National Core Indicators™ as a Foundation of Quality Management: Wisconsin Long Term Care Advisory Council November 8, 2016

NATIONAL CORE INDICATORS™

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NASDDDS
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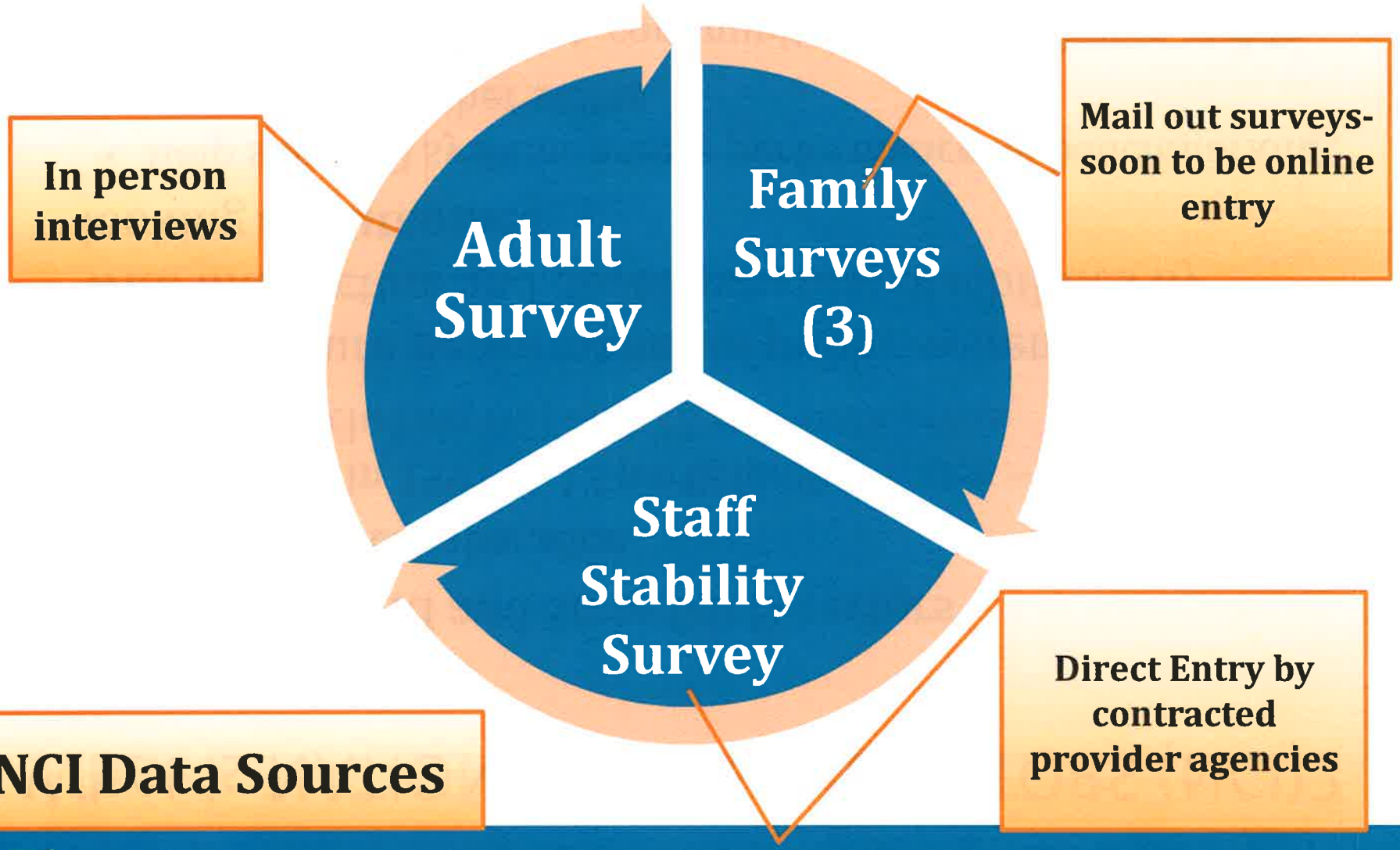
Agenda

- Introduction to National Core Indicators and NCI-Aging and Disability
- Some Wisconsin Specific results
- Quality Improvement Efforts – potential and existing
- Staff Stability Data - backbone to the service delivery system
- Wrap Up

What is NATIONAL CORE INDICATORS (NCI)?

- NASDDDS, HSRI and State DD Directors
  - Multi-state collaboration
  - Launched in 1997 in 13 participating states – now in 47 states (including DC) and 22 sub-state areas
- Goal: Measure performance of public systems for people with intellectual and developmental disabilities by looking at **outcomes**
  - Help state DD systems assess performance by benchmarking, comparing to other states
  - Domains: employment, community inclusion, choice, rights, health, safety, relationships, service satisfaction etc.

How Does NCI Collect Data?



National Core Indicators Background

- Launched in 1997 in 13 participating states
- Collaboration between NASDDDS, HSRI and 47 participating state DD agencies (including DC) and 22 sub-state regional entities.
- Current data base includes approximately 20,000 individuals receiving services and supports
- NCI tools assess performance in several areas, including: employment, community inclusion, choice, rights, and health and safety

NCI Domains

Individual Outcomes

- Employment
- Community Inclusion
- Choice & Decision making
- Personal Relationships
- Self Determination

Family Outcomes

- Choice and Control
- Family Involvement
- Information & Planning
- Access, community connections
- Crisis Response

Health, Welfare, System

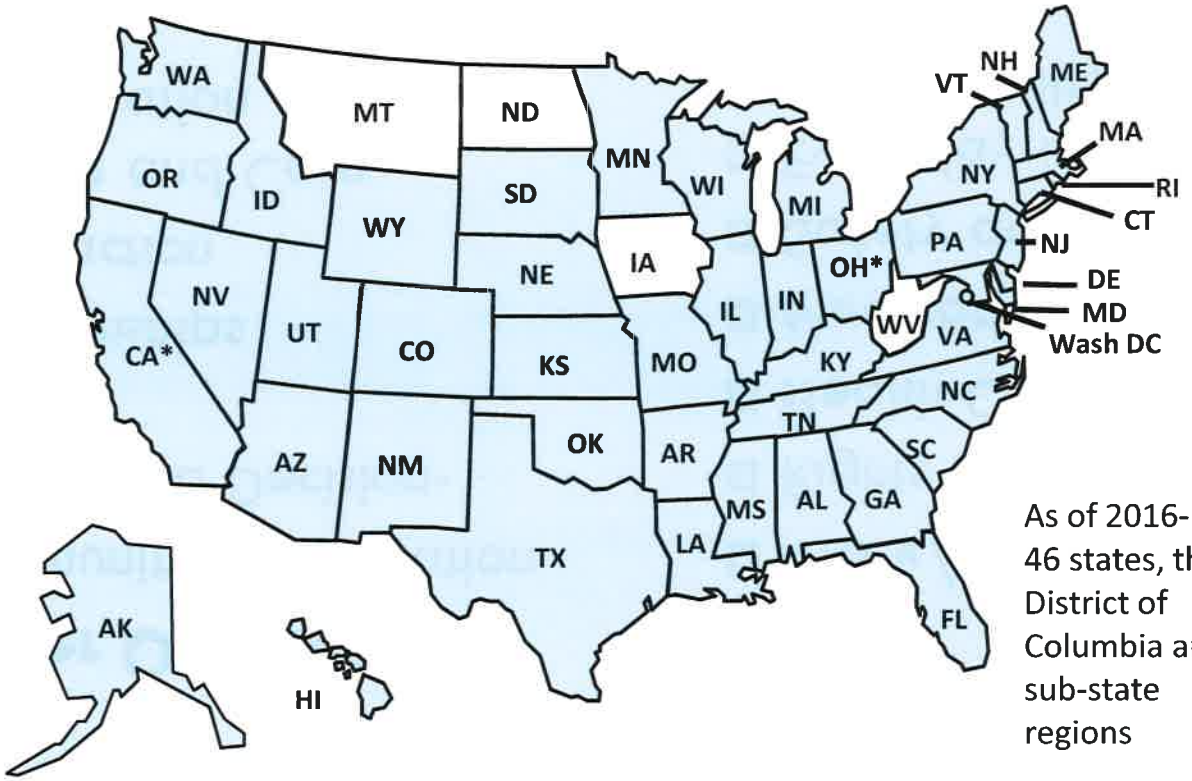
- Health and Welfare
- Respect for Rights
- Medications
- Safety
- Service Coordination
- Staff Stability

NCI-AD Measures

Consumer Outcomes:

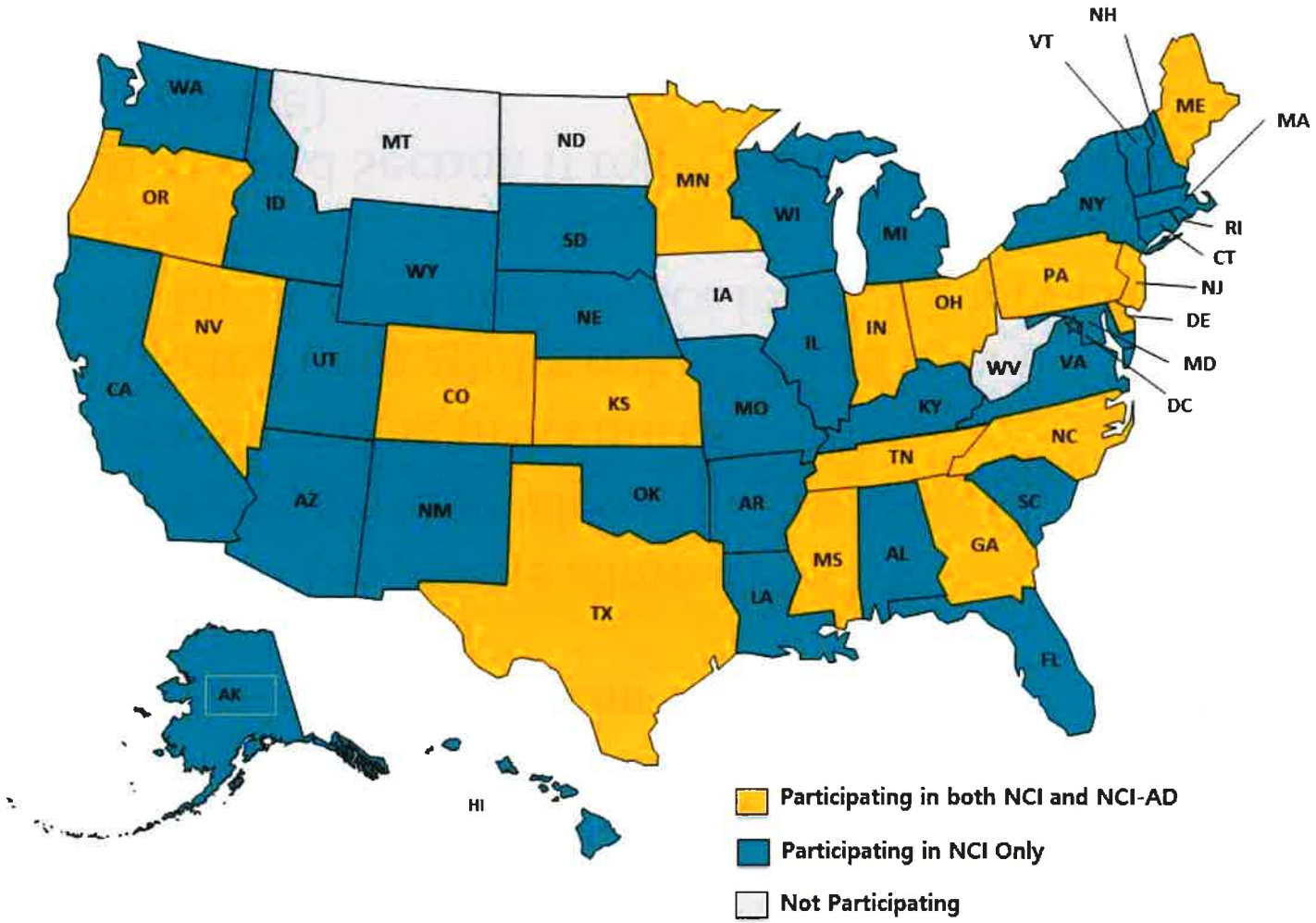
- Community Participation
- Choice and Decision-making
- Relationships
- Satisfaction
- Service and Care Coordination
- Access
- Self-Direction of Care
- Work/Employment
- Rights and Respect
- Health Care
- Medications
- Safety and Wellness
- Everyday Living and Affordability
- Planning for the Future
- Control

National Core Indicators™ State Participation



As of 2016-17: 46 states, the District of Columbia and 22 sub-state regions

2016-17 NCI and NCI-AD State Participation



Adult Consumer Survey

- Standardized, face-to-face interview with a sample of individuals receiving services
  - Background Information - includes health information
  - Section I (no proxies allowed)
  - Section II (proxies allowed)
- No pre-screening procedures
- Conducted with adults only (18 and over) receiving at least one service in addition to case management
- Section I and Section II together take 50 minutes (on average)

Staff Stability Survey

STAFF STABILITY SURVEY
2015

Agency Profile		Write answer in this column
1)	Agency name or code number (optional)	
For Questions 2, 3 and 4, please check "YES" for all services provided by your agency.		
2)	Does your agency provide **residential supports** to adults with ID/DD? ***Residential supports***— *Supports provided to a person who is living outside of the family home. This can include 24 hour supports such as group home or ICF/ID. It can also include people living in supported housing or supported living getting less than 24 hours of support.* ☐ Yes ☐ No	
2a)	**If YES to Question 2), please check all residential supports your agency provides:** ☐ Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), 4-6 residents with disabilities ☐ Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), 7-15 residents with disabilities ☐ Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), 16 or more residents with disabilities ☐ Other Specialized Institutional Facility ☐ Group Home, 2-3 people with disabilities; or agency-operated apartment. ☐ Group Home, 4-6 people with disabilities ☐ Group Home, 7-15 people with disabilities ☐ Supported Living Services ☐ Other (Please explain:_____)	
2b)	**If YES to Question 2),** how many adults with ID/DD were you providing residential supports to as of **[December 31, 2015]**?	

- 17 states
- 2400 providers
- 125,000+ people supported
- 187,700+ DSP's represented
- Avg. wages $10.60-$11.00
- 44.8% avg. turnover (range is 17.7%-75.6%)

NCI & NCI-AD Validity and Reliability

- Face and Contents validity evaluations
- Inter-rater reliability evaluations
- Shadow interviews
- Internal Consistency
- Special Studies – Research Reviews (e.g, background validity study underway)

2014-15 NCI Risk Adjustment factors

- Age
- Level of Intellectual Disability
- Mobility
- Behavioral Support needed for self –injury, disruptive or destructive behavior

Risk adjustment applied to impacted indicators only – primarily Choice and Community Inclusion.

Data for This Presentation:

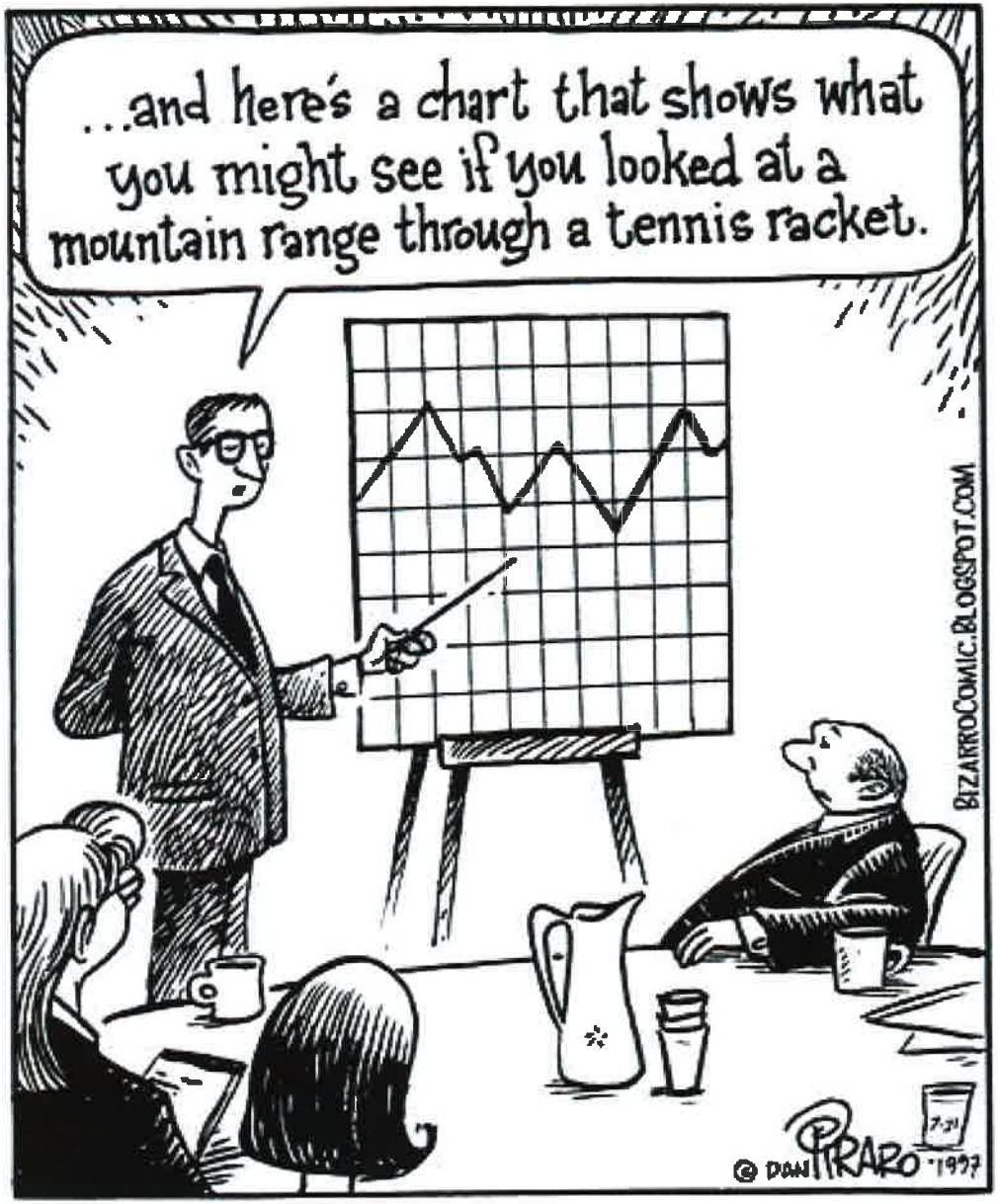
- NCI Consumer Survey Data, 2014-15 National
  - 32 States & Washington DC
  - 25,820 individual surveys

- Staff Stability Survey Data, 2015

And some early release (sneak peek!) at

- 2015-16 Adult Consumer Survey data from Wisconsin
- 413 valid Surveys (Congratulations!!)

What Do NCI data show about employment, community engagement, and relationships in Wisconsin?


...and here's a chart that shows what you might see if you looked at a mountain range through a tennis racket.
BIZARROCOMIC.BLOGSPOT.COM
© DAN PIRARO '1997

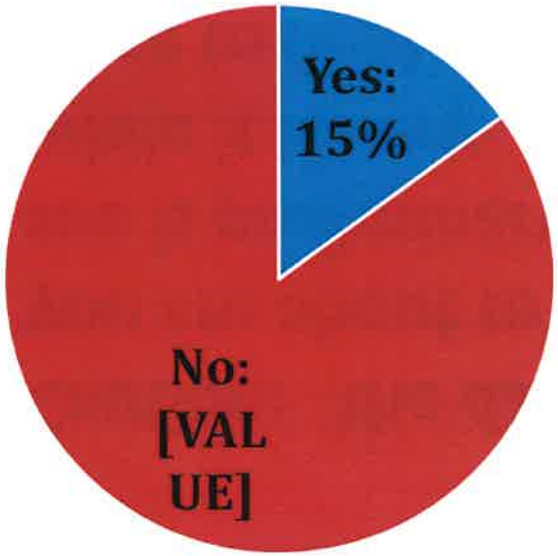
NATIONAL CORE INDICATORS™

Caution: the data you are about to see is preliminary; while it is very close to final data, for validity it requires further analysis prior to distribution.

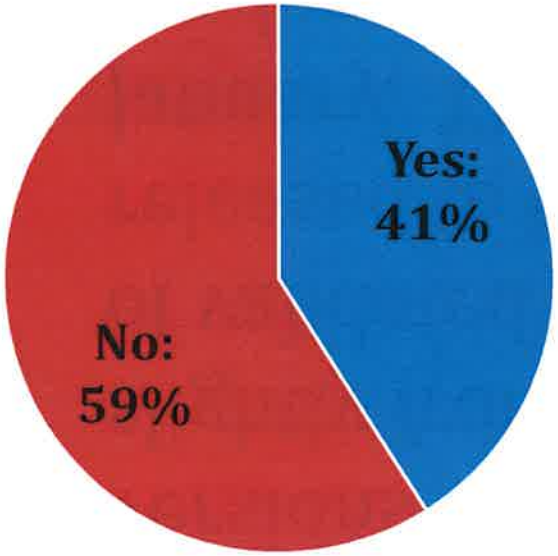
- The charts you are about to see are early release versions--- they may differ slightly from the final set of validated data to be released to Wisconsin in January. These data are for demonstration only, and should not be the basis of decision making until final reports are issued.

Paid Job in the Community

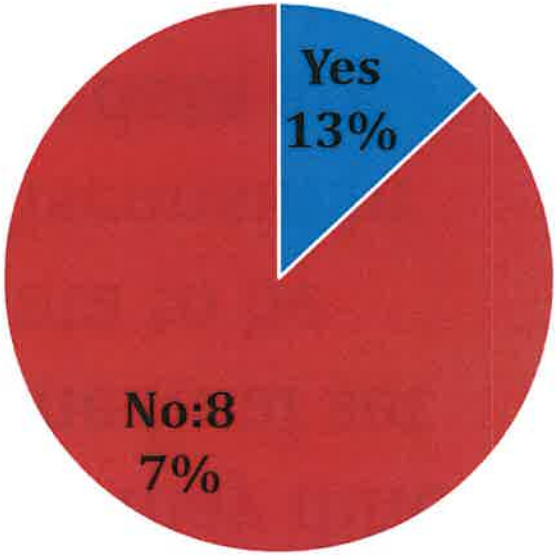
Has a paid job in the community



Of those without a paid job in the community, would like a job in the community



Of those without a paid job in the community who would like a paid job in the community, has employment as goal in ISP



Sample of Questions

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 and other Daily Activity

Definitions:

Community-based setting a place where most people do not have disabilities.

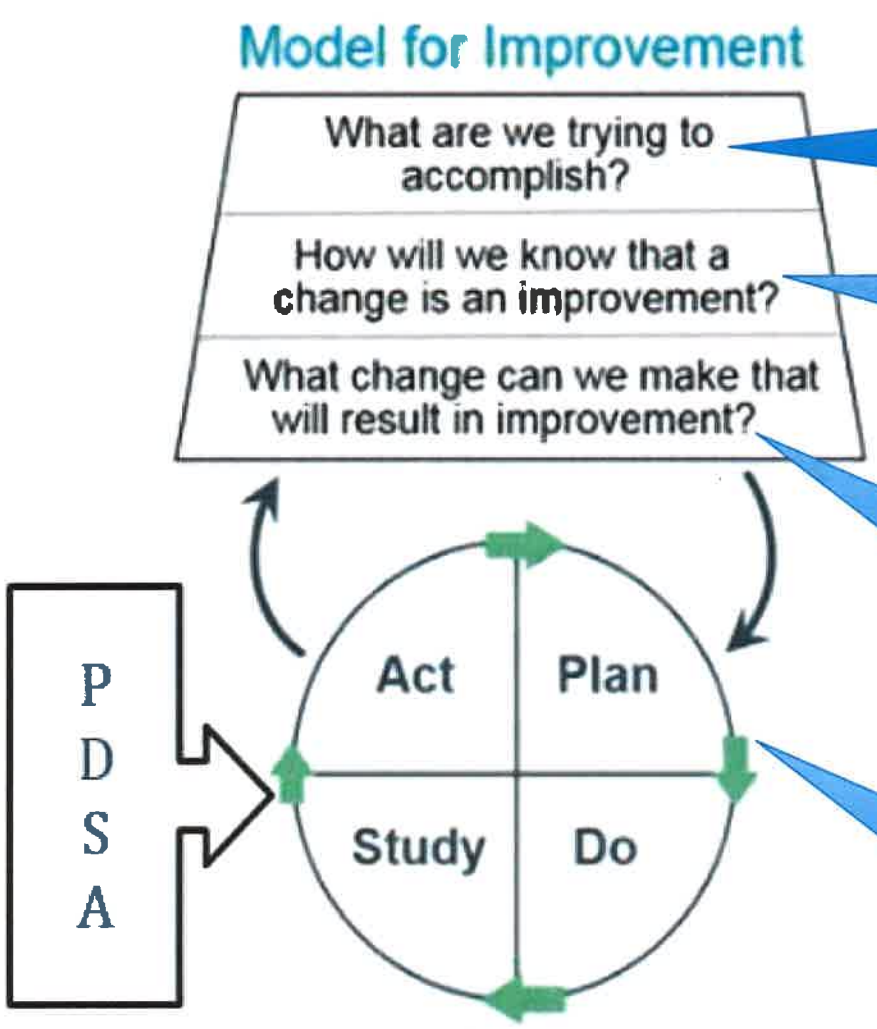
Facility-based setting is a place where most people do have disabilities.

- **Paid individual job in a community-based setting**
- **A person working at an individual job in a local business alongside peers who do not have disabilities. Job is part of the typical labor market (e.g., competitive employment)**
- **Paid small-group job in a community-based setting**
- **The activity is done in an integrated setting, as part of a group of not more than 8 people with disabilities (e.g., enclave, work crew)**
- **Unpaid activity in a community-based setting (e.g., volunteer activities, skills training, community supports)**
- **Paid work performed in a facility-based setting (e.g., workshop, activity center, or business that primarily hires people with disabilities)**
- **Unpaid activity in a facility-based setting (e.g., day habilitation, seniors programs, drop-in centers)**

EXAMPLE:
Quality Improvement Strategy:
Employment

- Goal: All people who **want** a job and do not currently have a job, have a goal and related services to acquire a job.
- Regional Deployment – Quality Councils
- Measures identified in each Support Coordination agency --- 86% threshold
- Quarterly monitoring
- Improvement Strategies using Root Cause Analysis and PDCA.

Process for QI: Employment



Goal: Increase rates of paid, community employment

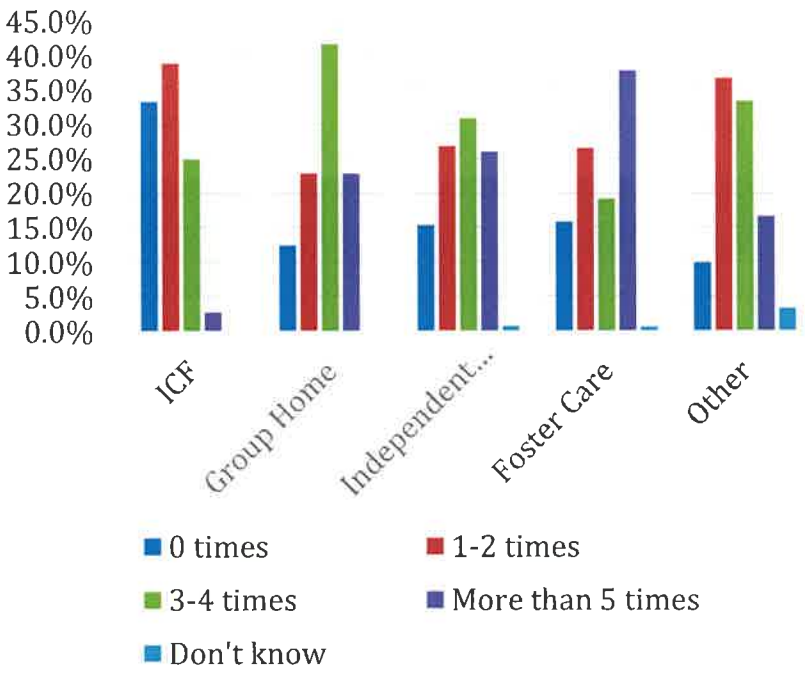
Identify NCI measures/indicators to monitor

What changes/ improvements can we make to achieve the goal?

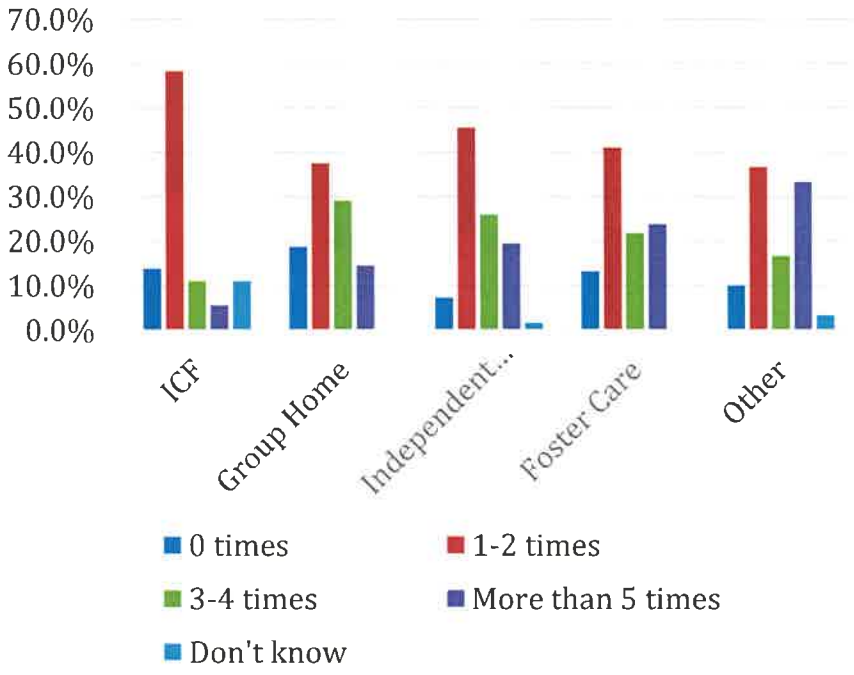
Utilize Formal Quality Improvement Structures: PDSA and the 7 Quality Tools

Community Inclusion

How many times has this person gone shopping in the past month?

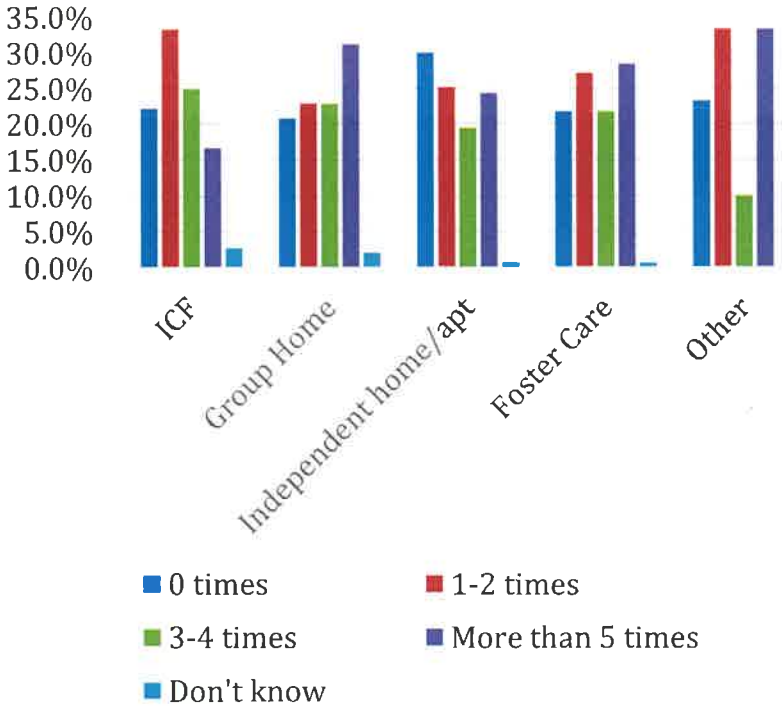


How many times has this person gone out for errands in the past month?

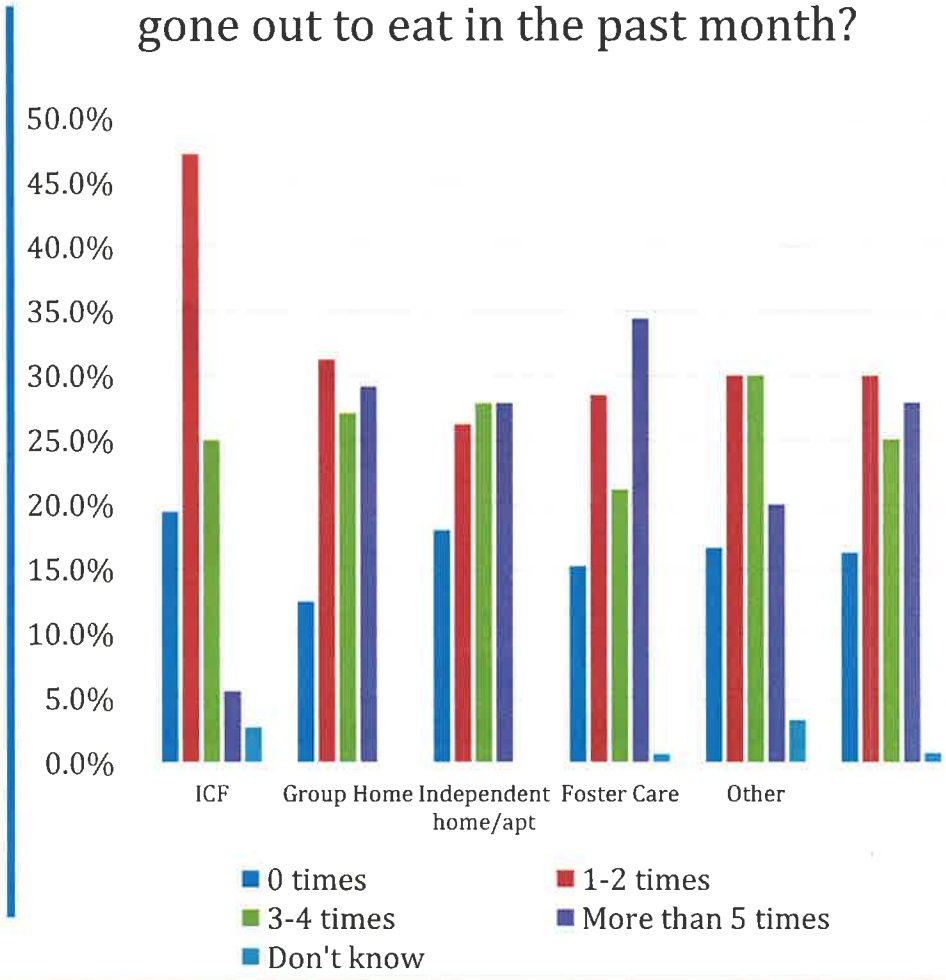


Community Inclusion

How many times has this person gone out for entertainment in the past month?

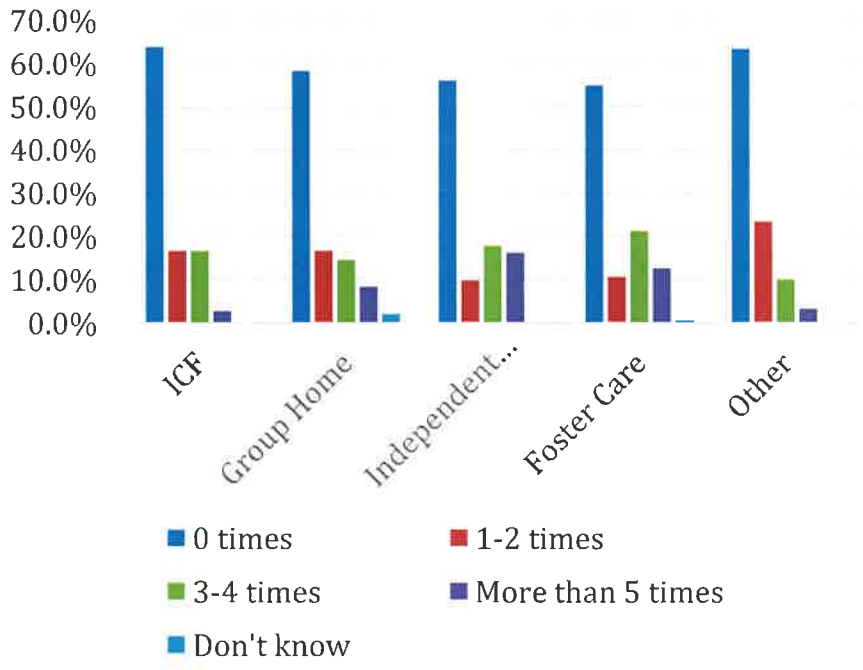


How many times has this person gone out to eat in the past month?

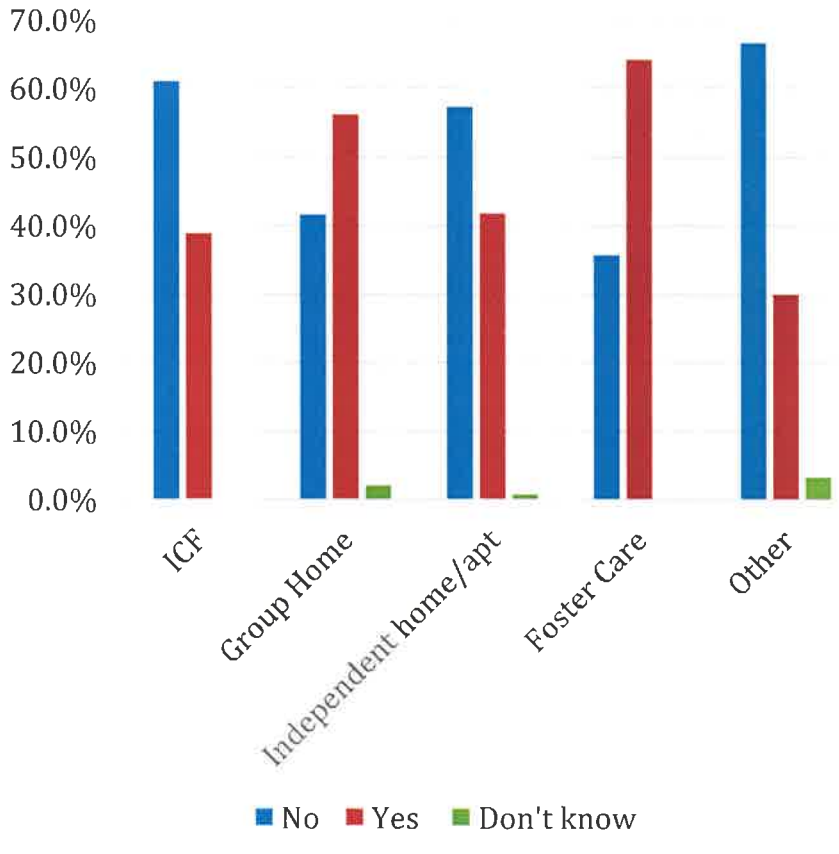


Community Inclusion

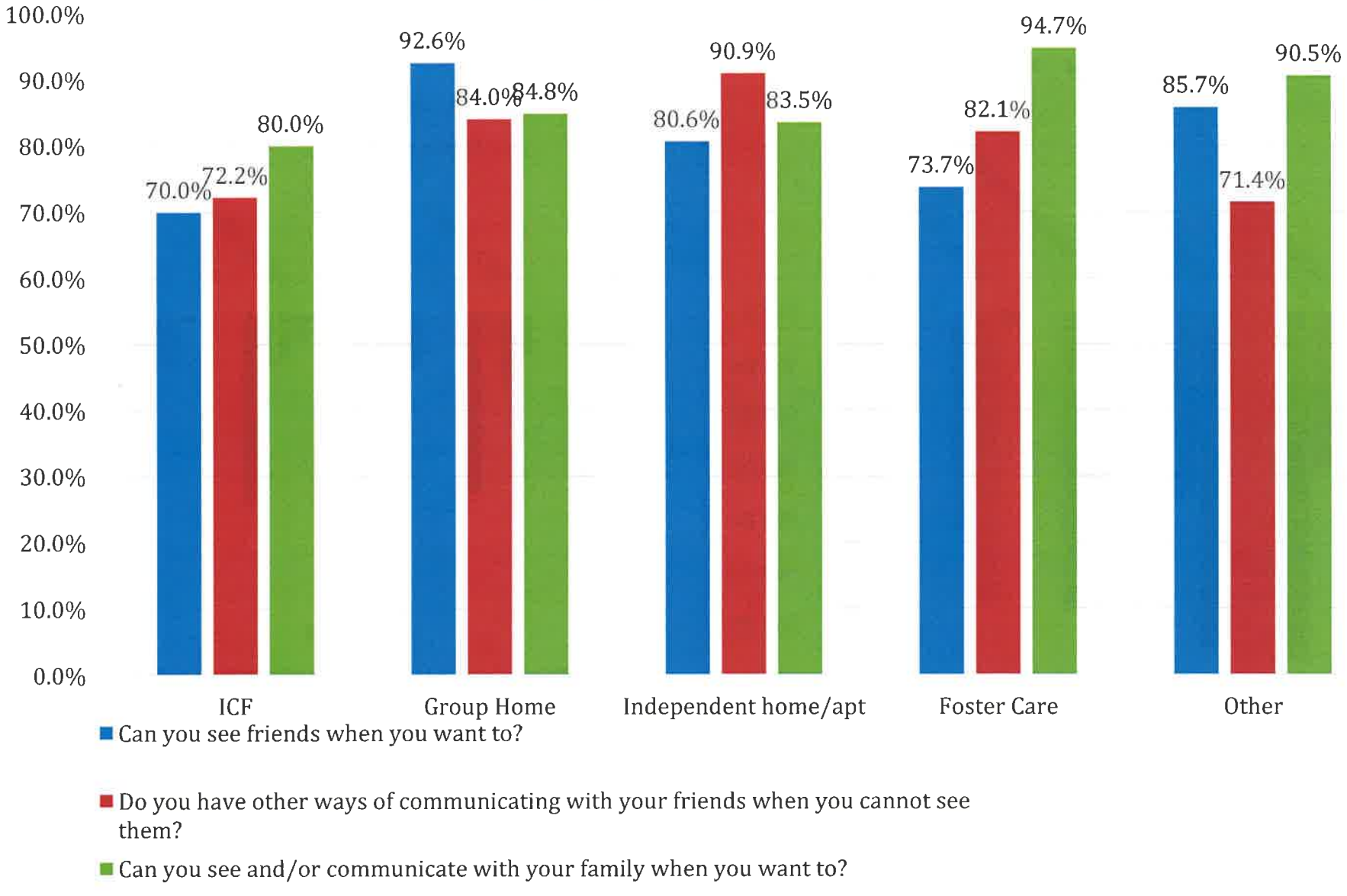
How many times has this person gone out to a religious or spiritual practice in the past month



Did this person go out on vacation in the past year?



Relationships



A little lesson on Monitoring

And the message is:

monitoring alone is not enough – your system needs to know how and when to act

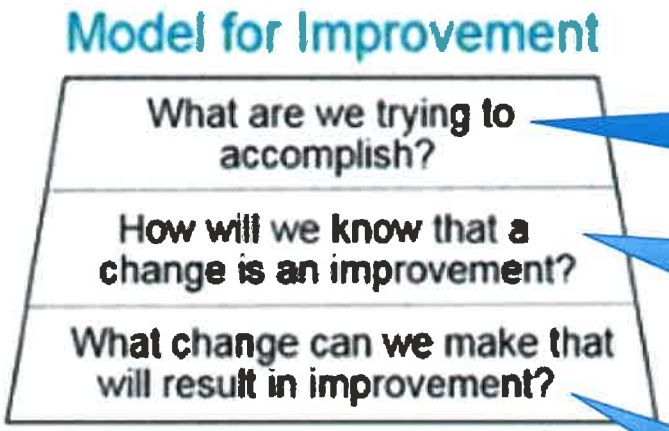
Quality Improvement System Example: MA

- NCI (and other surveys) indicated that loneliness was an issue.
- Observed small, provider-based program
  - used trainings, consultation and informational materials to help adults with IDD develop and maintain friendships.
- Working with Arc of MA., expanded the program throughout the state: ***Widening the Circle***
- ***Creating our Commonwealth*** – statewide initiative
- Continue to monitor progress using NCI data and Licensure and Certification data

http://thearcofmass.org/programs/widening-the-circle/adults/

Process for QI: Friendship

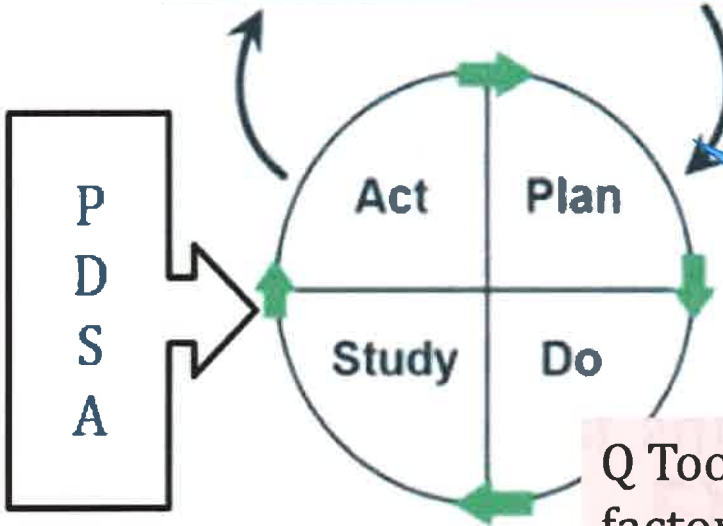
Slice/dice data to identify target population, if necessary.
Residence type, race/ethnicity, mobility, etc.



Goal: Make sure individuals receiving state services feel that they have friends besides staff and family

Identify NCI measures or other indicators to monitor

What changes/improvements can we make to achieve the goal?



Utilize Formal Quality Improvement Structures: PDSA and the 7 Quality Tools

Q Tools help ensure you identify all contributing factors:

- Employment
- Health
- Community Inclusion

NCI and Quality

- Measures provide a bird's eye view
- Statewide - how are we doing?
- Rely on effective Quality Knowledge and practice to successfully improve outcomes
- Long-term measures to check effectiveness

BUT: what matters to Wisconsin is what matters most!

What Do You Want in Wisconsin?

- Quality Councils set standards – based on history or values
- Start Slow – choose areas to learn from
- Across several areas of importance to your state- Health and Wellbeing; Access to Services; Community Integration; Relationships
- Develop local quality boards
- Knowledge of Quality as a BOK

Why measure what we measure?

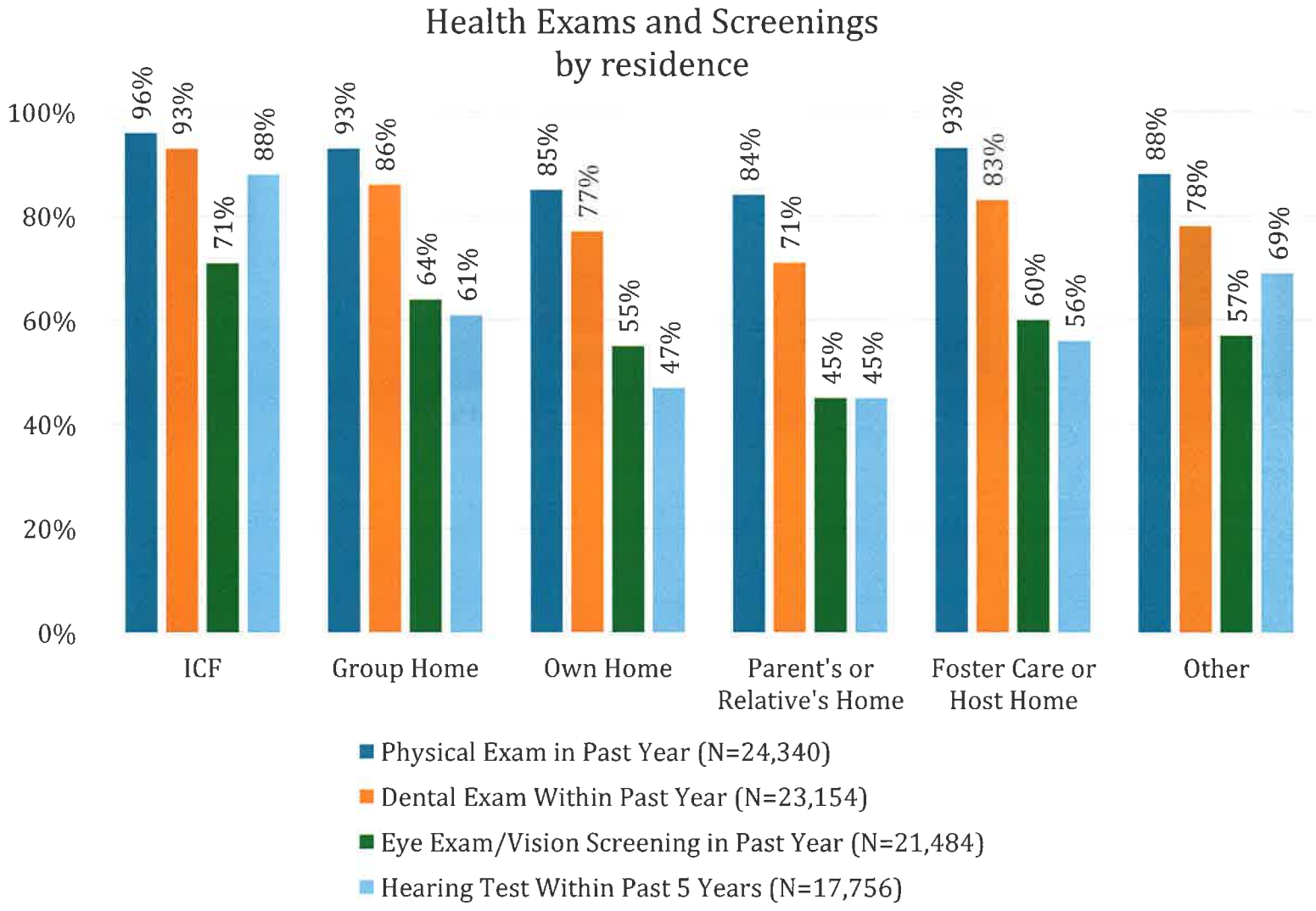
Compliance
- Effectiveness and meeting pre-set standards

Customer Experience
- Customer satisfaction
- Outcome measures

Management practices: Both Efficiency and Effectiveness
- Process improvement
- Timeliness / efficiency
- Employee Experience
- Financial limitations or Cost

Examples from Other States – Not Wisconsin Specific

Basic Exams and Screenings*

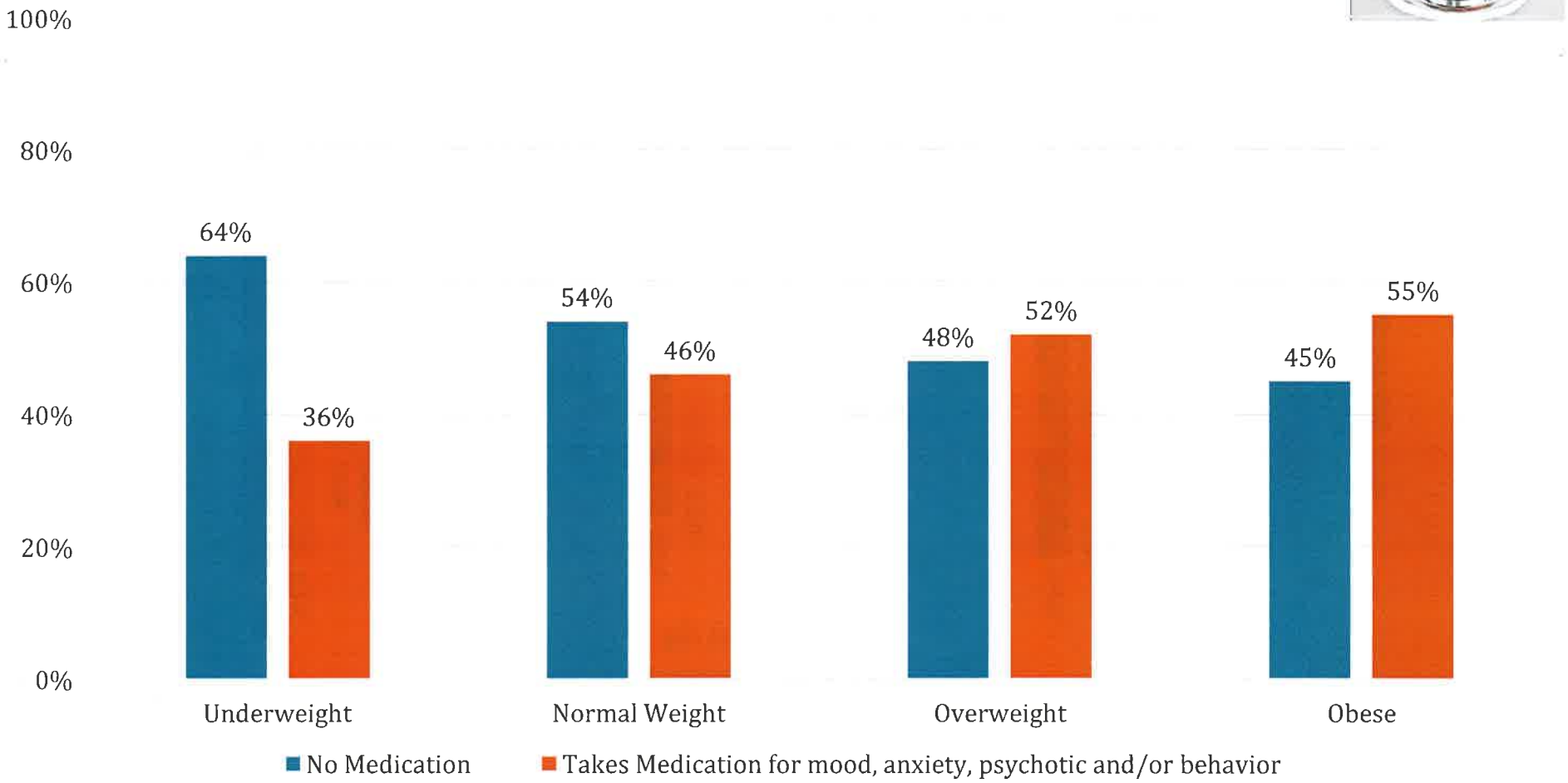


*From 2014-15 NCI National Data Set

National Data: Use of Psychotropic Medications and Obesity*

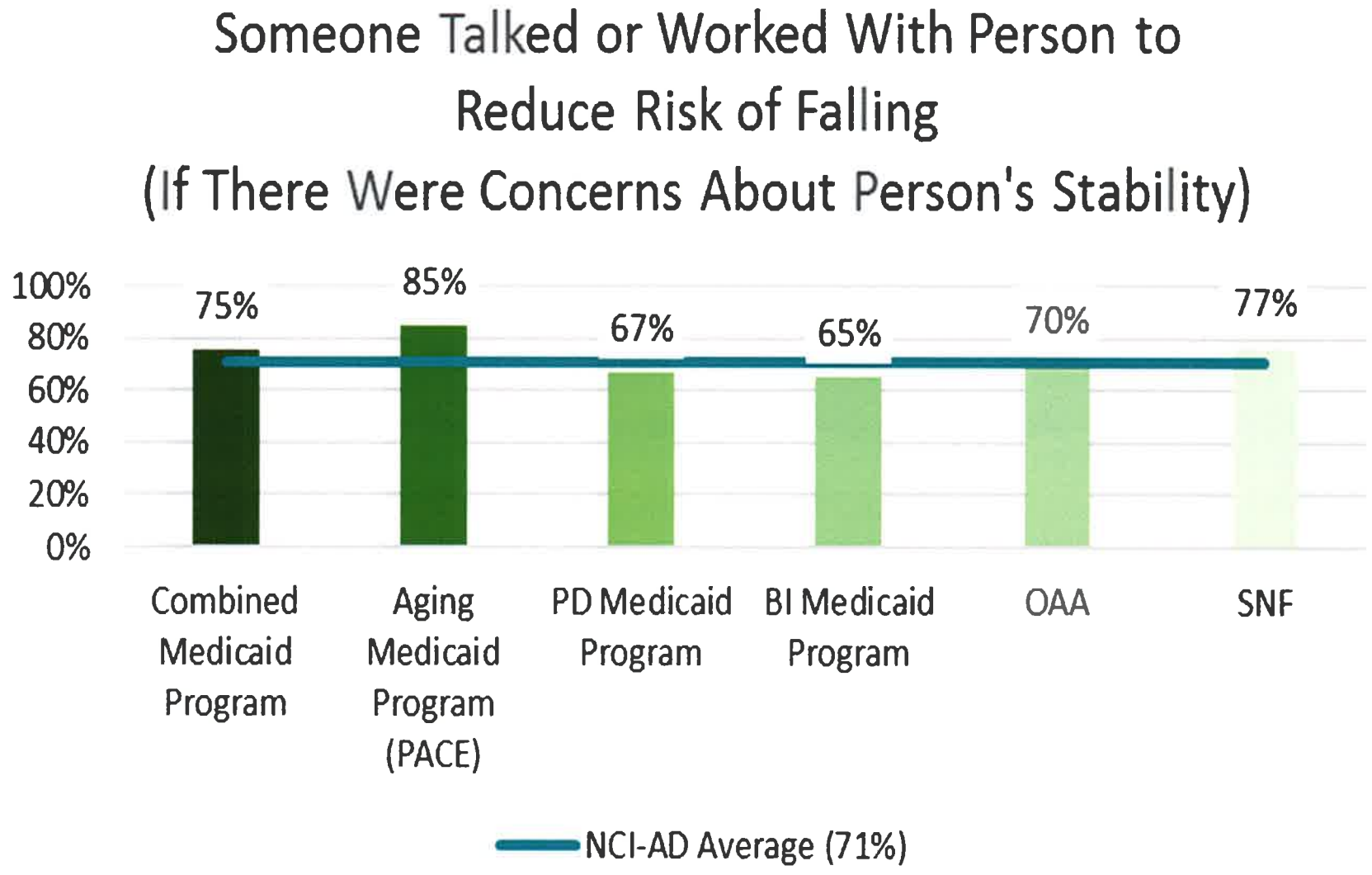
N=22,402

BMI and Medication

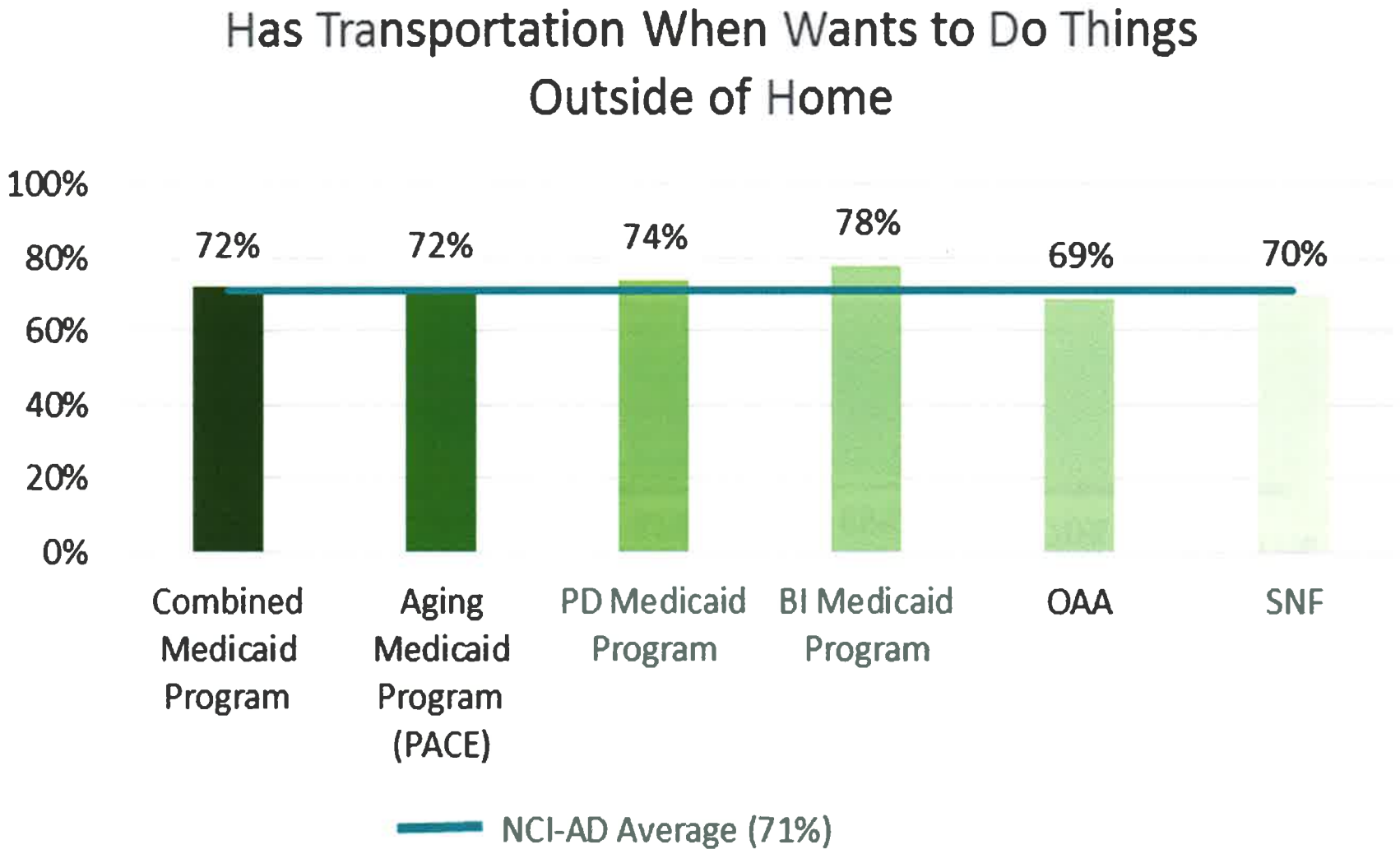


*From 2014-15 NCI National Data Set

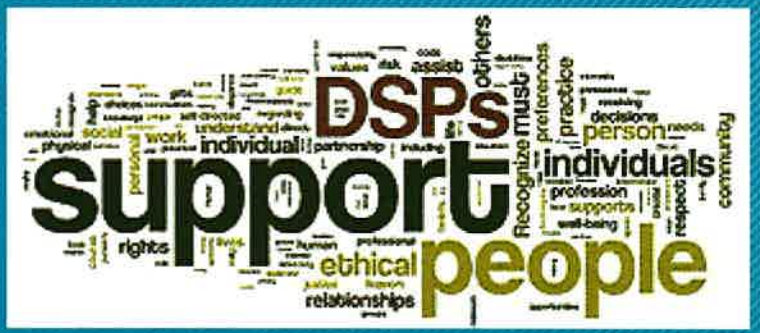
Safety NCI-AD



Transportation



A critical area in Long-Term Services: NCI Staff Stability Survey

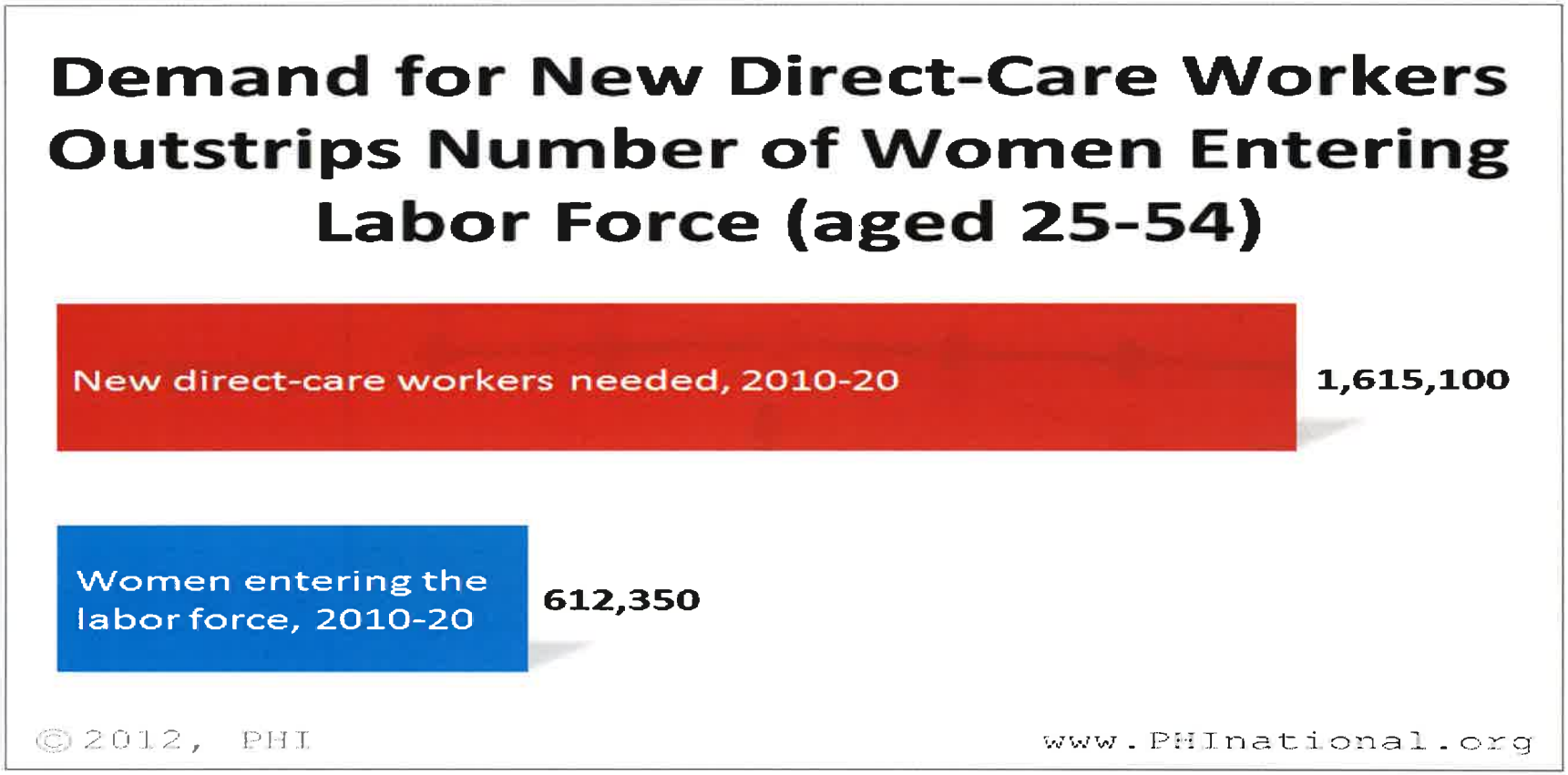


National Core Indicators (NCI)

Issues Being Faced by DSP Workforce

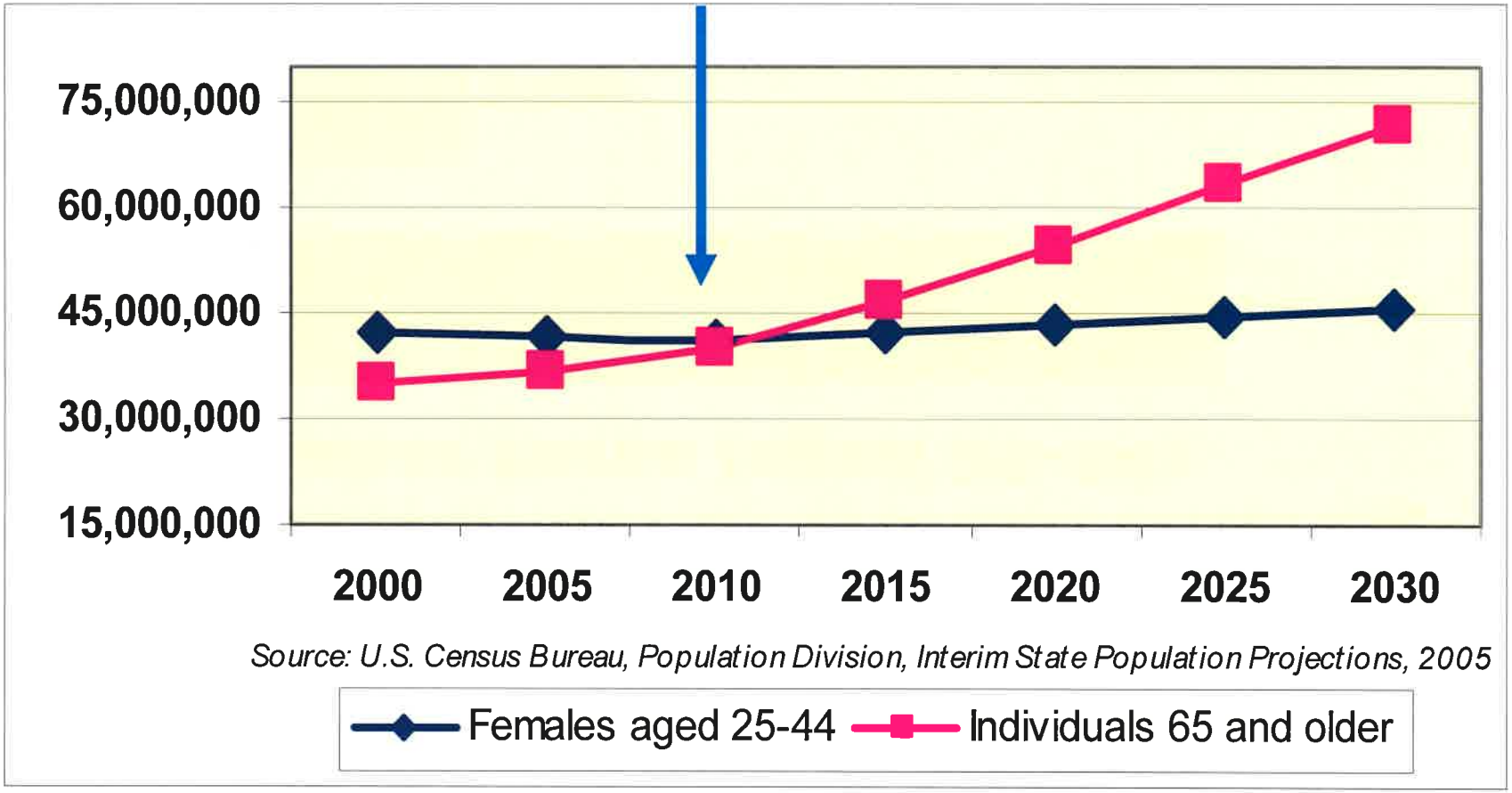
- Low supply and high demand for DSPs accentuated by:
  - Low salaries
  - Erratic/unpredictable hours: Part time
  - Few benefits
  - High levels of emotional and physical stress
    - High injury rate

Demographics: Supply



NASDDDS 2016

Shortage of Care Givers



Larson, Edelstein, 2006

2014 Data

10 states

- Arizona (AZ)
- Washington, D.C. (DC)
- Georgia (GA)
- Kentucky (KY)
- Maine (ME)
- Ohio (OH)
- South Carolina (SC)
- Texas (TX)
- Utah (UT)
- Vermont (VT)

2015 Data

to be released soon

AL
AZ
DC
GA
IN
KY
MN
MO
OH
OR
PA
SC
SD
TN
TX
UT
VT

17 states

State-by-state sampling info included in report

Response rates 2015

	Valid responses	Total # of providers who received the survey	Response rate	*# Responses needed to reach 95% confidence interval and 5% margin of error^*	Meets 95% confidence interval and 5% margin of error?	Margin of error for sample size based on valid responses (assuming 50% response distribution) ^
AL	25	148	17%	*108*		17.93%
AZ	102	322	32%	*176*		8.03%
DC	36	82	44%	*68*		12.31%
GA	105	364	29%	*188*		8.08%
IN	88	184	48%	*125*		7.57%
KY	172	195	88%	*130*	Y	2.57%
MN*	270	830	33%			
MO*	145	254	57%			
OH_HCBS	861	1108	78%	*286*	Y	1.58%
OH_ICF	66	79	87%	*66*	Y	4.92%
OR	111	142	78%	*104*	Y	4.36%
PA	115	655	18%	*243*		8.30%
SC	43	61	70%	*53*		8.19%
SD	21	21	100%	*20*	Y	0.00%
TN*	53	66	80%			
TX*	126	689	18%			
UT	72	94	77%	*76*		5.62%
VT	15	15	100%	*15*	Y	0.00%

* States were instructed to provide NCI with a list of all provider agencies in the state providing direct support to adults with IDD. These states did not provide NCI with the email addresses of all provider agencies providing direct support to adults with IDD in the state.

^ Calculated using http://www.raosoft.com/samplesize.html

What is Collected and Reported?

- Sorted by types of Service Provided: Residential, Non-Residential, In-Home and by size of agency : <10, up to >100
- Tenure, Turnover, Vacancy Rates; Wages: Average Starting and Average Overall; Benefits (health insurance and other) and Paid Time Off.
- Additional factors in recruitment or retention activities

Turnover Rates

(Number of DSP separated between Jan. 1, 2015 and Dec. 31, 2015)

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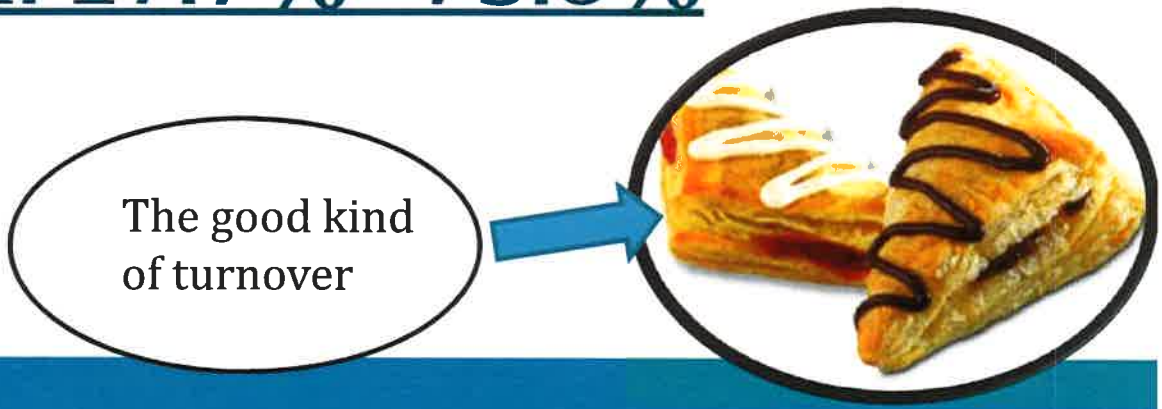
(Number of DSPs on staff as of Dec. 31, 2015)

- **Average turnover rate: 44.8%**
- **Range from: 17.7%--75.6%**

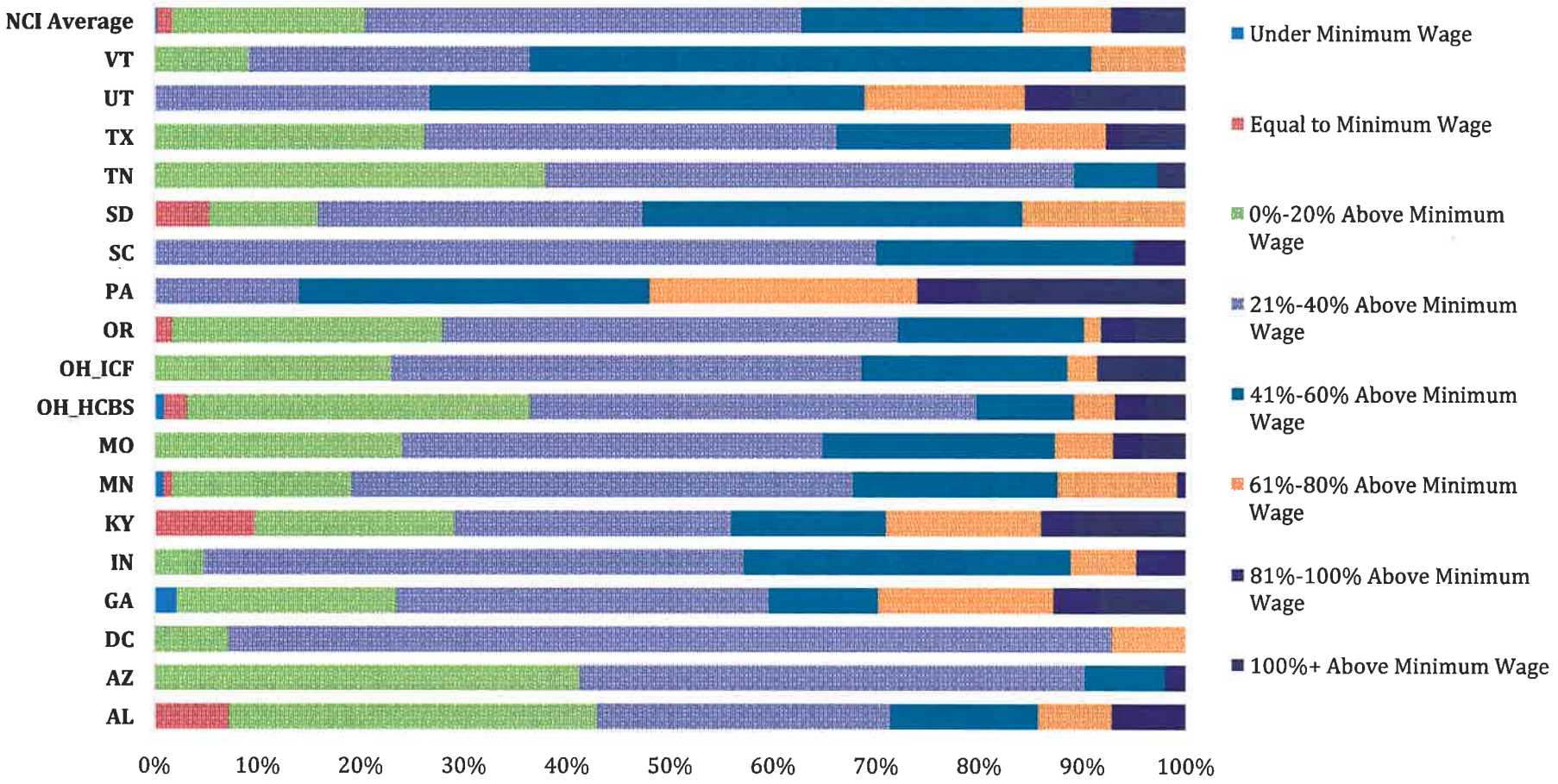


Wages

- Across all participating states and service types, DSPs received:
  - Average hourly wage of $**11.47**.
    - Average hourly range: $9.59/hr.-$15.40/hr.
  - Median hourly wage of $**10.75**
    - Median hourly range: $9.12-$13.80
  - Average hourly: $10.96 for DSPs residential supports.
  - Average hourly: $11.24 for DSPs in-home supports.
  - Average hourly: $11.56 for DSPs non-residential supports.

CAUTION: These are early release data for demonstration only: Final may change.

Average Hourly Wage



One Final Thought

NCI is PART of the FULL Picture:

- NCI Provides One Important Piece
- Effective Quality Management Strategy Includes Multiple Data Sources

Consider These additional Sources:

- Incident Reporting Data
- Complaints/Grievances
- Cost Reports
- Staffing Levels
- Licensing Reviews
- CMS Assurance Data
- MA Claims on Health/prevention data

Questions?

Thank you For Your Time

Mary Lou Bourne

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