



# Connecticut Asthma Program

## Individual Evaluation Plan:

### Quality Improvement in Federally Qualified Health Centers

Suggested citation: Federally Qualified Health Care Quality Improvement Evaluation Plan (2016). *Connecticut Asthma Program Strategic Evaluation Plan for 2015–2019*. Hartford, CT: Connecticut Department of Public Health.

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**Revised: September 2016**  
State of Connecticut  
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# Acknowledgements

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This activity was funded by the Connecticut Department of Public Health through a cooperative agreement with the Centers for Disease Control and Prevention Air Pollution & Respiratory Health Branch (grant number 2U59EH000516-06).

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## Introduction and Stakeholder Engagement

### **Evaluation Purpose**

Evaluation is vital to program performance. Systematic examination of activities enables identification of weaknesses, strengths, successes, and unforeseen outcomes. The purpose of this individual evaluation plan is to describe the processes involved in executing a retrospective evaluation of quality improvement (QI) in a federally qualified health center (FQHC) to be conducted from September 1, 2015 to October 30, 2016, with action planning and monitoring to take place until the end of the current funding award (August 31, 2019). It is expected that Connecticut Asthma Program (CAP) staff and the evaluation subcontractor, The Consultation Center, Inc. (TCC), will use this plan to guide evaluation activities. This evaluation plan will also serve as a resource for explaining to stakeholders what the CAP does to maintain alignment between its resources, activities, and goals.

This plan serves as a guide for assessing previous activities and monitoring future QI in FQHCs through the end of the current cooperative agreement. The plan describes the evaluation design, data collection and analysis methods, and strategy for communication of findings. The Individual Evaluation Plan (IEP) will be reviewed by all CAP staff and Individual evaluation planning team (IEPT) members, at least two Strategic Evaluation Planning Team (SEPT) members, and relevant stakeholders.

Each evaluation project is an opportunity for the CAP to do an in-depth examination of a specific activity and identify the related challenges, unintended outcomes, and opportunities for change. IEP members, CAP staff, and the external evaluation team will review and interpret evaluation findings from the project to inform decision-making and resource allocation. By communicating and interpreting evaluation findings with our partners, the CAP can: tell its story; increase its credibility among stakeholders; and garner support for its efforts to improve performance.

### **Stakeholders**

This evaluation plan was informed by stakeholders, CAP staff, and the State Asthma Plan. Stakeholders were recruited by the CAP Program Director in September of 2015, and are listed in [Table 1](#) alphabetically by last name.

A combination of the three major categories of stakeholders (i.e. primary, secondary, and tertiary) are represented in the selected IEP team. Primary stakeholders consist of staff from the two FQHCs involved in previous QI projects, in addition to two CAP staff. One secondary stakeholder is a staff member of an FQHC not under evaluation for the current project, but whose organization is likely to be influenced by the findings. Lastly, one tertiary stakeholder from an outside organization, whose interests and perspectives are relevant to the evaluation project, is involved in the IEP team.

Identified potential members received an invitation to participate in the IEP as well as a brief description of the Asthma Program’s mission and planned activities. Six people attended the first IEP meeting (including the CAP Project Director and CAP Epidemiologist). Two additional in-person IEP meetings are anticipated. Phone meetings and electronic communication will serve as platforms for interaction between in-person meetings. In addition to the IEP members, the Evaluation Team comprised of the Lead Evaluator who facilitated the meeting and two Research Assistants who recorded meeting minutes, and attended the first IEP meeting. See [Appendix A](#) for a list and description of the slide presentations and the handouts distributed at the IEP meetings. IEP meeting minutes are provided in [Appendix B](#).

**Table 1. Stakeholder Assessment and Engagement Plan**

Stakeholder Name and Affiliation	Stakeholder Category	Interest or Perspective	Role in Evaluation
<b>Kate Betancourt</b> Chief Quality and Clinical Operations Improvement Officer, Community Health Services, Inc.	Secondary	IEP Member, Quality improvement expertise, Interested in QI participation	Attend IEP meetings. Review IEPs and evaluation reports. Participate in the evaluation process of the FQHCs.
<b>Marie-Christine Bournaki</b> Asthma Program Director, CAP	Primary	IEP Member, SEP Member, CAP leadership	Recruit IEP members. Attend IEP meetings. Review IEPs and evaluation reports. Analyze data. Promote use of evaluation findings.
<b>Elizabeth Magenheimer</b> Nurse Practitioner/Co-Director for diabetes prevention program, Fair Haven Community Health Center	Primary	Quality improvement team member at FQHC	Attended first IEP meeting. Provided information about the QI process at the FQHC.
<b>Mukhtar Mohamed</b> Epidemiologist, CAP	Primary	IEP Member, SEP Member, CAP data expertise	Attend IEP meetings. Review IEPs and evaluation reports. Analyze data. Promote use of evaluation findings.

<p><b>Alix Pose</b> Quality Assurance/ Performance Improvement Coordinator, Optimus Health Care Center</p>	<p>Primary</p>	<p>IEP Member, SEP Member, Quality improvement expertise</p>	<p>Attend IEP meetings. Provide information about the QI process at the FQHC and identify key informants. Review IEPs and evaluation reports. Participate in the evaluation process of the FQHCs.</p>
<p><b>Jane Reardon</b> Pulmonary Clinical Nurse Specialist, Hartford Hospital</p>	<p>Tertiary</p>	<p>IEP Member, SEP Member, Asthma expertise</p>	<p>Attend IEP meetings. Review IEPs and evaluation reports. Participate in the evaluation process of the FQHCs.</p>

The IEP team contributed to evaluation planning by: 1) gaining knowledge about evaluation; 2) learning about the QI in FQHCs project; 3) reviewing and discussing the proposed evaluation design from the Strategic Evaluation Plan (SEP); 4) revising the evaluation questions and design to be implemented; and 5) sharing their perspectives based on their role in this work. Additionally, they contributed their time to participate in the IEP development process.

The intent of this individual evaluation process is to develop the evaluation design and implementation for the QI in FQHCs project. Facilitated by the Evaluation Consultants, the IEP team has:

- Set ground rules for meeting participation;
- Established a model for decision-making;
- Reviewed the goals and activities of the Quality Improvement in Federally Qualified Health Centers projects; and
- Reviewed and revised proposed evaluation questions and design from the Strategic Evaluation Plan.

The first in-person IEPT meeting was held at The Consultation Center on November 20, 2015. The Evaluator discussed: the individual evaluation planning process and timeline; the project description for Quality Improvement in Federally Qualified Health Centers; and the proposed evaluation design and questions from the Strategic Evaluation Plan. An overview of the Quality Improvement project was presented by the CAP Director, and more detailed descriptions were provided by the IEP team members representing the two FQHCs being evaluated. The proposed evaluation design and questions were then discussed by attendees, and revisions were noted. The group agreed on a consensus model for making decisions and established ground rules for behavior during meetings.

Subsequently, a phone meeting took place on February 8, 2016. During this meeting, the following items were reviewed and discussed: 1) key informant interview questions; 2) incentives for participation in interviews; 3) the FQHC QI Program Evaluation Logic Model (drafted by the Evaluator); and 4) identification of key informants from Fair Haven Community Health Center and Optimus Healthcare. As a result of this meeting, the key informant interview questions were revised and the updates were shared with the IEP team; it was determined that incentives would not be provided for interview participation, and the logic model was approved ([Appendix C](#)). Additionally, key informants were confirmed from Optimus Healthcare and Fair Haven Community Health Center was contacted for follow-up regarding their participation. Following this meeting, it was determined that Fair Haven Community Health Center (and its associated member of the original IEP team) was no longer able to participate in the IEP process and the evaluation itself. To counter the loss of perspective from this organization, it was proposed by the Evaluator and CAP staff to interview the QI training consultants from John Snow, Inc. (JSI) to share factors of readiness and barriers for selecting new QI sites for future projects. The remaining members of the IEP team were in support of the revised evaluation design.

The two remaining in-person IEP meetings will be held to; interpret the data collected from the key informant interviews, create recommendations for implementing the next QI projects, and develop a communication plan of findings. The IEP team will be engaged by phone and electronic communication as needed throughout the evaluation process.

## **Cultural Competence**

The stakeholders that comprise the IEP team represent a diverse collection of backgrounds from across the state of Connecticut. Stakeholders from community health centers in three distinct areas of Connecticut (Bridgeport, Hartford, and New Haven), a major hospital system, and the Connecticut Department of Public Health bring unique experiences and perspectives to the team. To ensure that perspectives from all IEP team members are successfully incorporated in the evaluation, ground rules for decision-making and behavior during meetings were established during the first in-person meeting. Team members agreed to operate in a judgement-free zone, to respect each other's opinions, and to keep remarks confidential so that everyone is comfortable sharing their perspectives and experiences as they

relate to the evaluation design and implementation. The ground rules for meetings are further outlined in the notes from the first meeting, which can be found in [Appendix B](#). Decisions on the evaluation design, implementation, analysis and interpretation of data, and reporting of findings will all integrate input from the stakeholder group, thereby accounting for the diverse perspectives from these individuals.

## Description of Quality Improvement Projects in Federally Qualified Health Centers

### **Need**

The QI projects in FQHCs are aligned with the State Asthma Goals related to Clinical Services and Disease Management and Health Systems Change. The QI projects were designed to increase access to guideline-based care and to facilitate the introduction and establishment of decision support tools, use of Electronic Health Records (EHRs) for care coordination, and reporting asthma-related processes and outcomes measures.

### **Context**

The Connecticut Public Health Quality Improvement Learning Collaborative is a collaboration between the CAP and the Office of Public Health Systems Improvement (PHSI). The PHSI provided funding for consultation from the New Hampshire Community Health Institute, an establishment of John Snow, Inc. (JSI) Research & Training Institute, to deliver training, coaching, and technical assistance to two community health organizations, which include Fair Haven Community Health Center of New Haven, CT and Optimus Health Care of Bridgeport, CT. Activities to support quality improvement included the following: enhancing effectiveness of community coalitions, improving communication among health care providers, and increasing the use of best practices for individuals with asthma.

Through an eight-month process, each FQHC was instructed to define objectives and targeted areas for improvement, identify barriers and resources, implement the quality improvement project, and report on lessons learned.

### **Population Addressed**

The quality improvement activities at both FQHCs were intended to correctly identify and serve asthmatic patients. Fair Haven Community Health Center is located in an inner city

area and serves a largely low-income, Hispanic population with high prevalence of asthma. Optimus Health Care aims to provide care to medically underserved populations of various socio-demographic backgrounds in the communities surrounding Bridgeport, Stamford, and Stratford.

## **Stage of Development**

In February 2015, Fair Haven Community Health Center and Optimus Health Care were selected by DPH to participate in quality improvement projects, which have been implemented and completed to date. Therefore, the current evaluation is retrospective in nature and will serve to identify lessons learned for future implementation of quality improvement activities at other FQHCs.

## **Resources**

Resources include the following: 1) funding from the Centers for Diseases Control and Prevention (CDC); 2) partnerships with Fair Haven Community Health Center, Optimus Health Care, the Individual Evaluation Planning (IEP) team, and the evaluation team; and 3) data from the FQHC dataset.

## **Activities**

The CAP program activities include: 1) working with FQHCs to develop and implement QI initiatives aimed at increasing access to guidelines-based care; and 2) facilitating collaboration between partnering FQHCs, school-based health centers (SBHCs), and home-based asthma education program (HBAEP) activities. Concurrently, the IEP team activities include evaluating FQHC QI program effectiveness by: 1) developing the evaluation design; 2) conducting key informant interviews; and 3) analyzing the data collected. The evaluation data will then be used by CAP leadership to develop, implement, and monitor action planning for current and future projects. The external evaluation team will facilitate the CAP program activities.

## **Outputs**

The corresponding outputs of CAP program activities consist of the following: 1) number of FQHCs contracted with and proportion of FQHCs participating in QI initiatives; and 2) number

of collaborative efforts conducted (i.e. meetings, phone calls, and e-mail exchanges). The evaluation team activities parallel the following outputs: 1) design developed; 2) number of interviews conducted; 3) data analysis plan; and 4) action plan created.

## Outcomes

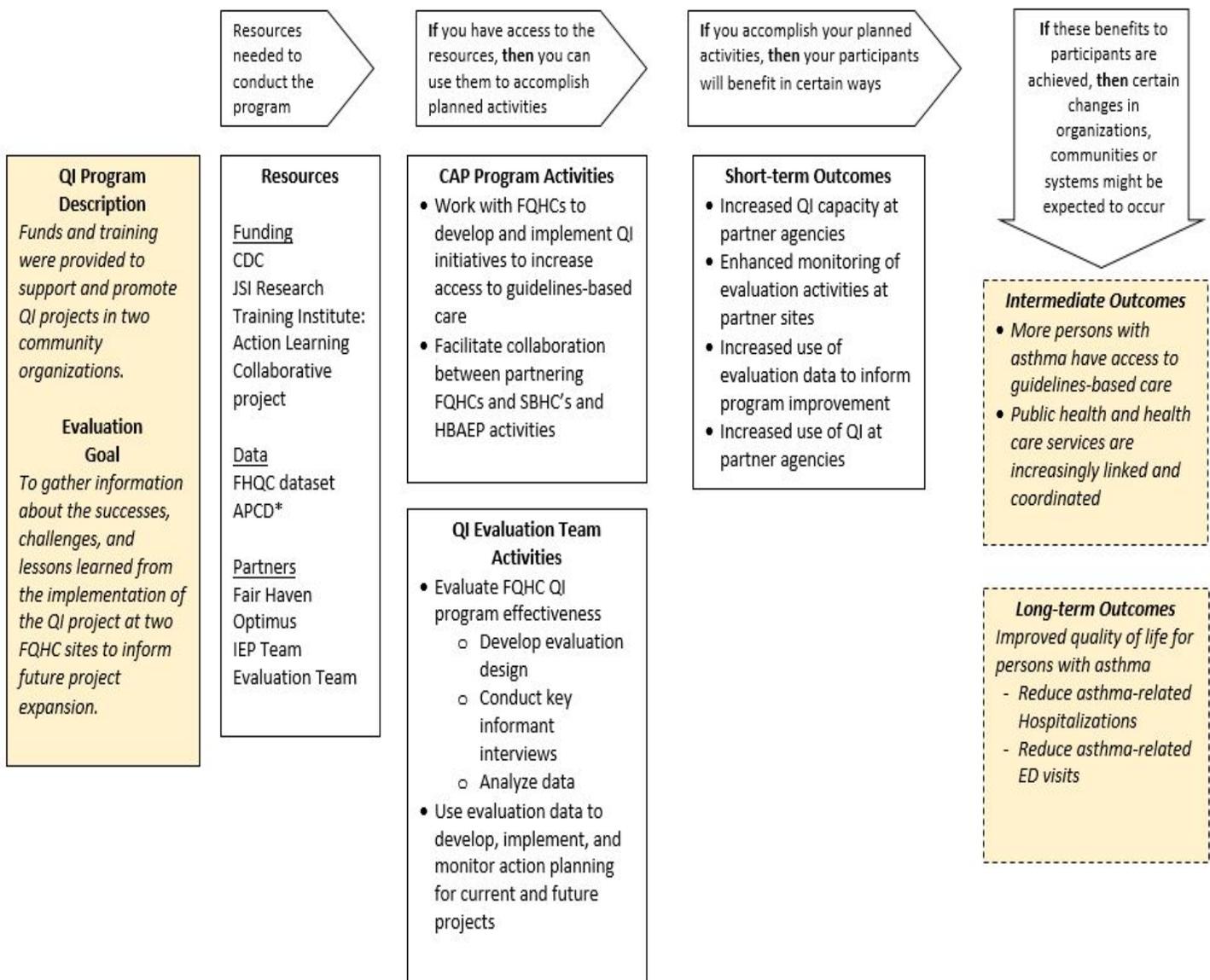
The desired, long-term outcomes of QI activities in FQHCs are: 1) improved quality of life for persons with asthma; 2) reduced asthma-related hospitalizations; and 3) reduced asthma-related emergency department visits. The short-term outcomes that are anticipated while working towards these goals include: 1) increased QI capacity at partner agencies; 2) enhanced monitoring of evaluation activities at partner sites; 3) increased use of evaluation data to inform program improvement; and 4) increased use of QI at partner agencies. The expected, intermediate outcomes of these activities are: 1) more persons with asthma have access to guidelines-based care; and 2) public health and health care services are increasingly linked and coordinated.

## Logic Model

A logic model for FQHC QI Program Evaluation is provided in [Figure 1](#) and an enlarged version is available in [Appendix C](#). The logic model outlines the resources, activities, and outcomes as previously described.

**Figure 1. Program Logic Model**

**FQHC Quality Improvement (QI) Program Evaluation Logic Model**



Draft Version: 12.17.2015

\*DPH anticipates to have access to All-Payer Claims Database (APCD) in future.

## Evaluation Design

### Stakeholder Needs

The findings from this evaluation will be used primarily to inform future quality improvement projects at FQHCs in Connecticut through recommendations created by the IEP team based on their analysis of the key informant data. From this evaluation, stakeholders will learn about the QI training process, how their organization will benefit by implementing QI projects, potential challenges to be expected, and sustainability of QI efforts. New QI teams, the QI trainers from John Snow, and the CAP staff at DPH will use the evaluation findings to support future QI projects. The intended users will view recommendations drawn from narratives among staff previously involved in the QI training process and implementation to be credible and valuable information as they move forward in developing their own QI projects. Additionally, the IEP team intends to create tracking tools to monitor essential activities and outcomes for the next group of QI projects, which will be practical instruments for stakeholders.

### Evaluation Questions

The following evaluation questions were originally developed by members of the SEP team, then revisions and additions were made by the IEP team:

- What are signs that organizations are ready to take on QI projects?
- Was the Quality Improvement training sufficient for participants to identify their targeted areas for improvement?
  - How was the experience participating in the QI process for staff?
- What are the benefits or successes of the Quality Improvement projects at each FQHC?
- What challenges were experienced by the FQHCs when implementing the Quality Improvement projects?
  - And what was done to overcome those challenges?
  - What are some barriers to moving QI work forward?
- How have the FQHCs been able to sustain the work from the Quality Improvement projects?
- What lessons learned can be shared with agencies about to implement similar projects?
  - What are lessons learned from the first wave of training and consultation?

## Evaluation Design

The current project is a retrospective evaluation of prior QI activities in one Connecticut FQHC. This will be a formative evaluation intended to describe the QI process, as well as successes, challenges, and lessons learned. The information will be gathered through key informant interviews and will be used for program improvement and expansion in addition to advising implementation of future QI initiatives in other FQHCs. The retrospective nature of the evaluation is due to the fact that the first wave of QI activities has already been implemented, and the goal is to establish recommendations for future QI projects.

### Gather Credible Evidence

#### Data Collection Methods

Primary data will be collected to address the proposed evaluation questions through key informant interviews. The interviews will be conducted by the Evaluation Team with identified staff at Optimus Health Care and with the QI training consultants at JSI. The sample of informants was identified and selected by the IEP team members affiliated with Optimus Health Care and JSI. It was determined that eight staff members who contributed to the QI project at Optimus Health Care will be interviewed, as well as the two JSI training consultants who co-facilitated training sessions. Interview questions were drafted to align directly with the overarching evaluation questions, and adapted as necessary to appropriately suit interview format. The questions were then discussed among the IEP team to assess suitability, validity, and cultural appropriateness. Feedback from the IEP was incorporated into the final interview protocol. See [Appendix D](#) for a complete list of interview questions. Additionally, documentation of QI materials provided to FQHC sites will be reviewed to supplement what is gained through key informant interviews.

Conducting key informant interviews at an FQHC site that implemented QI projects will acquire first-hand perspectives and experiences from a diverse group of staff involved in the process. Each of the evaluation questions will be addressed through the interviews to produce information on the successes and challenges experienced by the FQHC, as well as accounts of sustainability and lessons learned. Furthermore, interviews with the JSI consultants will provide

valuable insight on readiness factors and barriers for selecting new QI sites. Documentation review will serve as a means to provide background and supporting information about the QI training process and implementation of QI projects in FQHCs. [Table 2](#) presents which data collection methods and sources will be used to address each evaluation question.

**Table 2. Evaluation Questions and Associated Data Collection Methods**

Evaluation Question	Data Collection Method	Source of Data
1) What are signs that organizations are ready to take on Quality Improvement projects?	Key informant interviews	JSI consultants
2) Was the Quality Improvement training sufficient for participants to identify their targeted areas for improvement? How was the experience participating in the QI process for staff?	Key informant interviews	Staff of Optimus Health Care
	Documentation review	Supporting documents of QI projects
3) What are the benefits or successes of the Quality Improvement projects at each FQHC?	Key informant interviews	Staff of Optimus Health Care and JSI consultants
4) What challenges were experienced by the FQHCs when implementing the Quality Improvement projects? And what was done to overcome those challenges? What are some barriers to moving QI work forward?		
5) How have the FQHCs been able to sustain the work from the Quality Improvement projects?		
6) What lessons learned can be shared with agencies about to implement similar projects? What are lessons learned from the first wave of training and consultation?		

## Data Analysis and Interpretation

### Analysis

Qualitative analysis will be conducted using the data collected from key informant interviews. The Evaluation Team will utilize the qualitative analysis software NVivo version 10 to code interview transcripts. A qualitative codebook will be created and thematic analysis will be conducted and shared with the IEPT.

## Interpretation

All IEP team members will be involved in drawing and interpreting conclusions from the analysis of interview data. An in-person meeting will be dedicated to discussing analysis of the data and interpreting findings in preparation for making recommendations for monitoring the process and outcome of future QI initiatives.

## Use and Communication of Evaluation Findings

### Use

The evaluation report will be composed in a manner that is comprehensible to a variety of audiences to maximize its utility. This report will be distributed to partner FQHCs throughout Connecticut that are established with CAP and its activities. Additionally, the evaluation findings will be available on the Asthma Program website and presented to audiences (such as the Community Health Center of Connecticut) through presentations. The objective is for FQHCs to use the evaluation findings to improve existing QI activities, and to inform future QI initiatives among these organizations.

The IEP team member affiliated with the FQHC involved in the current evaluation will distribute the evaluation report among colleagues at her organization. The CAP staff and Lead Evaluator will be responsible for sharing the evaluation findings and promoting use among additional FQHCs and for implementing evaluation recommendations.

### Communication

Several stakeholders will be engaged to share evaluation findings. Staff members involved in the key informant interviews and the QI process itself at Optimus Healthcare and the JSI training consultants will be informed through distribution of the final evaluation summary report. Additionally, the staff will be engaged via in-person discussions with colleagues at their respective sites to collectively consider how their organization benefitted from QI activities and areas for improvement for future efforts. The discussions will be led by the IEP team member affiliated with the FQHC. Providing the evaluation findings to staff at the involved FQHCs allows the opportunity to reflect on how their efforts in the QI projects contributed to the aims of their organization and how they can help their patient population. A

forum for discussion among staff will allow them to identify what they can do as a team to work towards common goals.

CAP staff will distribute the evaluation recommendations to additional FQHCs, some of which will be involved in future QI projects, and will provide assistance through e-mail and phone calls as necessary. Sharing findings and recommendations with other FQHCs will be useful as they plan and implement QI activities at their own organizations by guiding them to anticipate potential challenges and how they might respond.

## Evaluation Management

### Evaluation Team

The evaluation will be managed and implemented primarily by The Consultation Center team, comprised of a Senior Evaluation Consultant (Lead Evaluator) and two Research Assistants. The TCC evaluation team will be supported by two CAP staff; the Asthma Program Director and an Epidemiologist, who will aid in evaluation planning and management. See [Table 3](#) for a list of all evaluation team members and their responsibilities. In order to successfully conduct the evaluation, skills in designing and planning evaluations, interviewing key informants, analyzing and interpreting qualitative data, and constructing themes will be required. The evaluation team is well qualified to carry out the proposed evaluation plan.

**Table 3. Roles and Responsibilities of the Evaluation Team Members**

Individual	Title	Responsibilities
<b>Marie-Christine Bournaki (MB)</b>	Asthma Program Director, CAP	Review qualitative data and assist with interpretation. Assist with the creation of phase two QI evaluation tools. Create an action plan for implementing and monitoring results. Responsible for program monitoring.
<b>Mukhtar Mohamed (MM)</b>	Epidemiologist, CAP	Review qualitative data and assist with interpretation. Assist with the creation of phase two QI evaluation tools. Create an action plan for implementing recommendations.
<b>Amy Griffin (AG)</b>	Senior Evaluation Consultant (Lead Evaluator), The Consultation Center	Manage and implement the evaluation. Conduct key informant interviews. Code and analyze qualitative data. Contribute to the evaluation report. Promote use of evaluation findings.
<b>Erin Hoffman (EH)</b>	Research Assistant, The Consultation Center	Conduct key informant interviews. Code and analyze qualitative data. Contribute to the evaluation report.
<b>Morgan Pratte (MP)</b>	Research Assistant, The Consultation Center	Code and analyze qualitative data. Contribute to the evaluation report.

## Data Collection Management

The data collection plan is outlined in [Table 4](#), and indicates the activities, responsible persons, and due dates for the two data collection methods (key informant interviews and documentation review) anticipated for this evaluation. Data to be collected from these methods include audio recordings of key informant interviews, and QI training and project materials to be reviewed. Activities needed to collect data from key informant interviews include the following: 1) developing interview questions to ask key informants; 2) identifying who should be interviewed; and 3) scheduling and conducting phone interviews with identified key informants. The phone interviews will be audio recorded, and the tapes will be stored in a safe and secure location when not in use by the evaluation team. To collect data for documentation review, all relevant QI materials utilized leading up to and during the training process at the FQHCs will be gathered and compiled into an electronic folder. The Lead Evaluator from the evaluation team will oversee the conduct of data collection activities to ensure that implementation is timely and appropriate.

**Table 4. Data Collection Plan**

Data Collection Method	Activities Needed	Person(s) Responsible	Timing/Dates
<b>Key Informant Interviews</b>	Develop interview questions	AG, MB, MM, IEP members	Fall 2015
	Identify key informants	MB, Alix Pose	Winter 2015
	Schedule and conduct interviews	AG, EH	Spring 2016
<b>Documentation Review</b>	Collect and compile documents	MB, AG, EH, MP	Summer 2016

## Data Analysis Management and Interpretation

[Table 5](#) presents the data analysis plan, where analyses to be performed, data used, responsible persons, and due dates are identified. Interview transcription, coding, thematic analysis, and extraction of relevant information from documents are the major analysis steps planned for the evaluation, all of which will be conducted by the Evaluation Team. IEP team members will be involved in interpreting the thematic analysis generated from the coded transcripts. Data collected from interview participants will be de-identified during the preparation and analysis process, and kept confidential. The tape recordings of the interviews

will be kept in a locked storage unit when not in use. Transcripts will be stored in a secure electronic file with no identifying information.

**Table 5. Data Analysis Plan**

Analysis to be Performed	Data to be Analyzed	Person(s) Responsible	Timing/Dates
Interview transcription	Audio recordings of key informant interviews	Transcription service	Spring/Summer 2016
Transcript coding	Interview transcripts, generated from the audio recordings	AG, EH, MP	Summer 2016
Thematic analysis and interpretation	Coded transcripts	AG, EH, MP, IEP members	Summer 2016
Documentation review and extraction	Materials provided to FQHCs participating in QI projects	AG, EH	Fall 2016

## Communicating and Reporting Management

The targeted audiences for reporting progress and evaluation findings include the IEP team, CAP staff, the CDC officer, key informants (staff who participated in QI projects and JSI consultants), and other stakeholders who would use these recommendations to implement QI projects in additional FQHCs. [Table 6](#) summarizes how and when the information about the evaluation process and results will be communicated to selected audiences.

**Table 6. Communication and Reporting Plan**

Purpose of Communication	Audience(s)	Possible Formats	Timing/Dates
Include in decision making about evaluation design/activities	IEP team and CAP	In-person and phone meetings	Fall 2016
Inform about specific upcoming evaluation activities	IEP team and CAP	E-mail	Ongoing
Keep informed about progress of the evaluation	IEP team, CAP, and CDC officer	E-mail and phone meetings	IEP Team as needed, CAP and CDC monthly and as needed
Present initial/interim findings	IEP team and CAP	In-person meeting	Fall 2016
Present complete/final findings	IEP team, CAP, CDC officer, key informants, stakeholders	Presentation	TBD
Document the evaluation and its findings	IEP team, CAP, CDC officer, key informants, stakeholders	Evaluation report; MS Word document	Fall 2016
Document implementation of actions taken because of the evaluation	CAP, CDC officer	MS Word document	Ongoing

## Timeline

The evaluation of the FQHC is scheduled to be completed by October 30, 2016. [Table 7](#) shows the proposed timeline for evaluation activities by quarter (Q1– Quarter 1, September 1 to November 30; Q2– Quarter 2, December 1 to February 28; Q3– Quarter 3, March 1 to May 31; and Q4– Quarter 4, June 1 to August 31).

**Table 7. Timeline<sup>1</sup> for Evaluation of Quality Improvement in FQHCs (2015 – 2019)**

	Activity	Year 2 2015 – 2016				Year 3 2016 – 2017				Year 4 2017 – 2018				Year 5 2018 – 2019			
		Q1	Q2	Q3	Q4												
<b>Quality Improvement in FQHCs</b>	Form IEP group	x															
	Review program materials and QI processes	x															
	Propose evaluation design and questions	x															
	Develop interview questions in collaboration with CAP leadership and IEP members	x															
	Identify key informants		x														
	SEPT review of evaluation design and evaluation questions		x														
	Create individual evaluation plan (IEP)				x												
	IEPT review of IEP				x												
	IEP refinement				x												
	Conduct evaluation activities: interviews; transcription; transcript verification; document review; and data abstraction			x	x												
	Preliminary data analysis				x												
	IEPT data review and interpretation					x											
	Draft evaluation report					x											
	Review of evaluation report by SEPT, key informants, and CAP leadership						x										
	Finalize evaluation report						x										
	Disseminate report with identified stakeholders						x										
	Create action plan with input from IEPT members to implement evaluation findings						x										
	Monitor implementation of action report based on evaluation findings							x	x	x	x	x	x	x	x	x	x

<sup>1</sup> Quarter Definitions: Q1- September 1 to November 30; Q2- December 1 to February 28; Q3- March 1 to May 31; Q4- June 1 to August 31

## Evaluation Budget

The total budget for the design and implementation of the evaluation is \$50,000, as allocated through a contract with DPH.

## Wrapping Up

At the conclusion of this evaluation, the efforts of IEP team members and others who contributed will be recognized by including their names on the final evaluation report either as authors or in an acknowledgements section. They will be personally thanked by the evaluation team for their time and contributions.

Throughout the implementation of the evaluation, the evaluation team will make note of any successes, challenges, and how they were handled. These experiences will be documented as lessons learned to be shared with stakeholders.

Relevant documents, instruments, and data will be archived in a secure server by the evaluation team at The Consultation Center. Documents and instruments will be shared with the CAP staff and IEP team, who may also choose to store the materials where they can be easily accessed for future projects.

[This evaluation plan template can also serve as a tool to document evaluation implementation (as required by Evaluation Accountability Standard E1) and can also provide information to internal or external people conducting meta-evaluations (Standards E2 and E3). Inserting the following after each section may help with this process.]

- \_\_\_ Evaluation was implemented as planned
- \_\_\_ Changes were made to the plan (describe changes as well as the rationale for changes)

## References

Connecticut Asthma Program. (2013). *A Collaborative Approach for Addressing Asthma in CT, 2013 – 2018*. Hartford, CT: State of Connecticut Department of Public Health.

Centers for Disease Control and Prevention. (2010). *Learning and Growing through Evaluation: State Asthma Program Evaluation Guide*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Environmental Health, Division of Environmental Hazards and Health Effects, Air Pollution and Respiratory Health Branch.

## Appendix A. Strategic Evaluation Planning Team Meeting Materials

Meeting Date	Title	Resource Type	Description
<b>November 20, 2015</b> <i>(in-person)</i>	<i>Evaluation Planning Meeting</i>	PowerPoint presentation	Explains the following about an IEP: 1) definition; 2) rationale; 3) process; 4) content; and 5) timeline
	<i>Evaluation 101 Review</i>	PowerPoint presentation	A brief introduction to program evaluation, including: definitions, types of evaluation, and qualitative vs. quantitative data. Group exercise of specific activity reviewed: 1) population served; 2) staffing; 3) rationale; 4) aspects to evaluate; and 5) which data are available or could be collected
	<i>Individual Evaluation Planning Process</i>	Handout	Overview of the IEP process (six planning steps) and products associated with each step
	<i>Asthma Action Plan for Fair Haven Health Center</i>	Handout	Describes Fair Haven Health Center's mission and goals to complete its Asthma Action Plan
	<i>Improving Quality of Asthma Care in a Federally Qualified Health Center Pediatric Department</i>	Handout	Describes Optimus Health Care's mission and goals to complete its Asthma Action Plan
	<i>Draft Evaluation Questions</i>	Handout	Preliminary evaluation questions for FQHCs
	<i>Connecticut Asthma Program Strategic Evaluation Plan for 2015–2019</i>	Report	Report that provides CAP background information and goals; methods in developing the strategic evaluation plan; priority evaluation candidates; timelines for proposed evaluation activities; a communication plan; and reference materials.
<b>February 8, 2016</b> <i>(by phone)</i>	<i>FQHC QI Program Evaluation Logic Model</i>	Logic Model	Presentation of program resources, activities, and outcomes.
	<i>November 20<sup>th</sup> Meeting Minutes</i>	Word document	Detailed notes on meeting structure and discussion among attendees
	<i>Key Informant Interview Questions</i>	Word document	Draft of key informant interview questions discussed at November 20 <sup>th</sup> meeting

\*Source: *Learning and Growing through Evaluation*

Appendix B. Evaluation Planning Team Meeting Minutes

**Asthma Quality Improvement in Federally Qualified Health Centers  
Evaluation Planning Team Meeting #1 (in-person meeting)  
Friday, November 20, 2015**

**Location:** The Consultation Center  
389 Whitney Avenue, New Haven

**Attendees:** Elizabeth Magenheimer; Alix Pose; Kate Betancourt; Jane Reardon  
**CT Asthma Program (CAP) Staff:** Marie-Christine Bournaki; Mukhtar Mohamed  
**The Consultation Center:** Amy Griffin; Erin Hoffman; Morgan Pratte

**Meeting Begins:** 9:40am

**Welcome & Introductions**

- Kate Betancourt (KB): Chief Quality and Clinical Operations Improvement Officer at Community Health Services, RN, MPH; 35 years in acute care
- Jane Reardon (JR): Pulmonary Nurse Specialist at Hartford Hospital, APRN; per diem work on asthma and COPD readmission prevention
- Alix Pose (AP): Quality Assurance Director at Optimus Healthcare in Bridgeport
- Elizabeth Magenheimer (EM): Nurse Practitioner at Fair Haven Community Health Center; Co-Director for diabetes prevention program; also works in quality improvement for diabetes and asthma care
- Marie-Christine Bournaki (MB): DPH Asthma Program Director
- Mukhtar Mohamed (MM): DPH Epidemiologist for Asthma Program

**Evaluation Planning**

- Participatory, team discusses and decides all aspects of evaluation
- Diverse perspectives are complementary to each other
- Identify useful information that supports program planning
- Using the data to create lessons learned and action planning
- Review of planning process and outcome; final product is the evaluation plan
- The Consultation Center team will be responsible for writing the evaluation plan, but everyone on the IEP team will review and revise it; input from the whole group

**Project Description**

- Training technical assistance in two Federally Qualified Health Centers (FQHCs)
  - Optimus Healthcare and Fair Haven Community Health Center
- Aiming to:
  - Enhance effectiveness of community coalitions
  - Improve communication among health care providers
  - Increase use of best practices for individuals with asthma

**Steps of Evaluation Planning:**

- 1) Focus evaluation design: who are the stakeholders, what do we expect them to do with this information?

- 2) Gather credible evidence: how to collect most objective data; analyze according to research standards; data collection timeline; pot new information since the development of SEP
- 3) Justify conclusions: data analysis plan; performance standards; interpretation of findings
- 4) Share evaluation findings: communication plan
- 5) Evaluation management

### **Evaluation Design:**

- Review evaluation profile from Strategic Evaluation Plan (SEP)
- Finalize evaluation questions
- Identify appropriate data collection methods and source

### **Evaluation Planning Team**

- Group norms for meetings:
  1. Allow for cell phone break
    - a. One 10 minute break
    - b. Step out for calls
  2. Be on time. End on time.
  3. Judgment free zone
  4. Clarify opinion (personal vs. guidelines/standards)
    - a. Discussions and opinions around asthma treatment are evidence-based, rather than based on personal opinion
  5. Confidentiality

### **Evaluation 101 Review**

- Retrospective evaluation design for FQHC projects, have already happened, may be limited in strategies
- Program evaluation is a combination of: scientific research, quality assurance, cost analysis, and storytelling
- Proposing a mixed methods approach from Strategic Evaluation Plan; key informant interviews and possibly a quantitative component

### Questions and Discussion

- M1 (JR): how does this group work/interact with CHA (Connecticut Hospital Association) for asthma; what is their object and what are they doing?
- M2 (EM): making sure we have as much information as possible and that we get it back; getting all groups together would be unreasonable; outcomes for finances are important for long term; believe it is incumbent on us to bring information from these other groups back, this is not just a process for us and we have to be able to do something with what we are learning
- M3 (MB): DPH was approached a year ago by CHA; decided as a group they needed to improve in terms of reducing emergency visits due to asthma & asthma hospitalizations; DPH also interested in doing this; created ED group of managers and staff; want to determine what we can do to make sure patients don't come back to ED; partners from the community; what needs to happen for continuity of care once patient leaves hospital, how to communicate and facilitate that?
  - One problem is EDs & Hospitals don't know resources in community doing asthma programs, what exists out there?

- Getting the information in; how to define who we target? Every person in ED or those who come in most frequently; How to establish criteria to target interventions? All patients should have very clear discharge information to take care of immediate symptoms and an appointment made within a few days
- After 10 months of meetings, conferences, & discussions; three areas of recommendations: 1) education for staff who see ED asthma patients, teaching use of inhalers; 2) identify community partners for hospitals to send patients to, create infrastructure; 3) communication tool– asthma action plan to communicate what the patient’s most urgent needs are; tool that can follow patients across providers
- The goal is to have hospitals try and identify community partners by December 2015
- How does this relate to what we are doing here? A partner for a hospital could be Optimus or Fair Haven, helps to have quality improvement, improves asthma services
- M4 (AP): if a child does not have PCP, they can be referred to Optimus
- M2: context of asthma care, seen within 72 hours of ED visit; hospital has a role to help patients gain access
- M1: program ACE (asthma control and education); “quick teach” for asthma patients, took about 15 minutes, ask them: do you know how to use devices; do you know when you’re getting into trouble and who to call? Getting them hooked up with someone to review triggers; RTs had it down so well; published a paper with results showing 35% decreased in ED visits, 50% decrease hospitalizations; bilingual/cultural program; we have something that has worked, getting RTs to do devices; do nurses/providers know these devices well enough to teach them? RTs should be doing this because they are well versed
- M2: system of teaching, system of follow-up; we know what to do, just haven’t implemented it fully
- M1: ended the program because they thought the program was too costly
- M5 (KB): It’s costly [maintaining programs], but we’re being penalized by the Federal Government for hospital re-admissions
- M2: CDC should strong arm; CDC has a job of finishing beyond evaluation
- M5: from acute care environment, appreciation for the need to do this work; not there yet from FQHC; going to lose money if not involved in ACOs, lost \$3 million already
- M2: if in a business model, still not at the point of population outcome
- M5: money speaks; more so than clinical outcomes; they have to invest up front
- M4: DPH has the data
- M6 (MM): CDC wants states and communities to take ownership, want to see success stories; hospitals have to improve quality; example of Putting on AIRS project, 2008 published paper
- M2: in New Haven community, clinics moved outside of the hospital; now underserved need to travel several miles outside the city which is a major barrier; people can’t get there
- Facilitator: unfortunately we can’t address all of these things at these meetings; determine how to capture these ideas

**BREAK (10 minutes)**

**Review of QI Projects**

- Overview of QI projects from MB: CDC grant for QI projects regarding asthma; support and promote QI projects in community organizations (FQHCs, SBHCs); February 2015 put teams together (Optimus and Fair Haven, as well as 4 schools based in New London); grant money to help each center to mobilize resources for a project, each team with expert QI consultants from New

Hampshire Community Health Institute; in the process of reaching out to other teams as well; each team chose project they wanted to work on, identified problems within their organization, causes of these problems, and potential solutions

- Overview of Optimus project from AP: had an asthma program years ago, lack of funding and got cancelled; approached by DPH; do baseline analysis, baseline data they had was in poor compliance; improved way to document care in regards to guidelines; acquired spirometer; improved quality of education for patients; created new program integrated in primary care; 30 chart audits for quality of care; process of training providers on how to code for asthma and what the guidelines are, how to identify persistent asthma and what the next step is.
- Overview of Fair Haven project from EM: inner city FQHC; 65,000 visits per year; heavily Hispanic, below poverty level; high number of asthmatics; in process of converting to EPIC software; looking towards ICD-10, how to make it better?; correct identification of patient diseases on problem list; having accurate reports about asthmatics; create registry information, distributed to providers, go in and change diagnosis using ICD-10 codes; each person given action plan and follow-up appointment; needed someone to help make the appointments, now have a nurse to organize patients to come to groups and perform spirometry; goal to identify more people with appropriate diagnosis for asthma and COPD; sustainability dependent on external factors; education for staff and standards of care; very successful to date.

#### Questions and Discussion

- What EMR are you using?
- M4: Intergy
- M2: used EPIC because that is the hospital system, same EHR that Yale uses; YNH has one server; can't do anything with the data because Yale owns it
- M4: spending millions on IT, did not pick up EPIC because of cost, but Intergy gives us more data freedom
- M5: have NextGen
- M4: shadowing providers to see how they document
- M2: previously used PECS as system; data is VERY important
- M5: what period of time were the projects?
  - MB: March to September

#### **Review of SEP and Proposed Evaluation Questions**

- Facilitator: choosing informants from a variety of levels of exposure to the project (decision makers, etc.); every perspective of the process
- M4: blocking staff from seeing patients [is an issue]; cost of staff time; compensate Optimus or incentives for after hours
- Facilitator: feasibility of interviews will need to be discussed; with past project all providers for BCCEDP program were interviewed; scheduled phone calls between 20-30 minutes; even clinical staff; need to create wish list of who we would like to interview and is it feasible?
- M4: focus group?
- Facilitator: could be too much staff concentrated
- M2: confidentiality [as a problem]
- Facilitator: key informant interviews, benefit of getting to go in depth with individuals; look at themes across interviews; one loud person in focus group can deter other group members; must look at common themes across data points; focus group would be only one data point; interviews would be multiple data points
- M3: SEP given to CDC

### Proposed evaluation questions:

- 1) Was the QI training sufficient for the FQHCs to identify their targeted areas for improvement?
  - M4: offered benchmarks and deadlines, as valuable as the training itself
  - What was good/bad, helpful/not helpful, what needs improvement?
  - Elements in addition to training, the FRAMEWORK
  - Something more broad than just “training”
  - Suggestions: training and technical assistance, structure/format, resources, amount of time, availability, financial support, responsiveness
  - Could anything be improved?
- 2) What difficulties did FQHCs experience when implementing the QI project? And what was done to overcome those difficulties?
  - Specific probes to clue them in?
  - Use the word “challenges” rather than “difficulties”
- 3) Did FQHC clients with asthma experience improved control of their asthma as a result of this initiative?
  - What were the benefits of the QI project?
  - Probe about patients and infrastructure changes
  - What is happening now? Sustainability of the project?
  - How to discuss costs?
    - costs vs. benefits for FQHCs
    - collateral impacts
  - What lessons learned do you have to share with those about to implement similar projects?

### Discussion

- M4 suggests adding: From the \$5,000 invested from CDC/DPH, how much money did we save a year out as a result of this project?
  - Facilitator responds: QI experience and investment standpoint (what did \$5,000 translate into) for Optimus. Something else might be better for Fair Haven (maybe school days missed?)
- Facilitator: Mukhtar, to look at data around hospitalization, ED data
- M6: have data on all CT hospitals except for the VA
- M5: how to develop cost-benefit analysis; cost savings

### **Next steps**

- TCC will refine questions and distribute for comments
- Design of evaluation plan
- Important discussion on key informant interviews, will we get everyone we need?

### Discussion

- M2: we will do the best we can
- M4: budget for this? Incentives for participants?
- Facilitator: accommodate time of day
- AP and EM will come up with a list of potential informants for interviews and their roles
- Facilitator: people to interview, anyone outside of Optimus and Fair Haven to include?
- M4: patients
  - Need consent

- Patient satisfaction, FQHCs collect the data and send de-identified back to TCC (specific to Optimus)

### **Wrap up**

- Face to face meetings are most helpful, worth the time to meet together
- TCC is good location for future meetings
- Snacks: chocolate, snack bars
- Time of day:
  - 9:30 am is good, or possibly start earlier next time, 8:30 am?
- Next meeting will be Doodle polled

### Discussion

- M4: where is this evaluation going to go?
- M3: need to report to CDC about activities of the program, also in the public domain, posted on DPH website
- M6: CDC looks at impact on population, taking lessons learned to apply to other FQHCs, look at population-wide
- M2: suggests contacting Clinical Issues Committee, could ask to give a presentation, CHC (Community Health Centers Association of CT)

**Meeting Ends: 12:00pm**

**Asthma Quality Improvement in Federally Qualified Health Centers  
Evaluation Planning Team Meeting #2 (phone meeting)  
Monday, February 8, 2016**

**IEP Team Participants:** Alix Pose; Kate Betancourt; Jane Reardon  
**CT Asthma Program (CAP) Staff:** Marie-Christine Bournaki; Mukhtar Mohamed  
**The Consultation Center:** Amy Griffin

**Review of key informant interview questions**

- Some revisions were made, including learning that only 4 people across both FQHCs attended the QI training; those informants will be asked about the training and the other informants about their experiences implementing the QI process
- Clarification was added to the “collateral impacts” under program benefits in question 2

**Incentives**

- It was decided that incentives will not be provided unless the IEP team is unable to conduct the interviews

**Logic model**

- Reviewed draft of logic model, prepared by the TCC Evaluator
- Comments were positive; the IEP team understood and agreed with the logic model; DPH approved it as well

**Identifying informants**

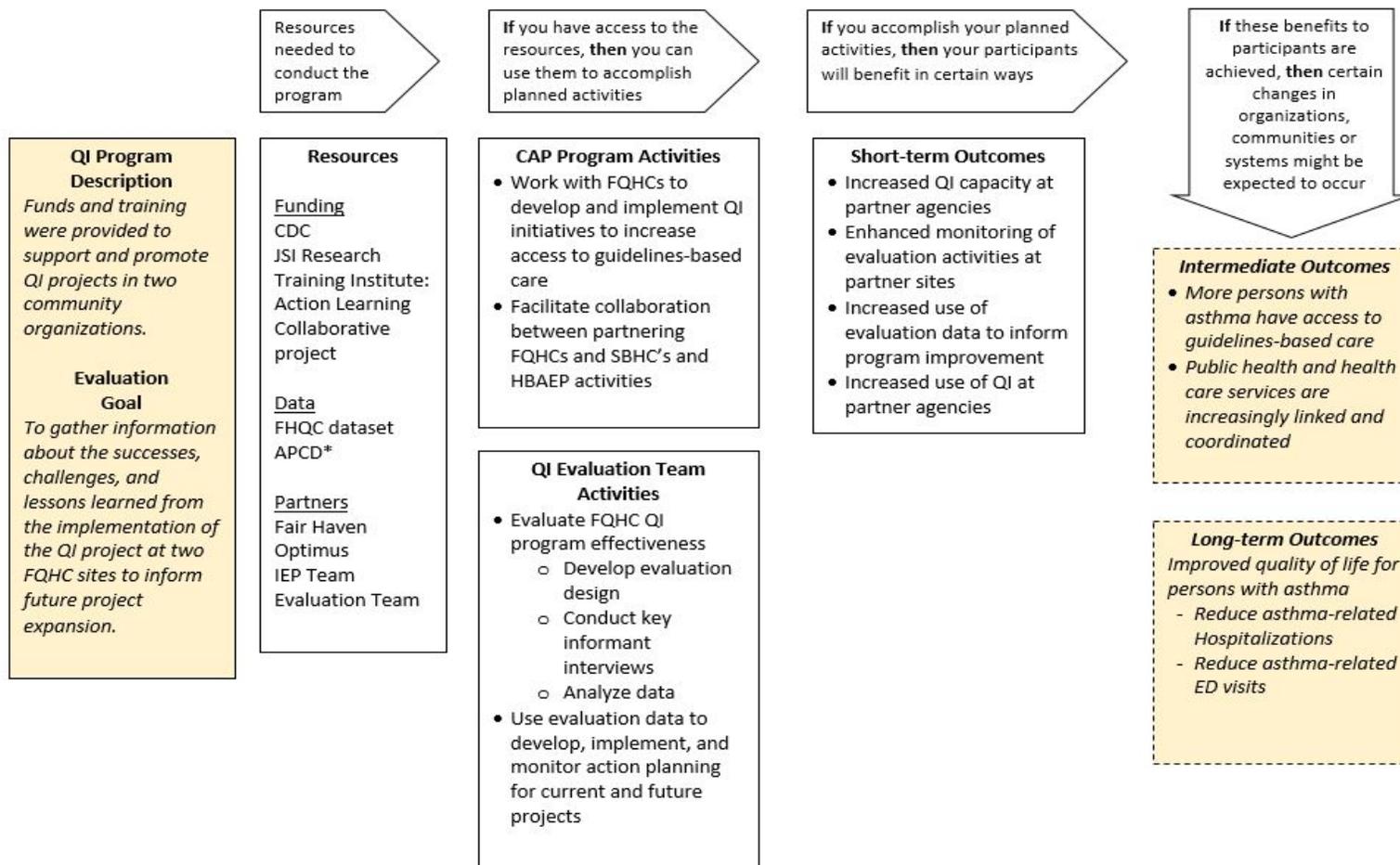
- Optimus Healthcare informants have been identified and confirmed; still waiting to confirm informants from Fair Haven Community Health Center

**Next steps**

- TCC Evaluator will do the following:
  - Send revised interview questions to IEP team
  - Draft an introduction email for IEP team members affiliated with Optimus Healthcare and Fair Haven Community Health Center to send to informants introducing the Evaluator and their encouraging participation in the interview
  - Contact Fair Haven Community Health Center about their participation in key informant interviews

## Appendix C. FQHC Program Evaluation Logic Model

FQHC Quality Improvement (QI) Program Evaluation Logic Model



Draft Version: 12.17.2015

\*DPH anticipates to have access to All-Payer Claims Database (APCD) in future.

Appendix D. Key Informant Interview Questions

## Federally Qualified Health Center (FQHC) Quality Improvement Key Informant Interview Questions

### **Training Experience [Note to interviewer: only ask training questions to those that participated.]**

1. We would like to learn about your experiences with the QI training. Was the quality improvement training sufficient for participants to be able to identify their areas for improvement?
  - a. What about the training format/structure?
  - b. Resources?
  - c. Amount of training time?
  - d. Technical assistance?
  - e. Responsiveness of trainers?
  - f. What worked well?
  - g. What could be improved?

### **For non-training participants**

- 1a. Please tell me about your experience participating in the quality improvement process at your Center.

### **Benefits**

2. What do you feel are the benefits or successes of the Quality Improvement project at your Center?
  - a. Benefits to patients?
    - i. Improved control of asthma for patients?
    - ii. Increased patient satisfaction?
    - iii. Other?
  - b. Benefits to organization?
    - i. Cost benefits?
    - ii. Infrastructure changes?
    - iii. Increased partnerships?
    - iv. Accrediting agencies?
    - v. Collateral impacts (any processes or knowledge extended to other areas/other opportunities to use this information)?

### **Challenges/Barriers**

3. What challenges did you experience implementing the Quality Improvement project? And what was done to overcome those challenges?

### **Sustainability**

4. In what ways has your agency been able to sustain the work from the Quality Improvement project?

## **Lessons Learned**

5. What lessons learned do you have to share with those about to implement similar projects?
  - a. Staffing
  - b. Resources
  - c. Infrastructure

## **JSI Consultant Key Informant Interview Questions**

1. What are signs that organizations are ready to take on this QI work?
  - a. Factors of readiness
    - i. Staffing?
    - ii. Resources?
    - iii. Processes?
    - iv. Other?
    - v. Understanding of relevancy to their work, knowledge of expectations
2. What are some of the things that get in the way/barriers to moving this work forward?
3. What are the lessons learned from this first wave of training and consultation?
  - a. Is there anything about the training and consultation format that could be tweaked?
    - i. Resources?
    - ii. Amount of time?
  - b. What worked well?
  - c. What could be improved?