



Scaling up Progressive Practices:

What Does NCI Tell Us About System Readiness, Challenges, and Opportunities?

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SCALING UP

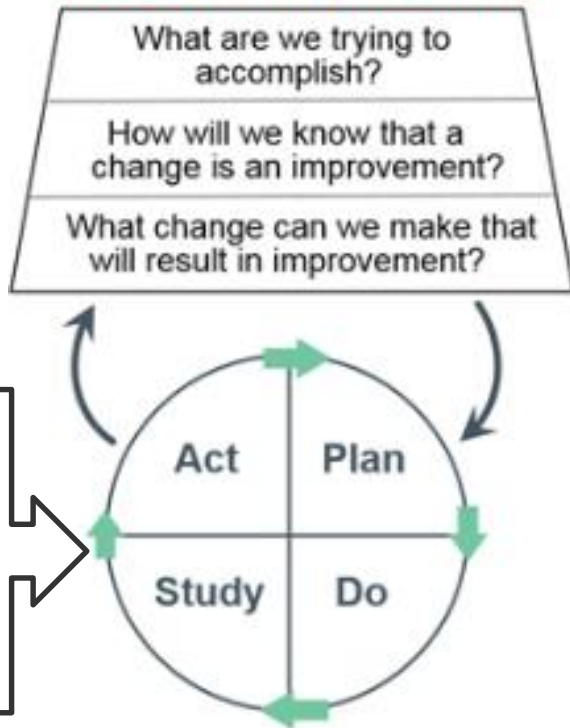


- ✓ **Quality Improvement and Scale up**
- ✓ **NCI Survey indicators and results**
 - Adult Consumer Survey
 - Staff Stability Survey
- **HCBS settings rule. Setting measures to ‘scale up’ emphasis on community inclusion.**



Quality Improvement and Scale-up

Model for Improvement



What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.



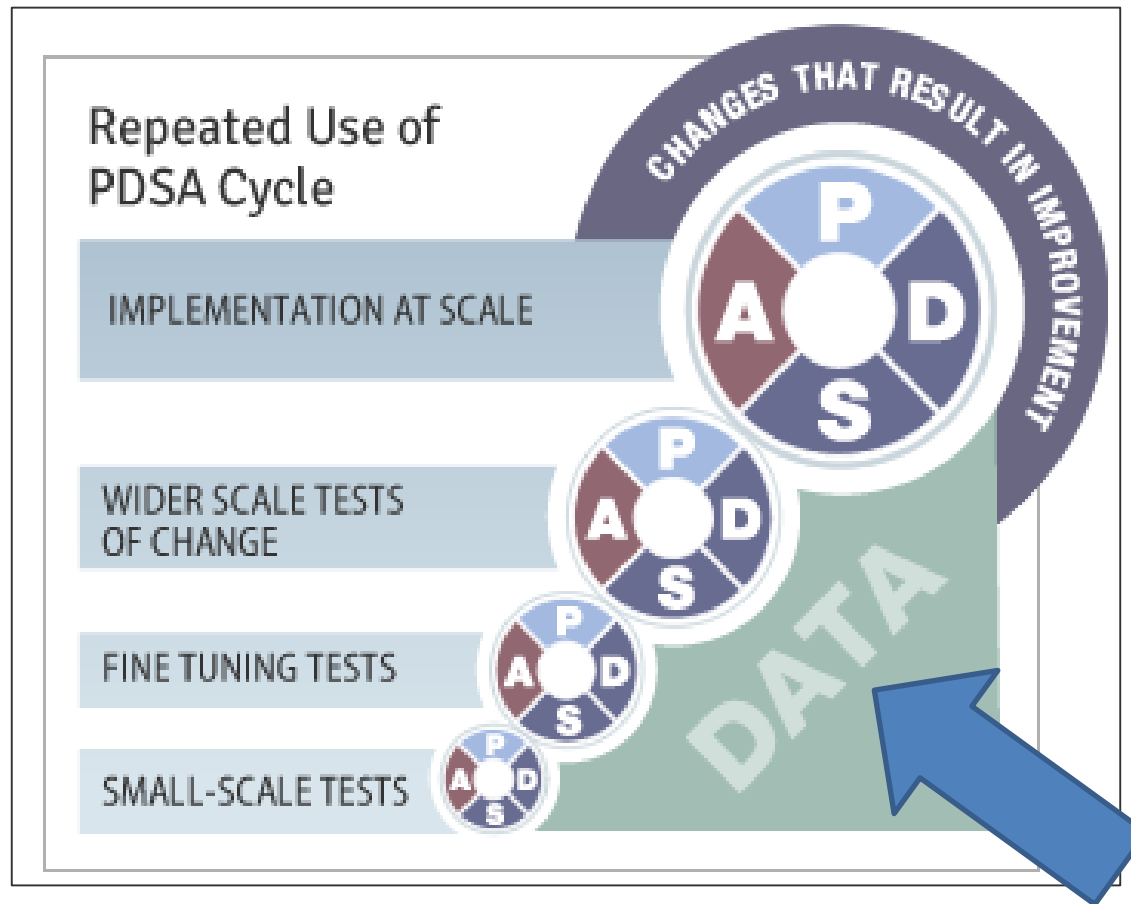
Scaling up

- Rapid, short PDSA cycles can lead to faster, more successful change.
- ‘Quick wins’ are successes that help with stakeholder buy-in.
- Implement change plan incrementally, with successive PDSA cycles.
- Each cycle requires **DATA** to inform if change should be retained, refined, or abandoned.

Reference: <https://coachingandleading.wordpress.com/presentation1/pdsa-and-types-of-change>



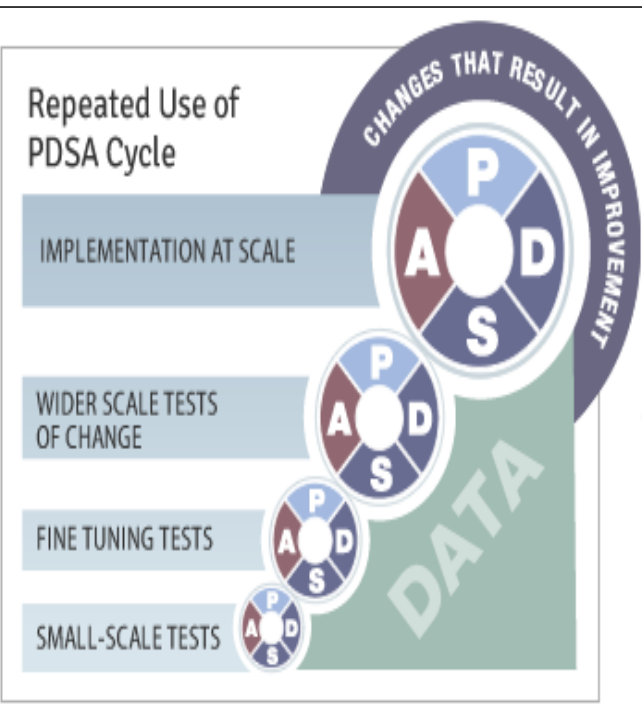
Scale up of effective practices requires data at all levels



<https://coachingandleading.wordpress.com/presentation1/pdsa-and-types-of-change>



Scale up of effective practices requires monitoring at each level



Level of quality improvement initiative	Level information required to monitor improvement
Statewide or national	Samples (e.g. NCI), QI survey
Regional	Samples possible
Provider – wide (MCO)	Individual
Home or individual	Individual



Indicators

in·di·ca·tor

/ˈɪndəˌkɑːtər/

noun

1. a thing, especially a trend or fact, that indicates the state or level of something.
"car ownership is frequently used as an indicator of affluence"
synonyms: measure, gauge, barometer, guide, index, mark, sign, signal, symptom;

Indicators show the state of progress towards desired change
Are reviewed in the 'Study' phase of PDSA cycle

NCI Indicators can be used for:

- Assessing readiness for change (demographics, staffing, current context)
- Identify areas of opportunity for quality improvement initiative (start small, scale up) (e.g. low work outcomes)
- Monitoring outcomes of initiatives at the state or national level (at scale)





The National Core Indicators (NCI)

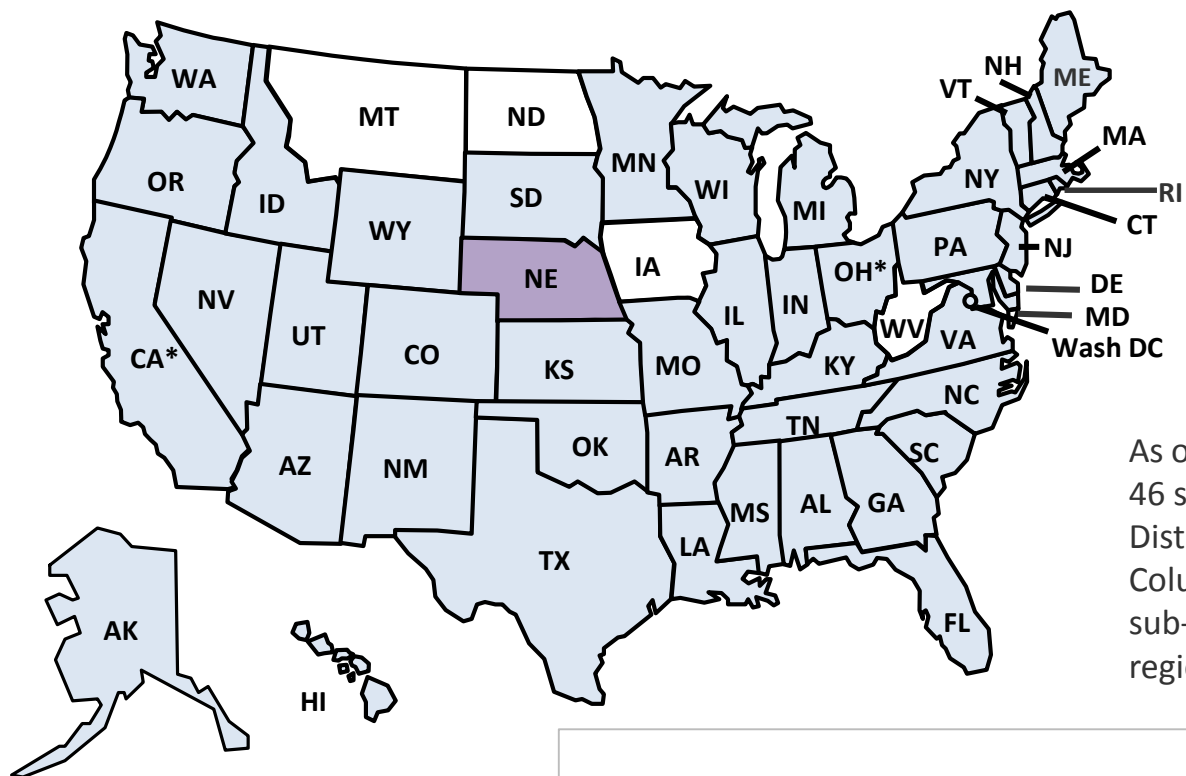
- ❑ Overview of NCI
- ❑ NCI data for quality improvement

NATIONAL CORE INDICATORS (NCI)

- NASDDDS – HSRI Collaboration since 1997
- Measures **performance of public systems for people with intellectual and developmental disabilities**
- **Performance domains** include:
Employment, Community inclusion, Choice, Rights, Health and Safety
- Revisions in 2015-16
- Expanded tool set / protocols through the **NCI-AD (Aging and Disability)**



NCI State Participation



As of 2016-17:
46 states, the
District of
Columbia and 22
sub-state
regions



NCI information comes from people who receive services and their families

Adult Consumer
Survey
(in-person)

Family Surveys
(mail)

Staff Stability
Survey
(providers → info
on DSP stability)



NCI Adult Consumer Survey:

- Standardized, face-to-face meeting with the person receiving services
- No pre-screening procedures (random sample and people who are non-verbal participate)
- Representative
- Valid and reliable
- Confidential
- Adults Only (18 and over)



INDICATORS

NCI Indicators examine:

- **Personal characteristics** of people receiving services (gender, race, ethnicity, residence type, etc.)
 - The nature of their experiences with the supports that they receive
 - **satisfaction, choice, community inclusion, etc.**
 - The context of their lives –
 - **relationships, safety, employment**
 - **Health and well-being**
- Indicators show the state of progress towards desired change
 - Are reviewed in the 'Study' phase of PDSA cycle



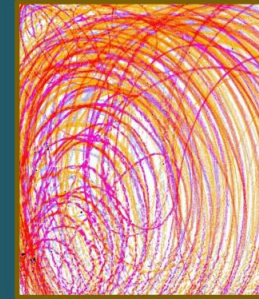
For example...

How States Examine NCI Results: National and State Reports

Adult Consumer Survey

2014-15 Final Report

NCI AT-A- GLANCE



NCI Adult Consumer Survey Outcomes

Minnesota Report

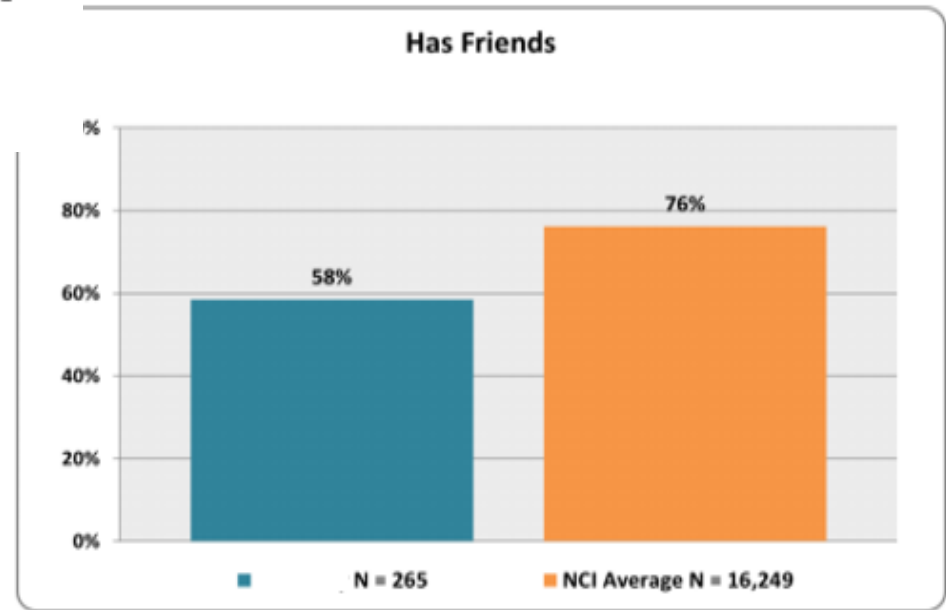
2014-2015 Data



Identify areas of opportunity for quality improvement initiatives

Do you have friends you like to talk to or do things with?

- ☐ 2 Yes, has friends who are not staff or family
- ☐ 3 Yes, all friends are staff or family, or cannot determine
- ☐ 1 No, does not have friends
- ☐ 99 Don't know, no response, unclear response



Process for QI: Friendship

Slice/dice data to identify target population, if necessary.

Residence type, race/ethnicity, mobility, etc.

Goal: Make sure individuals receiving state services feel that they have friends besides staff and family

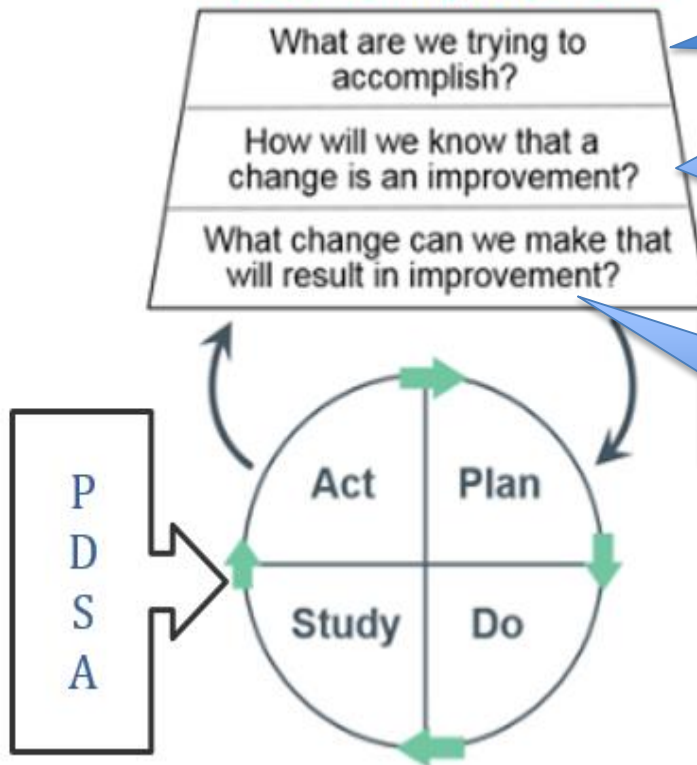
Identify NCI measures/indicators to monitor

What changes/improvements can we make to achieve the goal?

Be sure to look broadly at the available measures:

- Employment
 - Health
 - Community Inclusion
- may all affect friendships

Model for Improvement



Plan, Do, Study, Act

- Once an approach is identified, planned and implemented:
 - NCI data can be used to **study** the effects and understand whether changes/adjustments are needed

Look at monitoring:

- Measures within the “Relationships” domain:
- Community Inclusion
- Health/wellness
- Employment in the community



Example: MA

- NCI (and other surveys) indicated that loneliness was an issue.
- Observed small, provider-based program
 - used trainings, consultation and informational materials to help adults with IDD develop and maintain friendships.
- Working with Arc of MA., expanded the program throughout the state: ***Widening the Circle***
- ***Creating our Commonwealth*** – statewide initiative
- Continue to monitor progress using NCI data and Licensure and Certification data

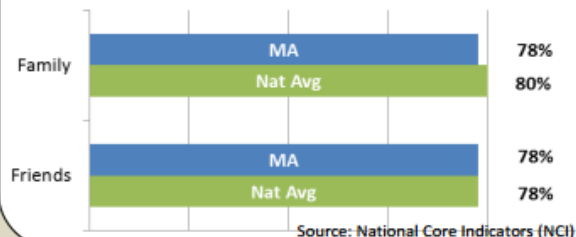
<http://thearcofmass.org/programs/widening-the-circle/adults/>



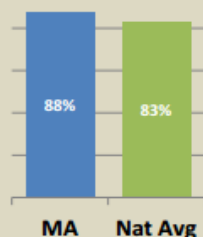
Massachusetts DDS Quality Assurance Brief

People with intellectual and developmental disabilities are supported to:
Develop and Maintain Relationships with Family and Friends

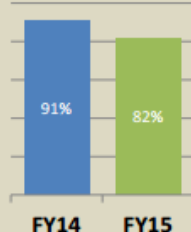
People receive the support they need to visit family and friends FY14



People can go on a date, or can date with some restrictions, if they want (NCI, FY14)



Providers support people to explore, define, and express their need for intimacy (L&C data)



8 out of 10 people have a best friend

(Source: NCI FY14)



4 out of 10 people feel lonely at least half of the time

(Source: NCI FY14)



Most Recent Licensure and Certification Data FY15
Providers support people to:

Get together with family and friends when appropriate



Develop appropriate social skills



Develop and/or increase personal relationships and social contacts



No significant changes FY12 – FY15

Licensure and certification (L&C) data include community-based homes with staff support, individualized home supports, placement services and day programs. **NCI data** include these populations, as well as people living independently or with their parents. The NCI survey asks about **people's satisfaction** with specific outcomes. Licensure and certification assesses whether **people are supported** by staff to achieve personal outcomes.

Jan 2016



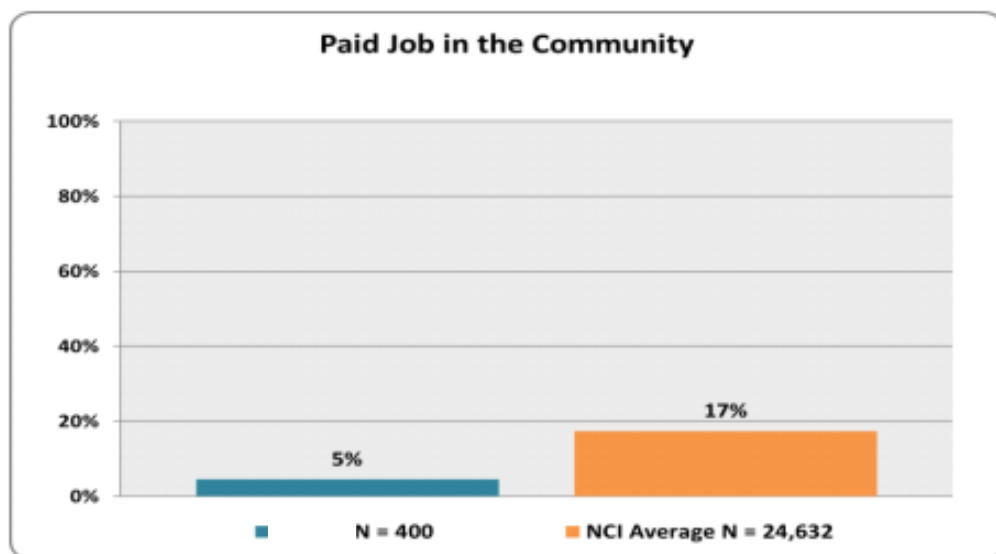
http://shriver.umassmed.edu/sites/shriver.umassmed.edu/files/DDS%20Relationships_final%20Jan%202016.pdf



National Core Indicators (NCI)

Example 2: Paid, community job

GRAPH 41. HAS A PAID JOB IN THE COMMUNITY



Type of activity

Definitions:

Community-based setting is a place where most people do not have disabilities.

Facility-based setting is a place where most people do have disabilities.

a) Was this person engaged in this activity during the two-week period?

BI-37. Paid job in a community-based setting

(e.g., competitive or supported employment, enclave, work crew)

- ☐ 1 No
- ☒ 2 Yes
- ☐ 3 Don't know



Process for QI: Employment



How to identify changes to make to improve quality

- Look at current landscape
 - Organization/provider-based programs that show promise
 - Funding
 - Is money being spent on unpaid community integration? Segregated work?
- Examine existing research
 - Activities designed to advance/improve employment opportunities for people with IDD
 - Research on implementation and scaling
- Talk to stakeholders
 - What are the challenges?
 - Transportation? Community buy-in? Funding structures?
 - Are there community-level business engagement strategies that can be scaled up?



State Example: MO

- MO has implemented a Quality Enhancement (QE) Review process
 - Integrates the NCI survey, the HCBS new rule measurement tool, and Missouri Quality Outcomes.
 - Adjustments/improvements can be made based on the information and recommendations gathered from the QE review.
 - NCI ACS is administered as part of Missouri's ongoing monitoring process, and surveys are done in tandem with the quality services review site visits.
- Part of “Study” [PDSA] is to bring in multiple data sources to examine outcomes



State Example: MA

- With stakeholder guidance, DDS developed:
 - Outcomes that represent system expectations
 - Form basis for evaluating quality of services/supports
 - Creates QA Briefs on critical outcomes to examine status year to year
- Data come from
 - Licensure and Certification: Providers
 - NCI



Examples of Current Progressive Practices:

NCI Data Can Provide Data on....

- Self-Determination
 - Self Determination Module: assesses satisfaction, access to information, hiring and firing
- Supported Decision Making
 - Guardianship and outcomes
- Employment
- Transition Age
- Family Support (Family Surveys)





NCI Staff Stability Survey

Direct Support Professionals (DSPs)



Indicators : Staff Stability

NCI Staff Stability Data can be used to:

- Assess readiness for change (demographics, staffing, current context)
- Identify areas of opportunity for quality improvement initiative (start small, scale up) (e.g. low work outcomes)
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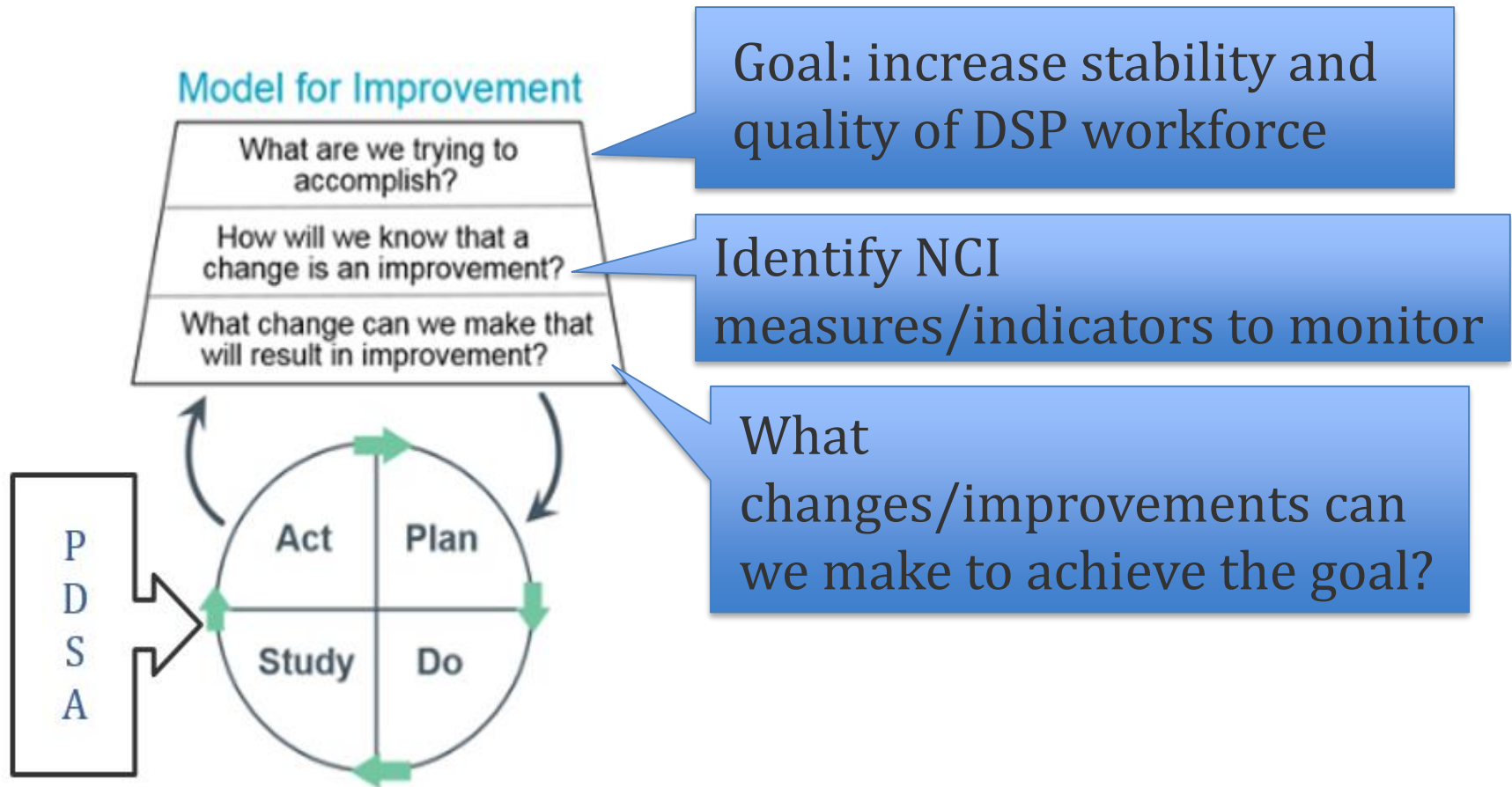


Issues Being Faced by DSP Workforce

- Low supply and high demand for DSPs accentuated by:
 - Low salaries
 - Erratic/unpredictable hours: Part time
 - Few benefits
 - High levels of emotional and physical stress
 - High injury rate
 - High turnover rates/vacancy
- Most likely impact outcomes and QoL for individuals receiving services.



Process for QI



Oregon

- Information gained will increase Oregon's ability to:
 - Track the impact of the 4% rate increase that went into effect 1/1/2016 for 24 hour residential providers (provide baseline)
 - Evaluate Oregon's workforce status and trends compared to other states to provide context for workforce improvement strategies; and
 - Assess the impacts of federal and state policy changes, including implementation of the Department of Labor Administrative Rule.



Ohio

- Ohio plans to use NCI Staff Stability Survey data to track workforce data pre- and post- a wage increase for HCBS providers.



Minnesota

- Providers will be seeking a rate increase this legislative session.
- Goal is to provide information for state legislators and provider organizations on the overall picture of DSPs in Minnesota.





HCBS Rule

HCBS Requirements



“Maximize opportunities for individuals to have access to the benefits of community living and the opportunity to receive services in the most integrated setting”. (Source: CMS)

- Cross HCBS populations and service settings
- **Outcome oriented** definition that focuses on the nature and quality of individuals’ experiences

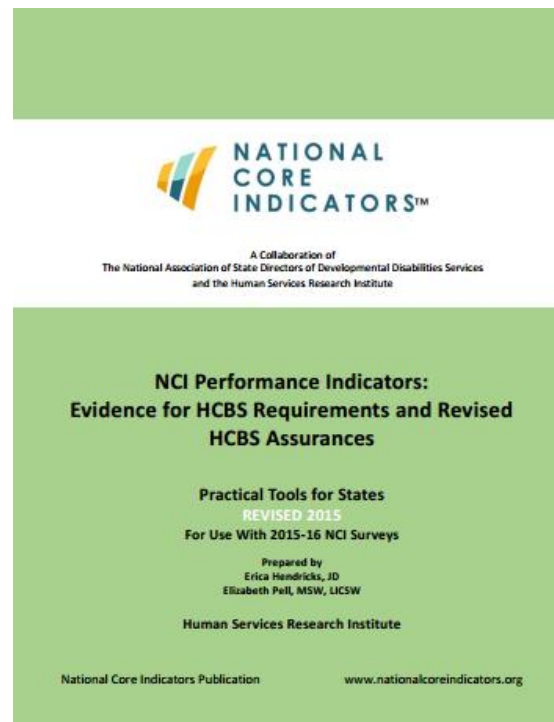
HCBS Rule is an example of bringing a progressive practice/ ideology to scale.

Final Rule published January 16, 2014, effective March 17, 2014



“NCI-HCBS Crosswalk”

- NCI Performance Indicators:
Evidence for HCBS
Requirements and Revised
HCBS Assurances
- References NCI indicators
useful for systemic
assessment of HCBS
Requirements & Waiver
Assurances



What's in the Crosswalk?

- HCBS Requirements and NCI Data
 - Organized by HCBS Requirements
 - Revised Crosswalk has survey question numbers for reference
 - Quick View Tables
- Revised HCBS Assurances and NCI Data



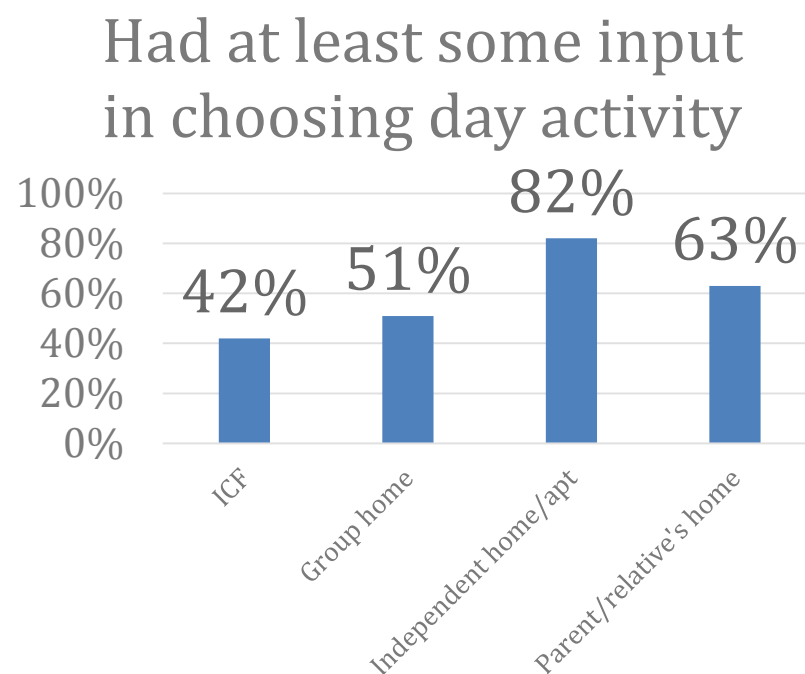
Scaling up!

- NCI is a statewide assessment tool and is not meant to address provider level compliance.
- Can be used to look at how the state is doing as a whole in scaling up the progressive practices outlined in the Rule.

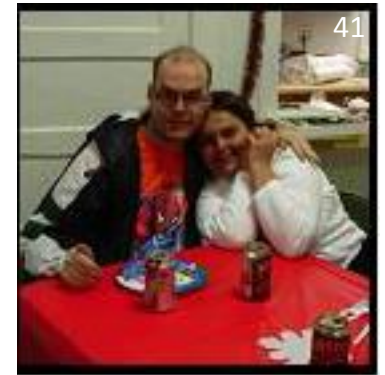


Choice in employment, other day setting (National, 2014-15)

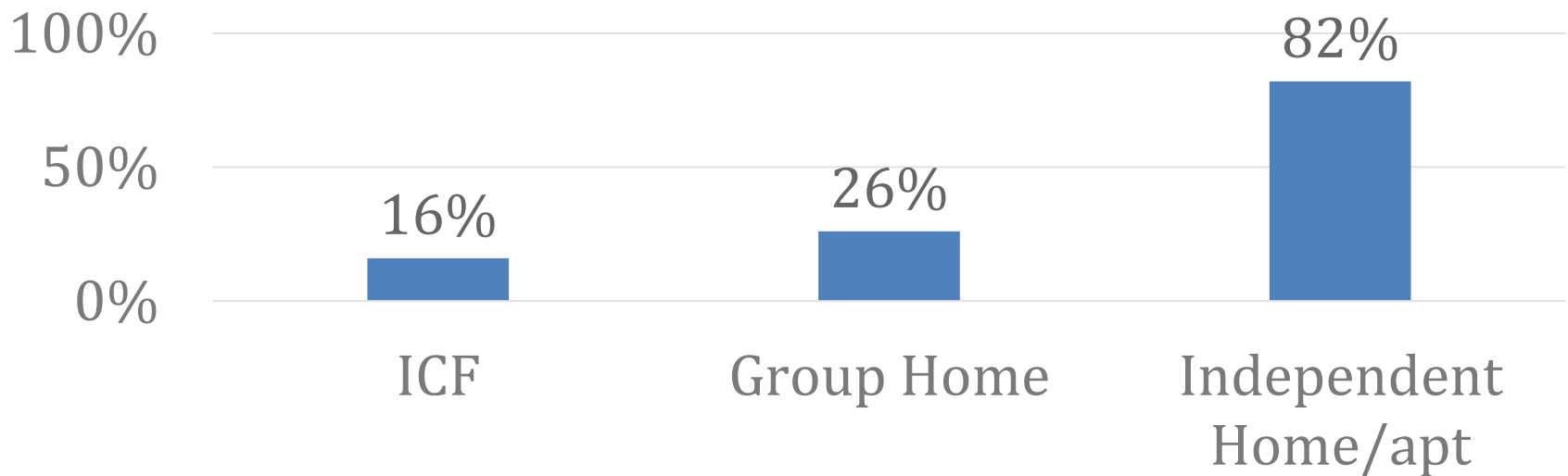
2014-15	N	Percent with a community based job who had at least some input in choosing job
ICF	65	74%
Group home	682	77%
Independent home/apt	856	90%
Parent/relative's home	1316	83%
TOTAL N	1900	



Choice of roommate (National, 2014-15)

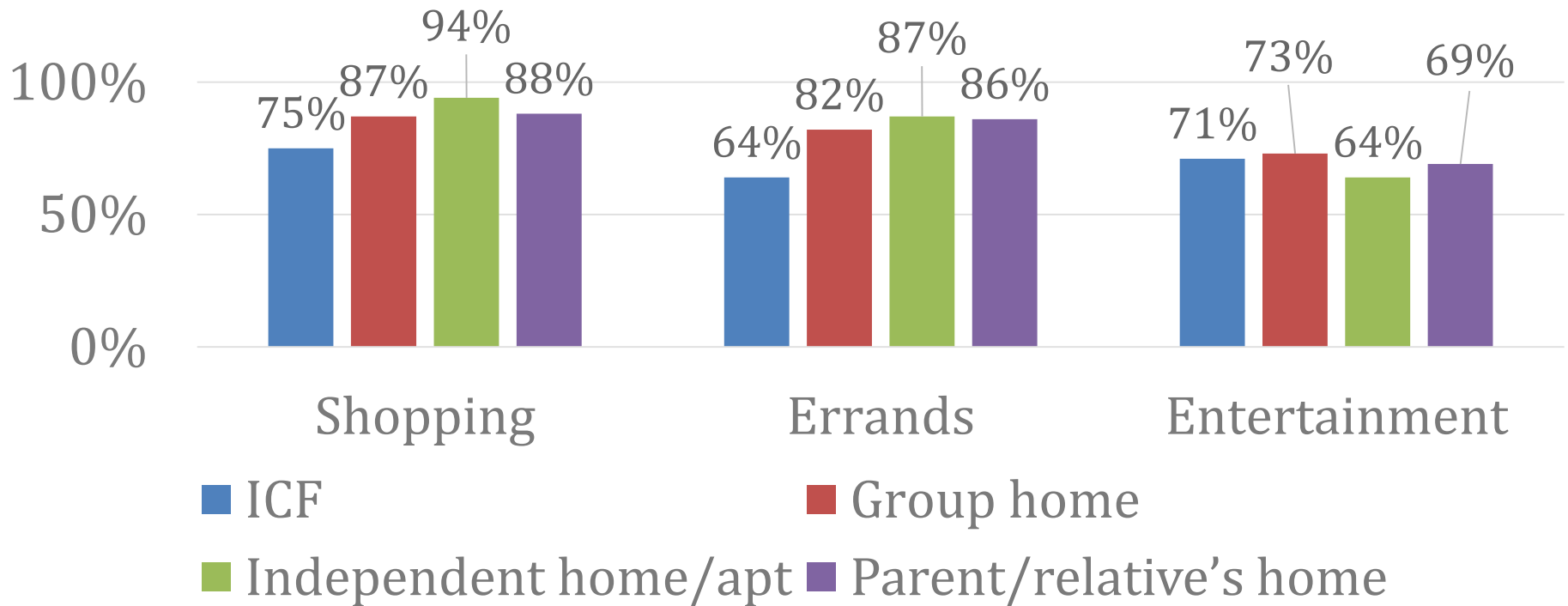


Chose, or had some input in choosing
roommate(s)



Community Inclusion Measures (National, 2014-15)

In the past month, have you gone....



NCI as a Data Source for Waiver Quality?

- States do use NCI data in their waivers' discovery processes, but not alone.
- Because NCI does not provide individual or provider specific data, this is used in addition to or as a method to confirm other sources of data, such as administrative information
- States regularly use NCI to inform areas where systems improvements can occur, and can longitudinally use NCI to monitor their efficacy.



For reporting and monitoring HCBS: NCI is a piece of the puzzle

With other tools and data sources, NCI can play an important role in the state's efforts toward HCBS regulatory compliance, and the overall quality strategy.



LEARNING

KNOWLEDGE



INFORMATION INFORMATION INFORMATION



DATA DATA DATA DATA



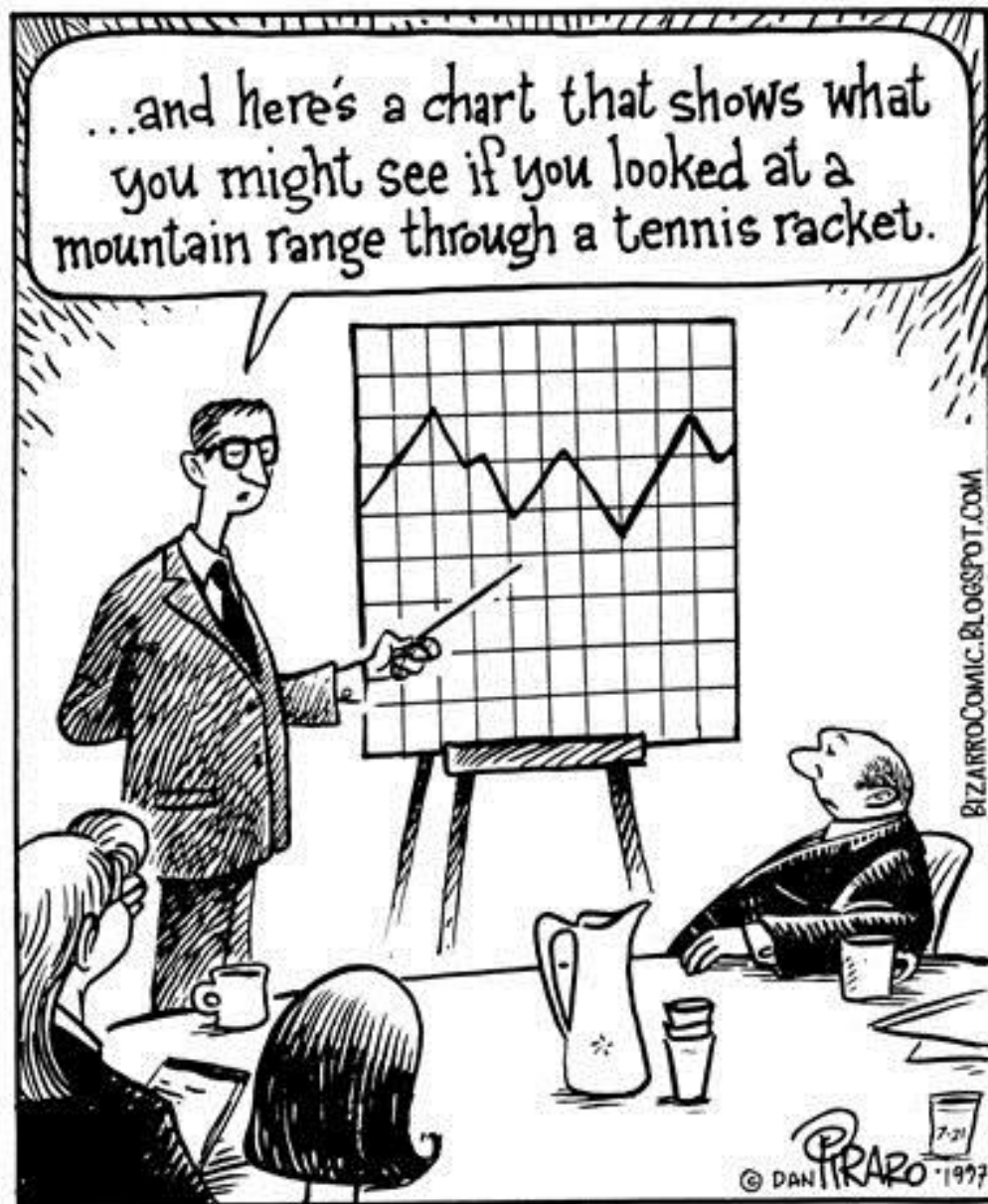


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the plural of
ANECDOTE
is not
DATA





Resources

1. CMS' HCBS website: HCBS Final Regulations, Fact Sheets, webinars, Transition Plan Compliance toolkit, & Statewide Transition Plans & CMIA letters: <http://www.medicaid.gov/HCBS>
2. CMS presentation on final rule: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/final-rule-slides-01292014.pdf>
3. BIP summary: http://www.balancingincentiveprogram.org/sites/default/files/CFCM_State_Summary.pdf
4. CMS mailbox for ongoing Q&A & comments: chbs@cms.hhs.gov
5. National Core Indicators website: www.nationalcoreindicators.org
6. HCBS Advocacy website, <http://hcbadvocacy.org/>



www.nationalcoreindicators.org

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National Core Indicators™

NCI™ is a voluntary effort by public developmental disabilities agencies to measure and track their own performance.

The **core indicators** are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety.

NCI™ is a collaboration of **participating states**, **HSRI**, and **NASDDDS**.



Recent Recognition for

Featured Core Indicators



Feels Lonely

The proportion of people who feel lonely

READ MORE



Person has Paid Job in the Community

The proportion of people who have a job in the community

READ MORE



Allowed to Use Phone or Internet at Any Time

The proportion of people whose basic rights are respected by others

READ MORE

Participating NCI States

Select a participating state to view its profile

NCI States



NCI News

July - 2015



National Core Indicators (NCI)

NCI Chart Generator

www.nationalcoreindicators.org/charts/

1) Choose Measure/Outcome

2) Choose Year

3) Choose state or NCI Average

NCI Charts

Learn how to use the NCI Chart Generator

WATCH VIDEO



1. Measure

Measure or Outcome

(s)

✓ 2013-14

2012-13

2011-12

2010-11

2009-10

2008-09

3. State

✓ All States

Please select a measure or outcome to generate a chart.

GENERATE CHART



4) Generate Chart

Total Respondents: N/A

State(s): N/A



National Core Indicators (NCI)

Questions?

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NASDDDS

