

HealthChange® Methodology Program Evaluation Considerations

Evaluating clinical interventions based on HealthChange® Methodology

The main purpose for implementing HealthChange® Methodology is to guide and support health service practice change to systematically embed patient-centred care including health literacy, behaviour change and self-management support. The ultimate aim is to improve patient adherence to evidence-based treatment and lifestyle recommendations in order to achieve the best possible health and quality of life outcomes.

The following sections provide ideas for consideration and brief suggestions regarding how the effectiveness of programs using this methodology might be evaluated in terms of both quality assurance and outcomes.

Considerations for collecting baseline measures

1. What is the aim of your program or service?
2. Which parts of HealthChange® Methodology do you plan to implement? Depending upon the answer to this question, you would choose to record different quality assurance measures, process measures and pre- and post-implementation outcome measures.
3. What are the adherence issues relevant to the clinical practice/s being evaluated? What data will you collect? A limited list of options could be:
 - Enrolment rate in programs.
 - Retention rate in programs.
 - Return rate for review appointments/fail to show statistics.
 - Referral follow-through rate.
 - Percentage of patients that take action following initial consultations.
 - Percent change in a specific behaviour (e.g. medication adherence, symptom monitoring, amount of exercise, number of serves of vegetables and fruit, minutes taken to walk a set distance).
 - Percentage of patients that engage in treatment recommendations at an effective frequency (e.g. completing the prescribed number of exercises, the prescribed number of times per day, taking medications in an effective manner). Potentially patient self-report diaries could be used to collect data which could also be analysed in association with clinician observations and clinical outcomes.
 - Percentage of patients that can remember the prescribed treatment advice, including overall treatment and lifestyle categories, provided to them in previous consultations.
 - Number of prescribed exercises that patients can remember and accurately perform at review consultations.
 - Adherence to other treatment recommendations and lifestyle change recommendations (treatment and lifestyle categories).
 - Actual physiological measures compared against expected outcomes for time in treatment (actual versus expected improvement).
 - Motivation and self-efficacy measures: readiness, importance and confidence in meeting specific health recommendations or targets.
 - Patient or client knowledge of their health condition/s and risk factor/s.
 - Patient or client knowledge of the lifestyle and treatment recommendations associated with their health condition/s and risk factor/s.

Considerations regarding quality assurance

1. How are you intending to operationalise HealthChange® Methodology in your clinical situation?
2. How will you know if your clinicians are using the methodology the way it is intended? Outcome data should only be collected once you can verify that your clinicians are conducting the intervention effectively (i.e. they are using HealthChange® Methodology correctly and at a reasonable skill level).
3. Do your clinicians need skills development prior to being able to implement HealthChange® Methodology effectively? How will you ensure that this happens? What is required?
4. What documentation will you use to collect the relevant behaviour change support data?
5. The HealthChange® Personal Self-management Plan can quickly and easily facilitate and document the HealthChange® Decision Framework processes. This document can be used to conduct file audits for quality assurance purposes and support clinician use of the processes.
6. Patient confidence level in completing the agreed tasks within the agreed time frame can be documented and checked to ensure that appropriate levels of goal setting are occurring.
7. What other quality assurance mechanisms will you use? Other options are:
 - Audio auditing of clinician consultations.
 - Self-assessment of own skill levels relating to HealthChange® Practice Principles and Essential Techniques measured periodically (self-report following consultations or self-report following review of own audio-recorded clinical consultations).
 - File audits – auditing of documentation such as the HealthChange® Personal Self-management Plan to verify that clinicians have engaged patients in HealthChange® processes.
 - Patient exit surveys. For example:
 - What was the patient’s experience of the consultation approach? Were they treated in a client-centred, non-judgemental and considerate way?
 - Are they aware of how their condition/s might impact on them personally and how they might benefit from taking action to improve their health and/or quality of life?
 - Do they know the overall lifestyle and treatment categories that are appropriate for effective management of their clinical condition/s over time; i.e. are they aware of the full set of evidence-based treatment recommendations?
 - Do they feel that the clinician engaged in collaborative decision-making? Were they given choice or simply advised what they must do in a prescriptive way?
 - Were they assisted to consider what might stop them from engaging in the recommended treatment and/or lifestyle options?
 - Were they invited to take notes in the consultation?
 - Were they asked to what extent they think they can do the tasks that were agreed upon, within the agreed time frame?
 - Are they aware of other support mechanisms/services that might be available to them?
 - Were they encouraged to approach behaviour change in a trial and error manner to achieve greater success?

Considerations regarding data collection and analysis

1. What is the research question?
2. Do you require ethics approval to conduct the evaluation?
3. What research design will you use? For example, will you use a control group or compare pre- and post-measures for a single group of patients?
4. How much baseline data do you need? Is it already available? At what stage will you start collecting this?
5. How much outcome data do you need? At what stage will you start collecting this?
6. How will you analyse the data? How will you calculate how much statistical power you need and hence how many data points you need?
7. Who will analyse the data. Will this be a double-blind study? How will you set that up?
8. What support do you need for data entry and analysis?

HealthChange® resources that may be useful

1. HealthChange® Agency Readiness Survey
2. HealthChange® Clinical Condition and Healthy Lifestyle Menus of Options (goal hierarchies).
3. HealthChange® Personal Self-Management Plan (PSMP).
4. HealthChange® Practice Principles and Essential Techniques (PPET) Skills Audit Form.
5. HealthChange® Decision Framework (DF) Skills Audit Form.
6. HealthChange® Skills Self-Appraisal Form.
7. HealthChange® Skills Confidence Questionnaire.



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