



**rtc** on home and community  
based services outcome  
measurement

**ICI**

INSTITUTE *on*  
COMMUNITY  
INTEGRATION



UNIVERSITY OF MINNESOTA  
Driven to Discover™

# RRTC/OM partners and funding

- **Primary Partners**
  - University of Minnesota – Institute on Community Integration
  - University of California–San Francisco
  - Temple University
  - The Ohio State University
  - National Council on Aging
- **Additional Partners**
  - HSRI
- **Funded by:**
  - *National Institute on Disability, Independent Living and Rehabilitation Research NIDILRR*

# RRTC.COM: Driving Purpose

To improve the way we *measure* the quality of home and community based services for adults with all disabilities

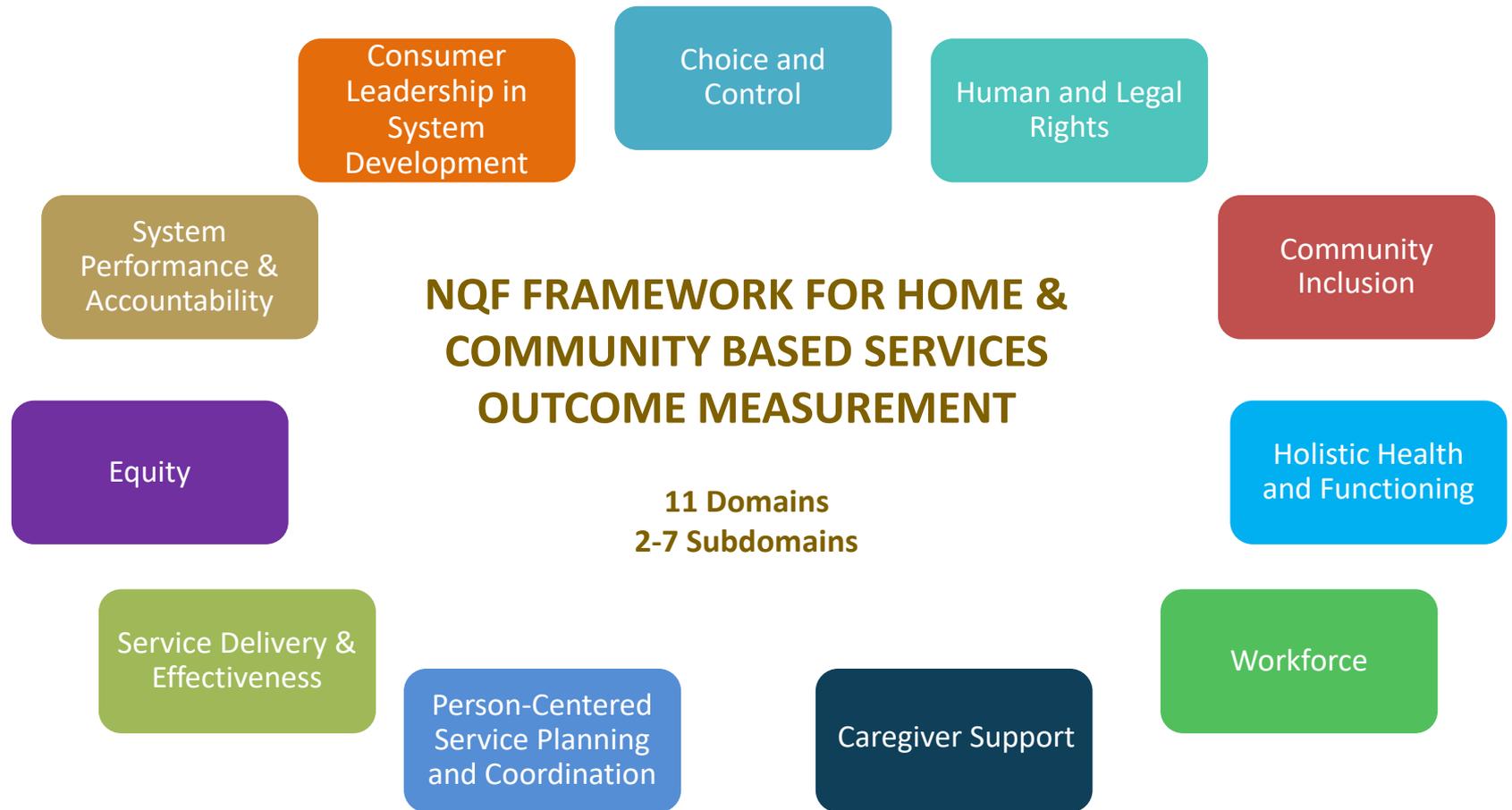
# RRTC/OM: A Series of Research Studies

- **Study 1:** *Soliciting broad stakeholder input – NQF Measurement Framework*
- **Study 2:** *Gap analysis – NQF Measurement Framework & Current Instruments*
- **Study 3:** *Identification of high quality/fidelity implementation practices*
- **Study 4:** *Refinement and development of measures*
- **Study 5:** Ascertaining Reliability, Validity & Sensitivity to Change of Measures
- **Study 6:** Identification & testing of risk adjusters

# Study 1: Obtaining Stakeholder Input

## NQF Domains & Subdomains

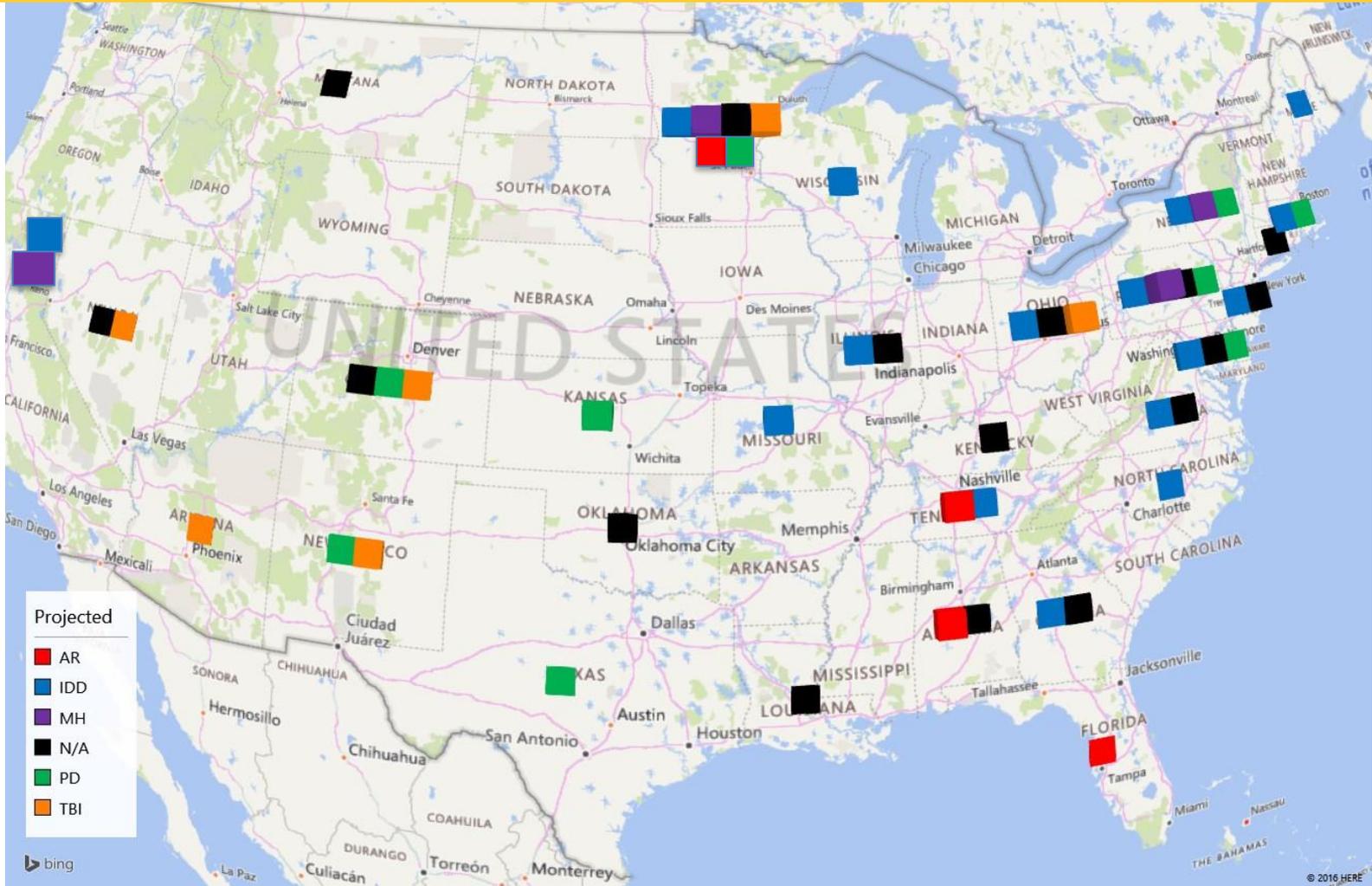
# National Quality Forum Framework

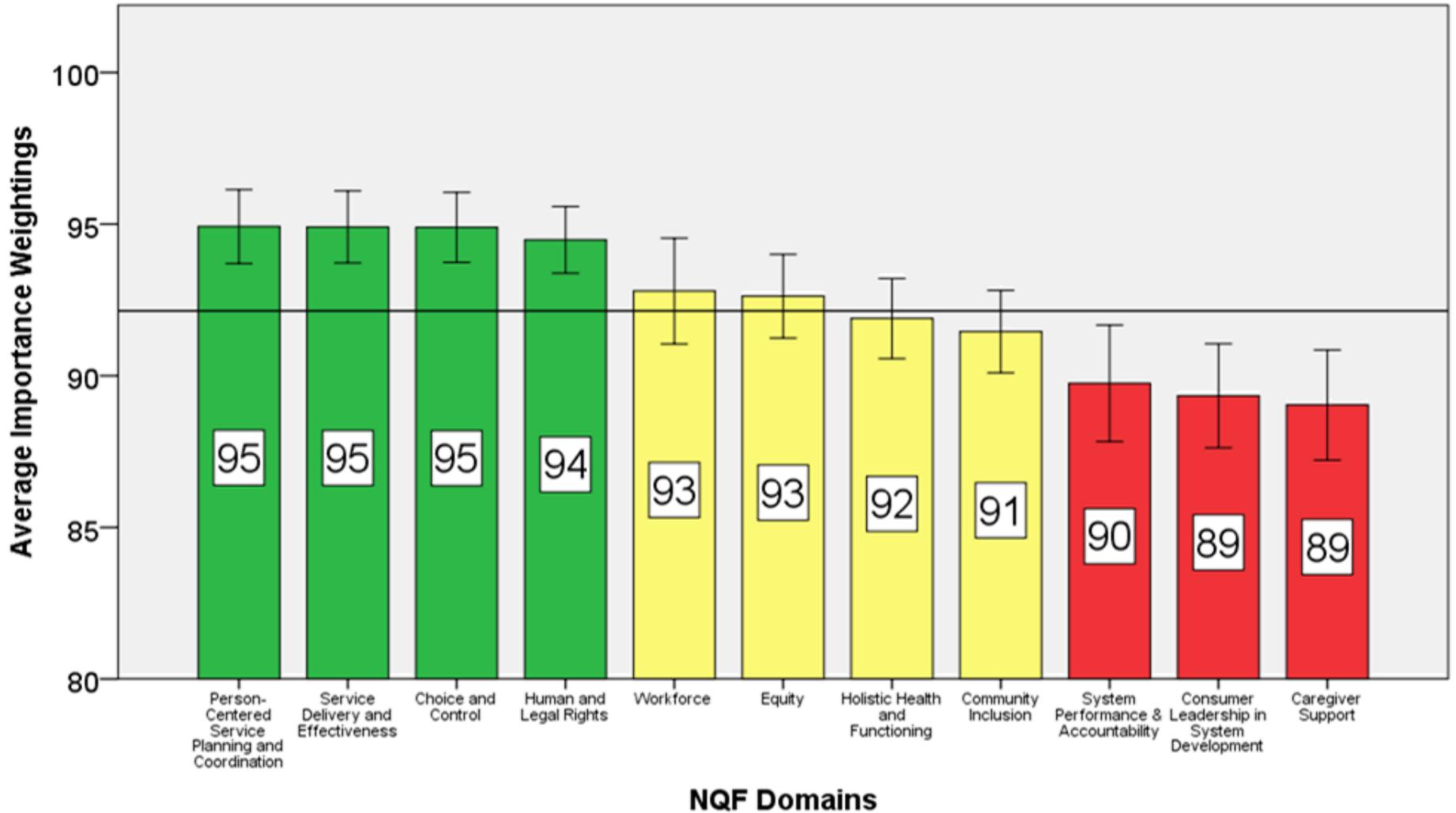


# Study 1: Questions

- **Do stakeholder groups generally agree with the domains and subdomains outlined by the NQF?**
- **Do stakeholder groups or disability populations differ in how they prioritize NQF domains and subdomains?**
- Stakeholder feedback re: domains and subdomains present in NQF framework?
  - Operational Definitions
  - Gaps/missing domains/subdomains
  - Do subdomains accurately reflect what we are measuring at domain level (concept saturation)
- How important is to measure each given element of the framework to truly capture the quality of your HCBS services? What is most important to measure?
- How do these elements of service quality impact the disability community?
- Importance weightings: 0-100 Scale

# Participants: Study 1





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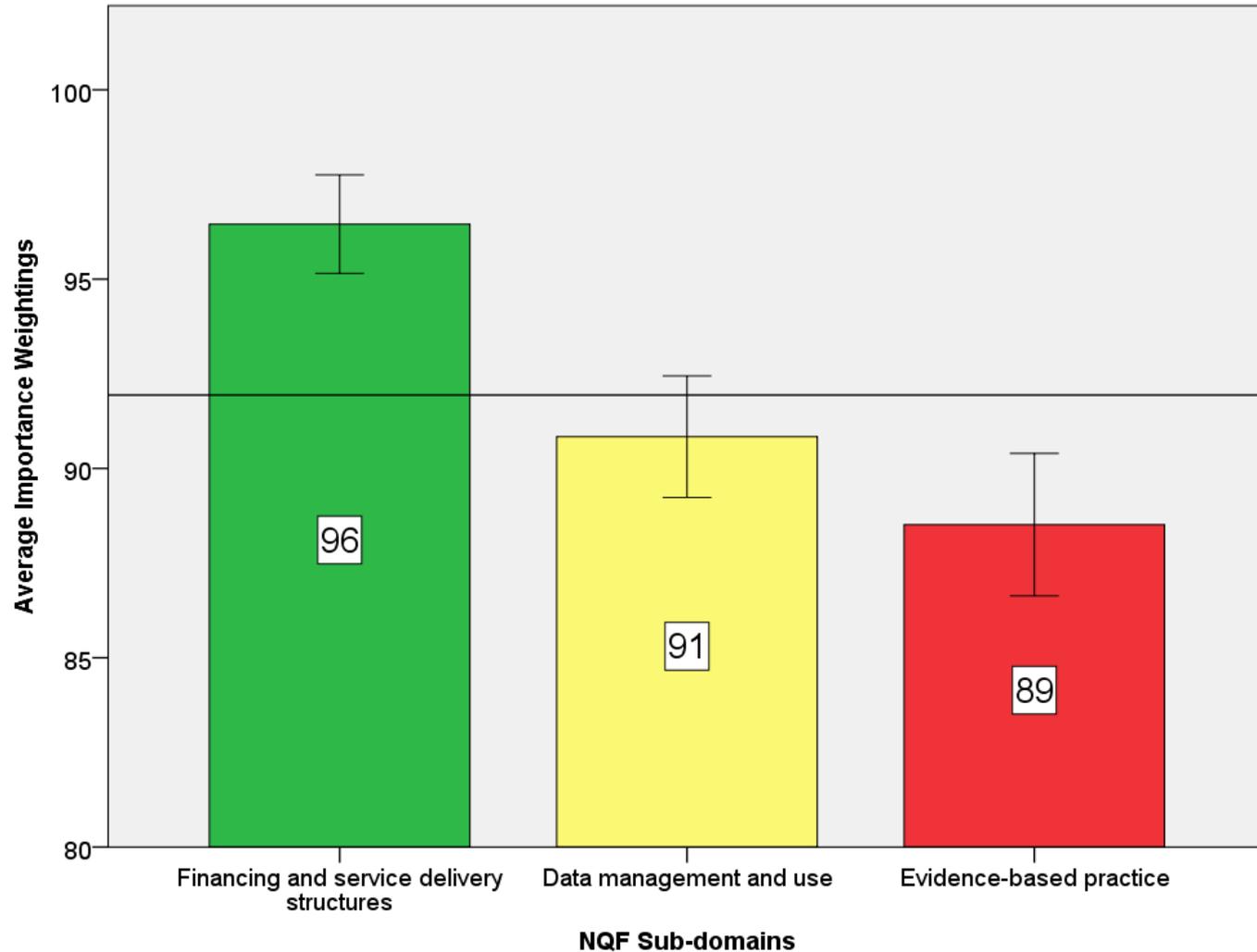
Note: n = 277

# PPDM Priority Ratings for NQF Domains

	Domain	M	SE
Above Average	Person-Centered Service Planning and Coordination	94.9	0.62
	Service Delivery and Effectiveness	94.9	0.60
	<b>Choice and Control</b>	94.9	0.59
	<b>Human and Legal Rights</b>	94.5	0.56
Average	Workforce	92.8	0.89
	Equity	92.6	0.70
	<b>Holistic Health and Functioning</b>	91.9	0.67
	<b>Community Inclusion</b>	91.5	0.69
Below Average	System Performance and Accountability	89.8	0.98
	Consumer Leadership in System Development	89.3	0.87
	Caregiver Support	89.0	0.92

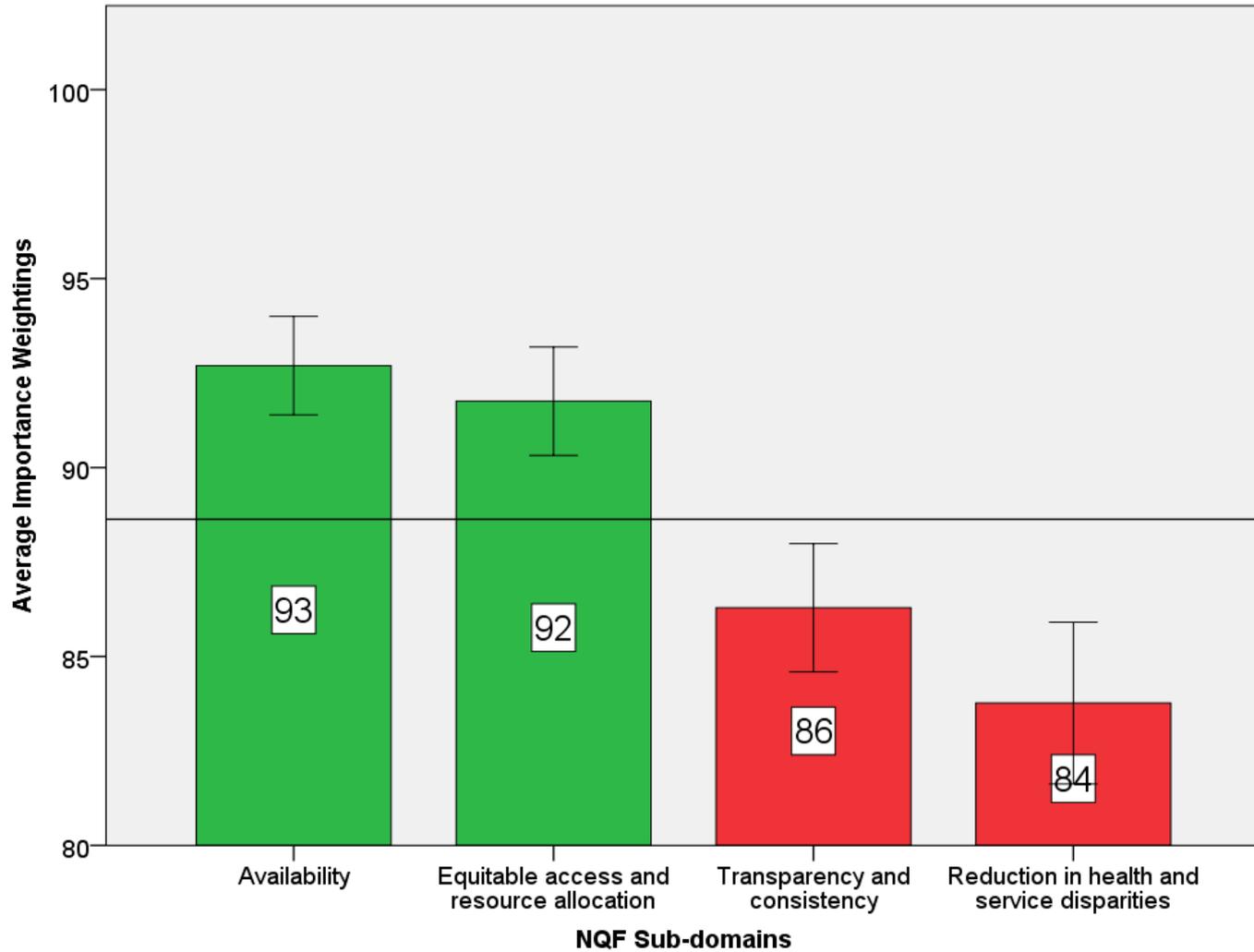
Note: n = 277

# System Performance & Accountability



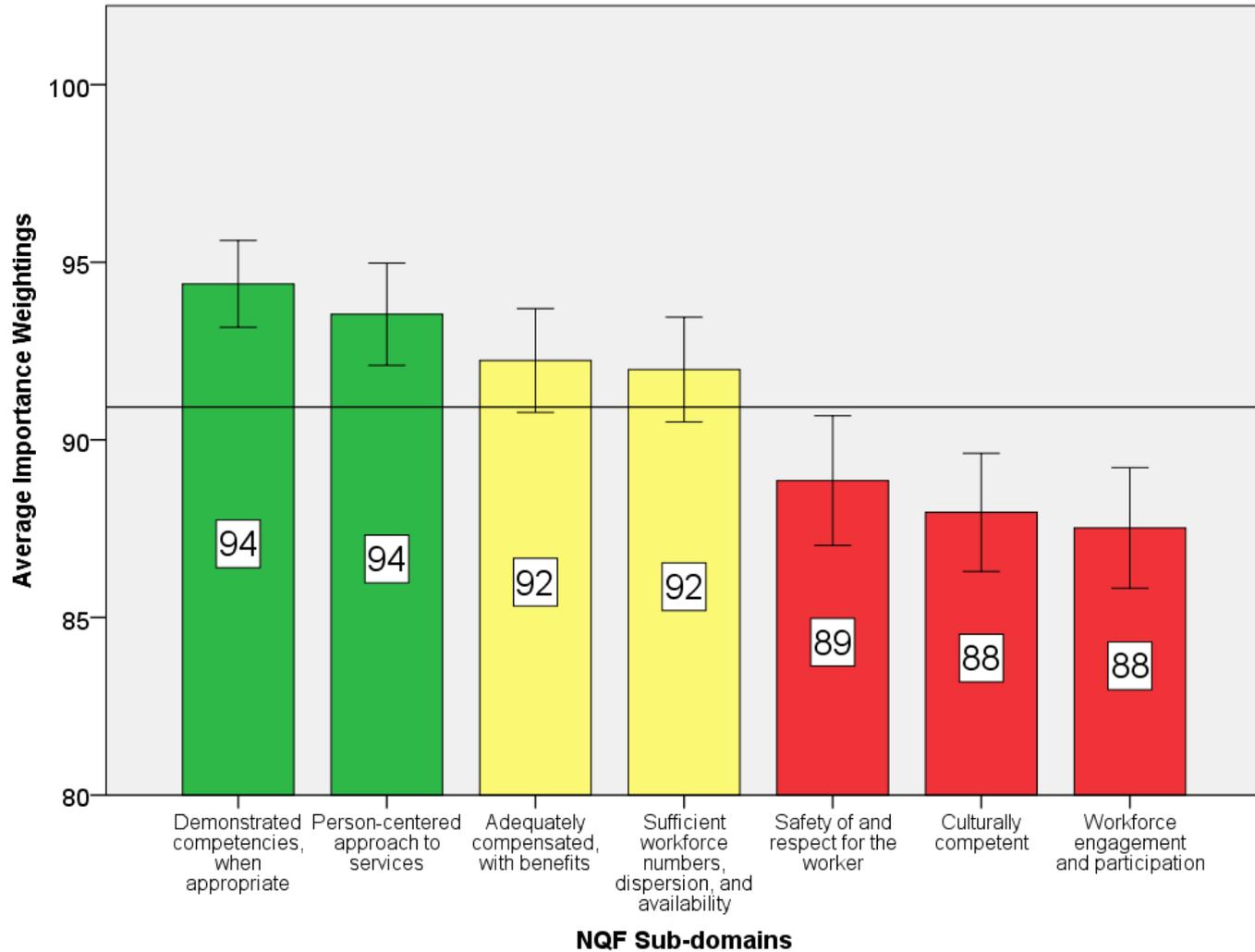
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# Equity



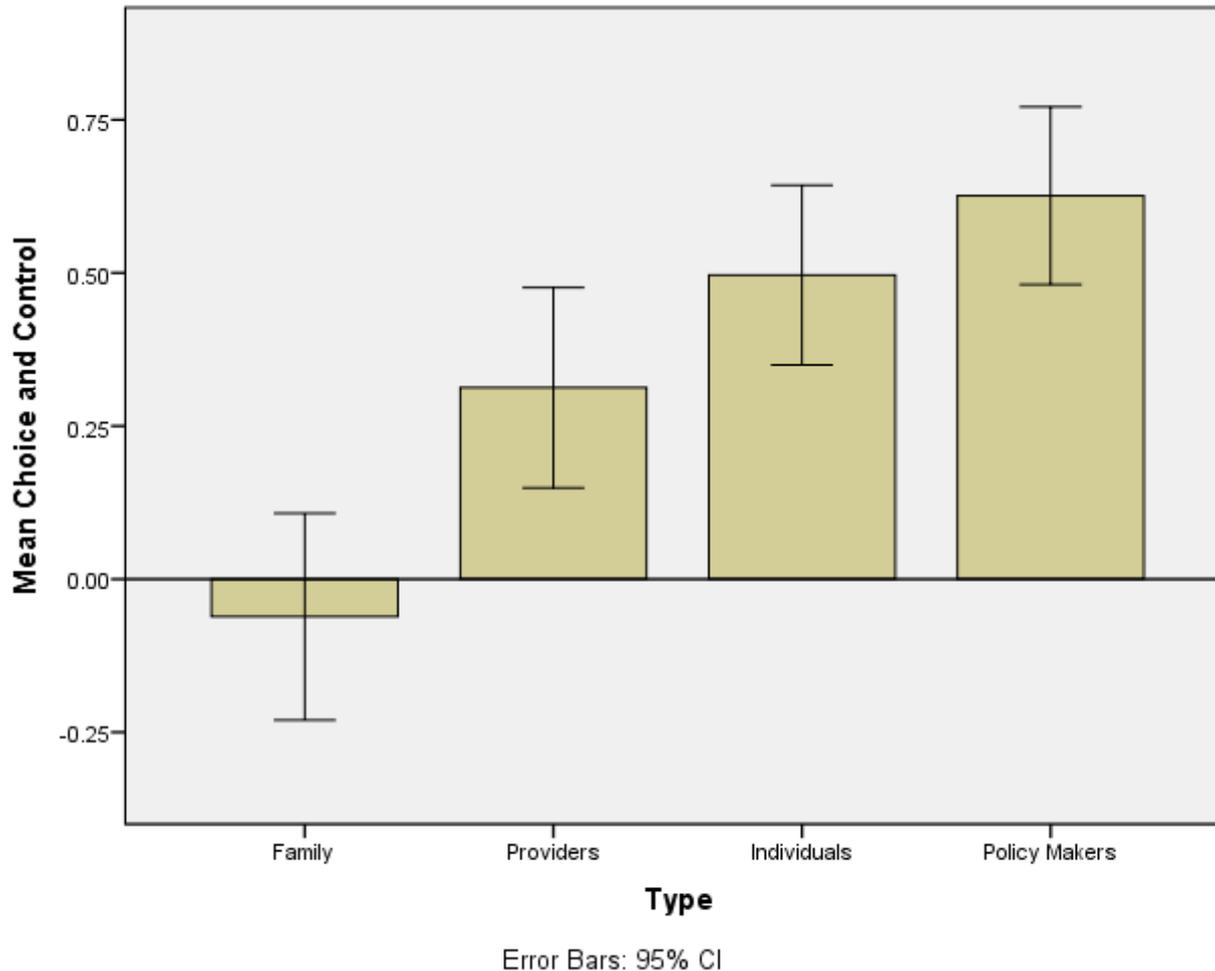
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# Workforce



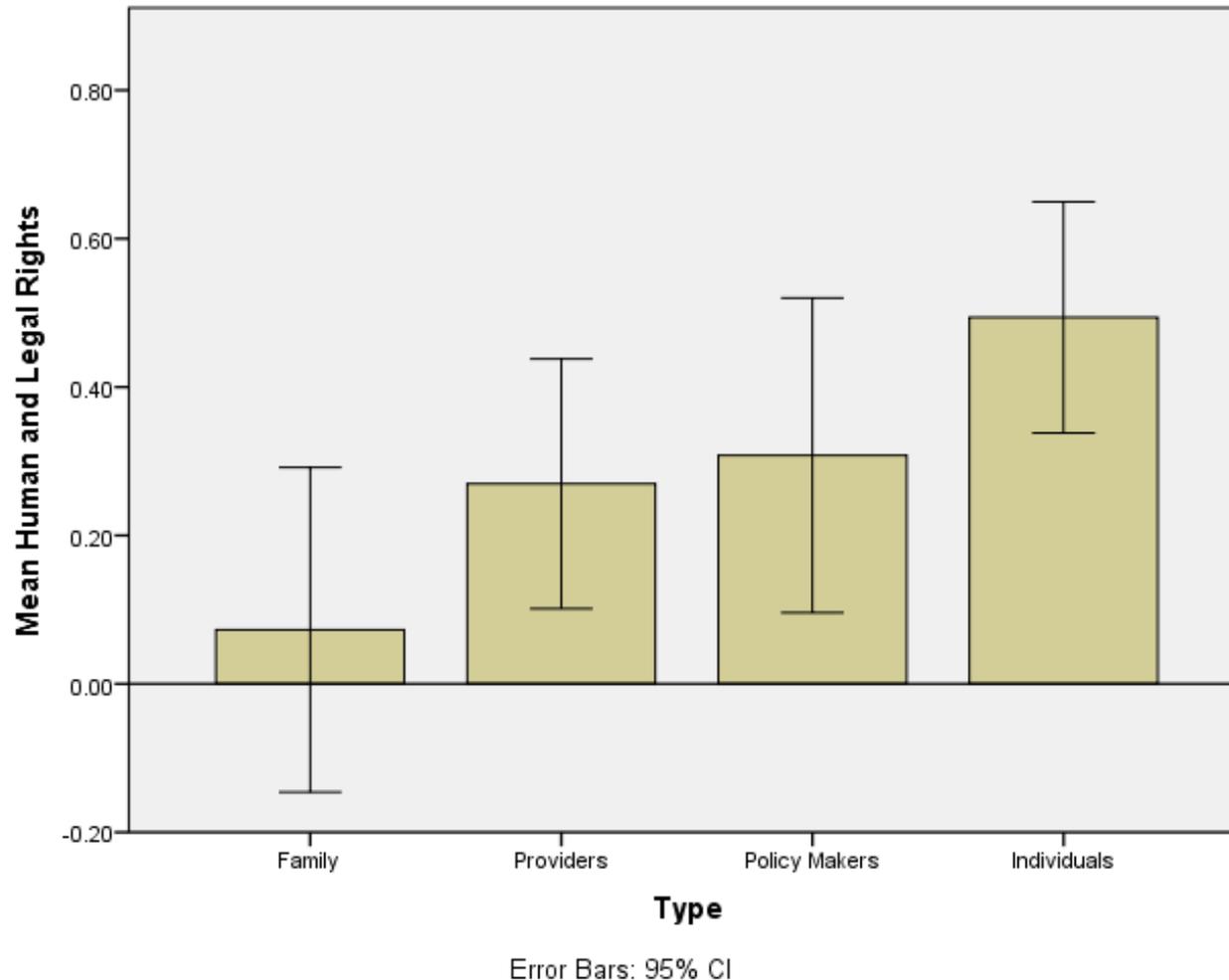
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# Choice and Control by Stakeholder Type



- Families rated as average.
- All other groups rated as above average.

# Human and Legal Rights by Stakeholder Type



- Families rated as average.
- All other groups rated as above average.

# Main Takeaway - Study 1

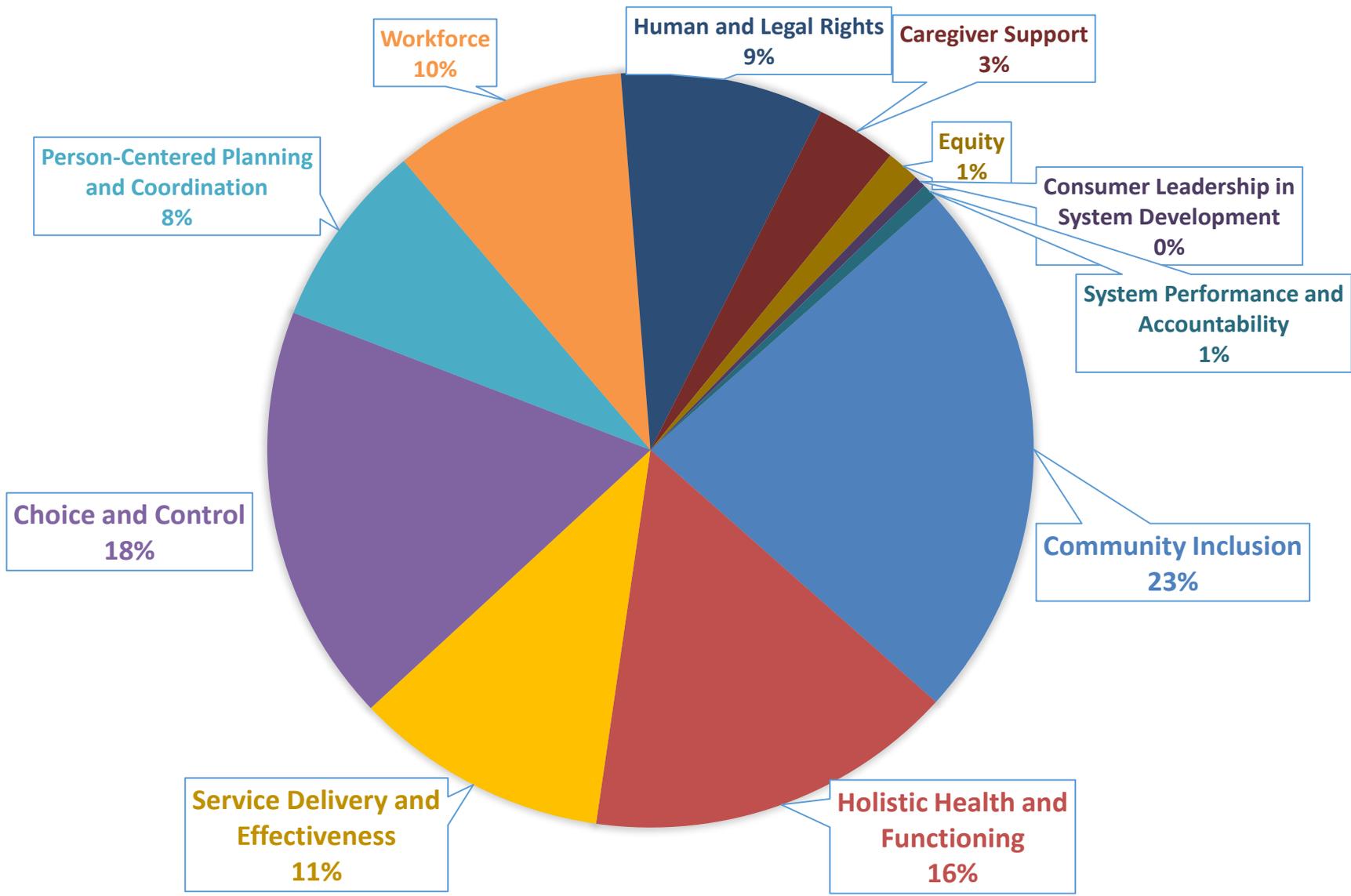
- Provides evidence of social validity of the NQF framework
  - Some additions at domain and subdomain level recommended for inclusion by numerous groups e.g.,
    - *Employment*
    - *Workforce turnover;*
    - *Transportation*
  - Differences in importance weightings suggests that the framework may apply differently to various disability populations
- Results meant to drive measure development and improvement of measures deemed of greatest importance
- Webinars under development

# Study 2: Gap Analysis

**Between NQF Domains & Subdomains  
and Existing Measures**

# Gap Analysis Method

- Deconstructed 132 assessment instruments across the 5 target population (out of 195 reviewed)
- 7,893 items coded across all surveys
  - Items coded into NQF domains / subdomains
  - Items were coded by two researchers
- 6,673 codes were assigned to items
  - Some items (2,342) not assigned to a domain
    - Demographic questions, N/A
  - Some items (1,127) received multiple subdomain codes
- Development of interactive web data-base



# Study 3: Implementation Fidelity Case Studies

Various HCBS Outcome Measurement Programs

## Study 3: Purpose

- Identify existing outcome measurement programs used in which identified HCBS outcome measures are being implemented.
- Conduct case studies of varied existing quality measurement approaches and programs
- Identify the similarities and differences across procedures and mechanisms used

# **Study 4: Revision, Refinement, & Development of HCBS Outcome Measures**

# Combined Stakeholder Input *and* Gap Analysis

Domain	PPDM Rating	# Items
Person-Centered Service Planning and Coordination	94.9	485
Service Delivery and Effectiveness	94.9	653
<b>Choice and Control*<sup>T</sup></b>	94.9	1088
<b>Human and Legal Rights*<sup>PT</sup></b>	94.5	521
Workforce	92.8	602
Equity	92.6	85
<b>Holistic Health and Functioning*<sup>T</sup></b>	91.9	949
<b>Community Inclusion*<sup>P</sup></b>	91.5	1415
System Performance and Accountability	89.8	40
Consumer Leadership in System Development	89.3	31
Caregiver Support	89	208

# Subdomain Prioritization Process

- All subdomains based on NQF framework
- New subdomains based on feedback from Study 1
- Rated on three criteria by:
  - RRTC/OM Leadership Group
  - National Advisory Group
    - ❖ Feasibility
    - ❖ Usability
    - ❖ Importance

# Additional Criteria

- Scope of the RRTC/OM
- Minimizing redundancy with work of others
  - Measure developers, partners (HSRI)
- Domain & Subdomain coverage
- System-level vs. Individual-level measures
- Person-centeredness

# 12 Prioritized NQF Subdomains for Measure Development

Personal choices and goals

## **Transportation**

Choice of services and supports

Meaningful activity

Person's needs met and goals realized

Self-direction

Social connectedness and relationships

Freedom from abuse and neglect

## **Employment**

### **Workforce/Direct Care Staff Turnover**

Person-centered planning

Access to resources

**Note:** bold type indicates a new subdomain provided by stakeholders in study one qualitative data

## Study 4 Methodology

- Iterative process to develop or revise items addressing gaps in items/measures identified in studies 1 and 2.
  - Items prioritized based on input of stakeholders in study 1 & 2.
  - Extensive ***review of existing conceptual frameworks*** for measure concepts to be developed (when available)
  - Development of operational definitions for key components of measure concepts based on existing frameworks

## Study 4 Methodology

- Items from Study #2 mapped onto the construct definitions
- Staff with content expertise develop or revise items.
- Iterative validation process of item and response format
  - Content expert review
  - Cognitive testing w/ all disability groups
  - Pilot study N = 100

# **Study 5: Ascertaining Reliability, Validity & Sensitivity To Change of HCBS Outcome Measures**

## Study 5: Ascertaining Psychometric Quality of Measure Constructs

- Multi-site investigation of psychometric properties of prioritized HCBS measure concepts based on previous RRTC/OM studies including:
  - **Reliability** (*inter-rater, test-retest, inter-source, internal consistency*)
  - **Validity** (*concurrent, predictive, discriminant, content, construct, inter-source*)
  - **Measure discrimination**
  - **Sensitivity to change**
- Stratified random sample of 1,000 individuals (16+ years) receiving HCBS drawn from the target populations with PD, IDD, TBI, MH challenges, and ARD