MA PCMH Eval Week: Ann Lawthers, Sai Cherala, and Judy Steinberg on How You Define Success Influences Your Findings

Ann G. Lawthers  
*University of Massachusetts Medical School, Ann.Lawthers@umassmed.edu*

Sai Cherala  
*University of Massachusetts Medical School, sai.cherala@umassmed.edu*

Judith Steinberg  
*University of Massachusetts Medical School, Judith.Steinberg@umassmed.edu*

Follow this and additional works at: [http://escholarship.umassmed.edu/healthpolicy_pp](http://escholarship.umassmed.edu/healthpolicy_pp)

Part of the [Health Services Administration Commons](http://escholarship.umassmed.edu/healthservicesadm), [Health Services Research Commons](http://escholarship.umassmed.edu/healthservicesres), and the [Quantitative, Qualitative, Comparative, and Historical Methodologies Commons](http://escholarship.umassmed.edu/quantitativequalitativecomparativehistoricalmethodologies)

Repository Citation  
[http://escholarship.umassmed.edu/healthpolicy_pp/167](http://escholarship.umassmed.edu/healthpolicy_pp/167)

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.
How You Define Success Influences Your Findings

Hi, we are Ann Lawthers, Sai Cherala, and Judy Steinberg, UMMS PCMHI Evaluation Team members from the University of Massachusetts Medical School’s Center for Health Policy and Research. Today’s blog title sounds obvious, doesn’t it? Your definition of success influences your findings. Today we talk about stakeholder perspectives on success and how evaluator decisions about what is “success” can change the results of your evaluation.

As part of the Massachusetts Patient-Centered Medical Home Initiative (PCMHI), the 45 participating practices submitted clinical data (numerator and denominators only) through a web portal. Measures included HEDIS® look-alikes such as diabetes outcomes and asthma care, as well as measures developed for this initiative, e.g., high risk members with a care plan. Policy makers were interested in whether the PCMH initiative resulted in improved clinical performance, although they also wanted to know “Who are the high- or low-performing practices on the clinical measures after 18 months in the initiative?” The latter question could be about either change or attainment. Practices were more interested in how their activities affected their clinical performance.

To address both perspectives we chose to measure clinical performance in terms of both change and attainment. We then used data from our patient survey, our staff survey, and the Medical Home Implementation Quotient (MHIQ) to find factors associated with both change and attainment.

**Lesson Learned:** Who are the high performers? “It depends.” High performance defined by high absolute levels of performance disproportionately rewarded practices that began the project with excellent performance. High performance defined by magnitude of change slighted practices that began at the top, as these practices had less room to change. The result? The top five performers defined by each metric were different.

**Hot Tip:**
- Do you want to reward transformation? Choose metrics that measure change over the life of your project.
- Do you want to reward performance? Choose metrics that assess attainment of a benchmark.
- The results of each metric will include different lists of high performers.

**Lesson Learned:** The practices wanted to know: “What can we do to make ourselves high-performers?” Our mixed methods approach found leadership and comfort with Health Information Technology predicted attainment, but only low baseline performance predicted change.

**Hot Tip:**
- A mixed methods approach provides a rich backdrop for interpreting your findings and providing detail for stakeholders who need/want detail.