

Transforming Technical Assistance: Using Evidence to Enrich the Experience

**Center for Improving Research Evidence
(CIRE) Forum
Washington, DC**

January 22, 2015

Ann Person • Michelle Derr • Val Uccellani
Len Finocchio • LaDonna Pavetti

Welcome



Ann Person, CIRE director

About CIRE

- Designs and uses **an array of scientific research and evaluation approaches** in diverse settings
- Has more than 40 years of experience conducting a wide range of rigorous applied research using cutting-edge **qualitative and quantitative methods**
- Strives to bridge the gap between **policy research and practice**

CIRE Mission

- **Build capacity to understand and use evidence**
- **Plan rigorous and relevant evaluations**
- **Improve research methods and standards**

Today's Presenters



**Michelle Derr,
Mathematica**



**Len Finocchio,
Mathematica**



**LaDonna Pavetti,
Center on Budget and
Policy Priorities**



**Val Uccellani,
Global Learning
Partners**



Evidence-Based Technical Assistance

Michelle Derr

Context

- **Federal, state, and local governments invest millions in technical assistance (TA) to improve program quality**
- **Fiscal constraints place even greater importance on investments that increase program efficiency and effectiveness**
- **Quality standards for TA are not well-defined**
- **TA content often lacks analytic approach and research evidence**

Three Pillars of EBTA

- Drawing upon research evidence for TA content
 - Analytic assessments to identify policy and program needs
 - Policy and program recommendations based on research findings
- Using a TA process that includes proven methods to help adults learn and apply TA content
 - Methods include careful design of the learning “architecture,” achievement-based objectives, and intentional learner engagement
- Using evaluation techniques to measure the effectiveness of policy and program change and the overall success of the TA

Reflection Questions

Scan over the three pillars of EBTA as presented in your resource packet, **page 1**.

In what ways does the TA you deliver, support, or receive align with this description of EBTA?

What are you curious about?

- **Webinar audience: please use group chat to exchange thoughts and questions**
- **In-person audience: please share in full group**



Adult Learning and the Design of This Forum



Learning Design Process



A Snapshot of Our Time Together

- Evidence-Based Technical Assistance: Framing and Reflection
- EBTA in Action: Two Perspectives
- EBTA Take-Aways
- Adult Learning Principles



Forum Objectives

By the end of today, every participant will accomplish the following:

- Identify ways in which the TA you support or implement is already evidence-based.
- Explore two diverse examples of evidence-based TA (EBTA).
- Anticipate EBTA's potential and ways to apply it more fully in your own work.
- Examine proven principles of adult learning.



6 Evidence-Based Adult Learning Principles

Relevance

Transparency

Safety

Engagement

Productivity

Support



6 Evidence-Based Adult Learning Principles

As you read the resource packet
pages 2-3, consider:

Which principles have been
most operative in your TA
experience?





Evidence-Based Technical Assistance in Action | Perspective #1

Len Finocchio

Transforming Technical Assistance: Using Evidence to Enrich the Experience

Improving Access to Dental Services for Children in Medicaid and CHIP

Center for Improving Research Evidence

January 22, 2015

Len Finocchio, Dr.P.H., Senior Researcher
Project Director, CMS Oral Health Initiative

Evidence of the Problem

- **Early Childhood Caries (ECC) is one of the most common *preventable* chronic diseases for children (Dyer et al, 2007)**
 - ECC is an infectious and progressive disease starting primary in teeth; unaddressed ECC will continue into permanent teeth
- **Among children 2-5 untreated ECC is more prevalent among:**
 - Children in poverty (26%) than children above 200% FPL (12%)
 - Hispanic children of Mexican origin (29%) and non-Hispanic black children (24%) than among non-Hispanic white children (15%) (NCHS 2010)
- **Among children 1 to 20 in Medicaid & CHIP, 48% received a preventive dental service in FFY 2013 and 23% received a dental treatment service (CMS 2015)**
- **Early preventive dental services for children contribute to lower treatment costs later in childhood (Lee et al, 2006)**

CMS Oral Health Initiative

- The Centers for Medicare & Medicaid Services (CMS) is committed to improving access to dental and oral health services for children in Medicaid and the Children's Health Insurance Program (CHIP)
- In 2010, CMS launched the Children's Oral Health Initiative (OHI) and set [goals](#) for improvement by FFY 2015
 - **Goal #1:** Increase by 10 percentage points the proportion of Medicaid and CHIP children ages 1 to 20 (enrolled for at least 90 days) who receive a preventive dental service
 - **Goal #2:** Increase by 10 percentage points the proportion of Medicaid and CHIP children ages 6 to 9 (enrolled for at least 90 days) who receive a sealant on a permanent molar

Technical Assistance to States

- **Five-state OHI Learning Collaborative** in which states receive TA from clinical and policy experts, CMS, and other states
 - States supported to develop, implement, and measure action plans for reaching OHI goals
- **Key strategy is the use of driver diagrams** for planning objectives, drivers of change, and interventions
 - Includes using data to assess interventions
- **Mathematica developing curriculum** to help states improve collection and reporting of Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) benefit dental data
- **Center for Health Care Strategies developing Performance Improvement Plan tools** for Medicaid managed care plans
 - Focused on achieving measurable objectives

Aims, Drivers, Interventions

Aim	Primary drivers	Secondary drivers	Interventions
<p>Increase by 10 percentage points the proportion of Medicaid and CHIP children ages 6 to 9 (enrolled for at least 90 days) who receive a sealant on a permanent molar.</p>			

Assessing Interventions (1)

Intervention	Intervention assessment	Specs / sources of assessment data
<p>Send practice-specific “report cards”—comparing a dental practice’s sealant application rate with that of peers—to Medicaid-contracted dental providers every six months. Include lists of patients in the target population at that practice who have not had this service.</p>	<ul style="list-style-type: none"> Percentage of Medicaid-contracted dental practices in the state receiving an email, report card, and non-utilization list every six months. 	<ul style="list-style-type: none"> Provider outreach department.
<p>Pay a bonus to practices with an increase (measured every six months) in the percentage of Medicaid-enrolled children ages 6–9 who receive a sealant on a permanent molar.</p>	<ul style="list-style-type: none"> Change in percentage of Medicaid-contracted dental practices receiving a bonus every six months. 	<ul style="list-style-type: none"> Medicaid department/staff responsible for distributing payments.
<p>Give practices a list of eligible patients who have not had a dental sealant.</p>	<ul style="list-style-type: none"> Lists completed for and given to each practice in the network. 	<ul style="list-style-type: none"> Provider network reps to confirm.

Assessing Interventions (2)

Secondary driver	Goal/baseline	Data specifications	Data sources
Increased dental provider motivation to apply sealants for the target population.	50% of providers receive bonus payment at each six-month mark.	Percentage/number of Medicaid-contracted providers receiving a bonus every six months.	Medicaid program data.
Improved provider ability to identify targeted children eligible for the service.	50% of providers receive bonus payment at each six-month mark.	Percentage/number of Medicaid-contracted providers receiving a bonus every six months.	Medicaid program data.
	95% of providers got a list of eligible patients who had not had a dental sealant.	Percentage/number of Medicaid-contracted providers receiving a list.	Practice outreach records maintained by contracted dental plans.
Primary Driver			
Increased number of sealants applied in dental practices.	Overall increase of 10% every six months.	Rate of dental sealant application for children ages 6–9 in Medicaid.	Provider claims data.

Evidence-Based Interventions

- American Dental Association Center for Evidence-Based Dentistry
- CMS report: *Innovative State Practices for Improving The Provision of Medicaid Dental Services*
- Increasing reimbursement rates attract dentists to Medicaid (NASHP 2006)
- “Crowd-Sourcing” - relying on what was financially and politically *feasible* in other states

Community Oral Health and Health Policy

Subcategory

Evidence Type

A review of effective methods of delivery of care: skill-mix and service transfer to primary care settings	Guideline Critical Summary Plain Language Summary ✓ Systematic Review
Williams DM, Medina J, Wright D, Jones K, Gallagher JE. Primary Dental Care. 2010;17(2):53-60	
A socio-economic perspective on periodontal diseases: a systematic review	Guideline Critical Summary Plain Language Summary ✓ Systematic Review
Klinge B, Norlund A. J Clin Periodontol. 2005;32 Suppl 6():314-25	
A systematic review of oral health outcomes produced by dental teams incorporating midlevel providers	Guideline Critical Summary Plain Language Summary ✓ Systematic Review
Wright, J. T., Graham, F., Hayes, C., Ismail, A. I., Noraian, K. W., Weyant, R. J., Tracy, S. L., Hanson, N. B., Frantsve-Hawley, J. Journal of the American Dental Association. 2013;144(1):75-91	
A systematic review of the effectiveness of health promotion aimed at improving oral health	Guideline Critical Summary Plain Language Summary ✓ Systematic Review
Kay E, Locker D. Community Dent Health. 1998;15(3):132-44	
A systematic review of the efficacy and safety of fluoridation	Guideline

Data-Driven Planning & Action (CMS-416 Data)

Total children (enrolled in Medicaid/CHIP for at least 90 days) receiving:

- Line 12a: any dental service (by or under supervision of dentist)
- **Line 12b: a preventive dental service** (by or under supervision of dentist)
- Line 12c: a dental treatment service (by or under supervision of dentist)
- **Line 12d: a sealant on a permanent molar tooth** (by any type of dental provider)
- Line 12e: a dental diagnostic service (by or under dentist supervision)
- Line 12f: an oral health service provided by a non-dentist (not under supervision of dentist)
- Line 12g: any dental or oral health service (12a+12f)

Challenges with Form CMS-416 Data

- **Poor data quality = poor evidence, unreliable for planning**
- **Confusion about proper coding**
- **Problematic encounter data from some Medicaid providers (e.g. Federally Qualified Health Centers, managed care organizations)**
- **Not understanding numerators vs. denominators**
- **Time lag with data reporting**
- **Oral Health Initiative solution to improve data:**
 - **Web-based curriculum with step-by-step modules for states to improve the completeness and quality of CMS-416 dental data**

Lessons

- Many use “evidence” in a fast and loose way
- “Evidence” is more than findings related to effectiveness (e.g., “what worked in other states?”)
- Need to expand the evidence base of state policy and organizational interventions
- “Natural experiment” opportunities from policy changes:
 - Adding an optional adult dental benefit
 - Expanding Medicaid to childless adults
- If evidence shows that policy changes result in higher costs, that may trump all other evidence

For More Information

Len Finocchio, Dr.P.H.

Senior Researcher

Project Director, Oral Health Initiative

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Reflection Questions

How does this example expand your perspective on TA?

What questions does it raise for you?

- **Webinar audience: please use group chat to exchange thoughts and questions**
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Evidence-Based Technical Assistance in Action | Perspective #2

LaDonna Pavetti

Evidence-Based Technical Assistance in Practice:

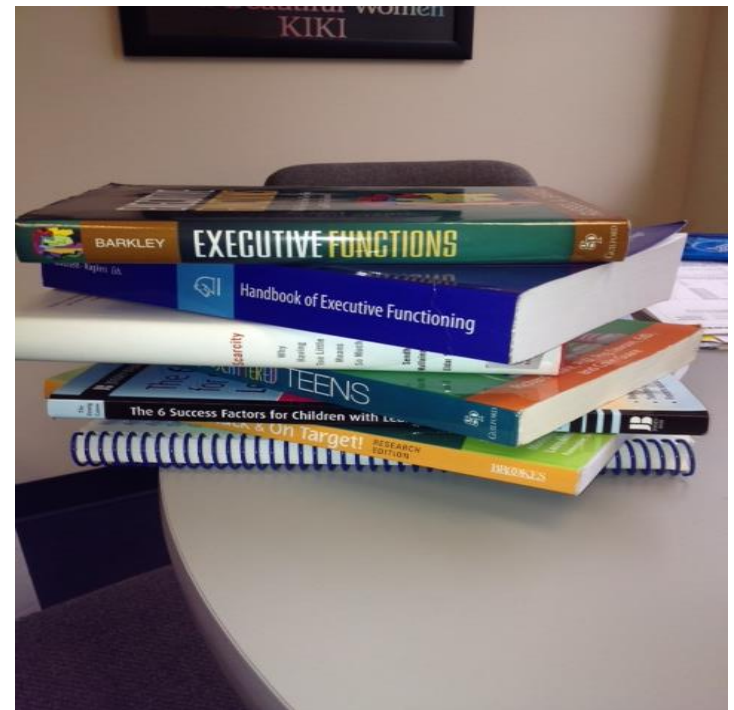
**Using Executive Function Concepts and Principles to
Develop New Approaches to Delivering Employment
Services for Disadvantaged Adults**

LaDonna Pavetti
Vice President for Family Income Support

Transforming Technical Assistance: Using Evidence to Enrich
the Experience
Center for Improving Research Evidence Forum and Webinar
Mathematica Policy Research
January 22, 2015

The Technical Assistance Challenge

- Can we use executive function concepts and principles to improve the effectiveness of employment programs that serve disadvantaged adults?



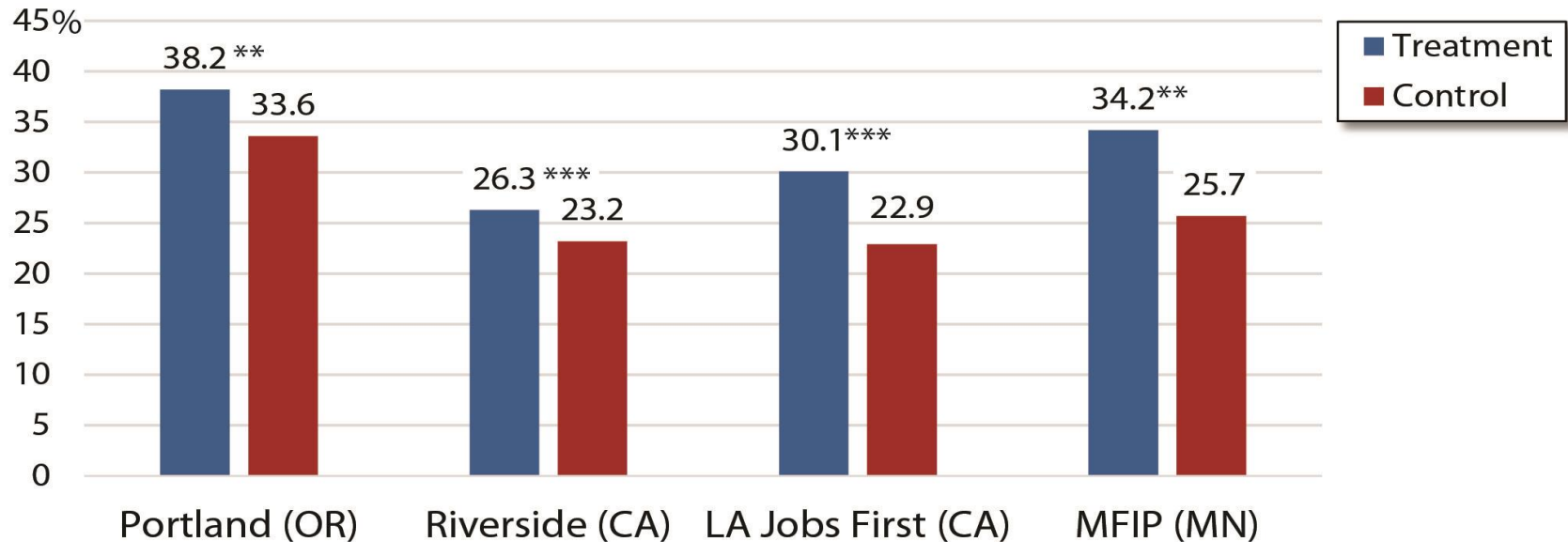
Temporary Assistance for Needy Families (TANF) as an Example: The Context

- Modest success, even in the most effective employment programs
- A tough labor market
- Declining employment among single mothers with high school education or less
- Cash assistance provided to very few families—employment is the only route out of poverty

Even the Most Successful TANF Employment Programs Do Little to Increase Employment Stability

Impact of Select Employment Programs on Employment Stability

% Employed in four consecutive quarters



Note: */**/** Significantly different from zero at the .10/.05/.01 level, two tailed test.

Outside Forces Created the Impetus for an Exploration of New Ideas

- Recognition of the limits of early childhood interventions— and the long-term cost of not doing more to improve the caregiving environment
- An interest in two-generation approaches: Can we improve the outcomes of children and their parents simultaneously?
- Innovators on the ground with promising outcomes:
 - Mobility Mentoring (Crittenton Women’s Union)
 - MOMS Partnership (Collaboration led by Yale Child Study Center)

Theory of Change Supporting a Focus on Adults

From the Frontiers of Innovation, Harvard Center on the Developing Child:

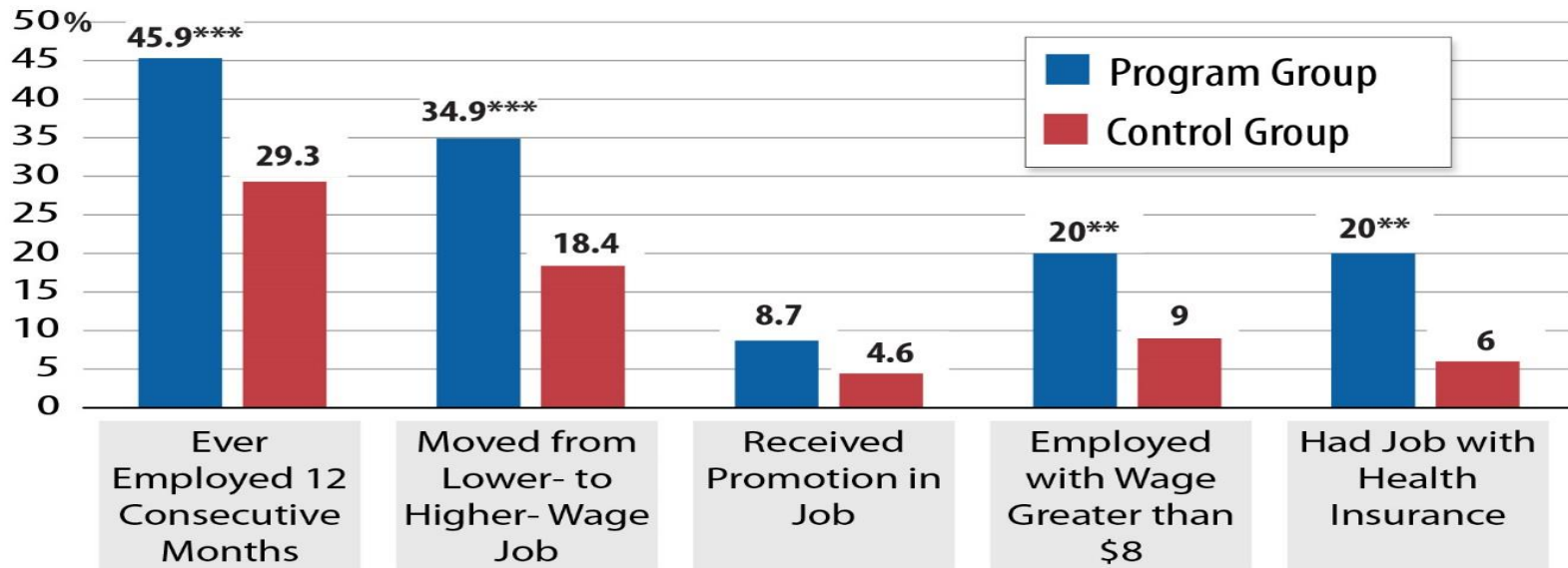
- Protecting children from the impacts of toxic stress requires **selective skill building**—not simply the provision of information and support—**for the adults who care for them**;
- Interventions that improve the caregiving environment by **strengthening the executive function and self-regulation skills** of parents will also enhance their employability, thereby providing an opportunity to augment child outcomes by strengthening the economic and social stability of the family; and
- Community-based initiatives and **broad-based systems approaches** are likely to be more effective in promoting healthy development and reducing intergenerational disparities if they focus explicitly on strengthening neighborhood-level resources and capacities that buffer young children from the adverse impacts of toxic stress.

Moving from Theory to Practice with a Focus on Evidence

- What are executive function skills, and what is their relevance to employment programs?
- What evidence do we have that executive function skills can be improved or that otherwise paying attention to them will produce better outcomes for adults?
- Are there evidence-based interventions from other fields that can be adapted to employment service programs?

Evidence from the TANF World That Moving in New Directions Could Yield Positive Results

Impact of Building Nebraska's Families (Individualized Life Skills Education Home Visiting Program) on TANF Recipients with Substantial Barriers



Note: */**/*** Significantly different from zero at the .10/.05/.01 level, two tailed test.

Source: Mathematica Policy Research, Inc., "Teaching Self-Sufficiency Through Home Visitation and Life Skills Education."

Looking for Answers Outside of Familiar Worlds

Neuroscience Behavioral Economics
Cognitive Behavioral Therapy Grit
Child Welfare ADHD **Self-Regulation**
Learning Disabilities Mindfulness
Goal-Setting Trauma-Informed Care
Life Skills Training **Coaching**

Lessons Learned

- Academic research is relevant to the program world, but it requires lots of translation
- Practice knowledge from other worlds that is rooted in theory is extremely valuable
- Looking outside of familiar worlds can provide a fresh perspective through which to try and improve program effectiveness
- Research and evidence can change buzzwords into new ideas worth implementing and testing

What's Next?

- Develop a new intervention that draws on evidence from multiple fields; key component is evidence-based approach to goal-setting and achievement
- Identify a few states to be R&D partners
- Develop tools practitioners can use to implement the model
- Provide guidance on using the tools to ensure the model is implemented with fidelity
- Rigorously evaluate the model to generate new evidence and contribute to the field

Reflection Questions

How does this example expand your perspective on TA?

What questions does it raise for you?

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Why EBTA?

- **Raises expectations and standards for the TA content, process, and evaluation**
- **Enhances relationships between research and practice communities, improving TA resources and quality**
- **Improves the efficiency and effectiveness of government programs**
- **Furthers a research agenda that is relevant and useful to practitioners**

Three Pillars of EBTA

- Drawing upon research evidence for TA content
- Using a TA process that includes proven methods to help adults learn and apply TA content
- Using evaluation techniques to measure the effectiveness of policy and program change and the overall success of the TA

EBTA in Your World

- We hope this brief session has inspired and motivated you.
- What final questions or thoughts do you have for us about EBTA?
- What do you want to share, do, or discover next?

Adult Learning Principles Operating in This Forum

Relevance
Transparency
Safety
Engagement
Productivity
Support




A Learning Sequence: The Four-A Model




Source: Global Learning Partners, 2015 <http://www.globallearningpartners.com/index.php>




A Snapshot of Our Time Together

Anchor


Apply


- Evidence-Based Technical Assistance (EBTA): Framing and Reflection
- EBTA in Action: Two Perspectives
- EBTA Take-Aways
- Adult Learning Principles and Sequence

Add


Away




A Learning Sequence: The 4A Model

As you read **page 4** in the resource packet, consider:

How might the principles and sequence of this forum inspire your own work?



For More Information

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