

Evaluating a Statewide QA/QI System

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South Carolina Department of Disabilities and Special Needs

- **Single State Agency**
- **Intellectual & Developmental Disabilities, Autism, Traumatic Brain Injury, Spinal Cord Injury, and similar disabilities (~28,000)**
- **Operate Three HCB Waivers**
- **In 2001, RFP Submitted to Have PRO (now QIO) Perform a Big Piece of Our Quality Assurance Review**

Purpose of Grant

- Submitted to CMS in July 2003
- Title “Validating and Expanding the Use of Peer Review Organizations in Assessing Quality Assurance and Quality Improvement in State DD Systems”
- Use an external research organization to assess the validity and reliability of the work performed by the QIO

Purpose of Grant (cont'd)

- Using a solid research design, externally validate that all components of the CMS Quality Framework are adequately addressed by the work of the QIO
- Lay the groundwork for CMS's consideration of potentially allowing states to use a conforming contract with a QIO to stand in the place of the periodic CMS Regional Office Quality Reviews of State's HCBS Waivers

Relevance to DDSN

- Although the QA/QI System is sophisticated, comprehensive and multi-tiered, it has not yet been directly correlated with the CMS Quality framework with its 3 functions and 7 domains
- The QA/QI System has not yet been subjected to study and analysis by an external body in order to determine its validity and reliability

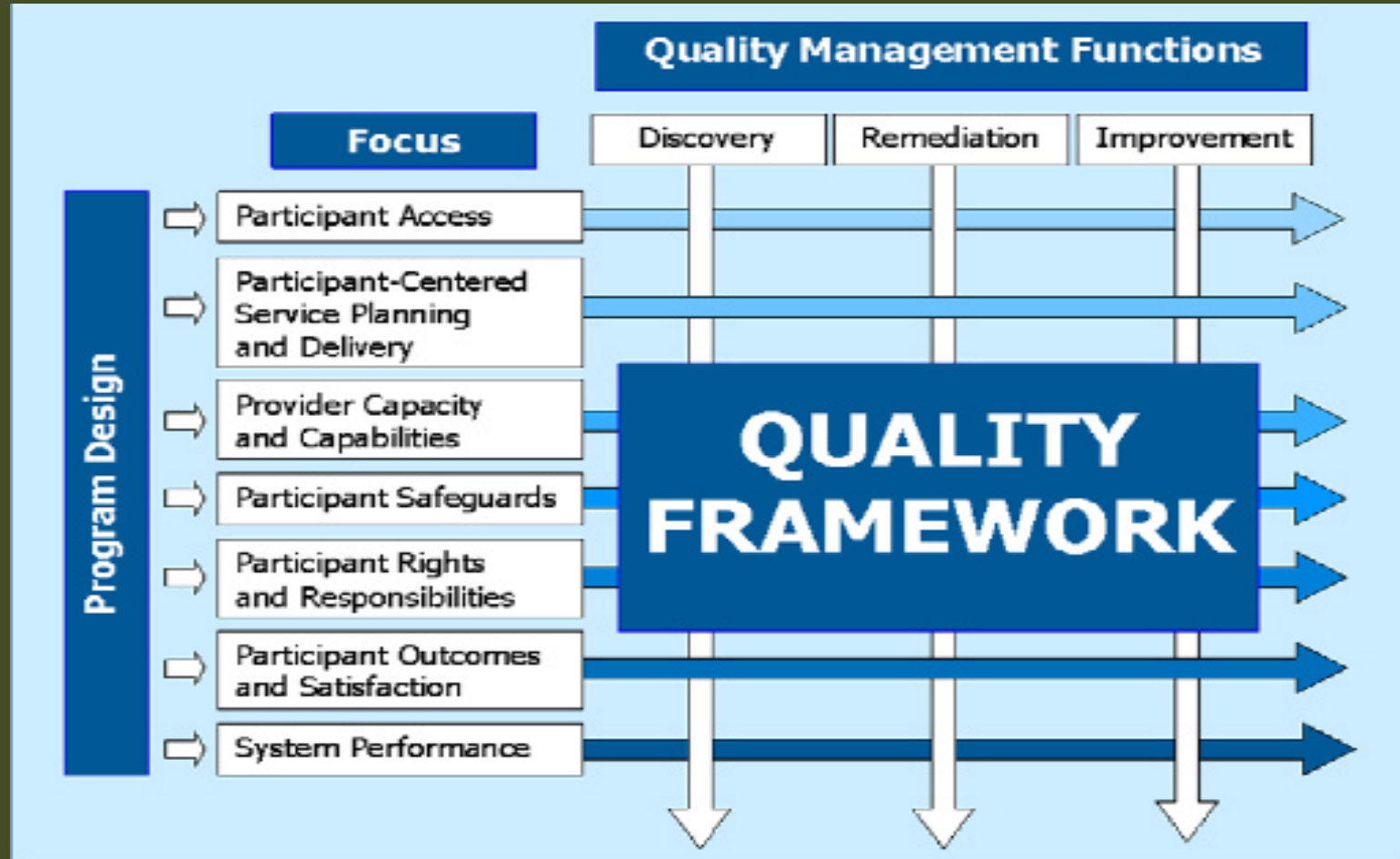
Relevance to DDSN (cont'd)

- Creates formal opportunity for stakeholders to be involved in the design and implementation and improvement of QA/QI System

***NASDDDS* Assisting Member State Agencies**

- Interest in the project
- Implications for state ID/DD agencies
- First assessment of the validity and reliability of a state's QI/QM system
- Synergy: Effective collaboration with key university partners

CMS Quality Framework



Quality Framework

<i>Focus</i>	<i>Desired Outcomes</i>
Participant Access	<i>Individuals have access to home and community-based services and supports in their communities.</i>
Participant-Centered Service Planning and Delivery	<i>Services and supports are planned and implemented in accord with participant needs, preferences and decisions.</i>
Provider Capacity and Capabilities	<i>Sufficient number and capability to effectively serve participants.</i>

<i>Focus</i>	<i>Desired Outcomes</i>
Participant Safeguards	Participants are safe in their own homes and communities
Rights and responsibilities	Participants receive support to exercise their rights and responsibilities.
Outcomes/satisfaction	Participants are satisfied with their services and achieve desired outcomes.
System Performance	The system supports participants efficiently and effectively and constantly strives to improve quality.

Making it Work...

Quality Management Strategy

- **Design:** Build in quality from the beginning
- **Discovery:** Identify strengths, weaknesses, opportunities for improvement
- **Remediation:** Make changes fix the problems that are identified
- **Improvement:** Make changes to improve outcomes

Putting the Pieces Together: A Continuous Process

Design

Improvement

Discovery

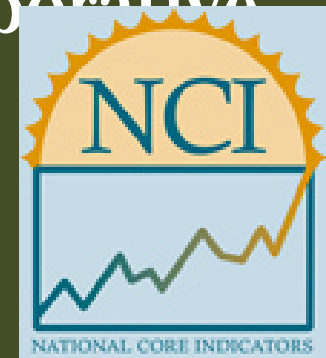


Remediation

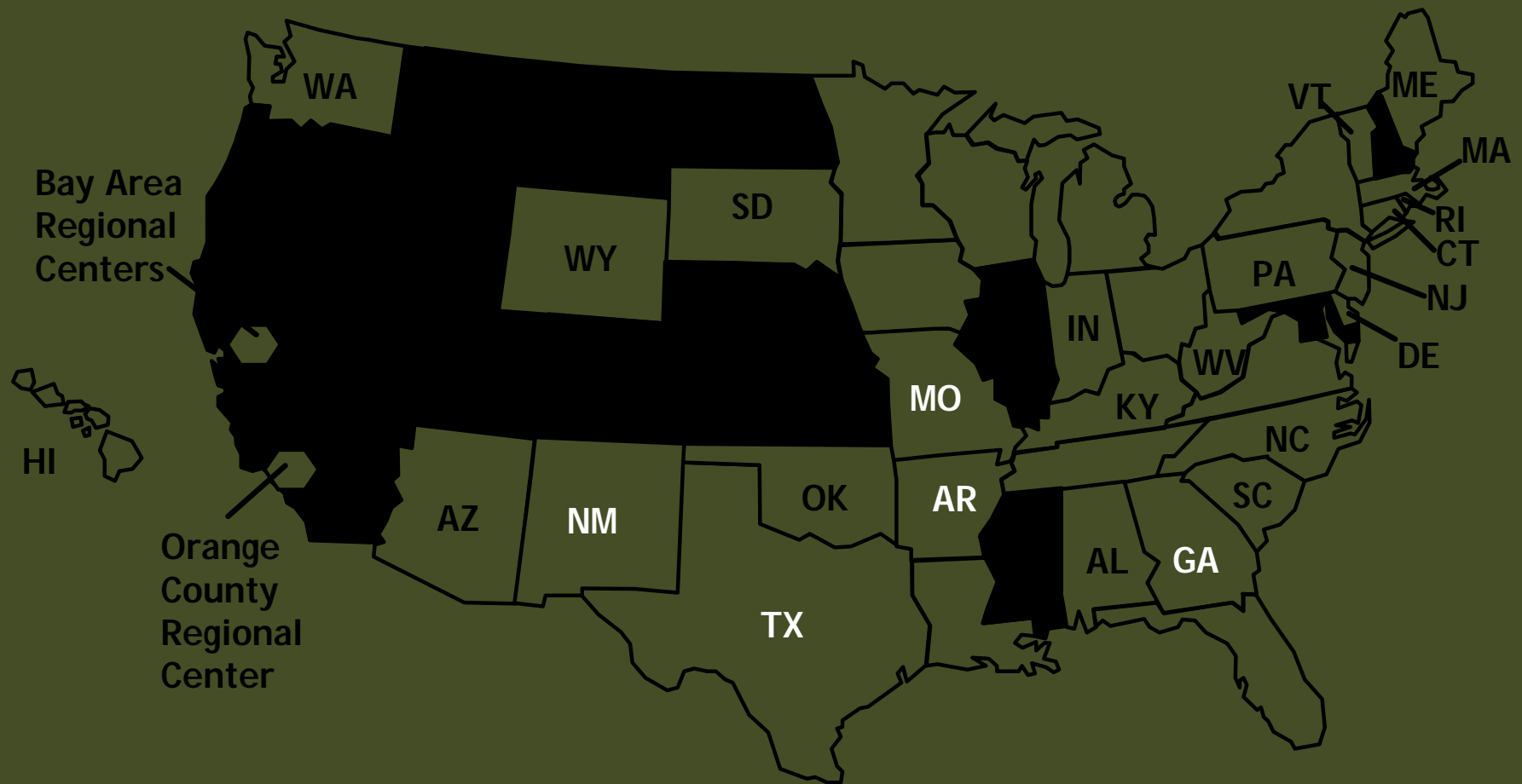
National Core Indicators:

Improving Service Quality Through Performance Measurement

- Launched in 1997 as an interstate collaborative
- Led by NASD DDS and HSRI
- Purpose & Goals:
 - Establish a nationally recognized set of performance and outcome indicators for DD service systems
 - Develop reliable data collection methods & tools
 - Report state comparisons and national system-level performance benchmarks



NCI Participating States 2007-2008



Composition: Consumer/Personal Outcome Measures

- **Employment**
- **Community Inclusion**
- **Choice and Decision-making**
- **Relationships**

*Composition:
System Performance Indicators*

- Service Coordination
- Utilization, Access
- Financial Level of Effort



Composition: Family Indicators

- Information and Planning
- Choice & Control
- Access & Support Delivery
- Community Connections
- Family Involvement
- Satisfaction
- Family Outcomes



NCI – Analysis of SC Data

NCI in this evaluation:

1. Process (procedural integrity)
2. Quantitative Analysis
 - Relationship between DDSN Key Indicators and the NCI Quality Outcomes
3. Comparison of SC NCI results to those of six other states

Examples of Possible Predictive Relationships

- Choice of living situation with satisfaction, self-determination, community inclusion
- Choice of work situation with satisfaction, self-determination, community inclusion
- . . . And many others
 - These will be most helpful *going forward*

Evaluation & Research Plan

- Original Development
 - NASDDDS - USC - UMN
- Revision
 - Stakeholder's Advisory Group
 - Added new information sources & focus groups

Key Sources of Information

- SC DDSN
- Stakeholders Advisory Group
- Local Provider Agencies (30/39 DSN Boards)
 - Executive Directors, Service Coordination, Direct Support, Residential, Day Supports, Quality Assurance
- People with Disabilities
- Family Members
- Medicaid Agency Staff



Stakeholder's Advisory Group

- **Advisory Group to the Project (PAR)**
 - Provide input and guidance on initial project direction & design
 - Review status, discuss challenges & provide recommendations
 - Participate as key informants and assist with interpretation of findings as partners in the project

Stakeholder's Advisory Group

- Consumers & Family Members are paid consultants to project
- Composition
 - People with a Disability = 7
 - Family Members = 3
 - Executive Directors = 2
 - SC DDSN Staff = 2
 - Local Provider Agency Staff = 4
 - Medicaid Agency Staff = 1
 - Advocacy Organization Staff = 1

What We Want to Learn

- DSN Board Staff Views on . . .
 - How the DDSN QA/QI process relates to the CMS Quality Framework
 - Strengths & weaknesses of DDSN QA / QI process
 - Usefulness of information gathered and how data contributes to local quality improvement
- Recommendations to improve the Quality Improvement Organization & DDSN Licensing Review Process

Data Collection Methods

- Initial Document Review at SC DDSN
- Interviews
 - DDSN Central Office staff
 - Executive Directors
 - DSP, Senior staff in Service Coordination, Residential Services, Day Supports, QA
- Focus Groups
 - People with a Disability, Executive Directors, Family Members, Service Coordinators, Medicaid Agency

Interview Questions

- Based on CMS Quality Framework
- Open-ended with probes for focus areas of *framework* (discovery, remediation & improvement)
- Additional questions on:
 - Sample, appropriateness of items, usefulness of reviews & feedback, assistance provided, overall rating of process
 - Definition of quality, strengths & weaknesses

What We Found Out

Note: This presentation covers most but not all components of the evaluation

Staff Definition of Quality

Staff defined quality (as their local agency sees it) in terms of satisfaction of person receiving supports and whether or not the person received the supports they needed.

Framework Components Present

QIO

- File Review
 - PCP by review of Single Plan
 - Participant outcomes with NCI Consumer Interview

Licensing

- File Review
- Focus on Participant Safeguards

Strengths & Weaknesses

QIO

- ↑ External, & objective review
- ↓ Focus on paperwork
- ↓ No home visits
- ↓ Interview problems
- ↓ Lacks constructive feedback

DDSN Licensing

- ↑ Relevant feedback
- ↑ Consumers included
- ↓ Paper compliance
- ↓ Lacks PCP view
- ↓ Mainly negative process
 - Better liked

Overall DSN Staff Views from Interviews

- Recognized need for compliance review related to Medicaid funding.
- Noted that file review is not focused on quality as they define it.
- Indicated desire to receive honest, objective, & in-depth feedback & technical assistance to help achieve high levels of quality.

Board Staff Views on Usefulness

Licensing reviews perceived as....

- **Feedback is more helpful**
- **Greater assistance & enhancing of DSN
Board QI efforts**

Recommendations from Staff

QIO

- Enhance interviews
 - Length
 - Location
 - Verify
 - Review entire program not just Service Coordination
 - Include observation
 - Provide assistance to local board staff
-

DDSN Licensing

- Provide positive & constructive feedback
 - Add PCP focus
 - Add outcome focus
 - Merge with QRO
 - Provide assistance to local board staff
-

Quotes

“Focus on quality of life is not dependent on a signed piece of paper.”

“Need to look at the overall picture and what difference is made by the services they receive (i.e., meaningful improvement for people with a developmental disability).”

Focus Groups: Methodology



- Focus group questions based on CMS Framework
- Collaborative process used to generate tools
 - Input from Stakeholder's Advisory Group (DHHS/DSP groups)
 - Involved all levels of service delivery system

Focus Group Methodology . . .

- Random/stratified sample
 - Across all service areas
 - Incorporated all regional areas
 - Included a variety of stakeholders
- General focus group format as described by Kreuger

What We Wanted To Learn

- How people involved with DDSN defined quality?
- How does the Quality Review Organization process & Licensing protocol fit into the CMS Framework?
- What do people like and not like about the processes?

Quality Information Organization Process

- Staff = professional & objective
- Consumer Interviews – Try to ask about satisfaction
- Focus Is:
 - Compliance & documentation
 - File review & service coordination
 - Safety
- Lacking:
 - Quality of services
 - Rights of Consumers

Licensing Review Process

- Focus
 - Health & Safety
 - Observations in homes and worksites to see people
- Lacking or Missing Entirely
 - Quality of life
 - Technical assistance offered to boards
- Duplicates QIO Review Process

Consistent Themes: Quality Review Org & Licensing

- Health and safety
- Lack of focus on quality of life

Participant Quotes: Service Coordination

{All quotes are from people receiving supports and their family members}

Turnover

- “Been through a lot of service coordinators. It’s a stepping stone position. It’s kind of sad, once they get to know my son, they move on.”
- “Not sure who our service coordinator is now.”
- “The service coordinator we’ve got now is excellent.”

Problem Solving

- “Anytime we’ve had a problem they’ve (service coordinator) resolved it.”

Participant Quotes: Day/ Residential Services

Turnover

- “She gets used to one person and they leave.” It sends her backwards.”

Staff

- “If one person can not go or doesn’t want to go, no one goes.”
- “When you’re good they take you places.”
- “They (consumers) are living at poverty level. They make pennies at the workshop.”
- “I love all the staff (day & residential). They are happy and they do stuff for me.”

Participant Quotes: Planning Process

- “They (service coordinators) don’t offer choice.”
- “Plan looks good on paper, but is a waste of time. Doesn’t get implemented.”
- “Yearly planning for nothing.”

Participant Quotes: Rights Issues

- “Everybody’s got rights.”
- “Don’t tell me I have to go on outings when I don’t want to.”
- “Respect is important.”
- “I want more privacy.”

Participant Quotes: Licensing

Duplicative Process:

- *“How can we combine Quality Improvement Organization & Licensing?”*

Documentation:

- *“DDSN comes in and checks the books & looks at my apartment.” (+/-)*
- *“They (QIO & Licensing) focus on the paperwork, not on the consumer.”*

Participant Quotes: Licensing Process

- “DDSN comes down and they check books and look at my apartment.”
- “DDSN comes in and inspects the apartment.”
- “I am usually at work when DDSN comes to my house.”

Quotes from other sources

- *“I would make the process more inclusive by looking at the quality of the services provided instead of just looking at dates on paperwork to document services provided.”*
- *“It has turned into just the paper process. It would help to see what the consumers actually do.”*
- *“This is a service coordination review, not an agency review.”*
- *“They focus on the paperwork and not the consumer.”*

What We Learned (With More to Come!)

- Measures indicate the service system is very compliant with Medicaid requirements
- There are some important measures missing – experiences, responsiveness of system, & results (quality of life)
- The need to integrate all data measures

Future Plans

- Determine Relationship between Quality Assurance Measures and the National Core Indicators
 - Quality needs to incorporate measures of health and safety along with consumer-related experiences of care, satisfaction with supports and the achievement of life goals
 - Use stakeholder advisory group to help the State update its QA/QI design and features to include results to people

Future Plans . . .

- **Communicate findings and remediation plan to all stakeholders**
 - **Consumers, families, advocacy organizations, providers, SAG, etc.**
- **Repeat analysis to determine if remediation efforts led to improvement**

Questions & Feedback?

- ***We are interested in your questions and comments!***

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