LOGIC MODEL

Program: Ellie Fund Metastatic Program Date: January 28, 2019

Program Director: Anne Meisner Agency: The Ellie Fund

Participant description: Metastatic breast cancer patients (whether currently in treatment or not), men and women of all socioeconomic levels, who live or have a current oncology treatment team in MA.

Inputs **Resources**	**Activities** **What participants do in your program**	**Outputs** **How much svc?**	**Initial Outcomes** **Skills, knowledge, attitudes, values**	**Intermediate Outcomes** **Change in behavior**	**Long-term Outcomes** **Improved condition, status**

Staff:
Patient services manager .375 FT
Patient admin coordinator .25 FTE
 	
$500,000 patient grant budget
 	
SW/PN/RS partners
Housed at hundreds of Hospital/clinics providing breast cancer treatment in MA
 	
Vendors: grocery stores, gas, meal delivery providers (only one), parking at hospitals, child care, therapists, housekeepers, in most geographic locations in MA
 	
11 Board members
 	
Volunteers (18 volunteers for meal delivery/mo, others as needed occasionally)
	Ellie Fund provides 6 month grant of services within a 12 month period; may reapply if needed for one 6-month extension, to receive top 2 choices out of 7 priority services; approved services are provided free of charge.
	Patient accesses Ellie Fund either:
	• Social Worker/Patient Navigator/Resource Specialist (SW/PN/RS) or health care professional (HCP) refers
	• Patient accesses through material in hospital, online, or word of mouth, and are referred back to HCP
	Patient shares input with SW/PN/RN to complete the Ellie Fund application: contact info, demographic info (including family, income, insurance), referring profession/treatment facility, treatment plan, narrative about life impact, partner services applied for, prioritized services and preferences/needs, liability release
	Staff reviews application for:
	• Top 2 of 7 priority services requested; ensure patient receives most benefit from grant given their situation
	• $ Value of services requested; no maximum value. Formulas used to calculate grant amount:
	  ○ Integrative therapies: Patient selects acupuncture or oncology massage therapist and requests recommendation and estimate
	  ○ Grocery card: starts at $200/month, increase by $50 per dependent household member
	  ○ Gas card (mileage): Distance and frequency of treatment appointments, current gas price
	  ○ Parking (cost per appointment x frequency, reimburse w/receipts)
	  ○ Other local transportation (Ride based on eligibility, Lyft, taxi, MBTA, train, etc.) based on frequency of appointments and recommended means of travel through course of treatment (access to reliable transportation may be uncertain and require adjustments)
	  ○ Childcare cost gap, currently up to 100%, if resources available
	  ○ Housekeeping: ID nearby provider, use hourly rate, 2 sessions/month of grant (reimburse patient)
	  ○ Delivered meals: Small families (12 meals x 3 servings/mo), larger families (8 meals x 6 servings/mo)
	  ○ If SW/PN/RN requests, staff can request ED to increase grant amount or # services outside of guideline
	Staff looks for alignment between needs statement and prioritized services. Grant ensures not duplicating needs provided by other partner organizations. Staff allocates monthly grant resources to current patient caseload, based on requested priorities and available monthly budget. If budget is maxed out, staff prioritizes which services to pay less than full amount for which patients, or find outside resources to cover. (Contingency/discretionary fund only supports pre-approved services.)
	Within one month, grant is communicated to HCP and patient; grant is fulfilled by scheduling and distributing resources. Replace lost gift cards or troubleshoot problems to ensure patient receives services granted.
	Some services are not used; staff then follows up with reminder and request to return unused resources. Staff offers replacement services if needed during grant period. Patients may amend grant if needs change over 6 months. In emergency, grant can be made within 24 hours (usually food or transportation).
	Quality indicators:
	• Compassionate care, meaning understanding of patient's family situation
	• Patient has a team of people (EF) who are there for them and understand them in crisis
		# grants
		
		# active patients /mo
		
		# cumulative patients/yr
		
		# new patients/mo
		
		# extensions
		
		Total $ amount of each grant
		
		# patients re receiving each kind of service/mo
		
		# services unused/mo
			Patient feels supported and comforted:
			• Relief of some financial stressors related to breast cancer diagnosis and treatment (see below)*
			• Relief of some emotional stressors related to breast cancer diagnosis and treatment
			• For patients who choose integrative therapy, symptoms related to treatment or illness decrease (pain, anxiety, nausea, fatigue, appetite)
			Prioritized patient needs are met (based on treatment and circumstances):
			*integrative therapies, transportation to medical appointments, light housekeeping, nutritional and grocery assistance for patient and/or family, childcare reimbursement, nutritious prepared/delivered meals
				Patient is able to focus on their personal priorities	Patient experiences hope, support, and comfort

LOGIC MODEL

Program: Curative Program

Date: January 28, 2019

Program Director: Anne Meisner

Agency: The Ellie Fund

Participant description: Breast cancer patients in treatment, men and women of all socioeconomic levels (financially needs-blind), who live or are treated in MA.

Inputs **Resources**	**Activities** **What participants do in your program**	**Outputs** **How much svc?**	**Initial Outcomes** **Skills, knowledge, attitudes, values**	**Intermediate Outcomes** **Change in behavior**	**Long-term Outcomes** **Improved condition, status**

Staff:
Patient services manager .375 FT
Patient admin coordinator .25 FTE
 	
$500,000 patient grant budget
 	
SW/PN/RS partners (our ears and eyes)
Housed at hundreds of Hospital/clinics providing breast cancer treatment in MA
 	
Vendors: grocery stores, gas, meal delivery providers (only one), parking at hospitals, child care, housekeepers, in most geographic locations in MA
 	
11 Board members
 	
Volunteers (18 volunteers for meal delivery/mo, others as needed occasionally)
	Ellie Fund makes up to 3 month grant of services, may reapply if needed for up to two, one-month extensions, to receive their top 2 choices out of 5 priority services; approved services are provided free of charge. Goal is to make the biggest impact for each individual patient. Patient accesses Ellie Fund either:
	• Social Worker/Patient Navigator/Resource Specialist (SW/PN/RS), other health care professional (HCP) refers
	• Patient accesses through material in hospital, online, or word of mouth, and are referred back to HCP
	Patient shares input with SW/PN/RN to complete the Ellie Fund application: contact info, demographic info (including family, income, insurance), referring profession/treatment facility, treatment plan, narrative about life impact, partner services applied for, prioritized services and preferences/needs, liability release
	Staff reviews application for:
	• Top 2 of 5 priority services requested; ensure patient receives most benefit from grant given their situation
	• $ Value of services requested; no maximum value. Formulas used to calculate grant amount:
	  ○ Grocery card: starts at $200, increase by $50 per dependent household member
	  ○ Gas card (mileage): Distance and frequency of treatment appointments, current gas price
	  ○ Parking (cost per appointment x frequency, reimburse w/receipts)
	  ○ Other transportation (Ride based on eligibility, Lyft, taxi, MBTA, train, etc.) based on frequency of appointments and recommended means of travel through course of treatment (access to reliable transportation may be uncertain and require adjustments)
	  ○ Childcare cost gap, currently up to 100%, if resources available
	  ○ Housekeeping: ID nearby provider, use hourly rate, 2 sessions/month of grant (reimburse patient)
	  ○ Delivered meals: Small families (12 meals x 3 servings/mo), larger families (8 meals x 6 servings/mo)
	  ○ Staff can request ED approval to increase grant amount or # services outside of guideline, requested by SW/PN/RN
	Staff looks for alignment between needs statement and prioritized services. Grant ensures not duplicating needs provided by other partner organizations. Staff allocates monthly grant resources to current patient caseload, based on requested priorities and available monthly budget. If budget is maxed out, staff prioritizes which services to pay less than full amount for which patients, or find outside resources to cover. (Contingency/discretionary fund only supports pre-approved services.)
	Within one month, grant is communicated to HCP and patient; then grant is fulfilled by scheduling and distributing resources. Replace lost gift cards or troubleshoot problems as needed to ensure patient receives services granted. Some services are not used; staff then follows up with reminder and request to return unused resources. Staff offers replacement services if needed during grant period. Patients may amend grant if needs change over 3 months. In emergency, grant can be made within 24 hours (usually food or transportation).
	Desired quality indicators:
	• Compassionate care, understanding of patient's family situation
	• Patient has a team of people who are there for them and understand them in crisis
	• Coordinate w/SW to ensure that patient follows treatment plan
		# grants
		
		Length of grants
		
		# active patients /mo
		
		# cumulative patients/yr
		
		# new patients/mo
		
		# extensions
		
		Total $ amount of each grant
		
		# patients re receiving each kind of service/mo
		
		# services unused/mo
			Patient feels supported and comforted:
			• Relief of some financial stressors related to breast cancer diagnosis and treatment (see below)*
			• Relief of some emotional stressors related to breast cancer diagnosis and treatment
			
			Prioritized patient needs are met (based on treatment and circumstances):
			*transportation to medical appointments, light housekeeping, nutritional and grocery assistance for patient and/or family, childcare reimbursement, nutritious prepared/delivered meals
				Patients are able to focus on recovery, family, and healing
				
				Patient adhered to and completed treatment plan
					Patient experiences hope that endures, even beyond the experience of cancer