

HEALTH CARE HOMES

Guide to evaluation for practices

Purpose of the evaluation

The evaluation of the Health Care Homes (HCH) program is of the stage one implementation, running from 1 October 2017 to 30 November 2019. The evaluation will assess the extent to which the program is achieving its objectives, and inform future directions for the program. The evaluation will:

- describe the process of implementing the HCH model
- examine changes in:
 - clinical care provided to patients with chronic and complex conditions
 - patients' experience of care
 - practice experience and behaviour
 - service use (within and outside the primary care sector)
 - the costs for the government, providers and patients
- assess the suitability of the HCH model for national rollout for different practice types, in a range of contexts.

Ethics approval

The HCH evaluation has been approved by the Department of Health Human Research Ethics Committee (reference *Project 04-2017 – Health Care Home Program, Part A: National Evaluation*).

Purpose of this guide

This guide is aimed at practices participating in HCH. It is intended to provide information on what practices need to do for the evaluation.

The guide should be read together with other documents provided to practices about the program, including the *Health Care Homes Handbook for General Practices and Aboriginal Community Controlled Health Services*, training materials and FAQs.

Overview of the evaluation

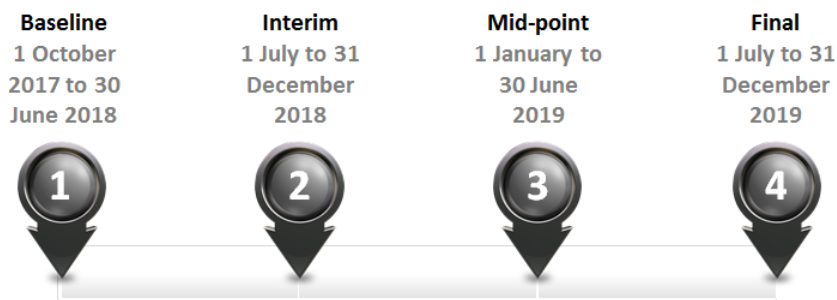
The evaluation will use a range of quantitative and qualitative data sources to answer the evaluation questions. These will include data collected specifically for the evaluation (primary data), and data collected for other purposes, accessed for the evaluation (secondary data).

Primary data include surveys, interviews and focus groups of practices and individual practice staff, allied health providers, and patients (including their carers and/ or families, and in some instances, local community members).

Secondary data include extracts from practice management systems, extracts from MBS and PBS data held by the Department of Human Services, aged care data (residential aged care admissions, community aged care packages) reported nationally, and extracts from state and territory health authorities on emergency department and hospital use.

In addition to patients and practices participating in HCH, the evaluation will seek perspectives on the program from health care providers working closely with the HCH practices, Primary Health Networks (PHNs) within which practices are located, Local Hospital Networks (LHNs), and state and territory health authorities.

Four 'Rounds' have been identified for the evaluation. The time frames relating to each are shown in the Figure below.



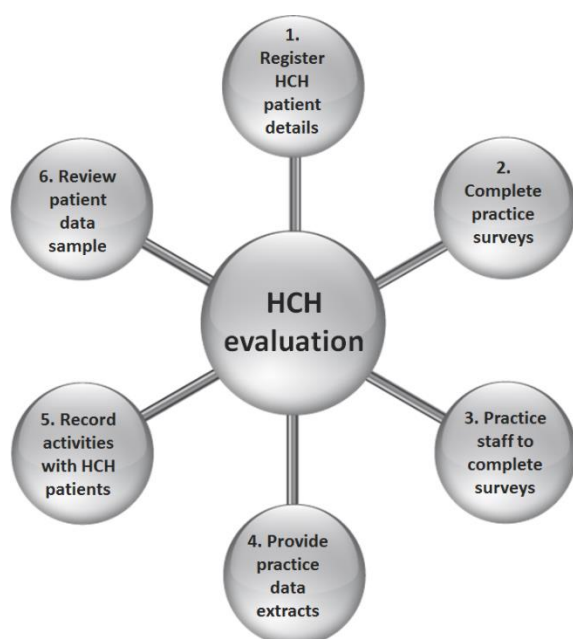
Focus of evaluation

The evaluation will not be assessing the performance of any individual practice as a HCH. Although information from individual practices will be collected, the purpose will be to understand how the program has worked for different practice types and patients enrolled in HCH in those practices.

No practice will be individually identified in any report produced by the evaluation. The exception to this is that individual benchmarking reports will be provided to practices to assist in quality improvement activities. These reports will only be provided to the practice named in the report, showing comparisons with similar practices.

Practice responsibilities for the evaluation

Practices participating in HCH have agreed to contribute to the evaluation. Contribution entails:



1. Providing **basic details about patients** enrolling in the HCH program.
2. Completing **practice surveys**.
3. Individual practice staff completing surveys.
4. Making available extracts of de-identified **data from practice management systems**.
5. Recording **activities** undertaken with HCH patients.
6. **Reviewing data** for a sample of patients.

The evaluation team will provide each practice with a secure log-in to the evaluation website (www.hchevaluation.com). Practices will be able to complete surveys and provide contact details of HCH patients through this website. The website will also be used to communicate information about the evaluation.

In addition to the above activities, a sample of practices (about 20), will be invited to participate in the **case studies** for the evaluation. These will involve interviews and focus groups with practice staff, patients (including their carers/ family members, and in some instances community members), and other health care providers in the locality that the practice refers patients to.

The sections below describe the data being collected and practices' input required for the evaluation.



What's required?

As patients are registered to participate in HCH in the Department of Human Service's Health Professional Online Services (HPOS) system, practices are requested to enter basic details about the patients into a secure online application managed by the evaluation team. The details provided will enable the evaluators to invite patients to participate in surveys, interviews, and focus groups. While only a sample of patients will be invited to participate in these evaluation activities, the data will also allow the evaluators to ensure a rigorous approach to sampling. The personal details provided will only be used for sampling and contacting patients to provide their views, and destroyed following the completion of the evaluation. If a patient explicitly requests not to be approached for a survey, this can be recorded in the online application, although for statistical reasons, some basic (de-identified) details are still required for these patients in the application.

The secure online application in which patients' information will be entered is accessed through the evaluation website. The patient data required is as follows:

- given, last and preferred names
- age (in years)
- residential address (street name, suburb, postcode)

- home phone number
- mobile telephone number
- email address
- preferred language/language spoken at home (this will allow patients to be offered an interview in the language that they are most comfortable with)
- HCH enrolment date and Tier
- date and reason for withdrawal from HCH program.

All patients contacted for a survey will be asked for their consent prior to proceeding with the survey. Specific arrangements for gaining input from patients, family and community members are being developed for Aboriginal Community Controlled Health Services, and these may involve alternatives to the patient surveys.

When?

Practices are required to enter basic details about the patients into the secure online application progressively, as patients are enrolled in HCH, until December 2018.



Practices will be asked to review the patient details entered by 31 October 2019 (prior to a second round of patient surveys). This will provide an opportunity to record whether a patient has withdrawn from the HCH program. In this case, the date of withdrawal and the reason for withdrawing should be updated.



What's required?

The surveys of practices are designed to track practices' HCH journey. Because each practice will be starting from a different point, the surveys will capture existing initiatives, and then track enhancements to these initiatives, as well as identifying and describing new initiatives being implemented.

The initial survey will also include characteristics of the practice, to enable analysis by practice type, size and geographic classification.

Survey questions will cover:

- practice and organisation details
- staffing configuration
- access arrangements (opening hours, after-hours arrangements)
- information systems and uses
- assessment of risk stratification and enrolment processes
- shared care planning
- patient engagement and activation
- chronic disease management
- initiatives implemented/enhanced as part of HCH
- assessment of training and support
- financial impacts of HCH.

Practice surveys will also capture the results of practices' scoring on the Health Care Home Assessment (HCH-A) tool. The HCH-A is a self-assessment tool that allows practices to track their progress against the key features of the HCH model. Initially, staff in different roles within the practice complete the tool. The scoring is then finalised through a consensus process involving discussion between staff.

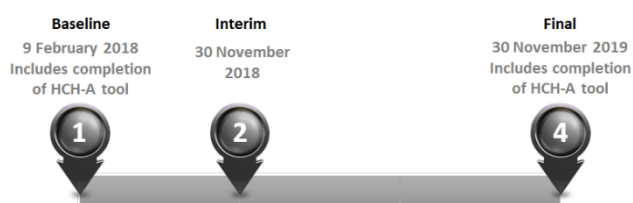
For the evaluation, the final assessment scores from the HCH-A tool are being requested for Rounds 1 and 4. This will allow the evaluators to understand the changes that occurred in the key dimensions of the HCH model over the stage one period.

As well as being used to collect data for the evaluation, completing the HCH-A tool will be useful for practices to assess where their practice already aligns with the key features of a HCH, and where improvement activities can be focussed. Practice facilitators based in PHNs will provide guidance on how the tool can be used by practices to help to implement the HCH model.

The practice surveys should be coordinated by a nominated person within the practice (such as a practice manager), but will need input from all practice staff.

When?

Practice surveys will be required at three times throughout stage one, in Rounds 1, 2 and 4. The results of applying the HCH-A tool are only required twice for the evaluation – at commencement of stage one (Round 1) and at the end (Round 4). The target dates for completing these surveys are shown in the Figure above.



What's required?

In addition to the survey at the practice level, individual staff within practices will be surveyed to collect staff perspectives on:

- care planning and review
- multidisciplinary/interdisciplinary team care
- chronic disease management (including patient communication and engagement)
- staff experience/assessment of the impact of the program on the quality of care delivered to patients and their outcomes
- staff experience/assessment of the utility of training provided
- staff satisfaction and the impact of HCH on their role.

For larger practices, the staff surveys can be completed by a sample of staff, which should include a range of disciplines and roles, including GPs, nurse practitioners and practice nurses, Aboriginal health workers, allied health providers, practice managers and reception/administrative staff. The practice staff survey will take each staff member approximately 15-20 minutes to complete. Case studies will be used to supplement the information gained from staff surveys.

When?

Staff surveys will be administered twice throughout stage one, in Rounds 1 and 4. The target dates for completing these surveys are listed on the right.



What's required?

De-identified extracts from practice management systems will enable the evaluators to analyse changes occurring in the practice and for patients from prior to the start of stage one, and progressively, until the end of stage one. For practices, these include changes to the way that services are delivered to patients, and changes in chronic disease management (e.g. clinical process measures and clinical measures).

The extracts will be of information entered into practice management systems by GPs and other practice staff as part of the clinical care provided to patients. They will include:

- patient demographics
- risk factors (e.g. smoking)
- diagnoses, in particular, chronic illnesses
- prescriptions
- pathology tests and results
- imaging orders
- clinical encounters (e.g. discipline of clinical staff member providing the service/activity, the type of service/activity type, mode of delivery).

The extract will not include any personal or identifying information such as patient name, date of birth or address. Nor will it include any patient progress notes.

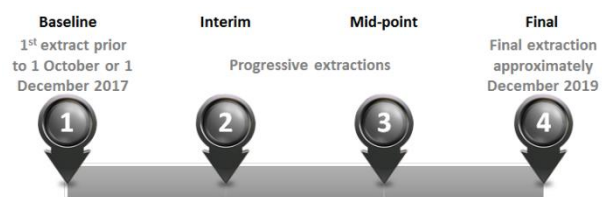
Practice management system extracts will include **all active patients of a practice (i.e. not just patients enrolled in HCH)**. This is necessary to understand the overall patient profile of the practice, and better understand the patient cohort that was selected or agreed to be enrolled in HCH.

Where a practice already has in place an agreement with its PHN for the provision of data from its practice management systems, data extracts will be made available for the evaluation through an addendum to this agreement. Where a practice does not have an existing agreement to share data with their PHN, PHNs will work with the practice to establish an agreement, which will also address the provision of extracts for the evaluation. The extraction of data from the practice management systems will principally be achieved using the PEN CS suite (which is currently used by nine of the 10 PHNs participating in stage one of the HCH program) or the POLAR GP suite. Both products are designed to automate the extraction process and enable flagging of patients enrolled in the HCH program in the de-identified data. Practices will be provided with guidance on how to flag HCH patients using the Pen or POLAR systems by the system vendors or the PHN.

Alternative arrangements are being discussed for practices using Communicare as their practice management system.

When?

Extracts will be largely automated using data extraction software (i.e. PEN CS or POLAR products). The extracts will occur on a schedule reflecting current arrangements, which are mostly on a monthly basis. The first extract should occur close to the date the practice commences enrolling patients for the HCH program. The last extract will occur close to the end of Round 4 (December 2019).



What's required?

One of the key objectives of HCH is to create flexibility for practices and patients in the way health care is delivered. Under the bundled payment arrangement for HCH, MBS claims for services provided to HCH enrolees associated with their chronic illness will not be made, and thus there is no information available about the services delivered. Therefore, the evaluators are seeking information on this, including:

- services/ activities provided to HCH patients
- mode of delivery of the service/ activity
- provider type delivering the service/ activity.

The Australian Association of Practice Managers (AAPM) has developed the *HCH Activity Monitoring Guide* for practices to collect the above information in a uniform way. Vendors of practice management systems are also likely to develop options for recording these activities for HCH patients.

The options available for practices for the provision of this data are as follows:

1. The practice uses the approach recommended by AAPM, and an extract of this component of the practice management system is possible, and is provided through the regular extracts of these data for the evaluation (see 4. *Provide practice data extracts* above).
2. The practice uses another approach capturing the information required (i.e. services/ activities, mode of delivery and provider type), and provides this information to the evaluators.
3. The practice provides information about services/ activities, mode of delivery and provider type for the sample of HCH patients selected for review of data and measures (see 6. *Review patient data sample* below).

When?

The timing of the above data will depend on the approach used. Approaches 1 and 2 outlined above will follow the timing of 4. *Provide practice data extracts*, and for approach 3 will follow 6. *Review patient data sample*.

6. Review patient data sample

What's required?

The national evaluation will assess changes in clinical processes related to the provision of chronic illness care. These measures will be based on analysis of data extracted from practice systems. To ensure that the measures derived from these data are accurate, including the identification of the chronic illnesses of HCH patients, the evaluation team will provide back to each practice the data and the derived measures for a sample of approximately 20 HCH patients. The practice will be invited to review the data and identify corrections where these are necessary. In addition, practices may be requested to include, for this sample of patients, a small number of additional measures that have not been able to be derived through data extracted from the practice management systems.

This data exchange and review will be managed within the secure online system that has been established for the evaluation.

When?

The review of data for the sample of patients will occur at two time points shown in the Figure.



Case studies

The case studies will be conducted in 10 locations, involving a sample of about 20 practices. Locations will be selected to represent a mix of geographic regions and practice types. The case studies will involve:

- Interviews with practice staff about changes occurring at the practice with the implementation of HCH, and the experiences of staff with the model.
- Interviews and focus groups with patients, that may also involve carers and/ or families, and in some instances, community members.
- Focus groups with local health care providers that practices work closely with.

Each of these components is described below.

The case study interviews and focus groups will occur twice throughout stage one, in Rounds 2 and 4. They will occur at selected practices only.



Practice interviews

The practice interviews will supplement the practice and staff surveys. They will seek information on:

- elements of the HCH principles in place prior to the commencement of the program
- the nature of changes that have occurred within practices
- shared care plans/planning process
- movement towards intended outcomes
- impact of implementation on staff
- unintended impacts/outcomes of the implementation

- factors that have assisted the implementation
- factors that have been challenging
- contextual factors/parallel initiatives.

Interviews with practice staff will be approximately 30 minutes, but may be longer with some staff.

Patient interviews

The secure online application described in section 1. *Register HCH patient details* will be a key means via which the evaluators will be able to contact patients to invite them for interviews and focus groups. To maximise the ability to gain views from patients for the evaluation, practices involved in the case studies will be asked to assist in recruiting patients to participate in these processes through advertising the time window when the interviews and focus groups will be held, and the venue(s). ‘Advertising’ may include putting up a poster in the waiting room, providing a flyer to HCH patients when they come in for an appointment, and/ or assisting the evaluators in identifying local community venues or activities where information about the sessions can be distributed. The PHN Practice Facilitators may also assist with this.

Patient interviews and focus groups will capture:

- factors leading to a patient’s decision to enrol in HCH
- expectations of HCH and whether the patients experience aligns with these
- care processes
- awareness of and involvement in the preparation of a shared care plan
- what has worked, and what has not.

Interviews with other local health care providers

Health care providers that practices work closely with, such as allied health providers and specialists, will be invited to participate in focus groups to provide their perspectives on how HCH is working, especially in relation to care coordination.

The evaluators will seek contact details of relevant providers from a subset of the practices participating in the case studies.

Confidentiality and security



All data collected for the evaluation will be kept confidential and secure.

The online application used to provide patient information to the evaluators for surveying patients has been implemented in an environment that meets relevant security standards. Contact details provided will only be used to contact patients to invite them to participate in surveys, interviews or focus groups.

Online surveys of practices and practice staff will be managed through a dedicated account within a research application, which will ensure details of respondents are kept confidential, and the transmission of responses is secure.

Secondary data for the study will be managed in the Secure Unified Research Environment (SURE) at the SAX Institute. SURE is a facility for researchers to store and analyse data. SURE has strong security controls to protect the privacy and confidentiality of data files. Further details of SURE can be found at www.saxinstitute.org.au/our-work/sure/.

In most instances, extracts of data from practice management systems will be based on existing processes implemented by PHNs. These processes use software that de-identifies and encrypts data prior to transmission from the practice. The de-identified and encrypted data will be transferred to the SURE environment.

The evaluation will also analyse de-identified data from MBS and PBS claims, and hospitalisation data for HCH patients and comparator patients. Data from these sources will also be managed in the SURE environment.

All evaluation data will only be accessible by members of the evaluation team who were approved in the ethics application for the evaluation.

Evaluation team



The evaluation is being conducted by a consortium led by Health Policy Analysis Pty Ltd. The consortium includes the Centre for Big Data in Health Research at the University of NSW, the Centre for Health Economics Research and Evaluation at the University of Technology Sydney, and local and international experts. Patient telephone interviews will be conducted by The Social Research Centre, a unit of the Australian National University, on behalf of Health Policy Analysis.

Further information



If you have any questions regarding the evaluation, first contact your PHN Facilitator, who will have knowledge of your local circumstances. You can also contact Health Policy Analysis at the following email: info@healthpolicy.com.au.



Further information on the evaluation can be obtained through the HCH evaluation website www.hchevaluation.com.au.