Using National Core Indicators™ for Quality Improvement

NASDDDS Meeting
November 8, 2018

Mary Lou Bourne, NASDDDS
Alixe Bonardi, HSRI
Kim Stock, MO DMH / DoDD
Quality Management and Quality Improvement
Describe principles of quality improvement

Monitoring and QI with NCI measures
Considerations in measure selection. Examples with NCI

Use of NCI in Missouri
State specific use of NCI measures for QI and dissemination
DD Blueprint: Quality Framework

Culture of Quality

Level 1 – Performance Measures
- Basic QI
- CAPS

Level 2 – Outcome Measures
- Opportunity to improve
- Opportunity to improve

Level 3 – Drivers of Quality
- Culture of Quality
- Program Audits; Formal Licensing Reviews; Waiver Assurance Measures; Incident Reporting

Foundation/ Sub Level: Compliance measures
• Compliance with minimum standards punches your ticket to get in the game
• Meeting these standards is the floor, not the ceiling
• Go beyond for systemic improvement
Formal quality frameworks establish both the floor and higher expectations for your organization.

- Six Sigma
- Lean
- Total Quality Management
- ISO 9001-2015
Covering Both Aspects of Quality

Quality is...
- Conformance to Requirements (Philip Crosby)
  - Who determines this?
    Regulators or payers
    - Objective

- Fitness for Use (Dr. Joseph Juran)
  - Who determines this?
    Customers
    - Subjective

A comprehensive approach to quality requires BOTH compliance with requirements AND customer satisfaction
Baldrige Performance Excellence Program 2017

Each Quality Strategy Requires Data

• Use multiple sources of data to determine the quality of your system—

• Data is Key to moving beyond minimum standards
From the base to the top - all measures matter

- Medicaid Waiver Assurances/PM’s
- Medicaid UR and Program Integrity
- Health and Safety Measures
- Process and Performance Measures
- Outcome Measures
- Results

Customer satisfaction, outcomes
Internal process improvement (Timeliness, accuracy and cost)
Med reports; Annual physical health exams; Incident Mgmt; Mortality Reporting
Medicaid Waiver Assurances/PM’s
Two Key Components of All Quality Systems:

- Quality by Perception
- Quality by Fact
Quality by Fact / Quality by Perception

- Quality by Fact--- evidentary, indisputable, tend to be binary, can be “proven”

- Quality by Perception--- opinion, impression, influenced by values, senses, emotions, but nonetheless present

Quality Management Systems take a **both/and** approach, rather than **either/or** approach to these measure types
National Core Indicators

• Provides both perception (people’s expectations and insight) and fact (actual services, dx, dates, etc.)

• Provides all three Voices:
  • Customer
  • Workforce
  • Process or operations
National Core Indicators offers a unique view

- Individual characteristics of people receiving services
- Outcomes by where people live (residence type)
- Activities they engage in during the day including work outcomes
- The nature of their experiences with the supports that they receive (e.g., with case managers, ability to make choices, self-direction)
- The context of their lives – friends, community involvement, safety
- Health and well-being, access to healthcare
Data integrity and reliability of NCI results are assured through:

- Protocols and guidance from NCI for the NCI coordinators in each state
- Protocols for sampling, documentation of samples used
- Clear and consistent training of data collection personnel in the NCI approved protocols for data gathering
- Use of online electronic survey application (ODESA)
- Data cleaning and validation with states prior to analysis
- Review of draft report by states
NCI Outcomes are directly from people who receive services – The Voice of the Customer

*Formerly the Adult Consumer Survey (ACS)
Voice of the Workforce

• 21 States
• Residential, In Home, and Non Residential Agencies
• Size of Agency reporting
• Tenure
• Turnover
• Wages – Starting and Overall
• Benefits
• Comparison to Minimum Wage
Voice of the Process / Operations

• Background Information
• Demographics
• Wages
• Types of support, types of living arrangements
• ISP Meetings

NCI ACS 2016-2017
Using NCI Data to Improve Quality
Quality Improvement

What are we trying to accomplish? [GOAL]

How will we know that a change is an improvement? [MEASURES]

What change can we make that will result in improvement? [ACTION]

Building NCI data into QI planning
Beginning with the GOAL

First, identify what it is your state wants to know

With new initiatives and transitioning programs:
- To what degree the new program is meeting original goals/objectives?
- How well is the program meeting it’s original purpose?
- Another way of asking- what problem are you trying to solve?

Take a close look at documents published or distributed publicly and the goals stated
- Narrative submitted to legislators
- CMS application or notice for public comment
- Answers to stakeholder q’s or CMS inquiries
- FAQ documents
Identifying Quality Measures

**Importance to measure and report:** Does this measure have potential to drive improvements in supports? Actionability? Gap areas?

**Scientific Acceptability of Measure properties:** Reliability, validity, ceiling effects?

**Feasibility:** What is the burden of collecting measure information?

**Usability and Use:** Can the measure be appropriately used in accountability and improvement efforts? Can the measures be used for communicating quality goals and outcomes?

**Related and competing measures:** Does this harmonize with existing measures? Is your measure set parsimonious?
Cautions in using measures

Do not make assumptions that go beyond the measure or the analysis.

Consider available evidence, and whether to seek additional sources.

Consider the source and purpose of the measure: Administrative record, interviews, mail survey.
The purpose of measures for QI and the incentives applied: “Low Stakes” vs. “High Stakes” measures:

Higher stakes associated with measures can diminish a measure’s value for QI.

- Measures that exist in a ‘culture of quality’ are valuable for QI and are LESS likely to be subject to ‘gaming the system’.
- Metrics that are considered ‘higher stakes’ because they are associated with financial incentives for managers/organizations are more vulnerable to ‘gaming’.

Benchmarks - why do they matter?

Valid and reliable comparisons from the same field of study or industry

To provide context and inform performance

Consider: average, top performer, regional comparisons or other relevant comparators

Striving for the “best” requires that you know who/what is the best

Comparing to internal performance year to year – could create a blind spot and convince an organization that better performance is not possible
Benchmarking with the Life decisions scale
Includes choice of: residence, roommates, work, day activity, and staff

Results of this scale are risk adjusted. Variables used as risk adjusters are: level of mobility, support needed for behavior, level of ID, and age.
Percent of NCI Participants Who Have Voted or Chose Not to Vote*, 2016-17

NV, 63%
OR, 59%
AL, 59%
Examining Community Employment in NCI: Paid, community job

Chart 10. Has a paid job in the community (information may have been obtained through state records)

Has a paid job in the community

- 10% in the State
- 19% in NCI

Definitions:
- Community-based setting is a place where most people do not have disabilities.
- Facility-based setting is a place where most people do have disabilities.

Bl-37. Paid job in a community-based setting (e.g., competitive or supported employment, enclave, work crew)

<table>
<thead>
<tr>
<th>Type of activity</th>
<th>a) Was this person engaged in this activity during the two-week period?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitions</td>
<td>Was this person engaged in this activity during the two-week period?</td>
</tr>
<tr>
<td>Community-based</td>
<td>Yes (2)</td>
</tr>
<tr>
<td>setting</td>
<td>No (1)</td>
</tr>
<tr>
<td>Facility-based</td>
<td>Don’t know (3)</td>
</tr>
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</table>

(2016-2017)
Digging deeper into employment...

Do you have a paid job in the community?

- □ 2 Yes → Code Question 8 as ‘Not Applicable’
- □ 1 No → Ask Question 8
- □ 99 Don’t know, no response, unclear response → Code Questions 8-10 as ‘Don’t know, no response, unclear response’

If No, ask: Would you like to have a job in the community?

- □ 98 Not Applicable – has job in the community
- □ 2 Yes
- □ 3 In-between
- □ 1 No
- □ 99 Don’t know, no response, unclear response

If yes, would like a job in the community, then BI Q 50 is analyzed:

BI-50 Is community employment a goal in this person’s service plan?
- □ 1 No
- □ 2 Yes
- □ 99 Don’t know
Employment: Sample State ** Average

Sample State: Has a job in the community (n=351)

- No: 70.0%
- Yes: 30.0%*

Would like a community job

- No: 55.0%
- Yes: 45.0%

Is employment a goal in plan?

- No: 45%
- Yes: 45%

* Reported community employment significantly above NCI states average
Process for QI: Employment

Goal: Increase rates of paid, community employment

Identify NCI measures/indicators to monitor

SC’s discuss jobs during outcome development; support for how to create connections to job pathways

Use Formal Quality Improvement processes
## ACS 16-17

### Table 70. Able to go out and do the things likes to do in the community as often as wants to (‘yes’ responses only)

<table>
<thead>
<tr>
<th>State</th>
<th>Overall in State</th>
<th>N</th>
<th>ICF/IID and Other Instit. Settings</th>
<th>Group Residence</th>
<th>Own Home</th>
<th>Parent/Relative</th>
<th>Foster or Host</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>93%</td>
<td>294</td>
<td>n/a</td>
<td>90%</td>
<td>88%</td>
<td>97%</td>
<td>93%</td>
</tr>
<tr>
<td>15</td>
<td>80%</td>
<td>417</td>
<td>65%</td>
<td>78%</td>
<td>90%</td>
<td>85%</td>
<td>75%</td>
</tr>
<tr>
<td>16</td>
<td>80%</td>
<td>1,246</td>
<td>75%</td>
<td>76%</td>
<td>78%</td>
<td>83%</td>
<td>83%</td>
</tr>
<tr>
<td>NCI Avg.</td>
<td>78%</td>
<td>13,150</td>
<td>70%</td>
<td>76%</td>
<td>77%</td>
<td>81%</td>
<td>76%</td>
</tr>
<tr>
<td>28</td>
<td>75%</td>
<td>239</td>
<td>n/a</td>
<td>71%</td>
<td>79%</td>
<td>82%</td>
<td>n/a</td>
</tr>
<tr>
<td>40</td>
<td>47%</td>
<td>324</td>
<td>n/a</td>
<td>45%</td>
<td>37%</td>
<td>51%</td>
<td>n/a</td>
</tr>
</tbody>
</table>
National and State Reports

Adult Consumer Survey
2016-17 Final Report

NCI Adult Consumer Survey
Louisiana Report
2013-2014 Data

NCI Adult Consumer Survey
Arizona Report
2013-2014 Data

SELECTED FINDINGS FROM THE 2016-17 SURVEYS
Human Services Research Institute (HSRI)
National Association of State Directors of Developmental Disabilities Services (NASDDDS)
Expanded NCI Measures: 2018-19

Does the service plan include a goal to:

• Create, expand, strengthen and/or maintain friendships and relationships?
• Increase this person’s participation in activities in the community?
• Increase independence or improve functional performance in activities of daily living (ADLs)?

Expanded service planning questions

Satisfaction with level of community participation
Improving lives through supports and services that foster self-determination.

Missouri and the National Core Indicators Project

11/08/2018
Missouri Participation

- Participating state since 2007-2008
  - MO has conducted the ACS/AIP every year since 2007-2008
  - Has intermittently participated in the Family surveys since 2007-2008
- NCI data has supported the division to identify areas for system enhancement, such as supporting individuals to access employment services and employment opportunities in their communities.
Over the last several years, MO NCI data has demonstrated that the percentage of individuals employed in their community has been consistently below the national benchmark.

NCI data has also shown that Missourians with I/DD *want to work*, yet community employment is not commonly included as a goal in their service plan.
2016-2017 ACS Data

Paid Job in the Community

<table>
<thead>
<tr>
<th></th>
<th>MO Average</th>
<th>NCI Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8%</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>N=392</td>
<td>N=19,970</td>
</tr>
</tbody>
</table>
2016-2017 ACS Data

Wants a Paid Job in the Community

MO Average
N=189
44%

NCI Average
N=8,311
46%
Has Community Employment as a Goal in Service Plan

- MO Average: 20% (N=392)
- NCI Average: 28% (N=19,673)
In October 2016, MO Division of Developmental Disabilities launched the *Empowering through Employment* Initiative to assist the growing number of individuals who express an interest in community-based employment.
Purpose & Goal

- The *Empowering Through Employment* initiative is designed to increase the number of individuals receiving employment supports and services.

- The goal of this initiative is to have 35% of all individuals receiving waiver services to have employment supports authorized and available for their use.

- *Empowering Through Employment* has been deemed a priority based upon the gap between the percentage of Missourians with I/DD accessing employment services as compared to other day services.
Empowering through Employment

Principles

- All individuals have the right to explore the full range of employment options to empower informed choice and foster self-determination.

- Career Planning is a requirement for all individuals currently receiving services in order to ensure that supports, services, and outcomes on Individual Support Plans are consistent with what the person is seeking.

- All individuals have the right to earn a living wage in a job of their choosing, based on their unique talents, gifts, skills, and interests.

- As with all employees, persons with disabilities should have access to services and supports necessary to succeed in the workplace.

- Businesses universally value employees with disabilities as an integral part of their workforce and include all people within recruitment and hiring efforts as standard practice.
At the launch of the *Empowering Through Employment* initiative in October 2016, 367 individuals had an authorization for employment service. This number has increased to 897 individuals within the current month, which is an increase of 144% since the initiative launched and a 43% increase over the past 12 months.

https://dmh.mo.gov/dd/progs/taking-charge.html
TCM Ribbon Status by County

Regions and Targeted Case Management (TCM) entities are recognized by ribbon status based on the percentage of individuals with employment service authorizations.

Currently, 24 TCMs covering 40 counties have met ribbon status.
The Division Releases the Direct Connection Newsletter every two months.

In each newsletter, state-specific NCI data is presented to educate and inform the audience as it pertains to IDD related subjects including self-determination, employment, family supports, etc.
September 2018 Issue:
Supporting Families

Data from the National Core Indicators (NCI)

Do you get enough information to help you participate in planning services for your family?

- Always: 35% (MO Average), 34% (NCI Average)
- Usually: 37% (MO Average), 40% (NCI Average)
- Sometimes: 24% (MO Average), 19% (NCI Average)
- Seldom or Never: 4% (MO Average), 7% (NCI Average)

Data from National Core Indicators (NCI)

Data is from the 2016-2017 National Core Indicators (NCI) Adult In-Person Survey, which is a face-to-face interview with adults (age 18+) who receive services from the Division of Developmental Disabilities.

The graph to the left shows the percentage of individuals in Missouri who chose or had some input in choosing where they go during the day as compared to the NCI (nationwide) average for this measure.

[Link to chart: https://dmh.mo.gov/dd/docs/blastdirectconnectionnewsletterseptember2018.pdf]
This newsletter can be used as a platform for education on various health topics to support individual health and wellness.

The May 2018 issue featured an article on oral health and dental services.

Included was MO-specific NCI data regarding dental care and links to MO HealthNet dental benefits information.

Direct Connection Newsletter

Excerpt from May 2018 Issue

Adults receiving Medicaid are provided with a benefit package that covers preventative dental services as well as some oral surgery services. Dental services not covered through the benefit package may be covered through a physician’s referral letter stating that, without dental treatment, the participant’s health will be negatively affected. Providers should contact the MO HealthNet Provider Communications Unit at (573) 751-2896 if they are in need of assistance regarding coverage for dental services that are a medical necessity.

Information regarding dental service coverage through MO HealthNet can be found at:

MO HealthNet Fee-For-Service (Medicaid) participants can find a doctor by using the MO HealthNet Provider Search online at https://apps.dss.mo.gov/fmsMedicaidProviderSearch or by directly contacting the Participant Services Unit at 1-800-392-2161.
The 2017/2018 Adult In Person, Child Family and Adult Family survey results will be utilized to inform stakeholders regarding the current MO Quality Outcomes.
The Missouri Quality Outcomes were developed as a result of listening to people with disabilities, their families, and advocates. The outcomes were designed to encourage personal quality of life outcomes with individual focus on leading a self-determined life; including personal values, choice, health, safety, inclusion and self-advocacy.

The Missouri Quality Outcomes will be measured through annual data collected by the Division of Developmental Disabilities. Based on the data, the Division of Developmental Disabilities will address areas of enhancements to services and supports through policies and practices, with the goal of providing continuous improvement for people with developmental disabilities.

https://dmh.mo.gov/dd/docs/missourqualityoutcomes.pdf
The Division has developed an **At-A-Glance Report** to inform stakeholders of NCI data collected that relates to the Missouri Quality Outcomes.
People are Educated about Their Rights and Practice Strategies to Promote Their Safety and Security

This outcome emphasizes individuals living free from harm, being educated about their rights and living in healthy environments where safety and security are a high priority, while supporting the individual’s rights to live independently, make personal choices and take some risks.

**Adult Consumer Survey**
- 35% have a key to their home
- 44% can lock their bedroom door
- 12% report that others read mail without asking
- 89% can use the phone and internet when they want
- 10% reported that there is at least one place where they feel afraid or scared
- 94% say they have someone to go to for help if they ever feel scared

**Adult Family Survey**
- 77% of families know how to report abuse or neglect
- Within the past year, 4% of individuals had a report of abuse or neglect filed on their behalf

**Child Family Survey**
- 55% know how to file a complaint or grievance about provider agencies or staff
- Of those that filed a complaint or grievance, 59% were satisfied with how it was resolved
People are Educated about Their Rights and Practice Strategies to Promote Their Safety and Security.

This outcome emphasizes individuals living free from harm, being educated about their rights and living in healthy environments where safety and security are a high priority, while supporting the individual’s rights to live independently, make personal choices and take some risks.
NCI Predictors of Abuse & Neglect: A Case Example

A hypothetical case illustrating how states can use NCI data to address abuse and neglect

Predictors of Abuse and Neglect

- Social isolation (lack of friendships and relationships beyond paid staff)
- Social stigma related to a lack of respect for people with disabilities
- Lack of privacy within the residence
- Ignorance of individual rights
- Staff stress and lack of training
- Significant dependence on others
- Lack of control/decision-making
- Lack of community participation
Power & Control and Equality Wheels

Power and Control Wheel: People with Disabilities and their Caregivers
- Developed by the Wisconsin Coalition Against Domestic Violence
- Identifies caregiver behavior patterns of power and control
- Can be used for education on what could be predictors/indicators of abuse and neglect

Equality Wheel: People with Disabilities and their Caregivers
- Developed by the Wisconsin Coalition Against Domestic Violence
- Identifies behavioral changes that would lead to equality-based relationships between caregivers and individuals

Together, these wheels can be used to demonstrate what these relationships should look like vs. what they should not look like

http://www.ncdsv.org/publications_wheel.html
Utilization of the NCI case example and Power & Control and Equality Wheels as a blueprint for the Division’s Quality Advisory Council.
At-A-Glance Safety & Security

The Division has developed an At-A-Glance document focusing on the Missouri Quality Outcome: **Safety & Security**
Example from Safety & Security
At-A-Glance Report

NCI Predictor #1: Social Isolation

Power & Control Wheel

ISOLATION:
Controlling access to friends, family, and neighbors.
Controlling access to phone, TV, news. Limiting employment possibilities because of caregiver schedule.
Discouraging contact with the case manager or advocate.

NCI Child Family Survey
81% spend time with children who do not have developmental disabilities

NCI Adult Family Survey
69% have friends other than family or paid staff

Equality Wheel

INVOlVEMENT:
Encouraging personal relationships. Assisting in gaining access to information and employment. Facilitating involvement within residence and job site. Encouraging contact with the case manager or advocate.
NCI Predictor #5: Staff Stress & Lack of Training

Power & Control Wheel

MINIMIZE, JUSTIFY, AND BLAME: Denying or making light of abuse. Denying the physical and emotional pain of people with disabilities. Justifying rules that limit autonomy, dignity, and relationships for program’s operational efficiency. Excusing abuse as behavior management or as due to caregiver stress. Blaming the disability for abuse. Saying the person is not a “good reporter” of abuse.

Staff Stability Survey

- Average statewide turnover rate: 60.3%
- Average DSP hourly wage: $10.95
- Of DSPs who left employment in 2016, 38% were employed for less than 6 months
- Full-time DSP Vacancy Rate: 8.2%

Equality Wheel

Data Supporting System Enhancement

The Division is in the initial process of exploring how NCI data (including the Staff Stability Survey) can be utilized to inform and support a Value Based Purchasing (VBP) Model.
AIM: Increase individual independence and quality of life by decreasing the reliance on public funded services

Establishment of Primary & Secondary Drivers

Data sources such as NCI support the identification of effective service delivery
Questions?

Missouri Department of Mental Health
Division of Developmental Disabilities
kimberly.stock@dmh.mo.gov
(573)526-3849
Thank You.