7-13-2012

Terri Anderson on Using Best Practices for Mixed Methods Research in Evaluation

Teresa Anderson

University of Massachusetts Medical School, Terri.Anderson@umassmed.edu

Follow this and additional works at: http://escholarship.umassmed.edu/healthpolicy_pp

Part of the Health Services Research Commons, and the Quantitative, Qualitative, Comparative, and Historical Methodologies Commons

Repository Citation


http://escholarship.umassmed.edu/healthpolicy_pp/148

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Center for Health Policy and Research (CHPR) Publications and Presentations by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.
Using Best Practices for Mixed Methods Research in Evaluation

Hello! I’m Terri Anderson, Director for Evaluation at the University of Massachusetts Medical School’s (UMMS) Center for Health Policy and Research. I want to share our evaluation team’s experience using the National Institute of Health’s guide, Best Practices for Mixed Methods Research in the Health Sciences, to understand an unexpected evaluation result.

When combining survey data with in-depth interviews, national guidelines can help. Our UMMS evaluation team with expertise in quantitative and qualitative methods is studying the Massachusetts Patient Centered Medical Home (PCMH) Initiative. In this project, 46 primary care practices with varying amounts of PCMH experience will transform over a 3 year period and achieve National Council on Quality Assurance PCMH recognition. Three members from each practice completed a quantitative survey as the baseline assessment of medical home competency.

The assessment results surprised us. A group of practices with two years of PCMH experience scored lower than the novice groups when we expected just the opposite. So, we looked to our qualitative results, comparing code summary reports to the quantitative results. The NIH mixed methods guide terms this approach to integrating multiple forms of data, ‘merging’.

The guide describes ‘connecting’ as well. To connect, we included the quantitative analyses in the semi-structured guides used for subsequent qualitative data collection. With these results we understood the novice groups’ advantage. Integrating data further reinforced the importance of teamwork in evaluation work.

Lessons Learned

Form an interdisciplinary team. We established a ‘mixed methods subgroup’ in which quantitative and qualitative team members work jointly rather than in parallel. In a team the focus shifts from ‘this approach versus that approach’ to ‘what approach works best’. Regular meeting times allow the members to learn to work together. Our team originally formed to investigate a single puzzling result but has expanded its work to merge quantitative and qualitative staff satisfaction data.

Connect your data. We plan to continue using quantitative results in semi-structured interview guides to collect qualitative data. The qualitative results provided an in-depth understanding of the quantitative assessment and the opportunity for interviewees to comment on their practices’ transformation.

Rad Resources

Best Practices for Mixed Methods Research in the Health Sciences. The National Institutes of Health Office of Social and Behavioral and Social Sciences Research commissioned this recently released guide in 2010. Easily accessible on-line it contains seven sections of advice for a conducting mixed methods project and lists of key references and resources.

Mixed Methods Topical Interest Group Through the AEA website we can communicate directly with experts in the growing mixed methods field whose work is referenced in the NIH guide.