

# Integrating Evaluation & Learning in Foundations Amidst Organizational Changes

Evaluation 2015  
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## Rosanna Tran

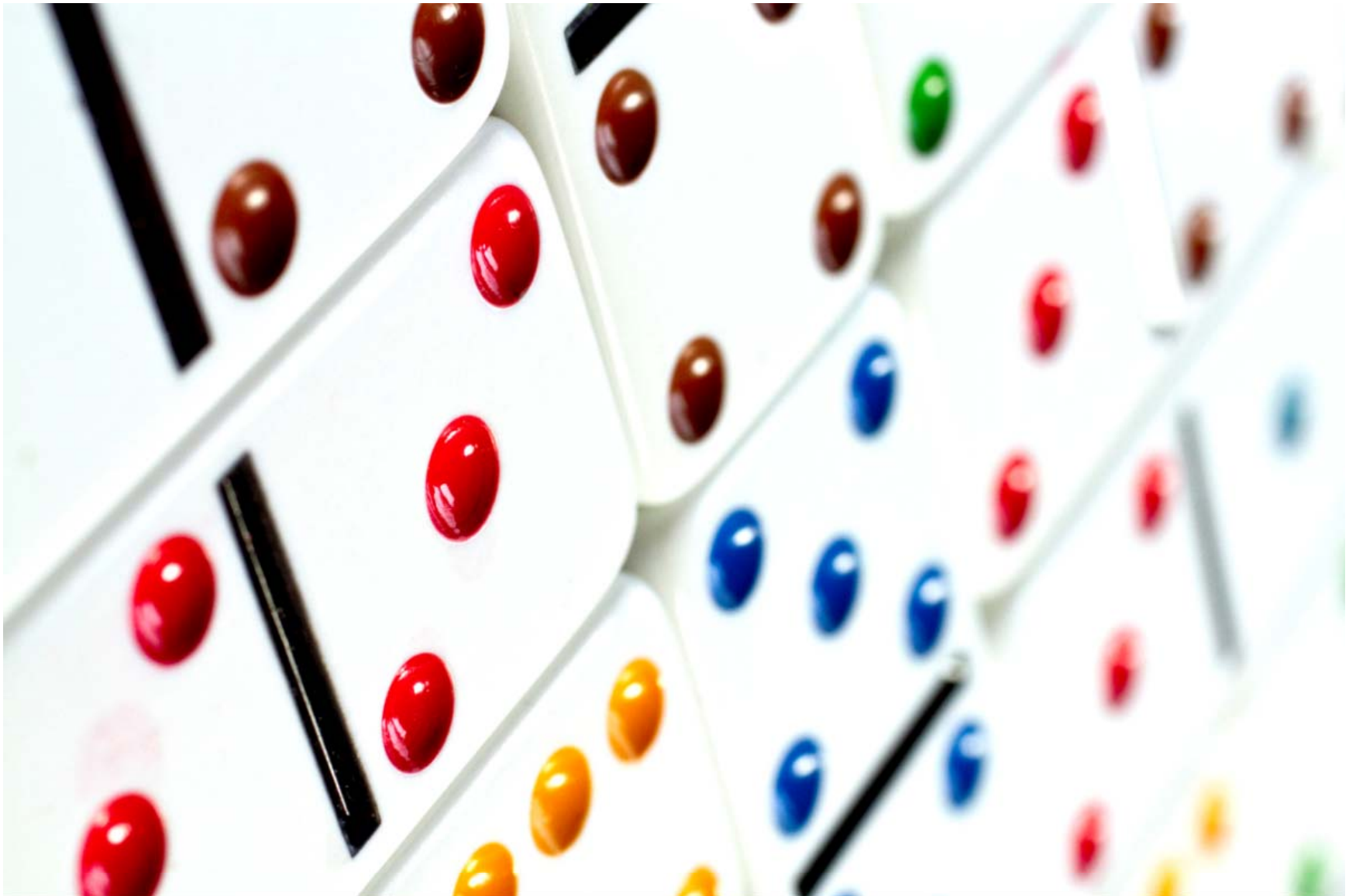
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# Icebreaker!



# Agenda

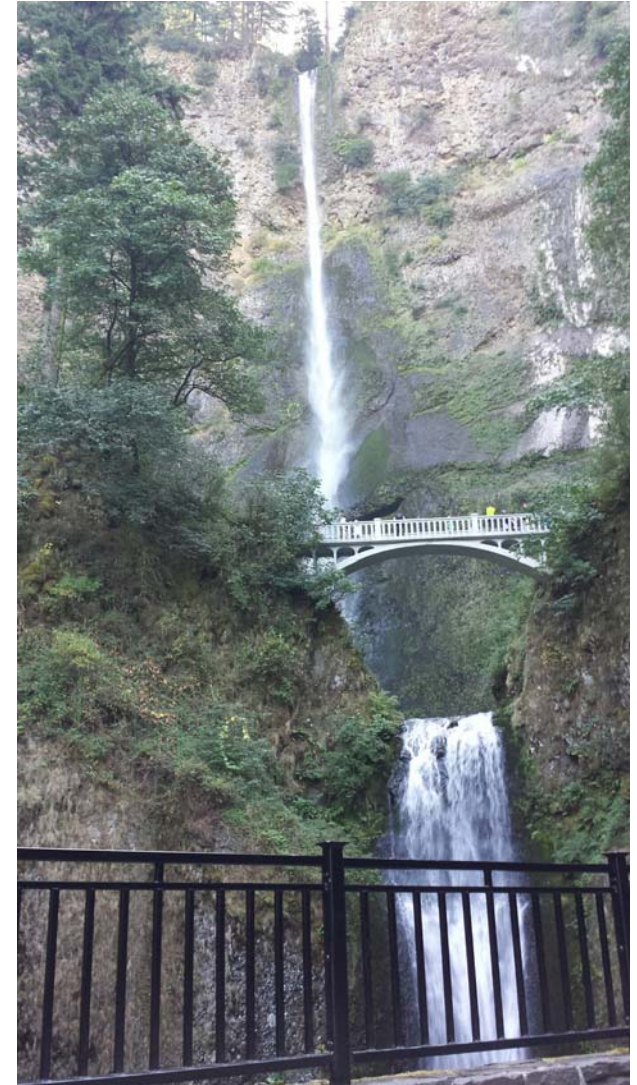
- Shared Context
- The California Wellness Foundation
- California HealthCare Foundation
- Cross-cutting themes
- Discussion and Q&A





# Shared Context

- Foundation focus
  - Health
  - Underserved populations
  - Focus on California
- Organizational changes
  - New leadership
  - Strategic planning
  - Staff changes
- Evolution of Evaluation & Learning functions





promoting equity, advocacy and access

# Evaluation @ The California Wellness Foundation



The mission of The California Wellness Foundation is to improve the health of the people of California by making grants for health promotion, wellness education and disease prevention.

Since its founding in 1992, Cal Wellness has awarded 7,690 grants totaling more than \$912 million.



## Foundation Goals:

- to address the particular health needs of traditionally **underserved populations**, including low-income individuals, people of color, youth and residents of rural areas;
- to **support and strengthen nonprofit organizations** that seek to improve the health of underserved populations;
- to **recognize and encourage leaders** who are working to increase health and wellness within their communities; and
- to **inform policymakers and opinion leaders** about important wellness and health care issues.



# ADVANCING WELLNESS

## Grantmaking Strategy

Promoting Equity, Advocacy and Access

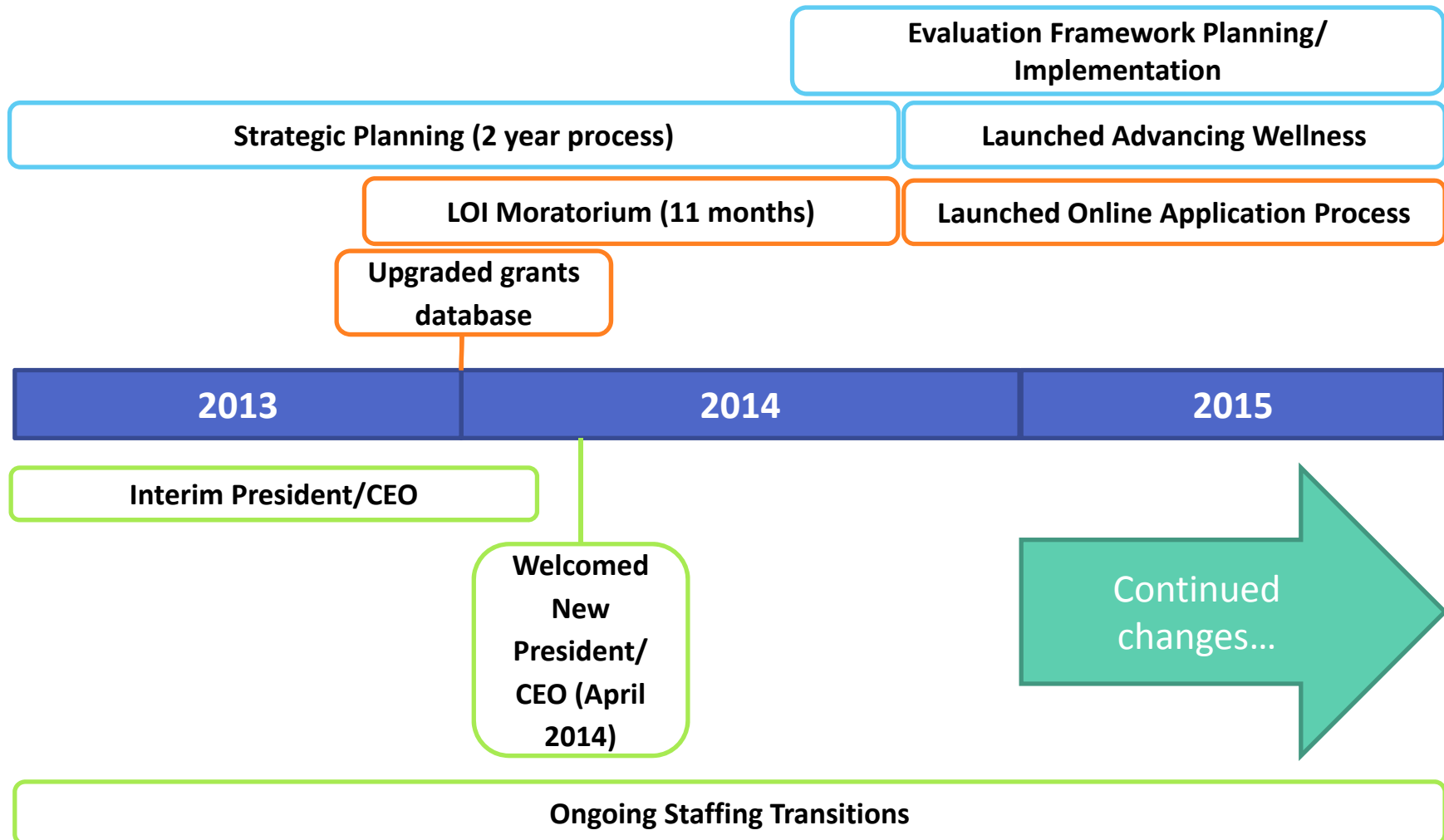
Bridging the Gaps in  
Access and Quality Care

Promoting Healthy and  
Safe Neighborhoods

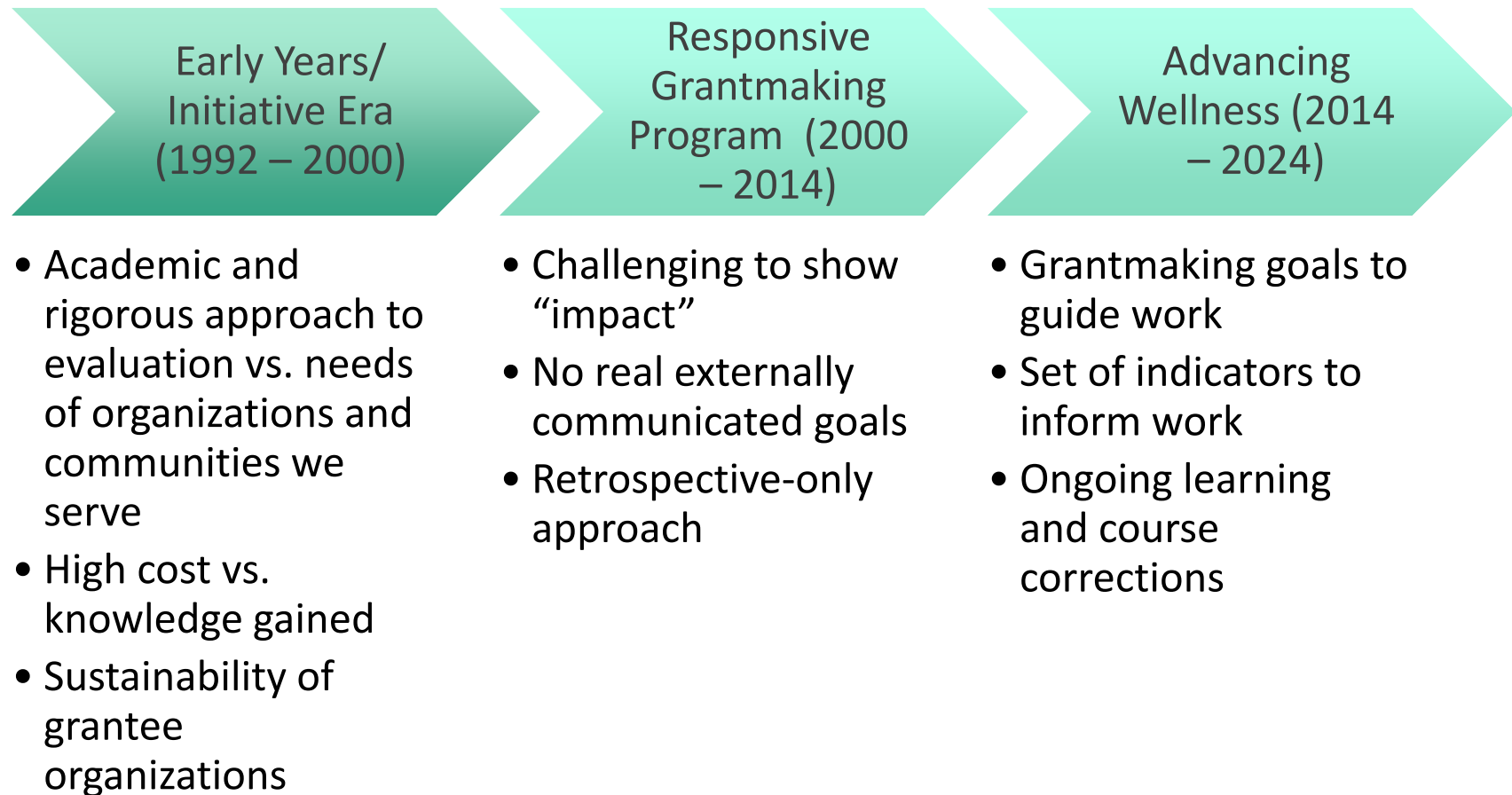
Expanding Education and  
Employment Pathways

Opportunity Fund

# Changes



# Evaluation Evolution at Cal Wellness

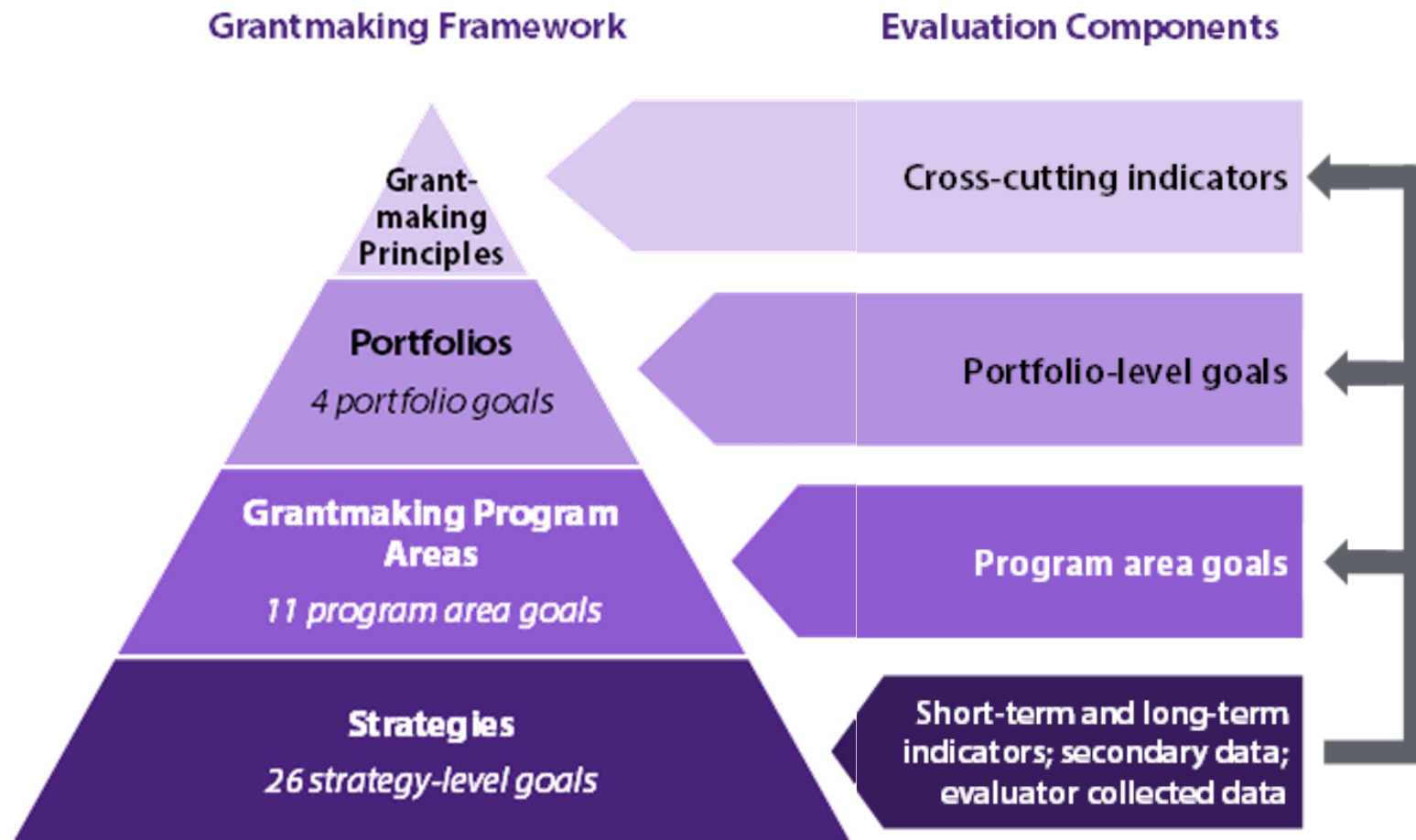


## **Framework was adapted from the work of:**

- Patricia Patrizi
- Elizabeth Heid Thompson
  - Julia Coffman
  - Tanya Beer
  - Erica Snow
  - Jewlya Lynn



# Identify: Determine grantmaking strategy & tracking systems



Portfolio	Indicators	Outcomes	Foundation Goals
<b>Bridging the Gaps to Access and Quality Care</b>	<ul style="list-style-type: none"> <li>• # individuals enrolled in Covered CA</li> <li>• # and description of activities that inform policy makers</li> </ul>	Stronger, more equitable and effective health systems and organizations	<ul style="list-style-type: none"> <li>• Address health needs of underserved</li> <li>• Support and strengthen nonprofit organizations</li> </ul>
<b>Expanding Employment and Education Pathways</b>	<ul style="list-style-type: none"> <li>• # of persons served by workforce dev programs</li> <li>• # of hard-to-employ persons who attain employment</li> </ul>	Increased access to educational and employment resources	<ul style="list-style-type: none"> <li>• Encourage leaders</li> <li>• Inform policy makers and opinion leaders</li> </ul>

# Test: Award grants to organizations



GRANTS DATABASE

## News

GRANTS ▶

HOW TO APPLY ▶

ANNUAL REPORTS ▶

EXTERNAL RESOURCES ▶

FOR IMMEDIATE RELEASE

June 16, 2015

Contact:

Cecilia Laiché

The California Wellness Foundation

(818) 702-1911

### \$7.4 Million in Grants Approved at Cal Wellness' June Board Meeting

*Funding addresses timely and pressing issues affecting all Californians*

At its June 2015 meeting, The California Wellness Foundation's (Cal Wellness) Board of Directors approved 38 grants totaling \$7.4 million. As the third docket under the Advancing Wellness grants program, funding supports Cal Wellness' commitment to help "level the playing field" so that everyone has access to good-paying jobs, safe neighborhoods, educational opportunities and quality health care services. Grants were approved under all **four portfolios** and allocated throughout California, with a focus on underfunded geographic regions and communities in big metropolitan areas with less than robust nonprofit infrastructures and resources.

# Document: what resulted from funding?



## Board Closeout Report

1 Report Information

2 Progress toward Objectives

\* Required before final submission

The questions in this online report form are designed to help successes or difficulties in meeting the objectives of this grant through implementing this grant. This information is important to provide thoughtful, candid answers to the questions.

For your reference, below are the grant reporting periods for:

Year 1:  
01/01/2015 - 12/31/2015

Year 2:  
01/01/2016 - 12/31/2016

2. Please report your progress on each objective as stated in numbers of individuals or activities (as applicable), have been

Organization Name:

Expenditure Responsibility:

Grant #:

Augmentation Grant #: (will be blank if not augmentation)

Amount/Duration:

Regrant:

Program Director:

Grant Start – End Date:

Foundation Goals:

Date Final Report Received:

No Cost Extension?

Original Purpose of Grant: [GIFTS will populate]

Goals and Objectives of this Grant:

- Quantitative objectives – Input annual reported numbers per objective. Indicate whether an organization did not meet or met objectives.
- Qualitative objectives – Indicate whether an organization did not meet or met objectives.

RGP Objectives in GIFTS will populate below. Please copy each objective and add them to a new row in the table below.

Grant Objective 1:



# Learn: Reflect and learn from the data.



**Adapt:** Take the learnings and adapt future strategies.





## Year One Goals:

- Track objectives/indicators in grants database
- Revise closeout report form and grantee report forms
- Create dashboards to support learning



## One year in...

- **Track objectives/indicators in grants database**
  - Better tracking of objectives
- **Revise closeout report form and grantee report forms**
  - First round of revised grantee report forms January 2016
- **Create dashboards to support learning**
  - Change to approach





# CALIFORNIA HEALTHCARE FOUNDATION



Health Care That Works  
for All Californians



# Changes in organization and strategy



New President & CEO (January 2014):

- Sandra R. Hernández, MD

New Goals (March 2015):

- Informing Decisionmakers
- Improving Access for Low-Income Californians
- Ensuring High-Value Care

# Implications of organizational changes for evaluation & learning



- Addition of “Chief Learning Officer” position



Rosanna Tran  
Learning & Evaluation Officer



Marian Mulkey,  
Chief Learning Officer



- Outcome-focused goals

- Emphasis on learning

# Four shifts in evaluation and learning



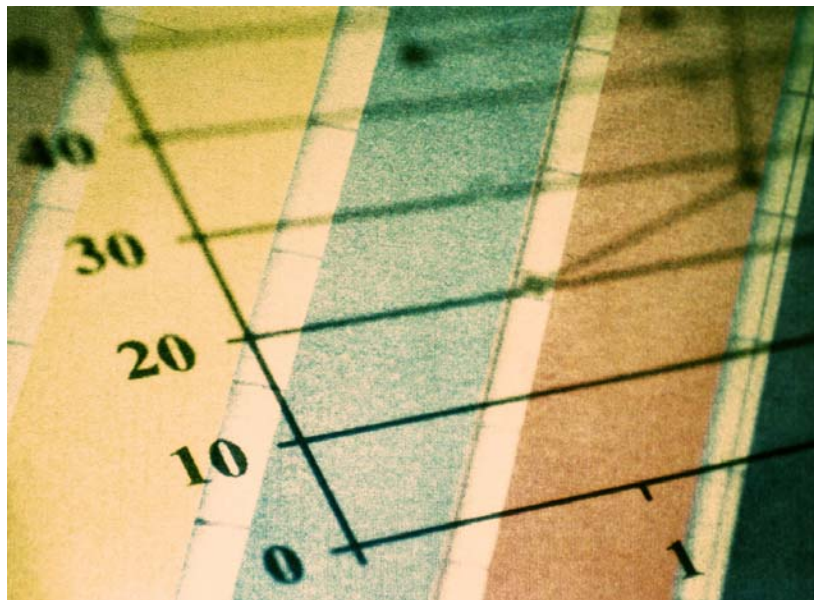
	Before	After
What?	Grants & Projects	Strategy
When?	Retrospective	Ongoing
Who?	Narrow audience (internal)	Broader audience (internal)
How?	One-size-fits-all	Flexible & tailored



# Two cases



## Case 1: Evaluation



## Environmental Indicators & Initiative Metrics

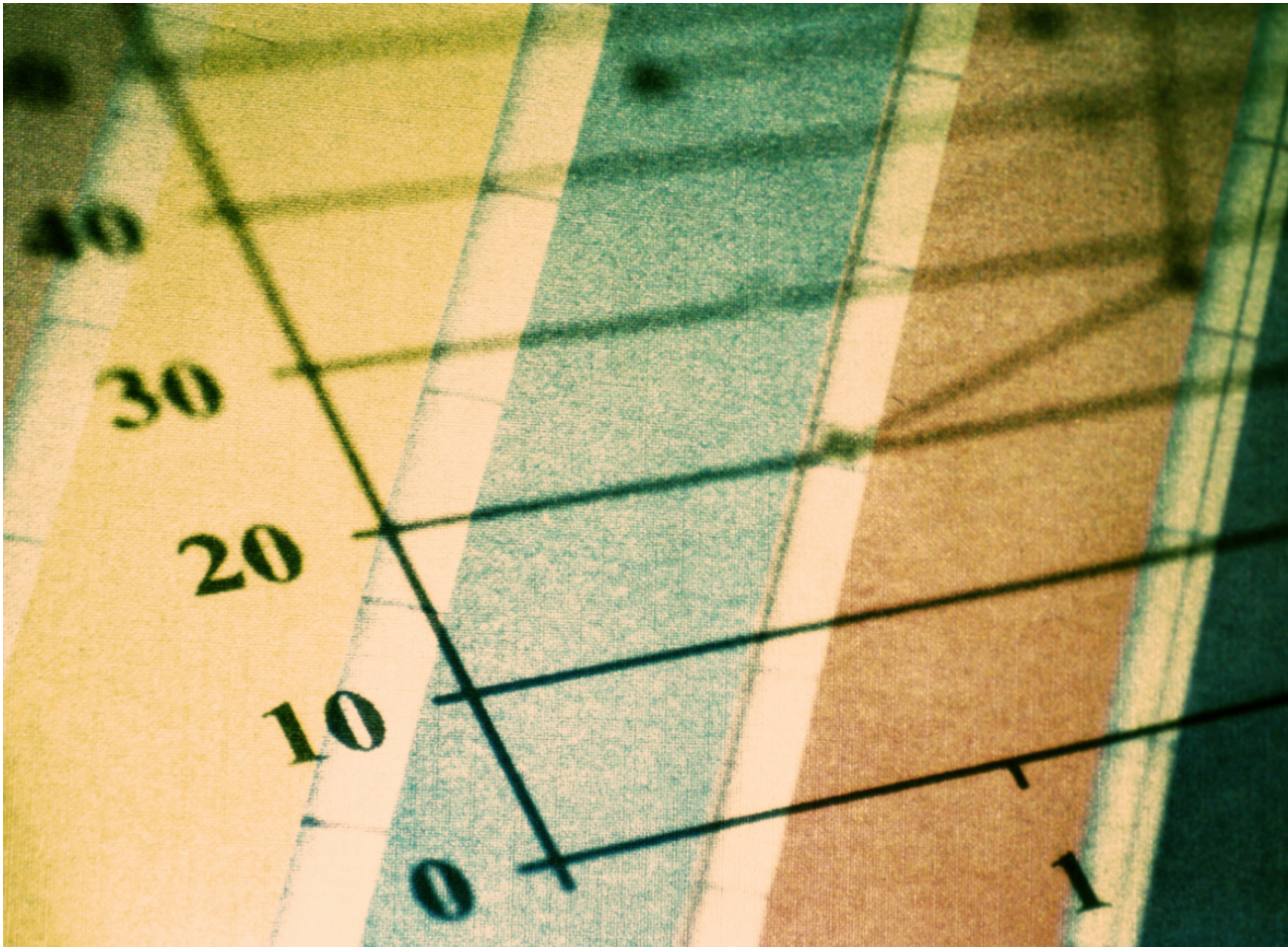
## Case 2: Learning



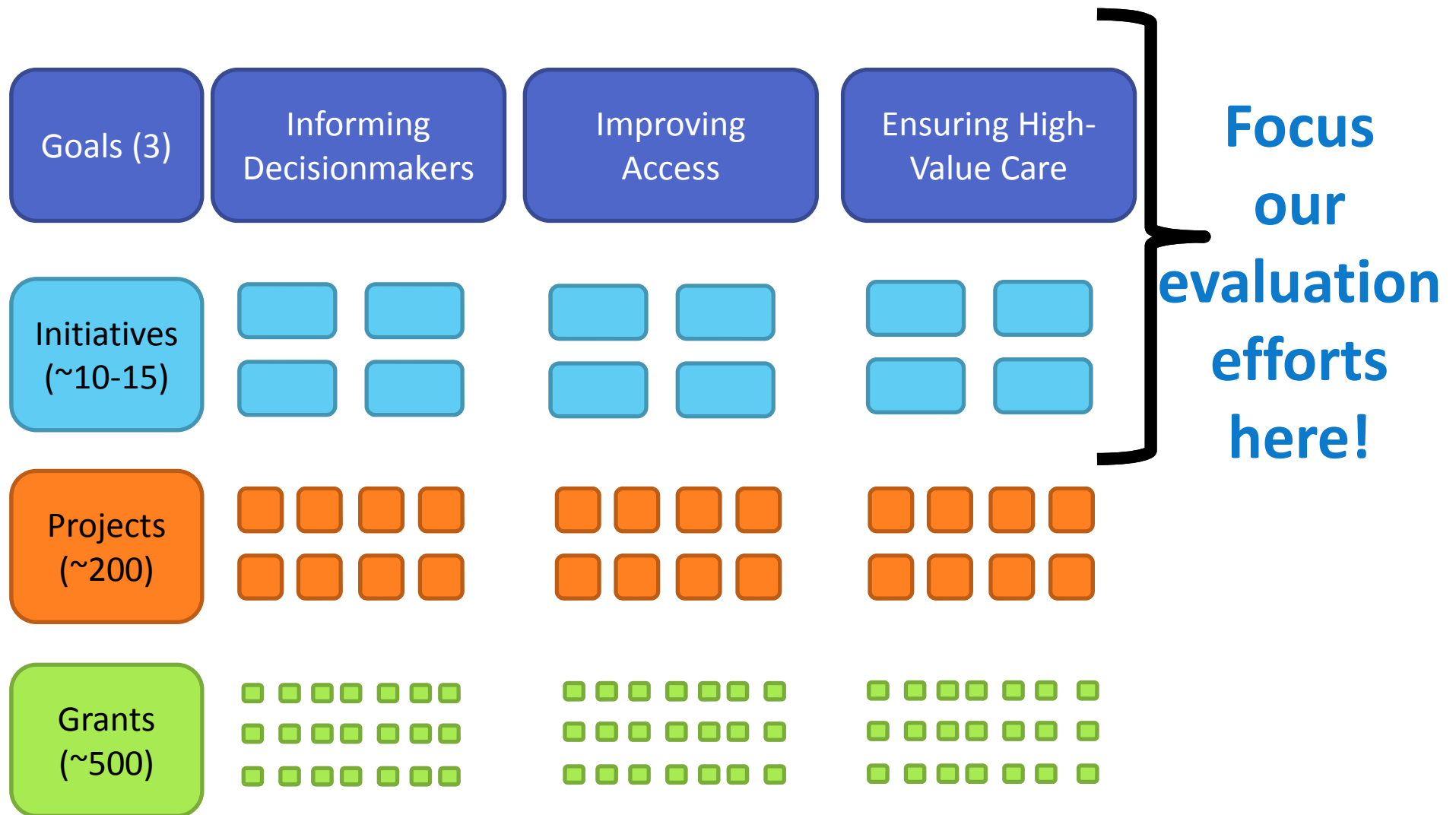
## Results Reports

# CASE 1: Evaluation

## Indicators & Metrics






# CHCF Strategy





# Environmental indicators

## Illustrative examples

Indicator (Associated Goal)	Baseline (Year)	Desired Direction
Among low-income Californians, share that has <b>delayed or didn't get needed care</b> (Access)	12.2% (2012)	
Full-time equivalent <b>physicians participating in Medi-Cal</b> , per 100,000 Medi-Cal enrollees (Access)	128 (2013)	
Average annual <b>growth in health spending</b> in California (High Value Care)	5.9% (1991-2009)	

*Sources: California Health Interview Survey; Medical Board of supplemental survey; Centers for Medicare & Medicaid Services Expenditure Data; Bureau of Economic Analysis*

# Initiative metrics

## Illustrative example –

## Decreasing opioid-related morbidity and mortality

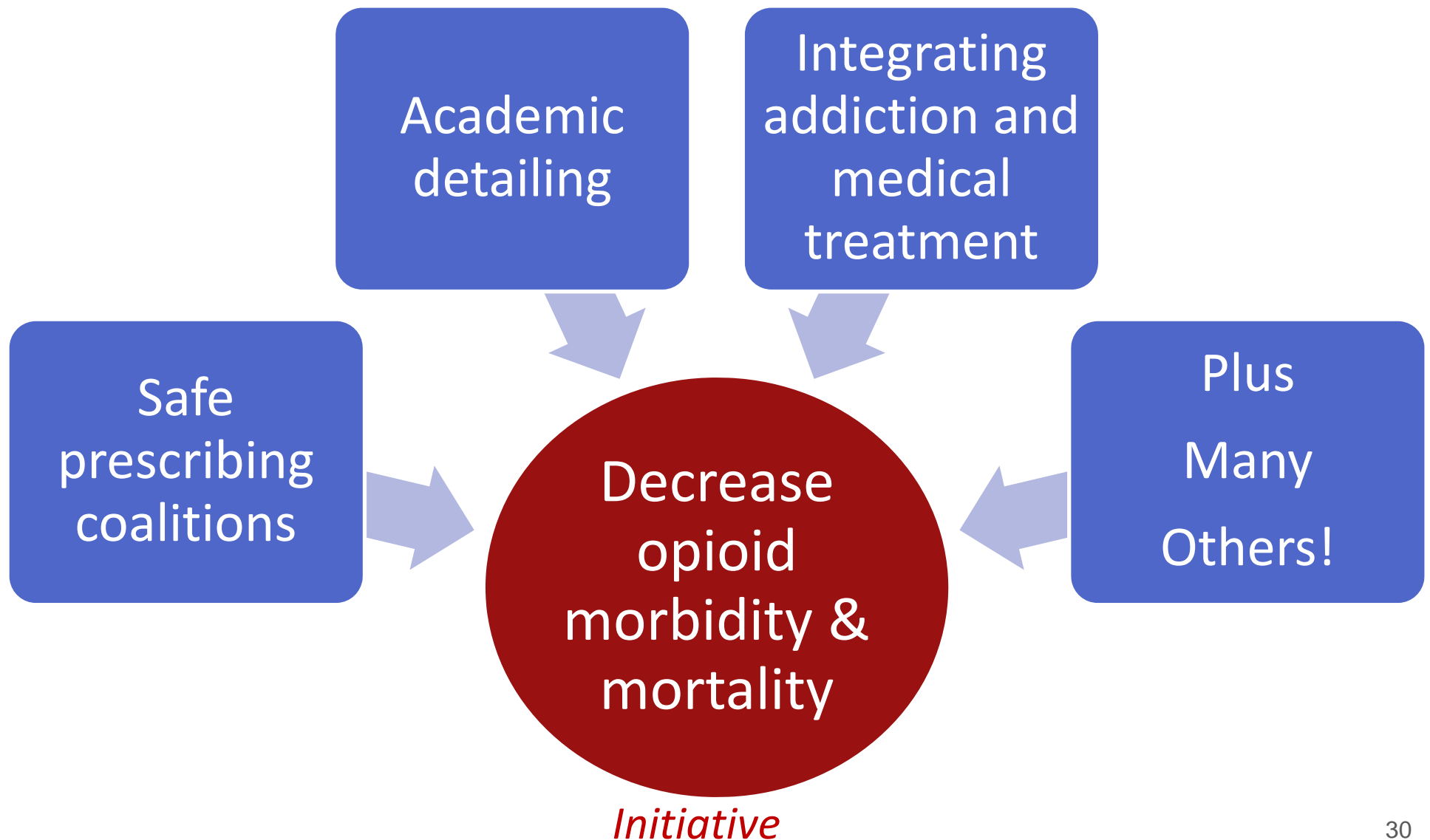


<b>Metric</b>	Opioid-related deaths (including prescription opioids and heroin) over a 5-year period
<b>Baseline Value (Year)</b>	7,428 (2008-2012)
<b>Target (2018)</b>	6,685 (decrease by 10%)
<b>Why It Matters</b>	Death from accidental overdose affects individuals, families, and communities -- and represents the tip of the iceberg in terms of medical and societal costs.
<b>Associated Environ. Indicator (Ensuring High-Value Care)</b>	Average annual growth in health spending in California

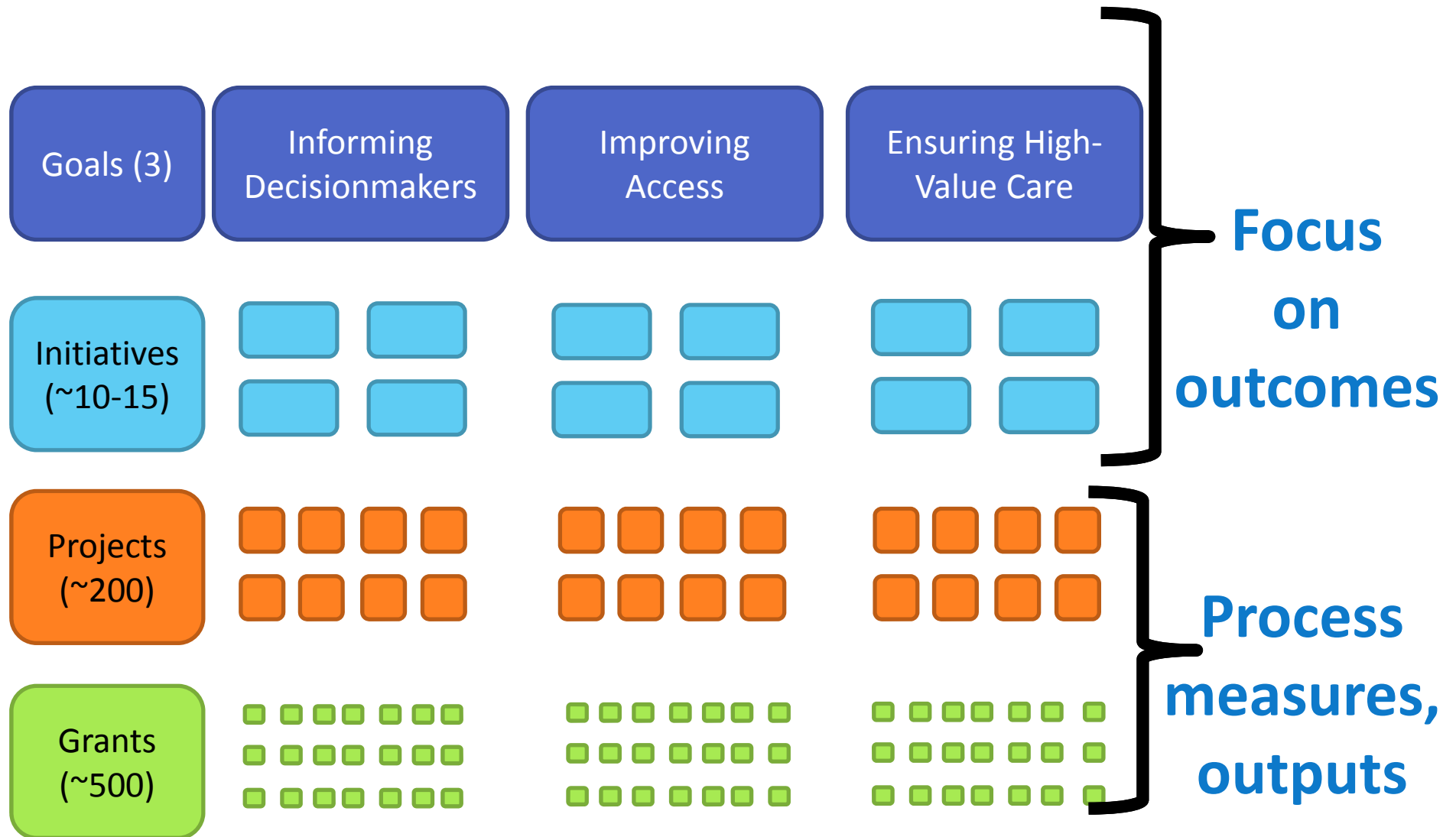


# Opioid initiative – related grants & projects

## *Grants & Projects*



# CHCF Strategy



# Shifts – Indicators & Metrics



	Before	After
What?	Grants & Projects	Strategy
When?	Retrospective	Ongoing

# CASE 2: Learning

## Results Reports



# What are Results Reports?



- Borrowed and adapted from the Robert Wood Johnson Foundation.
- Written by program officers for an internal audience.
- Summarize accomplishments, challenges, and lessons.
- Discussed by staff and shared with board on a regular basis.
- Intended to spark discussion and learning.



# Results Reports - before



CALIFORNIA  
HEALTHCARE  
FOUNDATION

## RESULTS REPORT Enhancing the Exchange of Clinical Laboratory Data (A) Supporting Clinical Laboratory Data Exchange (B) PRM Date: September 30, 2014

Project ID:	2010-CA-1-12 (B)
Amended Acknowledgment:	2007-001-CA-1-100-000 (B)
Grant Number:	2010-CA-1-12 (B)
Grant Title:	2010-CA-1-12 (B)
Grant Year:	2010-2011 (B)
Program Area:	Health Care Data Exchange
Program Objective:	Effective Provision
Lead Program Year:	2010-2011 (B)

### SUMMARY: Overall Assessment of the Project

While components of the various projects as described have been successful, the larger strategy of what CHCF was trying to accomplish "To improve clinical decision making and patient outcomes due to improved access to timely, accurate, and comparable lab results data" was not fulfilled.

### PROSPECTIVE: Description of Project as Approved

#### Project Objective

- To facilitate a standards-based, electronic exchange of laboratory orders and results between clinical laboratories and ambulatory providers.
- To establish a technical assistance program to assist clinical laboratories in electronically exchanging patient information with physicians.

#### Desired Outcome

- Establish ELNICS as the standard for exchange of lab orders and results in California, implementation of ELNICS by 20% of small commercial and hospital-based laboratories, representing 10% of the California market.
- The desired outcome would be a vastly increased number of laboratories able to communicate electronically with physicians, a greater number of physicians able to meet meaningful use requirements and receive incentive payments, and reduction of administrative costs and clinical errors by eliminating paper- and fax-based communication of lab orders and results.

#### Evaluation

- The success of the project would be measured by the adoption of ELNICS including:
  - Endorsement of ELNICS and requirements for its use by targeted state entities focused on EHR adoption and health information exchange;
  - Market share of California accredited clinical laboratories adopting ELNICS;
  - Approval of the lab order specification by a standards development organization.
- The project's success would be based on a number of factors including:
  - At least 100 high-volume laboratories (i.e., performed 100,000+ tests annually) mapping their internal codes to LOINC;
  - Development of tools and resources to aid other laboratories with LOINC mapping.

Don't forget to check out the Results Report, page 2

### RETROSPECTIVE: Assessment of Project Upon Completion of Related Grants

#### Project Background

Rather than frame this results report solely on the projects listed above, I'm going to use the opportunity to reflect on the larger strategy of CHCF working on a wide range of data standards for electronic health records which began in 2007. We were confident we knew something about electronic lab data through our California Clinical Data Standards (aka CALDNIC) work. The work was assigned at the behest of a single influential individual, David Brailer, a former partner and head of the Santa Barbara Care Data Exchange, when he was named as the first National Coordinator for Health Information Technology (NCHIT) in 2004. Unlike the California project, we needed to engage with national entities, align with national data standards bodies and maintain a complex, crowded electronic health record vendor space.

While we successfully developed ELNICS, a national lab results data standard, it required two years to complete, with \$2.8 million invested. The process was high quality, involving national key stakeholders, extensive technical support and end-user testing. Financial incentives for adoption of electronic health records (EHRs) through federal stimulus (HITECH) funds enacted in 2009 promised speed and we spent a lot of time and money to work the politics to have ELNICS adopted as part of the meaningful use standard linked to incentive payments. While successful in concept, the national specification adopted is different from, although highly influenced by, ELNICS.

Once we felt that there would be momentum for adoption on the EHR side, we turned our attention on the other leg of the stool—the laboratory side—so that labs could both send results using the standard and receive an electronic request from an EHR system. We had started down a path that took us further and further into the woods, with our endpoint more difficult to attain.

#### Significant Achievements & Impact

There are elements of success that we can claim—creation of a national lab data standard (or at least the core part of one) which was ready to support federal efforts to promote the meaningful use of electronic health records (towards the ultimate goal of improved care). We also successfully engaged a cadre of stakeholders and partners at the national level, ranging from EHR vendors, clinical laboratories, federal HITECH policymakers, a full range of HIT technologists, and provider groups adopting HIT. And we supported adoption of the data standards in a range of clinical settings. In spite of engagement (or perhaps because we had a relatively light touch) with these many players, even getting to the desired outcome of clinical laboratory adoption proved to not be achievable.

Not unlike our experience with the Santa Barbara Care Data Exchange, we had a big vision, we were able to demonstrate pilot success, but we were poorly positioned to catalyze widespread

<sup>1</sup> The California Clinical Data Project (CALDNIC) began in 2006, but was approved in 2009 with both a standard development and implementation phase—to support the exchange of data between health plans and provider groups in order to pay the performance. The standards and supporting software were named in the longitudinal Standards Association in 2007, when they continued to be updated and used.

# Results Reports - after



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HEALTHCARE  
FOUNDATION



CALIFORNIA HEALTHCARE FOUNDATION

## Promoting Better Care Toward the End of Life

### Results Report

December 2012 - 2014



## Project Background

**Timeline and Investment:** \$2M over 2.5 years, approved December 2012

**Goal:** Towards the end of life, more seriously ill Californians receive care aligned with their wishes

### Approaches:

- Increase conversations about care preferences (\$1M)
- Increase palliative care in the community (\$700,000)
- Address barriers in policy and reimbursement (\$300,000)

## Grantmaking history since 2009

- CHCF investments ~\$9,000,000
- Key accomplishments
  - All California public hospitals offer palliative care
  - California a national leader in POLST and palliative care
  - California State University engaged in workforce development
  - CHCF has state and national influence in this space

## Key Grantees

Grantee (# grants)	Role	Total Amount
Coalition for Compassionate Care of California	Key Partner and Lead Grantee	\$778,883
Six local coalitions	Test approaches to promote advance care planning in communities	\$120,000
Palliative and specialty care providers; consultants and experts	Increase capacity; document practices; improve access; project technical assistance	\$1,079,145
TOTAL		\$1,978,028

# Results Reports

## Example reflection questions

- How can we help a small, dedicated organization continue to deliver under increasing demand?
- How do we best work with state agencies, given multiple competing priorities and limited bandwidth?

# Shifts – Learning



	Before	After
Who?	Narrow audience (internal)	Broader audience (internal)
How?	One-size-fits-all	Flexible & tailored

# Still more work to do!

...and few staff and little time to do it.



Evaluation & Learning Shifts	Challenges
Grants to Strategy	<ul style="list-style-type: none"><li>• Linking grant/proj outcomes to initiatives and goals</li></ul>
Retrospective to Ongoing	<ul style="list-style-type: none"><li>• Ongoing use of metrics</li><li>• Mid-term learning opps</li></ul>
Narrow audience to Broader audience	<ul style="list-style-type: none"><li>• Expanding to grantees and external audiences</li></ul>
One-size-fits-all to Flexible & tailored	<ul style="list-style-type: none"><li>• Criteria for Results Reports</li></ul>





# Insights

- It's about the thinking...not the numbers
- Audience, audience, audience
- Ongoing process
- Collaboration across departments
- Intersection of framework and process



An aerial photograph of a lush green lawn. In the center, a small, rounded tree with dense green foliage stands. Around the base of the tree, twelve black plastic chairs with thin metal legs are arranged in a perfect circle, facing outwards. The scene is brightly lit, casting distinct shadows of the tree and chairs onto the grass. The overall composition suggests a place for community, discussion, or a group meeting in a natural setting.

# DISCUSSION





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