# Developing Your Framework

Preparation for Webinar 2 – Thursday, September 26, 2013, 2-3:30pm ET

This document contains additional detail for completing the “Developing Your Framework” template in PowerPoint. Your slides will be shared and discussed with the group during the next webinar. Please submit your slides to Carla Zema at Carla@ZemaConsulting.com by Wednesday, September 18, 2013. If you have any questions or need assistance with the template or your analysis, please contact Carla.

Examples for each of the aspects are provided based on the examples that were presented on the webinar: (A) ROI of PCMH, and (B) CBA of bullying prevention program.

## Framework

* What is the overall objective?
	+ This is the primary purpose of your analysis.
		- Examples: (A) To determine the ROI of practice transformation through the PCMH model; (B) To determine the cost-benefit of implementing a bullying prevention program
* Which options are being considered? What comparisons will be made?
	+ Typically, these analyses are comparing different options. Status quo (what happens if we do nothing?) is considered an option/comparison. Please keep in mind that this is one of the major differences between an accounting-type analysis and an ROI/CBA. This is a “hypothetical” model/simulation of “what if”. The analysis extrapolates data to a larger population to simulate what the ROI/CBA would be if the overall objective is met.
		- Examples: (A) comparison of implementing PCMH and not implementing (i.e. status quo) (“What if” all primary care practices in our community implemented the PCMH model); (B) comparison of implementing a population-based bullying prevention program vs not implementing (“What if” all schools (grades K-12) implemented a bullying prevention program)
* How will effectiveness be measured?
	+ The best way to think about how you will measure effectiveness is to consider how you will know if your objective is met.
		- Examples: (A) This analysis had several outcomes of effectiveness including improved patient clinical outcomes, improved patient experience (access, interpersonal communication, etc), improved staff efficiency, improved overall culture. (B) Reduction in bullying-related health consequences leading to reduced health care utilization.
* Who is your primary audience for the results?
	+ Remember that this may be different than the perspective of the analysis.
		- Examples: (A) Primary audience is practices considering adopting the PCMH model. Secondary audiences include payers that provide P4P incentives, patients and their families, and collaborative funders. (B) Primary audience is health care payer foundation interested in knowing what the ROI was for investing in program implementation
* Will the analysis be prospective, retrospective, or concurrent?
* Will a CEA, CBA, or ROI be conducted?
	+ Think about the differences in how results are typically reported (refer to the comparison table in the slides). Is one type of analysis more familiar to your primary audience than another?

## Framework Details

* Perspective: From whose perspective will the analysis be conducted?
	+ This will determine how the costs and benefits are defined. Again, this may be different than your primary audience of the results. The perspective remains constant throughout the analysis.
		- Examples: (A) Primary care practice; (B) Health care payer
* Timeframe: What is the timeframe for the analysis?
	+ This is the timeframe for which your analysis will cover. Consider whether there is a certain amount of time that is needed to achieve measureable results, whether there is a specific time needed for implementation, or even if a particular timeframe is important to your primary audience.
		- Examples: (A) 2 years (stakeholders felt this was the minimum time necessary to begin seeing measureable results); (B) 3 years (the timeframe for program implementation)
* Population: Who will be included in your analysis?
	+ This could be the entire population or perhaps a subset such as defined by a particular subgroup, geographic area, etc.
		- Examples: (A) all primary care practices in a defined geographic area (all payers, pediatric practices excluded); (B) all public and private schools with at least an average of 15 students per grade in the payer’s 49 county service area of PA.