## **Case #3: Health**

**Introduction**

The purpose of this groupwork session is to discuss and decide what should be scope of an evaluation of Healthcare actions under the 2021-27 Partnership Agreement and Operational Programme. The expectation is that you will consider some broad issues and challenges when evaluating healthcare interventions (as outlined below) and then discuss how you would answer two ‘orientation questions’ about scoping an evaluation.

By *scoping* we mean deciding what should be the focus of an evaluation - most evaluations have one or two high level issues they concentrate on; what actions or interventions should be included given that policy interventions often overlap; and how you would judge success.

**Actions and interventions cut across different Policy and Specific Objectives**

In Greece as in other member states health actions and interventions often fall under different Policy and Specific Objectives. Specific Objectives as outlined in the Partnership Agreement and Programme Documents cover infrastructure e.g. setting up new Health Centres, hospital facilities and funding new equipment both for diagnostic purposes and to improve accessibility to the marginalised; and providing related digital infrastructure. Strengthening skills to cope with disability, an ageing population and the chronically sick are also key. And there are related healthcare actions across different programmes, for example as part of Climate Change Actions. Healthcare actions may be funded by both ERDF and ESF+ funding and often also by the National Recovery and Resilience Fund.

### **Group work #1: Scoping the evaluation**

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| **Using programme theory/intervention logics to orientate**  In any sector, scoping an evaluation in the health sector and deciding on the focus and unit of analysis for an evaluation poses many challenges. What should be included? Which actions? Where to draw the boundaries? What is the focus? Should elements of neighbouring or overlapping actions and programmes should be included? A valuable ‘map’ for programme managers and evaluators to orientate this stage is a preliminary ‘programme theory’ (or intervention logic). At this early stage we do not expect a more elaborate ‘theory of change’ outlining how an intervention or policy works and why. However we should be able to depend on a more straightforward programme theory that summarises the assumptions of policy-makers and policy designers about how an investment in services, infrastructure and skills is expected to contribute to policy objectives. If even a basic programme theory has already been developed this can be a useful ‘map’ for those scoping an evaluation, if no such map exists, the scoping stage of an evaluation can be an opportunity to start outlining at least a basic set of assumptions. |

**Unit of analysis and focus: some different options**

There are many different options that could be considered with regard to the unit of analysis or scope of an evaluation. The following are an indication of options, there will be many more.

One option would be to align evaluation with different Funds, especially if one was to prioritise efficiency, accountability and value-for-money. On the other hand many strategic interventions such as social inclusion and poverty reduction are co-funded by ESF+ and ERDF and inevitably interact. Another option would be to focus on specific ‘interventions’ like the health dimensions of the planned Paralympic Sports Stadium - in some circumstances major investments justify highly focused evaluations.

Often the most useful, but not always easiest to specify, unit of analysis for an evaluation will necessarily cut across specific interventions or actions. This may be because multiple inputs interact to contribute to healthcare. Sometimes these inputs may contribute to a new specific service or facility. For example, new health facilities may depend on the creation of new health infrastructures *and* new bodies and agencies to oversee or manage them; related skills development; and initiatives to engage stakeholders drawn from marginalised groups, the disabled or Roma minorities. Similarly many individual health and welfare actions contribute to broader policies and strategies such as the National Health Action Plan 2021-25 or the National Deinstitutionalising Strategy. And appropriate healthcare is essential to integrate people with disabilities or the marginalised; and to implement the National Action Plan for the Rights of the Child.

Another class of action and intervention difficult to evaluate separately are those that are explicitly designed to have synergistic effects. For example in Attica plans to strengthen existing or build additional Health Centres are seen as a way to relieve pressure on Primary Health Care Services, i.e. hospital outpatient departments. But at the same time new investments in hospital infrastructure and services can change the profile of Health Centre use and users. There is therefore a strong logic to focus on the interdependencies between Health Centres and Primary Health Care although there may also be aspects of each of these interventions that need to be assessed separately.

**Scoping Orientation questions**

You consider an evaluation that would focus on the contribution to improving access to healthcare for those facing difficulties.

1. **How would you begin to think about the focus and scope of such an evaluation?**

*The evaluation should cover multiple actions. Identify the main ‘hard and soft’ instruments that are being implemented as part of the programme that correspond to the focus of the evaluation. Which would you include in the scope?*

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| e.g. building, equipment, skills training, engagement of marginalised groups  **Impact evaluation of the actions aimed at the strengthening of Primary Health Care (PHC) in the region of X**  **Focus and scope** Improving access to primary healthcare for groups facing difficulties and assessing the extent to which interventions relieve pressure on Secondary Health Care services.  **Hard instruments:**  Establishment and strengthening of local and mobile health units (TOMY, KOMY).  Construction and renovation of Health Centres.  Provision of medical and diagnostic equipment.  Provision of ambulances and medical technology equipment for cabinets.  **Soft instruments:**  Covering administrative costs of the health units (salaries, other expenses).  Training and upskilling of healthcare professionals.  Awareness initiatives for both healthcare staff, patients and local communities, highlighting the services and opportunities offered by Health Centres  **Question asked:** Have investments in Health Care Centers contributed to the accessibility to primary healthcare?  Measuring the impact of these investments in enhancing the access to primary healthcare. |

1. **How will you identify and engage actual and potential users of the above evaluation and set up arrangements to maintain engagement throughout the evaluation cycle?**

*Clarify the different actors involved in the evaluation scope. Which could use the evaluation? How could they be involved in the evaluation process?*

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| **Institutions or groups involved in design and delivery…** | **Actors or groups targeted by the programme** | **Actors not directly targeted but involved in the implementation** | **Actors not directly targeted but ultimately benefitting or losing from the programme** |
| * Ministry of Health * Regional health authorities * National organisation for Public Health (ΕΟΔΥ) * Civil Society organisations such as: Professional associations of Health Providers, Citizens (patients /or not organizations) taking part in public consultations * Local authorities * National Centre of Direct Help (EKAB) | * Patients (and associations of patients) * Vulnerable and marginalised groups: elderly, chronically ill, persons with disabilities * Associations of Healthcare Providers | * Healthcare Providers (private and public) * Families of patients * Ministry of Climate Change and Civil Protection * Ministry of Social Cohesion and family affairs * Local Authorities | * National health system * Public Hospitals * Private healthcare providers * Social insurance institutions * Private Insurance companies |

1. What criteria should be used to judge ‘success’?

*In particular, consider positive outcomes that are expected on the above actors targeted or expected to benefit from the programme, or negative situations that the programme is expected to address*

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| *e.g.* user satisfaction, reduction in access problems, health outcomes, implementation in line with milestones and targets, contribution to national health and deinstitutionalisation strategies… or something else  ***Criteria to judge ‘success’***   * Better access in terms of proximity (i.e. centres allocation / average distance from nearest health centre) * Increased Capacity of new or upgraded healthcare facilities * Increased (annual) number of users of new or upgraded healthcare facilities * User satisfaction * Shorter waiting times * Lower use/flow in emergency units in hospitals > less pressure on hospitals * Increased availability for diagnostic examinations   **Negative Situations that the interventions are expected to address:**   * Unmet health needs * Long waiting times in emergency rooms * Uneven distribution of health units and staff * Poorly accessible areas * Fragmentation of services |

1. What criteria would you use to evaluate the expansion and strengthening of regional Health Centres taking into account the expectation that one of the main aims is to reduce demand on hospital outpatient departments?

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| * Reduction of visits to hospital emergency units. * Shorter waiting times for PHC services * Increase of citizens enrolling to ‘Family’ Doctors * Improvement of the ratio of family doctors per 100.000 inhabitants |

### **Groupwork #2: Formulating Evaluation Questions**

You have presented your initial work to your colleagues and asked some potential users of your evaluation for feedback. Two main concerns have emerged from your consultations:

1. Regional Health Centres aim at relieving pressure on Primary Health Care services, but they could also have more profound consequences on access to healthcare, who is asking for care and so on.
2. It is expected that where these centres will be located, their size, personnel, organisation, services and so on will largely explain whether they are being used or not and by whom.

In both cases, can you elaborate on the assumptions underlying these concerns? In what cases can the Centres be expected to contribute to a better access to healthcare? What could lead to unexpected and/or undesirable outcomes?

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| ***Concerns***   1. ***Elaborate on “****In what cases can the Centres be expected to contribute to a better access to healthcare?****”***  * If Health Centres are well located, adequately staffed and equipped, * if they can improve access for vulnerable groups * if they can reduce pressure on hospitals  1. ***Elaborate on “****What could lead to unexpected and/or undesirable outcomes?****”***  * lack of funding * administrative burdens suchs as delays in procurement processes or in recruitment processes * difficulties in available spaces to build or existing buildings for allocation of new health centers * lack of incentives leading to reduced expression of interest by healthcare staff (candidates) |

Taking into consideration the above, can you formulate two Evaluation Questions (EQs)? One should focus on the first concern (*Results)* and one on the second (*Implementation and Delivery*).

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| **Evaluation Question *– Results:***  *To what extent have Regional Health Centres & Units (TOMY, KOMY) contributed to improving access to healthcare for groups facing difficulties, while also relieving pressure on hospital outpatient departments*  **Evaluation Question *– Implementation and Delivery:***   * Το what extent do factors such as location, staffing, infrastructure and services provided affect the operation / utilisation of Regional Health Centres & Units? * To what extent do factors such as location, size, staffing, and services not only determine the utilisation of such centres, but also reproduce or mitigate existing social inequalities in access and participation? |

What information would you need to answer these questions? What approach, methods, or tools could you use to retrieve this information and make sense of it?

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| **Information:**   * Number and type of patients using Health Centres (e.g. age, gender, members of vulnerable groups) * Comparison of visits to outpatient departments and emergency units before and after the Centres started operating * Waiting times * Location of Centres   **Αpproach - Methods - tools:**   * Analysis of data provided by Ministry of Health / BI-Health * Analysis of hospital statistics * Surveys on Patients/users * Data provided by Health Professional Associations * Data provided by the MIS system of NSRF (funds allocation, outcomes / indicators etc) |

How should marginalised healthcare users be involved in formulating evaluation questions given the following commitment to stakeholder involvement?

*‘In line with the partnership principle, independent fundamental rights bodies and human rights organisations will be involved at all stages of programming, implementation, monitoring, evaluation of investments in social and health care infrastructure to ensure respect for the principles of independent living, non-segregation and non-discrimination in line with the Convention and the Charter.’ (Partnership Agreement)*

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| * Organisation of events for disseminating information about the benefits of PHC services * Organisation of open dialogue events with stakeholders/patient associations * Focused communication campaigns |

### **Groupwork3: Quality assurance**

In the months which have followed this initial reflection on the evaluation of Health infrastructure programmes in Greece, a first regional evaluation has been launched. Company Z… has been retained to carry out the evaluation. During the evaluation, your colleagues have faced a number of issues. Rather than dealing with these issues piecemeal, the Greek Evaluator Network has decided to set up a community of practice, with a view to better address quality issues.

To achieve this, you use the ‘[What if?](https://quadrant-conseil.fr/ressources/outils/cards_whatif.pdf)’ deck of card. Each person in your group selects three cards. The cards briefly present a quality issue. For each card, ask yourselves:

* What should I do in this specific situation?
* What can be done in the future to prevent this from happening?

Discuss this with the group.

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| ***Card 1 – Missing or incomplete data***  ***What should I do:*** *use the best available data or alternative data sources/methodologies*  ***What can be done in the future:*** *Preliminary investigation of available sources and their reliability*    ***Card 2 – Conflict of interest of the evaluator’s team***  ***What should I do:*** *The Monitoring and Acceptance Committee responsible for the evaluation should check whether a real conflict of interest exists. If feasible, the team member facing the conflict should be replaced to ensure impartiality of the process.*  ***What can be done in the future:*** *Staff should be informed and trained to recognise and prevent similar incidents in the future.*  *It is also necessary to determine what constitutes a conflict of interest; it concerns only financial gain or includes all possible gains.*  *In the call for the evaluation, more strict specifications and justification should be included concerning the project team.*  ***Card 3 – Doubts about quantitative assessment***  ***What should I do:*** *Quantitative assesment is necessary in most evaluations. If the use of quantitative data has been included, its reliability and contribution should be highlighted. If not, we need to have strong arguments that the qualitative approach covers the questions and objectives of the evaluation.*  ***What can be done in the future:*** *Include quantitative assesment at a great extent*  ***Card 4 – Doubts about methodological approach (raised by a committee member)***  ***What should I do:*** *All members of the committee can discuss and deal with the argument*  ***What can be done in the future:*** *We can foresee the specification of the methodology as the contractor's first deliverable, so that the commission can work, propose and agree on the methodology from the outset****.*** |

The discussions with the community of practice have prompted a desire to address some deeper issues affecting the quality and ‘usability’ of the evaluations that are commissioned by your administration. An internal study on these questions is launched in your Department. You are concerned in particular with identifying:

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| ***Capacity issues***  *Is there enough methodological / substantive expertise available in-house? On the market?*   * There is greater availability of evaluation expertise in the external market than in-house. * Training and strengthening in-house teams through seminars, mentoring, and practical experience. * Even the market is often lacking sufficient evaluation expertise regarding Health System reforms. In order to address this insufficiency local authorities and private companies can collaborate with international organisations (e.g. WHO, Mental Health Europe, OECD, Universities, DG Reform). | ***Available tools***  *What are the tools (checklists, templates…) that are available in-house to ensure quality? How adequate are they?*   * Quality Checklists * Templates * Processes * Procedure manuals * Legal framework |
| ***Administrative processes***  *What mechanisms exist to anticipate quality issues (e.g. preliminary studies, consultation of stakeholders) or to address them (e.g. crisis resolution)? Are they working well?*   * Legal framework * Relevant working bodies * Executive expertise | ***Shared culture and vision***  *Is there an agreement on what constitutes quality and how to improve it within the administration or among policy actors?*   * Evaluation Plan already approved by the Monitoring Committes of the Programmes, including quality checks and main guidelines / flexible instrument/to be revised throughout the Programming period * National Evaluation Network for NSRF Managing Authorities / Executive Units / Coordination Services |

### **Groupwork 4: Strategies for Evaluation Use**

Below are some ‘scenarios’ of evaluation use. You discuss these scenarios with your group. What would you do? How could you better address this situation in the future? Consider in particular how the different groups of potential users could be involved in the evaluation process.

1. In your results-orientated evaluation, draft interim reports are now available. They show that the Regional Health Centres are under-used. This could be the result of a lack of familiarity of local doctors to refer for mental health reasons – mental health being a newly established speciality. Or it could be that stigma in the local community is preventing patients coming forward. Or it could be that prior assessments of likely demand were not soundly based. You want to involve 2 classes of ‘users’ – 1) those based in the responsible Ministries and 2) those working as ‘service providers’ in healthcare services at this stage in order to better understand and interpret preliminary evaluation findings. How would you proceed?

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| * Present the interim findings to Ministry of Health, Regional Health Regions, relevant officials and Hospital Managers * Foster collaboration and networking between Ministries and Health Centres * Communication and awareness campaign in order to inform local doctors, health professionals, local authorities and citizens about the available services * Awareness initiatives to reduce stigma around mental health and other sensitive services * Public Consultation- feedback from users and Regional Health Services |

1. A national evaluation has shown that in the most advanced regions, Regional Health Centres could in some cases be a valuable addition to the network of health facilities and services. The added value of Regional Health Centres is shown to be much higher when they are part of a broader, place-based health strategy. However, capacity and political leadership are often missing. There is potential to disseminate these results to less advanced regions and to the different actors involved in the delivery of care services. How would you proceed?

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| * Foster peer-to-peer learning and networking between advanced and less advanced regions * Share best practices, lessons learned, and technical know-how to support implementation * Organise communities of practice, expert panels and publicity |