



## National Core Indicators®: Introductory Information for Participating States

### Background

The increasing emphasis on outcomes and performance assessment is more than merely a change in measurement approaches. It represents a change in the assumptions about what “quality” is and reflects a larger shift in the field -- specifically from program-oriented, formulaic models of care to individually tailored supports based on individual choices and preferences. As a result, the adoption of performance indicators as a quality assurance technique is both a consequence of the change in expectations as well as a method for maintaining a focus on person-centered outcomes.

As supports become more individualized, strict input and process measures become problematic since prescriptive standards constrain the flexibility and creativity needed to individually tailor supports to people’s unique capabilities and preferences. Further, the growth of continuous quality improvement and total quality management initiatives have contributed to the prominence of indicators linked to observable performance.

The National Core Indicators® (NCI®) is a logical outgrowth of the increasing emphasis on outcomes, concerns about the consistency of performance with state missions, and an intensified commitment to ensure that services and supports are accountable to people with developmental disabilities, their families, and the taxpayer.

Before describing the methods that states can apply to expedite the collection of data for the National Core Indicators, there are some important considerations regarding the implementation of the project within a specific state.

### Putting NCI in Context

***The juxtaposition of vision (what we want) and a clear picture of current reality (where we are relative to what we want) generates what we call “creative tension”: a force to bring them together, caused by the natural tendency of tension to seek resolution. Peter Senge***

#### #1 Securing “Buy In”

The acceptance of the use of NCI as an ongoing method of assessing performance at the system level will depend in large part on the extent to which key stakeholders in the state understand the purpose of the data collection as well as the uses to which it can be put. Providers must be informed and consulted in order to ensure their cooperation in the collection and reporting of key data elements. They must be persuaded that this effort represents an ongoing commitment on the part of the state and that the results will be useful to their operations as well as those of state managers.

People with developmental disabilities and their families should be convinced that NCI reflect those areas of performance that are relevant to their concerns and that the collection of this data will lead to system improvement.

Public managers at all levels of the system should be introduced to the ways in which this data will make it possible to be better stewards of the system insofar as better allocation of resources, identification of vulnerabilities, and enhanced cost-effectiveness. Managers in sister agencies such as Medicaid should also be helped to understand that the data collected as part of NCI will shed light on key areas of concern to them including health and safety, and provider performance, as well as areas of concern to federal regulators.

The key to securing buy-in from key constituencies is to assist each group to make the connection between the results of data collection and their specific goals and responsibilities. This can only happen through system-wide education and training efforts. The task will be greatly enhanced if state developmental disabilities managers see this effort as central to their quality assurance and accountability functions and not simply as a “project” at the margins of these efforts.

## #2 Creating a Constituency Group

The development of indicators of system performance is an important first step in establishing a durable and robust method of tracking the progress toward change and improvement in systems of support for people with developmental disabilities and their families. However, for this effort to be successful, the indicators should be continually reviewed to determine whether they are:

- Valid, reliable reflections of the aspects of change that are valued by the public agency and its constituency;
- Cost effective insofar as the burden of data collection and analysis;
- Sensitive to changes in the system.

In order to ensure that the indicator set remains valid in the ways noted above, state agencies should work with a permanent constituency group whose responsibility it is to conduct at least a yearly review of the indicators and data collection process. The role of this group should be to review results and also to suggest new theories and/or hypotheses that can be built into data collection.

The constituency group should include providers, people with disabilities, family members, direct support professionals, service brokers, advocates, and others with direct knowledge of the conduct of the system.

***To remain unaware of what we propose to do, never helps us to live. Josiah Royce***

## #3 Developing Benchmarks

Part of the responsibility of the permanent constituency group suggested above should be the interpretation of the information collected. The multiple perspectives represented by the group add to the richness of the interpretation. After an adequate baseline has been developed with some or all of the indicators, it will be possible – in collaboration with the group – to develop standards or benchmarks for selected indicators.

In some instances, the benchmark may simply be maintaining the current level of performance (e.g., 100% of individuals receiving services have an annual physical exam). In other areas, however, the

standard may be more aspirational (e.g., currently, 10% of individuals are in competitive employment; the standard for the next measurement period should be 15%).

#### #4 Identifying Priority Areas

Since the struggle for quality improvement cannot be fought on all fronts simultaneously, the permanent constituency group should work with agency officials and others at the grassroots level to determine which areas should be targeted for improvement over the next measurement period.

Decisions about priorities should be informed by the following criteria:

The priority reflects strong consensus among those most affected (people with disabilities and their families);

The priority area is susceptible to change within the measurement period;

Change or reform within the priority area can be accomplished within available resources;

The creation of priorities should be undertaken each year. These priorities then create a “hierarchy of performance measures” within the particular state. This does not mean that the other indicators are not important, merely that the priority areas are those that will form the major targets of change over the next period of time.

#### #5 Developing Change Strategies

Once priorities have been set, the group and others in the DD system can begin to concentrate on those strategies that are most likely to bring about improvement. For each priority, there may be different strategies. For instance, if individuals are not clear about their rights, then collaboration with a self-advocacy agency may yield increased knowledge among system consumers. If reduction of the waiting list becomes a priority, then strategies may be exceedingly more complex (e.g., changes in Medicaid waiver, realignment of funding priorities, additional assessment of the needs of those waiting, public education campaigns, etc.).

***To improve is to change; to be perfect is to change often. Winston Churchill***

Change strategies should be employed at each level of the system with targets at each organizational layer including the state agency, the sub-state agency, private provider organizations, service brokers and case coordinators, and advocacy organizations.

#### #6 Creating Implementation Teams

Once change strategies have been developed and agreed upon, it will be necessary to create teams with the responsibility of implementing each change strategy. Depending on the strategy, these teams may be made up of individuals at one level of the system (e.g., at the state agency level), individuals across agencies, and/or individuals representing different system stakeholders. Each team should have concrete goals that reflect the operationalization of the change strategy. Each team should also have the express support of the leader of the organization as well the authority to carry out the identified change.

***To profess to have an aim and then to neglect the means of its execution is self-delusional of the most dangerous sort. John Dewey***

It will be at this juncture that resistance to change is most likely to take place since it is here that the talking ends and action is called for. Such resistance will hopefully be minimized if all of the above steps have included a process that is broadly inclusive. However, there will inevitably be residual resistance that will call upon the facilitation and persuasive skills of the change agents assigned to the implementation teams.

#### #7 Measuring Progress

To determine whether the priority objectives have been met, the cycle of data collection begins again – perhaps with the same indicators or with supplementary indicators that represent specific aspects of the targeted change. There may also be a need to develop qualitative indicators (e.g., interviews with key participants) as well in order to understand the context within which change is taking place. Finally, it will be necessary to document the implementation steps in order to ensure that have a temporal connection with the actual operationalization of change strategies.

Once this process is complete, the cycle begins again with the refinement of indicators, the revision of benchmarks, the determination of ensuing priorities, the exploration of improved change methodologies, the implementation of change strategies, and the measurement of results.

***We must forget what is behind. If we cease to originate, we are lost. We can only keep what we have, by new activity. William Ellery Channing***