

Plan for the 2001

Illawarra Care Connect

Evaluating the Illawarra Care Connect Trial

Prepared on behalf of the Steering Committee by the

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1. Introduction

While the local evaluators appointed for this trial will need to be closely involved in the evaluation design, the design team need to have some idea of the scope of the evaluation task so that they can build it into the trial plans. This paper identifies some questions relating to the scope of the evaluation indicated by the current design of the trial and the draft national evaluation framework.

2. General Evaluation Considerations

2.1 National Evaluation Principles

A number of principles have been proposed by the Commonwealth for the evaluation of the second round of CCTs

- There will be local (trial) and central (national) evaluators
- Local evaluators will form clusters where possible to reduce costs of developing tools and increase commonality of approach.
- The evaluation will concern 5 domains identified in Dan Tyson paper:
 - System structures
 - System practice
 - Client experience
 - Client health and functional system changes
 - Client well-being changes

Perhaps the most significant difference from the first round of trials is the explicit focus on systems and structures. This expands the evaluation task both in the range of activities and in the types of skills required by an evaluator.

This paper presents an outline of a preferred approach to the evaluation of the Illawarra trial 2, based on these principles.

2.2 Local Context – lessons from the evaluation of ICCT1

In an associated conference paper, the planning lessons from the first trial are analysed (Perkins and Owen, 2000). Increased control and improved measurement are required in the choice of the client group, the pattern of interventions, and the assessment of outcomes.

The design of the second trial differs from the first in significant respects:

- The eligibility criteria for the trial have been deliberately chosen and are more discriminating than before (CHSD 2000a, Attachment 1).
- Interventions are better defined and are based on three criteria: firstly, that they would enable the trial to proceed; secondly, that they are recommended on the basis of clear evidence that they work; and thirdly, that they should include prevention and detection.
- New service types are proposed for the trial: two are approaches to organising care – ‘ACAT Plus’ and self management programs; while three others are diagnosis specific programs, focusing on breathing and circulation (chronic obstructive pulmonary disease or COPD), diabetes, and cardiac treatments (CHSD, 2000a Attachment 6).
- A standard set of intervention codes and a costed set of community care packages, based on six consumer types, have been defined (CHSD 2000a, Attachments 4, 5 & 7).

3. Local Evaluation Framework

3.1 Overall aims.

The control and measurement problems for the trial are addressed by the design where the six consumer types and their associated 30 classes are a method for controlling variation due to the characteristics of clients and their measurable needs.

A useful evaluation must test the impact of the model of care by examining in considerable detail the planned interventions that comprise the model used in the Trial. A series of primary and secondary questions are set out in Table 1. They address the key intervention issues:

Table 1: Primary and Secondary Evaluation Questions

Primary questions	Secondary questions
What were the objectives of the intervention?	Were interventions specified such as to permit consistent use and reliable measurement?
What intervention(s) took place?	What was the background and context in which the interventions took place?
What outcomes were associated with the interventions?	What were the major unintended outcomes?
To what extent can outcomes, both positive and negative, be attributed to the interventions?	What other processes might be partly or largely responsible for the outcomes observed?
What was the cost of the interventions and what is the value of the outcomes?	What are the transaction costs and were there significant opportunity costs?
Can the interventions and the positive outcomes be sustained?	Can interventions be improved to increase the sustainability, quality or probability of desired outcomes?
Are the interventions ethically sound?	Can ethical issues be resolved?
Are there equity concerns?	Can improved equity be designed into the operation of the trial?

3.2 Evaluation Milestones

3.2.1 Before implementation

- Is the trial organisation capable of consistent implementation? Does it have the necessary design, expertise, competencies and resources? Has it agreed protocols, developed systems, gained support and consent from partners and participants?
- Does the trial have appropriate organisation, management and governance arrangements and systems to ensure consistent and proper conduct?
- Is the trial designed in such a way as to permit the testing of the hypotheses?
- The answers to these and other questions would result in an **Evaluability Statement**.

3.2.2 During the Live stage

The trial in essence contrasts the impact on health systems and client health and well being of two different systems (by organising services in a different fashion for the enrolled participants). This implies a number of distinct foci for the evaluation.

- Background and context - it is not possible to understand the impact of a systems intervention without a clear understanding of the time and place where the intervention took place. Were the conditions and expectations favourable to system change or did they militate against success? What was the existing level of system integration in the care of this target group?
- Significant changes in the wider system during the live phase, both expected and unexpected. Trials such as this are not insulated from occurrences in the wider system that may help or hinder the trial.
- The organisational partnership or coalition responsible for management and governance of the trial.
- The Trial Organisation and its role in implementing and developing the trial design. eg. the particular care coordination and brokerage model adopted.
- The provider organisations and the impact of the trial design on their patterns of operation, service quality, administrative and organisational systems, financial viability, and support for the trial system.
- The impact on quality of services provided to clients by the package system with particular reference to high and low-needs clients.
- The impact of the trial on particular problems experienced by participating providers such as shortening lengths of stay or caring for patients in more appropriate settings.
- The impact on client health/functional status and quality of life shown in routine assessments and reassessments.
- The acceptability of this particular form of care coordination as shown by client case studies or survey data.
- The extent to which active clients fare better than matched control clients
- The quality of trial data ranging from client records held on computer to records of trial management decisions and action.
- Broader questions such as a value for money analysis of the trial in which a wide range of costs and benefits are assessed in order to give a full picture of the trial's contribution.

3.2.3 At the end of the Live Stage

The final evaluation must address whether the Illawarra Care Connect model is an improvement on the existing model for mainstream services. It will concern a number of issues:

- Address the trial hypotheses for each of the domains
- Assess the Illawarra care coordination model for financial sustainability
- Assess value for money from trial
- Assess learning occasioned from trial
- Assess generalisability of trial findings

4. Issues for consideration by stakeholders

A series of issues are outstanding at this point and require decision by the stakeholders:

- Should the trial have its own R&D capability? Would this be better outsourced, perhaps to an evaluator?
- What opportunities exist for sharing the evaluation workload? e.g. development of instruments, State clusters of evaluators etc.
- Is there any way to share the costs of evaluation? e.g. with State or other agencies.

References

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