciplinary Collaborative Practice | Data & Information | Knowledge & Learning | Quality Improvement | Workforce Development | Accountability

Service Delivery

Delivery Site Level:

Primary Health Care Services
Health promotion and disease and injury prevention
Addiction and mental health services
Seniors/geriatric care
Chronic disease prevention and management
Population health improvement
Individual and family engagement
Care of individuals with complex needs
Family planning and pregnancy counseling services
Maternal and child health services
Ambulatory care and follow up
Minor emergency care
Follow-up primary care
Rehabilitative care services
Palliative and end of life care

Primary Health Care Delivery Enablers
Proactive access strategies
Formal enrollment
Patient-centeredness
Continuity, care coordination, partnerships and navigation
Interdisciplinary collaborative practice
Professional development
Evidence-based service delivery
Assessment of practice and population needs
Community engagement
Use of electronic health record, clinical decision support, and data reports

Delivery Site Outputs: Counts of services and products

Outcomes

Delivery Site Outcomes: Timely Access to PHC | Attached Patients | Early Detection of Risk and Disease | Interdisciplinary Collaborative Care | Patient Self-Management | Enhanced Patient & Provider Experience

PHC System Outcomes: Greater Attachment | Improved PHC Access | Improved Quality | Improved Self-Management | Greater Provider Engagement and Satisfaction | Improved Health Status

Health System Outcomes: Alberta's Health System Outcomes

Contexts and External Factors

Primary Health Care Branch, Alberta Health November 14, 2013

Questions for Evaluating Alberta's PHC System

A critical component of the Framework was the identification of strategic and overarching questions arising from the logic model that are intended to guide PHC evaluation activities and approaches. The questions identify the key objectives of Alberta's PHC system transformation that will be used for evaluation. These are intended as high level questions that identify important areas for evaluation and will guide the development of specific questions that will focus on the ways primary health care has changed and the reasons for these changes. The questions will also evolve as the specific goals of Alberta's Primary Health Care Strategy are incorporated into policy and action plans.

Core Evaluation Questions

1. Do Albertans have improved access to PHC?

- Do more Albertans have same-day access to PHC?
- Do Albertans have improved access to PHC outside of traditional office hours?
- Do people from complex care/high needs populations have more access to PHC?

2. Do Albertans have greater attachment to a regular PHC provider or team?

- Do more Albertans have a regular PHC provider or team?
- Are more Albertans formally enrolled with a PHC organization, site or provider?
- Do more Albertans identify a PHC organization, site or provider as their primary source of care?
- Do more Albertans experience a long-term and enduring therapeutic relationship with a regular PHC provider?

3. Are more Albertans receiving quality care?

- Do more Albertans receive effective prevention counseling and interventions?
- Are more Albertans screened for health risks and preventable health conditions?
- Do more Albertans receive PHC services consistent with evidence-based clinical practice guidelines?
- For those Albertans with complex health needs and/or chronic disease, do they regularly receive appropriate PHC services?
- For those Albertans with chronic disease or disability, do they regularly receive support for self-care and self-management?
- Is there a systems-based approach to ensuring quality and safety in PHC?

4. Are Albertans experiencing better PHC health outcomes?

- Are Albertans experiencing lower rates of lifestyle-related disease and injury?
- Are Albertans experiencing lower rates of preventable disease?
- Are Albertans experiencing lower rates of complications from chronic disease?
- Are Albertans experiencing lower mortality rates associated with PHC sensitive diseases such as asthma, bronchitis, emphysema, pneumonia, cardiovascular disease?

5. Has PHC experience improved for Albertans?

- Do more Albertans feel confidence and trust in the PHC system?
- Do more Albertans feel their PHC services are delivered in a way that is sensitive and responsive to their needs, values, and preferences?
- Do more Albertans feel they have the skills, knowledge and motivation to participate as effective partners with their health care team?
- Do more Albertans feel that their use of other health services is being well co-ordinated by their PHC organization, site or provider?

6. Are Albertans making healthier choices and reducing risk behaviours?

- Do more Albertans feel empowered to take responsibility for their own health?
- Are more communities in Alberta actively engaged in establishing health goals and taking collaborative action to support health and wellness?

7. Does Alberta have an adequate and competent PHC workforce?

- Do the numbers and types of health care providers correspond to Alberta's PHC system needs?
- Do the number, type and distribution of PHC health care providers correspond to the relative health care needs of Albertans?
- Is the PHC workforce actively engaged in learning and improvement activities?

8. Is the PHC system becoming more efficient over time?

- Are PHC resources allocated and utilized efficiently?
- Is the full PHC workforce, including all types of providers, optimally deployed and utilized?
- Are Albertans using the PHC system appropriately?
- For those Albertans with a regular PHC provider, is avoidable utilization of more intensive health services, such as emergency department systems and hospitalizations, decreasing?
- For those Albertans with a regular PHC provider, is Alberta achieving lower per capita health costs?

9. Is there more accountability in the PHC system?

- Are key PHC processes and outcomes measured, and where possible, assessed in relation to accepted standards, or targets?
- Are approaches in place to support the PHC system to improve in meeting, or exceeding accepted standards or targets?
- Do Albertans have regular access to assessments and reports on the quality, effectiveness, and cost of the PHC system?

Measuring Key Concepts

Two fundamental components of an evaluation strategy are the measurement of key performance indicators and the enablers that affect an organization's success. The domains identified in the logic model for enablers and outcomes summarize the components that can be evaluated individually or comprehensively.

The performance indicators must reflect a mix of quantitative and qualitative assessment techniques that are relevant to assessing the critical structures, processes and outcomes in a transformed PHC system. Multiple sources for indicators are available including: performance measurement literature, Towards Optimized Practice, Alberta Access Improvement Measures, the Ontario Primary Health Care Measurement Summit, Canadian Institute for Health Information (CIHI), Canadian Taskforce for Preventative Care, National Committee for Quality Assurance, and National Health Service. The advanced use of electronic medical records and provincial government health improvement initiatives and strategies also factor into the development of performance measures.

Applying Alberta's PHC Evaluation Framework

This section details five major evaluation activities which together comprise a comprehensive approach to evaluation. Some of these activities have previously been identified by Alberta Health, while other activities represent approaches that would require additional development and related investment of resources.

1. **Contract Management**: informing the contract management reporting requirements for PHC models.
2. **Performance Monitoring**: Assessing performance of individual PHC delivery sites and the system as a whole through a series of measures created to align with provincial PHC outcomes.
3. **Assessment of System and Model Enablers**: Assessing and improving performance of system and model level enablers.
4. **Applied Evaluation**: Evaluating complex and evolving aspects of models including activities, process, and outcomes to support understanding of the critical contributors to success.
5. **Formal Independent Evaluation**: Evaluation of system level outcomes and model comparisons.

1. Contract Management

The FCC Reference Manual identifies key areas that FCC sites will be expected to report on. Each site will provide reports on their expenditures, including costs associated with the planning and transition stage, as well as standard expenditure categories such as operating costs, salaries and equipment. FCCs will also be expected to report on health human resource parameters such as provider complement, vacancies, retention issues, and difficult-to-fill positions. Reporting related to volume counts will also be expected. Evaluating the extent to which individual delivery sites are meeting the expectations outlined in their agreements with Alberta Health will involve standard approaches to contract management, which is an important component of a comprehensive approach to evaluation. Contract management is a key factor in moving towards satisfying the recommendations set out in the 2012 OAG report and ensuring continuous accountability in Alberta's PHC system.

Expenditure, health human resources, and service volume reporting for other PHC models is also essential so that a full picture of the provincial PHC system can be identified and explored in comparison with other models.

2. Performance Monitoring

The introduction of a performance management system with different types of measures (i.e., core performance, program and target group) is another vital evaluation activity. These measures will not only assist each PHC site in improving performance, but also aid in identifying resources needed to improve the health of Albertans. Alberta Health will establish appropriate indicators that best align with provincial PHC outcomes, support feasibility of data collection and lessen the reporting burden on operations, and provide evidence for which new and necessary services can be tailored for each PHC site.

The starting point for indicator development is the site delivery outcome domains as seen in the logic model (i.e., timely access to PHC, early detection of risk and disease, interdisciplinary collaborative care, patient self-management, enhanced patient and provider experience, attached patients) since these domains represent a comprehensive, holistic view of performance. Primary Health Care Strategy outcomes and objectives of the FCC and PCN models will be considered along with relevant Accreditation Canada standards.
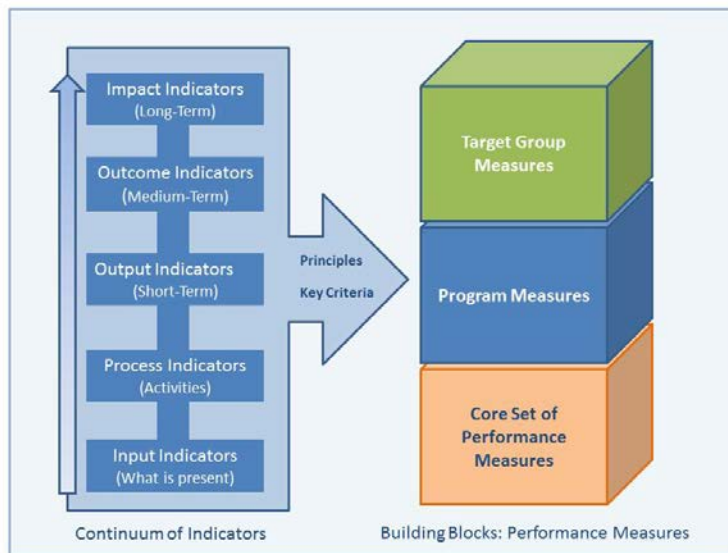
Depicted here is the decision framework which guides the selection of the three types of measures: core, program, and target group. The continuum of indicators is shown, which includes five different types of indicators beginning with inputs, moving through activities and outputs, and culminating in outcomes and impacts. Underlying principles and rationale, such as indicators representing a "gold standard", are central to the decision-making process. The measures will be reviewed on an annual basis in order to comply with current clinical best practices and to determine whether or not they require modification or replacement. In addition, the PHC performance management system may be influenced by other relevant performance measurement going on elsewhere, and in the future.

3. Assessment of System and Model Enablers

The PHC Logic Model identifies a set of enablers that must be present at the delivery site, model, and system level. Enablers at the system and model level are prominent in the logic model and represent inputs (structures and processes) that are critical to supporting and enhancing the delivery of care in the PHC system. As the success of PHC transformation rests on the functioning of these enablers, a comprehensive set of evaluation activities should include an explicit process to provide ongoing assessment of how well the enablers functioning.

Evaluation and improvement of enablers will require periodic and ongoing assessment entailing interviews with key stakeholders, including staff at delivery sites, and use of assessment criteria. The results will determine the extent to which additional direction, investment, or support will be necessary to enhance key enablers at the system (e.g., IM/IT, leadership and policy) and model level (e.g., enrolment processes).

Alberta Health will aim to develop a process that encourages thoughtful reflection, feedback, and identification of options for improvement of enablers as part of a comprehensive evaluation strategy.

4. Applied Evaluation

One of the most significant components of a comprehensive evaluation strategy involves the establishment of a process to evaluate complex and evolving aspects of model implementation, challenges, and contributors to success. Applied evaluation will focus on supporting understanding of critical issues and may focus on topics such as:

- Which processes can be implemented to enhance patient-centeredness?
- What are the best approaches to assessing patient experience? Quality of life?
- What considerations should go into understanding optimal panel size?
- How should the complexity of cases that are managed by a delivery site be related to panel size?
- What is the optimal mix of PHC team members in relation to panel size and complexity?
- What factors contribute to effective team functioning and how can it be improved?
- What options work best to support enhancement of case management and patient navigation?

The processes to be used in this component of an evaluation strategy will involve development of collaborative relationships between delivery sites and model leadership (e.g,. PCN and FCC). Ultimately, this work is likely to lead to a program which will develop rigorous evaluation approaches involving complex design and data collection. Data collection may rely on numerous approaches, including but not limited to: administrative data, data from an electronic medical record system, patient and provider surveys, chart audits, and interviews and focus groups.

5. Formal Independent Evaluation

The four evaluation activities outlined above will be led by Alberta Health, with consultation from key stakeholders. It will be necessary to supplement the previous four activities with a more traditional evaluation process to provide rigorous, independent evaluation and reporting to Albertans on PHC transformation.

The areas of focus for independent evaluation activities will differ from those addressed by the other four evaluation activities. These areas of interest may involve comparison of models to determine effectiveness of PHC delivery, or reviews of the cost-effectiveness of the new models as compared to traditional fee-for-service approaches. Formal independent evaluation is likely to be commissioned by Alberta Health to an independent, external body. This activity will require access to data, including data generated by the previous four evaluation activities.

For additional information on primary health care in Alberta, please visit:

www.health.alberta.ca/services/primary-health-care.html