

Lab 1

Developing Measurable Objectives

Scenario

Sommerville is a city of about 750,000 people, located in a mid-western state. The city's population covers a broad range of socio-economic and ethnic groups, although they are not evenly distributed within the geographic area. Industrial areas and blue-collar neighborhoods tend to cluster on the south and west sides of town. There is a low-income, inner-city area surrounding the central business district, and there are low-income residential neighborhoods in the eastern portion of the city. Middle- and upper-income areas are found in the north.

Health services are provided by a mix of organizations, including over 1000 private office-based physicians, several managed care organizations (HMOs, PPOs, etc.), five neighborhood health centers, a large university medical school complex, and four non-profit community hospitals, which provide both inpatient and outpatient services. The medical school is located on the border between the central business district and the inner city area. The other hospitals are located, one each, in all quadrants of the city, excepting the east.

This year, half of the 70,000 city residents who are insured by the state's Medical Assistance (Medicaid) program for the poor were offered the opportunity to enroll in a staff-model health maintenance organization (HMO). This managed care organization, known as the Sommerville Health Plan (SHP), was offered on an optional basis to those 35,000 Medicaid participants residing in the eastern neighborhoods of the city. About 50 percent of those eligible, or 18,000 persons, joined the plan. The remaining 50 percent of those offered the HMO continued to receive care from other practitioners and organizations in the city, who were reimbursed by Medicaid on a traditional fee-for-service basis.

Several data systems exist within the HMO and the Medicaid program. These systems include the HMO's medical records and computerized encounter information system, and the Medicaid Administration's beneficiary information file and the claims payment file, both of which are computerized. The beneficiary file includes information on birth date, gender, zip code, and welfare status. The claims file includes information that describes all services provided to Medicaid recipients on a fee-for-service basis. This file is available for at least one year prior to when the arrangement with SHP started. The HMO's medical records and computerized data system contain fairly complete information in services provided or authorized by the plan for its enrollees.

Exercise: Developing Measurable Objectives

The Sommerville Health Plan (SHP) HMO was recently awarded the state contract to deliver care to 18,000 Medicaid recipients as described in the above scenario. The SHP was selected for several reasons:

1. It is a well-regarded large HMO (with 75,000 current members) and has served the community for ten years.
2. It agreed to provide all care needed by each Medicaid enrollee for a fixed yearly cost of \$1500. This is \$500 lower than what the Medicaid administration pays per year for its present (pre-HMO) program participants and lower than the cost proposed by the other HMOs that competed for this contract.
3. The State Medicaid Administration believed that SHP's program, as described in the goals of its proposal, promised more to program participants than did the proposals of the HMO's competitors.

You are an independent evaluation consultant who has been contracted by the State Medicaid Administration to carry out a three-year evaluation of the SHP-Medicaid experiment. The State Legislature mandated this evaluation several months after the State's contract with the HMO went into effect, largely because of pressures from consumer groups and the local medical society. Because of this timing, the scope and methodology of the evaluation was not conceptualized before the contract was given to the HMO.

Your first task is to develop operational objectives that will be the focus of the evaluation. Your contract requires that you limit yourself to the major stated goals of the program as incorporated in SHP's proposal. These goals are stated below.

The SHP will

1. Increase the amount of preventive care received by program participants.
2. Decrease the hospitalization rates of program participants where appropriate.
3. Improve the therapeutic compliance of its patients with chronic diseases.
4. Provide special health education programs to its enrollees.
5. Improve the access of its enrollees to ambulatory care.
6. Improve prenatal care among its pregnant enrollees.

For each of the above goals, develop one example of measurable operational objectives that you, as an evaluator, would suggest to the State as possible foci of the evaluation. If you wish, these objectives may involve comparisons of the SHP-Medicaid population before and after enrollment, or they may involve comparisons between the SHP-Medicaid group and those Medicaid participants not enrolled in the HMO.

Each objective should be stated in a sentence (or two) that includes the following:

- An action-oriented **verb**.
- A single, very specific **aim** or purpose.
- The **magnitude** of change or result expected.
- Definitions of **target and** (if appropriate) **comparison populations**.
- A **time frame** for the change.

Some Examples:

Goal 1: Hypertension screening will have been provided to 95 percent of the enrolled SHP-Medicaid population over the age of 18 by the end of the third year of the program.

Goal 2: For those persons enrolled in the SHP-Medicaid program, the age/sex adjusted hospital admission rates per 1000 persons during the year preceding SHP enrollment will be compared to national Medicaid averages for major diagnoses. For those diagnoses where these admission rates were greater than one standard deviation above national averages, the first year hospitalization rate for SHP-Medicaid enrollees will be reduced to within one-half of a standard deviation from the national average.

Goal 6: During the second year, pregnant women enrolled in the SHP-Medicaid program will receive 25 percent more prenatal visits overall than Medicaid insured women residing in Sommerville in similar age groups who are not enrolled in the HMO.