HRSA PNDP Evaluation Matrix Table

Draft

Evaluation Questions	Information Required	Baseline Indicators/ Benchmarks	Data Sources	Data Collection Methods	Data Analysis Methods
1. Who is the Grantee target audience? [target population of navigation?]	♦ Age *(1.1)* ♦ Gender *(1.2)* ♦ Race *(1.3)* ♦ Ethnicity *(1.4)* ♦ Primary language *(1.5)* ♦ Edu *(1.6)* ♦ Income (mean, median) *(1.7)* ♦ Insurance *(1.8)*		Grantee applications	Application abstraction	Descriptive statistics
2. What are the socio-demographic characteristics of navigated patients? Do they match the demographics of the target population? *(Report, p7)*	Patient-level: ♦ Age *(2.1)* ♦ Gender *(2.2)* ♦ Ethnicity *(2.3)* ♦ Race *(2.4)* ♦ Primary language *(2.5)* ♦ Edu level *(2.6)* ♦ HH Income *(2.7)* ♦ HH size *(2.8)* ♦ Insurance *(2.9)* ♦ Pharmacy Assistance *(2.10)*	60% navigated patients are from target population [How is this determined?]	Patient (or family member) interview by navigator Table sent to grantees	Patient intake form	Descriptive statistics
3. What is the incidence and prevalence of diseases (covered by Grantees) in target population (catchment area population)?	♦ Disease types *(3.1)* ♦ Disease incidence *(3.2)* ♦ Disease prevalence *(3.3)* ♦ Disease screening rates in catchment area *(3.4)*			Application Abstract	Descriptive statistics
4. What conditions are targeted by the patient navigation program? (i.e., diseases specified in Grantee applications)	♦ Disesase or condition type(s) *(4.1)* ♦ Abnormal screens *(4.2)* ♦ Disease stage *(4.3)* ♦ Point of entry (Point along care continuum where patient is navigated *(11.9)*)		Medical records Intake form(s)—DE	Medical record review by PN	Descriptive statistics
5. What barriers to quality health care are experienced by navigated patients? *(Report, p.5)*	Structural Barriers (patient) & System Barriers: ♦ Transportation *(5.1)* ♦ Housing *(5.2)* ♦ Social/Practical Support *(5.3)*		Patient (or family member) interview by navigator Table to be sent to	Patient intake form (comorbidity) Tracking Log	Descriptive statistics

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	♦ Language/Interpreter *(5.4)* ♦ Literacy *(5.5)* ♦ Childcare Issues *(5.6)* ♦ Adult Care *(5.7)* ♦ Location of Health Care Facility *(5.8)* ♦ Insurance, uninsured, underinsured, high co-pays *(5.9)* ♦ Financial problems *(5.10)* ♦ Employment Issues *(5.11)* ♦ Communication concerns with medical personnel *(5.12)* ♦ Fear *(5.13)* ♦ Medical and mental health comorbidity *(5.14)* ♦ Patient disability *(5.15)* ♦ Out of town/country *(5.16)* ♦ Perceptions/beliefs about tests/treatment *(5.17)* ♦ System problems with scheduling care *(5.18)* ♦ Attitudes towards providers *(5.19)* ♦ No Barrier Identified *(5.20)* ♦ System proactive navigation needed *(5.21)* ♦ Other *(5.22)* *[Note: these are specific barriers being tracked by PNRP.]*		grantee.		
	Community barriers		Grantee application	Review of application	

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Evaluation Questions	Information Required	Baseline Indicators/ Benchmarks	Data Sources	Data Collection Methods	Data Analysis Methods
6. What are socio-demographic of PNs?	♦ Age *(6.1)* ♦ Gender *(6.2)* ♦ Race *(6.3)* ♦ Ethnicity *(6.4)* ♦ Education *(6.5)*		PN	PN survey at site	Descriptive statistics
7. How are PNs recruited?	♦ PN job postings/advertisements *(7.1)* ♦ # PN applicant interviews (*7.2*)			Quarterly Report	
8. What are work characteristics and qualifications of hired PNs? *(Report – p.5: PN requirements*	♦ # PNs hired *(8.1)* ♦ Type (lay/professional) *(8.2)* ♦ Training (including PN or CHW certification) *(8.3)* ♦ Prior work experience *(8.4)* ♦ Languages spoken *(8.5)*	100% PN jobs are filled by end of Year 1	Grantee director/coordinator PN	Quarterly Report	Descriptive statistics
9. How are PNs assigned? *(RFA p.40)* *What to put in front of grantees?*	♦ PN Job Descriptions *(9.1)* ♦ # patients navigated *(9.2)* ♦ PN caseload (# patients per PN) *(9.3)* ♦ PN skill match for each of 6 duties (e.g., some PNs do outreach, others coordinate care) *(9.4)* ♦ Demographic coverage area *(9.5)*			Quarterly Report Workshop Grantee Application	
10. What were the learning objectives of PN training program(s)? Did PN trainees achieve learning objectives?	♦ Training plan (incl. minimum requirement; objectives, description, timeline, culturally competent content, methods) *(RFA p.39) (10.1)* ♦ Competency/ Performance incl. client interaction; care management; PN interventions, documentation. *(10.2)* ♦ Certifications if/when applicable *(10.3)*	100% PNs w/ increased post test score 75% PNs demonstrate competency at 3mo; 90% demonstrate competency at 12 mo	PNs PN trainers & supervisors Training Plan/curriculum	Quarterly Report/Training Plan Pre/Post test PN course evaluation PN Competency/ Performance checklist (q 3mo post training & q 12 mo) To be sent to grantees	Descriptive statistics, Chi square

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11. What interventions do PNs use to eliminate/reduce patient barriers? Link to the six duties?	♦ Enrollment date of navigated patients *(11.1)* ♦ PN activities addressing barriers *(11.2)* ♦ Individual structural barriers *(11.3)* ♦ Individual educational/ emotional barriers *(11.4)* ♦ System Barriers *(11.5)* ♦ Community barriers *(11.6)* ♦ Other PN activities/services provided *(11.7)* ♦ # patients referred & type referral (treatment, pharma assistance programs, ombudsman programs/ other insurance programs, community orgs, clinical trials) *(11.8)* ♦ Intensity of intervention [e.g., number of patient contacts, number of actions taken on patient's behalf] *(11.10)*		PN Patient (or family member) interview by navigator	PN Tracking Log incl. barriers, activities to address barriers, and related patient outcome Patient intake form To be sent to Grantees	Descriptive statistics
12. What are outcomes of PN interventions and services in eliminating/reducing barriers faced by navigated patients?	♦ PN activity outcome (e.g., # uninsured who get coverage; # patients where clinical trials discussed) *(12.1)* ♦ Patient compliance rate for health care appointments (missed appointments) *(12.2)* ♦ Patient compliance with follow-up exams/tests *(12..3)* ♦ #, type, and audience for outreach activities *(12.4)* ♦ *Loss to PN followup (12.5)*	♦ 75% patients receive early prevention or screening service (that is focus of Grantee) *(PN duty #1)* ♦ 75% patients received prompt diagnostic and treatment resolution (i.e., w/in 60 days)	PN Patient (or family member) interview by navigator Clinic/hospital records	PN Tracking Log incl. barriers, activities to address barriers, and related patient outcome Medical records/ clinic records. Billing records, encounter	Descriptive statistics

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	♦ *Loss to chronic disease followup (12.6)* ♦ *Number community orgs receiving referral for services to (providing services to) navigated patients (12.7)* ♦ Number patients referred (participating) in clinical trials (12.8) ♦ Decreased ER/hospital utlilizaton rates for condition being navigated (12.9) ♦ Increased knowledge(utilization) of clinical trials (12.10) ♦ Increased use of behaviors to prevent or mitigate chronic disease (12.11)	of a chronic disease abnormal finding *(PN duty #4)* ♦ 75% patients notified of available clinical trials *(PN duty #3)* ♦ 8% eligible patients participate in clinical trials *(PN duty #3* ♦ 75% patients do not miss appointment ♦ 75% patients have scheduled exams/tests ♦ 75% patients obtained health care coverage (insurance)		records. To be sent to grantees.	
13. Does reduction of barriers lead to more timely access to quality health care for navigated patients?	♦ Time interval b/t dx or referral & resolution date *(13.1)*	♦ 75% patients receive diagnosis (i.e., disease or benign) w/in 60 days of abnormal screen ♦ 75% patients begin treatment after diagnosis w/in 30 days	Clinic/hospital records	Medical record abstraction	Descriptive statistics, correlation statistics