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

Update and Data

Aug 31, 2017
What is NCI-AD?

- Quality of life and outcomes survey for seniors and adults with physical disabilities (including ABI/TBI)
- Assesses outcomes of state LTSS systems
  - Nursing homes
  - Medicaid waivers
  - Medicaid state plans
  - PACE
  - MLTSS populations
  - State-funded programs, and
  - 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
Domains

- 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
NCI-AD Survey Tool

■ Pre-survey Form
  ▪ Used to setup interviews, for use by the interviewers only

■ Background Information (19 questions)
  ▪ Demographics and personal characteristics: gathers data about the consumer from agency records and/or the individual

■ Consumer Survey (91 questions)
  ▪ Includes subjective, satisfaction-related questions that can only be answered by the consumer, and objective questions that can be answered by the consumer or, if needed, their proxy
  ▪ States may add up to 10 “state-specific” questions to consumer survey

■ Proxy Survey version (50 questions)
  ▪ Includes objective questions only; rephrased to ask about the consumer

■ Interviewer Feedback Sheet
  ▪ Asks interviewer to evaluate the survey experience and flag concerns
NCI-AD Process
Timeline for Participation

Project Planning: 6-12 months before interview start date

In-Person Interviewer Training: 1-4 weeks before interview start date

In-Person Interview start date: No earlier than June 1st (can be later if necessary)

Data Submission date to HSRI: May 31st

Availability of state-by-state reports: November

Availability of national report: May of the following year
Expectations for States

- Commit to technical assistance year and 1 year of surveying
- Develop a project team and contact state agency partners (Medicaid, Aging, and Disability)
- Monthly technical assistance calls
- Determine target populations and sample design
- Contract with vendor or develop team to conduct interviews
- Gather background information from administrative records
- In-person interviewer training
- Send data to HSRI through ODESA
- Review state report
- Data is published on [www.nci-ad.org](http://www.nci-ad.org)
2015-2016 NCI-AD Results

13 State National Report
## State Samples

<table>
<thead>
<tr>
<th>State</th>
<th>SNF</th>
<th>PACE</th>
<th>MLTSS</th>
<th>Combined Medicaid program</th>
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Risk Adjustment

- Age
- Gender
- Race
- Rurality
- Living arrangement (own home vs elsewhere)
- Living along
- Mobility
- ADLs
- IADLs
- Overall health
- Proxy vs. consumer survey
Demographics

- Average age: 69
- 70% female
- 59% White
  - 23% African American; 13% Hispanic/Latino
- 76% living in own or family home
  - 14% nursing home; 7% assisted living
- 45% live alone
  - 16% with spouse/partner; 25% with other family
- 16% diagnosis of Alzheimer’s or other dementia
- 43% reported family member as primary caregiver
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Proportion of people who can reach their case manager/care coordinator when they need to

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<th>Proportion</th>
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<td>MLTSS</td>
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<td>Combined Medicaid Program</td>
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<tr>
<td>OAA</td>
<td>77%</td>
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NCI-AD Average = 79%
Service Coordination

Proportion of people whose services meet all their needs and goals (risk-adjusted)

<table>
<thead>
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<th>Service</th>
<th>Percentage</th>
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<tr>
<td>OAA</td>
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NCI-AD Average = 62%
Proportion of people who reported someone followed-up with them after discharge from a hospital or rehabilitation facility (if occurred in the past year) *(risk-adjusted)*

- SNF: 72%
- PACE: 88%
- MLTSS: 80%
- Combined Medicaid Program: 79%
- Aging Medicaid Program: 81%
- PD Medicaid Program: 82%
- BI Medicaid Program: 90%
- OAA: 78%

NCI-AD Average = 80%
Set goals to increase the number of people who can reach their care coordinator.

Conduct root cause analysis for lack of follow-up after hospitalization.
- Delay in identifying discharge?
- Lack of knowledge about needed follow-up

Use as benchmarks prior to system redesign (ie. move to MLTSS).

Use as a compliance tool with the HCBS regulation.
Safety

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

<table>
<thead>
<tr>
<th>Program</th>
<th>Percentage</th>
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<tr>
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<tr>
<td>PACE</td>
<td>62%</td>
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<td>MLTSS</td>
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<tr>
<td>Combined Medicaid Program</td>
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NCI-AD Average = 59%
Proportion of people with whom somebody talked to or worked with to reduce risk of falling or being unstable (if there are such concerns)

- SNF: 75%
- PACE: 84%
- MLTSS: 61%
- Combined Medicaid Program: 74%
- Aging Medicaid Program: 74%
- PD Medicaid Program: 76%
- BI Medicaid Program: 71%
- OAA: 64%

NCI-AD Average = 69%
Proportion of people who have gone to the emergency room for falling or losing balance in past year (risk-adjusted)

- SNF: 8%
- PACE: 13%
- MLTSS: 14%
- Combined Medicaid Program: 17%
- Aging Medicaid Program: 16%
- PD Medicaid Program: 12%
- BI Medicaid Program: 15%
- OAA: 14%

NCI-AD Average = 14%
Healthcare

Proportion of people who have had a routine dental visit in the past year

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<td>PACE</td>
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<td>MLTSS</td>
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NCI-AD Average = 38%
This data can/should be used as baseline data for Falls Prevention activity.

- Ex: Setting service coordination goals for MLTSS plans to discuss fall prevention with more consumers
- Review care planning tool to ensure falls risk is incorporated and monitored

Education intervention on options for accessing dental care.
Self-Direction

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

- SNF: 59%
- PACE: 69%
- MLTSS: 64%
- Combined Medicaid Program: 73%
- Aging Medicaid Program: 74%
- PD Medicaid Program: 74%
- BI Medicaid Program: 71%
- OAA: 54%

NCI-AD Average = 64%
Proportion of people who would like a job (if not currently employed) \textit{(risk-adjusted)}

- SNF: 26%
- PACE: 29%
- MLTSS: 22%
- Combined Medicaid Program: 20%
- Aging Medicaid Program: 23%
- PD Medicaid Program: 15%
- BI Medicaid Program: 30%
- OAA: 23%

\textbf{NCI-AD Average} = 21%
Proportion of people who reported that someone has talked to them about job options (if wanted a job)

- SNF: 5%
- PACE: 11%
- MLTSS: 15%
- Combined Medicaid Program: 22%
- Aging Medicaid Program: 4%
- PD Medicaid Program: 14%
- BI Medicaid Program: 26%
- OAA: 9%

NCI-AD Average = 13%
Implications for QI

- Provide additional training on person-centered planning techniques to better activate consumer engagement
- Review training for care managers on employment exploration during care plan development
Satisfaction

Proportion of people who like where they are living *(risk-adjusted)*

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<td>MLTSS</td>
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NCI-AD Average = 83%
Proportion of people who are able to do things they enjoy outside of their home when and with whom they want to *(risk-adjusted)*

- SNF: 58%
- PACE: 66%
- MLTSS: 70%
- Combined Medicaid Program: 61%
- Aging Medicaid Program: 65%
- PD Medicaid Program: 68%
- BI Medicaid Program: 67%
- OAA: 57%

*NCI-AD Average = 63%*
Access to Community

Proportion of people who have transportation when they want to do things outside of their home (risk-adjusted)

SNF: 70%
PACE: 74%
MLTSS: 74%
Combined Medicaid Program: 70%
Aging Medicaid Program: 74%
PD Medicaid Program: 75%
BI Medicaid Program: 71%
OAA: 71%

NCI-AD Average = 72%
Implications for State Policy

In MLTSS program, any of these indicators can be used – if sampling frame permits – to set benchmarks and compare health plans to each other.

States can use high interest in employment data as justification to review and/or explore ‘employment first’ policies.

Use with elected officials to demonstrate value or justify appropriations requests.
  - The data tells a story
  - Identifying trends over multiple years
What Sets NCI-AD Apart?

- State owns—and has immediate access to—their own data
- Can be used across settings and funding sources
- Can provide state, program, and regional comparisons
  - Crosswalks to NCI (ID/DD) measures
- Focuses on how services impact consumers’ 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
- States can add questions to the survey tool
Other Uses for NCI-AD Data

- Compliance – Olmstead planning, BIP, MFP
- Support for new HCBS and Person-Centered Planning Requirements
- Benchmarking and comparing data nationally
- Identifying service needs and gaps
- Allocating services
- Communicating with family and advocates
Current Activities

- Enrollment of states for 2017-2018 (3rd year) and 2018-2019 (4th year) data collection cycle
- Analysis of 2016-2017 data
- Submission of selected measures for NQF endorsement
- Development of optional PCP module
Optional PCP module

1) How involved are you in making decisions about your service plan/plan of care and the goals you want for your life?

2) Did the (service/care planning) meeting take place at a time that was convenient to you?

3) Did the (service/care planning) meeting take place at a location that was convenient for you?

4) Did the (service/care planning) meeting include the people you wanted to be there?

5) As your service plan/plan of care was discussed during the meeting, did you feel that your preferences and needs were being heard?

6) Did you receive a copy of your service plan/plan of care after the meeting?

7) Does your service plan/plan of care include what was discussed in the meeting?

8) Are your preferences and choices reflected in your service plan/plan of care?

9) Do the care supports and services you receive help you live a better life? A life you want?
Houses:

- Project overview
- State and National Reports
- Webinars
- Presentations
- Staff contacts

NCI-AD
For Additional Information:

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