

Evaluating Quality in an Electronic Age

PRESENTED BY: FEI SYSTEMS, INC.

NOOR OSMAN AND WANDA SEILER

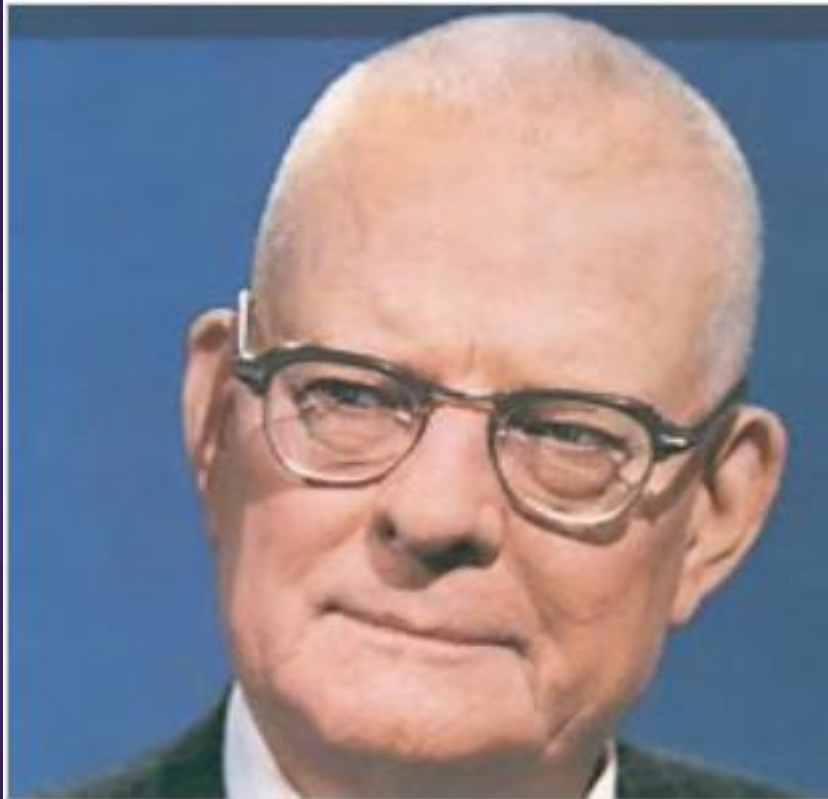
PRESENTED TO: NATIONAL HCBS CONFERENCE, ARLINGTON, VA

SEPTEMBER 17, 2014

Making Assumptions Leads Us Astray



Historical Perspective – Total Quality Management



- ▶ W. Edward Deming and total quality management
- ▶ Importance of leadership in maintaining a focus on quality
- ▶ Quality is everyone's job
- ▶ Systems contain independent processes and uncontrolled variance results in poor quality

TQM to Continuous Quality Improvement

- Continuous Quality Improvement – coined by Berwick and Batalden
- Applies Deming's Principles of TQM to the health care industry
- Measures the uncontrolled variation within the processes that comprise the delivery of long term services and supports
- Out of control variances are indicative of poor quality



Left: Donald Berwick, M.D.
Above: Paul Batalden, M.D.

Applying Research

- ▶ Improved results when CQI principles were used to impact health and health related outcomes (Sales, 2012; Renzi, 2012; Fernandez y Garcia, 2011; Cochran, 2004)
- ▶ CQI principles identify approaches that hold the greatest promise (Lind, 2013; Wandersman, 2012; Meyers, 2012; Anderson 2009)
- ▶ CQI's applicability to Long Term Care and HCB services (Sales, 2012; Wandersman, 2012; Schalock, 2012; Miller, 2008; Walsh 1999; Kinney 1994)
- ▶ Technology remains a largely untapped resource essential to informing the CQI cycle (Lind, 2013; Sales 2012; Miller, 2008; Ross, 2006)

CQI CYCLE

Identify desired
system
outcomes

Define process
best practice

Measure
uncontrolled
variance

Evaluate results
in the context
of outcomes

Make
adjustments -
Repeat



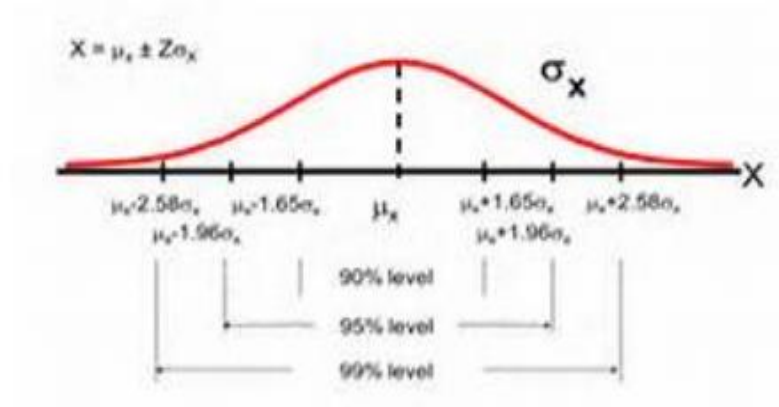
Variance

Controlled Variance

Expected, specific, predictable and *normal* variation levels

Uncontrolled Variance

Variance that falls out of the limits and is thus “out of control”



Desired Outcomes

Participant satisfaction

Participant safety

Competitive employment

Community access and integration

Best possible health

Rights are respected

People choose where they live and work

Goal achievement

- ▶ How do we identify outcomes indicative of quality?
- ▶ How do we measure / benchmark these outcomes?
- ▶ How do we define / refine the best practices likely to produce the outcomes we seek to achieve?
- ▶ How do we determine if these best practices are efficacious?

AHRQ: Hospitalization Rates

Indicator	General Population
Short Term Diabetes	52
<u>Asthma or Chronic Obstructive Pulmonary Disorder (COPD)</u>	<u>316</u>
Congestive Heart Failure (CHF)	433
Composite: Potentially Preventable Infection	695
Bacterial Pneumonia	454
Urinary Tract Infection (UTI)	241
Infection due to Device or Implant	72
Dehydration	297
Composite: Ambulatory Care Sensitive Condition (ACSC) Chronic Conditions	1,034
Composite: ACSC Acute Conditions	668
Composite: ACSC Overall	1,702
Pressure Ulcer	158
Injurious Falls	383

AHRQ: Hospitalization Rates

Indicator	HCBS Population	Medicaid Population	General Population
Short Term Diabetes	368	149	52
<u>Asthma or Chronic Obstructive Pulmonary Disorder (COPD)</u>	<u>4,055</u>	<u>753</u>	<u>316</u>
Congestive Heart Failure (CHF)	5,470	787	433
Composite: Potentially Preventable Infection	8,737	1,383	695
Bacterial Pneumonia	5,380	861	454
Urinary Tract Infection (UTI)	3,356	521	241
Infection due to Device or Implant	996	166	72
Dehydration	1,989	486	297
Composite: Ambulatory Care Sensitive Condition (ACSC) Chronic Conditions	12,870	2,239	1,034
Composite: ACSC Acute Conditions	7,953	1,254	668
Composite: ACSC Overall	20,822	3,494	1,702
Pressure Ulcer	4,661	4,087	158
Injurious Falls	490	762	383

Annual Rates per 100,000 population
 Source: *Development of Quality Indicators for the Home and Community- Based Services Population: Technical Report, AHRQ, 2012*

Practical Applications

1. How do we identify people who have these diagnoses?
2. How would we know the rate of unnecessary hospitalization?
3. How can we decrease the rate of unnecessary hospitalizations?
4. How do we know if what we are doing is working?

CQI CYCLE

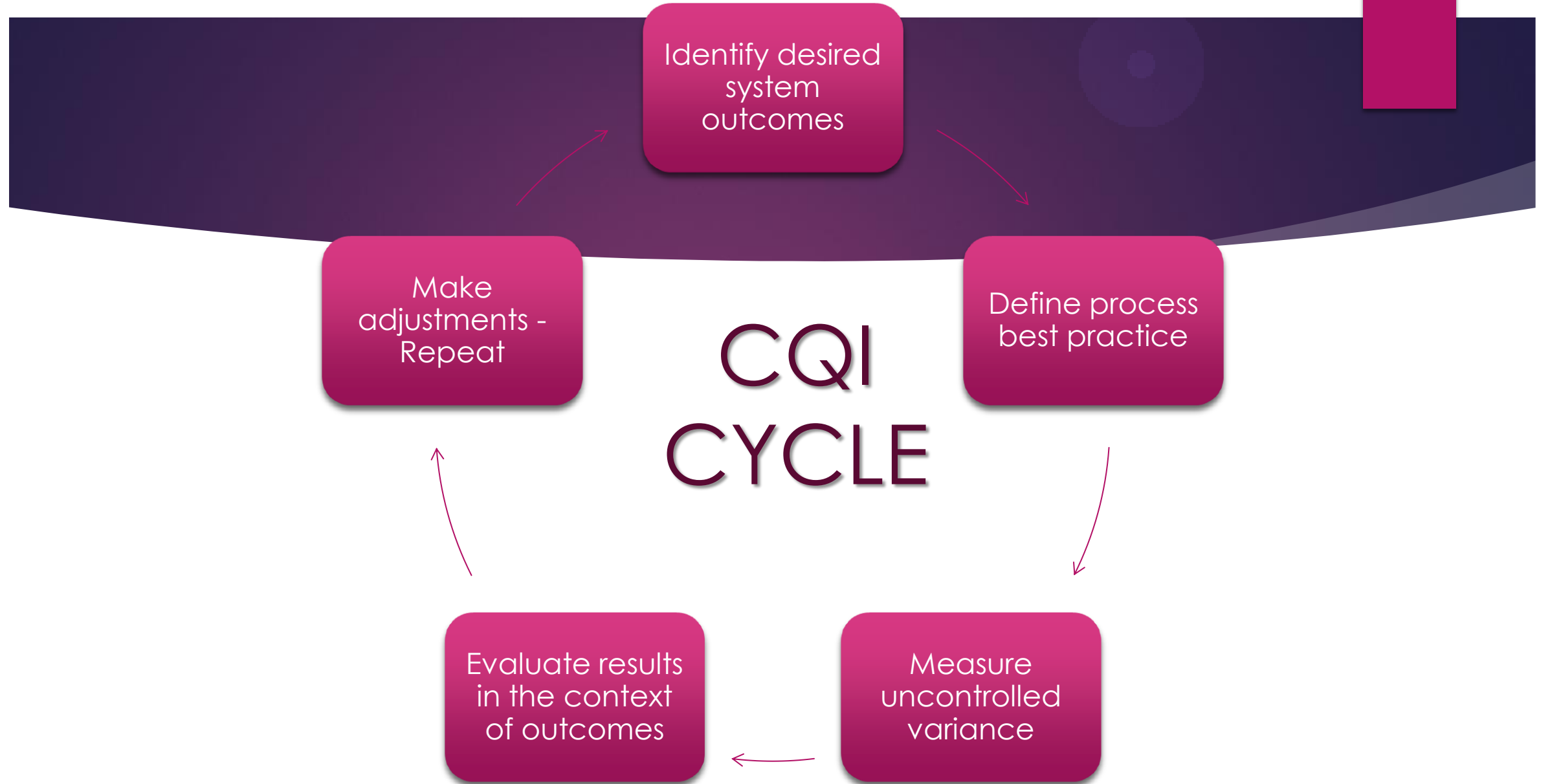
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Make
adjustments -
Repeat



sample test
ID: 31103NUASKX1200 DOB: 01/01/2013
MFP Eligible: N/A

Profile Expand All

- Client
 - Profile
 - Client Summary**
- Case Management
- Programs
- MFP
- Global Referrals

Client Demographics	Edit
Medicaid #	Manage
Phone #	Manage
Address	Manage
Representatives	Add Representatives
Login Information	

sample test
 ID: 31103NUASKX1200 DOB: 01/01/2013
 MFP Eligible: N/A

Client

Case Management

Programs

Tasks

BI Waiver Interest & Referral

Applications

Assessment & Plan of Care

interRAI HC MD Summary

A. Identification Information

B. Intake and Initial History

C. Cognition

D. Communication and Vision

E. Mood and Behavior

F. Psychosocial Well-Being

G. Functional Status

H. Continence

I. Disease Diagnoses

J. Health Conditions

K. Oral and Nutritional Status

L. Skin Condition

M. Medications Section

N. Treatments and Procedures

O. Responsibility

P. Social Supports

Q. Environmental Assessment

interRAI HC MD — Summary Status: In Progress

[Back To List](#) [Print](#)

Section Name	Status	Last Modified By	Last Modified Date	Actions
A. Identification Information	Incomplete			View
B. Intake and Initial History	Incomplete			View
C. Cognition	Incomplete			View
D. Communication and Vision	Incomplete			View
E. Mood and Behavior	Incomplete			View
F. Psychosocial Well-Being	Incomplete			View
G. Functional Status	Incomplete			View
H. Continence	Incomplete			View
I. Disease Diagnoses	Incomplete			View
J. Health Conditions	Incomplete			View
K. Oral and Nutritional Status	Incomplete			View
L. Skin Condition	Incomplete			View
M. Medications Section	Incomplete			View
N. Treatments and Procedures	Incomplete			View
O. Responsibility	Incomplete			View
P. Social Supports	Incomplete			View
Q. Environmental Assessment	Incomplete			View
R. Discharge Potential & Overall Status	Incomplete			View
T. Assessment Information	Incomplete			View

sample test
ID: 31103NUASKX1200 DOB: 01/01/2013
MFP Eligible: N/A

Client

Case Management

Programs

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interRAI HC MD

View

Back to Summary Cancel

Cardiac or Pulmonary

k. Coronary heart disease**

- 0 - Not present
- 1 - Primary diagnosis/diagnoses for current stay
- 2 - Diagnosis present, receiving active treatment
- 3 - Diagnosis present, monitored but no active treatment

l. Chronic obstructive pulmonary disease**

- 0 - Not present
- 1 - Primary diagnosis/diagnoses for current stay
- 2 - Diagnosis present, receiving active treatment
- 3 - Diagnosis present, monitored but no active treatment

m. Congestive heart failure**

- 0 - Not present
- 1 - Primary diagnosis/diagnoses for current stay
- 2 - Diagnosis present, receiving active treatment
- 3 - Diagnosis present, monitored but no active treatment



MMIS data

Collapse All

- Client
 - Profile
 - Client Summary
 - MMIS Info >
 - MDS Data
 - Client Notes
- Case Management
- Programs
- MFP
- Global Referrals

Client MMIS Information

Details

Current MA #: [REDACTED]	Last Name: [REDACTED]
Original Recipient ID: [REDACTED]	Date Of Birth: [REDACTED]
First Name: [REDACTED]	Head of Household: [REDACTED]

Eligibility Spans

Begin Date	End Date	Coverage Group	Coverage Type
11/15/2002	12/31/9999	[REDACTED]	[REDACTED]

Long-Term Care Spans

Begin Date	End Date	Provider Number	Discharge Date
No data available in table			

Special Program Data

Special Program	Begin Date	End Date	Disenrollment Reason	Disenrollment Source
OAH	[REDACTED]	[REDACTED]	[REDACTED]	
ACD				
OTH				

HealthChoice Data

M C Type	Begin Date	End Date	Disenrollment Reason
No data available in table			

Medicare Entitlement

Financial and Overall Decision Program: CO

New Save

- Client
- Case Management
- Programs
- Tasks
- Applications
- Level of Care
- Authorization to Participate
- Financial & Overall Decision
 - Overall Decision
 - Letters
 - Appeals & Dispositions
 - Notice of Case Activity
- MFP
- Global Referrals

Overall Decision

Determination

Overall Decision: * Approve Deny

Denial/Disenrollment Date: ** 09/18/2014

ATP Sign Off Date:

MA Eligibility Date: 11/15/2002

MA# 42202089400

Spousal Impoverishment Case? ** Yes No

Eligibility Code:

Spenddown? ** Yes No

Denial Code: ** HOS/HO - client has been in the hospital for over 30 days

Is this individual MFP eligible? MFP Questionnaire has not been completed.

- Home
- Clients
- My Lists
- Alerts
- Dashboard
- Assignments
- Reports
- Client Details

- Client
- Case Management
- Programs
 - Tasks
 - Initial Screening & Referral
 - BI Waiver Interest & Referral Applications
 - Assessment & Plan of Care
 - Nurse Monitoring
 - Level of Care
 - Provider Solicitations
 - Plan of Service
 - Summary
 - Assessment Packet
 - Authorization to Participate
 - Financial & Overall Decision
 - Letters
 - Appeals & Dispositions

Plan of Service — Summary Status: Approved

[Back to List](#) [Print](#) [Revise](#) [Inactivate](#) [Expand All](#)

- Overview Information **
- Strengths **
- Goals **
- Risks **
- Self-Direction **
- Emergency Backup Plans **
- Services — Total: 5 Recommended Flexible Budget: \$16,571.00 **
- Signatures Manage
- Review **
- Decision and Clarification Requests
- Workflow History

- Client
- Case Management
- Programs
- Tasks
 - Initial Screening & Referral
 - BI Waiver Interest & Referral Applications
 - Assessment & Plan of Care
 - Nurse Monitoring
 - Level of Care
 - Provider Solicitations
 - Plan of Service
 - Summary
 - Assessment Packet
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 - Financial & Overall Decision
 - Letters
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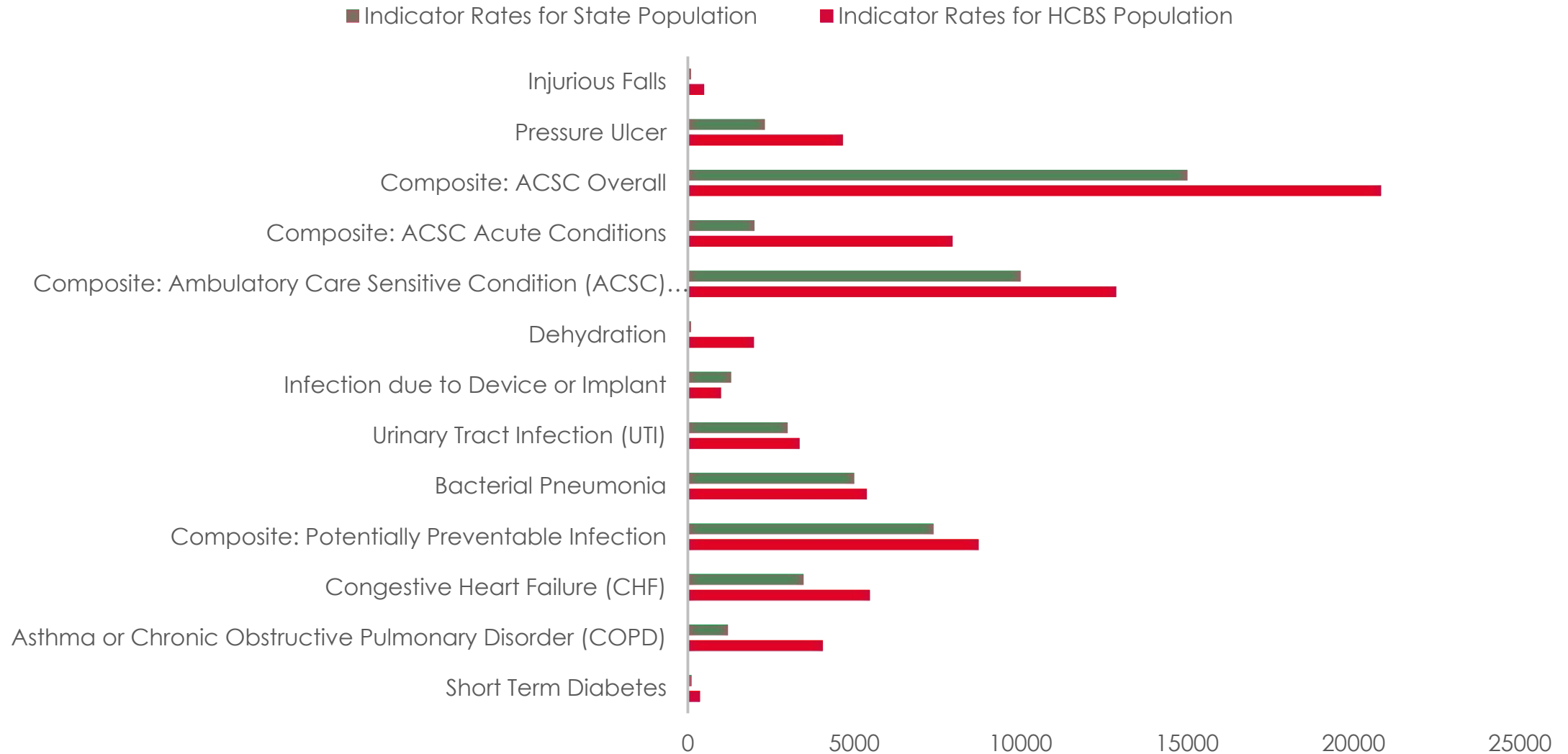
Plan of Service — Summary Status: Approved

Back to List Print Revise Inactivate Expand All

- Overview Information **
- Strengths ***
- Goals **
- Risks **

Date Created	Risk Source	Risk Detail
01/16/2014	InterRAI Assessment	Abusive Relationship CAP (Person is at risk for abuse or neglect.)
01/16/2014	InterRAI Assessment	Activities CAP (Person has withdrawn from activities or is uneasy entering into activities and social relationships.)
01/16/2014	InterRAI Assessment	ADL CAP (Need to address person's self-sufficiency in performing ADLs.)
01/16/2014	InterRAI Assessment	Cardio-Respiratory CAP (Need to assess for possible cardio-respiratory problems.)
01/16/2014	InterRAI Assessment	Environmental Compensation CAP (Person's home environment has problematic features.)
01/16/2014	InterRAI Assessment	Falls CAP (Person is at risk for falls.)
01/16/2014	InterRAI Assessment	Mood CAP (Person has pre-existing depression diagnosis or depressed mood.)
01/16/2014	InterRAI Assessment	Pain CAP (Needs assessment and management of pain.)

STATE PERFORMANCE ON QUALITY INDICATORS



What
modifications
are necessary to
propel the cycle
of CQI?



Desired Outcomes

Participant satisfaction

Participant safety

Competitive employment

Community access and integration

Best possible health

Rights are respected

People choose where they live and work

Goal achievement

Community spending exceeds institutional spending

People are free from abuse and neglect

- ▶ How do we identify outcomes indicative of quality?
- ▶ How do we measure / benchmark these outcomes?
- ▶ How do we define / refine the best practices likely to produce the outcomes we seek to achieve?
- ▶ How do we determine if these best practices are efficacious?

Participant Satisfaction Outcomes

- ▶ Medicaid Waiver Person Care Services: Results of a Statewide Survey
(Glass, Roberto, Brossoie, Teaster, & Butler, 2009)
- ▶ Literature Review
 - despite a nagging concern about quality, “...little is known about the extent of—quality problems, particularly for the personal care services designed for individuals with chronic disability.”
 - research indicates that satisfaction with care is influenced by consistent service availability; people generally respond positively
- ▶ The one problematic issue consistently reported dealt with time and reliability, specifically late arrivals, aides who left before scheduled, and those who did not show up at all.

Practical Application

Q: What is our outcome?

A: Participant satisfaction with services

Q: What is the best practice?

A: Direct support staff show up on time, consistently and stay for the allotted amount of time

Q: How do we measure uncontrolled variance?

- Home
- Clients
- My Lists
- Alerts
- Reports
- Client Details**

S A
ID: [redacted] DOB: 04/16/19 [redacted]
MFP Eligible: Y (10/07/ [redacted])

- Client
- Case Management
- Programs
- MFP**
 - Summary
 - Tasks
 - Quality of Life**
- Global Referrals

Quality of Life — Summary Status: Complete Target Date: N/A

[Back to Task List](#) Collapse All

BaseLine Survey View

Survey Details

Survey Completed:	Yes
Anticipated Discharge Date:	02/25/2010
Eligibility Start:	N/A
Consent Form Date:	10/15/2009
Date of survey:	10/15/2009
Status:	Submitted

Year One Survey View

Survey Details

Survey Completed:	Yes
Survey Date:	04/06/2011
Type of residence at follow-up survey:	Home owned by participant
Status:	Submitted

Year Two Survey View

Survey Details

Survey Completed:	No
Why the survey was not completed:	Lost: Died
Status:	Submitted

Quality Survey Status: In Progress

[View](#) [Edit](#)[Back to List](#)[Check for errors](#)[Submit](#)[Expand All](#)

- ▶ Client
- ▶ Case Management
- ▼ Surveys
 - ▼ Quality Surveys
 - Quality Survey Details >

Quality Survey

- ▶ Current Living Arrangement** _____
- ▶ I. Living Situation** _____
- ▶ II. Choice and Control** _____
- ▶ III. Access to Personal Care** _____
- ▶ V. Community Integration and Inclusion** _____
- ▶ VI. Satisfaction** _____

37. Taking everything into consideration, during the past week have you been happy or unhappy with the help you get with things around the house or getting around your community? **

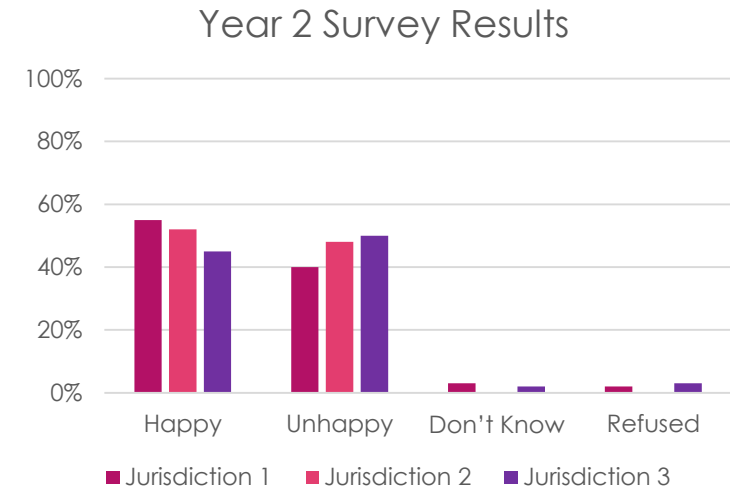
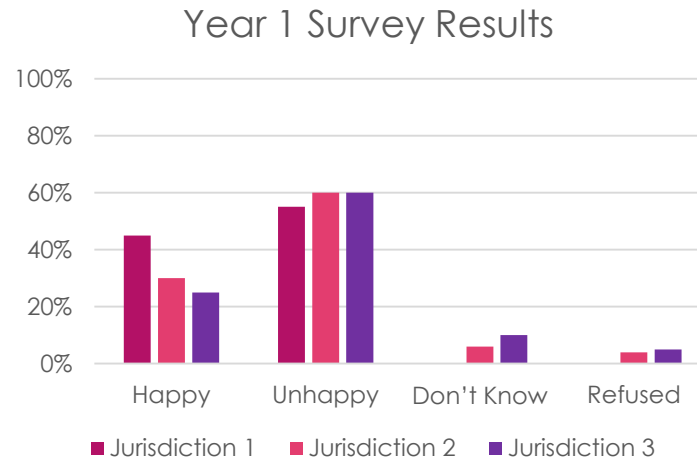
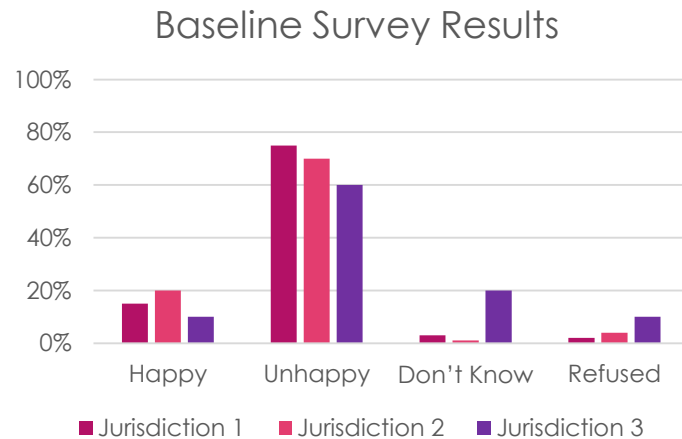
- 1 - Happy
- 2 - Unhappy
- 3 - Don't Know
- 4 - Refused

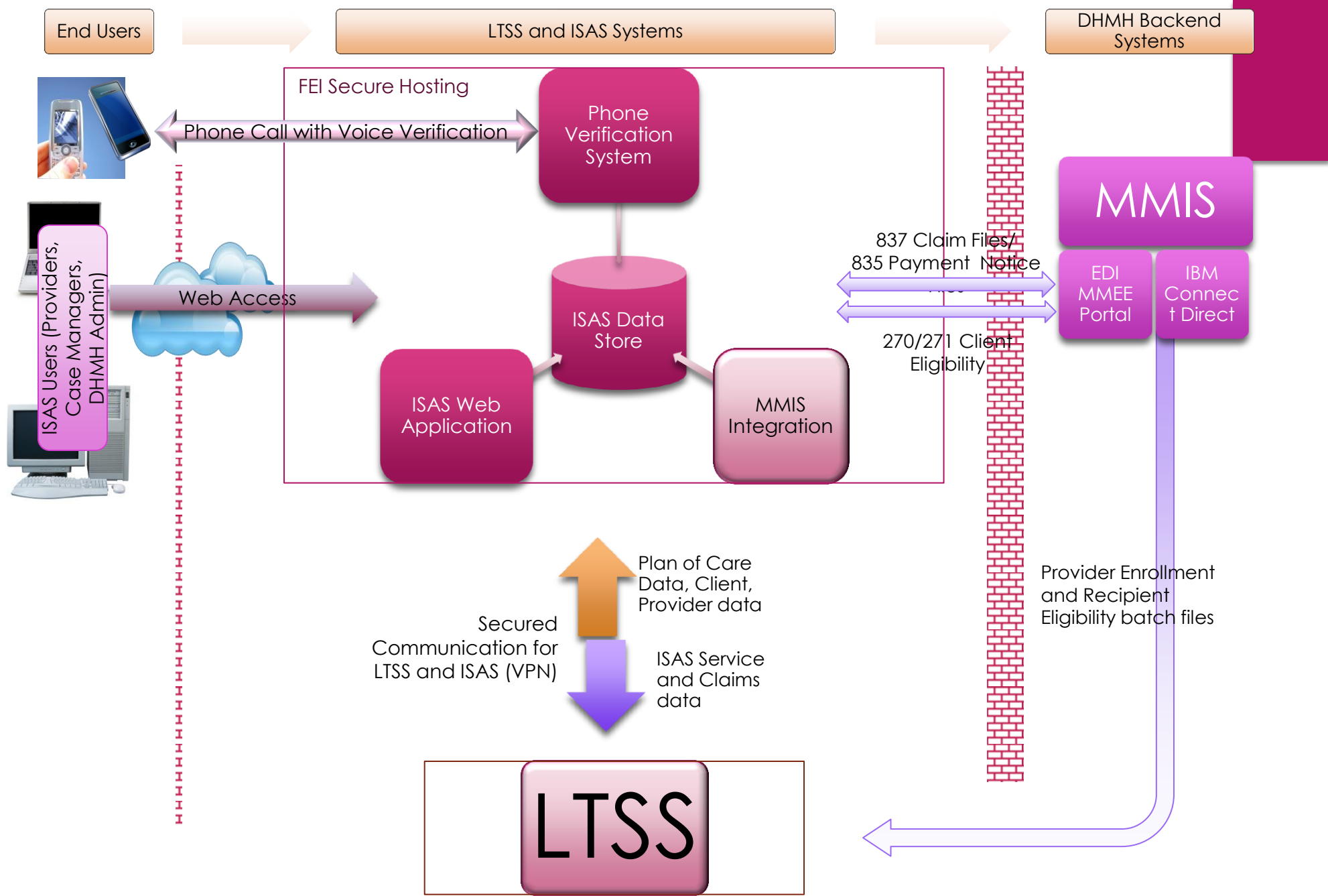
38. Taking everything into consideration, during the past week have you been happy or unhappy with the way you live your life? **

- 1 - Happy
- 2 - Unhappy
- 3 - Don't Know

Quality of Life Report- Satisfaction with Services


“Taking everything into consideration, during the past week have you been happy or unhappy with the help you get with things around the house or getting around your community?”





Call Transaction Details

Service Information

Call Date: * 09/15/2014 

Service Type: *

Service Call # Ext:

Failed Call Reason: *

Client MA #

Client Name:

Provider # *



Provider Name:

Staff Name: *



Staff Phone # Ext:

Call Transaction

 Clock In

Service Date and Time: * 09/15/2014 02:15 PM  

 Clock Out

Service Date and Time: * 09/15/2014 02:15 PM  

Claim Processing

ISAS bill.magro
Location: DHMH Menu Account

Home Providers Clients OTP Enter Calls Exceptions Authorize Calls **Claims** Alerts Reports

Provider Name / # Batch ID # Client Name / ID / MA# Provider Type:

Service Start Date: * Service End Date: * Claim Type: * Status: * Claim Source: *

Service Date	Provider #	Provider Name	Provider Type	Client Name	Batch ID	Claim Date	Total Billed	Total Paid	Claim Type	Locked By	Lock Date	Actions
9/3/2014	123456700	ABC Agency	Agency	Jack Johnson	111222222	9/4/2014	98.15	98.15	Original			View Adjust
9/3/2014	123456700	ABC Agency	Agency	John Smith	111222222	9/4/2014	110.23	110.23	Original			View Adjust

What
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are necessary to
propel the cycle
of CQI?



Have your assumptions – however well intentioned – led you astray in the provision of quality LTSS services?

