

phn
EASTERN MELBOURNE

An Australian Government Initiative

Monitoring and Evaluation Framework

June 2020



EMPHN Monitoring and Evaluation Framework

Purpose

EMPHN acknowledges the importance of ensuring that primary care programs and services are well designed, implemented and effective in facilitating sustainable health system improvement for people in eastern and north eastern Melbourne. The key purpose of the EMPHN Monitoring and Evaluation Framework is to support routine performance monitoring and high-quality evaluations that provides a robust evidence base for decision making about current and future investment in programs.

A new framework to guide monitoring and evaluation

This framework strengthens and supports existing processes for commissioning programs, reporting on performance and achieving strategic and transformational goals. The framework supports monitoring and evaluation activity to be consistent and rigorous through three key elements:

- 1) Application of the Quadruple Aim approach¹ to all evaluations
- 2) Clear and consistent categorisation of the types of evaluation and
- 3) A number of principles for monitoring and evaluation activity at EMPHN

Quadruple aim approach

All evaluations are to be scoped to broadly address the impact of the program on 1) consumer experience 2) practitioner and stakeholder experience 3) population health (consumer outcomes) and 4) health system efficiencies (lower cost of care) (see **Diagram 1**). Framing each evaluation in this way creates a consistent approach and identifies the following outcomes:

- Improving quality of care and consumer experience
- Enhancing practitioner experience and capability
- Improving population health outcomes
- Increasing system efficiencies resulting in lower cost of care.

Diagram 1: Quadruple aim approach



Types of evaluation

There are many types of evaluation that can be undertaken that relate to the purpose of the evaluation and the stage of program development. The most common types of evaluation prioritised by EMPHN are: process evaluation, outcome evaluation and economic evaluation. The selection of the most appropriate evaluation provides a structure for the way a particular evaluation is to be framed, designed and conducted. Figure 3 provides an overview of the evaluation types and outlines when and why these types of evaluations should be used, the key approaches and what they would focus on. Most evaluations will cut across all three types, however, there will usually be a key focus depending on the maturity of the program.

Diagram 2: Overview of evaluation types

¹ The Quadruple Aim is an approach developed by the Institute for Healthcare Improvement (IHI) in order to maximise health system performance. The goal of the quadruple aim is to improve patient experience, improve the health outcomes, improved practitioner experience and reduce health care costs. It is an approach is strongly supported by the Commonwealth Department of Health.

TABLE 4. OVERVIEW OF EVALUATION TYPES

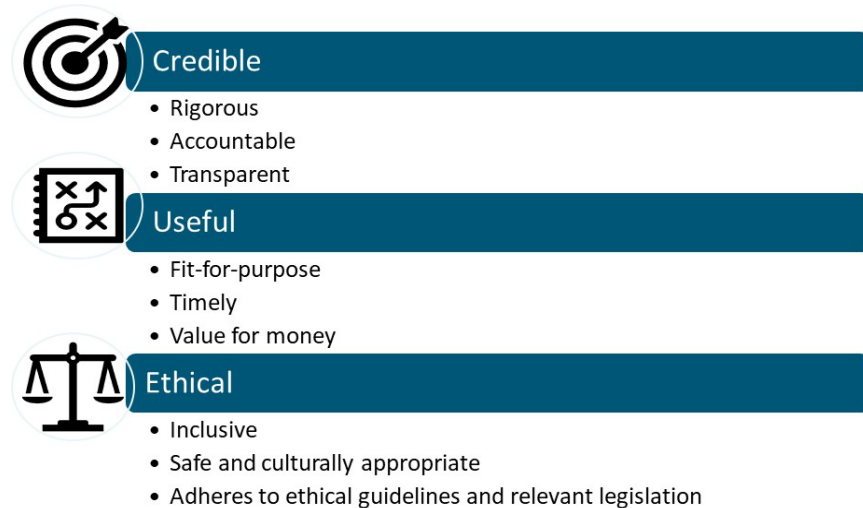
	Needs assessment	Process evaluation	Outcome evaluation	Economic evaluation
Purpose (why)	To determine the nature and extent of the problem a program is intended to resolve	To examine the quality of program implementation, reach and factors hindering success	To assess the extent to which a program is delivering benefits, to whom, how, why and under what circumstances	To identify, measure and value a programs economic costs and benefits
Orientation	Development	Improvement	Accountability	Efficiency
When	Typically occurs before a program has been developed; to reassess need or reconsider design	During program development and delivery; often included as part of routine monitoring	During implementation but once the program is settled and outcomes have sufficient time to occur	After a program is settled and outcomes have been demonstrated; when considering re-investment decisions
Who	Internal or external	Internal or external	Typically external or a combination	Typically external or a combination
Key approaches	Research review Benchmarking Logic/theory development Co-design	Implementation fidelity Performance monitoring Action research Responsive evaluation Empowerment evaluation	Randomised control trials Quasi-experimental designs Theory-based impact evaluation	Cost benefit analysis Cost effectiveness analysis Cost utility analysis Cost minimization analysis Cost consequence analysis
Challenges and issues	Gaps in population data Multiple perspectives and values on what needs should be prioritised Insufficient research and evidence-base	Data access and integrity Program logic and theory of change not sufficiently articulated Availability and access to participants	Validity and reliability of existing data No baseline and difficulties constructing a comparison group Can be time and resource intensive Identifying appropriate outcome measures	Validity and reliability of existing data No baseline and difficulties constructing a comparison group Can be time and resource intensive Measuring non-monetary benefits

Guiding principles and priority areas

The framework outlines key principles that will guide future monitoring and evaluation activity at EMPHN which are set out in **Diagram 3**. The principles are grouped into three broad criteria: credible, useful and ethical.

Priority areas for monitoring and evaluation over the five-year period from 2020-2025 are programs that focus on addressing health gaps and inequalities, enhancing primary care, leveraging digital health, data and technology, working in partnership as a single service system and functioning as a high performing organisation.

Diagram 3: EMPHN principles of monitoring and evaluation



Understanding how and how much our programs work

The starting point of monitoring and evaluation activity is a clear understanding of the rationale,

The starting point of monitoring and evaluation activity is a clear understanding of the rationale, evidence-base and logic underpinning the design of each program. The overarching logic that guides EMPHN programs is set out in **Diagram 3**. The logic model depicts the:

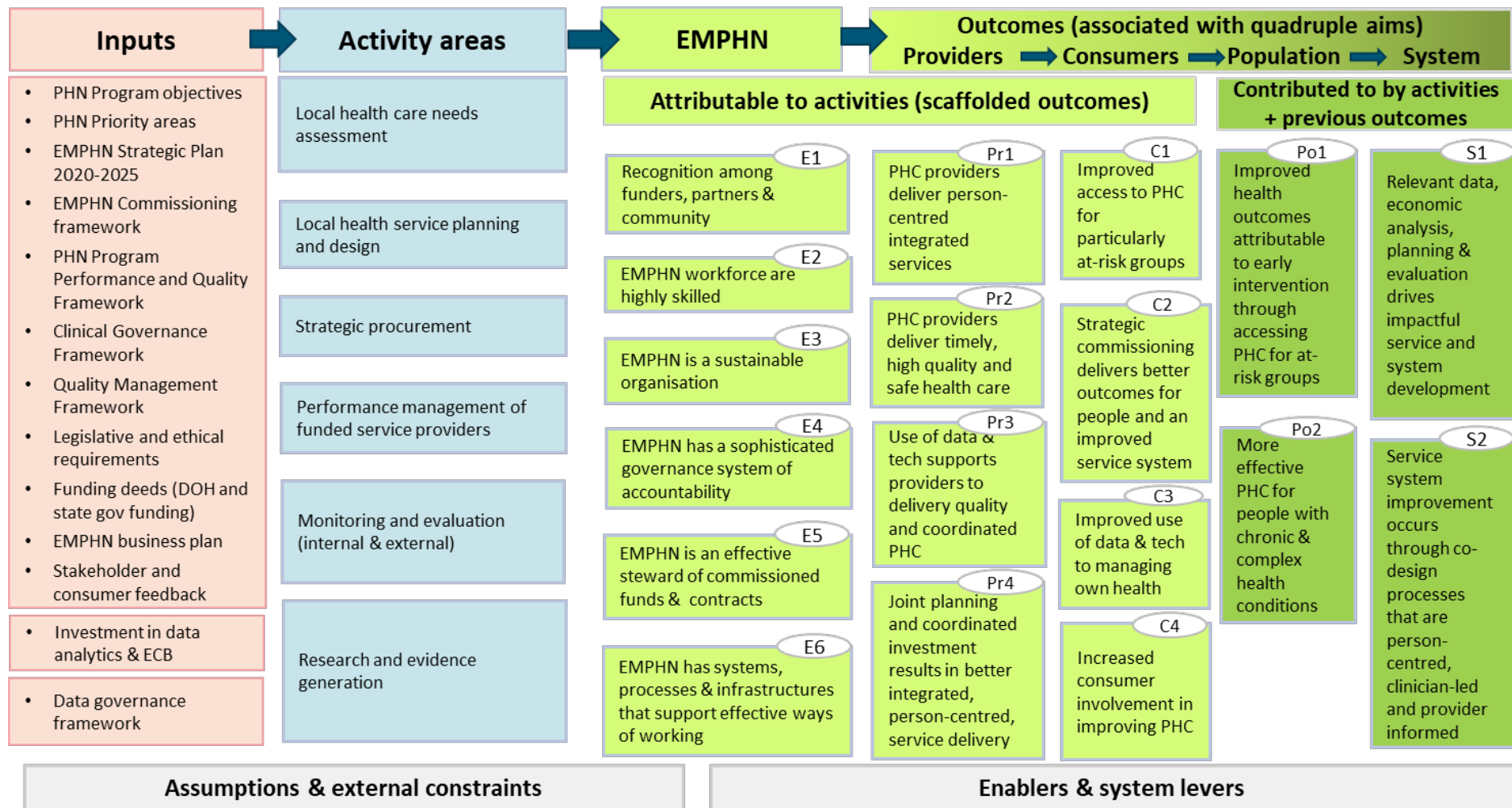
- inputs that are required for identifying local needs and designing responsive programs,
- activities delivered as part of commissioning and monitoring program implementation
- hierarchy of outcomes associated with the quadruple aims
- assumptions and external factors that influence the delivery and effectiveness of programs
- enablers and system level change levers

The logic model can be read from left to right, where inputs causally result in outcomes which are attributable to the implementation of the activities specified that are facilitated by those inputs.(including the EMPHN Commissioning Framework, PHN Performance and Quality Framework, Clinical Governance Framework, Quality Management Framework, and feedback from stakeholders and consumers).

In addition to this logic model, a staff handbook to guide monitoring and evaluation activity is being developed. The handbook provides information for all staff on how to plan, manage, conduct and use evaluative evidence to demonstrate accountability, support program improvement and build knowledge about what works in enhancing primary care.

Improving the evidence base

By applying these principles to monitoring activities and evaluation projects, EMPHN will be able to significantly improve its understanding of the characteristics of effective programs, implementation quality and the achievement of program outcomes, including economic impact. Improving the quality of monitoring and evaluation will strengthen accountability and increase EMPHN's ability to demonstrate a return on the government's investment in primary care programs.



Assumptions & external constraints	Enablers & system levers	
Funding amount & timeframe	Support offered by EMPHN to PHC providers is facilitated by:	EMPHN uses system level change levers:
Valid & reliable needs assessment	Effective governance	Organisation
Availability of providers	Operational management	Engagement
State & federal government policy	Stakeholder relationships	Enforcement
Stakeholder engagement	Financial management	Information
Demography and geography	Positive organisational culture	Technology
Data, access, delays & reliability	A highly skilled workforce	Finance/Payment
Market mechanisms on healthcare systems	Robust data & research	

Acknowledgements

We acknowledge and pay our respects to the Wurundjeri people and other peoples of the Kulin Nation on whose unceded lands our work in the community takes place. We respectfully acknowledge their Ancestors and Elders past, present and emerging.

We recognise and value the knowledge and wisdom of people with lived experience, their supporters and the practitioners who work with them. We celebrate their strengths and resilience in facing the challenges associated with their recovery and acknowledge the important contribution that they make to the development and delivery of health and community services.

Eastern Melbourne PHN values inclusion and diversity and is committed to providing safe, culturally appropriate, and inclusive services for all people, regardless of ethnicity, faith, disability, sexuality, gender identity or health status.



Australian Government

The Australian Government is the principal funding body for Primary Health Networks.

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