"Reasons-Not-To":

Content, Value Cited, Reply, and Way Forward

| Reason-Not-To | Content | Value Cited | Reply | Way Forward |
|--------------------------------|---|---|---|--|
| "HIPAA" | Can't identify patients/clients | Patient privacy | Evaluation research can be HIPAA-compliant | Get permission or get QI exemption |
| "IRB" | Need IRB approval | Rights of human subjects | QI is exempt from IRB | Consider define as QI project |
| "Not my Job " | Evaluation is outside mission; Lack of resources | Mission loyalty | Ethical responsibility to know results | Start where you're at |
| "Evidence-based" | Don't need evaluation research; we're already doing "evidence-based" treatment | Evaluation science | Individual, not population-based; Data from research centers far from real-world settings | Outcomes-based program evaluation |
| "We Just Know What's Right" | A political philosophy, accepted, makes evaluation unnecessary | Advantages of less restrictive, community-based care | Virtues of community care do not eliminate need for hospital care; balance needed | Population-based evaluation of outcomes with varying balances of community-based and hospital care |
| "We Don't Know Enough" | Evaluation methodology not developed | Evaluation science | Evaluation methods exist, even if at early stage | Use existing knowledge base |
| "No Baseline Data" | Lack of historical data; sometimes, no consensus on metrics | Good science needs data | Evaluation, even on a small scale, will be worthwhile | Start small, where possible |
| "There's Too Much to Do" | Urgent administrative needs | Need to set priorities | Yes, but | Foster evaluation ethic among parties; start small; evaluate <i>some</i> thing |