

# HPIO 2014 Year-End Evaluation Results

## Prepared for the January 26, 2015 Board Meeting

This packet contains the following materials:

**1. 2014 Annual Evaluation Report Executive Summary**

*Synthesis describing key findings of all evaluation activities conducted in 2014, follow-up on recommendations from 2013 evaluation report, and new recommendations to guide quality improvement and strategic planning in 2015. (6 pages)*

**2. 2014 Year-End Cumulative Performance Dashboard**

*Cumulative annual report on metrics aligned with the HPIO logic model. (1 page)*

**3. 2014 Outputs by Strategic Objective: Year in Review**

*List of all HPIO products, events, and activities and numbers reached. (2 pages)*

**4. 2014 Forum Evaluation Survey Results Summary: Year in Review**

*Key results from evaluation surveys completed by participants after events. (2 pages)*

## HPIO 2014 Annual Evaluation Report , January 2015

### Executive Summary

#### Purpose and methods

The purpose of the 2014 evaluation is to inform HPIO's board and staff about progress toward the objectives identified in the *2014-2016 Strategic Plan* and the HPIO logic model. HPIO's annual evaluation guides quality improvement efforts and demonstrates accountability. The recommendations in this executive summary are based upon the findings of the following evaluation activities:

- **Annual stakeholder survey:** Online survey completed by 563 respondents in January 2015 (12% response rate, up from the 6% response rate in 2014)
- **Forum evaluation surveys:** Surveys administered to forum participants (62% average response rate for nine in-person events)
- **Output and outcome tracking:** Data on 51 metrics regarding HPIO activities and products and progress on short-term and intermediate-term outcomes

#### Performance trends

HPIO met or exceeded 84% of performance targets in 2014, down somewhat from a peak of 96% in 2013. Performance strengths in 2014 were largely driven by positive stakeholder feedback on the relevance, objectivity and credibility of HPIO forums, publications and other activities; strong policymaker engagement; highly active convened groups; and a strong social and traditional media presence.

The most significant performance weaknesses were lower-than-anticipated website traffic volume and number of publications publicly released. Driven by intense interest in the Medicaid expansion debate, the record-high number of website visits in 2013 (34,582 total visits) were not sustained during 2014 (23,594 total visits). The "lull" in the Medicaid expansion discussion during 2014, coupled with the fact that HPIO released three publications very late in the year (including the Health Value Dashboard on December 16), likely contributed to the smaller number of website visits. The below-target number of publications released resulted from the substantial amount of staff time devoted to the Health Value Dashboard and four "special project" reports that reduced the amount of staff time available to write other policy publications.

**Table 1. Summary of HPIO annual cumulative performance: 2012-2013**

Year-end performance	Percent of targets met (among metrics with targets)		
	2014	2013	2012
<b>On track</b>	<b>84%</b> (32 of 38)	<b>96%</b> (53 of 55)	<b>94%</b> (43 of 46)
<b>Needs attention</b>	<b>13%</b> (5 of 38)	2% (1 of 55)	4% (2 of 46)
<b>Off track</b>	<b>3%</b> (1 of 38)	2% (1 of 55)	2% (1 of 46)
<b>Number of metrics</b>			
<b>Total number of metrics</b>	<b>51</b>	<b>89</b>	<b>81</b>
<b>Percent of metrics with targets</b>	<b>75%</b>	<b>62%</b>	<b>57%</b>
Number of metrics with targets	38	55	46
Number of metrics without targets	6	34	35
Number of metrics discontinued*	7	NA	NA

\*Metrics measured by publication surveys. These new surveys were discontinued in Q3 2014 due to very low response rates.

### Stakeholders view HPIO as objective, credible and relevant

Echoing the findings of the 2013 evaluation report, 2014 survey results were overwhelmingly positive. As shown in Table 2, all targets related to objectivity, credibility and relevance were met, as measured by the Annual Stakeholder Survey. The forum evaluation survey results were similarly positive (see HPIO 2014 Forum Evaluation Survey Results Summary: Year in Review).

**Table 2. Annual Stakeholder Survey results: Objectivity, credibility and relevance**  
(2014 n=551-555)

	Percent "Strongly Agree" or "Agree"			
	2014 Target	2014 Actual	2013 Actual	2012 Actual
a. Overall, HPIO's work is <b>objective and balanced</b> . (2012 n=298, 2013 n=254)	≥90%	<b>90%</b>	91%	89%
b. Overall, HPIO's work is <b>accurate and credible</b> . (2012 n=301, 2013 n=256)	≥90%	<b>94%</b>	95%	89%
c. HPIO addresses issues that are <b>relevant to my organization, sector, or constituents</b> . (2012 n=301, 2013 n=256)	≥90%	<b>94%</b>	96%	89%
d. HPIO's work is <b>relevant to the state policymaking environment</b> (including decisions made by the General Assembly, Governor or state agencies or boards, or emerging policy options that you think should be considered at the state level.)	≥80%	<b>91%</b>	NA	NA
e. As a result of HPIO products and/or activities, I have an <b>increased awareness</b> of current and emerging health policy issues and opportunities.	≥80%	<b>92%</b>	NA	NA
f. HPIO demonstrates <b>non-partisan leadership</b> on health policy issues.	No target	<b>88%</b>	NA	NA

\*Respondents had the option to select "not familiar." Respondents not familiar with the item were removed from the denominator for the analysis presented in this table.

Note: The items in this survey question were randomized so that respondents did not necessarily see the items in the order they appear in the figure above.

### Convened groups and policymaker interactions keep HPIO connected with key policymakers and aware of emerging policy issues

HPIO facilitated seven groups during 2014: Health Measurement Advisory Group, Population Health Definition Workgroup, Ohio Wellness and Prevention Network, Prevention and Public Health Advisory Group, Telehealth initiative, ONCE (Ohio Network for Coverage and Enrollment, co-convened with Philanthropy Ohio), Access Advisory Group, and Workforce Workgroup. As shown in Table 3, these groups were highly active during 2014. ONCE was particularly active, meeting 40 times (as a full group or smaller workgroups). Among Annual

Stakeholder Survey respondents who reported participating in one of these group, at least 87% or more “strongly agreed” or “agreed” that HPIO is effective at convening stakeholder groups. Performance was particularly strong for ONCE and the Population Health Definition Workgroup. Frequent contact with stakeholders through these initiatives helped HPIO to prioritize relevant work products, identify emerging trends, and receive useful feedback on drafts of publications.

Strong participation from state agency staff in convened groups such as HMAG helped HPIO to meet policymaker contact targets for 2014. HPIO far exceeded the targeted number of individual policymakers met with and total number of policymaker interactions (see Table 3), although the unduplicated number of individual policymakers met with declined from 2013 to 2014 largely due to the challenges of setting up meetings with legislators during an election year. HPIO did continue to meet one-on-one with legislators in 2014, following a structured Legislative Outreach Plan that prioritizes contacts with leadership and members of health-related committees. These meetings with legislators led to requests for technical assistance and guidance on the content and layout of the Health Value Dashboard, and have generated several ideas for relevant topics to address in 2015 forums.

**Table 3: Convened groups and policymaker interactions: 2012-2014**

	<b>2014 Target</b>	<b>2014 Actual</b>	<b>2013 Actual</b>	<b>2012 Actual</b>
<b>Number of active convened groups</b>	NA	<b>7</b>	5	3
<b>Number of convened group meetings</b>	40	<b>83</b>	52	33
<b>Number of individual public policymakers met with</b> (unduplicated within each year)	70	<b>119</b>	167	40
<b>Number of interactions with public policymakers</b> (includes some duplicate policymakers within each year)	200	<b>321</b>	NA*	NA*

\*Method of tracking and compiling this metric was revised in 2014, making previous years uncomparable.

### ***Impact on health policy***

Thirty-seven percent of Annual Stakeholder Survey respondents said that they could identify examples when HPIO’s products, activities or leadership had an impact on a policy decision at the state or local level in Ohio in 2014. This result is slightly below the target of  $\geq 40\%$  and below the 2013 level of 41%. Sixty-three percent of respondents in positions that involve influencing the policymaking process in some way said that they had used HPIO information or analysis to influence or participate in the policymaking process at some point during the past year.

Through survey responses and internal tracking, HPIO identified six concrete examples of influencing policy decisions at the state level in 2014:

- Medicaid expansion
- Telehealth (rules regarding Medicaid reimbursement for telehealth services)
- Public Health Quality Indicators (use of HPIO Guide to Evidence-Based Prevention as guidance for operationalizing Ohio Administrative Code 3701-36-05)
- Shared use (HB 290; clarification of school liability)

- State Innovation Model Round II proposal (inclusion of language regarding prevention and population health and health measurement as result of technical assistance from HPIO)
- Healthier Buckeye Councils (Rep. Amstutz used input provided by HPIO in drafting language related to healthier buckeye grant program; some of this language remained in the AM. Sub. HB 483 that was signed into law by Governor (ORC 551.10 (B))

Although the Medicaid expansion decision was made in 2013, many stakeholders cited this as an example of HPIO's influence and view expansion as an on-going policy matter. Many survey respondents were not able to provide concrete examples of policy changes, but instead mentioned specific HPIO publications that they have used in their work or think will have an impact on the policymaking process; several respondents mentioned the *Health Value Dashboard*, *What is population health?*, *Disability Basics*, and *Public Health Futures* publications. Others listed topics they believe HPIO has some unspecified or indirect influence upon, such as Affordable Care Act implementation, access to care, payment reform and Health Impact Assessments. Some respondents representing state agencies or local health departments said that they used HPIO materials to set priorities and inform planning processes.

### **Results from 2013 recommendations**

<b>Recommendations from the 2013 Evaluation Report</b>	<b>Follow-up action and impact in 2014</b>
1. Generally maintain the course charted in the <i>2011-2013 Strategic Plan</i> , with some revisions to increase clarity of purpose and updates to reflect changes in the health policy landscape. 2. As a part of the strategic planning process for 2014-2016, make sure that short-term and intermediate outcomes are logical given HPIO's mission, strategic priorities and tactics.	The strategic plan and logic model were updated early in 2014. No major changes were made, although the updated plan de-emphasizes the "fostering" tactic and streamlines short-term and intermediate-term objectives.
3. Reduce the intensity of evaluation activities in 2014. Maintain metrics and reporting activities that are essential for accountability and Continuous Quality Improvement, while reducing evaluation activities that are burdensome to collect.	HPIO reduced the number of metrics from 89 in 2013 to 51 in 2014.
4. Maintain efforts to build relationships with legislators. Build upon progress made in 2013 by actively reaching out to policymakers and providing technical assistance.	The number of policymaker interactions increased from 178 in 2013 to 321 in 2014, although the total number of individual policymakers decreased from 167 in 2013 to 119 in 2014.
5. Consider additional ways in which to communicate HPIO's impact to a wide audience, such as more frequent creation and distribution of an <i>Impact Report</i> and	Health Policy Review included 29 stories about HPIO's work during 2014.

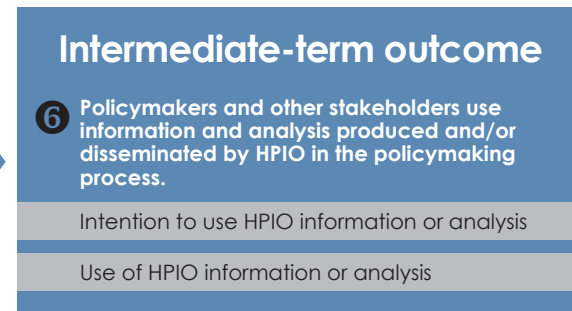
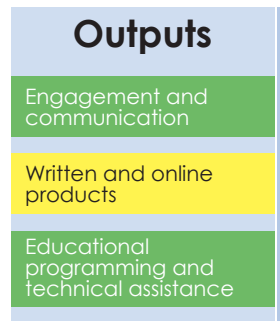
distribution of <i>HPIO Notes</i> through the Ohio Health Policy Review.	
6. Continue to convene multi-stakeholder groups and to be clear about the decision-making process for each group.	HPIO increased the number of convened groups from 5 to 7 and developed a “purpose and structure” document template that describes decision-making processes. This template was used for the advisory groups.
7. Review the mix of sectors represented by HPIO stakeholders and determine if special outreach efforts to particular sectors, agencies, or legislators are necessary to achieve long-term outcomes.	There was no significant change in the mix of sectors represented by HPIO stakeholders in 2014. HPIO continued special outreach to legislators, but not to any other sectors.
8. Continue to monitor implementation of the ACA and related reforms, including Medicaid expansion, the insurance marketplace, and Medicaid reforms. Document ACA implementation in Ohio and provide frequent updates to stakeholders about these issues. In addition, prioritize health care costs, public health, and prevention as topics to address in 2014.	ONCE provided frequent updates on ACA implementation, including Medicaid enrollment. HPIO released <i>Medicaid enrollment trends and impact analysis</i> (publication) and hosted <i>Politics, perceptions and the ACA’s impact on coverage and access</i> (forum). HPIO also released <i>Ohio Prevention Basics</i> and included information about healthcare costs and public health in the <i>Health Value Dashboard</i> .

### **Recommendations for 2015**

The following recommendations emerge the findings discussed above and from stakeholder suggestions gathered during the Annual Stakeholder Survey:

1. Maintain efforts to build relationships with legislators, with a special focus on reaching out to the new legislative leadership and new members.
2. Be careful to balance special projects with core work.
3. Avoid releasing publications or hosting events past December 10.
4. Rely less upon consultants and hire an additional staff person. Thoroughly vet all consultants and seek out sources of high-quality consultants.
5. Experiment with new ways to “get the word out” about HPIO products and to reach out to a wider range and number of stakeholders. Present some information in shorter or alternative formats, actively recruit participants for convened groups, and continue to seek media coverage. Identify innovative ways to drive stakeholders to the HPIO website.
6. Consider hosting some events or meetings outside Columbus, but only if a less centralized location will not negatively impact attendance and if the location makes sense regarding the relevance to the topic and target audience.
7. Increase stakeholder understanding of HPIO’s many convened groups by sharing information about the purpose of each group and how people are recruited to participate.

8. Build upon the work of the Health Value Dashboard by increasing its visibility, encouraging partners to incorporate the metrics in their own work, and using the results to prompt discussions about how to improve health value in Ohio.
9. Continue to address Medicaid expansion and other aspects of ACA implementation, telehealth, and population health. Closely monitor the 2016-17 state budget debate to identify relevant policy issues to be addressed in HPIO publications and forums.
10. Continue to reduce the intensity of evaluation activities in 2015 by decreasing the number of metrics. Assign targets for metrics that were first introduced in 2014.



- On track** — all or most quarterly targets met
- Needs attention** — Some quarterly targets not met
- Off track** — Little or no activity or no quarterly targets met
- No targets for 2014

#### Performance strengths

- Policymaker engagement (number of interactions and requests for technical assistance)
- Highly active convened groups, including Health Measurement Advisory Group and Ohio Network for Coverage and Enrollment (ONCE)
- Positive stakeholder feedback on relevance, objectivity and credibility of HPIO forums, publications and other activities (from Annual Stakeholder Survey and forum evaluation surveys)
- Strong social and traditional media presence

#### Needs attention

- Volume of written policy products publicly released
- Mailing list volume and accuracy
- Overall volume of website traffic



## 2014 Year-End Cumulative Outputs by Strategic Objective

		Strategic Objective			Number Reached
		Access	Prevention	Payment	
Written and online products	<b>13 written products (briefs, primers, reports)</b>				<b>Cumulative Total Downloads</b>
	<i>9 core HPIO policy work publicly released</i>				
	Health and disabilities basics: Overview of health coverage, programs and services				3,467
	The role of diversity in Ohio's health workforce				2,268
	Informing Ohioans about the ACA: A primer on consumer assistance				2,662
	Ohio prevention basics				8,676
	Health measurement initiative overview				250
	Health and disabilities basics, Part II: The health challenges facing				1,107
	What is "population health"?				3,872
	Medicaid enrollment trends and impact analysis				2,298
	HPIO health value dashboard				3,154
	<i>4 special project reports</i>				
	Marijuana and youth: Effects of marijuana use and related policy implications (prepared for Interact for Health)				NA
	Analysis of marijuana criminal penalties in Ohio (prepared for Interact for Health)				NA
	Preparing for the future: Policy landscape and needs assessment for mental health and addiction services in Franklin County (prepared for the ADAMH Board of Franklin County)				NA
	Review of hospital and local health department community assessments in the 36-county HealthPath region of Ohio (prepared for Sprout Insight Consulting and HealthPath Foundation)				NA
	<b>2 online guides, trainings, and other</b>				
	Guide to evidence-based prevention				3,000
Ohio policymaking basics (online training; number refers to the number of people who completed the training)				277	
Educational programming and technical assistance	<b>9 in-person events</b>				<b>Attendees</b>
	Medicaid and beyond: State leadership in managing the cost and quality of care				154
	Active living for the body and the brain (in Kettering)				120
	ONCE planning summit				90
	2 <sup>nd</sup> annual telehealth summit				136
	Ensuring access to care: The state's role in strengthening Ohio's primary care workforce				125
	Politics, perceptions and the ACA's impact on coverage and access				114
	Emerging trends in law and state health policy				154
	Getting to value: Building consensus on shared accountability and population health (dashboard release)				94
	Results Based Accountability workshop (follow-up to dashboard forum)				40
	<b>3 virtual events</b>				
Medicaid and telemedicine draft rule briefing				32	

	Quick look webinar: Guide to Evidence-Based Prevention (2 sessions)				72
	<b>Technical assistance and presentations</b>				
	Requests for technical assistance from policymakers and other stakeholders				21
	Presentations to outside groups				41
<b>Convened Groups</b>	<b>6 active convened groups</b>				<b>Meetings*</b>
	Access Advisory Group				3***
	Workforce Workgroup				6***
	Ohio Wellness and Prevention Network				2
	Prevention and Public Health Policy Advisory Group				3
	Telehealth Initiative				9
	ONCE (POHI/HPIO) consumer assistance stakeholder group				40
	Health Measurement Advisory Group				20
<b>Engagement and Communications</b>	<b>Selected engagement and communications metrics</b>				
	119 individual public policymakers met with** (unduplicated)				
	321 interactions with individual public policymakers** (may include duplicate policymakers within year)				
	80 media stories				
	623 tweets				
	973 <i>Ohio Health Policy Review</i> subscribers (cumulative)				
	23,594 visits to the HPIO website				

\*includes full group and workgroup/sub-committee meeting

\*\*state public policymaker includes any representative of the executive, legislative, or judicial branches of state government

\*\*\* Workforce diversity briefing in Q2 included both Access and Workforce workgroup members and is included in both counts

## HPIO 2014 Forum Evaluation Survey Results Summary: Year in Review

1/9/15

- Target met
- Target not met, within 5 percentage points
- Target not met, more than 5 percentage points off

	2014 Target	Survey Results for 2014 In-person Events*							
		Actual 2014 Average/ Total	Medicaid and beyond	Active living for body and brain	Telehealth summit	Primary care workforce	Politics, perceptions and the ACA	Emerging trends	Getting to value
Number attended**	NA	123	154	120	136	125	114	154	94
Evaluation survey response rate	≥60%	61%	65%	79%	65%	63%	65%	44%	46%
Net revenue (annual total)***	\$50,000	\$78,000							
Overall quality	NA	95%	98%	98%	93%	93%	96%	90%	100%
Relevance to organization	≥90%	95%	97%	96%	88%	95%	92%	94%	100%
Relevance to policymaking process	≥80%	93%	NA	93%	93%	92%	90%	95%	95%
Intention to use in policymaking process	NA	75%	NA	79%	78%	64%	76%	76%	79%
Accuracy and credibility	≥90%	96%	NA	99%	98%	93%	93%	95%	100%
Objectivity and balance	≥90%	94%	95%	97%	96%	90%	89%	98%	93%
Increased knowledge****	≥84%	91%	95%	97%	88%	95%	81%	91%	91%

\*Does not include virtual events, ONCE Planning Summit or RBA training workshop. Alternative evaluation surveys were used for these events because the format and purpose were significantly different from traditional HPIO forums.

\*\*Does not include staff, but does include speakers

\*\*\*Includes event sponsorships and registration fees minus cost, NOT including staff time

\*\*\*\*Average across multiple items for each event.

NA= Not applicable because metric did not have a target for 2014.

### Definitions

<b>Overall quality:</b> Percent rating overall quality as “good” or “excellent”
<b>Relevance to organization:</b> Percent who “strongly agree” or “agree” that forum was relevant to their organization or sector
<b>Relevance to policymaking process:</b> Percent who “strongly agree” or “agree” that the forum addressed issues that are relevant to the state policymaking environment (including decisions to be made by the General Assembly, Governor, or state agencies or boards, or emerging policy options that you think should be considered at the state level)
<b>Intention to use in policymaking process:</b> Percent who are “likely” or “very likely” to use what they learned at the forum to influence the policymaking process (this includes using the information to educate legislators or other policymakers, influence state agency priorities or decisions, make policy recommendations, lobby for specific legislation, or other advocacy activities or efforts to shape the policy agenda)
<b>Accuracy and credibility:</b> Percent who “strongly agree” or “agree” that the forum presented information that was accurate and credible
<b>Objectivity and balance:</b> Percent who “agree” or “strongly agree” that the forum was objective and balanced
<b>Increased knowledge:</b> Percent who report increased knowledge of the topic as a result of attending (“agree” or “strongly agree”)