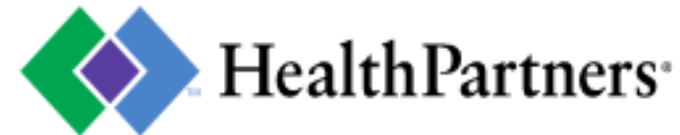


# NCI-AD Data Utilization with Managed Care LTSS Delivery Systems

HCBS Conference,  
Baltimore

August 28, 2019



# Agenda

- NCI-AD Introduction
- Minnesota:
  - MN and Health Plan Background
  - NCI-AD and MN Approach
  - University of MN Collaboration
  - HealthPartners Collaboration
- NCI-AD and TennCare
- Q&A



# What is NCI-AD?

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NATIONAL OVERVIEW

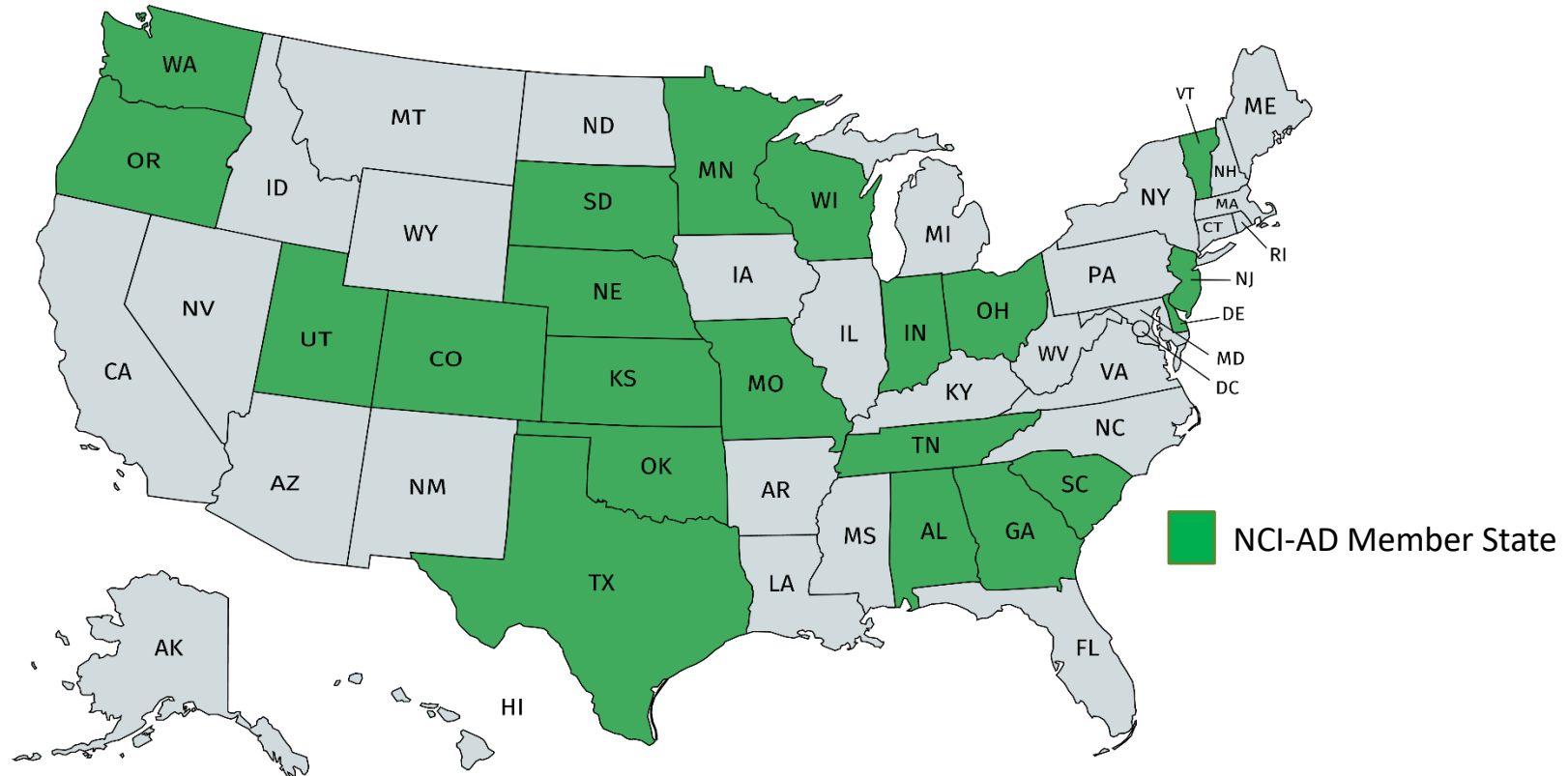
# What is NCI-AD?

- Quality of life and outcomes survey for seniors and adults with physical disabilities
- Assesses outcomes of state LTSS systems
  - Nursing homes
  - Medicaid waivers
  - Medicaid state plans
  - PACE
  - MLTSS populations
  - State-funded programs
  - Older Americans Act programs
- Gathers information directly from consumers through face-to-face interviews
- State-developed initiative
- Relative of the I/DD system's National Core Indicators (NCI)
- Launched June 1, 2015

# What Sets NCI-AD Apart?

- Can be used across funding sources and settings
- Standardized implementation protocols
- Technical assistance from NCI-AD Project Team
- Customization
  - Optional addition of state-specific questions
  - Optional Person-Centered Planning Module
- Can provide state, program, and regional comparisons
- Crosswalks to a number of NCI (ID/DD) measures
- Goes beyond service satisfaction
  - Focuses on consumer outcomes and impact of services on quality of life
- State owns—and has immediate access to—its own data
- Transparency and accountability
  - State and National reports publicly available online

# State Participation 2019-2020



Created with mapchart.net ©

# How States Use NCI-AD Data



Identify areas for service improvement



Communicate with service recipients,  
families, and advocates



Report to lawmakers and state legislature



Compare programs within the state and  
nationally



Track changes over time

[www.NCI-AD.org](http://www.NCI-AD.org)

- State-specific and National reports
- Presentations
- Webinars
- Technical guides and resources
- For more info:
- [jbershadsky@hsri.org](mailto:jbershadsky@hsri.org)
- [ayoung@nasuad.org](mailto:ayoung@nasuad.org)

The screenshot displays the NCI-AD website interface. At the top, the NCI-AD logo is accompanied by the text 'NATIONAL CORE INDICATORS Aging and Disabilities™'. To the right, logos for NASUAD and the Human Services Research Institute (HSRI) are visible. A green navigation bar contains links for HOME, ABOUT, NCI-AD STATES, RESOURCES, NEWS, and CONTACT. The main content area features a section titled 'Participating NCI-AD States' with a dropdown menu labeled 'NCI-AD States'. Below this is a map of the United States where several states are highlighted in dark teal, indicating participation. Text on the left explains that NCI-AD™ is a voluntary effort by state agencies to measure and track performance using standard indicators. It also mentions that NCI-AD™ is a collaboration of participating states, NASUAD, and HSRI. Two buttons, 'READ MORE' and 'HOW TO PARTICIPATE', are located below the text. At the bottom of the page, three columns provide additional information: 'RELEASED: 2016-2017 National Report' (listing twelve participating states), 'Presentations' (describing annual data presentations and webinars), and 'Join NCI-AD' (stating that the project is open to any state agency).





## Minnesota's Approach

# Minnesota Senior Health Options (MSHO) Overview

- Combines Medicare and Medicaid services
- Includes Elderly Waiver
- Includes 180 days of nursing home care
- Enrollment is voluntary
- Operating statewide
- Seven health plans participate
- Over 39,000 enrolled
- Care Coordinator assigned to each enrollee

# Medicare Integration Opportunities

- Coordination of all Medicaid and Medicare drugs and services under one delivery system
- Simpler system for duals and families to navigate (one stop shop, one set of materials, single enrollment process, notices, etc versus two)
- Leverages additional benefits (eg care coordination, fitness programs) and/or cost savings
- Influence/leverage appropriate Medicare Part D formularies
- Opportunity to work on improvements in managing underlying chronic care conditions and comprehensive overall care for members

# Partnerships with MSHO Health Plans

- All MSHO plans have achieved high STAR ratings with Medicare
- MSHO plans and MN Department of Human Services have worked collaboratively over the years on quality related initiatives. Examples include:
  - Care plan audit protocols
  - Integrated CAHPS with additional care coordination questions
  - Performance Improvement Projects (PIPs)
  - Integrated Care System Partnerships
  - Gaps analysis related to LTSS and behavioral health
- Much of this work has been achieved through the use of State/Health Plan workgroups

- To allow for collaboration, the state purposefully sampled by plan and program.
- Health plans value the opportunity to work with MN because it allows the data to be used to reinforce other quality measurement efforts.
- Health plans can use the data to work on projects individually or collaboratively.

## People receiving

- Home care with personal care assistance
- Elderly Waiver
- Alternative Care

- Statewide
- Program
- Managed care organization
- Race and ethnicity

# Limitations in MN data

- Can only be generalized to the survey's target population
- Results are not reflective of everyone who receives services



# Indicators

- Community participation
- Choice and decision making
- Relationships
- Satisfaction
- Service coordination
- Care coordination
- Access to community
- Access to needed equipment
- Safety
- Health care
- Wellness
- Medications
- Rights and respect
- Self-direction
- Work
- Everyday living
- Affordability
- Control



# NCI-AD Factor Analysis: Developing a Quality of Life Index

Tetyana Shippee, PhD

Yinfei Duan, MSN

# Agenda

- What is a factor analysis and how can factor analysis results be used to inform policy
- Developing a Quality of Life (QOL) index based on factor analysis using NCI-AD data
- Racial/ethnic disparities in QOL for older adults

# What is a factor analysis?

- A useful tool for looking at relationships between variables for complex concepts such as QOL
- Allows to collapse a large number of variables into indexes
  - Develop and validate scales

# Methods

- Item Screening
- Domains Identification
  - Item Analysis: missing data analysis, items' descriptive statistic
  - Exploratory factor analysis
- Domains confirmation
  - Confirmatory factor analysis (4 factors identified: security, community inclusion, physical function, care experience)
- Psychometric test
  - Reliability (Cronbach's alpha)
  - Validity (CFA model fit, correlation with some global measures)
- Examining differences in QOL domains across racial/ethnic groups

# QOL index for older adults

## Security (Alpha=0.56)

1. Worry about belongings\*
2. Feel safe
3. Money has been taken without permission\*
4. Prefer to live somewhere else\*
5. Like where I am living right now

## Community inclusion (Alpha=0.52)

1. Can eat meals when I want to
2. Can get up and go to bed at the time when you want to
3. People ask your permission before coming into your home/room
4. Like how I spend the day
5. Can access healthy food
6. Can do things I enjoy outside of my home
7. Have transportation going outside

## Physical Function (Alpha=0.70)

1. Need assistance with self-care\*
2. Need assistance in daily life activities\*
3. Self-identified disability\*

## Care experience (Alpha=0.64)

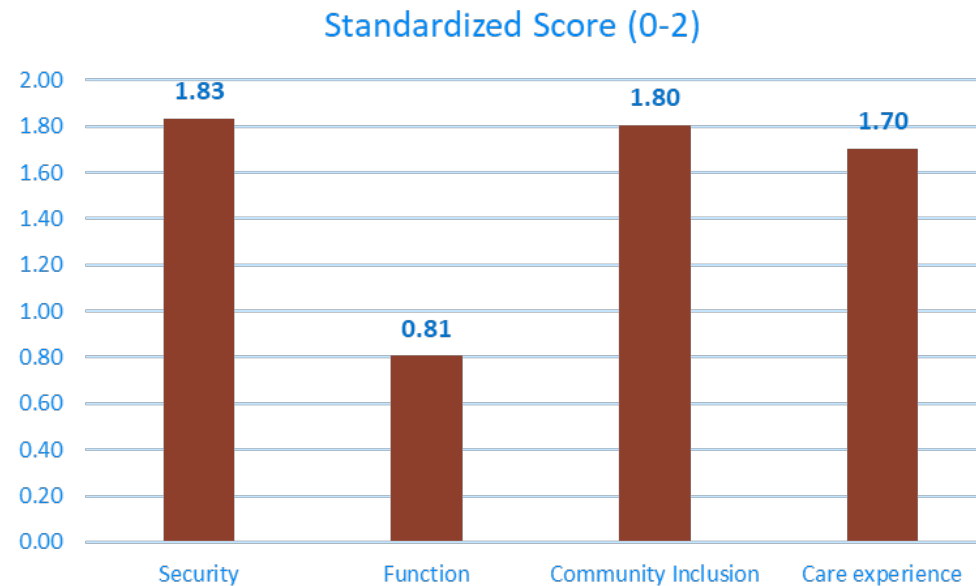
1. Know whom to call when I have a complaint about the services
2. Know whom to call when I need different types of services
3. Can choose types of services and determine how often and when to get them
4. Can choose or change who provides my services

All items are recoded to 0-2

\*items are reverse coded

# Summary of QOL domains for older adults

Summary score	Original range	Items	Mean	Std. Dev.
Security	0-10	5	9.16	1.49
Function	0-6	3	2.42	1.86
Community Inclusion	0-14	7	12.62	1.74
Care experience	0-8	4	6.81	1.89



# Racial/ethnic disparities in QOL for older adults

(unadjusted)

	White	Black	Asian	Hispanic/Latino
Security (0-10)	9.24	9.12	<b>9.52**</b>	9.15
Function (0-6)	2.82	<b>1.61**</b>	<b>1.92**</b>	<b>2.10**</b>
Community Inclusion (0-14)	12.48	12.81	<b>13.26**</b>	<b>12.91*</b>
Care experience (0-8)	6.95	<b>6.43**</b>	6.64	6.35

\*\* Significantly different from White with  $P < 0.01$ ; \*  $P < 0.05$

Findings for older adults



# Racial/ethnic disparities in QOL for older adults (adjusted)

	Security (0-10)	Function (0-6)	Community Inclusion (0-14)	Care experience (0-8)
<b>Race(Ref=White)</b>				
Black	0.05	<b>-0.90**</b>	0.00	<b>-0.89**</b>
Asian	0.22	<b>-0.75**</b>	<b>0.45*</b>	<b>-0.73*</b>
Hispanic/Latino	-0.03	-0.32	0.30	<b>-0.80*</b>
<b>Age</b>	<b>0.03**</b>	0.00	0.01	-0.01
<b>Female</b>	0.00	-0.21	-0.07	0.07
<b>Area(Ref=Metropolitan)</b>				
Micropolitan	0.10	0.37	0.14	<b>-0.61**</b>
Small town	-0.07	<b>0.71**</b>	<b>0.52*</b>	-0.37
Rural	-0.01	<b>0.42*</b>	0.22	0.22
<b>Live with (Ref=spouse)</b>				
Alone	<b>-0.39**</b>	<b>0.76**</b>	<b>-0.53*</b>	<b>-0.57**</b>
Non-spouse family member	-0.26	0.08	-0.32	<b>-0.47*</b>
Live-in personal care assistant or others who are not family or friend	<b>-0.81**</b>	0.32	<b>-0.99*</b>	<b>-0.65*</b>
<b>Live at group setting (Ref=at home)</b>	<b>0.49*</b>	0.08	<b>0.88**</b>	0.49
<b>Hearing impaired</b>	0.06	<b>-0.32*</b>	-0.18	0.21
<b>Vision impaired</b>	-0.22	-0.17	-0.08	<b>-0.34*</b>

\*p<0.05; \*\* p<0.01

Findings for older adults



# Thank You!

Tetyana Shippee,  
tshippee@umn.edu

SCHOOL OF  
**PUBLIC HEALTH**  
UNIVERSITY OF MINNESOTA

# HealthPartners NCI-AD Collaboration

Susan McGeehan, MGS, LSW

Senior Manager, State Public Programs

HealthPartners

# Health Plan Role Looking at the Data

## Historical Perspective

- High level information shared- not plan specific
- No specific guidance on how to use
- Shared broadly to many stakeholders, health plans being one of those groups
- Without drill down, unable to have meaningful use of results to support overall quality strategy

## Current state

- Partnership between Minnesota Department of Human Services, the University of Minnesota and Medicaid health plans
- Intentional analysis of results to make data actionable
- Focused meetings to discuss how to use results
- Specific guidance on desired actions
- Useful data point to compare with other quality metrics

# Health Plans Looking at Data

## **Stratified comparisons**

- Minnesota performance compared to other states
- Health plan performance compared to Minnesota fee for service
- Blinded individual health plan performance

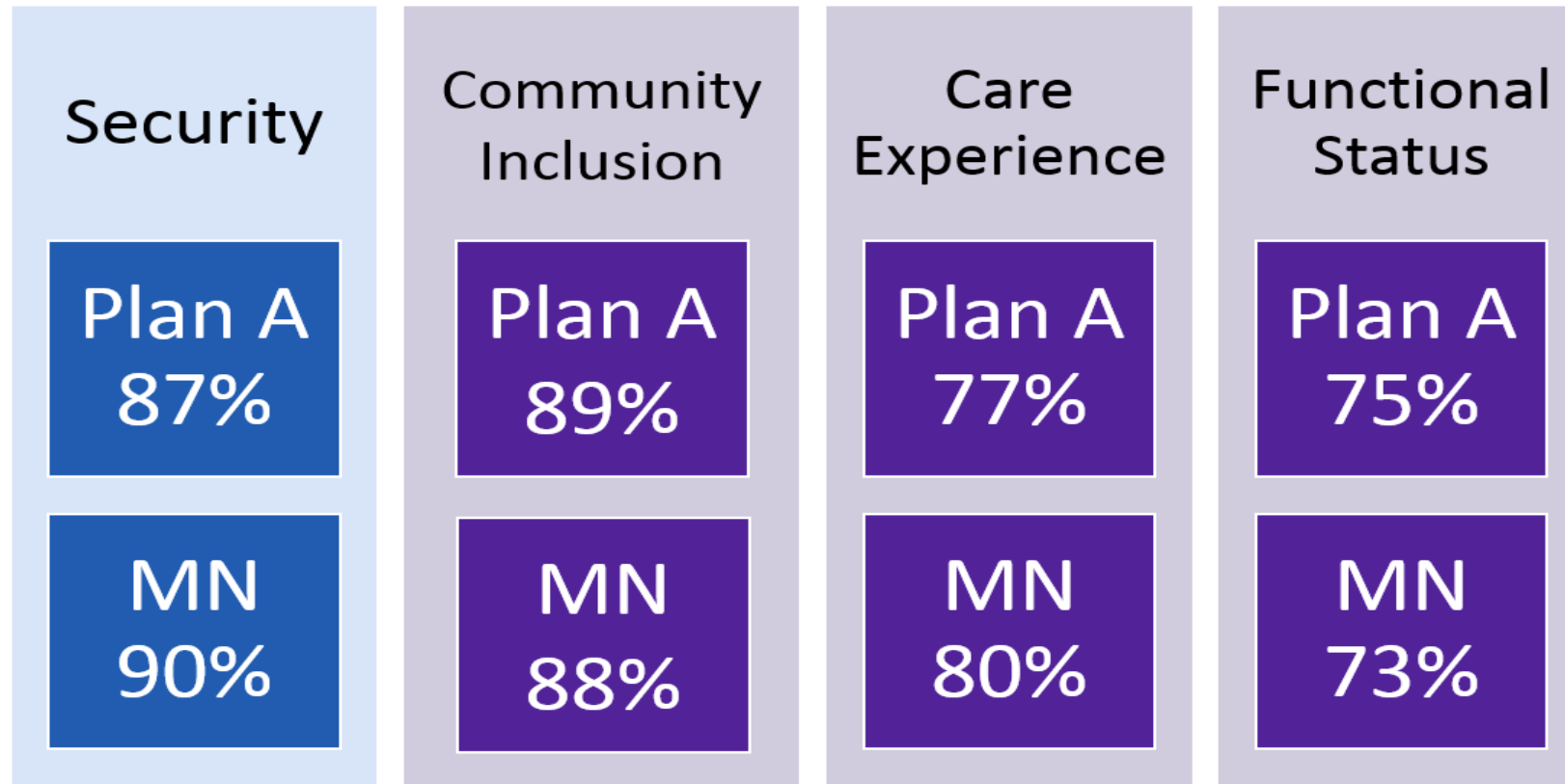
## **Roll up into Domains**

- Grouped themes allow for results to be categorized into domains
- Some domains more actionable than others
- Some actions more powerful as collaborative effort versus solo plan intervention

# Domains & Breaking down the Data

	A	B	C	D	E	F	G	H	I	J	K	L
1	Survey Question Number	Survey Question	Domain	A	B	C	D	E	F	G	Average for All MCOs	
2	1	Are Able To Do Things They Enjoy Outside Of Their Home When And With Whom They Want To	Community Participation And Relationships	78%	80%	78%	81%	82%	76%	81%	80%	
3	3	Are Able To Choose Their Roommate (If In Group Setting)	Choice And Sense Of Control	80%	33%	6%	50%	30%	52%	50%	34%	
4	5	Get Up And Go To Bed At The Time When They Want	Choice And Sense Of Control	99%	92%	99%	97%	95%	95%	99%	96%	
5	7	Can Eat Their Meals When They Want	Choice And Sense Of Control	90%	86%	92%	79%	82%	82%	87%	87%	
6	9	Are Able To Decide How To Furnish And Decorate Their Room (If In Group Setting)	Choice And Sense Of Control	94%	82%	82%	94%	89%	77%	96%	85%	
		Can Always Or Almost Always See Or Talk To										

# Four Domains: Analyzing the Individual Health Plan Data



# Comparing Results

Program	Security (0-10)	Community Inclusion (0-10)	Function (0-6)	Care Experience (0-8)	Quality of Life (0-26)	Service Performance (0-34)
Plan A	9.04	8.90	3.01	6.65	21.08	27.83
Plan B	9.07	8.92	2.11	6.54	20.21	27.02
Plan C	9.30	9.18	2.61	7.19	21.21	28.35
Plan D	9.30	8.97	2.27	6.89	20.73	27.89
Plan E	9.26	9.07	3.19	7.23	21.70	28.75
Plan F	9.17	9.02	2.99	6.81	21.37	28.47
Plan G	9.29	9.13	2.11	6.65	20.88	28.00
FFS	8.42	8.39	2.38	6.13	19.63	25.64
Overall	9.17	8.99	2.57	6.79	20.94	27.91
P	<b>0.017</b>	<b>0.105</b>	<b>&lt;0.001</b>	<b>0.020</b>	<b>&lt;0.001</b>	<b>0.006</b>

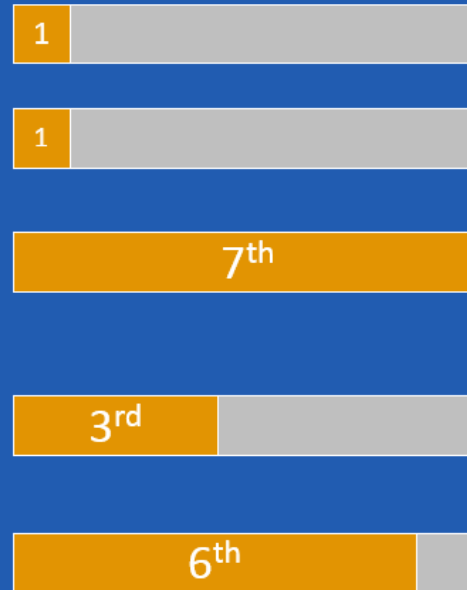


# Diving Deeper into Domain Drivers

## Key Factor: Security

- Feel safe
- Feel belongings are safe
- Money was taken or used without permission
- Satisfied with where you live
- Would prefer to live somewhere else

### Health Plan Rank



# Looking at Disparities

results  
for  
older  
adults

Factor	White	Black	Asian	Hispanic/ Latino	Overall
Security	9.20	8.84	9.33	9.18	9.16
Community Inclusion	8.88	8.64	9.10	9.01	8.87
Care Experience	6.96	6.51	6.53	6.26	6.81
Function	2.73	1.52	1.42	1.98	2.42

Red= statistically significantly lower than White

What can we do  
as a health  
plan?

What can we do  
as a health plan  
collaborative?

# Common Thread: Current MN Collaborative Intervention Discussions

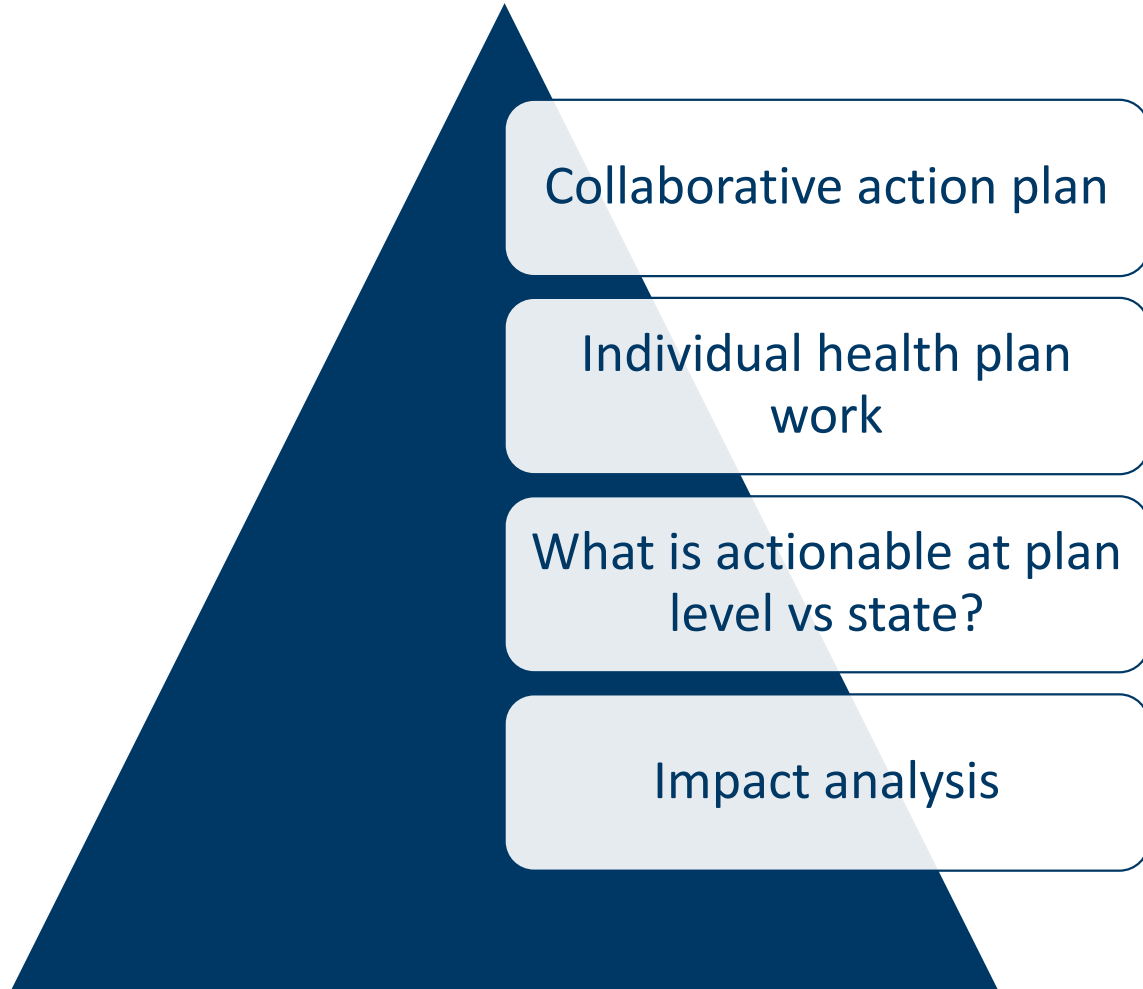
## Care Coordination Services:

- Knowing who your care coordinator is and how they can help

## Other areas to explore:

- Getting materials in your preferred language
- Safety: Feeling safe in your home

# Considerations & Next Steps





# NASUAD HCBS Conference

**National Core Indicator Aging and Disability Survey:**

*Working Together To Improve the Experience of Older Adults and People with Disabilities*

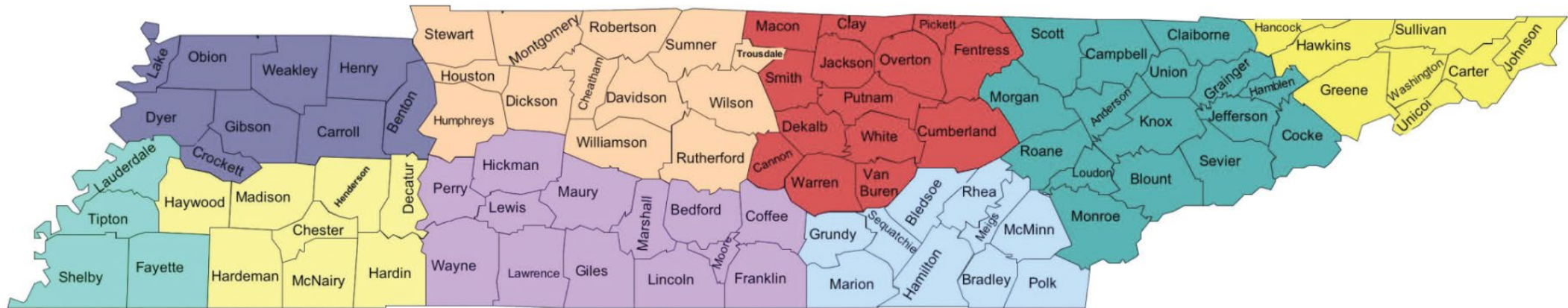
**Stephanie Gibbs, Director of System Transformation and Innovation**

**August 2019**

- TennCare CHOICES in Long-Term Services and Supports (“CHOICES”)
  - CHOICES serves individuals 65 and older or 21 and older with a physical disability
  - As of June 2019, 57% of CHOICES members are served in nursing facilities and 43% are served through home and community based services (HCBS)
  - Both nursing facility residents and those receiving HCBS were in scope for the NCI-AD survey

# TennCare and AAAD Collaboration

- Tennessee Area Agency on Aging and Disability (AAAD) Service Regions



Available at: <https://www.tn.gov/aging/resource-maps/tennessee-area-agencies-on-aging-and-disability.html>



# Leveraging NCI-AD Survey Results

- NCI-AD informs TennCare initiatives:
  - Developing Managed Care Organization Best Practices
    - MCO action plans and activities
  - Evolving LTSS Program Elements
    - CHOICES 2.0
  - Driving System Change and Transformation
- TennCare is committed to measuring what matters most to those we serve and using their feedback to evolve programs and policies. The meaningful use of data is a system transformation key initiative.

# Leveraging NCI-AD Survey Results

- System Change and Stakeholder Collaboration:  
*A Case Study in Leveraging the NCI-AD to Inform Direction*



# Leveraging NCI-AD Survey Results

- **The Goal:** Exploring Community Participation, Inclusion, and Engagement for People Served Through the CHOICES program. How can the stakeholder community work together to improve NCI-AD scores?

Where the conversation began....transportation

Where the conversation led....

- Transportation needs by geographic area
- Economic barriers
- Mobility and one's perception of access
- Person-centered approaches and the person-centered support plan as a tool
- Direct Service Professional (DSP) onboarding and training
- Impaired health and the role of population health
- Program design

# Future Direction

- On the Horizon:
  - Additional oversampling to measure outcomes for dually eligible beneficiaries enrolled in DSNPs specifically
  - Leveraging NCI-AD as part of a comprehensive strategy on person-centered practices
  - Enhancing regulatory oversight and quality monitoring
  - Continuing system transformation and stakeholder collaboration initiatives



**THANK YOU**