

TRANSLATING DATA INTO BETTER OUTCOMES: PRACTICAL APPROACHES TO USING DATA TO FACILITATE CHANGE

June 2018



Today's Speakers



- Robert Goldsmith, Sharon Geiselmann, Anne Marie Sime and Faith Mazzone
 - Adults and Children with Learning Disabilities (ACLD); New York
- Abby Morgan and Matt Reed
 - Direction Home Akron Canton; Ohio

Learning Objectives



- Understand how to implement data metrics and dashboards to support organizational decision-making
- Understand approaches that enable staff at all levels to easily participate and understand in data-driven strategies;
- Learn about approaches to using data in a way that are easily managed within the organization without the need for outside consultants or expensive computer software.

Overview



- Using data to develop the strategic plan
- Strategic planning → Staff level performance
- Generating a culture that craves data
- Tips and Tricks
- Q&A

Adults and Children with Learning Disabilities (ACLD)

Robert Goldsmith, Sharon Geiselmann, Anne Marie Sime and Faith Mazzone

Adults and Children with Learning Disabilities (ACLD)



Our mission is to provide opportunities for children and adults with autism, learning and other developmental disabilities to pursue **enviable lives**, promote independence and foster supportive relationships within the community.





ACLD employs more than 1,300 employees.

We operate 80 different program sites including group homes and apartment programs across Nassau and Suffolk Counties.

Service programs include early childhood services, day habilitation, residential alternatives, vocational training and job placement, recreation programs, respite, family support services, Medicaid service coordination, and medical and behavioral health services.

We support over 3000 people with I/DD.

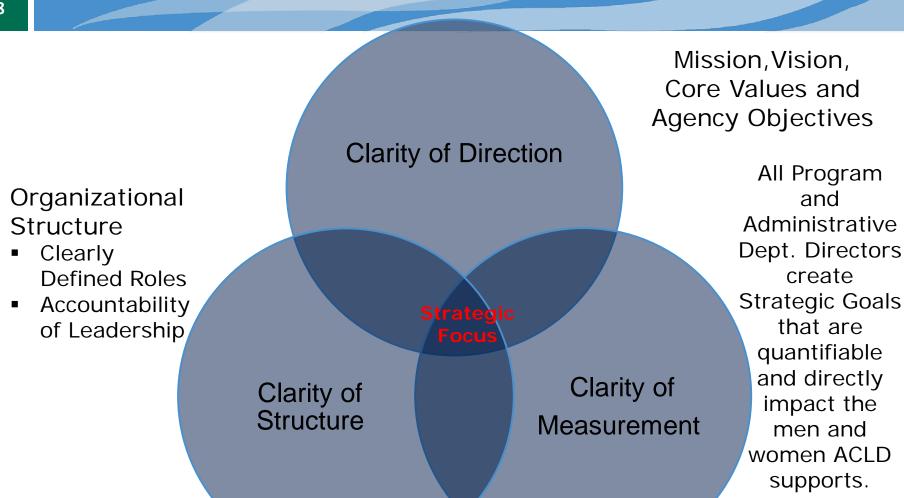
ACLD Agenda



- As the I/DD field transitions into a value based pricing/managed care model the ability to set quantifiable goals will be crucial.
- Although this new model is a few years away, agencies must start preparatory activities.
- Historically, there has been limited collection of data on the part of providers.
- ACLD has begun to set the foundation for a fully data driven environment. This process is in the early stages of development and will be built upon annually.
- This is an undertaking with all department Directors being immersed in the process.

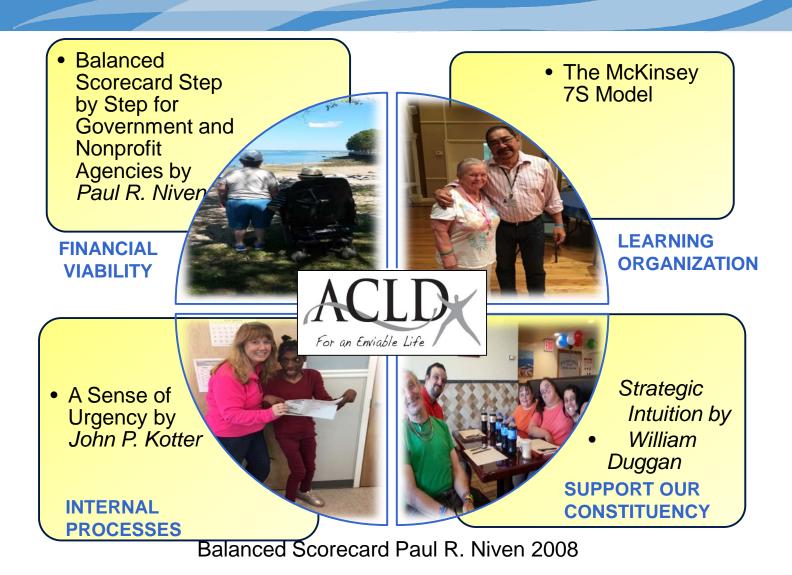
Culture Shift - Think Strategically





Research Assimilation





How do we provide an "Enviable Life" for the people we support?





- Start collecting DATA in these key areas:
- Nursing, Residential,
 Day Services,
 Employment Services
 and Administrative
 Departments

No magic in this process, no "right" or perfect data collection areas. Use best professional judgement within what is practical.

Health and Wellness



Areas of Focus

- Nutritional Measurements
- Pharmacy Review
- ER-Urgent Care –Telemedicine Visits
- Medication Errors
- Self-Medication Status
- Infection Control
- Trends in Minor NotableOccurrences
- Medical Audit Improvement

Reasons

- Looking for Person-Specific Trends (micro)
- Looking for Systematic trends that make an impact on people's lives (macro)



Data Collection Process





Nursing Supervisor Team 1,2,3

Nutrition
IBW/Weight/A1C
Pharmacy Review
Tele-Medicine Visits

Data analyzed by supervisors weekly. Identify trends and plans for improvement developed.

Nursing Supervisor Team 4,5,6

Medication Errors
Self –Medication
Assessments
Infection Control

Data analyzed by supervisors weekly. Identify trends and plans for improvement developed.

Nursing
Supervisor
Team 7,8

Trends in Minor Notable Occurrences Medical Audit Improvement Data analyzed by supervisors weekly. Identify trends and plans for improvement developed.

Plans discussed and action taken at weekly supervisor and monthly nurses meeting. Re-evaluate data collection and refine the process. Data graphs represent data collected by individual IRA and the agency as a whole.

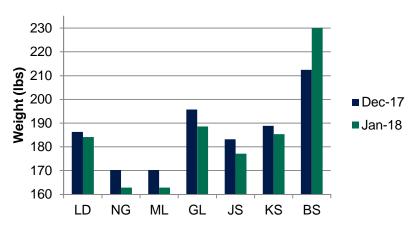
Measuring Healthy Nutrition



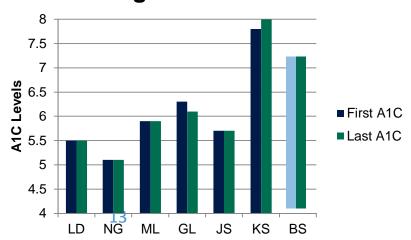
- DATA: Comparison of <u>IBW/WEIGHT/A1C</u> for each person by residence.
- ANALYSIS: Data told us to reduce A1C's to minimize the risk of type 2 diabetes and strive to achieve ideal body weights to improve overall health.
- PLAN: Improve nutrition through education of people we support and staff through cooking demonstrations, trainings, interactions and observation by Nutritionists and Nursing staff. Encouragement to make Healthy Choices. Follow Build-a Meal guidelines.

IBW: Ideal Body Weight

Straight Path IRA Weights



Straight Path IRA A1C

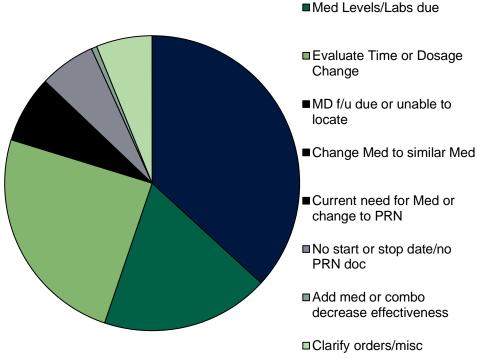


Measuring Pharmacy Review



- DATA: Identify the issues relating to medications and the storage of medications by residence.
- ANALYSIS: Areas in need of improvement:
 - Monitoring Medications for expiration dates.
 - Tracking sheets needed for bloodwork monitoring
 - Need for doctors review of medication times and dose changes.
 - Documentation of open date for inhalers
 - Institute review for medication combination and reduction.
- PLAN: Evaluate the recommendations of the Pharmacy consultant to identify the common problems and implement trainings and procedures to correct and prevent.

Straight Path IRAPharmacy Error Totals for 2017 Expired/Discontinue Meds



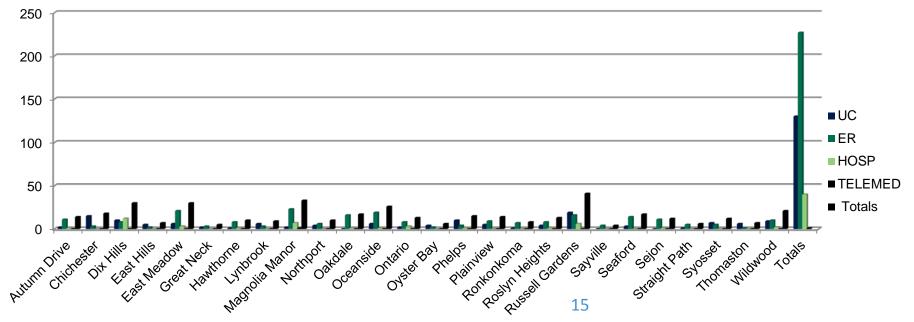


Measuring ER-Urgent Care Visits

- **DATA**: Collected the number of ER and Tele-med visits by residence.
- ANALYSIS: There is a need to explore ways to reduce the number of ER and Urgent

care visits.

■PLAN: Reduce ER Urgent Care visits through use of Telemedicine, training of nursing staff, use of on call physicians and early identification of illness and prevention.

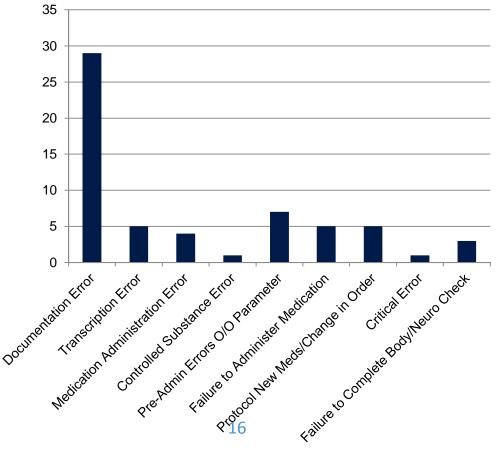






- DATA: Review all medication errors by program and identify common mistakes.
- ANALYSIS: Majority of errors were due to failures to document.
- PLAN: Instituted promotional campaign to alert AMAP staff to complete their required documentation. Revised the in-service format with a colorful Power Point focusing on key elements to promote a better understanding of the material.

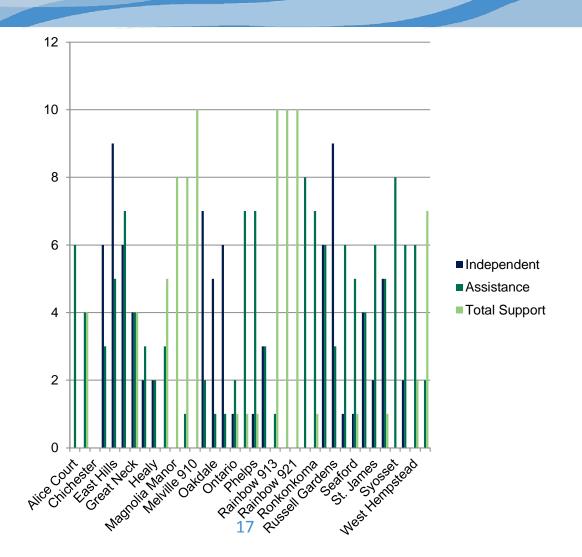




Measuring Self-Medication Administration



- **DATA:** Evaluate self-med assessments by person and residence for total support-assistance-independence.
- ANALYSIS: While there are many people in our residences that are currently self-medicating, the data revealed the need to encourage our nurses and people supported to begin taking steps towards even the smallest step of independence.
- PLAN: To develop a library of tools and innovative methods for nurses to use to promote independence. Presentation for people we support, self-med "Road to Success Brochure", success story newsletter.

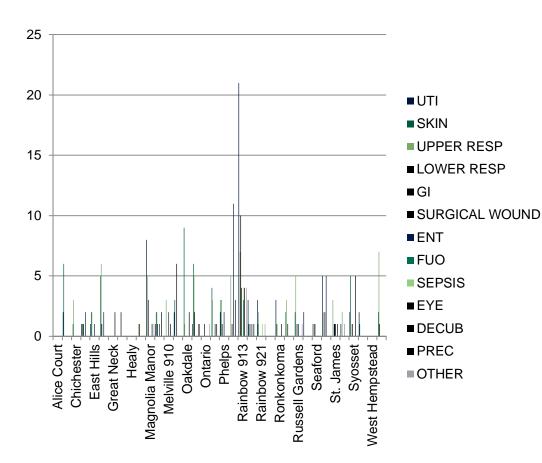






Measuring Infection Control

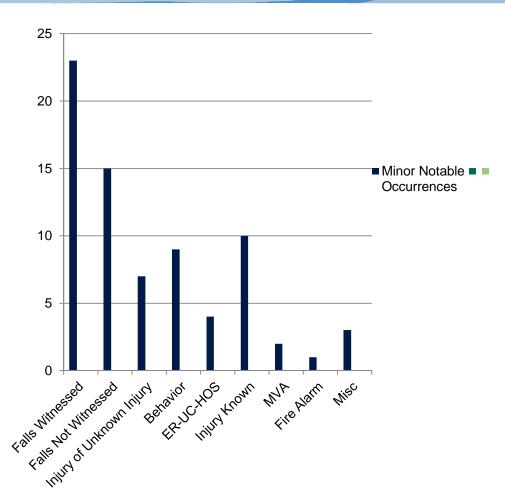
- **DATA:** Baseline infections by type and residence to identify trends.
- ANALYSIS: The data identified the increased trend was Respiratory and Urinary Tract Infections in both the men and women supported by ACLD.
- PLAN: Create and implement a QA tool that observes handwashing and glove use. Evaluate the organism types and possible cause for recurring cases with the use of the PDSA Cycle for Improvement implemented by our Medical Director. In-service on Peri-Care for staff and people supported. Handwashing campaign.



Measuring Minor Notable Occurrences



- DATA: Identify by residence the trends in types of Minor Notable Occurrences.
- ANALYSIS: The data told us that we needed to explore ways to reduce and prevent falls.
- PLAN: Create new Falls Risk Tool that will be utilized in all residences evaluating and identifying the possible causes for falls and eliminating the risk. Revise ACLD Falls Risk Assessment Protocol.



Medical Audit Improvement



- DATA: Review medical records by program prior to State Audits to identify trends and improve audit findings.
- ANALYSIS: The data has shown a need for more accessible nursing note documentation and medical record access.
- PLAN: Implement electronic nurses notes through ACLD Medisked system so nurses notes can be written by any nurse any time from any location. Long term goal is for full medical record to be electronic.

ELECTRONIC MEDICAL RECORD





Residential Initiative



- Enhance community integration for each person supported catered to their individual preferences.
- Increase natural supports and opportunities for establishing relationships within the community and promoting social capital.
- Create opportunities for varying experiences to expand and promote personal growth.
- Establish standards for opportunities offered, their frequency, and evaluate person-specific satisfaction.









ACLD Recreational Survey

RECREATION ACTIVITY INTEREST For each activity listed below please circle the number to indicate how much interest you have in the activity/program. Please circle "1" for "No Interest," "2" for "Some Interest" and "3" to indicate "Great Interest." The following is a snapshot of the Recreational survey.

Aquatics	Activity	No Interest	Some Interest	Great Interest
This section focuses on the person's interest in participating in the activities listed.	Beach	1	2	3
	Boating	1	2	3
	Pool	1	2	3
	Swimming (laps)	1	2	3
Water Park		1	2	3

Arts & Crafts	Activity	No Interest	Some Interest	Great Interest
This section	Beading/Lanyard	1	2	3
focuses on the person's interest in participating in the activities listed.	Ceramics	1	2	3
	Crochet/Knitting	1	2	3
	Drawing	1	2	3
	Painting	1	2	3
	Photography	1	2	3
	Writing/Poetry	1	2	3

Athletics	Activity	No Interest	Some Interest	Great Interest
(Playing)				
This section focuses on the person's interest in actively participating in the	Baseball	1	2	3
	Basketball	1	2	3
	Football	1	2	3
	Golf	1	2	3
sporting activities	Hockey	1	2	3
listed.	Soccer	1	2	3
	Special Olympics	1	2	3
	Track & Field	1	2	3
	Tennis	1	2	3

Educational	Activity	No Interest	Some Interest	Great Interest
This section focuses on the person's interest in	Advocacy	1	2	3
	Conferences	1	2	3
	Continuing Education	1	2	3



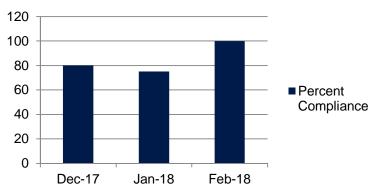
Let's ask
the people
we support
to tell us
what their
favorite
activities
are!

Measuring Community Integration Opportunities



- DATA: Quarterly comparison of program compliance with established standards. Comparison of person-specific interests collected via survey.
- ANALYSIS: Data collected identified programs requiring interventions to become compliant with standards. Survey results identified personspecific interests for scheduling and networking opportunities.
- PLAN: Implement action plans to address programs not in compliance. Identify people with similar interests across all program types to assist in establishing new peer groups.

Straight Path Community Integration Compliance



2017 Recreational Survey Results			
Rank	Interest	Question #	Activity
1	2.61	45	Dining Out
2	2.42	47	Movies
3	2.3	49	Shopping
4	2.27	71	Day Trips (Coney Island, Montauk, etc.)



Day Service Initiative

- To assist people supported in transitioning to the most inclusionary setting while building in a continuum of supports as they move closer to achieving their personal goals.
- To promote independence and manage risk while expanding social networks, strengthening skills, building new skills, and exploring undiscovered interests.
- Establish and implement a self-exploration tool to be used in plan development to assist in services an supports needed and or requested.



Administrative Services





Administrative Services Strategic Goals



- <u>Children's Services</u>: To support our constituency and increase financial viability by expanding preschool services and increasing public awareness.
- Facilities Management: To support our constituency by streamlining systems and create opportunities for process improvement. Develop and implement a plan to enhance preventative maintenance.
- Regulatory Affairs: To support our constituency by improving the implementation of their chosen aspirations as identified through the Personal Outcome Measure Interview process.
- <u>Development and Community Relations</u>: In order to support our constituency, increase public awareness and access to new donors, Development will increase social media outreach.

Administrative Services Strategic Goals cont'd.



- Human Resources: In order to support our constituency, ACLD will evaluate and enhance the current recruitment process. People we support will be an active participant in this process.
- **Finance**: To support our constituency, finance will ensure that program staff can access financial information in a more effective and meaningful way to enable them to make informed financial decisions.
- Purchasing: To support our constituency by improving the process of requisition to payment to ensure the people we support receive needed items and supplies in a timely manner.
- <u>Business Operations</u>: In order to support our constituency, effectively prevent, monitor and respond to emerging threats and vulnerabilities through interactive learning environment and improved processes.

STEP 1

 Our first attempt to begin the process of data collection and using practical approaches to using the data to facilitate change. We will continue to experiment in different data collection methodologies.

STEP 2

 We have made a commitment to developing an organizational approach to this process. This is an important exercise even if a state is not moving towards Managed Care and VBP. CBO's must show value in a tight fiscal environment.

STEP 3

 Ultimately, our data-driven decision making will provide better outcomes for the people we support.







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Direction Home Akron Canton

Abby Morgan and Matt Reed

Planning Evolution





Strategic &

 Financial
 Planning at
 Direction
 Home has
 been an
 evolutionary
 process

Evolution From Extension of State to Risk/Reward Business



Traditional Medicaid Waiver

Care Management/MedicaidManaged Care

Front Door
Screening

Balanced Incentive Program

Assessment

Care Transitions

Provider Network Management

Acute Care

Nursing Facility

Know your Agency— By Business Line



- Front Door (call center and assessments)
- Managed Long-Term Services and Supports
- Acute Care Transitions
- Elder Rights
- Backroom services
 - Margins Positive and Negative
 - Where are they / Where should they be for long term viability of your organization

Front Door...Call center & assessment



Summary:

- Future funding and payment structure for call center will be based on volume of calls
- Accessing services continues to be confusing (no wrong door, single entry point, etc.)

Immediate:

Only select calls will be eligible for reimbursement

Staffing model depends on volume

New assessments are lengthy and burdensome

New assessment process may be disruptive to clinical partners

Down the road:

We will face call center competition

Front Door...Call center & assessment



Summary:

- Future funding and payment structure for call center will be based on volume of calls
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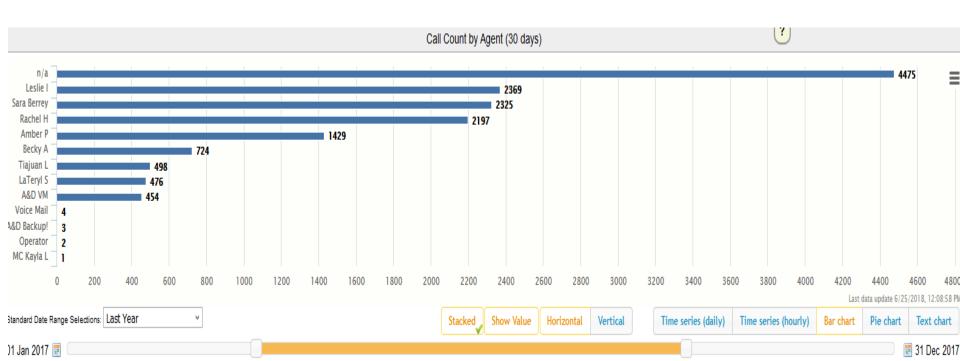
Requires Program Specific Data Analysis:

- 1. Billable vs Unbillable calls
- 2. Staff model & unit rate analysis
- 3. Time studies

TOOLS: PDSA and Lean/Six Sigma

Call Center Data





Managed Long-Term Services and Supports



Summary:

Programs continue to experience 'service creep' while staff work to meeting new performance and compliance requirements

Immediate:

Evolving partner expectations

Increased overhead

Data integrity issues

Delays in member services

Down the road:

Bargaining power with healthcare partners is limited across multiple AAAs

Future of MyCare beyond 2019 uncertain

Managed Long-Term Services and Supports



Summary:

Programs continue to experience 'service creep' while staff work to meeting new performance and compliance requirements

Immediate:

Evolving partner expectations

Increased overhead

Data integrity issues

Delays in member services

Requires Program Specific Data Analysis:

- 1. Staff level dashboards
- 2. Staff model & unit rate analysis
- 3. Proxy measures

TOOLS: Excel...and LEAN/Six Sigma

Performance Dashboards





Transitions—Acute and Nursing Facilities



Summary:

 Community-based Care Transitions Program ended January 2017 currently no new contracts are in place; HOME Choice demonstration ending and shifting to MLTSS

Immediate:

Unable to calculate clear value proposition

Loss of staff/capacity

Healthcare partners are being very fiscally conservative

Down the road:

Unclear future of alternative payment models

Unable to maintain other payor partnerships

Transitions—Acute and Nursing Facilities



Summary:

 Community-based Care Transitions Program ended January 2017 currently no new contracts are in place; HOME Choice demonstration ending and shifting to MLTSS

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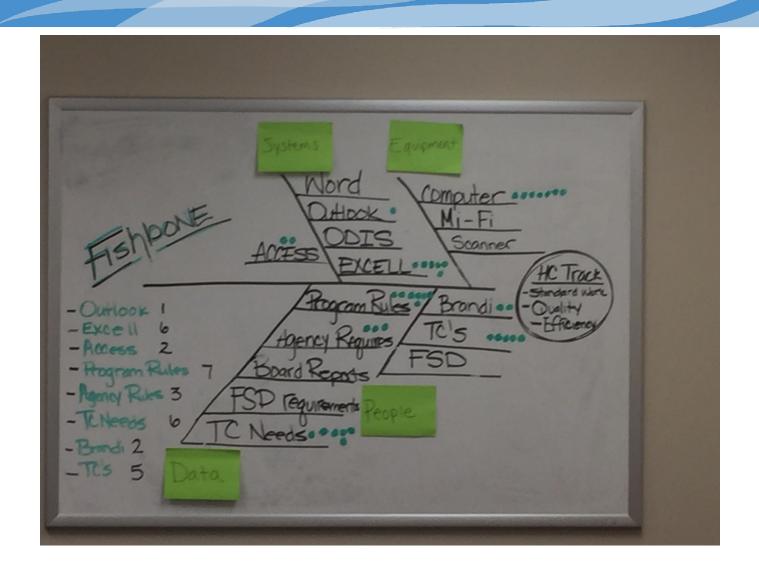
Requires Program Specific Data Analysis:

- 1. Transition rates, Length of stay
- 2. Staff model & unit rate analysis
- 3. Time studies

TOOLS: Budgeting and financial forecasts, program evaluation results

Documentation Tracking—QI project example





Creating a Culture that Craves Data

What is Corporate Culture and why care?

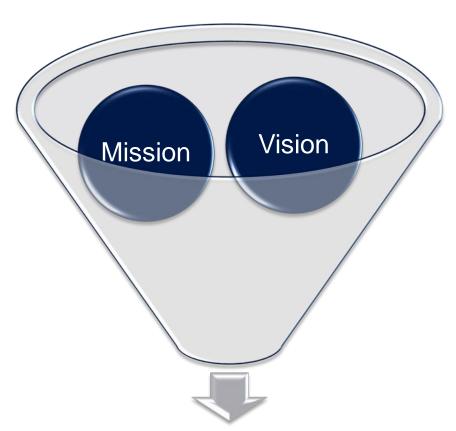


- Culture is EVERYTHING!
- Culture guides and directs
- Shared goals, values, and beliefs
- "...the glue that holds an organization together"
- Beliefs, behaviors, and attitudes that are consciously lived by



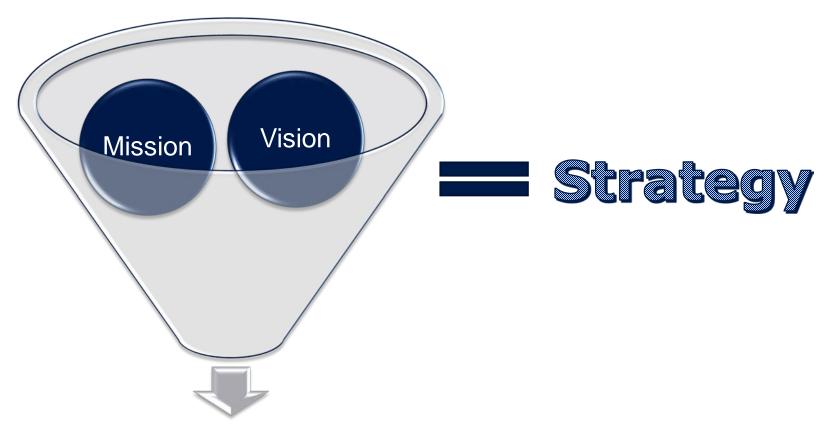
- A culture that craves data is ON PURPOSE
 - By Design
 - Clearly Communicated
 - Taught and Modeled





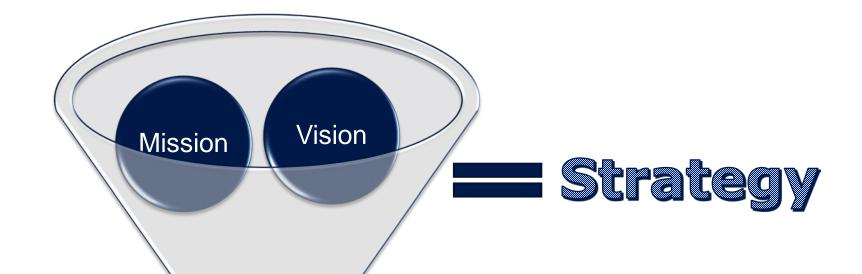
We provide choices for people to live independently in the place they want to call home





We provide choices for people to live independently in the place they want to call home





We provide choices for people to live independently in the place they want to call home

Motivator!

Communicate





Employee Engagement



- Staff must understand how they're being measured and why
- Staff must buy-in to the data and see benefits to:
 - Members served
 - Agency
 - Individual employees
- Change is difficult be mindful of impact on organizational culture



Bonus Incentive Plan



Performance Goals:

- Client Satisfaction
- Increase LTSS Program Enrollments/Decrease Disenrollments
- Increase Nursing Facility Transitions
- Decrease Long-Term Nursing Facility Utilization
- Increase Individuals Training
- Quarterly NF/RCF Advocacy Visits

Increased Employee Accountability



- High-level reporting in staff meetings
- Routine scorecard communication
 - Helping staff prioritize critical to success
- Increased supervisory focused audits
- 1-1 meetings
 - Coaching, training & corrective action



Tips & Tricks

Mine The Data



What You Have, What You Need, What Is Missing

- Start with Data Collection
 - What do you have your hands on?
 - Ask, who owns the data?
 - If external, then who owns and how is it delivered?
- How is it received?
 - On what platform?
 - Where is it stored?
- How can it be used?
- Ask yourself, what is missing?

Create a Data Wish list



					PHASE ONE - MLTC (LTSS)				
Division	Scorecard Indicator?	SOW (dated: 2/2/15) REPORT #	Report this round?	Mock-up complete?	indicator	population	Owner	Source report	Source report format
MLTC/ LTSS	YES		YES	x	Reduce percentage of PP & AL enrollees discharged due to nursing home placement (do not include conversions in denominator)***	Passport/AL	AAA	PIMS	
MLTC/ LTSS	YES		YES		Achieve positive overall Satisfaction Surveys (PASSPORT, AL, Care Coordination) **	Passport/AL		Outside Vendor	Excel/Access
MLTC/ LTSS	YES		YES		Achieve a profit margin for Ohio Home Care	Ohio Home Care		GL	SQL
MLTC/ LTSS	YES		YES		Achieve a profit margin for MyCare Ohio Waiver Service Coordination	MyCare - United		GL	
	YES		YES		Achieve a profit margin for MyCare Ohio Waiver Service Coordination	MyCare - Care Source	MyCare - Care Source	GL	SQL
MLTC/ LTSS		1	YES		Number of assessments completed on time (w/in 90 days of initial assessment)	Passport/AL		PIMS	
MLTC/ LTSS		1	YES		Number of annual assessments completed on time (annually every 365 days from initial assessment)	Passport/AL		PIMS	
MLTC/ LTSS		2	YES		Service Plan Completed on time (w/in 14 days of assessment)	Passport/AL		PIMS	

Data Analysis



- Takes time
- Get in the weeds
- Develop clear analytical processes
- Right Resource Right Answers

Implement change

Track the outcomes

DON'T ASSUME THE DATA IS ACCURATE.

CONFIRM IT!

Questions?





hcbsbusinessacumen.org



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