NASDDDS
2018 Mid-Year Conference

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Building Capacity With State Systems

Three Aspects

1. Setting Strategic Direction

2. Helping Staff Connect to the Work
   - Preventing Silos

3. Making Data a Part of the Culture
Setting a Strategic Direction for the System

• Two experiences in 11.5 years
• While being led by the Department, the direction came from the field – shared ownership for the direction
• Major efforts in terms of time, energy and process, both lasted about a year and were eight years apart
Setting a Strategic Direction

Two Experiences

Experience 1

• Occurred in my first year – created in statute in response to a major conflict
• Called the “Futures Group” – statute identified timelines and reporting
• Made up of 20 stakeholders and four legislators
• I served as facilitator
• Lasted nine months
Outcomes:

• Forced people to talk and listen to each other in a controlled environment
• Helped us, as new staff, to know our data and how we compared to national data – helped move away from anecdotal driven decisions
• Engaged numerous Department staff in committee work, good natural team building work
• Set important direction with 31 goals that resulted in:
  – Participation with NCI and eventually SELN
  – An understanding of the importance of data
  – Clarification of roles (County Boards and State) and areas of concern
  – The transparent/collaborative process that included public testimony prepared us, as a field, to deal with the economic crisis
  – Clarified what was important to people
Setting a Strategic Direction

Two Experiences

Experience 2

- Occurred eight years after the first event
- Not driven by statute, but rather a need to evaluate and recalibrate our system by setting ten-year goals
- We understood it was going to be “our turn” to receive increased funding
- Used an outside facilitator
- This effort lasted 12 months and included 24 stakeholders
- Included four public forums, often had 200 people at the events
- Ended as we submitted our two-year budget to the Administration
Outcomes:

• 24 benchmarks were agreed upon by the group (Department staff did not vote)

• These benchmarks were grouped into three areas
  – Experiences of people with disabilities and their families
  – Service delivery
  – Infrastructure development

• The goals established by the group provided the framework for the last two budgets; including $286 million dollars of new money injected into our 2016-17 budget; and $65 million new dollars in 2018-19

• During this planning process, the new HCBS rule was issued, along with a demand letter issued by Disability Rights Ohio. Both of these were incorporated into this process

• We, as a community, developed a better understanding of national trends and how Ohio could learn from the experience of others
Setting a Strategic Direction

Conclusion

It’s hard to adequately state the importance of the process in terms of:
- Building comradery
- Getting people pulling in the same direction
- Seeing leaders emerge
Building Capacity – Keeping Staff Connected and Avoiding Silos

• Avoid Chiefs of Staff – flat organizational structure
  – Keeps you connected to the work
  – Keeps leaders connected to each other
  – Meet often (we meet weekly for two hours)
• Hire staff who are competent/collaborative
• Create a culture of shared ownership
At any given time, we probably have 15 Committees working on 15 different topics that involve people from different Divisions.

Examples:
- IT Steering Committee
- Waiver Work Group
- ICF Work Group
- MUI/Health Claims
Making Data a Part of the Culture

External
• As Directors, we are asked to speak a lot
• Data can be the foundation for most presentations

Internal
• Creating internal structures and culture so data/information is a natural part of everything
Making Data and Data Analytics
Part of the Culture
External Use of Data

- Sample of data used in three presentations over the past two months
- Telling the story of the system through data
ESTIMATED DD TOTAL SPENDING
$3.6 BILLION

Source: University of Colorado: State of the States
Medicaid Funded Services ($2.8 billion) are Delivered to 45,350 People Through the Systems Below

- State operated ICF’s – 650
- Privately operated ICF’s – 5,000
- Medicaid Waivers – 39,700 - $1.6 billion
  - IO Waiver – 23,000
  - Level One Waiver – 15,000
  - SELF Waiver – 1,700
- Medicaid card services $487,000,000

$716 million

Source: Ohio Department of Developmental Disabilities, University of Colorado, University of Minnesota and Truven
Staff Stability Survey

• $11.16 Average Hourly Wage
• 8.7% Statewide Full-Time Vacancy Rate
• 13.1% Statewide Part-Time Vacancy Rate
• 50.8% Statewide Turnover Rate
The 10 Most Frequent Disease Categories Associated with ER Visits – DODD’s Population and the General Population (CY 2016)
# MUI Data

## Unscheduled Hospitalizations

<table>
<thead>
<tr>
<th>Year</th>
<th>Unscheduled Hospitalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>4348</td>
</tr>
<tr>
<td>2013</td>
<td>4627</td>
</tr>
<tr>
<td>2014</td>
<td>5036</td>
</tr>
<tr>
<td>2015</td>
<td>5016</td>
</tr>
<tr>
<td>2016</td>
<td>5387</td>
</tr>
</tbody>
</table>

## Medical Cause of 2016 Hospitalizations

*Other causes of hospitalizations include but are not limited to elevated temperature, potassium levels, GI issues*

<table>
<thead>
<tr>
<th>Medical Cause</th>
<th>2016</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia and Influenza</td>
<td>859</td>
<td>15.95%</td>
</tr>
<tr>
<td>Other*</td>
<td>840</td>
<td>15.59%</td>
</tr>
<tr>
<td>Infection</td>
<td>762</td>
<td>14.15%</td>
</tr>
<tr>
<td>Observation-Evaluation-Treatment</td>
<td>365</td>
<td>6.78%</td>
</tr>
<tr>
<td>Seizure</td>
<td>275</td>
<td>5.10%</td>
</tr>
<tr>
<td>Impaired Respiration</td>
<td>195</td>
<td>3.62%</td>
</tr>
<tr>
<td>Bowel Obstruction</td>
<td>148</td>
<td>2.75%</td>
</tr>
<tr>
<td>Heart Problems</td>
<td>138</td>
<td>2.56%</td>
</tr>
<tr>
<td>Chest Pains</td>
<td>127</td>
<td>2.36%</td>
</tr>
<tr>
<td>Altered State</td>
<td>98</td>
<td>1.82%</td>
</tr>
<tr>
<td>Kidney</td>
<td>94</td>
<td>1.74%</td>
</tr>
<tr>
<td>Abnormal Blood Levels</td>
<td>80</td>
<td>1.49%</td>
</tr>
<tr>
<td>Dehydration/Volume Depletion</td>
<td>67</td>
<td>1.24%</td>
</tr>
</tbody>
</table>
The 15 Most Expensive Diagnosis Related Groups (DRGs) associated with hospitalizations in DD population (CY 2015)
Admission Rate of Septicemia/Severe Sepsis Per 10,000 Population: DD Population Versus General Population (CY 2015)

- **DD Population**: 165.6
- **General Medicaid Population**: 19.8
# ER Visits for Mental Health Conditions in DD CY 2016

<table>
<thead>
<tr>
<th>Mental Health Conditions</th>
<th>Sum of Visits ER</th>
<th>No. of individuals who visited ER</th>
<th>ER visits per person</th>
<th>Sum of admitted ER visits</th>
<th>Percentage of admitted ER visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>1,606</td>
<td>785</td>
<td>2.046</td>
<td>343</td>
<td>21.4%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>762</td>
<td>334</td>
<td>2.281</td>
<td>310</td>
<td>40.7%</td>
</tr>
<tr>
<td>Antisocial Personality Disorder</td>
<td>633</td>
<td>393</td>
<td>1.611</td>
<td>95</td>
<td>15.0%</td>
</tr>
<tr>
<td>Other Psychoses</td>
<td>530</td>
<td>329</td>
<td>1.611</td>
<td>196</td>
<td>37.0%</td>
</tr>
<tr>
<td>Bipolar Disorder: Manic Episode</td>
<td>495</td>
<td>291</td>
<td>1.701</td>
<td>172</td>
<td>34.7%</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder</td>
<td>477</td>
<td>309</td>
<td>1.544</td>
<td>13</td>
<td>2.7%</td>
</tr>
<tr>
<td>Drug Abuse, Dependence, Intoxication/Overdose</td>
<td>165</td>
<td>118</td>
<td>1.398</td>
<td>18</td>
<td>10.9%</td>
</tr>
<tr>
<td>Intellectual Disabilities</td>
<td>97</td>
<td>77</td>
<td>1.260</td>
<td>3</td>
<td>3.1%</td>
</tr>
<tr>
<td>Bipolar Disorder: Major Depressive Episode</td>
<td>65</td>
<td>50</td>
<td>1.300</td>
<td>38</td>
<td>58.5%</td>
</tr>
<tr>
<td>Sleep Disorders</td>
<td>46</td>
<td>37</td>
<td>1.243</td>
<td>4</td>
<td>8.7%</td>
</tr>
<tr>
<td>Alzheimer's Disease and Other Dementias</td>
<td>13</td>
<td>13</td>
<td>1.000</td>
<td>3</td>
<td>23.1%</td>
</tr>
<tr>
<td>Obsessive-Compulsive Neurosis</td>
<td>6</td>
<td>5</td>
<td>1.200</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Drug Withdrawal Syndromes in Neonates</td>
<td>1</td>
<td>1</td>
<td>1.000</td>
<td>1</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,896</strong></td>
<td><strong>2,742</strong></td>
<td><strong>1.786</strong></td>
<td><strong>1,196.0</strong></td>
<td><strong>24.4%</strong></td>
</tr>
</tbody>
</table>
Total DD Spending Per $1K in Personal Income

Source: Ohio Department of Developmental Disabilities, University of Colorado, University of Minnesota and Truven
Private ICF Per Person Cost FY 15

Source: Ohio Department of Developmental Disabilities, University of Colorado, University of Minnesota and Truven
State Operated ICF (16+) Per Person Cost FY 15

Source: Ohio Department of Developmental Disabilities, University of Colorado, University of Minnesota and Truven
Average HCBS Waiver Expenditures for Individuals on any DD Waiver

Source: Ohio Department of Developmental Disabilities, University of Colorado, University of Minnesota and Truven
Participants on any DD Waiver Per 10K in Population

Source: Ohio Department of Developmental Disabilities, University of Colorado, University of Minnesota and Truven
Average Non-Waiver Medicaid Expenditures for Individuals on any DD Waiver

Source: Ohio Department of Developmental Disabilities, University of Colorado, University of Minnesota and Truven
Staff Show Up and Leave When They Are Supposed To 2015/2016

Ohio N=312
NCI Average N=10,114
Has a Paid Community Job
2015/2016

Ohio N=556
NCI Average N=16,375
Making Data and Data Analytics
Part of the Culture
Internal Data

• Creation of the “Office of Data, Analytics and Research”
• We wanted to position ourselves to get the data out of our systems with minimal effort
• Manage systems to emphasize important information over interesting information
Ohio Department of Developmental Disabilities
Office of Data, Analytics & Research

Providing technical assistance across the data life cycle

**Application Development Consultation**
- Engages in purposeful planning with business owners and IT to ensure that new reporting software meets business requirements
- Goal: Collect & store data that is:
  - Relevant
  - Accurate
  - Accessible
  - Analyzable

**Data Warehouse Management**
- Maintains a warehouse that stores essential business data
- Trains users on how to access and schedule reoccurring reports
- Collaborates with IT to resolve technical issues and prioritize work
- Works with county boards on "clean-up" projects to ensure completeness and accuracy of data

**Reporting**
- Uses IBM Cognos and Tableau to develop reports and dashboards for:
  - County boards & COGs
  - Providers
  - Central administration
- Provides reporting information external stakeholders, such as the media, universities, other state agencies/branches of government, advocacy groups, etc.

**Research**
- Uses administrative (DODD and Medicaid) and NCI data to conduct advanced statistical analyses to inform policymaking and program evaluation.
- Identifies epidemiological trends (Disease prevalence, predictors of disease, healthcare utilization and expenditures)
Examples of prior and ongoing projects

**Data Warehouse Improvements:**
- Connecting to the new CRM-IDS platform
- Updating waiver and wait list data packages

**Data integrity clean-up projects:**
- Waiver waiting list
- Demographics
- Waiver Non-Utilization
- Living arrangement and address (residential and mailing)

**500+ Cognos reports developed and maintained**

**Tableau dashboards:**
- Waiver Penetration
- PAWS Utilization
- Anomalies (data accuracy tool)

**External reporting:**
- University of Minnesota RISP & FISP
- NCI Adult Consumer Survey
- NCI Staff Stability 32
- University of Massachusetts
- University of Colorado

**Research**
- Making Lives Better Workgroup
- DC ICF Discharges
- Cancer, pneumonia, septicemia, opioid overdose prevalence
- Death certificate (cause of death) analysis
- Autism study (comparing individuals with autism served by DODD vs Medicaid recipients with ASD who are not served by DODD)
- Unplanned hospitalizations
- Unreported MUIs
## Data, Analytics and Research Team

### Ongoing and Future Research Projects

#### Examples

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Project</th>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NCI ACS trend over time</td>
<td>Ongoing</td>
<td>Monitoring longitudinal changes in NCI indicators</td>
</tr>
<tr>
<td>2</td>
<td>Death Certificate analysis</td>
<td>Ongoing</td>
<td>Cause of death will be analyzed using ODH death certificate data. Cause of death will be compared between individuals with IDD and the general Medicaid population</td>
</tr>
<tr>
<td>4</td>
<td>Research Medicaid claims for expensive individuals</td>
<td>Ongoing</td>
<td>Medicaid claims for individuals with inpatient cost (net payment) of over 200,000 dollars during the period of Jan to Aug 2017 will be reviewed.</td>
</tr>
<tr>
<td>5</td>
<td>Making lives better project</td>
<td>Ongoing</td>
<td>Identifying the most common and costly medical conditions to treat within the IDD population and implementing preventative measures to makes lives better.</td>
</tr>
<tr>
<td>6</td>
<td>Unplanned hospitalizations (MUIs) in DD population</td>
<td>Ongoing</td>
<td>What are the common reasons for unplanned hospitalizations in our population? Are majority of unplanned hospitalizations among our population reported to the state?</td>
</tr>
<tr>
<td>7</td>
<td>Autism Analysis</td>
<td>Ongoing</td>
<td>Comparing kids with Autism served by DODD with those not served by DODD</td>
</tr>
</tbody>
</table>
Conclusion

Three suggestions for building capacity

- Setting strategic direction
- Keeping staff connected
- Making data a part of the culture