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If you have any questions or concerns please let us know VIA chat.



HCBS Quality Measure Development Webinar

August 16, 2017 2pm EST



Webinar Agenda

I. Introduction

II. Presentations:

- I. Heather Menne, The Administration for Community Living
- II. Alexandra (Alixé) Bonardi, Human Services Research Institute
- III. Brian Abery, University of Minnesota Research Rehabilitation Training Center on Home and Community-Based Services Outcomes Measurement

III. Question and Answer Session

IV. Closing

The Basics of Quality Measurement


Heather Menne, PhD

Social Science Analyst,
Office of Performance and Evaluation, ACL




Why is Quality Measurement Important?

The original mission of program evaluation and performance management was to **assist in improving the quality of programs.**




GPRRA-Modernization Act of 2010

- The GPRRA Modernization Act of 2010 (GPRAMA) aims to ensure that agencies use performance information in decision making and holds them accountable for achieving results and ***improving government performance.***
- 

Office of Management and Budget

- In *Memorandum M-13-17* the Office of Management and Budget provides guidance to Federal agencies about “harnessing evidence and evaluation”
- It discussed delivering “a smarter, more innovative, and more accountable government for citizens.”
 - An important component of that effort is ***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.”

FY 2018 Budget Blueprint


- The Administration will take an evidence-based approach to improving programs and services—using real, hard data to identify poorly performing organizations and programs. We will hold program managers accountable for improving performance and delivering high-quality and timely services to the American people and businesses...”
- 

Why Measure?

For many reasons, including:

- Measures drive improvement.
- Measures inform consumers and other stakeholders.
- Measures influence payment.

Measurement is a quality improvement tool, not an end in and of itself

- *A performance measure is a way to calculate whether and how often the system does what it should.*
- 

What to Measure?

Not everything that counts can be counted, and not everything that can be counted counts

But...

You can't improve what you don't measure



Areas for Measurement

1. Quality

- i. Structures of care
- ii. Processes of care
- iii. Outcomes

i. Intermediate clinical outcomes

ii. Health outcomes (mortality, complications, etc.)

iii. Patient-reported outcomes (experience, functional status, engagement, quality of life, etc.)

2. Resource use/cost

3. Efficiency (combination of quality and resource use)



How to Create Measures?

In order to be most effective, objectives should be clear and leave no room for interpretation. S-M-A-R-T is a helpful acronym for developing objectives that are

- *specific,*
- *measurable,*
- *achievable,*
- *relevant, and*
- *time-bound*

● Source: <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf>





Human Services
Research Institute

*Developing HCBS Quality Measures
from
National Core Indicators (NCI)
and
National Core Indicators for Aging
and Disabilities (NCI-AD)*

ACL Quality webinar

August 16th, 2017

NCI and NCI-AD

- Two distinct quality monitoring tools with common **protocols, implementation methodology, measurement domains**
- State-level quality monitoring. Some states opt to extend quality monitoring to sub-state entities.
- HSRI partners for development, administration, and use of quality data
 - NCI a partnership between NASDDDS-HSRI-States
 - NCI-AD a partnership between NASUAD-HSRI-States

NCI and NCI-AD

- Measure service outcomes from individuals receiving services
 - Includes some administrative and service coordination/case management data
 - In-person interviews by **trained surveyors** (face to face) (PROMs)
 - Protocols allow for **proxy response** if person unable or unwilling to respond themselves
 - States may opt to **add questions** to **core set**
 - Survey questions and structure developed and tested through multiple pilot phases
 - **Standardized training materials & implementation protocols**

National Core Indicators (NCI)

- Focus population: **Adults (18+) receiving services from state DD support agency.**
- HCBS waiver plus state-only funded programs.
- Collaboration between NASDDDS and HSRI
- Multiple tools
 - Adult In-Person Survey (IPS)
 - Family Surveys
 - Staff Stability survey** (detail on next slide)
- Launched in 1997, 2017-2018 is 20th year of data collection (for in-person survey).
- Current participation: 46 states plus DC, and 21 regional centers.

National Core Indicators for Aging and Disability (NCI-AD)

- Focus population: **Older adults and adults with physical and other disabilities** accessing publicly funded services in:
 - Older Americans Act Programs
 - Medicaid Waivers
 - Medicaid State Plan
 - State Funded Programs
 - PACE
 - MLTSS
 - Skilled Nursing Facilities
- Began development in 2012; began implementation in 2015
- Collaboration between NASUAD and HSRI
- Adult in-person survey only
- 2017-2018: Third year of data collection
- Current participation: ~20 states

NCI Staff Stability Survey

- Tool: stability and quality of the DSP workforce providing supports to adults with ID/DD
 - Piloted in 2014, rolled out in 2015.
 - Data can be used at state level: inform policy/programs, develop workforce initiatives, compare with other states, provide context for consumer outcomes
 - Info. collected: types of supports provided, turnover rates, vacancy rates, wages, benefits, recruitment and retention strategies
- 2016 dataset includes data from 21 states

NCI and NCI-AD Domains

NCI

- Community Inclusion
- Choice and Decision Making
- Relationships
- Satisfaction
- Service Coordination
- Work
- Self-Determination
- Access
- Health
- Medications
- Wellness
- Respect and Rights
- Safety

NCI-AD

- ❖ Community Participation
- ❖ Choice and Decision Making
- ❖ Relationships
- ❖ Satisfaction
- ❖ Service Coordination
- ❖ Care Coordination
- ❖ Work
- ❖ Self-Direction
- ❖ Access
- ❖ Health Care
- ❖ Medications
- ❖ Wellness
- ❖ Rights and Respect
- ❖ Safety
- ❖ Everyday Living
- ❖ Affordability
- ❖ Future Planning
- ❖ Control

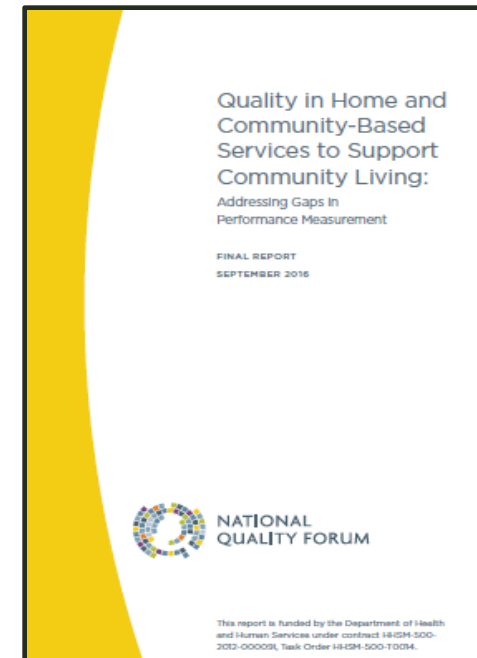
Current reporting and data use

- National and state reports publicly available
www.nci-ad.org www.nationalcoreindicators.org
- Reports include state sampling details
- Sub-state entity reports may be shared by states
- Benchmarking to other state performance, data-based quality monitoring of support system, reporting outcomes to legislature, stakeholders.

In context: Quality In Home and Community Bases Services

- Multi-stakeholder committee convened by NQF
- Developed shared understanding and approach
- Environmental scan, and detailed characteristics of *High Quality HCBS*
- Report available at this link:

http://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx



NCI and NCI-AD Measure Development

- ACL funded project (2016 – 2021):
“Developing HCBS Quality Measures from NCI and NCI-AD”

Advance development efforts to enhance HCBS quality measurement.

Emphasis on developing PRO-PMs, expansion of use of tools, TA to states in use of data.

HSRI Project activities

- 1) Synthesize and publish evidence and protocols
- 2) Revise existing and/or develop new measures of person-centered planning process to adapt to current expectations
- 3) Submit at least 20 measures for NQF endorsement from NCI-AD and NCI surveys
- 4) Technical Assistance to States to expand use of NCI and NCI-AD

Activity #1 Synthesize/publish evidence and protocols

- Existing evidence of good psychometric properties
 - Extensive testing conducted to date (reliability, validity)
- Additional testing and analysis planned
 - Confirmatory cognitive testing
 - Analysis of responders vs. non-responders
 - Inter-rater reliability testing
- Training procedures, requirements and protocols
- Sampling procedures and requirements
- Interviewing protocols
- Implementation consistency & validity across states

Activity #2: Person Centered Planning questions/ module

- Developed in consultation with state partners
- NCI and NCI-AD modules
- Piloting with states in 2017-2018 cycles

Activity #3 Submit to NQF for Endorsement

- Identify NCI and NCI-AD measures (20) to advance for submission (PRO-PMs)
- Develop measures for submission
- Alignment with other HCBS measure development efforts underway – UMN RRTC/OM
 - Planning for synergistic measure testing through measure prioritization, measure pilot work, data collection.
- Targeted timeline – submission first round late 2018.

NQF Endorsement is based on 4 criteria

- **Important to measure and report** (focus on priority areas with good evidence)
- **Scientifically acceptable** (consistent (reliable) and credible (valid) measurement of quality).
- **Useable and relevant** (intended users understand the results of the measure and useful for quality improvement / decision making.
- **Feasible to collect.**

https://www.qualityforum.org/Measuring_Performance/ABCs/What_NQF_Endorsement_Means.aspx

Activity #4 Expand Use of NCI and NCI/AD by States

- Technical Assistance
- Enhanced training for state quality staff.
- Data briefs and ‘data nuggets’
- Sampling procedures
- Implementing surveys and analyzing results
- How to use results for system improvement
- Support recruitment of additional NCI and NCI-AD states

For further information

NCI

www.nationalcoreindicators.org

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NCI-AD

www.nci-ad.org

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rtc on home and community
based services outcome
measurement

ICI

INSTITUTE *on*
COMMUNITY
INTEGRATION



UNIVERSITY OF MINNESOTA
Driven to Discover™

RRTC/OM partners and funding

- **Primary Partners**
 - University of Minnesota – Institute on Community Integration
 - University of California–San Francisco
 - Temple University
 - The Ohio State University
 - National Council on Aging
- **Additional Partners**
 - HSRI
- **Funded by:**
 - *National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR)*

RRTC.COM: Driving Purpose

To improve the way we *measure* the quality of home and community based services & subsequent personal outcomes experienced by adults with disabilities

Our Approach to Measure Development

- **Starting Point:** *NQF HCBS Outcome Measurement Framework*
 - **Social Validation** of NQF framework through national study with 4 stakeholder groups
 - Individuals with disability
 - Family members
 - Providers
 - Program administrators
 - **Refinements** recommended by stakeholder groups made to framework
- **Gap Analysis:** NQF framework and existing measures:
 - **Content** (domain & subdomain)
 - **Saturation of constructs:** Do existing measures truly assess all critical aspects of the construct in question
 - **Person-centeredness** of existing measures/measure concepts
 - **Relevance to multiple disability populations**

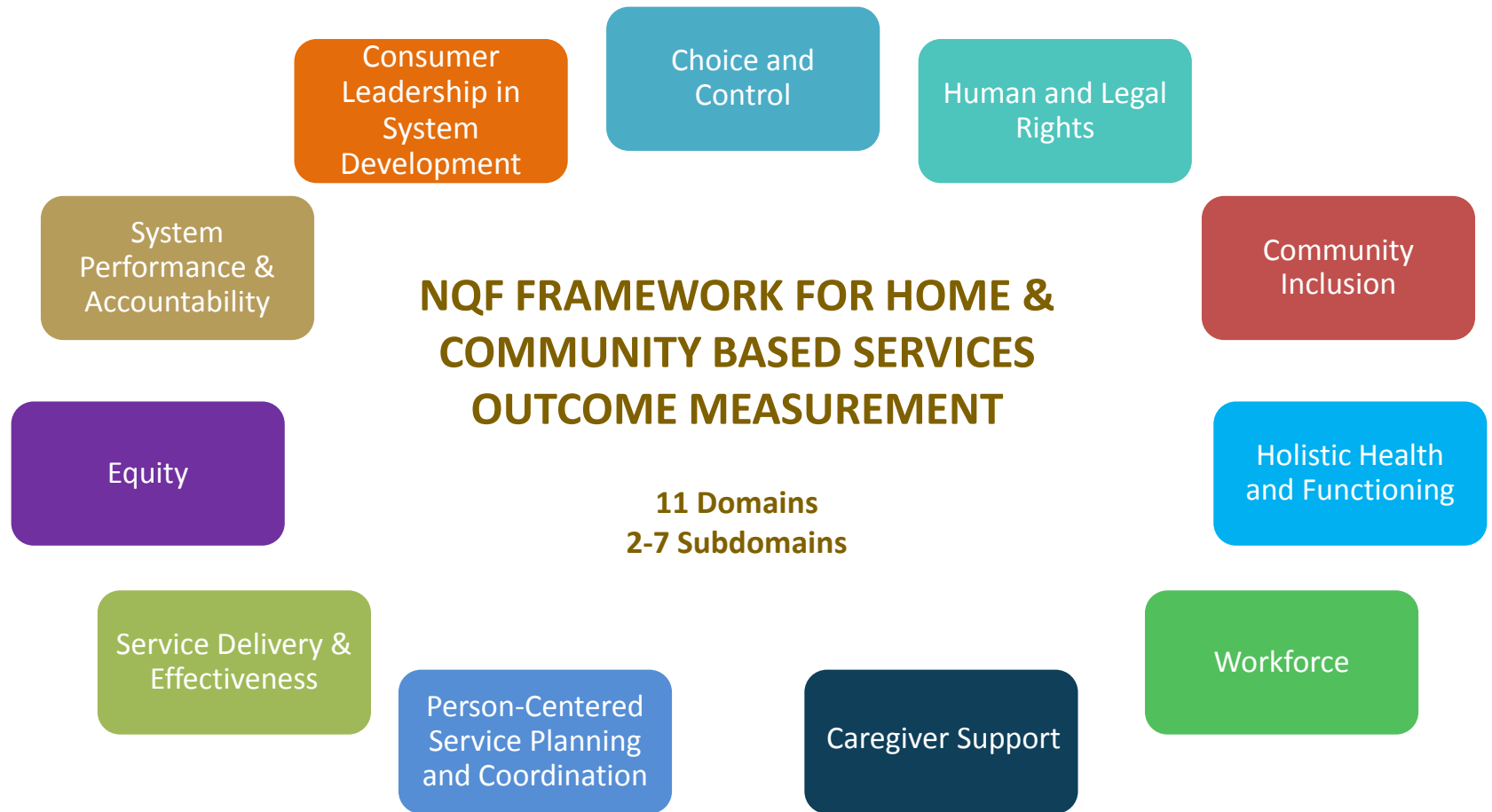
Our Approach to Measure Development

- **Prioritization:** Gaps between prioritized NQF domains & subdomains and existing measures identified.
 - Prioritized based on Stakeholder Input, Gap Analysis plus RRTC/OM & NAG process ratings of:
 - *Importance*
 - *Feasibility*
 - *Usability*
- **Measure Development:** Iterative process
 - Measures revised (when necessary)
 - New measure concepts developed to fill domain & subdomain gaps
 - Pilot testing including cognitive testing with all disability populations
- **Determine psychometric and other properties** of measures to ensure:
 - Reliability
 - Validity
 - Sensitivity to change
 - Applicability across disability groups

Our Approach to Measure Development

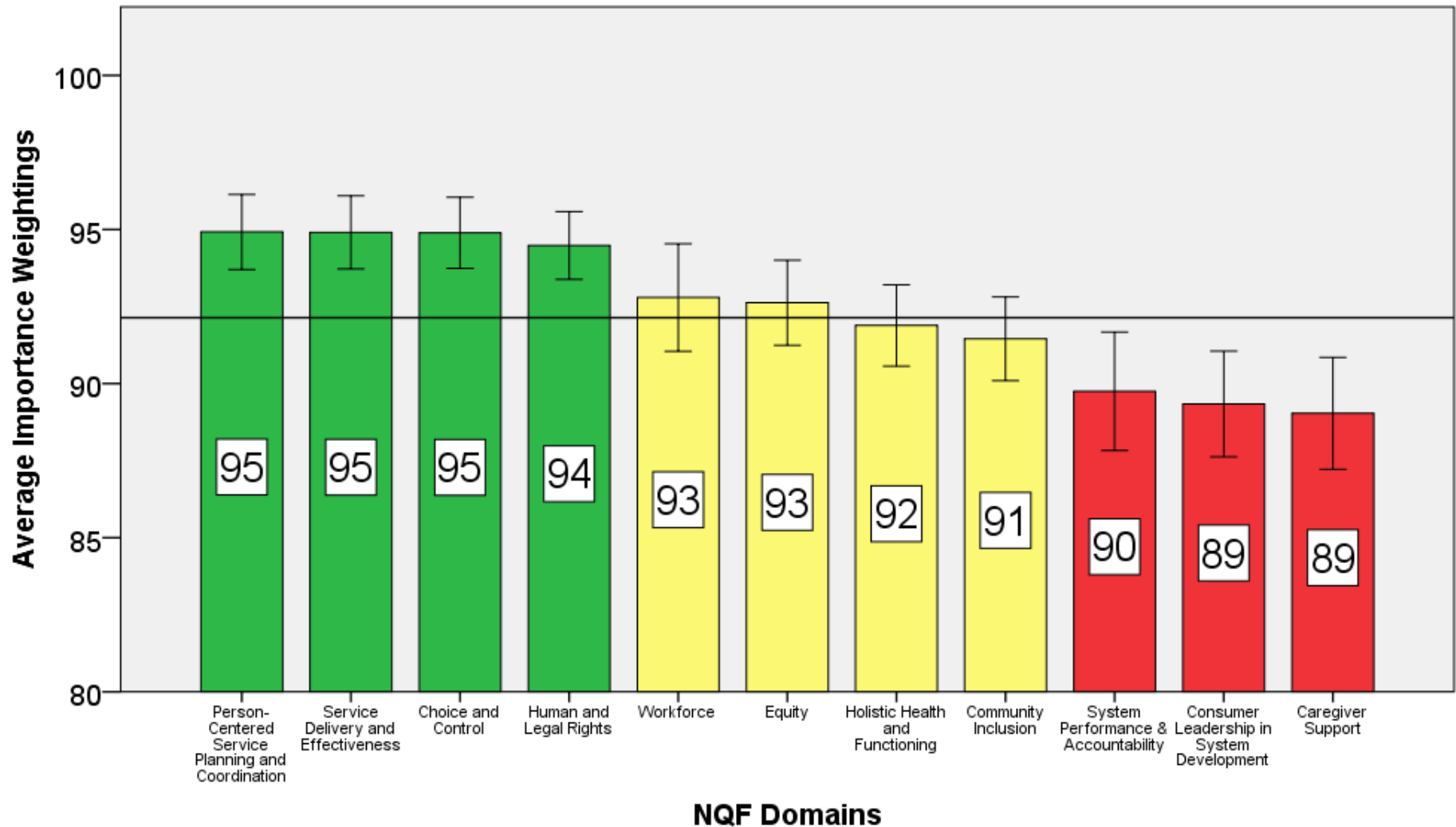
- **Administrative Factors:** Identification of administration factors that influence data quality including:
 - Training protocols
 - Administration approaches
 - Sampling
 - Data handling
- **Risk Adjustment:**
 - Identify potential risk adjusters:
 - Individual/personal
 - Systems/environmental
 - Test use of promising risk adjusters on national sample

National Quality Forum Framework



Questions

- **Do stakeholder groups generally agree with the domains and subdomains outlined by the NQF?**
- **Do stakeholder groups or disability populations differ in how they prioritize NQF domains and subdomains?**
- Stakeholder feedback re: domains and subdomains present in NQF framework?
 - Operational Definitions
 - Gaps/missing domains/subdomains
 - Do subdomains accurately reflect what we are measuring at domain level (concept saturation)
- How important is to measure each given element of the framework to truly capture the quality of your HCBS services? What is most important to measure?
- How do these elements of service quality impact the disability community?
- Importance weightings: 0-100 Scale



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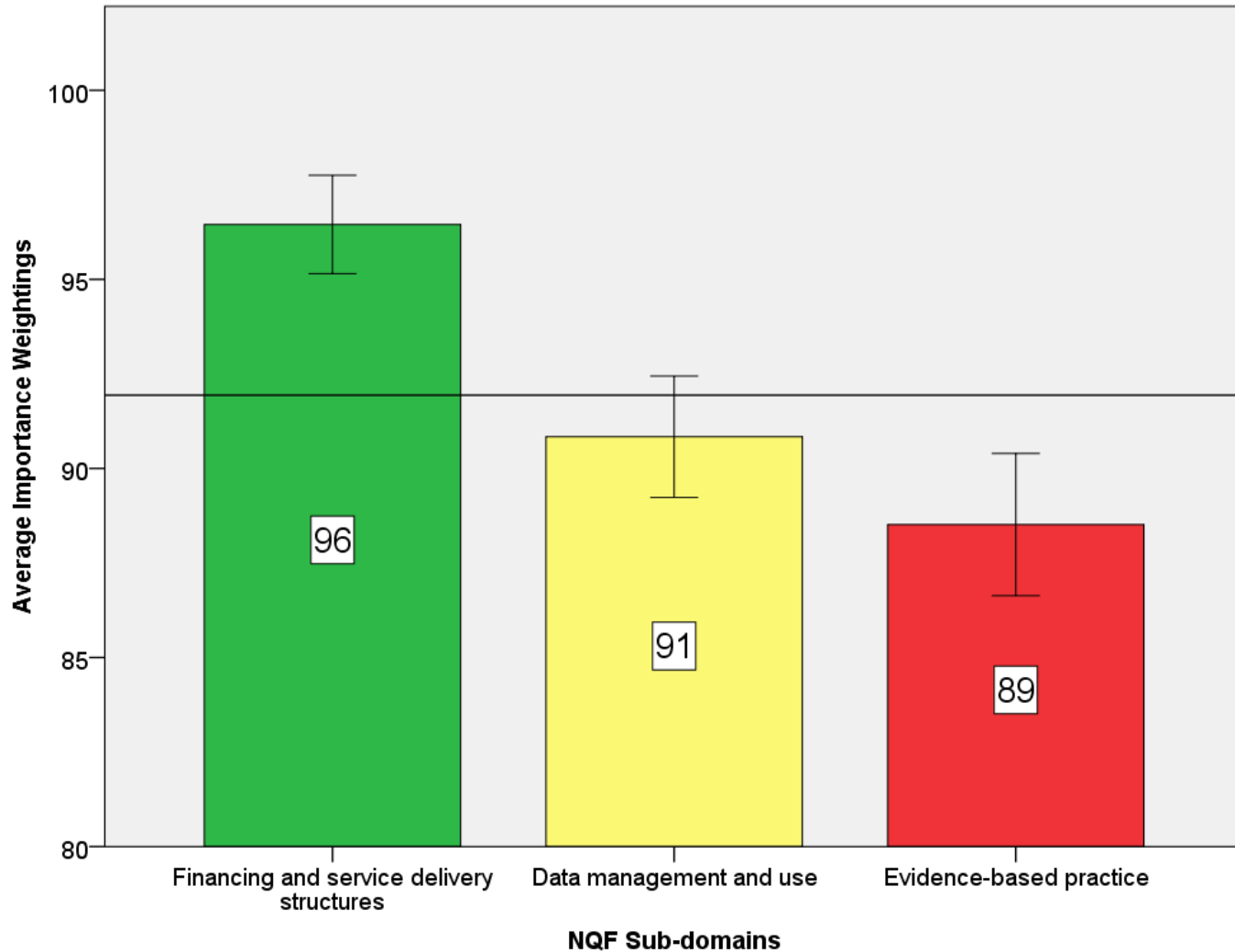
Note: n = 277

PPDM Priority Ratings for NQF Domains

	Domain	M	SE
Above Average	Person-Centered Service Planning and Coordination	94.9	0.62
	Service Delivery and Effectiveness	94.9	0.60
	Choice and Control	94.9	0.59
	Human and Legal Rights	94.5	0.56
Average	Workforce	92.8	0.89
	Equity	92.6	0.70
	Holistic Health and Functioning	91.9	0.67
	Community Inclusion	91.5	0.69
Below Average	System Performance and Accountability	89.8	0.98
	Consumer Leadership in System Development	89.3	0.87
	Caregiver Support	89.0	0.92

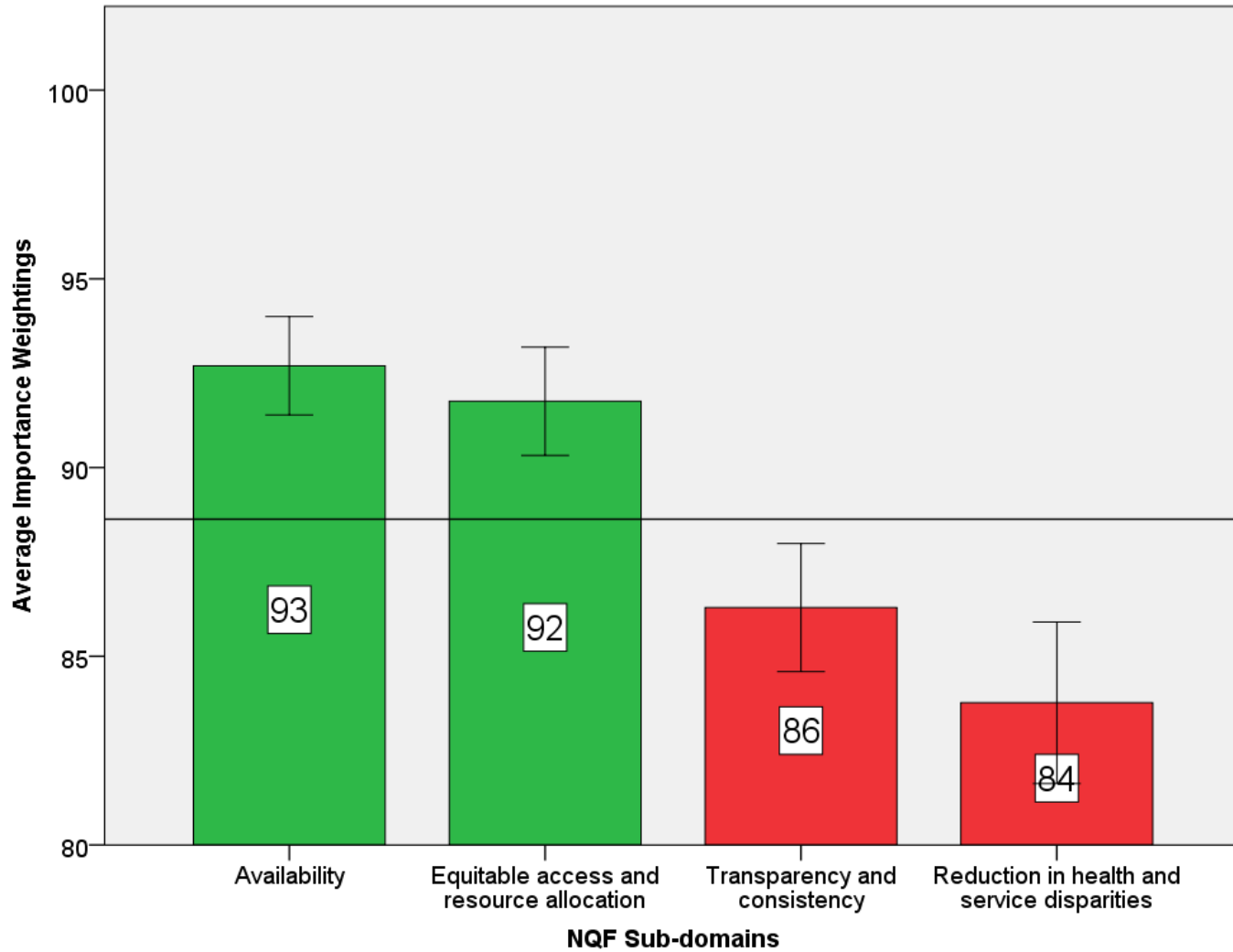
Note: n = 277

System Performance & Accountability



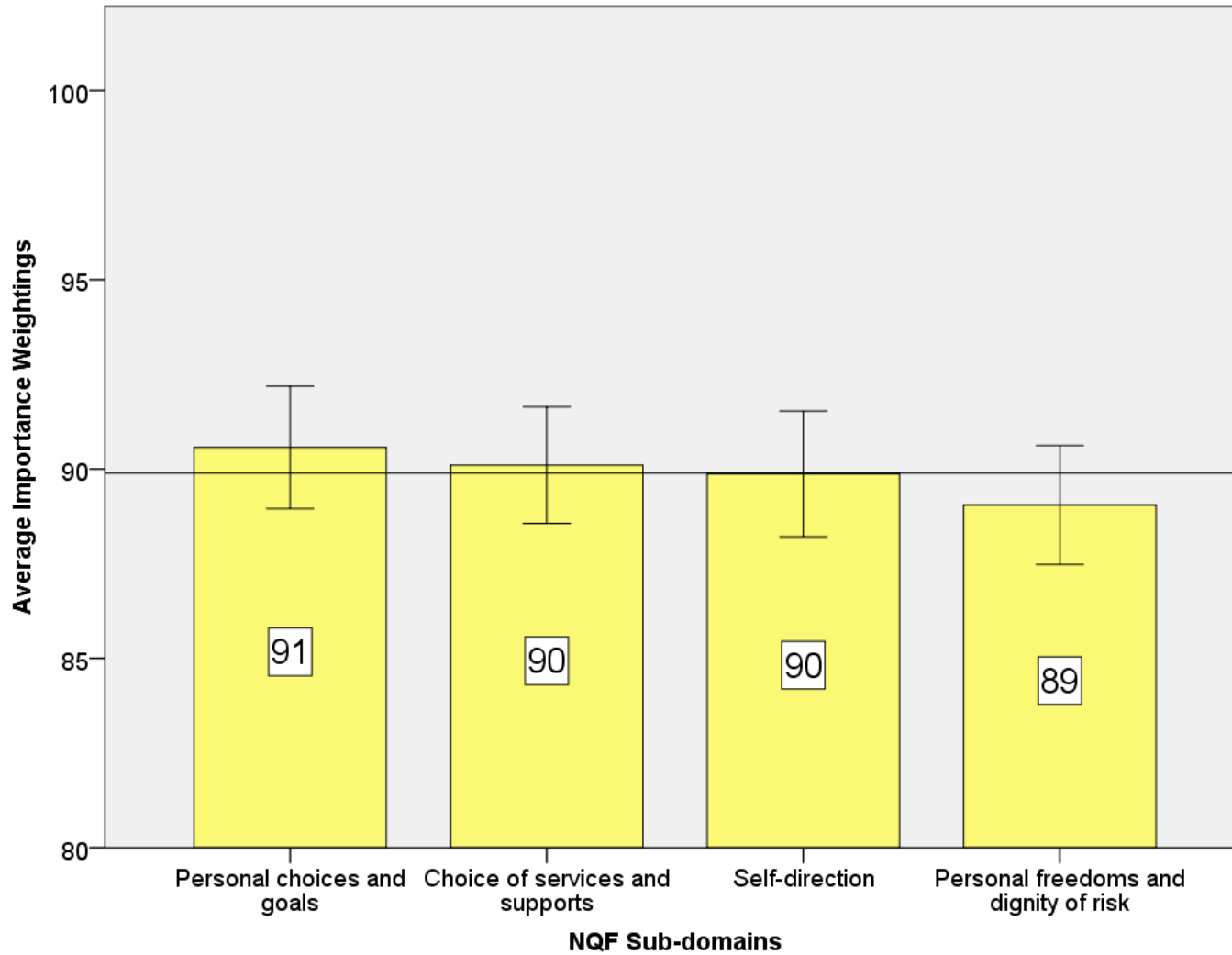
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Equity



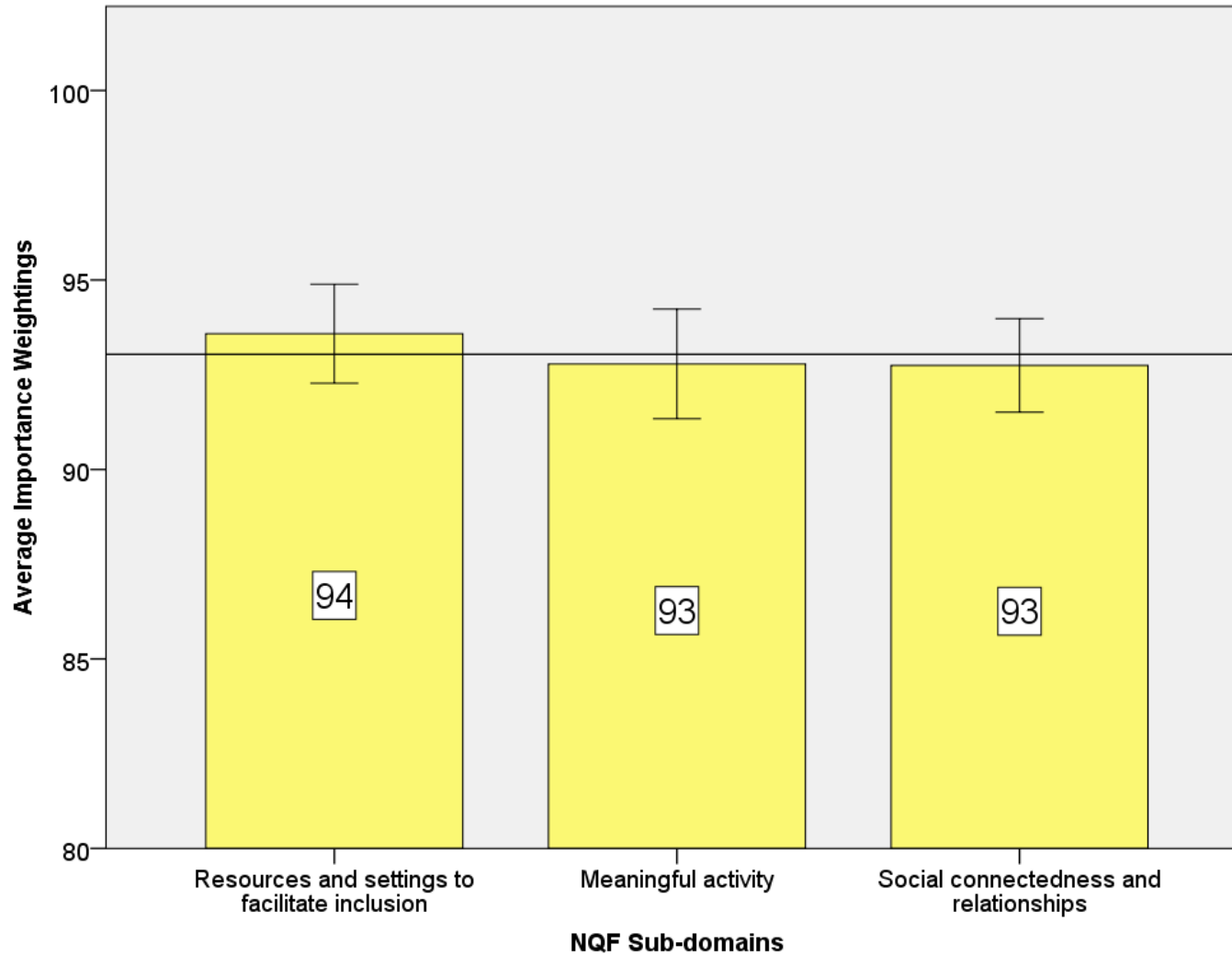
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Choice and Control



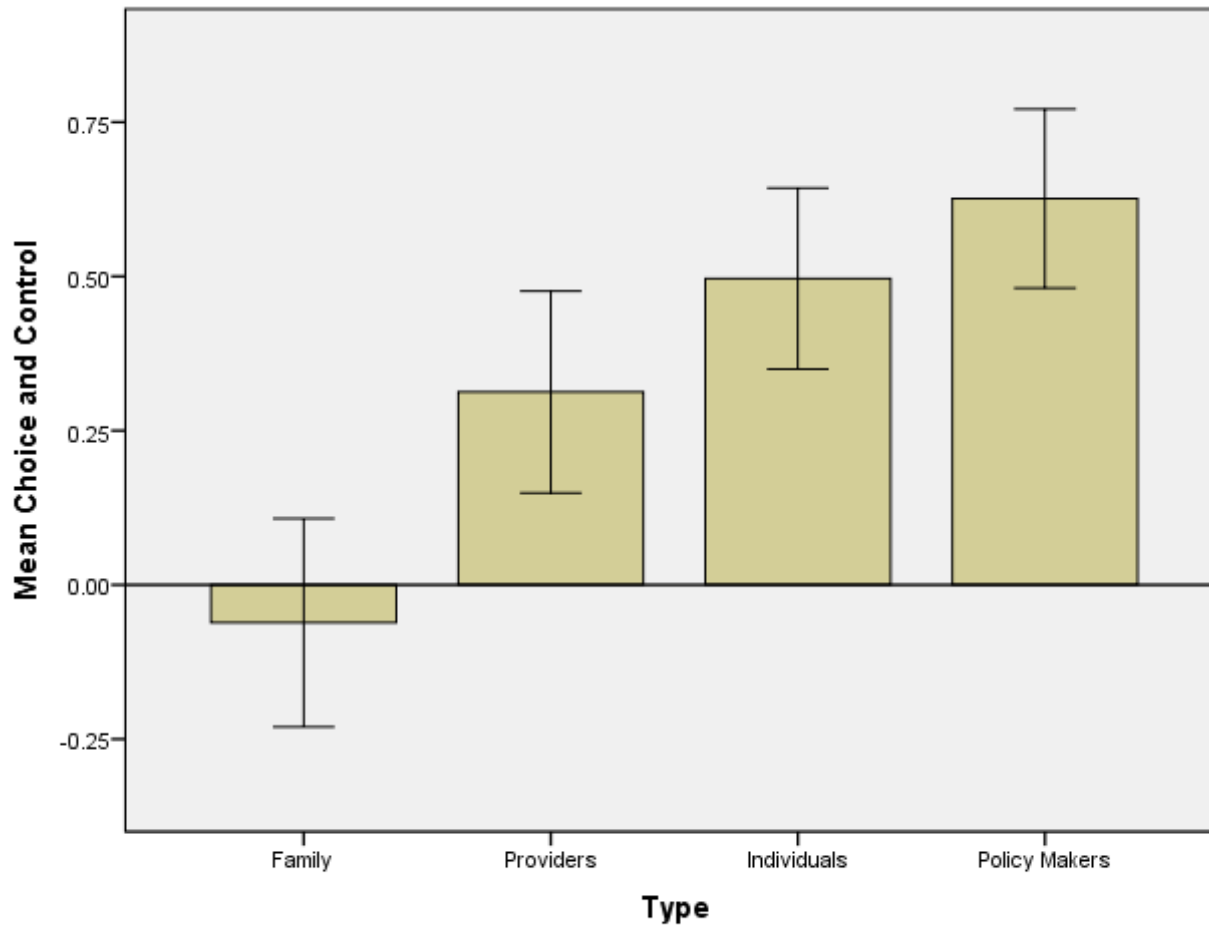
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Community Inclusion



Error Bars: 95% CI

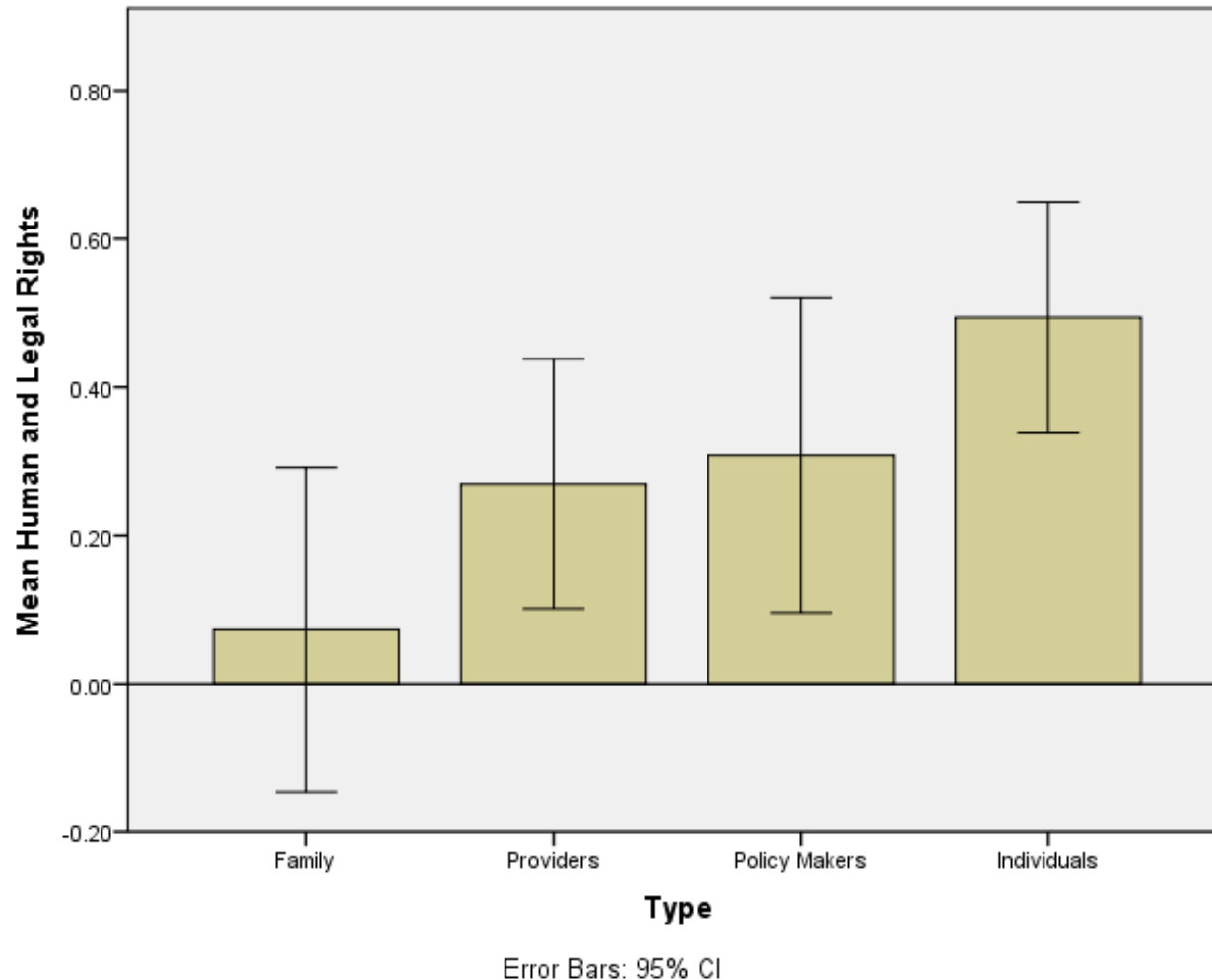
Choice and Control by Stakeholder Type



Error Bars: 95% CI

- Families rated as average.
- All other groups rated as above average.

Human and Legal Rights by Stakeholder Type



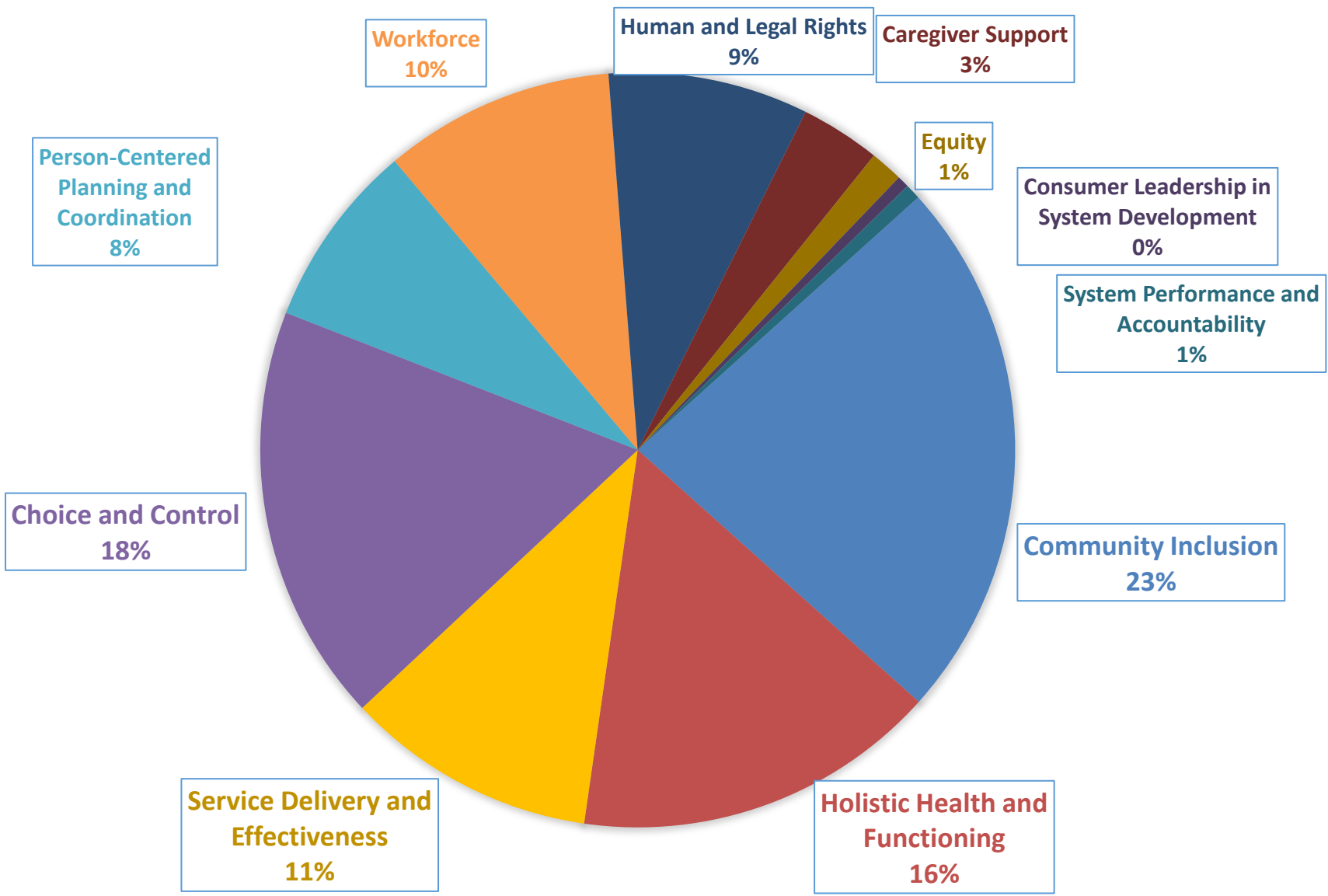
- Families rated as average.
- All other groups rated as above average.

Main Takeaway: Stakeholder Input

- Provides initial evidence of social validity of the NQF framework with stakeholder groups represented
 - Some additions at domain and subdomain level recommended for inclusion groups e.g.,
 - *Employment*
 - *Workforce turnover;*
 - *Transportation*
 - Differences in importance weightings suggests that the framework may apply differently to various disability populations
- Results meant to drive measure development and improvement of measures deemed of greatest importance
- Webinars under development

Gap Analysis

- Determining coverage of NQF framework domains & subdomains by existing measures
- Deconstructed 132 assessment instruments across the 5 target populations
- 7,893 items coded across all surveys
 - Items coded by two researchers on basis of:
 - NQF domain/subdomain
 - Response options provided
 - Respondent
 - Person-centeredness
 - Psychometric properties (when available)
- Development of interactive web data-base



Instrument Heat Map

Instrument	NCI AD	NCI ACS	PEONIES	PLQ	PES-HCBS	TUCPM	PES-MRDD	MFP
Choice and Control	26	26	32	38	14	26	21	16
Human and Legal Rights	22	18	33	6	16	0	9	14
Community Inclusion	15	56	34	71	8	78	11	9
Holistic Health and Functioning	56	29	33	6	5	0	2	14
Workforce	18	9	2	0	32	0	21	12
Caregiver Support	0	0	0	0	0	0	0	0
Person-Centered Planning and Coordination	42	4	10	11	13	0	13	9
Service Delivery and Effectiveness	56	10	10	0	21	0	14	13
Equity	11	11	2	0	2	0	0	0
System Performance and Accountability	0	0	0	0	0	0	0	0
Consumer Leadership in System Development	0	0	0	0	0	0	0	0
Total Items	246	163	156	132	111	104	91	87

Population Map (16 instruments)

	Aging	IDD	MH	PD	TBI	General
Caregiver Support	21	118	0	61	0	0
Choice and Control	130	158	124	83	0	1
Community Inclusion	184	286	278	131	41	87
Consumer Leadership in System Development	0	0	0	0	0	0
Equity	39	49	28	13	0	1
Holistic Health and Functioning	117	138	63	149	1	71
Human and Legal Rights	192	197	161	78	0	1
Person-Centered Planning and Coordination	142	139	100	79	0	6
Service Delivery and Effectiveness	164	185	108	112	0	0
System Performance and Accountability	0	0	0	0	0	0
Workforce	36	68	13	56	0	0

Main Takeaways

- 1) Existing items frequently address issues that span multiple domains and/or subdomains of NQF framework
- 2) Few measures that target:
 - a) System performance and accountability.
 - b) Caregivers and caregiver support
 - c) HCBS recipient leadership in system development
 - d) Equity
- 4) Many items related to outcomes that are clearly “personal” are not framed in a person-centered fashion (one size fits all).
- 5) Some domains and subdomains are inadequately “saturated” (i.e. they reflected only limited aspects of the constructs they purport to measure)
- 6) Few measures (as opposed to instruments) report adequate psychometrics

Measure Database Functions

- Database will include items & measures coded by NQF domains and subdomains, psychometrics, and descriptions of how the items are used
 - (e.g. respondent type, population, etc.)
- Designing web-based platform for Study 2 results
 - Data dashboard
 - Used with TA from RTC/OM

Understanding Measure Administration

- Identify existing outcome measurement programs used in which identified HCBS outcome measures are being implemented.
- Conduct case studies of varied measurement approaches and programs:
 - Methodological components needed to ensure high fidelity measure administration
 - Identification of strengths and challenges of selected existing outcome measurement programs and impact on measure administration fidelity?
 - Identification of factors that facilitate or detract from effective measurement implementation

Measure Prioritization Process

- All domains/subdomains based on NQF framework
- New subdomains based on feedback from Study 1
- Rated on three criteria by:
 - RRTC/OM Leadership Group
 - National Advisory Group
 - ❖ Feasibility
 - ❖ Usability
 - ❖ Importance
- Other considerations
 - Minimizing redundancy with work of other measure developers, partners (HSRI)
 - Domain & Subdomain coverage
 - System-level vs. Individual-level measures
 - Person-centeredness

Combined Stakeholder Input *and* Gap Analysis

Domain	PPDM Rating	# Items
Person-Centered Service Planning and Coordination	94.9	485
Service Delivery and Effectiveness	94.9	653
Choice and Control*^T	94.9	1088
Human and Legal Rights*^{PT}	94.5	521
Workforce	92.8	602
Equity	92.6	85
Holistic Health and Functioning*^T	91.9	949
Community Inclusion*^P	91.5	1415
System Performance and Accountability	89.8	40
Consumer Leadership in System Development	89.3	31
Caregiver Support	89	208

Prioritized NQF Subdomains for Measure Development

Personal choices and goals

Transportation

Choice of services and supports

Meaningful activity

Person's needs met and goals realized

Self-direction

Social connectedness and relationships

Freedom from abuse and neglect

Employment

Workforce/Direct Care Staff Turnover

Person-centered planning

Access to resources

Note: bold type indicates a new subdomain provided by stakeholders in study one qualitative data

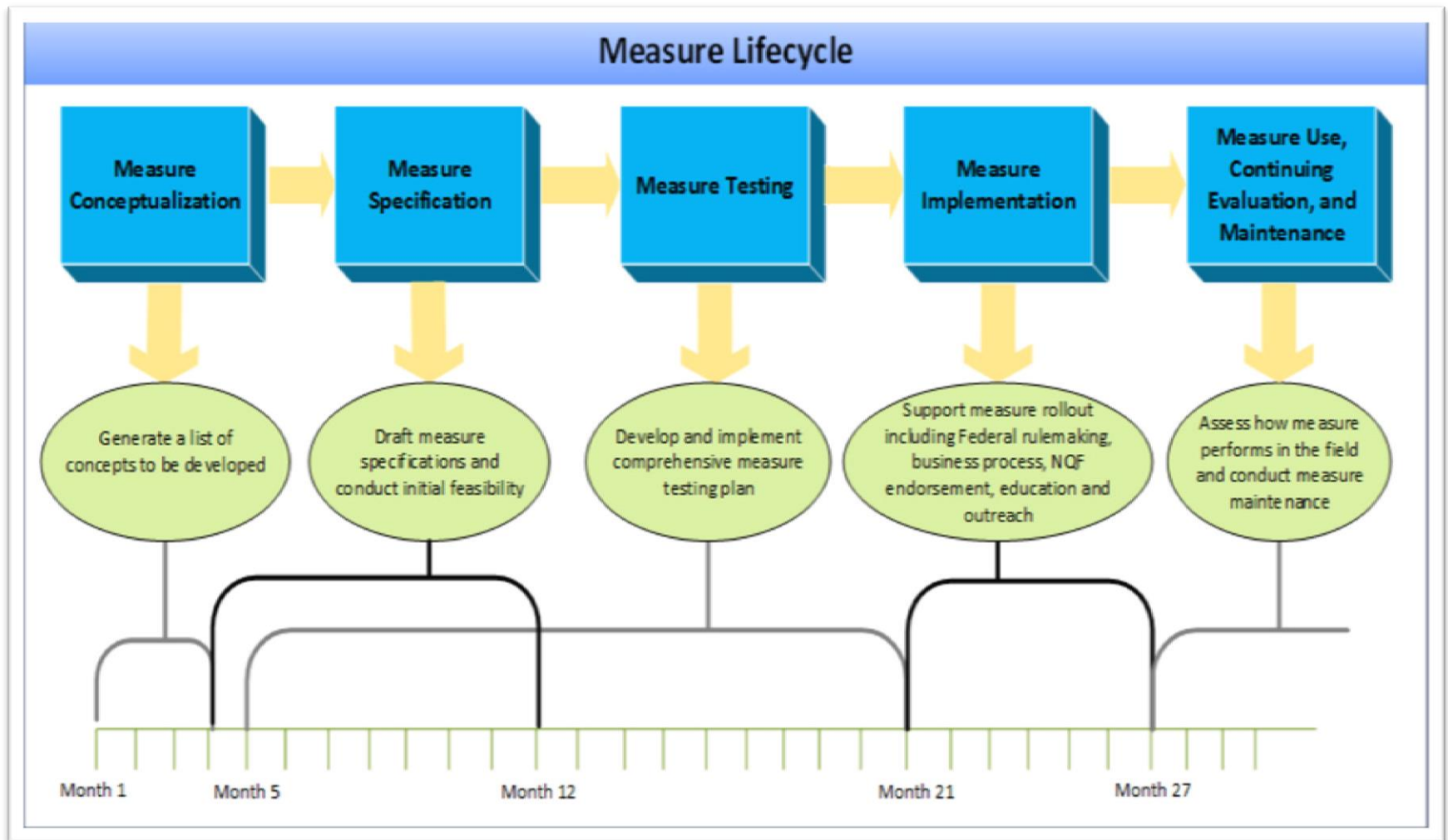
Measure Development Process

- Iterative process to develop or revise items addressing gaps in items/measures identified in studies 1 and 2.
 - Items prioritized based on input of stakeholders in study 1 & 2.
 - Extensive ***review of existing conceptual frameworks*** for measure concepts to be developed
 - Development of operational definitions for key components of measure concepts based on existing frameworks

Measure Development Process

- Items from Study #2 mapped onto the construct definitions
- Staff with content expertise draft measure specifications and revise/develop items
- Iterative validation process of item and response format
 - Content expert review
 - Cognitive testing w/ all disability groups
 - Pilot study N = 100

Measure Lifecycle



Ascertaining Psychometric Quality of Measure Constructs

- Multi-site investigation of psychometric properties of prioritized HCBS measure concepts based on previous RRTC/OM studies including:
 - **Reliability** (*inter-rater, test-retest, inter-source, internal consistency*)
 - **Validity** (*concurrent, predictive, discriminant, content, construct, inter-source*)
 - **Measure discrimination**
 - **Sensitivity to change**
- Stratified random sample of 1,000 individuals (16+ years) receiving HCBS drawn from the target populations with PD, IDD, TBI, MH challenges, and ARD

Identification & Testing of Promising Risk Adjusters

- Study focus is on ***identification and evaluation*** of ***risk adjusters*** used in research with populations of interest:
 - **Phase 1: Initial identification and analysis** of risk adjusters used with HCBS recipient groups through systematic literature review
 - **Phase 2: Prioritization** of a set of promising risk adjusters to be used in RTC/OM data collection
 - **Phase 3: Development of risk adjusted models** to predict specific HCBS outcomes to increase validity of the measure estimates.

Q&A SESSION