



Enterprise-Wide Initiative Evaluations

Each year, the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) uses the President's rural health initiative budget of \$337 million to build innovative, rural-focused health care access solutions. ORH conducts due diligence as the steward of these taxpayer dollars by requiring rigorous evaluation of its funded programs.

Currently, ORH funds 35+ Enterprise-Wide Initiatives (EWI) at 619 Veterans Health Administration (VHA) sites of care. ORH uses the RE-AIM framework to measure the effectiveness of program implementation processes and to show where those processes can be improved.

About RE-AIM

The goal of RE-AIM is "to encourage program planners, evaluators, readers of journal articles, funders, and policy-makers to pay more attention to essential program elements including external validity that can improve the sustainable adoption and implementation of effective, generalizable, evidence-based interventions."¹ The five elements of the RE-AIM model are:

- **Reach** the target population
- **Effectiveness** or efficacy
- **Adoption** by target staff, settings, or institutions
- **Implementation** consistency, costs, and adaptations made during delivery
- **Maintenance** of intervention effects on individuals and settings over time

Evaluation Process

Each new EWI proposal submitted to ORH must include a RE-AIM evaluation plan. Before submission, EWI leads must:

- ▶ **Consult** with ORH to identify and connect with a qualified implementation evaluation team
- ▶ **Collaborate** with the ORH Center for the Evaluation of Enterprise-Wide Initiatives (CEEWI), review the RE-AIM model at <https://re-aim.org/>², and develop an evaluation plan. Potential evaluators could be researchers associated with VA Centers of Innovation (COIN), Quality Enhancement Research Initiative (QUERI) centers, or others with requisite skills and experience
- ▶ **Include** in the EWI proposal a draft implementation evaluation plan with each of the elements of RE-AIM identified and a brief description of the metrics or evaluation methods that address each element. There is no minimum length requirement, but the draft evaluation plan should not exceed five pages, including any graphics or references.
- ▶ **Communicate** regularly with the evaluation team to ensure that program implementation efforts and evaluation activities are coordinated
- ▶ **Submit** an annual evaluation progress report to ORH

ORH will assist EWI partners in making the contacts necessary to complete this evaluation process.

ORH CEEWI uses evaluation findings to identify areas for improvement and ascertain best implementation practices to share with programs across VA's health care system and with the broader health care community.

RE-AIM Elements	Key Considerations
 Reach The absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative, intervention, or program	<ul style="list-style-type: none"> • What is the targeted population and how was it identified? • Did the program reach the intended rural population? • How many within the intended rural population or what proportion of this population participated in the program? • What approaches were used to reach the target population? • Were populations other than the target population also served?
 Effectiveness The impact of an intervention on important outcomes, including potential negative effects, quality of life, and economic outcomes	<ul style="list-style-type: none"> • What metrics or data were collected to measure effectiveness of the intervention? • What evaluation methods were used and what are the strengths and limitations of these methods? • Can effectiveness be assessed using data already collected within VA or does it require independent assessment methods supported by ORH or other programs? • Was there any variation in results between locations or between implementers? • How does the intervention improve on current practice with regard to identified outcomes?
 Adoption The absolute number, proportion, and representativeness of settings and staff who actually initiate a program	<ul style="list-style-type: none"> • How was organizational support developed to deliver the intervention with and without ORH support? • Which operational partners, both local and national, are required for uptake of this intervention? • Did the selected sites for EWI operation or expansion prove to be appropriate? • Were there unanticipated obstacles that prevented sites from adequate engagement? • What methods were employed to overcome obstacles and increase adoption, particularly in rural areas? • To what degree did the organization or the target population engage in the program? How was this measured?
 Implementation How closely did the facilities and staff adhere to the various elements of an intervention's protocol, including consistency of delivery as intended and the time and cost of the intervention	<ul style="list-style-type: none"> • Was the intervention delivered with fidelity to EWI's core elements and goals, and how was that assessed? • Was effectiveness impacted by differences in fidelity, and to what degree? • Did sites differ in implementation, and if so, why? • What barriers were encountered and how were they addressed? • What facilitators were encountered? • What specific strategies are required to ensure successful implementation of the program?
 Maintenance The extent to which a program or policy becomes institutionalized or part of the routine organizational practices and policies	<ul style="list-style-type: none"> • What plans were developed to incorporate the intervention, so that it will be delivered over the long term? • Describe the efforts to secure buy-in by facility leadership and key staff at each site. • Describe efforts to secure buy-in by national leadership and key staff. • What planning has been done towards continuation of successful programs once ORH funding ends?

1 Description of RE-AIM is adapted from <https://re-aim.org>

2 Glasgow, Vogt, and Boles' (1999), <https://re-aim.org/learn/frequently-asked-questions/>

The Office of Rural Health (ORH) works to see that America's Veterans thrive in rural communities. To support the health and well-being of rural Veterans, ORH and its Veterans Rural Health Resource Centers establish and disseminate initiatives that increase access to care for the 2.7 million rural Veterans enrolled in the U.S. Department of Veterans Affairs' health care system. Key focus areas include programs that address workforce shortages, transportation, primary care, mental health, telehealth, and specialty care.