

Theory of Change Approach to Investment

The REACH Healthcare Foundation utilizes a strategic investment approach called “theory of change.” This approach starts with the end in mind – what we hope to change as a result of our investments - and asks the following questions:

- What community impact are we seeking by investing in this organization, program or initiative?
- What outcomes must change in order to achieve the impact we seek?
- What strategies will be used by partners to bring about the outcomes we desire?
- What processes will create the conditions and capacity of the system to put these strategies in place?

REACH Foundation Approach to Theory of Change

In 2011 the Foundation’s Board of Directors approved a new five-year strategic plan that established a focus for grant making and expected outcomes from our investments. Using the strategic plan as our guide, REACH staff outlined a theory of change to operationalize the priorities set out in that plan, and inform the strategies we would invest in and the types of grants we would make.

The REACH Theory of Change informs all of our investments of both grant dollars and staff time. When evaluating the potential fit of a proposed project, REACH staff use the theory of change as a “road map” to assess whether proposed work is aligned with 1) our desired impact and outcomes and 2) the strategies we have identified as offering the highest potential for efficacy and impact. REACH’s Theory of Change is summarized in the attached diagram.

Components of the Theory of Change

Processes to Create the Conditions and Capacity for Change

While we don’t specify the processes to create the conditions and capacity of the organization or program to engage in the proposed project, Foundation staff ask potential grantees and partners to describe how their organization or community must change and what processes will be used in order to take on new strategies necessary for successful implementation.

Strategies

The strategies identified in our theory of change are approaches the Foundation believes can, with effective implementation, bring about positive changes in the outcomes. For example, implementation of the Patient-Centered Medical Home model or Health Home is a strategy designed to achieve the outcome of “Improved Quality of Health Care Services.” Each strategy is consistent with the Foundation’s charter and was affirmed by the Board as having a promising evidence base for inclusion in our community investment portfolio.

We describe in detail each strategy in the Theory of Change – the Foundation’s definition, the evidence base for the strategy and recommended resources. Descriptions of each strategy are available on the REACH Foundation web site at www.reachhealth.org.

Measures of Successful Strategy Implementation

Measures defining successful implementation of strategies are included in the strategy description. In defining measures, the Foundation considered the change in outcomes we are seeking and how much change is needed to meaningfully impact our community's health. These levels, or "thresholds," are derived from research and practitioner experience.

For example, the Foundation measures successful implementation of the Patient-Centered Medical Home using the National Committee for Quality Assurance (NCQA) patient-centered medical home standards; the threshold for success is NCQA Level 3 recognition.

Outcomes and Impact

The Foundations Grant making investments are made in order to achieve the following outcomes and impacts:

Outcome Areas:

- 1) Increased access to high quality health care services and coverage
- 2) Improved quality of health care services.

Impact Areas:

- 1) Improved health outcomes for uninsured and medically underserved people
- 2) Increased equity in health outcomes and health access

Examples of measures and metrics the Foundation uses to assess outcomes are available on the REACH Foundation web site at www.reachhealth.org.

Evaluation of the Theory of Change

Through grantee reports and other data collection, the Foundation aggregates data on outcomes and impact to determine whether we are achieving our intended results and to track whether strategies are working or need adjustment. We recognize that to change complex conditions and systems, "failure" is a natural part of the learning process. If a strategy does not achieve the desired threshold of change over time, we consider the following questions:

- 1) Is the organization the right one to carry out the implementation?
- 2) Were the processes used to create the necessary conditions and capacity the right ones to implement the strategy successfully?
- 3) Was the strategy appropriate for addressing the needs of the specific population?
- 4) Was the strategy implemented with fidelity and consistency over a sufficient period of time in order for change to occur?
- 5) Were the size and duration of the investment sufficient to reach the threshold level of change in the outcome?



In cases where the organization, investment level, processes, capacity and implementation were at an appropriate level to achieve change but changes in outcomes did not occur, it is necessary for the Foundation to recognize that the strategy may not have been the right one to bring about the desired improvements.

By working collaboratively with grantees through this process, we can better determine if the components in our theory of change make sense and reflect the best knowledge and experience available.

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Barriers to Access to Quality, Affordable Healthcare

Fragmented system of health care

Workforce shortages among specific providers

Low provider participation in Medicaid

Cultural competence of organizations and providers

Social and economic conditions

Geography and transportation



Strategies to Increase Access to Healthcare Services and Coverage

Expansion of direct services and coverage for oral health, mental health and primary care through the safety net

Utilization of expanded scopes of practice and alternative health care providers

Public policy that strengthens Medicaid, advances alternative provider use, and protects the safety net

Advocacy to inform and educate consumers, providers, and policymakers

Provision of place-based services and use of technology to deliver health services and information where consumers are located



Strategies to Improve the Quality of Healthcare

Implementation of PCMH and Health Home standards in safety-net clinics and community mental health centers

Integration of oral, behavioral and primary health care services

Care coordination and/or intensive case management/disease management

Implementation of evidenced-based treatment approaches

Build organizational and provider cultural competency

Use of technology to improve quality of health services and patient engagement in care



Outcome 1

Increased access for poor and underserved people to quality, affordable health care services and coverage

Outcome 2

Improved quality of health care services for poor and medically underserved people



LONG-TERM IMPACT

Improve health outcomes for uninsured and medically underserved people

Equity in health outcomes, access and quality of care across economic, geographic, racial and ethnic groups

Strategies to Increase
Access to Healthcare
Services and Coverage



Strategies to Improve the
Quality of Healthcare



Outcome 1 - Access

Outcome Indicators

Increased number of poor and medically underserved people receiving health care services

Implementation of payment models that increase provider participation, and reimburse for care coordination and other tenets of patient-centered care

Increase in enrollment of eligible persons in Medicaid, CHIP and other coverage options, and expansion of eligibility limits

Increased number of community agencies providing oral health, behavioral health and primary care services

Reductions in Medically Underserved Areas/ Populations and Health Provider Shortage Areas



Outcome 2 - Quality

Outcome Indicators

Increased number of clinics that achieve NCQA Level 3 medical home or health home designation

Increase in patient knowledge, satisfaction and engagement in health care decisions

Improved skills for leading and practicing in a culturally competent way

Reduced hospitalizations for chronic conditions, use of ED for non-emergent conditions and preventable readmissions.

INDICATORS OF LONG-TERM IMPACT

Improvements in health outcomes associated with chronic diseases

Improvements in incidence and prevalence of mental health disorders

Improvements in the incidence and prevalence of oral disease

Closing the health outcome and access gap between economic groups, race and ethnic groups, and geographically dissimilar groups