Annual Evaluation Report FY2023-2024

Eastern Melbourne PHN
September 2024

Acknowledgement

Eastern Melbourne PHN acknowledges the Wurundjeri people and other people of the Kulin Nations on whose unceded lands our work in the community takes place. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders past and present. EMPHN is committed to the healing of Country, working towards equity in health outcomes, and the ongoing journey of reconciliation.

We would like to extend our gratitude and appreciation to consumers, carers, and general practitioners who contributed to these evaluations. We thank them for their time and insights and trust that their views are adequately represented in this report.

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About EMPHN

Eastern Melbourne PHN (EMPHN) exists to improve health outcomes for people in the east and northeast of Melbourne, with a particular focus on those most at risk of poorer health outcomes. We do this through our role as a coordinator, commissioner and capability builder.

EMPHN works closely with local health system stakeholders to coordinate and integrate services to improve the quality of care, our community's experience in the health system, and to efficiently use resources.

EMPHN collaborates with our system partners, consumers and community and leverage health related data to commission services that meet the diverse needs and priorities of our community.

EMPHN builds capacity by supporting general practices and other health service providers in our region to improve quality, continuity and integration of care. We also work our system partners to address workforce shortages to optimise the use of our workforce, support innovation and to further develop the workforce.

Our three strategic priorities for 2025- 2028 are:

1.   Drive equitable access and outcomes for communities
2.   Connect our partners and communities to enable integration and change
3.   Leverage insights to improve outcomes, drive value and demonstrate impact

The EMPHN catchment spans across 12 Local Government Areas and covers almost 4,000 square kilometres.

EMPHN is home to a diverse population of over 1.6 million people, making it one of the largest PHNs by population size. EMPHN accounts for more than a quarter of the Victorian population.
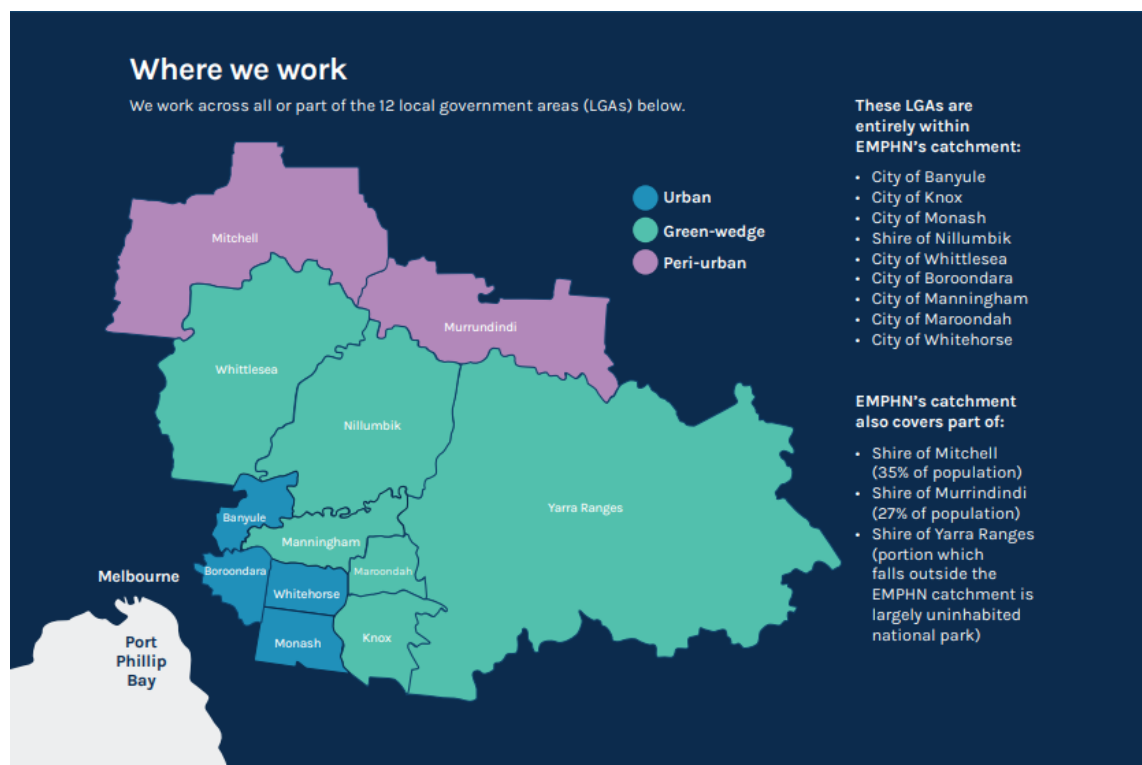
Reframing monitoring and evaluation at EMPHN

Evaluation helps us understand our programs, demonstrate outcomes, identify risks and gaps, inform improvements and guides us to better commission services.

As a PHN, we need to ensure that our programs and services are well-designed, effectively implemented and contribute to sustainable improvement of the health system. In 2021, EMPHN developed a Monitoring and Evaluation Framework.

This year, the Framework was reviewed as part of EMPHN's business transformational initiatives. The focus of this review is operationalising the Framework and embedding monitoring and evaluation in the way EMPHN does its work.

In the short term, the Monitoring and Evaluation Framework is designed to grow evaluation capabilities at EMPHN by strengthening and extending the skills needed to carry out program evaluations.

Over the longer term, the Framework's goals are to enable EMPHN to use evaluation evidence to inform sound investment choices (including value for money choices), to consistently embed monitoring and evaluation practices, and to cultivate a culture of curiosity within the organisation.

EMPHN provides services that are both 'commissioned' and delivered through other mechanisms (e.g. GP support, Health Pathways, Support Connect). The principles in the new Monitoring and Evaluation Framework cover all aspects of EMPHN's work.

EMPHN's Monitoring and Evaluation Framework 2024 – at a glance

Background

- About the Framework
- How to use the Framework
- Evaluation governance and leadership

What is monitoring and evaluation?

- Monitoring vs evaluation
- Key principles, including value for money
- Compliance and ethics
- Evaluation related to First Nations' population

Evaluations at different levels

- Evaluation within EMPHN's operating structure
- Linkages at program-portfolio-organisational levels
- Monitoring in contract management

Fit-for-purpose evaluation

- How do we do fit-for-purpose evaluation
- Evaluation Matrix and scales of evaluation
- Frequency and timing of evaluation

Evaluation cycle

- Evaluation cycle in relation to the commissioning cycle
- 5 phases of evaluation
- Evaluation Guide
- Evaluation Register

The Monitoring and Evaluation Framework interconnects with EMPHN's other business transformation initiatives

Value for Money (VFM)

EMPHN's VFM Framework provides an approach for the organisation to measure and promote value for money, and guidance to make the best use of the funds available.

EMPHN is committed to ensuring value for money in the delivery of its programs. **Measuring value for money helps EMPHN use its limited resources wisely and achieve better outcomes for priority needs.**
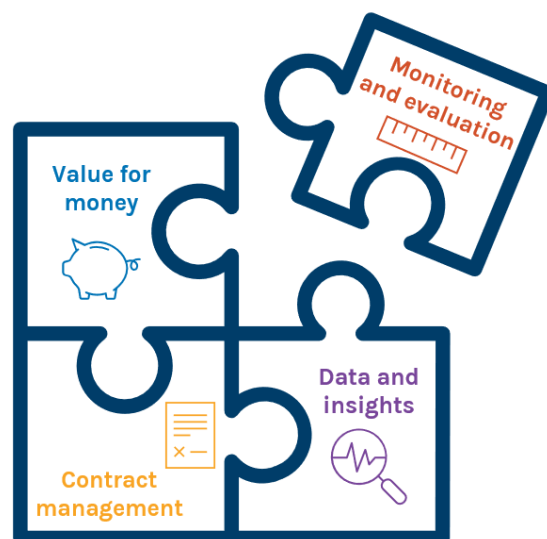
Contract management

EMPHN's Contract Management Guide outlines a standardised approach to contract management.

Performance monitoring is an important facet of contract management. Monitoring (and the data collected from monitoring activities):

- Provides ongoing contractor performance oversight
- Informs contract management decisions
- Helps in early identification and mitigation of risks associated with contractor performance
- Provides a feedback mechanism to contractors
- Can be used to assess how well contractors contributed to broader program outcomes and impacts.

Data and insights

EMPHN's Data and Insights Framework provides a structured approach to collect, organise, interpret, and derive insights from data, aiming to bridge the gap between raw data and actionable insights.

Data is required from programs to establish provider performance, EMPHN's performance, and reporting requirements, including to the Department of Health and Aged Care (DoHAC).

Appropriate indicators are needed to enable monitoring of performance. EMPHN's performance indicators and metrics library provides a collection of pre-defined metrics to help define, track and report progress in a consistent and standardised way.

Case studies: Evaluation summaries from FY 2023-24

The Care Finder program provides specialist and intensive navigation support to older people to access aged care and supports

Evaluation focus	⚙ Process	🐷 Value for money

Program description

The Care Finder program establishes and maintains a network of care finders to provide specialist and intensive navigation support to older people to understand and access aged care and connect with other relevant supports in the community.

Needs population:

- Isolated or no support person who they are comfortable acting on their behalf and/or who is willing and able to support them to access aged care services via My Aged Care.
- Communication barriers, including limited literacy skills.
- Difficulty processing information to make decisions.
- Resistance to engage with aged care for any reason and their safety is at immediate risk, or they may end up in a crisis within (approximately) the following year.
- Past experiences mean they hesitate to engage with aged care, institutions, or the government.

Services:

- Support in navigating the system and interacting with My Aged Care.
- Provide guidance and explain the care assessment process.
- Connect them with the aged care services and other relevant community supports.
- Regular check-in contacts with the client ensure they continue to have their needs met.

Phase 1 of the Care Finder program went live with 8 service providers in January 2023, followed by full-service delivery in April 2023.

Evaluation goals and approach

DoHAC engaged an independent partner to evaluate the implementation, appropriateness and effectiveness of the program. EMPHN instigated an internal 'mid-point' evaluation in October 2023 (6 months after expected full-service delivery) with the purposes of:

- Monitoring performance from providers.
- Calculating unit costs of service delivery.
- Understanding the population accessing the service in the EMPHN catchment.
- Gathering data to inform service redesign and improvement.

Providers were assessed using a weighted scoring system based on 4 domains:

1. Provider performance on 4 DoHAC-mandated KPIs related to client throughput, client complexity and service delivery to target population.
2. Provider performance on 2 EMPHN KPIs related to support hours delivered.
3. Value for money based on unit costs per support hour delivered, compared against a NDIS level 2 support benchmark.
4. Whether provider satisfies equity considerations (e.g. delivering to vulnerable populations).

The final scores for each provider were contextualised with qualitative data obtained from a service re-design and improvement stakeholder consultation workshop. A management panel considered the scores and context to provide funding recommendations.

Client demographics data and corresponding amount of support provided were requested from service providers to better understanding population needs and complexities.

Evaluation learnings

Data drove evaluation recommendations
- ✓ Quantitative data obtained from monitoring of KPIs and prioritised using a weighted scoring system enabled comparisons among providers.
- ✓ Qualitative insights from stakeholder consultation contextualised quantitative results with environmental context.
- ✓ The use of mixed methods was critical in supporting recommendations based on evaluation results.

Establishing key principles provided objectivity and structure for funding reallocations
- ✓ Key principles were developed by an internal panel. These principles are:
  - o Performance is important to EMPHN – KPIs are closely monitored and data is used to base funding decisions. For example, in this evaluation providers' funding were accordingly reduced for targets below 50%.
  - o EMPHN supports providers' ability to service vulnerable and/or geographical areas of need. Funding was invested into providers that service these populations.
  - o Sub-scale contracting is recognised as an inefficient use of funds for providers and EMPHN. Top-up funding was provided to providers whose contract amount fell below the viable threshold.
- ✓ Key principles helped guide current and future recommission discussions because they provide objectivity, structure and transparency into the process understanding, factors taking into consideration during decision-making and justifications for final recommendations.

Value for money principles should be embedded in all stages of the commissioning cycle
- ✓ The measurement of unit cost and benchmarking against similar services is an important element in the evaluation.
- ✓ This evaluation demonstrated that value for money can be easily built into the assessment process and prioritised using a weighted scoring system.

Lessons learned should be noted for inclusion in future contracts to drive performance
- - Review and re-baselining of targets with providers can help ensure a clear understanding of the level of service delivery and performance expected.
- - Plan to resolve limitations of data collection (e.g. inability of providers' client management systems to capture and extract client demographic and clinical data) early as part of program planning.
- - Ensure contract negotiations clearly outline deliverables to meet KPI obligations and provide appropriate remuneration to support providers to collect additional data.

The Vulnerable Vaccination Program identifies and engages with priority cohorts to increase COVID-19 vaccination rates

Evaluation focus	Process	Outcome

Program description

DoHAC launched the National COVID 19 Health Management Plan in 2022, with the recognition that COVID-19 vaccines will continue to be principally administered for vulnerable priority populations by primary care providers.

The Vulnerable Vaccination Program (VVP) is designed to provide support and facilitate local solutions to increase vaccination across the PHN's catchment.

Needs population

- People experiencing homelessness
- People who do not have a Medicare card / not eligible
- People with a disability
- People who are frail and cannot leave home (homebound individuals)
- First Nations Peoples
- People in rural and remote areas
- Culturally, ethnically and linguistically diverse people, asylum seekers and refugees
- Older adults
- Children aged 5-11 with complex needs
- Any other vulnerable group identified as requiring dedicated support to access vaccinations

Services
Services were provided in two settings - general practice and community pharmacy.

General Practice Proactive Engagement Strategy
General practices identified vulnerable patients from client management systems, contacted patients with information around seasonal vaccination and winter planning, documented vaccination related activities undertaken and collected evaluation data.

Community Pharmacy Health Promotion
Community pharmacies actively engaged with vulnerable communities and linked with local health services and general practices. The aim was to increase community knowledge about COVID-19 vaccination. Services components consisted of training, health promotion (i.e. distribution of resources and verbal advice) by pharmacists to customers and evaluation data collection.

Evaluation goals and approach

Evaluations in both settings were conducted and aimed to:

- Report recruitment data and usage of the service (as part of grant reporting).
- Understand effectiveness of training on confidence in initiating vaccination discussions (pharmacy arm).
- Collate consumers' and service providers' feedback on the program, including whether program

objectives were met and opportunities for improvement.
- Provide reflections and learnings for future phases of the program.

A mixed methods approach was used in the evaluation of both settings:
- Quantitative data collection in response to mandatory grant reporting requirements.
- Semi-structured surveys of consumers and service providers.
- Mid-program consultations with general practice staff (general practice arm).

Evaluation learnings

Undertake evaluation planning early at program planning and design
- ✓ Evaluation planning was considered early in the program's commissioning cycle, with all program stakeholders.
- ✓ Evaluation methodologies were specifically designed to best assess whether the program aims were met.
- ✓ A mixed methods evaluation approach ensured all relevant aspects of the program was assessed for their contribution and learnings obtained.

Set performance expectations early with service providers
- ✓ Setting clear expectations of training and reporting deliverables that align with funding requirements with providers facilitated monitoring of KPIs.

Foster continuous improvement by applying learnings to subsequent funding grants
- ✓ General practices and pharmacies from the initial round were consulted in the design of second round for a continuous improvement approach. Some key learnings that were implemented in future funding rounds included:
  - o Lessening administrative burden whilst maintaining requirements of service providers.
  - o Greater clarity communicated to service providers on requirements and expectations.
  - o Refining data collection requirements to align more closer with evaluation aims and reduce unnecessary reporting.
  - o Alignment of service provision with known peak COVID-19 periods.
- ✓ Pharmacies that received the tailored training had better evaluation results aligned with the program aims and more sustainable staff capability outcomes compared with the GPs.

Evaluation has an added benefit of generating engagement with an under-tapped sector
- ✓ The program brought about a serendipitous benefit of being able to strengthen engagement with community pharmacies across the EMPHN catchment.

Embed value for money considerations into evaluation design
- - There was a missed opportunity to consider value for money in the evaluation design, limiting the potential to utilise potential learnings for future phases of the program.

The Right Care Better Health (RCBH) program provides better care coordination for patients with complex chronic conditions

Evaluation focus	Planning

Program description

Background

The Right Care Better Health (RCBH) program is an integrated care initiative that aims to improves health outcomes for people with complex and chronic health conditions through person-centred navigation, improvement in health literacy and self-management support for their condition.

Commissioned by EMPHN since 2020, RBCH was initially implemented in 5 general practices in the eastern part of EMPHN's catchment. The number of practices increased to 14 in early 2024. Additional recruitment is planned for a further 10 practices in the northern part of EMPHN's catchment in late 2024. To adequately plan and refine these service expansions, EMPHN requires an understanding of the true costs associated with the program, identification of elements that facilitate sustainability within the general practice setting and demonstration of program outcomes in line with EMPHN's funding requirements.

Target population:

People > 18 years in a participating general practice who have at least one of the following primary reasons for referral:

- Cardiovascular disease (e.g. heart failure, hypertension and atrial fibrillation).
- Respiratory conditions (e.g. COPD, asthma and emphysema.
- Considered frail and/or at a high risk of falls (additional age requirement of > 75 years).

Services:

- Coordination staff work across general practices to identify patients who could benefit from care coordination and coordinate a team-based approach to taking care of them.
- A community of practice for health care professionals to improve the way they provide care, refine how the service works, develop ways for general practitioners and other health care providers to refer patients and improve communication between practice staff.

Evaluation goals and approach

The primary objectives of the evaluation planning are to develop recommendations for a model of care that considers the sustainability, scalability and financial viability of the RCBH program. This includes:

- Assessing future funding model options through analysis of the existing models of care.
- Proposing changes to improve value for money (e.g. reduce cost per episode or improve health outcomes).
- Developing a costing and benchmark method for later use.
- Detailing an evaluation approach to demonstrate outcomes in the future.

The outcomes of this evaluation planning phase will be a program logic, data requirements and an evaluation approach that takes into consideration short-, medium- and long-term outcomes.

Next steps
Review and consolidate data collection to inform future evaluation approaches ✓ Population Level Analysis and Reporting (POLAR) data is a rich data source that can be utilised for various evaluation approaches with minimal administrative burden. Completeness and accuracy of this data is of paramount importance to ensure confidence in evaluation outcomes. ✓ Consistency of data collection across the two service providers is required to measure the effectiveness of the service as a whole and where needed, compare differences between their implementation approaches. **Pursue data sharing agreements for identified data sources** ✓ Existing data sources e.g. Medical Benefits Scheme (MBS) or Pharmaceutical Benefits Scheme (PBS) could be linked to enable richer evaluation insights. Data sharing agreements, ethics and consent will be required to access these sources. **A mixed-method evaluation approach will provide the greatest insights** ✓ Given the complexity of the data landscape and the rollout of the RCBH program to date, a multi-faceted evaluation strategy will provide the most comprehensive insights. ✓ Strategies currently under consideration include difference-in-differences (patient and practice level), dose response, within-subjects design and on-matching. **Evaluation outcomes will inform future RCBH service iterations** ✓ Further refinements to the existing service will be based on insights from the evaluation outcomes. Feedback from service providers through ongoing contract management practices provide another source of information that will inform future service enhancements.

Monitoring and evaluation focus for the future

EMPHN's investment in growing evaluation capability will support a more consistent and meaningful approach to demonstrating impact

There are common elements in the evaluation case studies that highlighted important lessons for EMPHN's approach to monitoring and evaluations, as we continue to grow our experience and capability.

Monitoring and evaluation should be considered at every stage of the commissioning cycle

- Monitoring and evaluation should be considered when a program is at planning and design stage.
- Evaluation planning is critical because it clarifies what we want to evaluate, what information we need to collect and how it will be done.
- Without an evaluation plan, we risk collecting data that isn't useful and doesn't help answer our questions, and therefore can't be used to make informed decisions.

Monitoring and evaluation needs a data-driven approach

- Demonstrating the success of any program starts with clearly defining what the program intends to achieve. The measurement of this should be evidence-based and data-driven.
- Data can be collected at different time points of the program according to the indicators that we want to measure. However, practical considerations (such as data availability, ease of collection and data impact) also apply to what data should be collected.
- Set data requirements expectations for performance monitoring (e.g. KPIs) and evaluation early with providers.

Monitoring and evaluation success requires partnerships with stakeholders

- The value of stakeholders input and collaboration cannot be understated.
- Stakeholders can offer situational context that cannot be found in research findings alone, and these perspectives are useful understanding the needs that a program is intending to meet. Consulting with stakeholders when developing an evaluation plan can ensure that we get different perspectives and agreement on the outcomes we are planning on measuring together as part of the evaluation.
- Stakeholder feedback at different times of the program lifecycle offers a powerful source of qualitative data. Sharing findings with stakeholders also helps foster their ongoing commitment to the continuous improvement of the program.