Evaluating the Whole Health Approach to Care: A Whole Methods Approach
Acknowledgment

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• The contents do not represent the views of the U.S. Department of Veterans Affairs or the United States Government
• No conflicts of interest
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Poll Question #1: I am interested in VA data primarily due to my role as ______________.

• Research investigator
• Data manager
• Project coordinator
• Program specialist or analyst
• Other (specify)
Poll Question #2: My familiarity with qualitative or mixed-methods study design is_______

- None
- Basic familiarity
- Have worked on mixed-methods/qualitative studies
- Have designed mixed-methods/qualitative studies
Poll Question #3: Which of the following best characterizes partnered work:

- Operations driven.
- Bi-directional.
- Research driven.
Presentation Goals

1. Provide a brief orientation to EPCC’s work evaluating OPCC&CT’s patient-centered care initiatives.

2. Describe our rapid, mixed-methods approach to evaluating implementation and outcomes of *Personal Health Planning*.

3. Share lessons learned about evaluating dynamic programs in partnership with operations.
What is Patient-Centered Care?

- Patient-Centered Care (PCC)
  - Institute of Medicine
    - Care that is respectful of and responsive to *individual patient preferences, needs, and values*
    - Ensures that patient values guide all clinical decisions
  - Small, but growing evidence base
  - Healthcare systems implementing PCC programs
  - Requires cultural shift in care practices
Evaluation Partners

Office of Patient-Centered Care & Cultural Transformation (OPCC&CT)
Office of Patient-Centered Care & Cultural Transformation

• Charged with transforming VA to a “Whole Health” model of care

• Mission is focused on transforming VA to a system that provides personalized, proactive, patient-driven care

• Changing the conversation
  “What's the matter WITH you?” → “What matters TO you?”

• Implementing several PCC initiatives
Center for Evaluating Patient-Centered Care Partnered Evaluation (EPCC)

- Partnered with OPCC&CT since 2013
- *Evaluating Patient Centered Care Initiatives in VA: Patient, Provider, Technology and Organizational Perspectives*
- Evaluates a wide range of patient-centered care initiatives.
  - Implementation, organizational, patient-perceptions
- *Personal Health Planning*
  - Cornerstone of OPCC&CT’s efforts to “change the conversation” from disease focus to a whole health approach
Whole Methods

- Mixed Methods = Whole Methods Approach
  - More than just qualitative & quantitative data
  - Multiple sources of data: Qualitative (interviews, observations, case study approach), quantitative, database
  - Inter-related, complementary data
  - Iterative, integration between qualitative and quantitative methods.
What is a “partner”?

EPCC “partner”=

- Administrative level
  - OPCC&CT and EPCC
  - OPCC&CT field team and EPCC research team

- Site level
  - EPCC research team and study sites

- Team level
  - EPCC qualitative research team and quantitative research team
Whole Health

Whole Health Partnership

The Pathway
Partners with Veterans at the point of enrollment and creates an overarching personal health plan that integrates care both in the VA and the community

Wellbeing Programs/Centers
• Self-Care/Complementary & Integrative Health (CIH)
• Health Coaching & Health Facilitator Support

Community

Clinical Care
• Outpatient & Inpatient
• Whole Health & Disease Management within a Whole Health Paradigm (i.e., Personal Health Planning, CIH, Health Coaching)

Personal Health Planning

Healing Environments

Healing Relationships
Personal Health Planning

- VA Patient-Centered Care initiative
- Collaborative development of a health plan
- Patient identifies health goal, based on patient life context, values, preferences
- Series of questions designed to identify what really matters
- Growing evidence base
MyStory: Personal Health Inventory

1. What REALLY matters to you in your life?

2. What brings you a sense of joy and happiness?

3. What is your vision of your best possible health?

CURRENT AND DESIRED STATES:

<table>
<thead>
<tr>
<th>Working the Body: “Energy and Flexibility” Movement and physical activities like walking, dancing, gardening, sports, lifting weights, yoga, cycling, swimming, and working out in a gym.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current State: Rate yourself on a scale of 1 (low) to 10 (high)</td>
</tr>
<tr>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>What are the reasons you choose this number?</td>
</tr>
</tbody>
</table>
PHP Implementation

- Goal of OPCC&CT was to know what the impact of PHP was on Veterans

- Natural experiment;
  - Not a prescriptive rollout of evidenced-based program
  - Sites given latitude on what and how they implemented PHP

- EPCC research team wanted to learn:
  - How PHP was implemented at a range of sites,
  - How PHP was done, in depth
  - What were patients experiences with PHP
  - What were the patient reported and clinical outcomes of PHP.
Study Objectives

• Understand what PHP looked like in practice
  • How PHP was implemented at a range of sites
  • How PHP was done, in depth

• Examine patient experiences of PHP

• Describe clinical outcomes associated with exposure to PHP
Study Design

I. Qualitative Evaluation of Implementation
   • Phase 1, broad overview
   • Phase 2, in-depth case studies

II. Quantitative Evaluation
   • Patient surveys
   • Intermediate clinical outcomes
I. Qualitative
What is a “partner”? 

EPCC “partner” = 

- **Administrative level**
  - OPCC&CT and EPCC
  - OPCC&CT field team and EPCC research team

- **Site level**
  - EPCC research team and study sites

- **Team level**
  - EPCC qualitative research team and quantitative research team
Study Design

1.1 How PHP was implemented at a range of sites,
   • 10 diverse sites
   • Selection criteria: OPCC&CT input; size, location & program history
   • Qualitative phone interviews with PHP leads

1.2 How PHP was done, in depth
   • 2 sites
   • Selection criteria: extent of PHP program, use of innovative practices & potential to be spread
   • Ethnographic (site visits; interviews, observation, document review)

Analysis
   • Qualitative, grounded thematic approach
   • A priori coding, based on PHP program & theories of PCC
<table>
<thead>
<tr>
<th>Site</th>
<th>Site Characteristics</th>
<th>Where PHP is Implemented</th>
<th>Which Veterans</th>
<th>Responsible staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rural South Atlantic, High complexity (1c)</td>
<td>Wellness Clinic groups; Individual health coaching</td>
<td>Pre-transplant; History of substance abuse</td>
<td>Health coaches</td>
</tr>
<tr>
<td>2</td>
<td>Rural Southwest Central, High complexity (1a)</td>
<td>Shared Medical Appointments</td>
<td>Hypertension; Less complex</td>
<td>Shared Medical Appointment Providers &amp; Ancillary Staff</td>
</tr>
<tr>
<td>3</td>
<td>Urban New England, High complexity (1a)</td>
<td>1 PACT team</td>
<td>No acute concerns</td>
<td>PACT MD &amp; RN</td>
</tr>
<tr>
<td>4</td>
<td>Rural Pacific West, Low complexity (3)</td>
<td>All PACT teams</td>
<td>All PACT patients</td>
<td>PACT clerk, LPN, RN, &amp; provider</td>
</tr>
<tr>
<td>5</td>
<td>Urban Southwest Central, High complexity (1b)</td>
<td>Pain clinic</td>
<td>Chronic pain</td>
<td>Pain clinic providers &amp; ancillary staff</td>
</tr>
<tr>
<td>6</td>
<td>Urban Southwest Central, High complexity (1c)</td>
<td>PACT; Mental Health</td>
<td>Serious mental illness</td>
<td>Peer Support Specialists in Shared Medical Appointments &amp; Individual Appointments</td>
</tr>
<tr>
<td>7</td>
<td>Urban New England, High complexity (1a)</td>
<td>1 PACT team; 1 Women’s Health Clinic; 1 CBOC</td>
<td>No acute concerns</td>
<td>1 MD in each location &amp; RN</td>
</tr>
<tr>
<td>8</td>
<td>Rural New England, Low complexity (3)</td>
<td>Pain clinic</td>
<td>Chronic pain</td>
<td>All clinic team members</td>
</tr>
<tr>
<td>9</td>
<td>Urban Southeast Central, Medium complexity (2)</td>
<td>Health coaching</td>
<td>Chronic conditions</td>
<td>Health coaches</td>
</tr>
<tr>
<td>10</td>
<td>Urban Midwest, High complexity (1a)</td>
<td>PACT teams at main facility CBOCs</td>
<td>All patients interested in health planning</td>
<td>Peer health coach; RN Care Manager</td>
</tr>
</tbody>
</table>
Phase 1.1 Findings

Location
- Primary Care
- Mental Health
- Pain Clinic
- Shared Medical Appointments

Patient Population
- All patients
- Non-acute appointments
- Diagnosis (hypertension, serious mental illness, chronic pain)

Responsible Staff
- 1-2 people
- Whole team
- Health coach
- MD & RN
**Phase 1.2 Sites**

**Facility**

**SITE 4.** Community-based outpatient clinic
Pacific NW

**SITE 10.** Large, urban medical center
Midwest

**Setting**

*Strong support from Medical Director*
*2 leads from main facility*

*Regional support*
*Aligned with already ongoing initiatives*

**PHP Program**

*“Life Goals”*
*Distributed by clerks
clinicians & ancillary staff discuss throughout appt.*

*Clinicians or ancillary staff refer patient*
*Health Coach works with patients*
*HC develop PHP & provide ongoing support*
Phase 1.2 Findings

- Patient-Provider Interaction
- Develop a Clinic Culture Supportive of PHP
- Facility-level Foundation Supportive of PHP
Build a Facility-level Foundation Supportive of PHP

- Leadership support at all levels
- Quality over quantity
- PHP information documented and communicated

**Site 10**
- PHP in the electronic medical record (EMR)
- Clinical Application Coordinator (CAC) enlisted to develop an electronic template in EMR
- Entire facility had access to a patient’s PHP
Develop a Supportive Clinic Culture

• Involve providers in the implementation process
• Engage all primary care providers in PHP
• Train team members responsible for PHP
• Raise awareness across ancillary staff

Site 10
• Ancillary staff (dietitian, social work, pharmacy, behavioral health)
  • Largely unaware of PHP
  • Developed their own care plans, in accordance with their scope of practice
  • Care plans were not informed by or even congruent with PHPs
• A dietician characterized his role by saying: “[My] plan has more to do with the goals that we [the providers] actually set for the patients... [We] make sure that they’re onboard with. I mean I’m never going to tell a patient, you know, ‘You need to do this,’ without them, you know, acquiescing to actually do it.”
Patient-Provider Interactions

- Orient the patient
- Engage patients in conversations about their priorities
- Collaboration between primary care and ancillary staff
- Identify meaningful goals with actionable plans

Site 4

Beginning of appointment.
Clerk introduces PHP & explains it is a different way of providing healthcare
"[PHP] really helps put you in the driver’s seat of your health care. For a long
time, the VA has been the driver of that bus, and that’s really not where we
should be"

End of the appointment.
Clerk checks the patient out.
Asks if the patient has questions or issues the patient had not had the
opportunity to ask.
Putting PHP into Practice (cont.)

- Orient the patient
- Engage patients in conversations about their priorities
- Collaboration between primary care and ancillary staff
- Identify meaningful goals with actionable plans

**Site 10**

**Patient**

Made PHP appointment focused on smoking cessation
Previous day, had emergency appointment for high blood glucose

**Appointment**

Nurse framed the appointment
Health coach & nurse ask patient about his daily life (not smoking)
Daily life discussed; marked by when and where the patient smoked

**Plan**

Collaboratively decided to reduce smoking during work breaks
Health coach & nurse suggested strategies—which the patient connected to diabetes management
Recommendations for Implementing PHP

1. Develop a local vision, including facility-level strategic planning and self-reflection

2. Define roles and communication practices across the team

3. Create infrastructure to support the PHP process, built on existing processes and attentive to patient flow

4. Conduct iterative rounds of piloting to incorporate staff, provider and patient needs

5. Foster an organizational climate that supports PHP, such as identifying and supporting PCC champions
What is a “partner”?

EPCC “partner”=

• Administrative level
  • OPCC&CT and EPCC
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• Site level
  • EPCC research team and study sites

• Team level
  • EPCC qualitative research team and quantitative research team
II. Quantitative
Aims and Approaches

• Assess veteran perceptions of the Personal Health Planning (PHP) Process and its **impact** on patient-level outcomes

  → Veteran Experience Survey

• Evaluate effects of PHP on clinical outcomes over time

  → Time-series analysis of selected clinical measures
**Veteran Experience Survey**

<table>
<thead>
<tr>
<th>Survey Measures of the PHP Process Derived from Qualitative Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Health Goals</td>
</tr>
<tr>
<td>Actions by VA primary care team and health coach to help reach personal health goals</td>
</tr>
<tr>
<td>Helpfulness of specific programs and services at site in reaching personal health goals</td>
</tr>
<tr>
<td>Experiences in personal health planning</td>
</tr>
<tr>
<td>Satisfaction with personal health planning</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Measures – Previously Developed, Validated, and Used</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Experience Category</strong></td>
</tr>
<tr>
<td>Process of Care</td>
</tr>
<tr>
<td>Self-Reported Health and Functional Status</td>
</tr>
<tr>
<td>Self-Efficacy</td>
</tr>
<tr>
<td>Patient’s Confidence in Managing Health</td>
</tr>
<tr>
<td>VA Services</td>
</tr>
<tr>
<td>Sociodemographics</td>
</tr>
</tbody>
</table>
Survey Methods

- Conducted at the 2 PHP sites with the qualitative evaluation and 2 comparison sites similar in region, size, and complexity.

- As example, presenting results from one PHP site and its comparison site (urban Midwest)

- Survey mailed to patients along with a $5 CVS gift card as incentive; reminder card sent to non-respondents

- Survey samples
  - Identified by healthcare teams
  - PHP site - 304 outpatients - 168 completed surveys (55%)
  - Comparison - 304 outpatients - 149 completed surveys (49%)
Veteran Experience Survey at PHP Site

Top 10 Personal Health Goals

1) Get more exercise
2) Eat more healthy food
3) Manage long-term health condition
4) Lower blood pressure or cholesterol
5) Lose weight
6) Improve my sleep and feel more rested
7) Become more involved in my health care
8) Manage my anxiety or depression
9) Manage my pain
10) Take my medications when I should

N=150
Veteran Experience Survey at PHP Site
How VA primary care team or health coach helped veterans reach their personal health goals

Veterans received broad and varied support in reaching health goals
Veteran Experience Survey at PHP Site
Experiences of Veterans in Personal Health Planning

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>88%</td>
<td>Personal health goal is important to health and well-being</td>
</tr>
<tr>
<td>75%</td>
<td>Would recommend setting a personal health goal</td>
</tr>
<tr>
<td>74%</td>
<td>Had enough say in selecting a personal health goal</td>
</tr>
<tr>
<td>73%</td>
<td>Made progress toward reaching personal health goal</td>
</tr>
<tr>
<td>72%</td>
<td>Someone followed up to discuss progress on personal health goal</td>
</tr>
<tr>
<td>70%</td>
<td>Often discuss personal health goal at visits with VA primary care team or coach</td>
</tr>
<tr>
<td>69%</td>
<td>Relationship with VA health care team or health coach was helpful in making progress towards personal health goal</td>
</tr>
<tr>
<td>68%</td>
<td>Choosing a personal health goal improved my health and well-being</td>
</tr>
</tbody>
</table>

Veterans’ experiences were generally favorable in support of reaching health goals
Veteran Experience Survey at PHP Site
Correlations of Veterans’ Experiences in PHP with Patient-Reported Outcomes

<table>
<thead>
<tr>
<th>Patient-reported outcomes from the survey</th>
<th>Collabo RATE</th>
<th>Promis 10</th>
<th>Self-efficacy</th>
<th>PAM 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal health goal is important to health and well-being</td>
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<td>▲▲▲</td>
<td>▲▲▲</td>
</tr>
</tbody>
</table>

Veterans’ experiences were highly correlated with patient-reported outcomes
## Veteran Experience Survey

### Site Comparisons of Patient-Reported Outcomes

<table>
<thead>
<tr>
<th>Patient-reported outcomes from the survey</th>
<th>Difference between sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>CollaboRATE: Patient-centered communication/involvement</td>
<td>N.S.</td>
</tr>
<tr>
<td>PROMIS: Physical Function</td>
<td>N.S.</td>
</tr>
<tr>
<td>PROMIS: Anxiety</td>
<td>N.S.</td>
</tr>
<tr>
<td>PROMIS: Depression</td>
<td>N.S.</td>
</tr>
<tr>
<td>PROMIS: Fatigue</td>
<td>N.S.</td>
</tr>
<tr>
<td>PROMIS: Sleep Disturbance</td>
<td>N.S.</td>
</tr>
<tr>
<td>PROMIS: Social Function</td>
<td>N.S.</td>
</tr>
<tr>
<td>PROMIS: Pain Interference</td>
<td>N.S.</td>
</tr>
<tr>
<td>PROMIS: Pain Intensity</td>
<td>N.S.</td>
</tr>
<tr>
<td>Self-Efficacy in chronic disease care</td>
<td>N.S.</td>
</tr>
<tr>
<td>PAM: Patient activation</td>
<td>N.S.</td>
</tr>
</tbody>
</table>

No differences between PHP and comparison sites in patient-reported outcomes
Time-series analysis of clinical measures

• Clinical Measures
  • Body weight (BMI)
  • Blood pressure
  • LDL
  • HbA1C (glycemic control)

• Analysis
  • Serial measures from 24 months before & after initial PHP visit
  • Trends in measures; interrupted time-serial analysis; site comparisons

• Analyses are on-going; no results to date
Summary

• Veterans had a range of personal health goals
• Veterans report experiencing the PHP process as positive - collaborative, patient-centered, and important to their health.
• Veterans experiences with PHP were related to better patient-reported outcomes
• No short-term measurable differences between sites in self-reported outcomes, such as health status, functional status.
• Awaiting results of analysis of clinical measures
• More rigorous design may reveal potential benefits of PHP –
  • Comparison of pre-PHP to post-PHP results
  • PHP over time at multiple visits
  • Longer follow-up for self-reported and clinical measures
III. Working in Partnership
<table>
<thead>
<tr>
<th>Deliverable and Date</th>
<th>Reach: Internal VA calls, meetings &amp; conferences</th>
<th>Dissemination: Presentations and Publications Outside the VA (including drafts &amp; submissions)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WRITTEN &amp; ORAL</strong></td>
<td><strong>BY EPCC</strong></td>
<td><strong>BY OPCC&amp;CT</strong></td>
</tr>
<tr>
<td>PHP Implementation</td>
<td>• COI Call (10/16/15)</td>
<td>• OPCC&amp;CT Staff Meeting (5/15)</td>
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<tr>
<td>Interim Report</td>
<td>• Integrative Health COP Call (2/11/16)</td>
<td>• PHI Community of Practice (12/11/15)</td>
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<td>(5/8/15)</td>
<td>• VIRec CyberSeminar. 10/18/16.</td>
<td>• VA Pulse (1/16)</td>
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<td>PHP Implementation</td>
<td>• Email to Veterans Health mailing list,</td>
<td>• Whole Health Community of Practice (1/16)</td>
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<tr>
<td>Final Report,</td>
<td>“Engaging Veterans with Personal Health</td>
<td>• Email to Veterans Health mailing list, “Engaging Veterans with Personal Health Planning” (3/16)</td>
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<tr>
<td>“Approaches to</td>
<td>Planning” (12/23/15)</td>
<td>• Presenting the Implementation of VA’s Personal Health Planning Tool for</td>
</tr>
<tr>
<td>Personal Health</td>
<td></td>
<td>Veteran-Centered Healthcare (Fix, et. al., HSR&amp;D oral presentation, 7/9/15)</td>
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<tr>
<td>Planning in VA:</td>
<td></td>
<td>• Understanding Personal Health Planning Across VA</td>
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<tr>
<td>Results of a</td>
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<td>(Bolton, et. al., HSR&amp;D oral presentation, 7/9/15)</td>
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<tr>
<td>multisite</td>
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<td>• Continuing the Conversation: Ongoing Follow-up of Personalized Health Plans</td>
</tr>
<tr>
<td>evaluation.”</td>
<td></td>
<td>(Luger, et. al., HSR&amp;D oral presentation, 7/9/15)</td>
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<tr>
<td>(12/23/15)</td>
<td></td>
<td>• Striking the Balance: A Case Study in Exemplary Patient-Centered Communication</td>
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<tr>
<td></td>
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<td>(Fix, et. al., ICCH oral presentation, 10/25/15)</td>
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<td>• Implementing Personal Health Planning in VA: Results of a Qualitative,</td>
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<td>• Ongoing Follow-up of Patient’s Personalized Health Plans: An Examination of VA</td>
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<td>Practices and Lessons Learned (Luger, et. al., draft)</td>
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<td>Patient-centered approaches to health planning in primary care teams.</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Multisite Evaluation (Fix, et. al., draft)</td>
</tr>
</tbody>
</table>
Strengths & Challenges

• Strengths
  • Partnering= iterative discussions between OPCC&CT & EPCC
  • Rapid, flexible study design
  • Holistic, integrated mixed methods study design
  • Design allowed for:
    • OPCC&CT and EPCC to understand what the sites are doing to adapt PHP to their context.
    • Development of survey questions/measures
    • Interpret outcomes.

• Challenges
  • Trying to measure real world, natural experiment= messy
  • PHP does not always equal PHP
  • Need a large, dedicated team
  • Streamlining communication amongst all the partners
Strategies for conducting rapid, partner-aligned work

- Prioritize study aims over initial proposed plan
- “Team science”
- Bi-directional communication between partners
- Utilize reflective processes as a team
- Rapid data collection and analysis procedures
  - BUT maintain rigor through adherence to research methodological principles
Conclusions

- Need for multiple kinds of data to understand a complex intervention

- Informs Operations/Front line employees

- Evaluators need to be flexible and adaptable
  - Incorporating partner feedback

- Efficient use of resources

- Next steps
  - EPCC FY’ 16 & ’17
  - Whole Health Evaluation
Thank you

- Contact information
  - Gemmae Fix, PhD; Gemmae.Fix@va.gov
  - Donald Miller, ScD; Donald.Miller4@va.gov
Next session:
November 15, 2016

QUERI/Partnered Evaluation Initiative Cyberseminar Schedule

Partnered Evidence-Based Policy Resource Center (PEPReC), Session #1

Steve Pizer
Christine Yee
Taeko Minegishi
Resources
Additional information
# Data Collection 1.2

<table>
<thead>
<tr>
<th>Role</th>
<th>Site 4</th>
<th>Site 10</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Staff</td>
<td>5 interviews; 1 observation</td>
<td>3 interviews; 1 observation; 1 focus group</td>
<td>8 interviews; 2 broad observations; 1 focus group</td>
</tr>
<tr>
<td>Health Coach Program</td>
<td></td>
<td>3 interviews</td>
<td>3 interviews</td>
</tr>
<tr>
<td>PACT Team</td>
<td>8 interviews</td>
<td>4 interviews</td>
<td>12 interviews</td>
</tr>
<tr>
<td>Ancillary Staff</td>
<td>3 interviews</td>
<td>3 interviews</td>
<td>6 interviews</td>
</tr>
<tr>
<td>Patients</td>
<td>9 observations; 2 interviews</td>
<td>4 observations; 4 interviews</td>
<td>13 observations; 6 interviews</td>
</tr>
</tbody>
</table>

**TOTAL:** 35 interviews; 15 observations; 1 focus group
Qualitative Conclusions

• Need concurrent, multilevel strategies to implement a complex PCC initiative

• Efforts need to be reinforced at all levels of the organization

• Having clinic staff dedicated to PHP is necessary, but insufficient

• Engage all stakeholders and reinforce across all team members

• Piecemeal PHP implementation results in care practices which fall short of patient-centered care transformation.