

# ADVANCING STATES



Leadership, innovation, collaboration  
for state Aging and Disability agencies

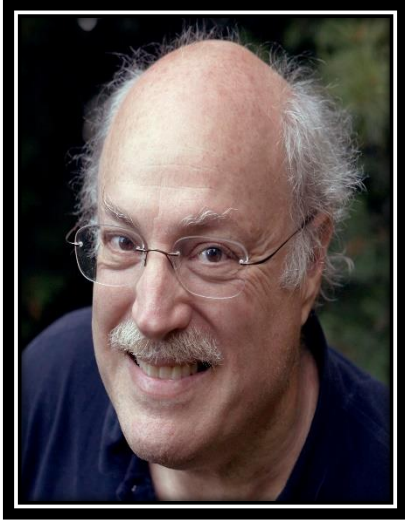
## ADvancing States – InterRAI Partnership

**Building a Multi-State Collaborative to Improve  
Assessment Processes**

# Items to Discuss

- Overview of the Value of interRAI
- Introduction of interRAI
- Shared Services Model with Advancing States

# Introduction of Speakers



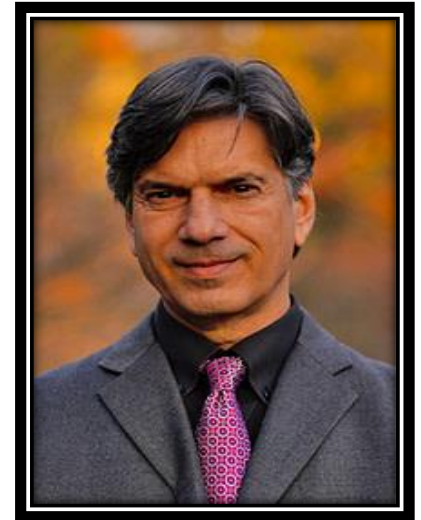
Brant Fries, PhD



Melanie E. Thomasson, MPH

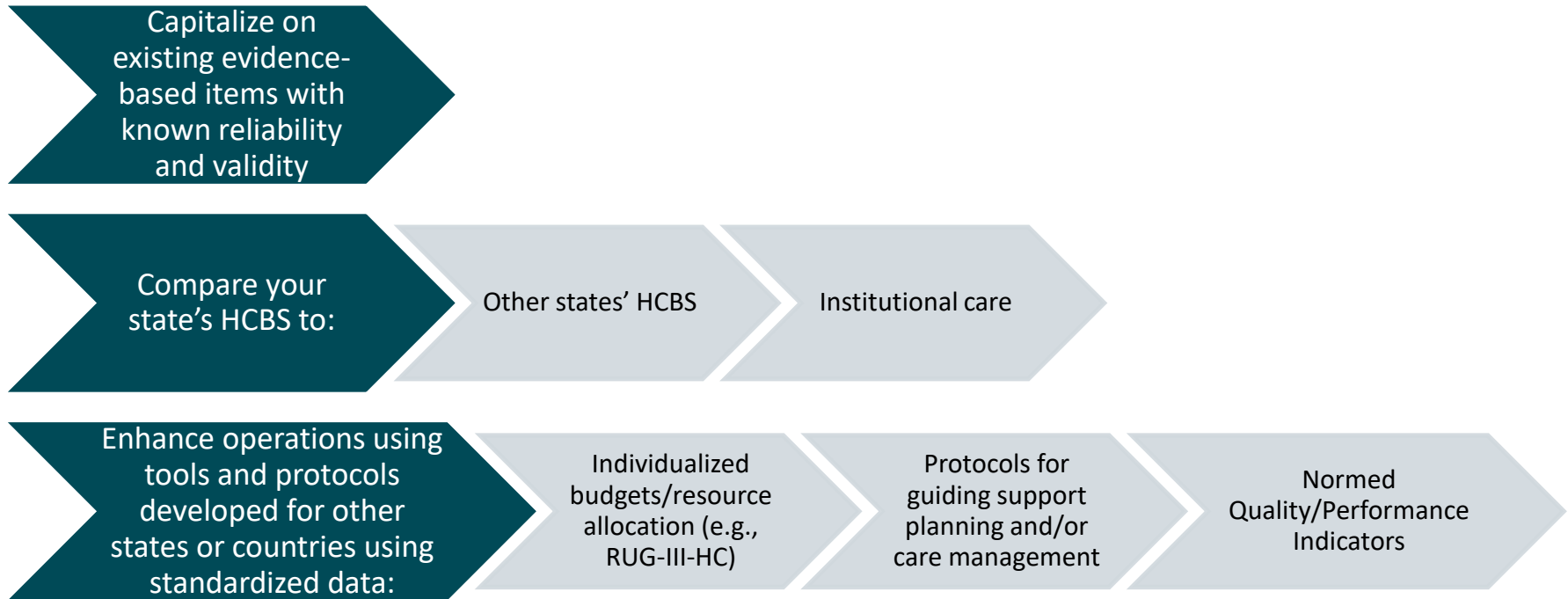


Pearl Barnett, MPA



Steven Lutzky, PhD

# Value of Using interRAI Tools



# (Inter)National Standards for Health Assessment: An Introduction to interRAI

Brant E. Fries, Ph.D.

*Professor Emeritus/University of Michigan  
President/interRAI*

Melanie E. Thomasson, MPH

*Associate Fellow/interRAI*

The Home and Community-Based Services Conference  
December 9, 2021

# What is interRAI?

- Research collaborative: 115 members/35 nations
- Non-profit corporation, all volunteer
- Key interests
  - Science (e.g., cross-national comparisons)
  - Instrument development
  - Support implementation
- Holds copyright to interRAI assessment instruments
- Licenses governments/care providers in exchange for data
- Licenses software vendors

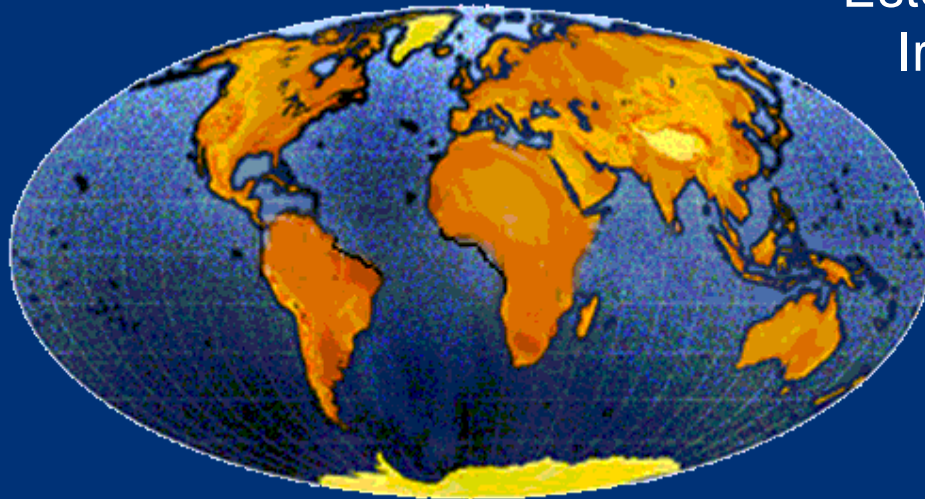
## Goal

- Develop superior assessment systems for vulnerable populations
  - Better assessment → effective care plans → better care
  - Scientific development → practical tools
  - Program data → better policy planning

# interRAI Members and *Activities*

## North America

Canada, USA



## South America

Chile, Brazil

## Europe

Iceland, Norway, Sweden, Denmark, Finland,  
Netherlands, Germany, UK, Switzerland,  
France, Poland, Italy, Spain, Belgium,  
Estonia, Lithuania, Czech Republic,  
Ireland, *Russia, Austria, Portugal*

## Middle East/Asia

Israel, India, Qatar,  
Lebanon, *UAE*

## Africa

South Africa, Rwanda, *Ghana*

## Far East/Pacific Rim

Japan, South Korea, Taiwan, Australia,  
China, Hong Kong, New Zealand, Singapore





Instead of .....

# Why are interRAI Assessments Different?

- International developers expert in assessment and health services research, along with subject matter experts for given tool
- Psychometric properties carefully tested
- Link assessment directly with clinical care
- Multiple applications for decision-making
- Compatible systems across health care sectors

# Key Elements of interRAI Tools

- Assessment, not only self-report
  - use all possible sources of information
- Full definitions, time delimiters, examples, exclusions
- Cover all relevant domains
  - individuals' strengths and weaknesses
  - tradeoff of breadth and length
- Training manuals, computer algorithms available

# interRAI HC Domains

Intake/Initial History

Cognition

Communication/Vision

Mood/Behavior

Psychosocial Well-being

Functional Status

Continence

Disease Diagnoses

Health Conditions

Oral/Nutritional Status

Skin Condition

Medications

Treatment/Procedures

Responsibility

Social Supports

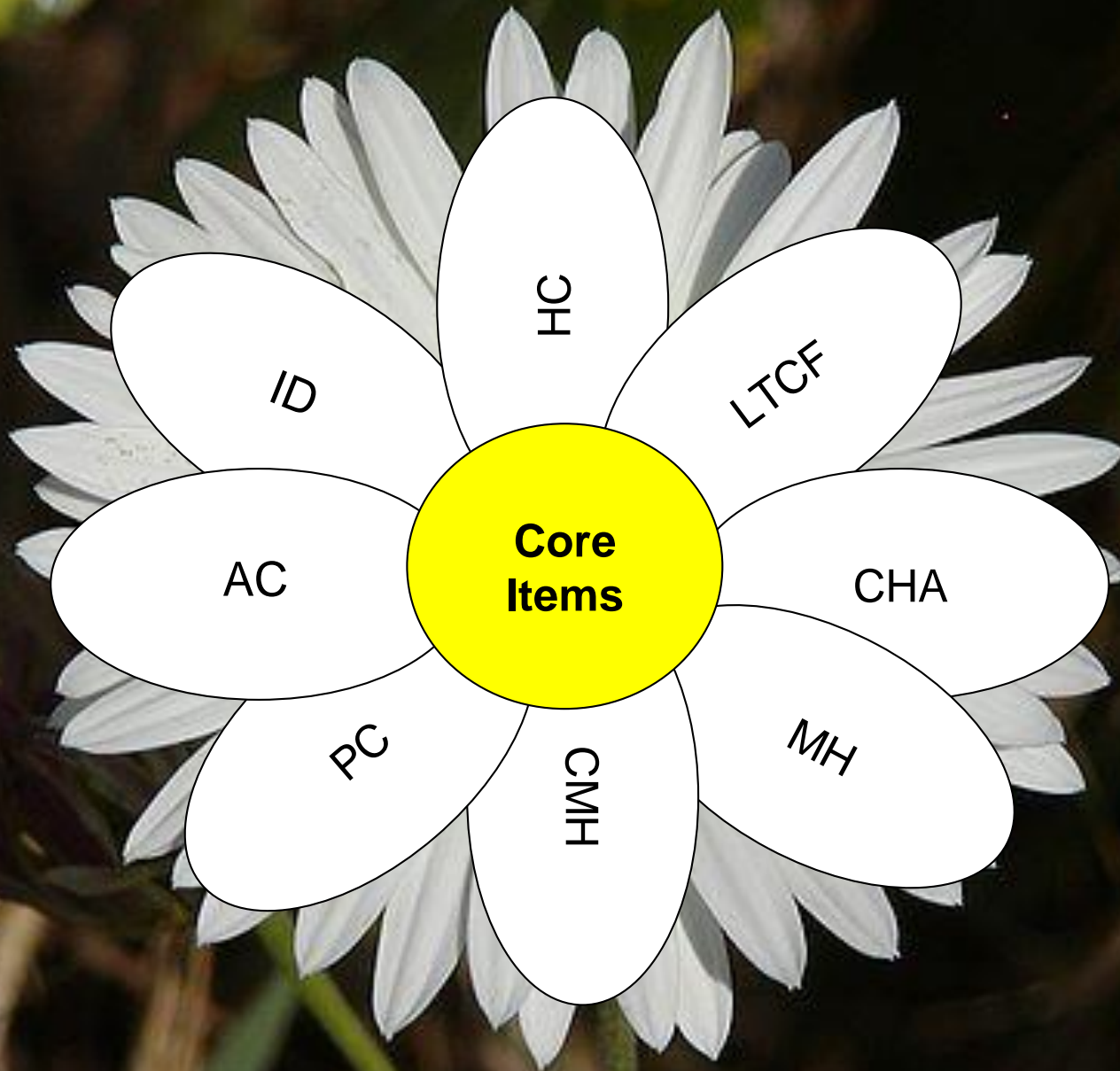
Environmental Assessment

Discharge Potential/Status

Discharge

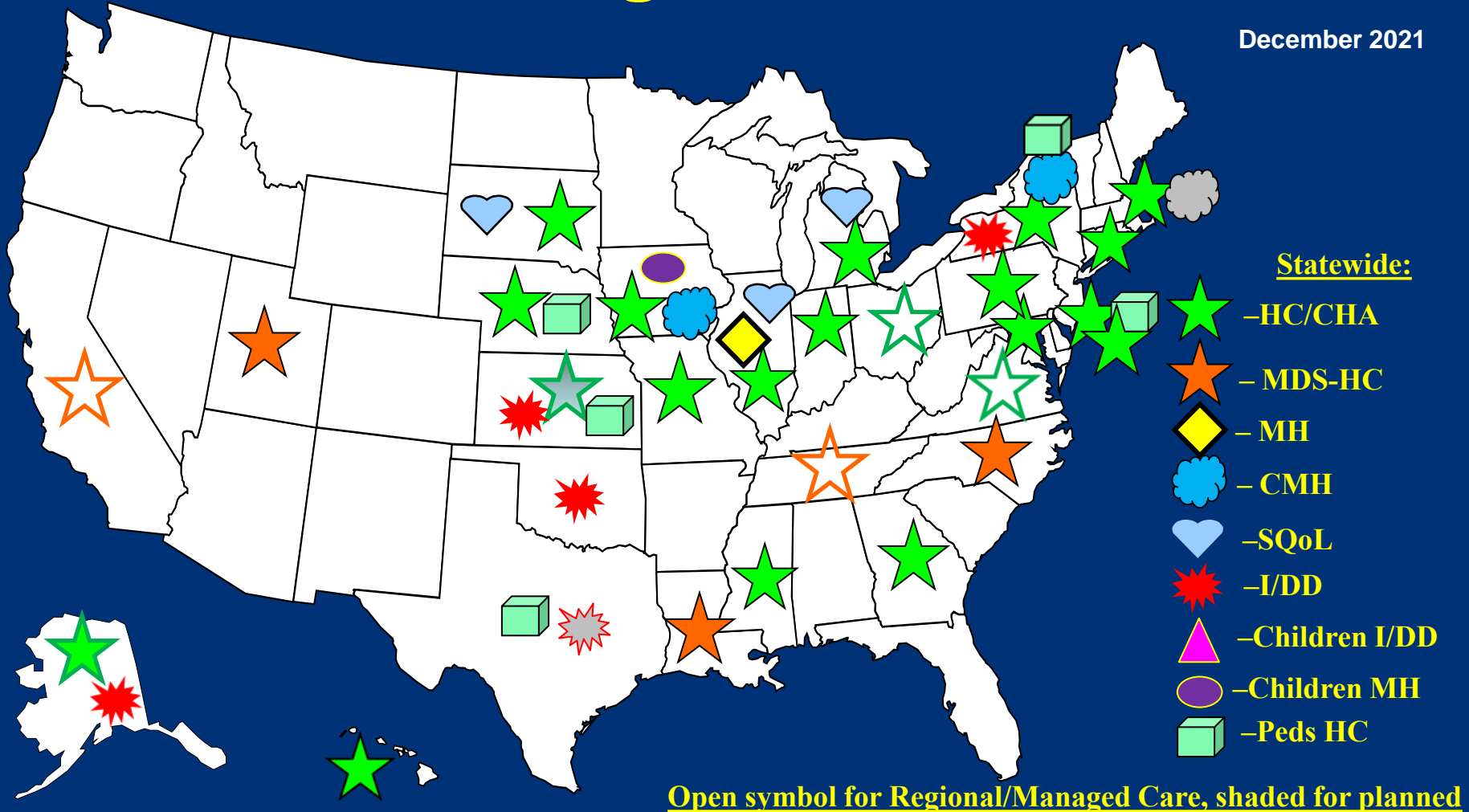
## interRAI “Suite”

- Wellness, Check-Up
- Community Health
- Home Care
- Assisted Living
- Nursing Home (LTCF)
- Post-acute Care
- Acute Care
- Palliative Care
- Inpatient Mental Health
- Community Mental Health
- Correctional Facilities
- Intellectual Disability
- Pediatric, Pediatric Mental Health, Pediatric DD, 0-3
- Self-Report Quality of Life
- Caregiver
- Etc.

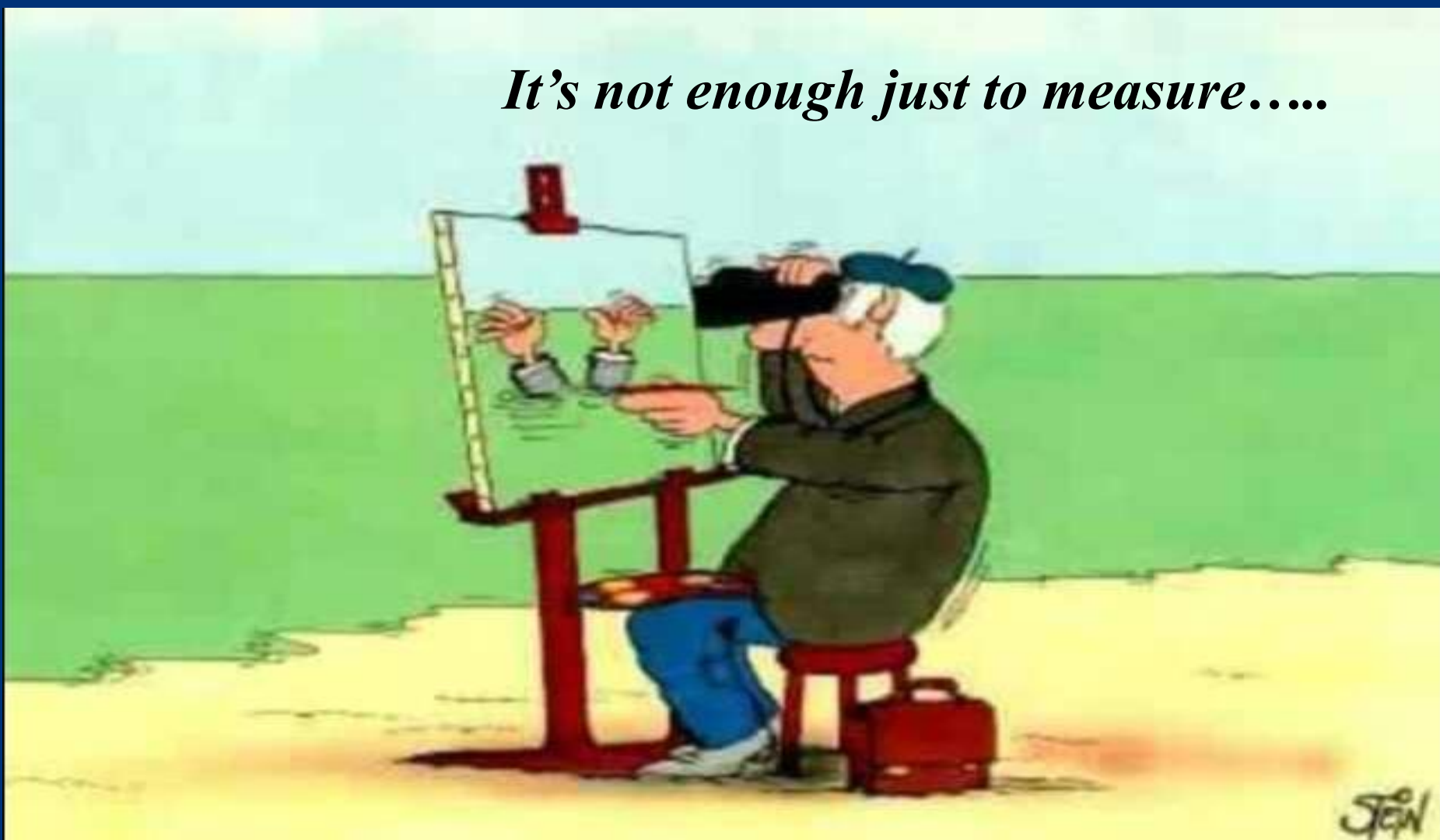


# US States Using interRAI Instruments

December 2021



*It's not enough just to measure.....*





# Questions interRAI Data Can Answer

- Management
  - Whom are we serving?
  - How does the population profile change over time?
- Benchmarking
  - How do we compare with others ?
  - How well are we doing compared with last year?
- Best Practices
  - Does this service/approach make any difference in the health and well-being of participants?
  - Who is doing an outstanding job?
- Risk Assessment
  - Which person is most likely to have a preventable decline?
  - What interventions will best support Mrs. Jones?
- Consumers
  - Where should I get care?

# Applications of interRAI Data



# Example Applications: *Care Planning*

- Clinical Assessment Protocols (CAPs) and Status/Outcome Scales
- Research-based
- Highlight areas to focus on & foster collaborative decision-making

## Personal Health Summary

Name: John Doe Assessment Reference Date: March 14, 2008

Personal Information	
Age 90.5	BMI 26.5
Sex Male	Marital status Married
Health Profile	
<b>Mental Health</b>	
Cognitive Performance Scale (CPS) <small>0-6 range: Intact, Borderline, Mild, Moderate, Moderate/Severe, Severe, Very Severe</small>	5 out of 6 / Severe Impairment
Depression Rating Scale (DRS) <small>0-14 range, Score of 3 or greater suggests possible depression</small>	3 out of 14 / Possible Depression
<b>Communication and Vision</b>	
Making self understood	Often understood
Ability to understand others	Sometimes understands
Hearing	Moderate Difficulty
Vision	Adequate
<b>Social Functioning, Social Support &amp; Home Situation</b>	
Concern with Caregiver Distress <small>0-3 range, Caregiver unable to continue, Caregiver distress, Caregiver overwhelmed</small>	3 out of 3 / Caregiver Distressed
Lives Alone	No
Home Environment Concerns <small>0-5 range, Home disrepair, Squalid conditions, Poor heating/cooling, Unsafe, Poor access</small>	3 out of 5 / Environmental Concerns Present
<b>Physical Functioning</b>	
ADL Self-performance Hierarchy <small>0-6 range, Early, middle &amp; late loss ADLs: Hygiene, Toilet use, Locomotion and Eating</small>	4 out of 6 / Extensive Assistance Required
Transfer	Maximal assistance
Locomotion in home	Walking, no assistive device
IADL Assistance Needed 0-8 range <small>Meals, Housework, Money, Meds, Phone, Stairs, Shopping, Transportation</small>	8 out of 8 / IADL Dependence
<b>Pain</b>	
Pain Scale <small>0-4 range, No pain, Less than daily, Daily not severe, Daily Severe, Daily Excruciating</small>	2 out of 5 / Daily Pain But Not Severe
<b>Continence</b>	
Bladder Continence	Incontinent
Bowel Continence	Infrequently incontinent
<b>Fall Risk</b>	
Falls	Two or more falls in last 30 days
<b>Symptom Review:</b> unsteady gait, hallucinations, diarrhea, difficulty falling asleep	
<b>Medications:</b> Restoril 15mg PO Bedtime, Tolbutamide 500mg PO TID, Hydrodiuril 25mg PO Daily	
<b>Disease Diagnoses:</b> Alzheimer's, COPD, CHF, Anxiety, Diabetes Mellitus	

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## Health Profile

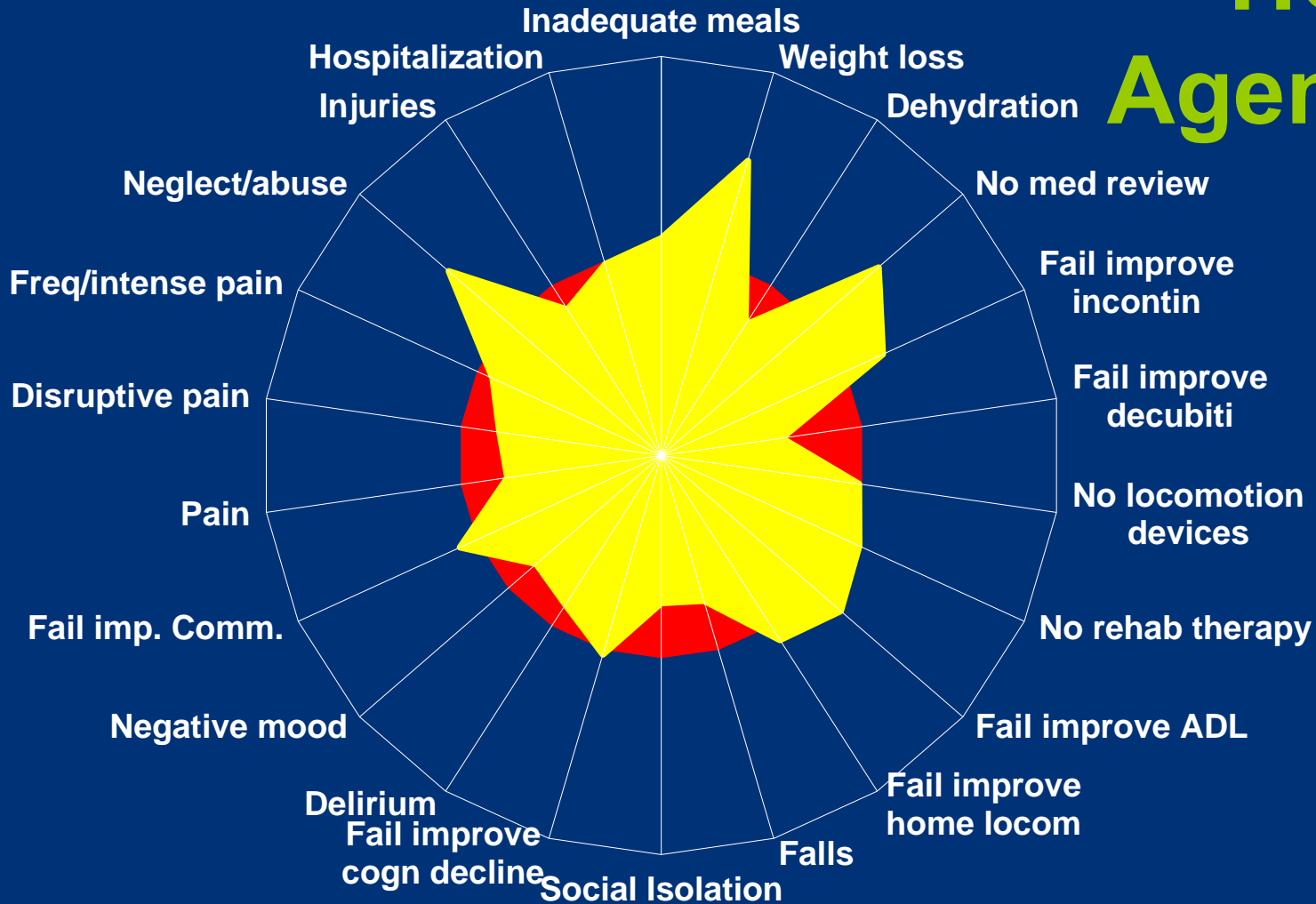
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## Example Applications: *Quality*

- Research-based Quality Indicators
  - home care, institutional care, mental health
- Identify areas for improvement
- Allow comparison across providers/agencies

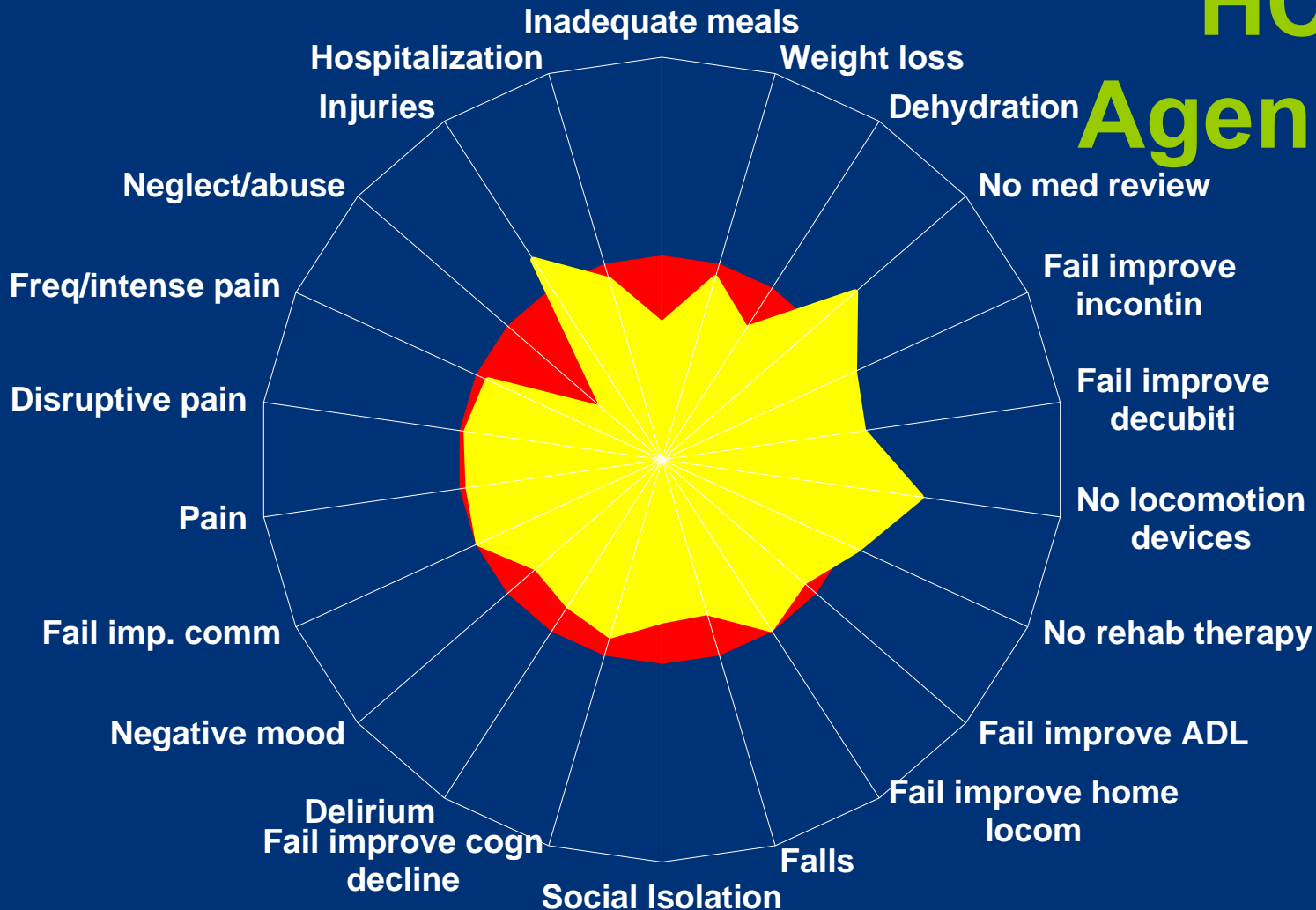
# HCQIs

## Agency "A"



# HCQIs

## Agency "B"

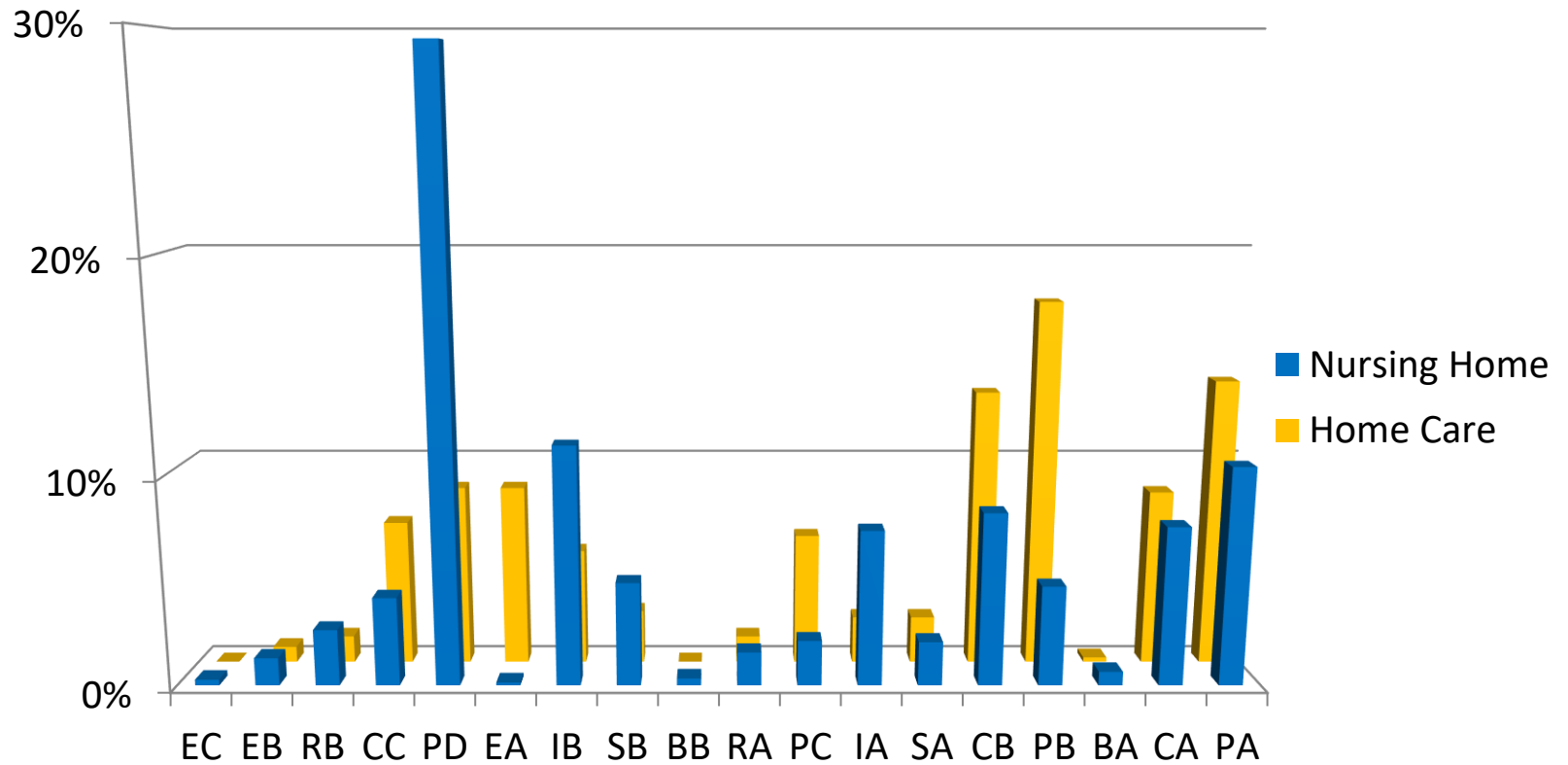




## Example Applications: *Case-Mix*

- Evaluate and compare expected resource use
- Can inform service plans, resource allocation, population comparisons

# Comparing Persons Served in Two Arkansas Settings, 2010



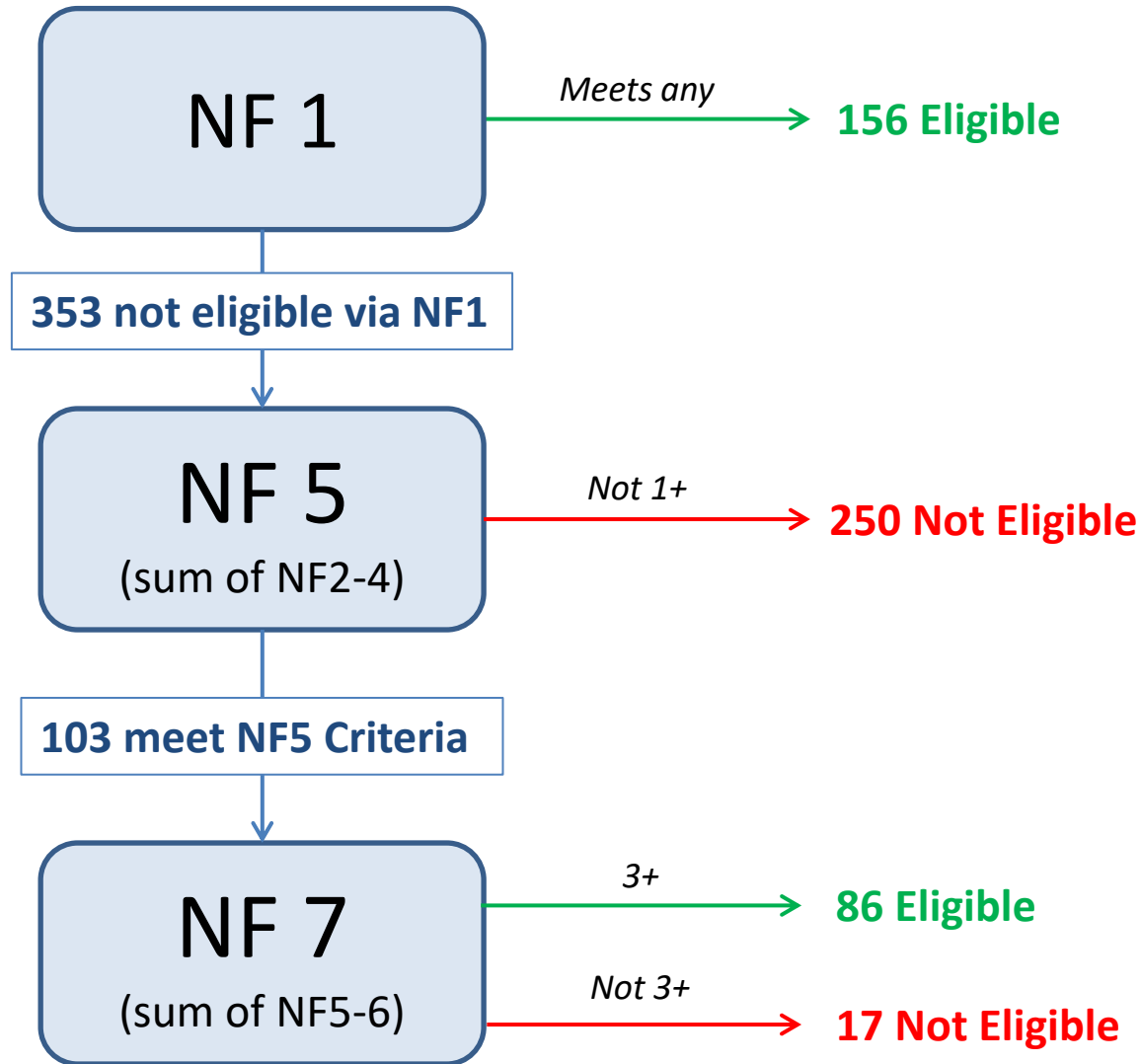
➔ Lighter Care

## Example Applications: *Policy*

- Level of Care / Medical Eligibility
- Key issues solved by interRAI:
  - Strong item validity & reliability
  - Consistent application of LOC across individuals
  - Can evaluate impact of individual items, proposed changes to criteria or cut-offs
  - Ability to compare criteria & policy impact across jurisdictions

“Must require total dependence or extensive assistance in one area or limited assistance in two areas or have a diagnosis of Alzheimer's or related dementia and require substantial supervision from another person...” (Arkansas Intermediate III-C criteria)

# What is the impact of the LOC's logic?

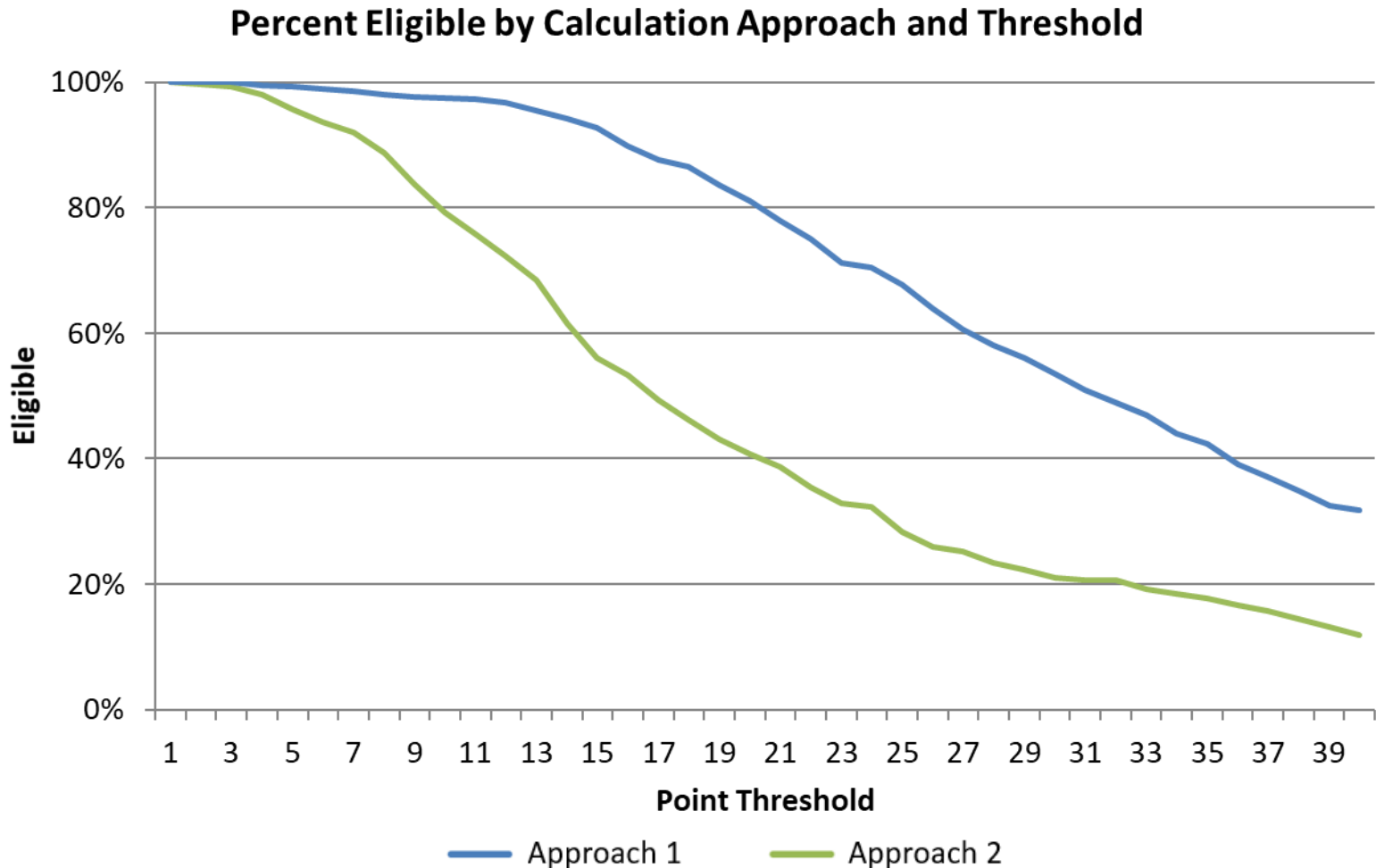


*Illustrative example from previous implementation*

# How important are specific characteristics?

- For persons who become eligible:
  - 63% are eligible based only on their ADLs
  - 2% are eligible based only on Section A & B nursing services
  - None are eligible based only on cognition or behavior
  - Of the remaining 35% of eligible people, eligibility is based on combinations of these items and others

# What's the impact of changes in criteria or thresholds?



*Illustrative example from previous implementation*

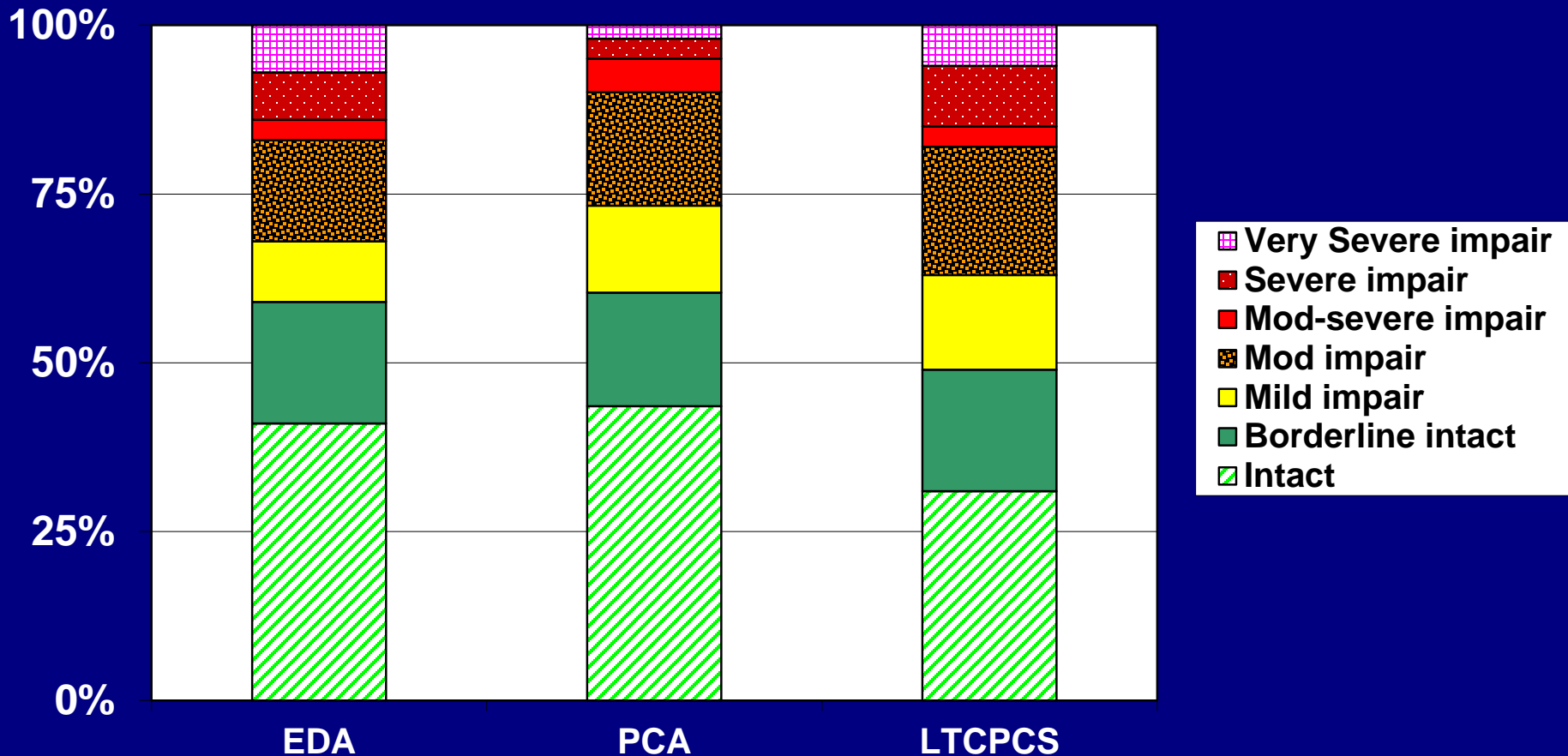
# How do individuals in different programs compare?

<b>SUMMARY STATUS MEASURES</b>					
	<b>EDA</b>	<b>PCA</b>	<b>LTCPSCS</b>	<b>NH</b>	
				<b>Adm</b>	<b>Prev</b>
<b>ADL Hierarchy</b>					
Independent	27%	36%	32%	8%	9%
Supervision	8%	3%	8%	7%	8%
Limited Assistance	16%	18%	14%	21%	18%
Extensive Assistance I	17%	19%	20%	15%	18%
Extensive Assistance II	12%	9%	9%	10%	9%
Dependent	10%	10%	10%	24%	19%
Total Dependence	10%	5%	7%	15%	8%
<b>Cognitive Performance Scale</b>					
Intact	41%	44%	31%	29%	21%
Borderline Intact	18%	17%	18%	15%	13%
Mild Impairment	9%	13%	14%	15%	15%
Moderate Impairment	15%	17%	19%	22%	25%
Moderately Severe Impairment	3%	5%	3%	6%	7%
Severe Impairment	7%	3%	9%	5%	7%
Very Severe Impairment	7%	2%	6%	8%	13%
<b>Communication Scale</b>					
Clear	52%	60%	44%	54%	45%
Adequate	13%	11%	14%	12%	13%
Minimal Difficulty	19%	19%	26%	14%	16%
Somewhat Difficulty	5%	3%	6%	4%	6%
Moderate Difficulty	6%	6%	5%	8%	10%
Highly Impaired	2%	1%	3%	2%	3%
Severely Impaired	3%	1%	2%	4%	6%
<b>Pain</b>					
No Pain	34%	34%	33%	55%	63%
Mild Pain	21%	10%	11%	22%	20%
Moderate Pain	26%	20%	21%	19%	15%
Severe Pain	19%	36%	35%	3%	2%
<b>Depression Rating Scale</b>					
No Depression	61%	29%	36%	60%	52%
Mild Depression	21%	21%	23%	27%	31%
High Depression	14%	40%	33%	13%	17%

One page from Program Profile for State of Louisiana, Circa 2007



# Cognitive Status among Persons Served in Three Louisiana Programs



# How do state LOCs compare?

## Eligibility Rates

Among Initial Assessments in Common Database (n=34,231)

	n	%
Arkansas LOC	15,287	45.0%
Maryland LOC	15,579	45.8%
Michigan LOC	16,979	49.9%
New Jersey LOC	7,695	22.5%
New York LOC	24,191	71.0%

\*Disclaimer: Results do not reflect the eligibility rates for these states - just a comparison using a common database.

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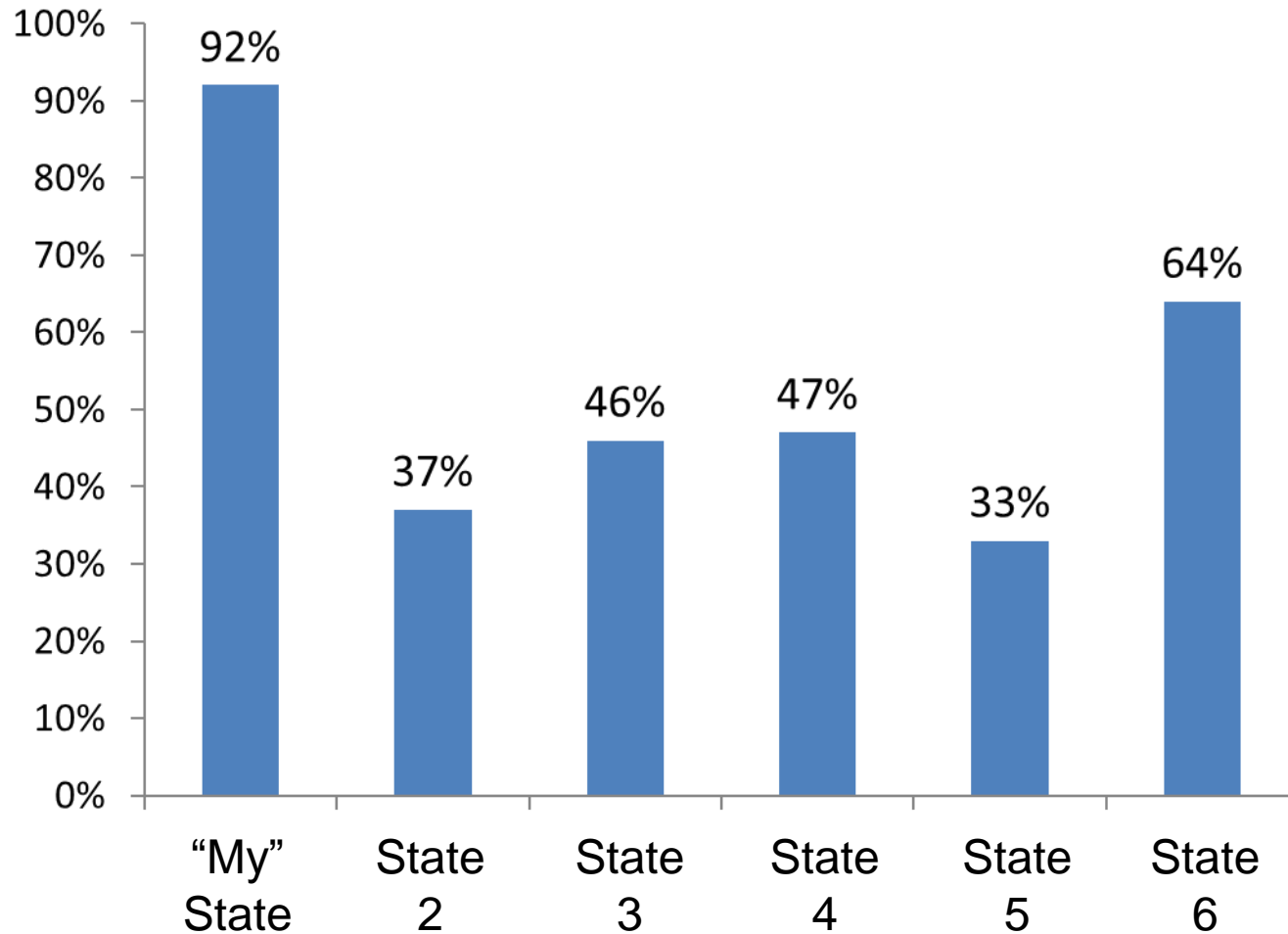
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NJ is more strict  
AR, MD, and MI are middle-of-the-road  
NY is more generous

# How does our state compare to others?

Proportion of applicants deemed eligible in each LOC



*Illustrative example from previous implementation*

# Multiple Uses of Data

- Efficient: “collect once, use many”
- Focuses attention on proper assessment
- Offsetting incentives encourage accuracy
- Organizations adopt our systems for one reason, often end up with many uses

# Thank you!

*Questions?*

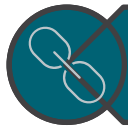
*Melanie Thomasson:* [mthomasson@uams.edu](mailto:mthomasson@uams.edu)

*Brant Fries:* [brant.fries@interRAI.org](mailto:brant.fries@interRAI.org)

# How ADvancing States fits in?

## A Shared Services Model

# Challenges States Face in Taking Full Advantage of interRAI



Determining how to integrate items within access processes (intake, triage, eligibility determination, resource allocation, support planning)



Training staff



Using data



Keeping up on emerging practices



Figuring out how to update assessment processes while minimizing disruptions to the system



## Model for Advancing States-interRAI Collaboration

### Infrastructure

Financing  
State  
contributions  
-Basic  
-Enhanced

Reporting  
use of  
individual level  
interRAI data

Designated  
Advancing  
States staff

Pool of  
contracted  
interRAI  
researchers

### Core Package

interRAI licenses  
(optional)

Core training on  
interRAI tools

Updates on  
interRAI and  
promising  
practices using  
interRAI tools

Guidance on using  
data to improve  
program  
operations

Cross-State  
collaboration,  
facilitation,  
conferences, and  
workgroups

Standard reports  
comparing each  
state to other  
states and  
countries

Access to a  
database of tools  
and reports

### Enhanced Supports

Enhanced  
training on use  
of interRAI

Training on  
use of interRAI  
data

Customized TA  
and data  
analyses

Customized  
reports

# Approach for Training

Flexible, online  
training system for  
core training

- Some degree of customization to reflect how your state is using interRAI
- Include competency-based examinations

Enhanced  
training options

- Greater customization of online system
- In-person training
- Support in building additional state-based training infrastructure

# Additional Technical Support

## Core Package

- Standardized reports to allow for easy comparisons across states
- Information written for state programmatic staff
- Curated to keep staff up-to-date with a minimum of effort
- Working group of states to discuss promising practices and challenges

## Enhanced Support

- Develop database of researchers and consultants with extensive experience using interRAI tools
- Assistance in changing business processes
- Guidance on how to use data to improve operations and policy
- Customized data analyses

# ADvancing States is Proposing to Build Shared Infrastructure that Will Ease Burden on States

Modeled after  
ADvancing States'  
support for the National  
Core Indicators for Aging  
and Disabilities

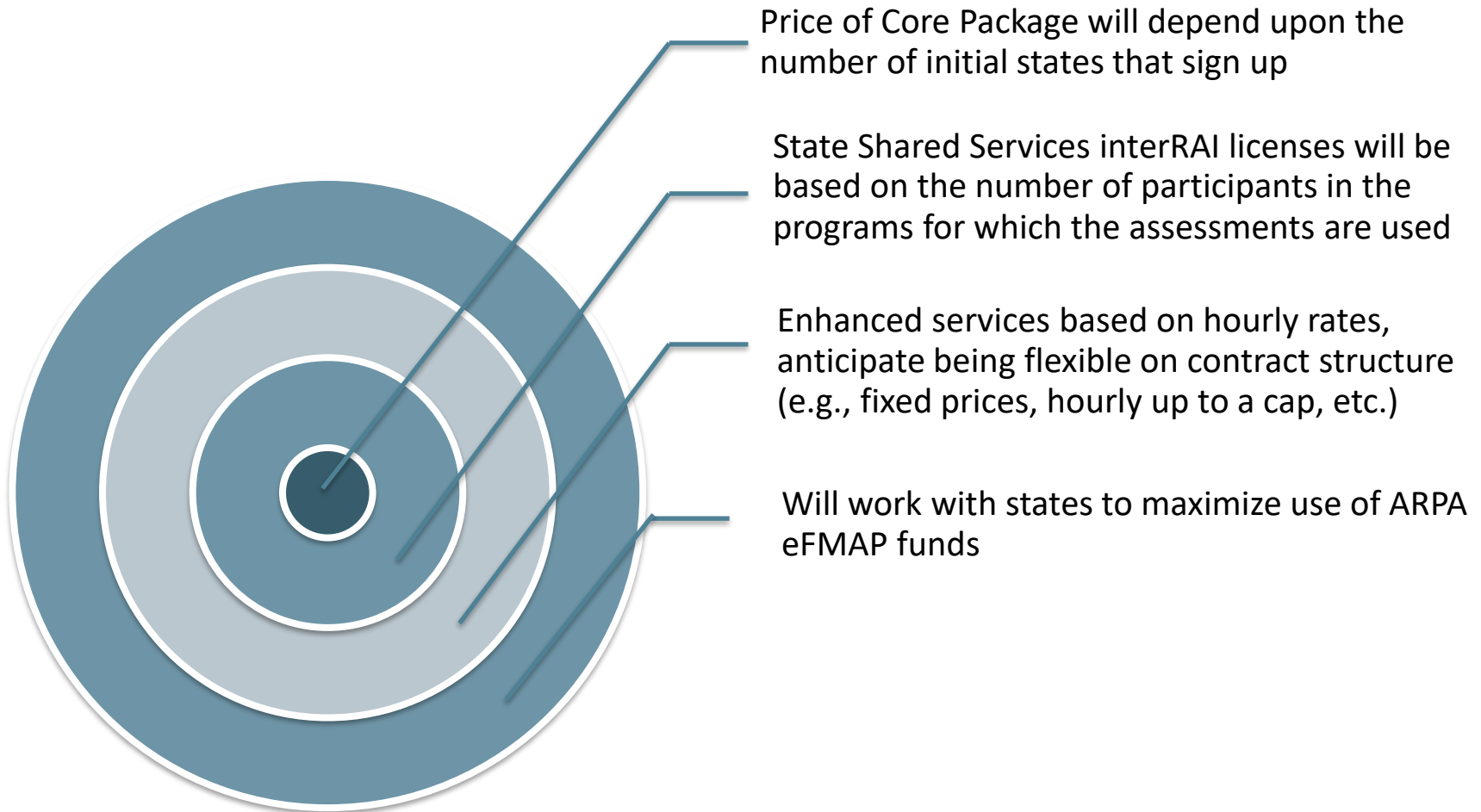
NCI-AD – Shared  
Services Model



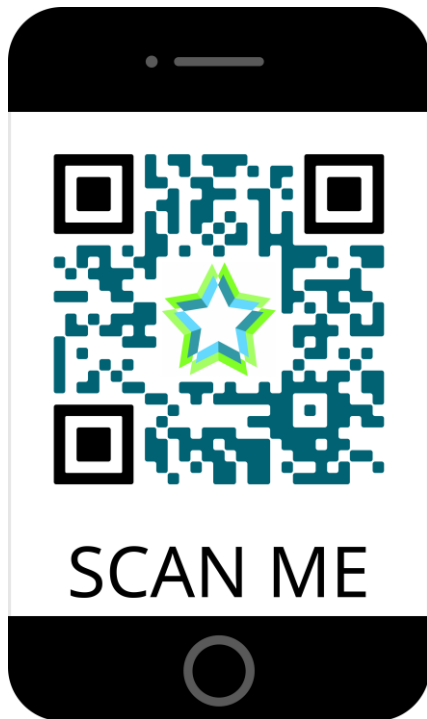
Envision that participating  
states may receive:

- A core package that includes training
- Option to purchase interRAI license directly
- Access to a pool of researchers and experts for more intensive support

# How Much Will it Cost



# For more information:



If your state is interested in participating  
Use the QR Code to Sign Up

Or head to

<http://www.advancingstates.org/>

Select Opportunities



# ADVANCING STATES



Leadership, innovation, collaboration  
for state Aging and Disability agencies