

Quality of Life Data and Trends

Sue Kelly, Delmarva Foundation

Drew Smith, Council on Quality Leadership

Valerie Bradley, Human Services Research Institute

AAIDD Conference, Louisville, KY

June 2, 2015

Sustaining Excellence—Making Progress

Provider Performance and Driver Outcomes

Provider Systems That Predict Key Outcomes for Individuals

Delmarva Foundation

Sue Kelly, Senior Scientist



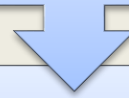
Delmarva Foundation
Georgia Quality Management System

Overview

**Quality Assurance/Improvement Programs
in FL and GA**



**Individuals with IDD receiving HCBS Waiver
or State Funded Services**



Person Centered and Provider Reviews



**Conduct individual and staff interviews,
observations, and record reviews**



**Outcome Predictors: Driver Outcomes and
Provider Performance**



GQMS

Person Centered Reviews (PCR)

- Start with interviewing the person
- Determine quality of supports & services, and
- How well person is supported to meet goals

Provider Reviews (PDR, QEPR)

- Multi faceted approach
- Assess compliance with standards
- Evaluate person centered practices for individuals served
- Evaluate overall service delivery systems



GQMS

Results from Florida Study

Analysis in 2006 indicated several provider performance areas that best predict the percent of Personal Outcome Measures (POM) present:

- **Communication**
 - **Importance of interaction among providers**
 - **Create an environment of cohesive action**
 - **Outcomes are everyone's responsibility**
- **Ensuring individuals are developing desired social roles**
- **Ensuring individuals have privacy**

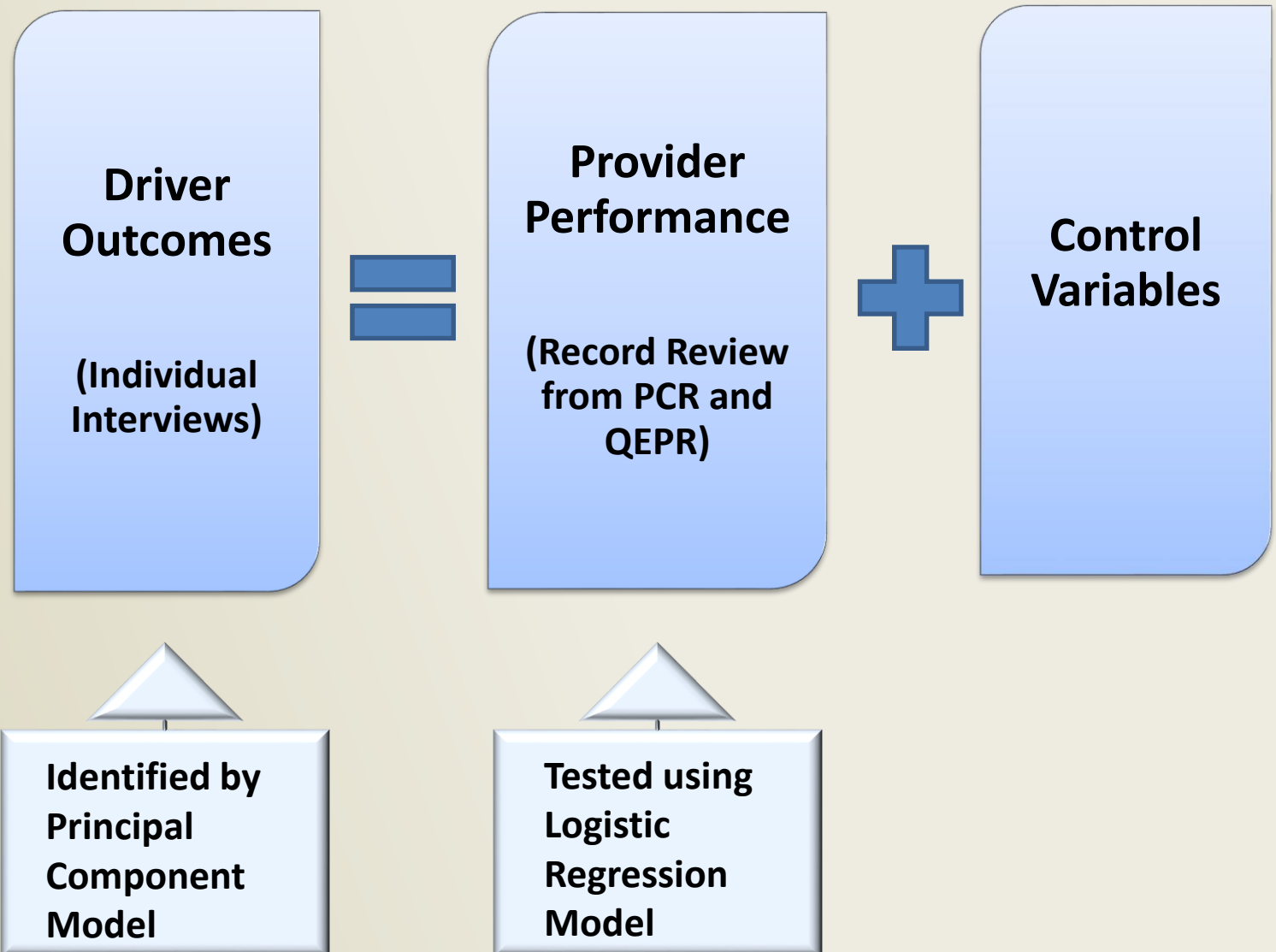
Results from Georgia Study

2012 analysis showed significantly more outcomes when provider documentation showed:

- **How person is given choice of services and supports**
- **Efforts to support person to develop social roles**
- **Person's progress in achieving desired goals**
- **Person centered focus**
- **A clear description of services and supports provided**
- **How supports/services change as needed**

Provider Systems and Driver Outcomes

Georgia Quality Management System



Individual Interview Outcomes

6 Focused Outcome Areas (15 indicators)

Develop Driver Outcomes



GQMS

Strongest Driver Outcome

Person Centered Planning

- ✓ **The person is afforded choice of services and supports.**
- ✓ **The person is involved in the design of the service plan.**
- ✓ **The person's goals and dreams are reflected in supports and services.**
- ✓ **The person is achieving desired outcomes and goals.**



GQMS

Second Driver Outcome

Community Integration and Rights

- ✓ **The person actively participates in decisions concerning his or her life.**
- ✓ **The person is educated and assisted to learn about and exercise rights.**
- ✓ **The person has opportunities to access and participate in community activities.**
- ✓ **The person is developing desired social roles.**

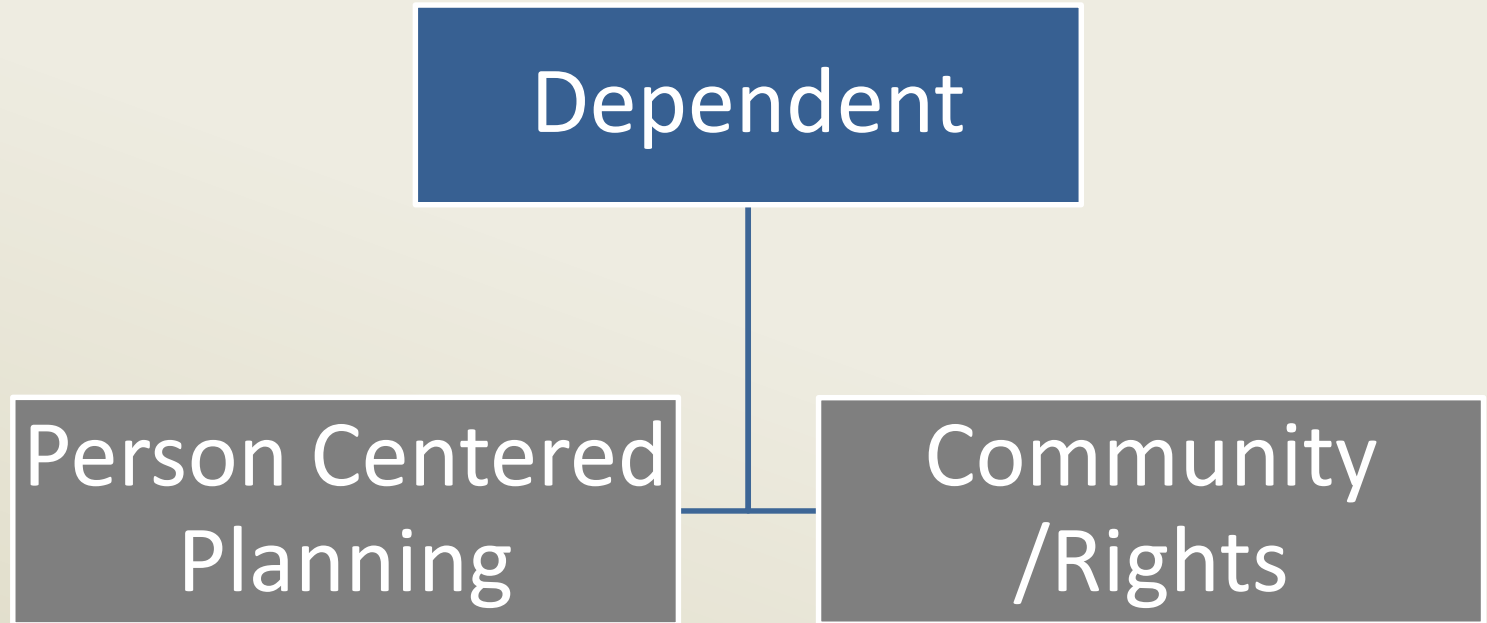
Provider Record Reviews To Identify Predictors

- **15 indicators represent each Focused Outcome Area**
- **Assess the quality of provider documentation**
- **Review records for all services the individual receives**
- **Documentation shows how well providers implement policies and support individuals served**



GQMS

Logistic Regression Model



GQMS

Logistic Regression Model

- Explanatory/Independent Variables
 - Residence
 - Age
 - Disability
 - Region
 - Service
- PPR Indicators of **provider performance**



Control Variables



GQMS

Strongest PRR Predictors (OR = PCP and C/R Odds Ratio)

Strongest predictor of both driver outcomes is if the person is provided a choice of community services and supports (OR 2.52, 3.54)

If provider ensures a choice of services and supports, person is much more likely to have both driver outcomes (OR 2.20, 2.23)

If documentation shows providers assist person to direct supports and services, both driver outcomes are more likely to be present (OR 1.91, 1.86)



GQMS

Strongest PRR Predictors (OR = PCP and C/R Odds Ratio)

Providers who use a person centered focus in their documentation positively impact driver outcomes (OR 1.70, 1.68)

Documenting how the person is progressing toward and achieving desired goals positively impacts driver outcomes (OR 1.57, 1.56)

Having the means to identify health status and safety needs increases the persons community integration (OR 1.77)



GQMS

Other Findings

Receiving Supported Employment is more beneficial than any other service in supporting Community/Rights driver outcomes

People living in group homes were less likely to have elements of both driver outcomes present

People with Mild/Moderate ID were about 40% more likely to have Community Integration/Rights driver outcomes present than individuals with Profound ID



GQMS

Key Findings

- **Elements of Person Centered Planning are the most important driver outcome—impact presence of other outcomes**
- **Findings show importance of having the person involved in planning and choosing services that reflect desired goals.**

Key Findings

- **Providers who offer choice of services and supports, choice of community supports, and ensure the person directs services are 2 to 2.5 times more likely to impact Person Centered Planning outcomes, and thus the overall quality of life for the person**



GQMS

Contacts

Sue Kelly, Sr. Scientist, Delmarva Foundation
kellys@delmarvafoundation.org

Eddie Towson,
Director of Quality Assurance, GA Division of DD
eltowson@dhr.state.ga.us



MEASURING OUTCOMES *AT THE INDIVIDUAL LEVEL*



DREW SMITH

CQL | *Director of Research and Data*

dsmith@thecouncil.org

About CQL | The Council on Quality and Leadership

- What does the data tell us:
 - 20 years of Personal Outcome Measures® Data
 - Looking at predictor outcomes
 - Measuring Social Capital with POM
- How is the information being used



CQL's work centers around 3 tools:

Personal Outcome Measures®

- Developed in 1997
- Values-based, individualized quality of life measurement tool
- Valid and reliable assessment
- 21 factors measuring outcomes and presence of supports
- Used in accreditation, person-centered planning, ISPs, organizational learning, state reporting

Basic Assurances®

- Provider level regulatory review
- Person-centered approaches intertwined with regulation
- 10 Factors and 46 sub-factors
- Indicators evaluated using two measures: System in Place and System in Practice
- Used in accreditation and state reporting

Person-Centered Excellence

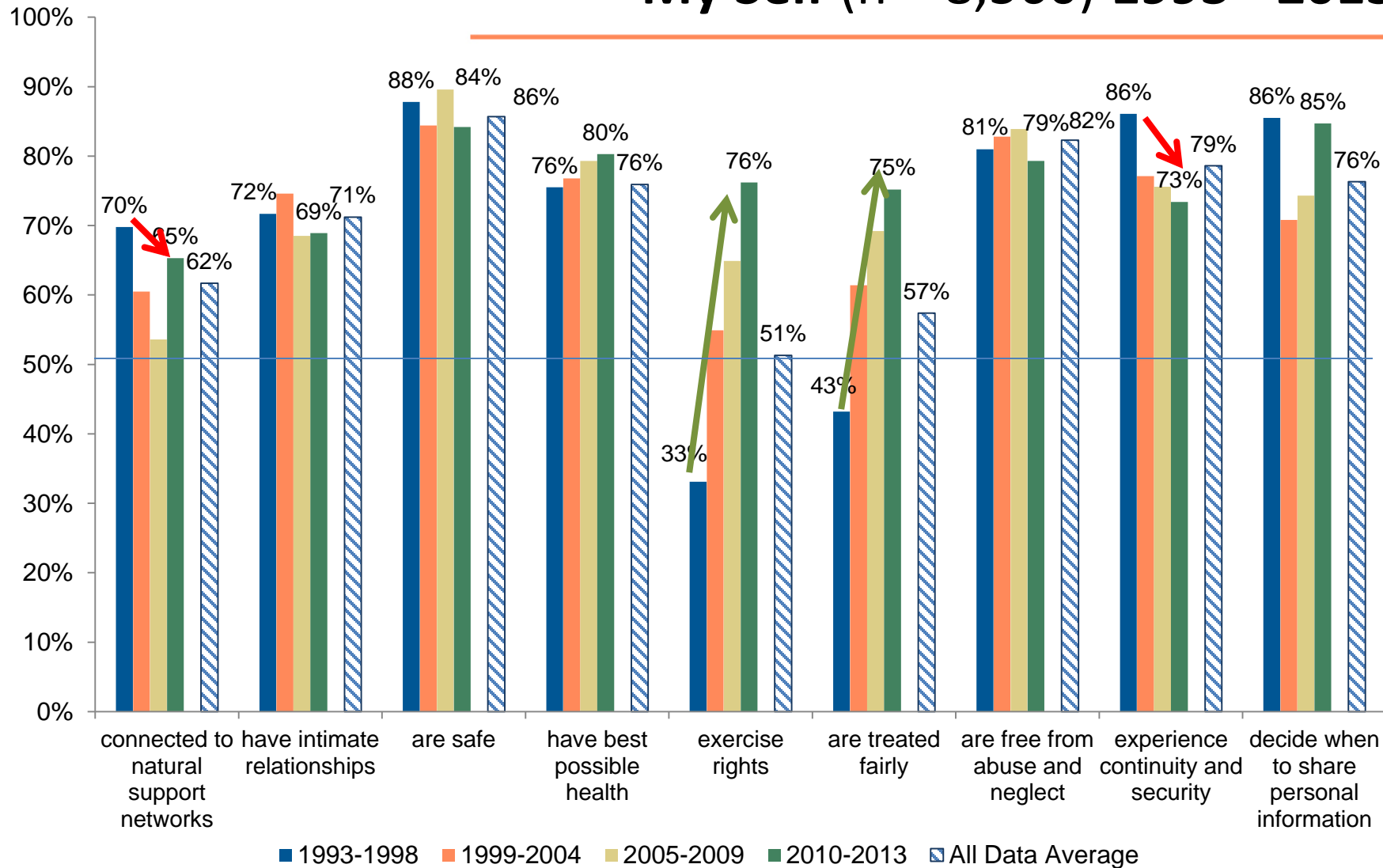
- Multi-stakeholder assessment of provider level performance
- Used in provider level strategic planning
- 8 key factors and 34 success indicators focused on Person-Centered Excellence
- All indicators meant to drive better accountability in services, greater choice and community inclusion

Overview of CQL Data Collection

- All POM data presented comes from:
 - CQL Certified Interviewers
 - CQL Staff
- Records are not necessarily the same people from year-to-year
- Data used to show trends in services
- More finite research can be conducted at the individual, provider and/or state by state level

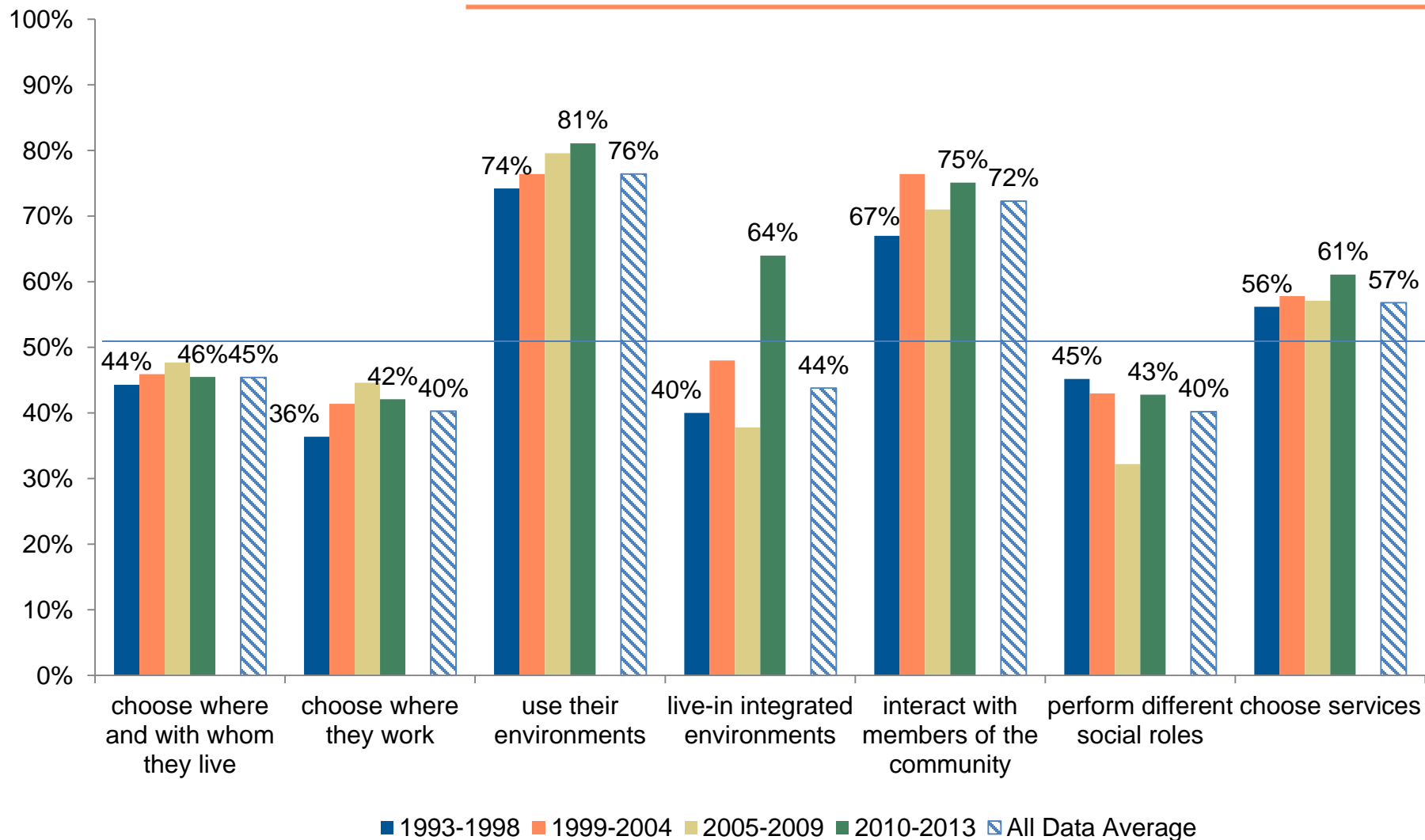
MEASURING OUTCOMES

My Self (n = 8,560) 1993 - 2013



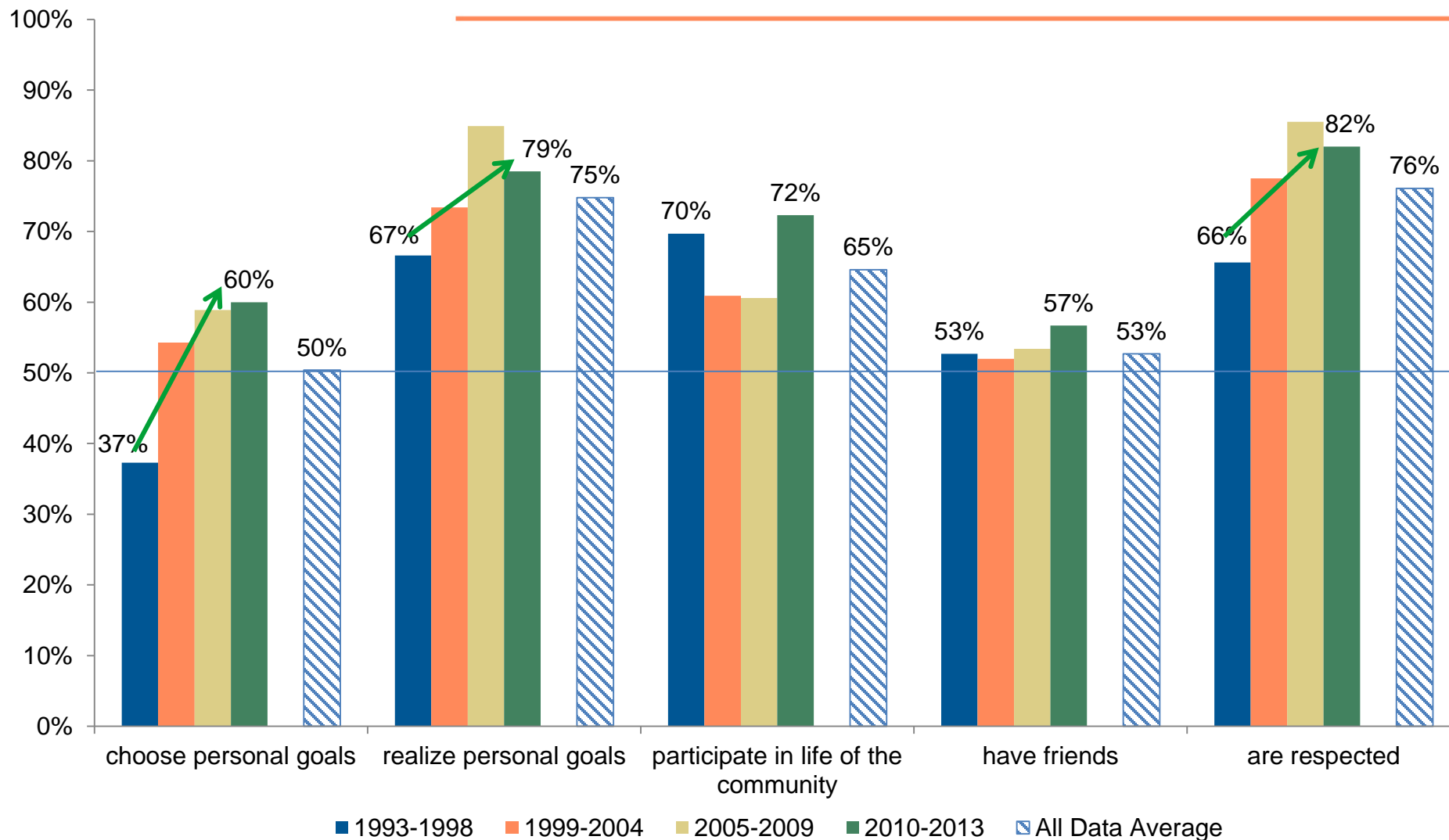
MEASURING OUTCOMES

My World (n = 8,560) 1993 - 2013



MEASURING OUTCOMES

My Dreams (n = 8,560) 1993 - 2013



Specific Outcomes Correlated With Total Outcomes

HIGHEST	
Exercise Rights	.537
Are Treated Fairly	.523
Choose where and with whom they live	.517
Interact with members of the community	.501
Choose where they work	.499
LOWEST	
Decide when to share information	.337
Have the best possible health	.310
Free from abuse and neglect	.284
Experience continuity and security	.276
Are safe	.192

n = 7,806

* All correlations are significant at the 0.05 level (2-tailed)

MEASURING OUTCOMES

SOCIAL CAPITAL AND POMS

Bonding Social Capital

Five personal outcomes make up the Bonding factor. These outcomes are entry points for developing social capital. They are related to our current world and the people and places we already know. They represent the initiation of bonds that make social capital more likely. They are the glue that holds us together.

Bridging Social Capital

Three personal outcomes make up the bridging factor. They represent the connections we have to the world around us beyond the confines of who we already know, where we already go and what we already do. They represent potential for increased social ties and connections. They are the WD-40 of social interactions.

Social Capital Index

Measuring their collective value enables us to make inferences about the level of social capital for organizations, people and communities. These inferences from the social capital index can facilitate change at the organizational and community level.

BONDING

People have intimate relationships

People participate in life of the community

People have friends

People are respected

People are connected to natural supports

BRIDGING

People live-in integrated environments

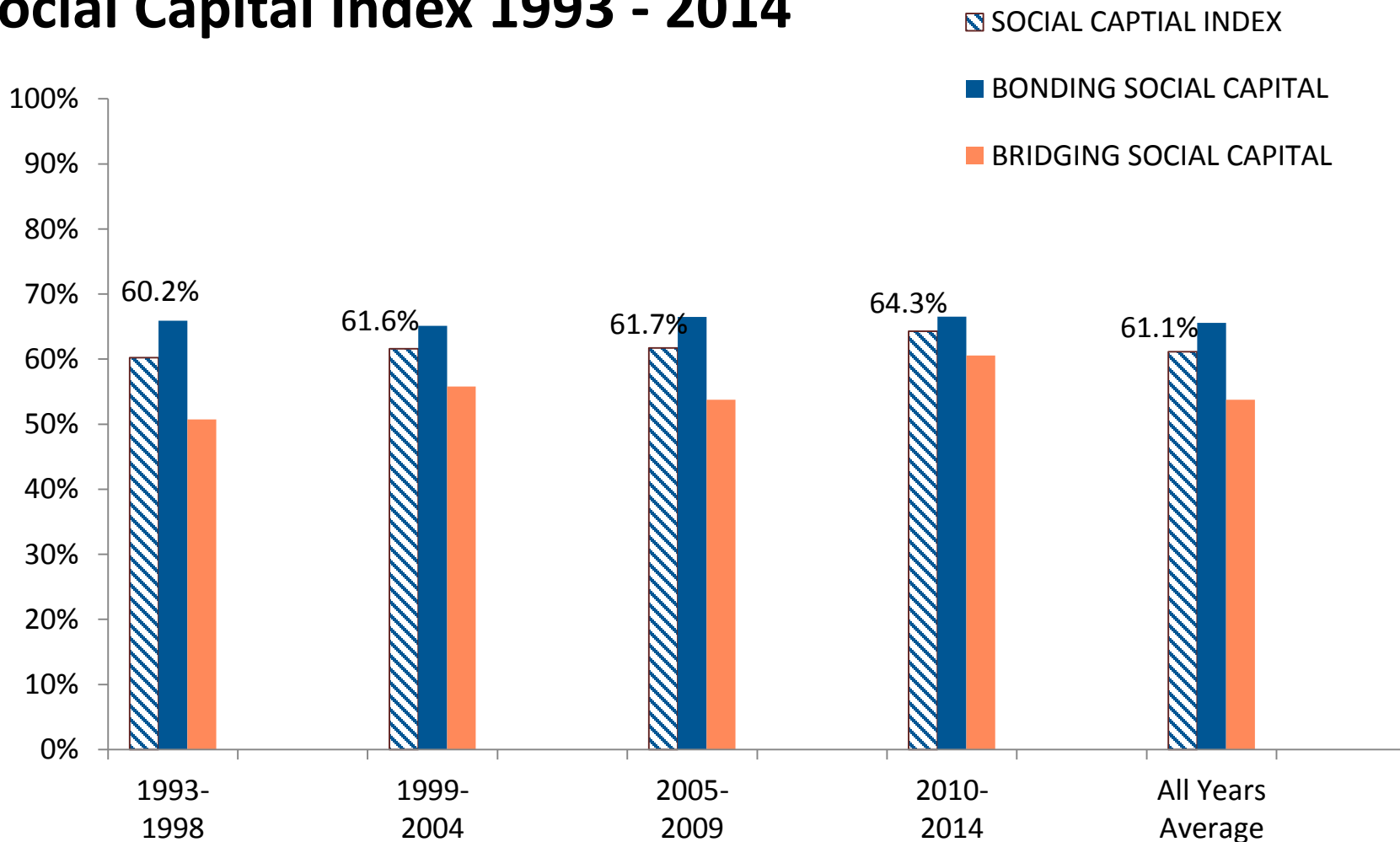
People interact with members of the community

People perform different social roles

MEASURING OUTCOMES

SOCIAL CAPITAL OVER THE YEARS

Social Capital Index 1993 - 2014



MEASURING OUTCOMES

USING POMS

Individual Level


- Information for the ISP
- Advocacy

Provider Level

- Local Quality Monitoring (w/BA)
- Trend Analysis
- Accreditation

State Level

- Aggregated Data for QA/QM
- Systems Learning and Monitoring
- CMS Reporting

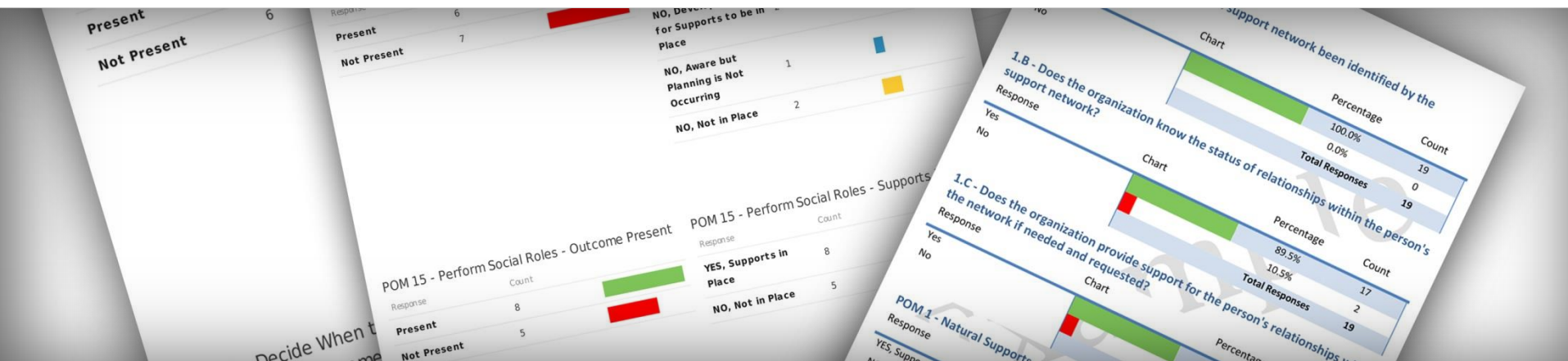


All users will have enhanced data and information due to the new extended online data system

MEASURING OUTCOMES

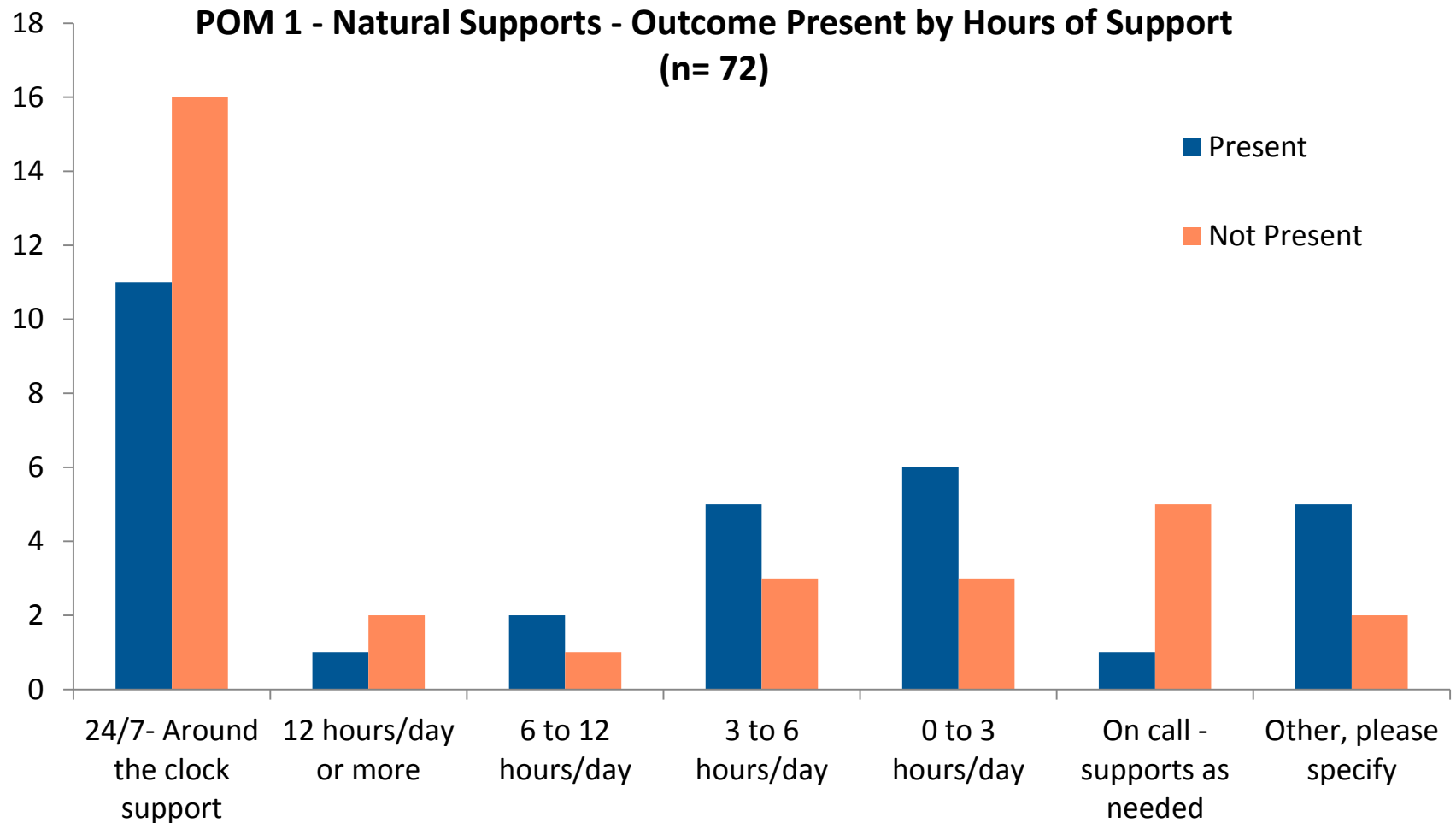
NEW ONLINE POM DATA SYSTEM

- Extended demographics section
 - Aligning with other national data efforts
- Increased data points to identify what – if anything – is causing outcomes and/or supports to be present or not
 - Moved from 42 variables to 250+ variables
- No changes to the existing structure of the POM interview



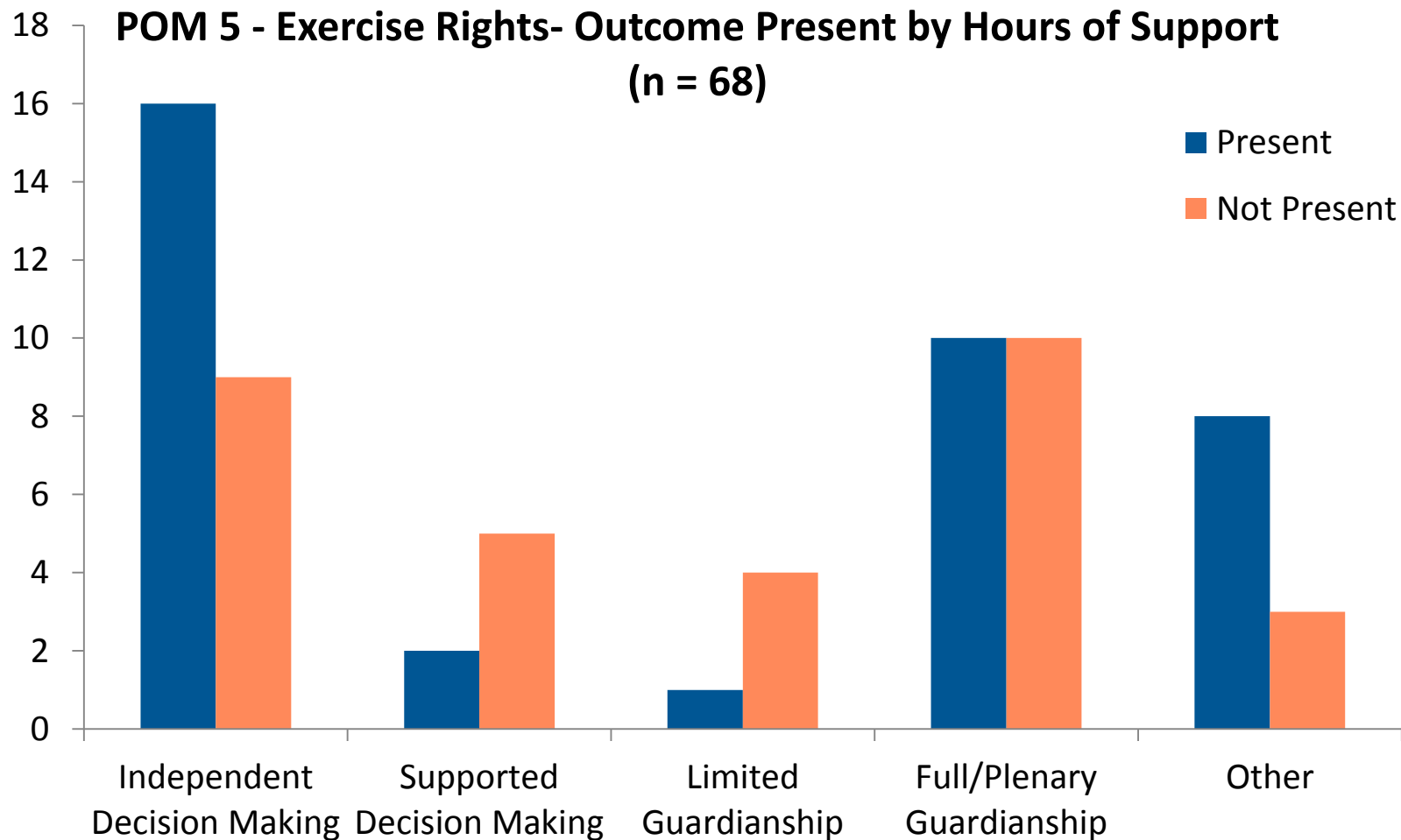
MEASURING OUTCOMES

NEW ONLINE POM DATA SYSTEM



MEASURING OUTCOMES

NEW ONLINE POM DATA SYSTEM



People Exercise Rights

5.1 - Indicate whether the person exercises this right as a citizen?

	Yes	No	Total Responses
Right to voice their opinion	58 (80.6%)	14 (19.4%)	72
Right to vote	42 (61.8%)	26 (38.2%)	68
Right to move about the community	54 (78.3%)	15 (21.7%)	69
Right to associate with others	57 (81.4%)	13 (18.6%)	70
Right to practice their religion	53 (77.9%)	15 (22.1%)	68
Right to privacy	50 (73.5%)	18 (26.5%)	68
Right to access their possessions	58 (81.7%)	13 (18.3%)	71
Right to access food/refrigerator	45 (65.2%)	24 (34.8%)	69
Right to have visitors at any time	53 (75.7%)	17 (24.3%)	70
Right to access their money	46 (65.7%)	24 (34.3%)	70
Right for personal decision-making	48 (68.6%)	22 (31.4%)	70
Right to fair wages	35 (58.3%)	25 (41.7%)	60
Right to non-discrimination at work	45 (78.9%)	12 (21.1%)	57



5.1 – Who, if anyone, most limits the person's ability to exercise this right?

	Guardia n	Family	Provider org./sup port staff	Emple r/co- worker	Other	Total Responses
Right to voice their opinion	3 (14.3%)	2 (9.5%)	2 (9.5%)	6 (28.6%)	8 (38.1%)	21
Right to vote	6 (19.4%)	4 (12.9%)	8 (25.8%)	3 (9.7%)	10 (32.3%)	31
Right to move about the community	2 (7.1%)	5 (17.9%)	14 (50.0%)	2 (7.1%)	5 (17.9%)	28
Right to associate with others	5 (23.8%)	5 (23.8%)	7 (33.3%)	2 (9.5%)	2 (9.5%)	21
Right to practice their religion	4 (23.5%)	5 (29.4%)	3 (17.6%)	2 (11.8%)	3 (17.6%)	17
Right to privacy	10 (40.0%)	4 (16.0%)	9 (36.0%)	1 (4.0%)	1 (4.0%)	25
Right to access their possessions	9 (39.1%)	7 (30.4%)	6 (26.1%)	0 (0.0%)	1 (4.3%)	23
Right to access food/refrigerator	9 (33.3%)	3 (11.1%)	10 (37.0%)	2 (7.4%)	3 (11.1%)	27
Right to have visitors at any time	5 (25.0%)	3 (15.0%)	4 (20.0%)	2 (10.0%)	6 (30.0%)	20
Right to access their money	3 (10.3%)	3 (10.3%)	11 (37.9%)	2 (6.9%)	10 (34.5%)	29
Right for personal decision-making	11 (39.3%)	6 (21.4%)	4 (14.3%)	2 (7.1%)	5 (17.9%)	28
Right to fair wages	11 (39.3%)	2 (7.1%)	10 (35.7%)	2 (7.1%)	3 (10.7%)	28
Right to non-discrimination at work	2 (11.8%)	2 (11.8%)	3 (17.6%)	3 (17.6%)	7 (41.2%)	17

MEASURING OUTCOMES

IN-DEPTH OUTCOME REVIEW

People Experience Continuity & Security

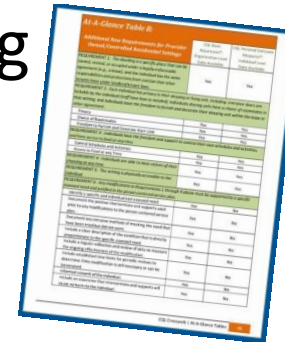
Response	Chart	Percentage	Count
Present		54.1%	40
Not Present		45.9%	34
Total Responses			74

MEASURING OUTCOMES

ADDITIONAL RESOURCES

CQL Toolkit for States – CMS Reporting

www.c-q-l.org/cmstoolkit



State	SPR Score	SPR Rating	SPR Status
Alabama	75	3	Not Meeting
Alaska	85	4	Meeting
Arizona	70	3	Not Meeting
Arkansas	65	2	Not Meeting
California	80	4	Meeting
Colorado	75	3	Not Meeting
Connecticut	85	4	Meeting
Delaware	80	4	Meeting
Florida	70	3	Not Meeting
Georgia	65	2	Not Meeting
Hawaii	85	4	Meeting
Idaho	75	3	Not Meeting
Illinois	80	4	Meeting
Indiana	70	3	Not Meeting
Iowa	85	4	Meeting
Kansas	75	3	Not Meeting
Kentucky	65	2	Not Meeting
Louisiana	60	1	Not Meeting
Maine	85	4	Meeting
Maryland	80	4	Meeting
Massachusetts	85	4	Meeting
Michigan	75	3	Not Meeting
Minnesota	80	4	Meeting
Mississippi	60	1	Not Meeting
Missouri	75	3	Not Meeting
Montana	85	4	Meeting
Nebraska	75	3	Not Meeting
Nevada	70	3	Not Meeting
New Hampshire	85	4	Meeting
New Jersey	80	4	Meeting
New Mexico	75	3	Not Meeting
New York	85	4	Meeting
North Carolina	70	3	Not Meeting
North Dakota	85	4	Meeting
Ohio	75	3	Not Meeting
Oklahoma	65	2	Not Meeting
Oregon	80	4	Meeting
Pennsylvania	75	3	Not Meeting
Rhode Island	85	4	Meeting
South Carolina	65	2	Not Meeting
South Dakota	85	4	Meeting
Tennessee	70	3	Not Meeting
Texas	75	3	Not Meeting
Utah	80	4	Meeting
Vermont	85	4	Meeting
Virginia	80	4	Meeting
Washington	85	4	Meeting
West Virginia	65	2	Not Meeting
Wisconsin	80	4	Meeting
Wyoming	85	4	Meeting

20 Years of Personal Outcome Measures®

www.c-q-l.org/resource-library/publications



New Online POM Data System

www.c-q-l.org/data





CQL | The Council on
Quality and Leadership

CQL is dedicated to the
definition, measurement
and improvement of
personal quality of life for
people receiving human
services and supports.

DREW SMITH
CQL | *Director of Research and Data*

dsmith@thecouncil.org

www.c-q-l.org



NASDDDS & HSRI

Outcomes and Level of ID: A Closer Look

Valerie Bradley
HSRI President

Agenda



- National Core Indicators
- NCI Outcomes Measurement: Relationship of Level of ID to Outcomes
 - How do outcomes differ for individuals with different levels of ID?
- Which indicators remain correlated through all levels of ID?
- Why is this important?
- Questions?





What are the National Core Indicators?

NATIONAL CORE INDICATORS (NCI)?

- NASDDDS – HSRI Collaboration
 - Multi-state collaboration of state DD agencies
 - Launched in 1997 in 6 participating states with a 15 state steering-committee – now in 42 states (including DC) and 22 sub-state areas
- Goal: Measure performance of public systems for people with intellectual and developmental disabilities
 - Help state DD systems assess performance by benchmarking, comparing to other states
- Assesses performance in several areas, including:
 - employment, community inclusion, choice, rights, and health and safety
- Now expanded to elderly and people with disabilities through the NCI-AD

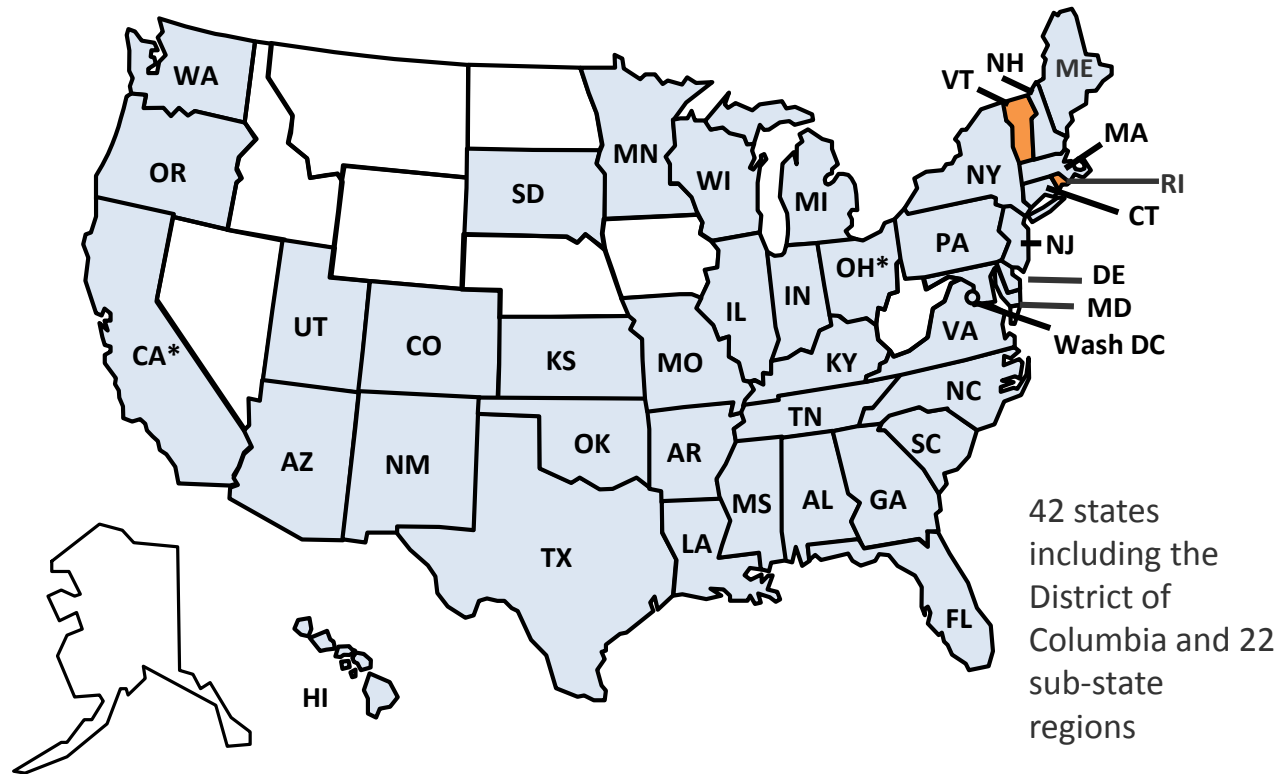


NCI is a Person-Centered Tool that Provides Information on:

- Individual characteristics of people receiving services
- The locations where people live
- The activities they engage in during the day including whether they are working
- The nature of their experiences with the supports that they receive (e.g., with case managers, ability to make choices, self-direction)
- The context of their lives – friends, community involvement, safety
- Health and well-being, access to healthcare



NCI State Participation 2014-15



How Does NCI Collect Data?

- Adult Consumer Survey
 - ✓ In-person conversation with a sample of adults receiving services to gather information about their experiences
 - ✓ Keyed to important person-centered outcomes that measure system-level indicators related to: employment, choice, relationships, case management, inclusion, health, etc.
- Adult Family, Child Family, and Family/Guardian Surveys Mail surveys – separate sample from Adult Consumer Survey
- Other NCI state level data: Staff Stability





NCI Outcomes Measurement: Relationship of Level of ID to Outcomes

What are Outcomes and Indicators?

- Outcomes:
 - The changes for individuals or populations during or after participation in programs.
 - In the NCI context, outcomes include: choice, relationships, case management, inclusion, rights and respect, safety, etc.
- Indicators:
 - Ways to measure outcomes. Provides evidence that certain results have/have not been achieved.
 - For instance, the proportion of people who chose where they live; the proportion of people who can go on a date



NCI Outcomes Are Influenced by Level of Disability

- Past analyses have shown that the variable that measures level of ID is significantly related to outcomes
- “[If this person is diagnosed with an ID], what level of ID?”
 - __ 1 Mild ID
 - __ 2 Moderate ID
 - __ 3 Severe ID
 - __ 4 Profound ID
 - __ 5 *Unspecified level of ID*
 - __ 6 *ID level unknown*

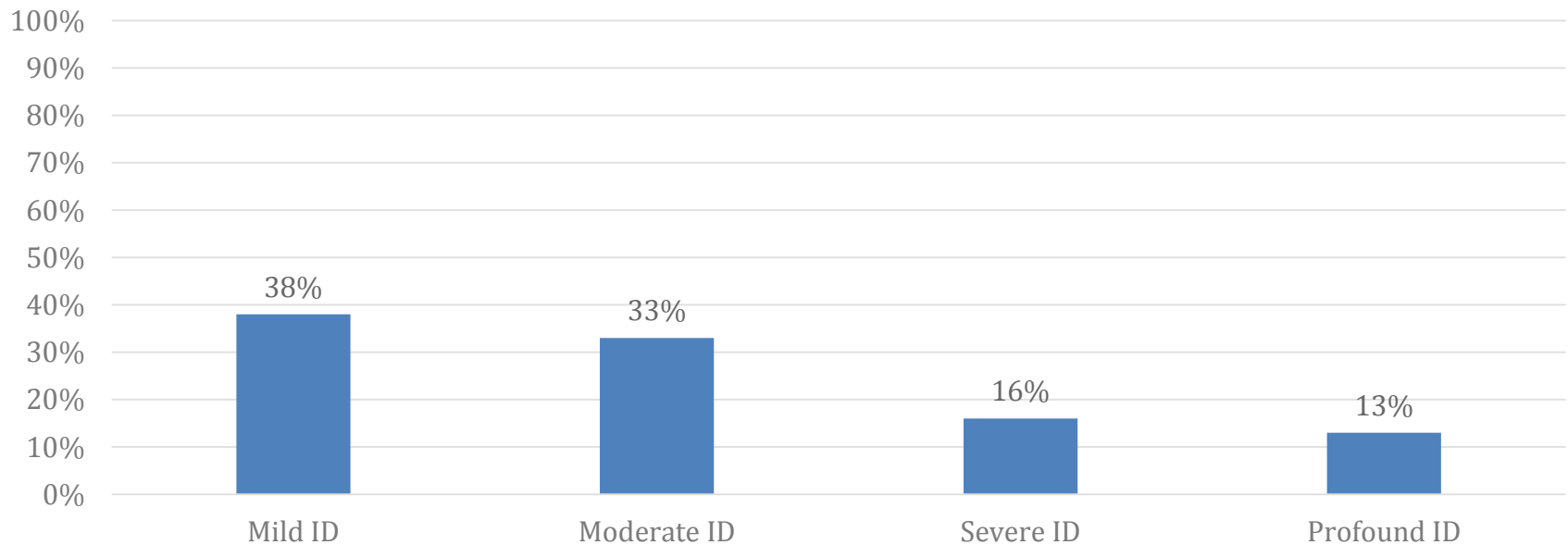


Level of ID

2013-14 Adult Consumer Survey Data Cycle

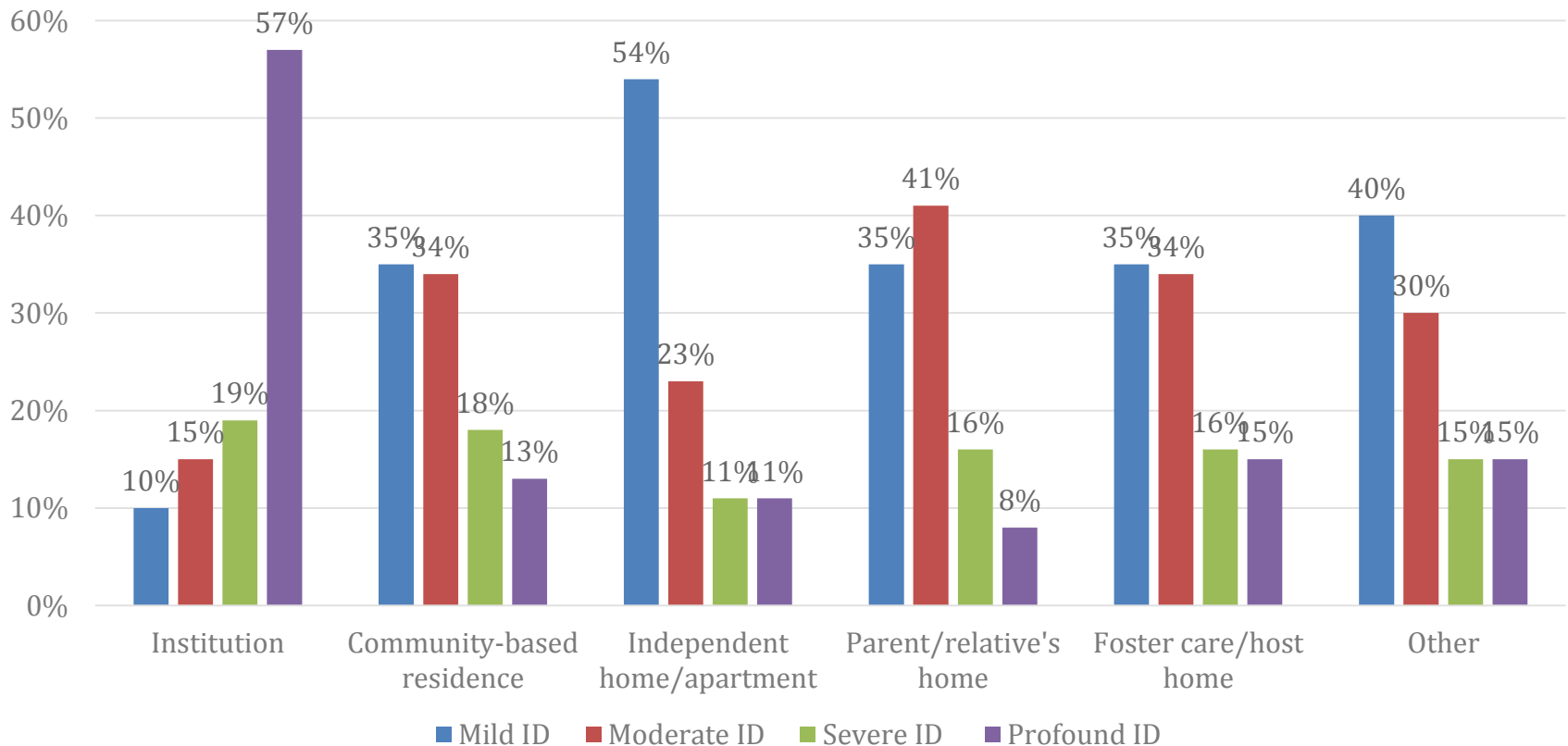
(N=15,525; 29 states & 1 sub-state entity)

Level of ID (N=13,144)

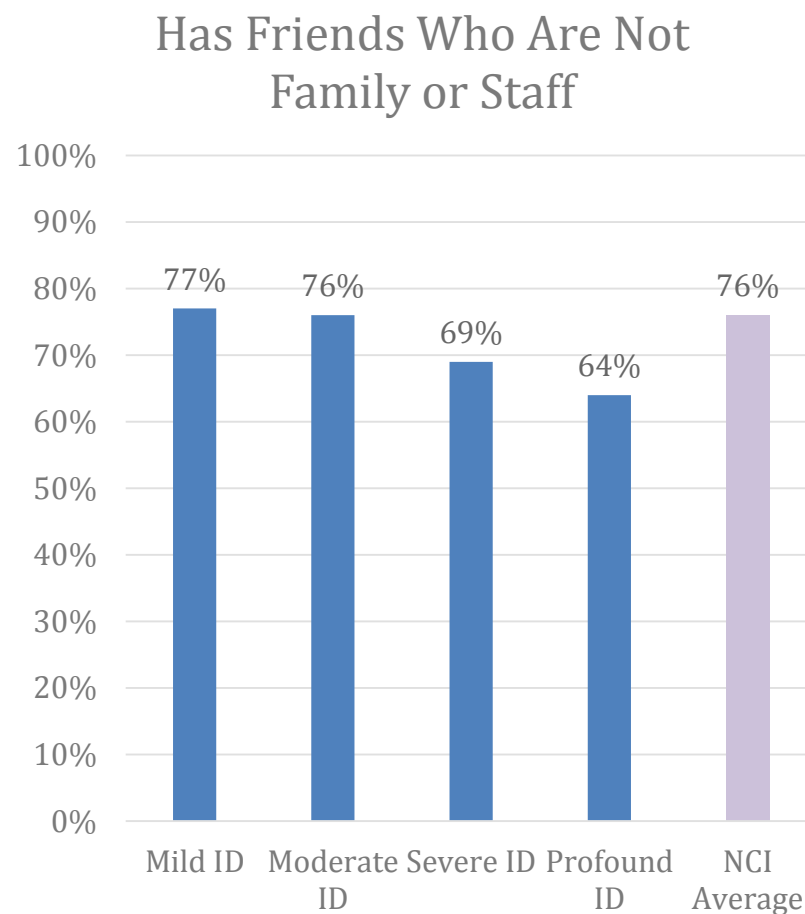
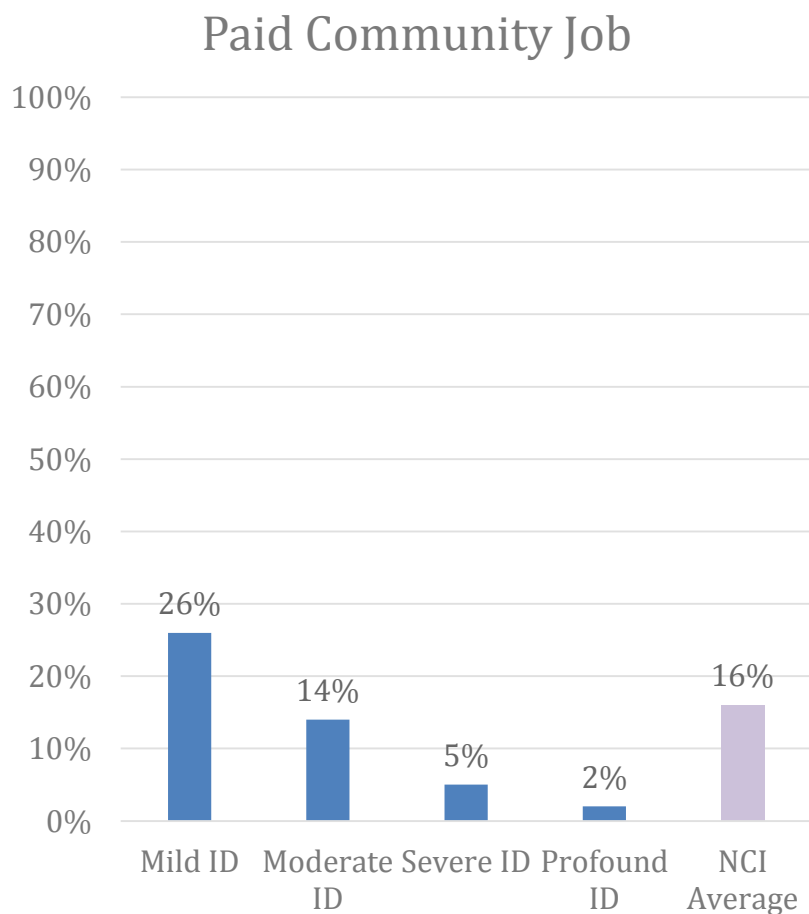


Residence, shown differently

Breakdown of Level of ID Within Each Residence Type

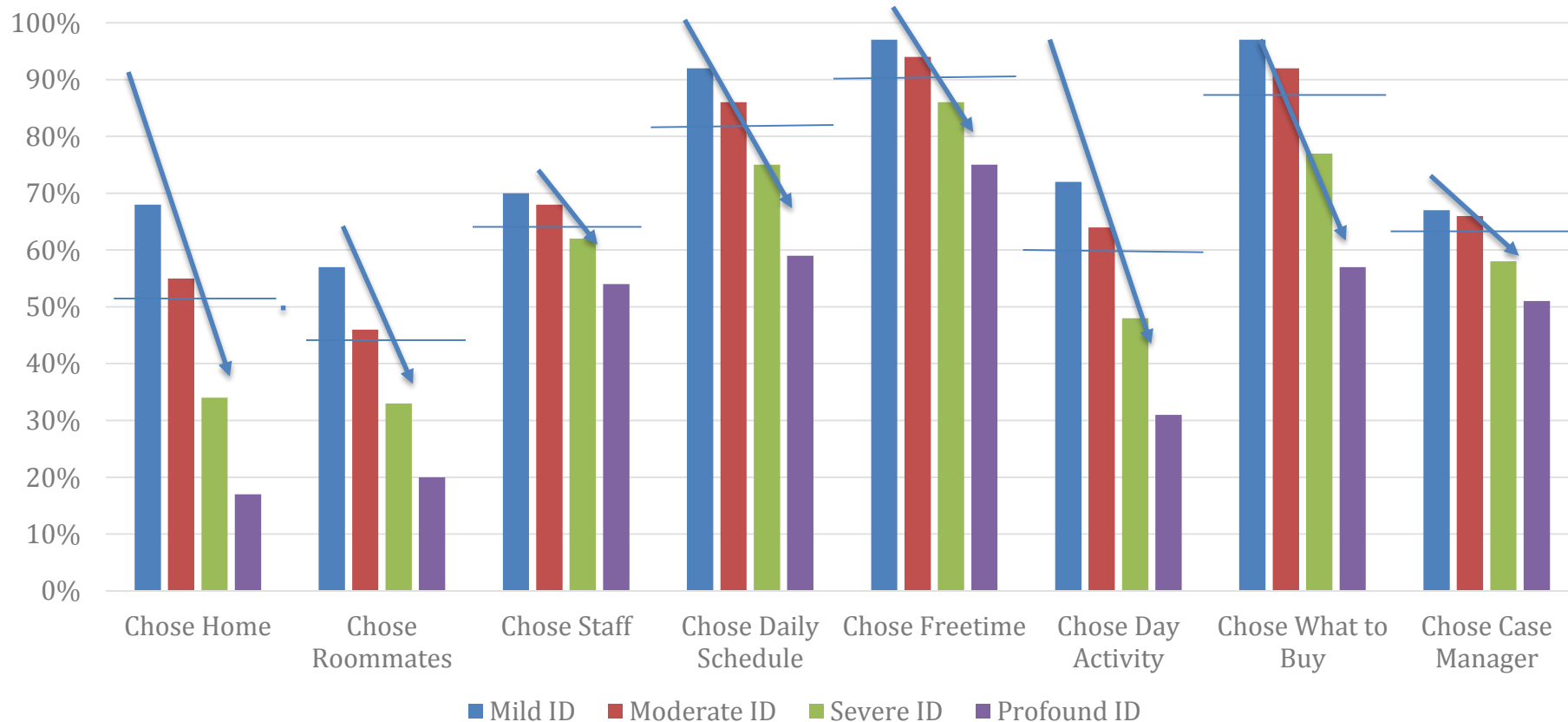


Examples: Outcomes Vary by Level of ID



Examples: Outcomes Vary by Level of ID

Individual Had At Least Some Input in the Following Choices



Which indicators remain correlated through all levels of ID?

- Looked at inter-relatedness of all indicators.
 - Correlation matrix
- Identified indicators that were significantly related to other indicators
 - And significance persisted for all levels of ID
- This means that these indicators *may be* outcome predictors



Which indicators demonstrate a high number of correlations through all levels of ID?

- Relationships:
 - Can go on date with or without restrictions
 - Has best friend
 - Can see friends when wants to
 - Has opportunities to help others
- Access & Service Coordination
 - CM/SC asks what you want
 - Always has a way to get places
 - Staff have needed training
- Choice
 - All variables
- Community Inclusion Scale



Caveats

- This is a preliminary analysis
- Other demographic characteristics may have more of an influence on outcomes. Needs more investigation
 - Residence type
 - State of residence
 - Mobility
 - Preferred means of expression
- States are moving away from a “mild, moderate, severe, profound” measurement system towards a more functional assessment of disability.



Why is this important?

- Indicates need for further research:
 - Focusing on outcomes for all individuals who receiving services may miss areas for improvement for segments of population



**What
did she
say?**



© Copyright 2010 Curt Given



Contacts

- Valerie Bradley: vbradley@hsri.org
- NCI website: www.nationalcoreindicators.org



Human Services
Research Institute

NASD DDS