Profiling HCBS: Painting a Picture of Provider Performance in the District of Columbia

Department on Disability Services, DC
Laura Nuss, MS, Director

Liberty Healthcare Corporation
Christopher Baglio, EdD, MS
Barbara Stachowiak, MS, ARNP
Karen Peret, EdD, RN

Expectations Around Quality

Centers for Medicare & Medicaid Services (CMS) Quality Measures and Reporting - §1915(c) Home and Community-Based Waivers

- **Qualified Providers**
  - Subassurances: (i) providers meet standards, (ii) state monitors providers to assure adherence to waiver requirements, and (iii) state implements policies and procedures around training.

- **Service Plan**
  - Subassurances: (i) plans address members' needs and personal goals, (ii) plans updated/revised, (iii) services are delivered consistent with the plan, and (iv) participant choice.

- **Health and Welfare**
  - Subassurances: (i) identifies, addresses and prevents instances of abuse, neglect, exploitation and unexplained death, (ii) incident management system is in place, (iii) policies and procedures around restrictive interventions are followed, and (iv) state establishes and monitors health care standards.

National Performance Measurement

National Core Indicators

- Measure of outcomes of provided services.

- Multiple indicators including employment, rights, service planning, community inclusion, choice, and health and safety.

- 42 states and the District currently participating.

- NASDDDS and HSRI, and recently introduced with NASUAD the NCIAD.

National Quality Forum

- Quality initiatives in healthcare.

- HCBS Performance Measures: (a) creation of a conceptual framework, (b) synthesis of evidence and environmental scan for measures and measure concepts, (c) identification of gaps in quality measurement, and (d) recommendations for prioritization in measurement.

Benefits

- Overall evaluation of key outcomes for states and the District.

- Measure of state performance that can be used for comparisons over time (i.e., benchmarking) and among states.

- Can be used to meet CMS waiver quality assurances.

- Provides national benchmarking for states and the District.

Limitations

- Not designed to provide a measure of performance at the local provider level.

- Performance measures defined by instrument and stakeholders, can not be adjusted at the state level.

Local Performance Measurement

Methodology

- States and the District establish procedures and tools in order to gather information about provider performance.
  - Indicators, probes
  - Sampling methodology
- Other sources of data (e.g., critical incidents, complaints, etc.).
- Criterion referenced (i.e., 80%).

Framework

- Measures are closely tied to quality frameworks, as well as state/District regulations.
  - 1915(c) Home and Community-Based Services Waiver (DC.0307.R03.00 – Nov 20, 2012)
  - General Provisions rule 1900
  - DDS policies and procedures

Benefits

- Provides an assessment of a provider's performance around areas measured.
- Provides an opportunity for provider remediation resulting in improvement at the provider level.
- In aggregate, the data is necessary for reporting (e.g., CMS EBRs) and quality initiatives.

Limitations

- Many different sources of data, commonly collected and housed in different systems.
- Variables typically are of a different metric and range (e.g., deaths, allegations of neglect, certification results, etc.).
- Providers are different sizes, deliver different services, and typically support people of varying acuity.
  - Behavioral
 - Medical

Solution – Local Norming

What is it?

- Takes a particular value and compares it to the population values.

- Provides for a comparison among peers (assuming that the value comes from a member of the population).

- Is statistically derived, relying heavily on the distribution of scores found in the population.

What is required?

- Population.

- Variables of interest.

- Sufficient sample size (sampling methodology – e.g., 100% sampling vs. statistically valid sampling).

- Data, a computer, and a desire.

Benefits

- Allows for the comparison across variables of different metrics, e.g.:
    - Percent compliance
    - Number of issues
    - Critical incidents

- Allows for the comparison across providers of different sizes, serving people with different levels of acuity.

- Generates an expected range that can be used to provide meaning to an individual provider's values.
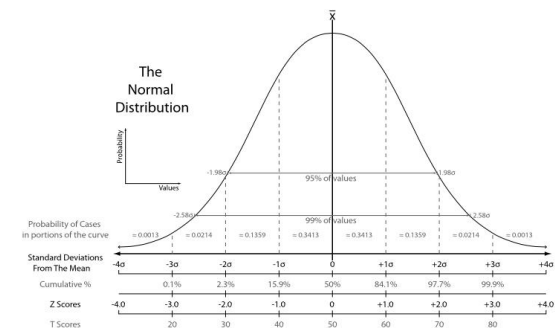
Profiling Provider Performance:
District of Columbia

Development and Application

HCBS Quality in the District of Columbia

- About D.C.
  - Over 2,200 adults served, 77% in the HCBS waiver, 15% in ICF/IDD, and 8% with service coordination only.
  - Operating agency for the IDD waiver.
  - Also under a 39 year old institutional closure Federal Class Action requiring performance in 70 exit criteria at 90% for a sub-set (23%) of the IDD service system. Sixty-four (64) met to date.
  - NCI state.

The QA/I System in D.C.

- Managed by a cloud-based information management system for all internal QA systems with state staff and provider dashboards.

- Tracks over 150 measures organized by domains for HCBS, Evans, and personnel performance management:

  - Service Planning and Delivery

  - Health and Wellness

  - Rights and Dignity

  - Safety and Security

  - Choice and Decision-making

  - Relationships and Inclusion

  - Satisfaction

  - Fiscal and Organizational Accountability

HCBS Provider Certification

- Contracted with an independent vendor in 2010 – Liberty Healthcare.

- Designed review tools to evaluate compliance with HCBS service rules and personal outcomes.

- Certify all new providers within 60 days and re-certify on an annual basis by each individual service.

- Provide monthly, quarterly, and annual reports of aggregate system performance for QI.

How to Evaluate Across Providers?

- How to support "informed choice" on the part of people and families.

- Not all providers who are certified are really the same.

- How to bring in other sources of data:

    - Incidents, issues, timely remediation, and follow-up, etc.

Stages of Profile Development

- Define your population

- Identify

- Capture

- Aggregate

- Norm

- Design your profile

Data

Define Your Population

Considerations

- The population is the entire pool of people/providers who you wish to generalize your results to.

- All have particular characteristics that result in their inclusion within the population.

District of Columbia

- All providers approved to provide HCBS waiver services in the District.

- Residential and day services.

- Specific to developmental disabilities.

Identify and Capture Your Data

Considerations

- What is important to/for the population under examination?
- What is important to the state/District performing the evaluations?
- Of the data identified as important, what is currently available?
  - May need to collect more information.
- Where is the information housed and what form is it available in?
  - Typically, multiple data systems
  - Will need to aggregate the data so all will have to be in a common format

District of Columbia

- Provider Certification Reviews (PCRs).
  - *Liberty Healthcare*
  - Organizational outcomes
  - Person-centered outcomes
  - Service specific data
- Incidents, Issues, and timeliness of their resolution.
  - *Office of Information and Data Management*

Aggregate the Data

Considerations

- This is required if you have different sources and format of data.

- Convert the data into a common format and integrate.

  - Line up the data

  - Account for blanks (e.g., incidents)

District of Columbia

- Data exported and provided as MS Excel files.

Provider	# Individauls	Average Res LON Score	Average Res Medical LON Score	Average Res Behavior LON Score
Provider A	6	2.5000	2.5000	3.1667
Provider B	12	3.9167	3.0000	2.8333
Provider C	9	1.3333	0.3333	0.3333
Provider D	39	4.1282	1.8974	1.4872
Provider E	43	4.6977	3.5814	1.8837
Provider F	4	1.5000	0.0000	0.5000
Provider G	8	1.2500	0.5000	0.5000

Provider	Medical Incidents				Behavioral Incidents				
	Emergency Room or Urgent care Visit	Med Error	Physical Injury	Total Medical Incidents	Emergency use of restrictive controls	Incidents involving the police	Property Destruction	Suicide Threat	Total Behavioral Incidents
Provider A	1	0	0	1	0	18	1	0	19
Provider B	4	0	1	5	0	1	0	0	1
Provider C	5	0	2	7	0	1	0	0	1
Provider E	23	3	4	30	0	2	0	0	2

Norming the Data - Planning

Considerations

- Determine if any of your data needs further conversions in order to take special considerations into account. e.g.:
  - Calculations of rates that take into account provider size, averages can be used.
  - Calculations of rates that take into account acuity, need to utilize a measure of acuity (e.g., Level of Need in DC).
  - Adding a constant to facilitate exploration of the lower end of the spectrum (e.g., abuse, neglect, etc.).

District of Columbia

- For the PCR, utilized percent yes responses (over total applicable responses).

- For issues, factored in provider size and Level of Need.

- For incidents, factored in provider size and Level of Need (also specific LON for behavior and medical).

$$\text{Rate} = \frac{(\text{Incidents}/\text{Census})}{\text{Average LON}}$$

- Census was calculated as an average daily census for year.

Norming the Data - Standardization

Considerations

- Calculate the average (measure of central tendency).

- Calculate the standard deviation (measure of variability or spread).

- Use these to convert the data to z-scores (core standard score).

$$z = \frac{X - \overline{X}}{s}$$

- Convert z-scores to alternate standard scores.

Standard Scores

The Normal Distribution
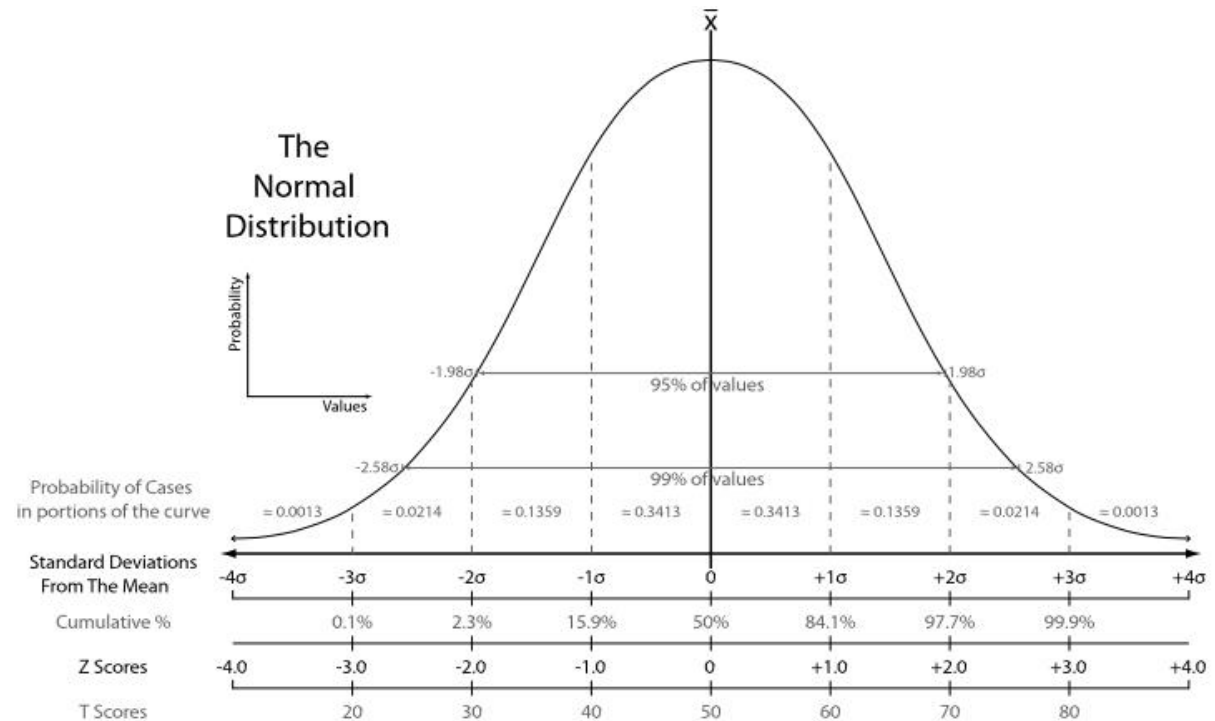
Norming the Data - Standardization

Considerations

- Not all distributions are normal. Outliers will pose a challenge.

- Potential solutions:
  - Use the median instead of the mean (or average)
  - Trim your data (i.e., 3-5% trim at the edges)

- Key is to be consistent and transparent in your methodology.

District of Columbia

- All data was converted to z-scores through the norming process.

- Then the z-scores were converted to t-scores which are more meaningful (average 50, standard deviation 10).

Designing Your Profile - Planning

Considerations

- How will your profile be used?

  - Provider certification
  - Report cards
  - Quality improvement

- Who will you be designing the profile for?

  - State officials
  - Providers
  - Participants and their family members

- How many variables do you have?

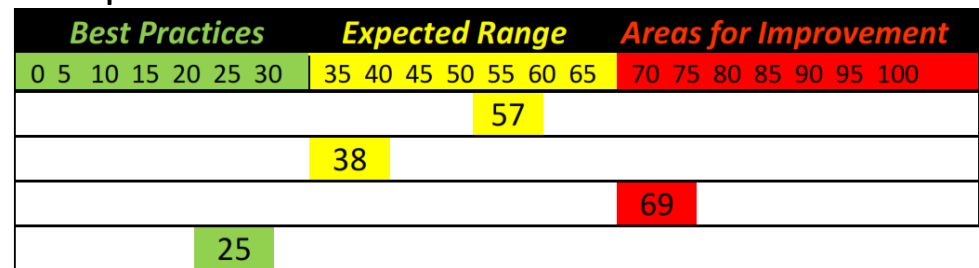 - Will drive the format ,as well as number of profiles

Transparent Profile with Rates

Critical Risk	> 74	>11.0	>64.2	.	>64	>3.462
	74	11.6-11.0	62.4-64.2	.	63-64	3.373-3.462
	73	11.2-11.5	60.5-62.3	.	61-62	3.283-3.372
	72	10.8-11.1	58.6-60.4	.	60	3.194-3.282
	71	10.4-10.7	56.6-58.5	.	58-59	3.104-3.193
High Risk	70	10.0-10.3	54.7-56.5	.	56-57	3.015-3.103
	69	9.6-9.9	52.8-54.6	98%-100%	55	2.925-3.014
	68	9.2-9.5	50.9-52.7	96%-97%	53-54	2.836-2.924
	67	8.8-9.1	49.0-50.8	93%-95%	51-52	2.746-2.835
	66	8.4-8.7	47.0-48.9	91%-92%	50	2.657-2.745
Moderate Risk	65	8.0-8.3	45.1-46.9	88%-90%	48-49	2.567-2.656
	64	7.6-7.9	43.2-45.0	86%-87%	46-47	2.477-2.566
	63	7.2-7.5	41.3-43.1	83%-85%	45	2.388-2.476
	62	6.8-7.1	39.4-41.2	81%-82%	43-44	2.298-2.387
	61	6.4-6.7	37.4-39.3	78%-80%	41-42	2.209-2.297
Low Risk	60	6.0-6.3	35.5-37.3	76%-77%	40	2.119-2.208
	59	5.6-5.9	33.6-35.4	73%-75%	38-39	2.030-2.118
	58	5.2-5.5	31.7-33.5	71%-72%	36-37	1.940-2.029
	57	4.8-5.1	29.8-31.6	68%-70%	35	1.851-1.939
	56	4.4-4.7	27.9-29.7	66%-67%	33-34	1.761-1.850

Report Card without Clutter

Best Practices	Expected Range	Areas for Improvement
0 5 10 15 20 25 30	35 40 45 50 55 60 65	70 75 80 85 90 95 100
	57	
38		
		69
25		

Designing Your Profile - Planning

District of Columbia

- Purpose: versatile, considering at this point.

- Designed for: District, provider, and participant.

- Many variables with different levels:

  - 51 unique variables (total of 186 possible)

  - Broken down by service

DC Provider Certification Review Profiles

Draft Summary Profile

ORGANIZATIONAL OUTCOMES

Summary

	Range	Relative Weakness (30-32, 33-35, 36-38, 39-41, 42-44)	Expected Range (45-47, 48-49, 50, 51-52, 53-55)	Relative Strength (56-58, 59-61, 62-64, 65-67, 68-70)
System to Protect Individual Rights	59			59
Response to Emergencies and Risk Prevention	42	42		
Staff Skills, Competencies and Qualifications	57			57
System to Improve Certification Results	58			58
Skills in Home and Community	55		55	
Safety and Continuity during Respite Services	NA			
Overall Outcome Summary	53		53	

PERSON CENTERED OUTCOMES

Summary

	Range	Relative Weakness	Expected Range	Relative Strength
Rights and Dignity	55		55	
Safety and Security	54		54	
Health	49	49		
Choice and Decision Making	54		54	
Community Inclusion	51		51	
Relationships	NA			
Service Planning and Delivery	54		54	
Satisfaction	54		54	
Overall Outcome Summary	56			56

Residential Services

	Residential Habilitation	Supported Living	Supported Living Periodic	Host Home	Respite Daily	Respite Hourly	In-Home Supports
Rights and Dignity	55	54	54	51	###	###	55
Safety and Security	57	48	59	59	###	###	55
Health	50	44	52	38	###	###	55
Choice and Decision Making	52	53	50	50	###	###	50
Community Inclusion	50	52	50	50	###	###	50
Relationships	###	###	###	###	###	###	###
Service Planning and Delivery	56	60	50	39	###	###	61
Satisfaction	53	53	53	50	###	###	54
Overall Outcome Summary	56	49	58	45	###	###	63

Day Services

	SE - Intake and Assessment	SE - Job Placement	SE - Job Training and Support	SE - Long Term Follow Along	Employment Readiness	Day Habilitation	Day Habilitation - 1:1	Individual Day Supports
Rights and Dignity	50	55	56	###	58	56	###	47
Safety and Security	50	58	58	###	48	46	###	50
Health	50	54	55	###	57	57	###	44
Choice and Decision Making	50	53	52	###	53	52	###	50
Community Inclusion	50	53	50	###	###	###	###	50
Relationships	50	50	50	###	50	###	###	50
Service Planning and Delivery	44	56	59	###	48	62	###	57
Satisfaction	50	50	52	###	54	52	###	50
Overall Outcome Summary	43	60	62	###	51	60	###	53

DC Issues Profile

Issues Key (T-Scores)

61-100	56-60	45-55	40-44	0-39
Significant Weakness	Moderate Weakness	Expected Range	Moderate Strength	Significant Strength

Resolution Key (T-Scores)

0-39	40-44	45-55	56-60	61-100
Significant Weakness	Moderate Weakness	Expected Range	Moderate Strength	Significant Strength

Number of Issues Reported

	RAW SCORE	RATE	T-SCORE
Rights and Dignity	11	0.03986	52
Safety and Security	4	0.01449	47
Health	116	0.42029	51
Choice and Decision Making	1	0.00362	51
Community Inclusion	1	0.00362	49
Service Planning and Delivery	67	0.24275	47
Satisfaction	0	0.00000	48
Agency Oversight	68	0.24638	62
Overall Outcome Summary	**268**	**0.97102**	**49**

Issues Resolved Within the Required Time Frame

RAW SCORE	PERCENT	T-SCORE
3	27.27%	42
4	100.00%	57
100	86.21%	57
1	100.00%	56
1	100.00%	60
62	92.54%	61
	#DIV/0!	#DIV/0!
67	98.53%	58
238	**88.81%**	**61**

Draft Issues Profile

DC Incidents Profile

Incident Key (T-Scores)

61-100	56-60	45-55	40-44	0-39
Significant Weakness	Moderate Weakness	Expected Range	Moderate Strength	Significant Strength

Average LON Scores

Ave. Res. LON Score	Ave. Res. Beh. LON Score	Ave. Res. Med. LON Score
4.1194	1.9701	3.0299

Census

67

Number of Issues Reported

SUMMARY

	RAW SCORE	RATE	T-SCORE
Total Serious Incidents	37	0.13406	51
Total Non-Serious Incidents	227	0.82247	50
Combined Incidents	264	0.95653	50

SERIOUS INCIDENTS

	RAW SCORE	RATE	T-SCORE
Abuse	5	0.01812	49
Neglect	15	0.05435	55
Exploitation	1	0.00363	48
Missing Person	0	0.00000	47
Deaths	0	0.00000	48

NON-SERIOUS MEDICAL INCIDENTS

	RAW SCORE	RATE	T-SCORE
ER/Urgent Care Visit	44	0.21675	49
Medication Error	10	0.04927	49
Physical Injury	79	0.38916	49
Total Medical Incidents	133	0.65517	49

NON-SERIOUS BEHAVIORAL INCIDENTS

	RAW SCORE	RATE	T-SCORE
Emergency Restrictive Control	15	0.11365	83
Police Involement	6	0.04546	48
Property Destruction	0	0.00001	47
Suicide Threat	1	0.00758	51
Total Behavioral Incidents	22	0.16668	52

Notes

Draft Incidents Profile

Serious Incidents: (SI+0.001/Census)/Ave Res LON Score
Behavioral Incidents: (Incidents+0.001/Census)/Ave Res Beh LON Score
Medical Incidents: (Incidents+0.001/Census)/Ave Res Med LON Score

Profile Application

- Certification

- Report cards

  - Provider first

  - Then post a condensed version

- Strength-based service delivery

  - Evaluating provider capacity

  - Identifying strengths

    – Build on strengths, don't just work to remediate weaknesses

    – Pair up to increase regional capacity

Questions?

For information specific to the District of Columbia:

Laura Nuss, MS, Director
D.C. Department on Disability Services
1125 15th Street, NW
Washington, D.C. 20005
Laura.Nuss@dc.gov
(202) 730-1700

Barbara Stachowiak, MS, ARNP
DC Quality Project Director
Liberty Healthcare Corporation
Barbara.Stachowiak@dc.gov
(202) 730-1702

For information about the development and application of profiles:

Christopher Baglio, EdD, MS
Director of Program Development
Liberty Healthcare Corporation
CBaglio@libertyhealth.com
(317) 677-6631

Karen Peret, EdD, RN
Vice President of Operations
Liberty Healthcare Corporation
KarenP@libertyhealth.com
(610) 389-7427

401 E. City Avenue, Suite 820, Bala Cynwyd, PA 19004