



What is HCBS Outcome Measurement?

- The goal of HSBS Outcome Measurement is to better understand...
 - The *quality* of services and supports received by HCBS recipients
 - » Timeliness
 - » Based on best-practices
 - » Coordinated
 - » Meet the recipients' needs
 - The outcomes recipients experience when services and supports are received
 - » Are outcomes person-centered
 - » Meaningful, and
 - » Contribute to a high quality of life



Source: GAO. | www.gao.go

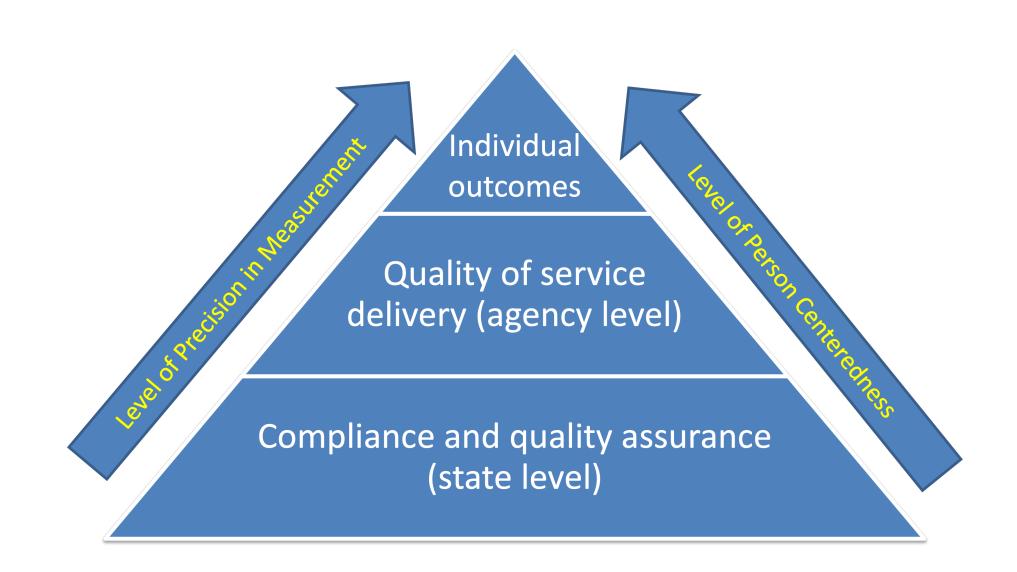
Levels of Measurement

HCBS measurement can take place at a variety of levels

- National
- Compliance with legislative & policy mandates

- State
- Provider
- Recipient and family understanding of quality of supports provided & associated outcomes
- Individual
- Determine the extent to which HCBS recipients are living high quality lives

Levels of Measurement & Need for Precision



Importance to Providers

Documentation of high-quality services & outcomes

- Having data to market the quality of services and supports you provide to HCBS recipients
- Meeting state and federal service provision guidelines

Quality improvement efforts

- It's difficult to fix something if you have no data that suggests that thing needs fixing
- Data is needed to support that program innovations are having their intended outcomes



Principles Underlying Measure Development Process

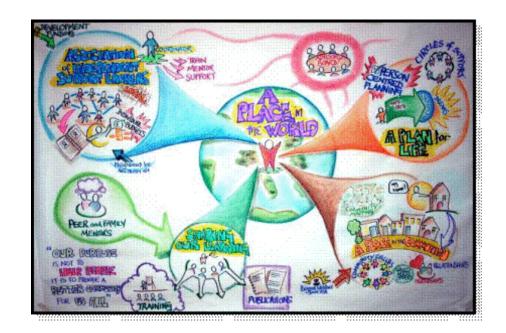
Outcome Measures need to be:

- Person-centered
- Sensitive to change over time (can be used longitudinally)
- Feasible to administer, minimizing respondent and provider burden
- Guided by National Quality Forum Framework for HCBS Outcome Measurement (revised); and
- Have utility at service provider and individual levels (actionable data) with the capacity to contribute to Quality Improvement efforts



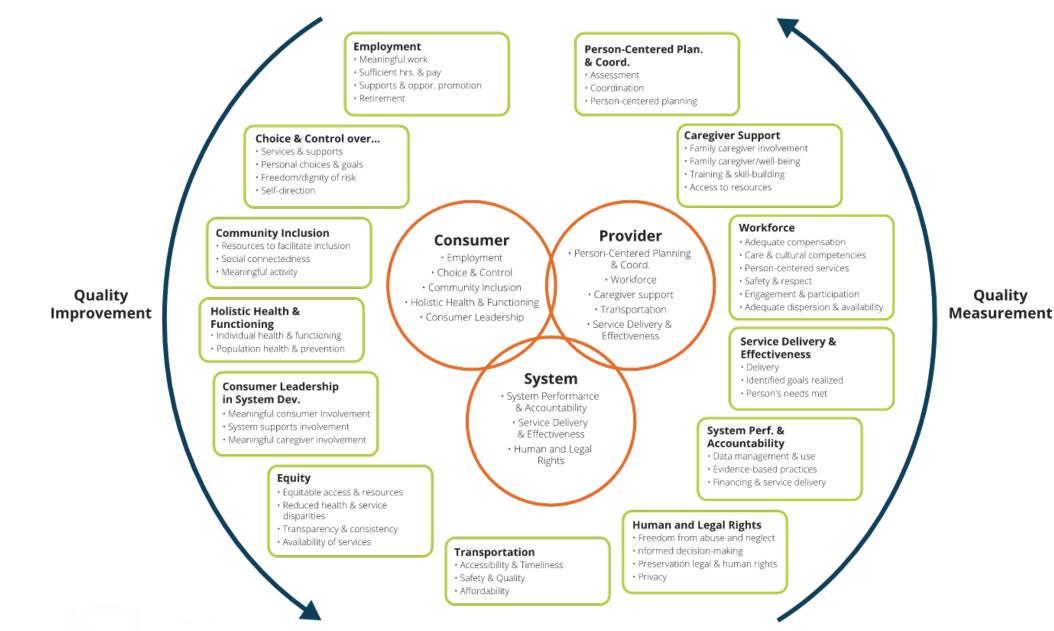
Person-Centered Measurement

- Measurement is person-centered when the individual's experiences, needs, goals, and values, as expressed by persons themselves, inform decisions about..
 - What we measure
 - How we assess outcomes, and
 - How we evaluate the performance of communitybased supports
- Has many dimensions and is not the same as assessing person-centered supports and practices
 - Should underlie all measurement in this area
- Balances measurement of what is important for the person with what is important to the person.



Revised National Quality Forum Measurement Framework

Quality



Measure Development - Selecting Concepts

Phase 1: Participatory Planning and Decision-Making w/ Stakeholder Groups

- People with disabilities, family members, providers, policy makers and researchers
- Provided input on NQF framework
- Importance weightings w/ respect to domains most important to measure

Phase 2: Gap Analysis

- Development of RTC/OM database of existing measures, assessments
- Coded items on NQF Framework coverage from over 130 HCBS-related instruments
- Results with input from RTC/OM Leadership and National Advisory groups led to development of measures in 13 NQF Domains/ Subdomains.

Phase 3: Technical Expert Panels

Weightings of Importance, utility, & feasibility of measures



Phase 4: Measure Development - Prioritized Domains/Subdomains

- Choice & Control
- Community Inclusion
- Employment
- Human/Legal Rights
- Transportation
- Consumer Leadership in System Development
- Person-Centered Planning & Coordination

- Personal Choices & Goals
- Choice of Services & Supports
- Self-Direction
- Meaningful Community Activities
- Social Connectedness
- Currently Employed
- Seeking Employment
- Freedom from Abuse/Neglect
- Access to, affordability & quality of transportation
- Meaningful Involvement
- System Support & Resources
- Person-Centered Assessment
- Person-Centered Planning
- Person-Centered Service Delivery & Coordination

Phases of Measure Iterative Development Process

Initial Measure Development

- National Quality Forum HCBS Outcome Measurement Framework
- Intensive review of current research literature related to each measurement construct
- Development of guiding questions/claim statements

Designed for 5 Disability Groups

- Intellectual and Developmental Disabilities
- Physical Disabilities,
- Psychiatric Disabilities,
- Traumatic/Acquired Brain Injury, &
- Age-Related Disabilities



Characteristics of the Measurement System

Modular in Format

 Each measure can be used independently or in conjunction with other measures

Ability to be Used Longitudinally

 Measures need to be able to be sufficiently sensitive to detect changes in outcomes in response to policy and programmatic changes

Two - Tiered Measure Structure

- Tier 1: 3-5 general items intended to provide overview of outcomes within subdomain
- Tier 2: 10-15 specific items intended to provide more specific, actionable data

Respondents

- Persons with disabilities (whenever possible)
- Proxy nominated by person and knows them well



Measure Development Trajectory (CMS Measure Development Blueprint)



Measure Development and Testing

Technical Expert Panels Item Reviews

 Each measure reviewed and revised following feedback from 10-20 national content and measurement experts

Cognitive Testing

- 27 PWD from across disability groups
- Comprehension, Judgement, Retrieval, and Response Options

Pilot Testing

- Tested for feasibility with 107 participants from across disability groups in 2 states
- Initial psychometric estimates



Pilot Study - Sample

Sample: N=107 from across five disability groups

- MN and PA
- Age: 22 101 years
- Race: Representative of U.S. pop.
- Geographic representation:
 - » Rural N=31
 - » Urban/suburban N=76



Pilot Study - Data Collection

- Structured Interview
 - Qualtrics survey platform (offline app)
- Interview Type
 - ❖ In-Person (n=85) & Video Conference Interview (n=22)
 - Verbal-Only Response Scale or Verbal with Visual Representations
- Inter-Rater Observations
- Test-Retest at 10-14 Days



Pilot Summary Table

	Internal Consistency (α)	Test-Retest	Inter-Rater
Measure			
Abuse and Neglect	.62	.81	.98
Employment: Job Experiences	.81	.99	.89
Employment: Barriers	.70	.95	.89
Choice and Control (overall)	.85	.76	.94
C&C: Services and Supports	.77	.74	.93
C&C: Personal/Daily Choices	.75	.72	.98
C&C: Self-Directed Supports	Insufficient sample size	Insufficient sample size	Insufficient sample size
Transportation	.86	.76	.92
Social Connectedness	.88	.91	.94
Meaningful Activity	.94	.79	.92

General Takeaways & Highlights

- Overall, measures demonstrated good psychometric properties
 - internal consistency
 - test-retest
 - interrater reliability)
- Abuse and Neglect and Employment (Barriers) measures had insufficient internal consistency



What We Learned, Challenges, & Changes - Part 1

- Disability groups did not significantly differ with respect to their responses to measures
 - Initial evidence that we can use similar measures across different disability groups
 - Indirect evidence for usefulness of NQF Conceptual Framework for HCBS Outcome Measurement
- Similar measure completion times for tests and retests across disability groups
- Evidence that individuals with significant cognitive disabilities could respond to items in a manner that appear valid and reliable
- Several response scales changed to ensure sufficient variance (some scales initially appeared to have a ceiling effect)



What We Learned, Challenges, & Changes - Part 2

Tier 1 and Tier 2 questions across measures

- Tier 1: 2-4 questions intended to broadly capture construct
- Tier 2: Additional items that dig deeper into more specific aspects of the construct
- Strong relationships between global and specific items
 - Relationship will be further explored in field study
- This study will provide data to analyze these items
 - Factor analysis to investigate Global-Specific subdomains
 - Examine the relationship between measures



Field Study

- Nationally diverse sample of 1,000 across disability groups - target
 - Organizations supporting recruitment & data collection include UCEDDS, ACL, and data collection organizations
- 8 original measures + 5 additional measures
- Online (Zoom) majority with in-person data collection option
- Three data collection points to ensure sensitivity to change
- Group of up to 400 individuals without disabilities who will complete an abbreviated online version



Recruiting for the Field Study!

- We continue to seek MCOs & HCBS provider organizations in the U.S. interested in partnering with us on recruitment of the people they serve to test these measures
 - Respondents receive gift cards each time they are interviewed
 - Minimal effort on part of providers
 - Contribute to development of measures you can use to determine whether the people you serve are experiencing the outcomes they desire
- Contact Matt Roberts (Center Coordinator) at: <u>robe0290@umn.edu</u> if you are interested in helping us recruit participants from your organization.



Looking Toward the Future

- Current measurement programs:
 - Goal is "sell" the program either to states or providers
 - Organization supports data collection, analysis, & interpretation
- RTC/OM goal is **not** to develop a measurement **program** but rather...
 - Generate and validate high quality, person-centered measures that provide actionable data for use...
 - At the state and provider level
 - > In quality improvement efforts
 - Educate others (States, MCOs, Provider Organization, Advocacy & Self-Advocacy groups on how to most effectively utilize measures developed to enhance...
 - Quality of services received by HCBS recipients and
 - > The outcomes they experience
- Give this information away in a manner that ensures it will be used effectively and ethically to improve the lives of HCBS beneficiaries.



Thank you!

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