STRATEGY DEVELOPMENT: USE NATIONAL DATA TO INFORM YOUR WORK.

HOW TO USE THE NATIONAL CORE INDICATORS AND NATIONAL CORE INDICATORS - AGING AND DISABILITIES TO DEVELOP CONTRACTING STRATEGIES

January 2018
Today’s Speakers

- **Martha Roherty**
  - Executive Director, National Association of States United for Aging (NASUAD)

- **Laura Vegas**
  - Director, Managed Care Business Acumen, National Association of State Directors of Developmental Disabilities Services (NASDDDS)

- **April Young**
  - Director, NCI-AD, NASUAD

- **Julie Bershadsky**
  - Director, NCI-AD, Human Services Research Institute (HSRI)
Introduction – Why should CBOs care about Quality?
National Core Indicators
National Core Indicators – Aging and Disabilities
How CBOs can use this data
Q&A
Quality Measurement

Program evaluation and performance management is there to assist in improving the quality of programs.

Measurement:
- Drives improvement
- Informs consumers and other stakeholders
- Influences payment
NCI and NCI-AD

- National Core Indicators (NCI)
- National Core Indicators – Aging and Disabilities (NCI-AD)

- Measure:
  - Satisfaction
  - Outcomes of services provided to people and families

- Through:
  - In-person interviews (NCI and NCI-AD)
  - Mail-in and online surveys (NCI)

- Supported by participating states
NCI and NCI-AD Partners

- Human Services Research Institute (HSRI)
  - Recent contract with the Administration on Community Living to enhance and expand the surveys, document and publish evidence of psychometric properties, refine existing measures and submit for NQF endorsement

- National Association of State Directors of Developmental Disabilities Services (NASDDDS)
  - NCI

- National Association of States United for Aging and Disabilities (NASUAD)
  - NCI-AD
How CBO’s can utilize data

Health plans
- Proactive approach!
- Identify health plans with lower performance in target areas
- Identify how your CBO can help the health plan improve their performance rates. For example,
  - Use of expertise
  - Experience managing the given challenge
  - Utilize connections in the community
- Approach health plans with strategies for improving data results
Laura Vegas

Director, Managed Care Business Acumen, National Association of State Directors of Developmental Disabilities Services (NASDDDS)
What is NCI?

- NCI is a voluntary effort by public developmental disabilities agencies to measure and track their own performance.
- Collaboration began in 1997
- Currently 46 states and Washington D.C. represented plus 22 sub-state entities
- Coordinated by HSRI and NASDDDS

HCBS BUSINESS ACUMEN CENTER

NASDDDS

HSRI Human Services Research Institute
What is an “indicator”?

Indicators are standard measures used across states to assess the outcomes of services provided to people and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety.
NCI Goals

- Establish a nationally recognized set of performance and outcome indicators for DD service systems
- Use valid and reliable data collection methods & tools
- Report state comparisons and national benchmarks of system-level performance
How Does NCI Collect Data?

- Adult Survey: In person interviews
- Family Surveys (3): Mail out surveys - soon to be online entry
- Staff Stability Survey: Direct Entry by contracted provider agencies

NCI Data Sources
NCI Domains

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

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

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

National Core Indicators (NCI)
NCI Key Steps in Data Collection

- Identify the sample – acquire consent
- Identify interviewers and assign to sample participants
- Coordinate/schedule the interviews
- Gather and data entry all of the information:
  - Pre-Survey Information
    - Obtained *before* the interview (not entered)
  - Background Information
    - Obtained from best source – *before*, *during*, or *after* the interview
  - Section 1- the NCI meeting
    - *Only people who receive services* can respond
  - Section 2- the NCI meeting
    - People who receive services respond; can get assistance if needed (‘Proxy’)
How States Administer NCI

State DD agency staff responsibilities:
- provide coordination
- decision making on policy and procedures
- decisions on consent procedures
- identify the sample size and scope
- are accountable to NCI National Team
How States Administer NCI

States may contract with external vendors, UCEDDS or Universities to assist with:

- Hiring, training and managing interviewers
- Data Entry
- Acquiring of Consent
- Follow-Up when indicted
- Fidelity to protocols and reporting to the state age
Ways States Use NCI Data

- Quality Assurance/Improve Services
- State by State Comparisons
- Inform Stakeholders of the system’s results
- Assist with Community Transition
- Quality and Stakeholder Councils
- Reports to State Legislatures
Ways CBOs May Use NCI Data

- Identify service needs/gaps
- Identify opportunities to help managed care entities increase quality and satisfaction
- Compare performance across states
- Explore areas of improvement potentially needed within operating areas
- Use as a benchmark for CBO’s own performance
Employment

Has a job in the community (n=16,375)
- No: 80.9%
- Yes: 19.1%

If no job, would like a community job (n=6,550)
- No: 53.3%
- Yes: 46.7%

Employment goal in Plan (n=2,808)
- No: 58.9%
- Yes: 41.1%

National Core Indicators (NCI) Example – 2016 data
Of those without a job that want a job, percentage with employment as goal in service plan

NCI Average: 41%
MO: 34.8%
NY: 48.7%
77.8%
NCI Guardianship

- No: 45%
- Limited Guardianship: 69%
- Full Guardianship: 41%
- Guardian, but unable to determine level: 4%
- Don't know: 3%

National Core Indicators (NCI) Example – 2016 data
NCI Website

www.nationalcoreindicators.org

Houses:
- Project Overview
- State and National Reports
- Chart Generator
- Data Briefs
- Presentations
- Publications
- NCI National Team contact information
National Core Indicators – Aging and Disabilities (NCI-AD)

April Young
Director, NCI-AD, NASUAD

Julie Bershadsky
Director, NCI-AD, HSRI
NCI-AD Overview

- Collaboration between NASUAD and HSRI
- Face-to-face survey
- Focused on older adults and adults with physical disabilities and other (non-I/DD) disabilities being served by state LTSS systems

<table>
<thead>
<tr>
<th>Medicaid waivers</th>
<th>Skilled nursing facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid state plans</td>
<td>PACE programs</td>
</tr>
<tr>
<td>MLTSS populations</td>
<td>Money Follows the Person</td>
</tr>
<tr>
<td>Older Americans Act programs</td>
<td>State-funded programs</td>
</tr>
</tbody>
</table>
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
Purpose

- Gather feedback directly from service recipients
- Assess quality of life, service satisfaction, and outcomes of service recipients
- Support state Aging, Disability, and Medicaid Agencies interested in measuring the performance of their state LTSS systems
- Assist states to improve the quality of services and supports provided to individuals
What Sets NCI-AD Apart?

- States own—and have immediate access to—their own data
- Can be used across settings and funding sources
- States can add questions to the survey tool
- Can provide state, program, and regional comparisons
  - Crosswalks to NCI measures
- Focuses on how consumers experience services and how services impact their quality of life
  - Goes beyond service satisfaction
- Provides transparency and accountability
  - State and National reports are publicly available online
- Provides timely and actionable data over time
How States Can Use NCI-AD Data

- Identify areas for service improvement
- Communicate with service recipients, families, and advocates
- Identify issues states can flag for deeper analysis
- Communicate with lawmakers and state legislature
- Compare programs within the state
- Compare state programs nationally
- Track changes over time
Service Coordination

Graph 19. Proportion of people whose services meet all their needs and goals

Proportion of people whose services meet all their needs and goals

<table>
<thead>
<tr>
<th>Plan</th>
<th>N</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amerigoup</td>
<td>276</td>
<td>39%</td>
</tr>
<tr>
<td>Cigna-HealthSpring</td>
<td>281</td>
<td>57%</td>
</tr>
<tr>
<td>Molina</td>
<td>285</td>
<td>60%</td>
</tr>
<tr>
<td>Superior</td>
<td>274</td>
<td>56%</td>
</tr>
<tr>
<td>United HealthCare</td>
<td>275</td>
<td>44%</td>
</tr>
<tr>
<td>OAA</td>
<td>263</td>
<td>39%</td>
</tr>
<tr>
<td>PACE</td>
<td>212</td>
<td>91%</td>
</tr>
</tbody>
</table>

State Average (50%) N= 1866

Example from 2015 - 2016 Texas survey
Graph 25. Proportion of people who reported someone followed-up with them after discharge from a hospital or rehabilitation facility (if occurred in the past year)

- Amerigroup N=96: 75%
- Cigna-HealthSpring N=82: 82%
- Molina N=85: 81%
- Superior N=75: 69%
- UnitedHealthCare N=78: 82%
- OAA N=66: 61%
- PACE N=59: 85%

State Average (74%) N=541

Example from 2015 - 2016 Texas survey
Community Inclusion

Graph 1. Proportion of people who are able to do things they enjoy outside of their home when and with whom they want to.

Example from 2015 - 2016 Texas survey
Applicability for CBOs

- Approach Amerigroup with specific ways you can help ensure their members are receiving the services they need to meet needs and goals.
  - Information and referral

- When your CBO is made aware someone went in the hospital, what are your follow up procedures? Are you information sharing with health plans in partnership?

- Talk to United Healthcare about programs your CBO offers to offer person-centered services outside the home
Graph 67. Proportion of people who have concerns about falling or being unstable (or about whom there are concerns)

Proportion of people who have concerns about falling or being unstable (or about whom there are concerns)

- Amerigroup N=296: 67%
- Cigna-HealthSpring N=297: 82%
- Molina N=291: 76%
- Superior N=283: 66%
- UnitedHealthCare N=280: 74%
- OAA N=200: 50%
- PACE N=216: 70%

State Average (67%) N= 1945

Example from 2015 - 2016 Texas survey
Graph 68. Proportion of people with whom somebody talked to or worked with to reduce risk of falling or being unstable (if there are such concerns)

Example from 2015 - 2016 Texas survey
Graph 80. Proportion of people who have had a routine dental visit in the past year

Example from 2015 - 2016 Texas survey
Applicability for CBOs

- Reach out to health plans – What falls risk monitoring activities are they incorporating? How can your CBO help the health plan execute those activities?
  - What sorts of tools do you have at your disposal to monitor falls? How do you let health plans know a fall occurred so appropriate follow up can be made?

- Approach Superior about education and referral processes regarding access to dental care.
  - Highlight how and why your CBO is most adept at this task.
Self-Direction

Graph 99. Proportion of people who can choose or change what kind of services they get and determine how often and when they get them.

Proportion of people who can choose or change what kind of services they get and determine how often and when they get them.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Count</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amerigroup</td>
<td>217</td>
<td>58%</td>
</tr>
<tr>
<td>Cigna-HealthSpring</td>
<td>230</td>
<td>59%</td>
</tr>
<tr>
<td>Molina</td>
<td>230</td>
<td>57%</td>
</tr>
<tr>
<td>Superior</td>
<td>239</td>
<td>68%</td>
</tr>
<tr>
<td>UnitedHealthCare</td>
<td>209</td>
<td>45%</td>
</tr>
<tr>
<td>QAA</td>
<td>191</td>
<td>40%</td>
</tr>
<tr>
<td>PACE</td>
<td>201</td>
<td>66%</td>
</tr>
</tbody>
</table>

State Average (56%) N = 1517

Example from 2015 – 2016 Texas survey
Graph 102. Proportion of people who would like a job (if not currently employed)

Proportion of people who would like a job (if not currently employed)

- Amerigroup: 32% (N=245)
- Cigna-HealthSpring: 18% (N=261)
- Molina: 24% (N=243)
- Superior HealthCare: 18% (N=231)
- United HealthCare: 16% (N=254)
- OAA: 21% (N=231)
- PACE: 20% (N=178)

State Average: 22% (N=1642)
Graph 103. Proportion of people who reported that someone has talked to them about job options (if wanted a job)

Proportion of people who reported that someone has talked to them about job options (if wanted a job)

<table>
<thead>
<tr>
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<th>Proportion</th>
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<tbody>
<tr>
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<tr>
<td>Molina</td>
<td>18%</td>
</tr>
<tr>
<td>Superior</td>
<td>9%</td>
</tr>
<tr>
<td>United HealthCare</td>
<td>29%</td>
</tr>
<tr>
<td>OAA</td>
<td>4%</td>
</tr>
<tr>
<td>PACE</td>
<td>11%</td>
</tr>
</tbody>
</table>

State Average (15%) N=352

Example from 2015–2016 Texas survey
What are the health plans’ goals for person-centered planning?
- How is your CBO uniquely equipped to help the health plan meet those goals?
- Person-centered training

Reach out to health plans about your CBO’s employment first policies and processes
- If members indicate they would like to work, how does your CBO help health plan members find employment?
NCI-AD Website

www.NCI-AD.org

Houses:

- Project overview
- State and National Reports
- Webinars
- Presentations
- Staff contacts
- State-specific project information
How CBO’s can utilize data

- Health plans
  - Proactive approach!
  - Identify health plans with lower performance in target areas
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Thank You!

hcbsbusinessacumen.org
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