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?

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
- 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

NCI-AD Member State

What is NCI-AD?
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

• State-specific and National reports
• Presentations
• Webinars
• Technical guides and resources

For more info:
• jbershadsky@hsri.org
• ayoung@nasuad.org
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.
Target population

People receiving

• Home care with personal care assistance
• Elderly Waiver
• Alternative Care
Sampling

- 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

<table>
<thead>
<tr>
<th>Summary score</th>
<th>Original range</th>
<th>Items</th>
<th>Mean</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security</td>
<td>0-10</td>
<td>5</td>
<td>9.16</td>
<td>1.49</td>
</tr>
<tr>
<td>Function</td>
<td>0-6</td>
<td>3</td>
<td>2.42</td>
<td>1.86</td>
</tr>
<tr>
<td>Community Inclusion</td>
<td>0-14</td>
<td>7</td>
<td>12.62</td>
<td>1.74</td>
</tr>
<tr>
<td>Care experience</td>
<td>0-8</td>
<td>4</td>
<td>6.81</td>
<td>1.89</td>
</tr>
</tbody>
</table>

**Standardized Score (0-2)**

- **Security**: 1.83
- **Function**: 0.81
- **Community Inclusion**: 1.80
- **Care experience**: 1.70

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

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

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

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

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

*p<0.05; **p<0.01

Findings for older adults
Thank You!

Tetyana Shippee,
tshippee@umn.edu
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
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

| Survey Question Number | Survey Question | Domain                          | A | B | C | D | E | F | G | H | I | J | K | L |
|------------------------|----------------|---------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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% |
| 2                      | Are Able To Choose Their Roommate (If In Group Setting) | Choice And Sense Of Control | 80% | 33% | 6%  | 50% | 30% | 52% | 50% | 34% |
| 3                      | Get Up And Go To Bed At The Time When They Want | Choice And Sense Of Control | 95% | 92% | 99% | 97% | 95% | 95% | 99% | 96% |
| 4                      | Can Eat Their Meals When They Want | Choice And Sense Of Control | 90% | 86% | 92% | 79% | 82% | 82% | 87% | 87% |
| 5                      | 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% |
| 6                      | Can Always Or Almost Always See Or Talk To | | | | | | | | | | | | | |
### Four Domains: Analyzing the Individual Health Plan Data

<table>
<thead>
<tr>
<th>Domain</th>
<th>Plan A</th>
<th>MN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security</td>
<td>87%</td>
<td>90%</td>
</tr>
<tr>
<td>Community Inclusion</td>
<td>89%</td>
<td>88%</td>
</tr>
<tr>
<td>Care Experience</td>
<td>77%</td>
<td>80%</td>
</tr>
<tr>
<td>Functional Status</td>
<td>75%</td>
<td>73%</td>
</tr>
</tbody>
</table>
## Comparing Results

<table>
<thead>
<tr>
<th>Program</th>
<th>Security (0-10)</th>
<th>Community Inclusion (0-10)</th>
<th>Function (0-6)</th>
<th>Care Experience (0-8)</th>
<th>Quality of Life (0-26)</th>
<th>Service Performance (0-34)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan A</td>
<td>9.04</td>
<td>8.90</td>
<td>3.01</td>
<td>6.65</td>
<td>21.08</td>
<td>27.83</td>
</tr>
<tr>
<td>Plan B</td>
<td>9.07</td>
<td>8.92</td>
<td>2.11</td>
<td>6.54</td>
<td>20.21</td>
<td>27.02</td>
</tr>
<tr>
<td>Plan C</td>
<td>9.30</td>
<td>9.18</td>
<td>2.61</td>
<td>7.19</td>
<td>21.21</td>
<td>28.35</td>
</tr>
<tr>
<td>Plan D</td>
<td>9.30</td>
<td>8.97</td>
<td>2.27</td>
<td>6.89</td>
<td>20.73</td>
<td>27.85</td>
</tr>
<tr>
<td>Plan G</td>
<td>9.29</td>
<td>9.13</td>
<td>2.11</td>
<td>6.65</td>
<td>20.88</td>
<td>28.00</td>
</tr>
<tr>
<td>FFS</td>
<td>8.42</td>
<td>8.39</td>
<td>2.38</td>
<td>6.13</td>
<td>19.63</td>
<td>25.64</td>
</tr>
<tr>
<td>Overall</td>
<td>9.17</td>
<td>8.99</td>
<td>2.57</td>
<td>6.79</td>
<td>20.94</td>
<td>27.91</td>
</tr>
</tbody>
</table>

| P       | 0.017           | 0.105                       | <0.001         | 0.020                 | <0.001                 | 0.006                     |

Red = Statistically significantly lower.
Diving Deeper into Domain Drivers

Key Factor: Security

- Feel safe
  - Health Plan Rank: 1
- Feel belongings are safe
  - Health Plan Rank: 1
- Money was taken or used without permission
  - Health Plan Rank: 7th
- Satisfied with where you live
  - Health Plan Rank: 3rd
- Would prefer to live somewhere else
  - Health Plan Rank: 6th
### Looking at Disparities

#### results for older adults

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

*Red* = statistically significantly lower than White
What can we do as a health plan?

What can we do as a health plan collaborative?
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

- Collaborative action plan
- Individual health plan work
- What is actionable at plan level vs state?
- Impact analysis
TennCare CHOICES

• 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
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