August 16, 2017
2:00 pm EST

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode until the question-and-answer session. For questions from the phone line, you may press Star 1. Today's conference is being recorded. If you have any objections, you may disconnect at this time and now I'll turn today's meeting over to Meredith Raymond. Thank you, you may begin.

Meredith Raymond: Good afternoon, everyone. Thank you for joining us for the third event in our HCBS quality Webinar series, quality measure development. This series consists of informational Webinars occurring on a bimonthly basis to build awareness of ACL's commitment to and development of HCBS quality measures and to provide a platform among internal and external stakeholders to share developments and collaborate on efforts concerning HCBS quality.

In June we hosted our second Webinar, HCBS framework development which provided a deep dive into the significant role of framework development in HCBS quality. Organizing frameworks play an integral role in today's Webinar topic measure development.

ACL strongly supports any progress toward nationally-validated outcome measures for long-term services and support and has invested in a number of initiatives that are working towards this goal.

Due to Human Services Research Institute, ACL supports the development and implementation of a national core indicators for people with intellectual and developmental disabilities and the national core indicators for aging and disability.

These two related survey instruments continue to inform the field on state system performance. ACL and NIDILRR fund a rehabilitation, research and training center on home and community-based services outcome measurements.

A result of the research conducted through the center will be a set of recommended measures and procedures to ensure that they support the quality of life outcomes for people with disabilities and older adults.

We are fortunate to have representatives from the Administration for Community Living, the Human Services Research Institute and the Rehabilitation Research and Training Center on Home and Community-Based Services Outcomes to discuss the importance of quality measurement, how measures are developed and the progress made through these initiatives.

The Webinar agenda is as follows. Dr. Heather Menne, Social Sciences Analyst at ACL will provide a brief overview of the basics of quality measurement. Alexandra or Alex Bonardi, Project Director at the Human Services Research Institute will discuss the progress made in developing HCBS quality measures from the national core indicators and national core indicators for aging and physical disabilities survey instrument.

Dr. Brian Abery, Co-Director and Dr. Renáta Tichá, Research Associate at the University of Minnesota rehabilitation, research and training center on home

and community-based services outcome measurement will discuss tools and progress resulting from measure development research.

The presentations will be followed by a 15-minute question-and-answer session. At the conclusion of Dr. Abery's presentation, the operator will provide directions as to how to enter your question into the Q&A queue.

To begin I'd like to introduce Dr. Heather Menne, a Social Science Analyst at the Administration for Community Living. On behalf of ACL she oversees the nutrition services program, outcome evaluation, the outcomes evaluation for the national family caregiver support program and the annual National Survey of Older Adults Act participants.

Dr. Menne earned her doctorate in sociology from Case Western University and a Masters in (gerontological) studies from Miami University. Thank you, Heather.

Heather Menne: Good afternoon. As Meredith mentioned, I'm Heather Menne and I am in ACL's Office of Performance and Evaluation. I have been working in the field of aging specifically gathering information about how programs operate and whether they are providing quality services to individuals and to communities and I've been doing this for over 10 years.

Program evaluation is a systematic method for collecting, analyzing and using information to answer questions about projects, policies and programs, particularly about their effectiveness and efficiency.

It is important to remember that when we think about measuring how our programs or services are performing, we have to look at quality and quality measurement as a type of evaluation with regard to home and community-

based services and ACL's mission to maximize the independence, well-being and health of older adults, people with disabilities and their families and caregivers.

We can expand the Institute of Medicine's definition of quality from clinical services to include supportive services and the degree to which those services impact the well-being of those we serve.

Items that we need to consider when thinking of program or service quality commonly include six dimensions. One, effectiveness which relates to providing services that achieve the desired outcome, in this case of helping people to live independently with maximum health and well-being.

Two, efficiency. Are we doing the most that we can with the resources we have? Three, equity. This relates to providing services of equal quality to those who may differ in personal characteristics. The fourth dimension is person-centeredness. This relates to meeting consumers' needs and preferences.

Fifth is safety relating to actual or potential bodily harm and sixth is timeliness. This relates to obtaining needed services as quickly as possible. The move to quality is not new even if it was and I always talked about using that term. GPRA or G-P-R-A stands for Government Performance and Results Act from 1993.

The GPRA Modernization Act serves as a foundation for helping agencies to focus on their highest priorities in creating a culture where data and empirical evidence plays a greater role in policy, budget and management decisions, in other words, using data such as that about program and service quality to

make programmatic and policy decisions that improve the programs and
services we offer.

In 2013 Memo M1317 from the Office of Management and Budget discusses
approaches for strengthening agencies' abilities to continually improve
program performance by applying existing evidence about what works,
generating new knowledge and using experimentation and innovation to test
new approaches to program delivery.

In the HCBS context this means finding-out which policies, programs and
services are best at helping individuals of communities make their own
choices and participate fully in society.

In the recent 2018 budget blueprint, the current administration also discusses
use of evidence and measurement of program quality. The budget blueprint
describes the programs proposed to be cut as lacking evidence and those
proposed for expansion as having it.

If we do not examine our programs objectively, we cannot really know
whether they are improving people's lives either directly through service
provision or indirectly through improved efficiency. Measurement of
program quality can help us to maintain high-quality programs and improve
lower-performing programs.

Give individuals and stakeholders information about program quality to help
them choose the services and approaches that are best for them and ensure that
we are getting our money's worth by making sure that we are getting the level
of quality we expect. It's important to remember that measurement is a
quality improvement tool, not an end in and of itself.

We should use quality measurement to tell us where we need to look more closely as we work to serve individuals and communities in the best, most effective ways possible. In reality we cannot and should not measure everything.

Even though I'm an evaluator, I do realize measurement should not cost more than a program. Measurement should complement the program and gather the most important information needed for decision-making and service improvement.

When we think about home and community-bases services, there are several program dimensions that it makes the most sense to measure because these are areas that we have some control over.

These include the quality of how care is structured, for example is it holistic or is it multidisciplinary? Second, how the process of providing care affects consumers and their health outcomes. Third, what are the consumer outcomes in terms of health and well-being?

We can also look at the level of resources used and compare the resources per positive outcome. I look forward to hearing from our colleagues at the HSRI and the University of Minnesota RRTC as they discuss their work on HCBS quality measure development. Thank you all for your attention and thank you, Meredith.

Meredith Raymond: Thank you, Heather. Now I'd like to introduce Alexandra Bonardi. Alex Bonardi is currently the Director of National Core Indicators at the Human Services Research Institute.

She has worked to support people with intellectual and developmental disabilities throughout her career in a variety of capacities including clinically as an occupational therapist, as a researcher focused on interventions to reduce risks such as (false) prevention and on data collection efforts to enhance policy-based decision-making and to improve quality and equity in the delivery of support. One moment, please.

Alexandra Bonardi: Thank you, Meredith. This is Alex Bonardi and I think now I've got control of the slides so than you for the opportunity. This afternoon I plan to be talking about two tools that exist for measuring and improving quality of supports for people with disabilities and our project's work to progress towards nationally-validated measures in the area of home and community-based services.

As Meredith mentioned we are talking about two quality monitoring tools, the National Core Indicators and the National Core Indicators for Aging and Disability. While these are two distinct quality monitoring tools, they do have common protocols implementation and some commonality as related to the development and measurement domains which we'll be getting into in a minute.

I wanted to emphasize that these are state-level quality monitoring tools and these were really developed in response to states identifying a need for effective tools to monitor program quality. HSRI Human Services Research Institute has partners and has partnered from the inception of both of these tools for the development, administration and the use of quality data.

In the case of national core indicators, it is a partnership with the National Association of State Directors of Developmental and Disability Services and

in case of national core indicators for aging and disabilities in the partnership with the National Association of States United for Aging and Disability.

We do have contact information at the end of our little set of slides so a little bit more detail about national core indicators and national core indicators for aging and disabilities. These were developed to measure service outcomes from people who are receiving services.

There's information that is collected from both administrative and service coordination data but primarily what our emphasis is on these tools being in-person interviews by trained surveyors, face-to-face meetings to develop what we will be talking about later as patient-reported outcome measures.

I will also reference in a little bit that the national core indicators project which has been around for a bit longer has additional tools which are not face-to-face surveys but primarily we're talking about the face-to-face surveys in the context of patient-reported outcome measures.

We do have protocols for both tools allowing for proxy response if the person is unable or unwilling to respond for themselves and as I've mentioned this being something that states really focus on, states may opt to add questions to the core set of questions that exist in the tool and then they would be implemented alongside the core set of questions.

There are standardized training materials and implementation protocols and the survey questions and the structure were developed and tested through multiple pilot phases. This is really demonstrating the two tools side-by-side or I should say the two projects side-by-side.

As the national core indicators and the national core indicators for aging and disabilities, one really key thing to focus-in on is that the focus population differs. The focus population for national core indicators is adults 18 and over who are receiving services from their state developmental and disability support agency.

And the focus population for national core indicators with aging and disabilities is older adults and adults with typical and other disabilities accessing publicly-funded services and there's a list on the slide including Older Americans Act programs, Medicaid waivers, Medicaid state plan, state-funded programs, PACE, MLTSS programs and skilled nursing facilities.

So there are a number of funding streams that are then being monitored in terms of this quality measurement. As I've mentioned we have collaborators on both these projects and then one other thing that I do want to highlight right now is that the national core indicators was launched in 1997. This current survey cycle is the 20th year of data collection for in-person surveys.

The national core indicators for aging and disabilities began implementation in 2015 so it's relatively new in terms of its implementation but in a minute I will just get into talking about how far it has gotten in terms of reach. One other area that I want to highlight is the national core indicators staff ability survey which is relatively new.

This is again focusing-in on the disability and quality of the direct support professional workforce and when we talk in a little bit about the areas where it's important to monitor quality in terms of assessing quality of services, this was an area that was determined to be a gap area in terms of understanding the ability of staff.

So this program was developed, it's a tool that actually collects data specifically from provider agencies so it has a different kind of methodology. All of these reports that I'm referencing are available and for example I'll just say in 2016 the dataset for the staff's ability survey included data from 21 states.

So here's the reach of national core indicators and national core indicators for aging and disabilities. The states that are colored-in in blue are those states that are participating in national core indicators only.

The states that are colored-in in that weird brown color it looks like on my screen are states that are participating in both national core indicators and national core indicators for aging and disabilities.

So demonstrating here that actually in the span of a couple of years national core indicators for aging and disabilities have been taken-up by quite a number of states. This actually needs to be updated.

Utah has recently been added as participating in national core indicators for aging and disabilities so that's another state that we'll need to change in the color, the color representing participating in both surveys. National core indicators and national core indicators for aging and disabilities have similar lists of domains.

We show them here on this slide and I'm not going to spend a great deal of time except to say that Human Services Research Institute projects to have a question-by-question crosswalk indicating where there are areas of overlap between national core indicators and national core indicators for aging and disabilities both in domains and in particular questions.

And the current reporting and data use of national core indicators I will say that national core indicators and national core indicators for aging and disabilities have publicly-available reports.

This is one of the areas where we feel like this is important and the states that participate feel it's important to have the data and the results publicly available so these are posted on the Website. There are reports posted on the Website.

I just want to reference that the reports do include state sampling details and quite a lot of detail about the methodology as well so that would be a good place to go and reference that. I also want to say that states may choose to use larger samples when they do the survey, the implementation of either national core indicators or national core indicators for aging and disabilities.

For the purpose of being able to understand substate entities for example managed-care organizations if they sample so that they can look at outcomes, services and some characteristics of services of people who are receiving services based on at the level of some substate entities.

So this does this is possible if states work on establishing and appropriate sample size and appropriate methods for doing that. States may choose to share those reports but that's up to the states.

And generally states are using the data to benchmark to other states and for data-based quality monitoring and planning related to outcomes and for reports to a number of stakeholders.

One other piece of context that I wanted to add to what was presented earlier by Heather as well is another piece of another report that came-out about a

year ago based on a process looking at quality and home and community-based services.

This was the result of a multi-stakeholder committee that was convened by the National Quality Forum and the plan the goal was to develop a shared understanding and approach to measuring quality in home and community-based services.

This included an environmental scan and some details about the characteristics of high-quality home and community-based services and these characteristics include things such as a person-driven system, social connectedness, balance of personal safety and dignity of risk, (asset) supplies and support and a system that supplies and supports an appropriately skilled workforce that is stable.

And that is why I referenced this stability report as one of the various were that can be used to monitor this as well as outcome-oriented data to all stakeholders.

So in the last few minutes that I have I do want to talk about I want to reference specifically the projects that we are doing now funded through the Administration on Community Living to develop home and community-based service quality measures from national core indicators and national core indicators for aging and disabilities.

These tools have been developed with support from ACL along the way and this project really has some key areas that we're focusing-in on to advance the development effort, to enhance home and community-based service quality measurements.

So the project activities briefly are to focus-in and I should say this is listed as HSRI human service research project activities. These are all projects - all these project activities - are being done in concert and collaboration with our partners the National Association for State DB Directors as well as (nasua).

So the project activities are to take a little bit of a look back to synthesize and publish evidence and protocols to revise existing and/or existing measures or develop new measures of person-centered planning and this is something I will get into in a little bit.

The third main focus is to submit at least 20 measures for National Quality Forum endorsement and then the fourth is to continue the work and to support the expansion of our work to support states to use national core indicators and national core indicators for aging and disabilities in terms of their quality monitoring and quality processes so the first activity as I've mentioned is to synthesize and publish evidence and protocols.

What I'd like to focus-in on the second bullet we have existing evidence of good psychometric properties in the development of these tools we have done extensive testing and this component of the work is to focus-in on the synthesizing the testing that has been done to date and developing a plan for additional studies that we would like to complete.

The additional studies will focus-in on these three main areas in terms of a round of confirmatory cognitive testing of questions that are being used, analysis of understanding those who respond and those who opt not to respond. This is a random sample of service recipients but people of course are opting-in.

It is a voluntary participation in the survey and so we would like to do some work to understand those who choose not to respond and we have process underway to do that and then we want to do some additional inter-rater reliability testing in several settings.

The additional work we'll be doing is to again synthesize and update training procedures, requirements and protocols and that process is underway as well as to clarify with some of our states the sampling procedures and requirements across states.

The second activity that we are working on currently involves focusing-in on person-centered planning, the questions and the modules - questions and potentially a module - that mixes with both surveys.

This is in response to a demonstrated and recognized need that we have heard from a number of states that we have worked with that are interested and keen to be able to have an effective way to understand the extent to which their services are both person-centered services and that the planning is done in a person-centered way so this is work that we have underway.

We have done a number of consultation focus groups with state partners and our intent is that we will be piloting questions with states in the current survey cycle. The third activity that we're working on will be to submit to the National Quality Forum a number of measures for endorsement.

Some of the foundation (unintelligible) that I have mentioned already in the (unintelligible) of activities are leading to this as well as work that we're doing to align with staff areas that exist.

We are working quite closely with our colleagues at the RTC on outcomes measurement who you'll be hearing from shortly to make sure that as we are working to develop measures that this is done in a synergistic way because this is and learning from the work that they have been doing as well as sharing the work that we have underway to contribute to their work.

Our targeted timeline for submission of our first round is late 2018 and briefly I just wanted to mention to those who are interested and participating, there's a great deal of information available on the National Quality Forum Website laying-out what the criteria the general criteria are for endorsement of measures.

But primarily there are these larger (insets) that we're focusing-in on in terms of demonstrating this. In terms of the feasibility for the tools the national core indicators and the national core indicators for aging and disabilities, the last bullet. Well, we've got good we're able to demonstrate feasibility in that the tools are exist in the field.

We have a great deal of resources that we've pulled together for both to demonstrate the importance as well as the scientific accessibility and the usability so these are all cases that we're pulling together. Some of it is a question of demonstrating in the context and the language that aligns with what is being sought by the National Quality Forum.

Finally the other piece of work that we're doing as a portion of this ACL-funded work includes as I have mentioned technical assistance as this involves enhanced training for state quality staff on understanding and using data that is available, how to integrate not just as a once-a-year review of a report but rather into developmental plan for quality improvement.

We are also generating both data briefs and what we're calling data nuggets which are short summaries which can be developed and shared and some states have adopted this kind of format in terms of their general reporting.

We're also working on working with states to help them focus-in on sampling procedures to ensure comparability and allow states to think about how they would sample if they want to look at a particular issue within their state and looking at how to use these results for system improvement.

Finally we are looking to support the recruitment of additional states. There are four states remaining that are not participants in national core indicators and there are additional states that we're looking to work with for national core indicators for aging and disabilities as well.

There's plenty of information available on the national core indicators Website and the national core indicators for aging and disabilities Website and with that I'd like to say thanks to the Administration on Community Living for supporting this work to improve measurement and for the quality of support for people with disabilities living in the community.

And also thank you to our partners, (nasuad) and (nasdes) and to the people in the multiple states that we've worked with for their ongoing commitment to improving quality and with that I will pass the green ball back to Brian.

Meredith Raymond: Thank you, Alex, very much appreciate your help with this presentation. Now I'll introduce Dr. Brian Abery and Dr. Renáta Tichá. Dr. Brian Abery is the Co-Director of the University of Minnesota's rehabilitation and research and training center on HCBS outcome measurement and the educational assessment and intervention program at the University's Institute on Community Integration.

He is an adjunct faculty member within the Institute on Child Development and special education programs at the University of Minnesota and serves as the principal investigator or co-investigator on a number of (nydler) and U.S. State Department projects focused on enhancing the inclusion of people with disabilities.

Dr. Renáta Tichá is a Research Associate at the University of Minnesota's Institute on Community Integration with extensive experience in services to people with disabilities as a program evaluator, measurement expert and researcher. She holds a doctorate in special education and direct projects involving survey assessment and intervention research for people with a variety of disabilities.

Dr. Tichá has authored a number of publications on the national core indicators project we just heard about as well as serving as a principal investigator or co-investigator on multiple projects being undertaken as part of the UMN's RTC on community and the RTC on HCBS outcomes measurement. Thank you Brian and Renáta.

Brian Abery: Thank you for the opportunity to share the work we're doing through our research and training center on HCBS outcome measurement. Renáta and I very much appreciate this opportunity.

We are a five-year research and training center funded by the National Institute for Disability, Individual Living and Rehabilitation Research. We are a consortium in the sense that we have a number of primary and secondary partners to support us with this work.

Our primary partners are the RTC at the University of California San Francisco led by Steve Kaye, our colleagues at Temple University including (Mok Selver), (Beth) and (Retrin), our colleagues at Ohio State University (John Corrigan) with his expertise in TBI and Joe Caldwell from the National Council on Aging.

As Alex Bonardi indicated, we also have a close relationship with HSRI and will be working with them so that we can collaborate with respect to testing new and refined measures.

Now our purpose is a little bit different than those of our colleagues at HSRI in the sense that while their development of the NCI set of instruments is really focused on state-level monitoring tools, ours really is more focused on kind of multi-level monitoring.

So to summarize we really are trying to improve the way we measure quality of home and community-based services and the subsequent personal outcomes that people with disabilities experience as a result of the support that they receive. Our starting point is with the National Quality Forum HCBS outcome measurement framework.

We thought that given this framework is new and is probably the first comprehensive attempt to take a look at what is most important to measure, the first thing that we wanted to do is to do some content and social validation of that framework through a national study with four different stakeholders and those included large groups of individuals with disabilities, family members, providers and program administrators.

Our next step focused on doing a gap analysis, taking a look at the recently-released NQF framework and existing measures with respect to their content,

the extent to which the constructs that were attempting to be measures were well-saturated, the person-centeredness of existing measures and measure concepts and their relevance to multiple disability populations.

As a third phase or step in our process, we have been working on kind of prioritizing measures that either need refinement or new measures that need to be developed taking a look at the gaps between prioritized NQF domains and subdomains and the existing measures that we have identified focusing on importance, feasibility and usability.

We're actually now in the stage of measure development which is an iterative process in which we are taking a look at the most promising measure concepts that are out there where there are gaps developing new measures and then we'll be pilot-testing including significant cognitive testing of these measure concepts with all disability populations to determine both the psychometric and other properties.

So we'll be focusing on reliability, validity, sensitivity to change and applicability across disability groups. Now our approach to measure development is to look at a couple of other things in addition to the quality of the measures.

Number 1 has to do with the administrative factors so we are working to really take a look at best practices in training protocols for interviewers, administration approaches, sampling and data handling approaches so that when we have good measures we can be assured that they are going to be implemented in a high-fidelity fashion.

We will also be looking at risk adjusters or what in the educational field we typically refer to as covariates. As part of our work, we are identifying

potential risk adjusters at the individual level and the systems or environmental level and then we're going be testing promising risk adjusters in a national sample.

So again we started our work with an understanding of the National Quality Forum's framework for HCBS outcome measurement and as you all know, that has 11 domains and within each of those domains there are two to seven subdomains.

What we wanted to note is whether stakeholder groups of individual with disability, family members, program administrators and providers generally agreed with the domains and subdomains outlines by the National Quality Forum as most important and to figure-out whether they differed in how they prioritized the domains and subdomains.

So we went-out using a process that we refer to as participatory planning and decision-making and with each stakeholder group which consisted of anywhere from four to 10 individuals we took a very close look or deep dive into the NQF framework.

Having the group provide us with information regarding the operational definitions used, whether they were gaps, missing domains or subdomains and to have them really evaluate whether the subdomains accurately reflected what we're measuring at each domain level.

We had people provide importance weighting as part of the work that we're doing in this area from zero not important at all to measure to 100 most important to measure and as you can see from this slide, we attempted to get a national sample or as close as we could get to that sampling individuals from

all areas of the country and from all of those stakeholder groups that I have previously discussed.

And this is the type of information that we were provided by the groups with respect to kind of the quantitative aspect of our groups. Taking a look here you can see across the NQF domain that there were some domains that across all stakeholder groups there was high degree of consensus that these are the most important to measure.

Others that were considered to be somewhat less important to measure but I think one of the things that we did learn from this exercise was that overall the National Quality Forum did come-up with a framework that pretty much indicated what the different stakeholder groups are thinking of as the most critical aspects of home and community-based services to measure both with respect to quality assurance and the personal outcomes that people experience.

Now although these was consensus, you know, there were some differences with respect to what individuals thought were most important to measure. As you can see on this slide, person-center service planning for nation, service delivery and effectiveness, choice and control and human and legal rights were above average with respect to the ratings that they received.

We have four kind of domains which were in the average range, workforce, equity, holistic functioning and community inclusion and three subdomains of the National Quality Forum framework which were a bit below average.

Again, all of the weightings that were assigned by the groups indicated that all of these were important to measure. What we were focusing-on is which did they feel were most important to measure.

One of the things that we did find-out as we looked at the various domains and subdomains is that the subdomain level there were certain aspects of each of these domains that stakeholders agreed were more important to measure than others so for example with respect to system performance and accountability, you know, financing and service delivery structures were considered to be most important.

The use of evidence-based practice, somewhat less important. Looking at equity, you can see that there were two subdomains that our participants saw as more important to measure than the others. Again I want to reemphasize that all of these were considered as important to measure, some just more important than others.

One of the things that we found was that when we took a look at the personal outcomes experienced by persons with disabilities, we tended to get much less variation across subdomains.

Here's just an example of choice and control that all the aspects included in the National Quality Forum's outcome measurement framework which were identified by that select stakeholder group reviewed by a much broader group of 350 some-odd individuals from all the stakeholder groups as important to measure - as equally important to measure - I should say.

The same with respect to community inclusion. I know I'm going through these slides quickly. We will be actually having a Webinar this fall which will in much greater detail go over the results of this first content and social validation study focusing on the National Quality Forum's framework.

We also found that among the stakeholder groups at least in some areas there were specific stakeholder groups that rated some areas as either more or less

important than others. As you can see here in this slide, choice and control was rated above average by policymakers, individuals and providers, somewhat below average by family members.

We have a similar type of response to our questions about the human legal rights piece and again what people were actually weighting was the importance of each of these aspects of the National Quality Forum's framework to measure.

So the main takeaway from our stakeholder input is that we do have initial evidence of the social and content validity of the NQF framework where the stakeholder groups were represented. We have some additional suggestions that the groups recommended with respect to domains and subdomains.

Our groups for example felt that employment was not highlighted enough for most of those groups in the National Quality Forum's framework that we needed to take a closer look at workforce turnover and at transportation. Also the differences in importance weightings suggests that the framework may apply somewhat differently to the various disability groups.

Now these results were basically intended to drive our measure development process and the improvement of measures so that we could really look at those measures which were deemed of greatest importance and as I said we'll have more information specifically about this aspect of our development process in a Webinar that we will make sure all of you on hear about which will be taking place this fall.

I'm now going to turn things over to my colleague Renáta Tichá who's going to talk about the work that we have been doing with respect to gap analysis in this area.

Renáta Tichá: So one of our charges was to look at existing instruments in the field of disability services (unintelligible) different types of disabilities and match them against the domains and subdomains of the NQF framework so with the help of our team here at the University of Minnesota we were able to review 132 instruments across five target populations with disabilities.

And we were able to code these instruments based on the categories that you have listed on the slides, for example respondent types, as to what extent they are person-centered, domain and subdomain and then available also their properties. Now, one of our other sort of focuses here was to be sure to review instruments that are widely used, like NCI and NCIAD, but also instruments that are not as widely used but had more extensive psychometric studies that were done on them, for example, assessment tools that were developed as part of NIDILRR initiatives at universities.

So this chart just gives you a sample of some of our findings of the GAP analysis. So this shows, for example, what percentage of the instruments coded covers certain content areas of NQF. There were instruments that -- about 23% of instruments cover the domain of community inclusion, for example, as opposed to 9% of those cover human and inalienable rights, and the other domains that you can see on the chart.

Now, this just really shows the coverage by the number of questions that were coded within the domains and sub-domains. It doesn't really speak to quality of those items, which is our next step in this particular process. This is another visual that might help to see what we have been working on. In the left hand corner are the domains that were covered by the tools, by the assessment tools. And then you have got the assessment tools' names at the Y axis.

And then you can see sort of the saturation or the percentage of coverage of the particular domain and sub-domain by the different instrument. And again, this doesn't really take into account the quality of the coverage. It's just the sort of frequency account of the NQF coverage. There is another sort of map that shows you the coverage by type of disability and I just want to highlight some main findings of the GAP analysis. You can see based on the chart that I showed a few minutes ago that there is different level of coverage by domain and sub-domain. That shows that equity participation in system development by people with disabilities is covered the least as far as we could tell.

Then there are also many items that can be classified as person centered but there are also many others that we coded as not fitting that particular description. There are many domains and sub-domains that don't include sufficient number of questions or questions of sufficient quality and that's an area we are currently working with Temple University to cover some of those gaps. And there were very few measures that have good psychometric properties or even existing psychometric properties, NCI being one of the exceptions and there were a few others that had at least psychometric properties under development. So that's an area that our project is working on for the next two years.

Brian Abery: I'm going to go through the next several stages of our project quite quickly so that there's time for questions. I do want to let you know, as I said earlier, that we really need to do a better job understanding measure administration to identify amongst existing outcome measurement programs what are the practices that are being implemented to actually collect this information, whether it be interview, whether it be interviews which are done on the basis of conversations or of a more structured type, to really understand how to best train individuals and what groups of individuals are best to collect this data.

Some states are using processes where an individual disability is the data collector or works together with a family member to collect the data.

So what we're going to be doing is conducting a number of case studies with the help of organizations such as HSRI and CQL to take a look at the methodological components needed to assure high quality data measured administration, to identify the strengths and challenges of outcome measurement programs and their impact on measure administration fidelity, and finally to identify factors that facilitate or are barriers to effective measurement implementation.

At this point in our process, we are kind of prioritizing our measures for development or the measure concepts we are going to be focusing on. So we basically have looked at all the domains and sub-domains of the NQF framework, taken a look at the feedback from study one, from stakeholders, and the gap analysis that took place in study two. And we are working with HSRI so we can minimize redundancy with respect to the work that they are doing through ACL to develop specific aspects of the NCI set of instruments.

So as part of this process, what we have done is to identify within the domains, those domains which, based on the gap analysis and stakeholder input, our stakeholders felt were most important to measure. And taking a look within those domains at the sub-domains, which either (unintelligible) gaps with or our stakeholders said, we need to do a better job of measuring these.

And these are the domains which were prioritized by both our leadership group at the RTCOM and our national advisory group, and they will be the measure concepts that we are going to initially be working on over the next three years of our research and training center. The measure development

process we are using is an iterative process where we are developing and revising items based upon the results of our initial work. We are, as part of this process, doing extensive review of existing contextual frameworks for the measure concepts to be developed,

One of the things that we found in doing our gap analysis is that a lot of the tools that are out there really haven't taken into consideration existing theory, existing conceptual frameworks in these areas. For example, personal choice and control, self-determination, social inclusion. And as a result, while we have items, while we have measure concepts out there, they don't really do a good job of saturating what most people, including people with disabilities mean by the construct in question, such as social inclusion.

As part of this process, we are developing operational definitions for the key components of the measure concepts based upon NAC's existing frameworks when they exist. And then as part of this iterative validation process, we are refining existing measures that are promising, putting them through kind of a content expert review process, and through a pilot study that will include individuals with all of the five different disability groups that we're working with, doing extensive cognitive testing with each of these.

So this just gives you an idea of kind of the measure lifecycle that we are following. We are at the point now where we have gotten through kind of the conceptualization and we are at the measure specification phase. And we will quickly be moving into our initial pilot testing within the next six months. I'm now going to turn things over to my colleague, who is going to talk about the next step, or future step in our measure development process.

Renáta Tichá: Yes, just for the sake of time, very briefly, after we have piloted, done cognitive testing, and revised some of the items or questions within the

measure concepts, we then will be working very closely with many of our partners across the country, including our partner on this call, to validate those measures with hopefully 1,000 individuals across the five categories of disability and looking at the main psychometric properties that are listed on the slide that we already discussed.

And lastly, one of our focuses is not only looking at outcomes and predicting variables for the measures that we are studying, but also risk adjustors. So we are currently at the stage where we have done a comprehensive review of the literature of risk adjustors across the populations and outcomes, working on putting it into a manuscript form to inform the field about the risk adjustors for various situations. So we'll have that available sometime in the fall.

Brian Abery: Thank you. I'm now going to turn things back over to Meredith and hopefully we have a few minutes for questions.

Meredith Raymond: Yes, thank you so much (Brian) and (Renata). Operator, just to be conscious of time, if participants have to leave the webinar, please feel free. We are going to at least have a time for two questions. So operator, could you please provide directions on participants can enter the Q&A queue?

Coordinator: Thank you. For questions from the phone, press star one. Please unmute your line and record your name to be introduced. Again, for questions or comments from the phone you may press star one please.

And currently, we're showing no questions at this time from the phone.

Meredith Raymond: Okay, I'll give it one more minute and then we have two questions here if we don't have any questions.

Coordinator: Thank you. Again, as a quick reminder for questions from the phone,
                    questions or comments, press star one please. Thank you. We're showing no
                    questions from the phone.

Meredith Raymond: Thank you. We'll start with our question here. (Alex), (Brian), (Renata),
                    how can local and state level organizations and providers be involved in
                    HGBS quality measure development.

Brian Abery: One of the things that's going to be essential for us to have quality measures is
                    to do extensive testing on the measures to make sure that they're feasible,
                    they're usable and they possess high quality psychometric properties. At any
                    level, whether it's a state level, whether it's a provider level, being willing to
                    be involved in this process will make a significant contribution to the field.

Meredith Raymond: Thank you, (Brian). For our next question, in the absence of endorsed
                    measures covering all areas of HGBS quality, what measures should local and
                    state level or organizations use?

Alexandra Bonardi: This is (Alex) and I would say that we've been talking about the
                    frameworks and the concepts around measures that are in development. I
                    think that local and state organizations can certainly be adopting measures that
                    are in development and actually following the process that NQF is going
                    through in terms of reviewing and endorsing measures would actually help
                    providers understand I think where things are being measured, where there are
                    gaps and where there's work that they have to continue, that we all have to
                    continue to do.

Brian Abery: And to add to what Alex is saying, I think we here at the University of
                    Minnesota want to make sure that people educate themselves about the
                    measures that they're being asked to use so that they know as each measure

has its strengths and its limitations what those strengths and limitations are, why was the measure developed, for what is its intended purpose. What questions was it designed to answer so they don't end up using measures for one purpose which they really weren't developed for.

Meredith Raymond: All right, thank you very much for the answers to those questions. That was extremely helpful and thank you for your presentations. Now that we're five minutes over I'm going to go ahead and close our call today. Thank you everyone for joining. A PowerPoint will be sent out to everyone who RSVPed for the webinar and it will also -- the webinar materials will also be posted to our website early next week. So thank you again everyone for your participation and please stay tuned for future webinars and discussion on HGBS quality. Thank you.

Coordinator: Thank you for your participation. That does conclude today's conference. You may disconnect at this time.

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