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Christine Johnson and Terri Anderson on the Quality Improvement – Evaluation Connection

Hi, we are Christine Johnson and Terri Anderson, members of the Massachusetts Patient Centered Medical Home Initiative (MA-PCMHI)(<http://pcmhi.ehs.state.ma.us>). MA-PCMHI is Massachusetts' state-wide, multi-site PCMH demonstration project engaging 46 primary care practices in organizational transformation to adopt the PCMH primary care model. Our roles as Transformation and Quality Improvement Director (Christine) and Qualitative Evaluation Study Team Lead (Terri) require us to understand the 46 practices' progress towards PCMH model adoption in distinct yet complementary ways. Our colleagues sometimes assume that we must remain distant to conduct our best possible work. Their concerns are that our close working relationship will somehow contaminate the initiative or weaken the evaluation's credibility. However, we find that maintaining our connection is vital for success; both of the initiative and the evaluation. We'd like to share the following.

Lessons Learned:

- Transformation and Quality Improvement (Transformation/QI) and evaluation both seek to understand how the practices best adopt the PCMH model and to describe the practices' progress. To promote our mutual interest, we regularly attend each other's team meetings. Doing so increases the opportunity to share our perspectives on the MA-PCMHI. To date the evaluators have advised some formative project adjustments while the MA-PCMHI intervention team has increased the evaluators' understanding of the survey and performance data submitted from the practices. Currently, the project team and the evaluators collectively are establishing criteria to select six practices for in-depth site visits.
- Transformation/QI and evaluation often use the same data sources but in different ways. Specifically, the practices use patient record data in their Plan-Do-Study-Act (PDSAs) cycles then submit the same data for the evaluation's clinical impact measures. The practices initially resisted this dual data use. However, through our Transformation/QI-Evaluator connection we increased the practices' understanding of how their use of data in the PDSAs improved their clinical performance which in turn improved the evaluation's ability to report a clinical quality impact. Presently, performance data reporting for clinical impact measures and practices' use of PDSAs have increased.

Hot Tip:

- Develop a handout describing the similarities and differences between research, evaluation and quality improvement. Having this information readily available has helped us to address concerns about bias in the evaluation.