



rtc on home and community
based services outcome
measurement

ICI

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UNIVERSITY OF MINNESOTA
Driven to Discover™

RRTC/OM partners and funding

- **Primary Partners**

- University of Minnesota – Institute on Community Integration
- University of California–San Francisco
- Temple University
- The Ohio State University
- National Council on Aging

- **Additional Partners**

- HSRI

- **Funded by:**

- ***National Institute on Disability, Independent Living and Rehabilitation Research NIDILRR***

RRTCOT: Driving Purpose

To improve the way we *measure* the quality of home and community based services for adults with all disabilities

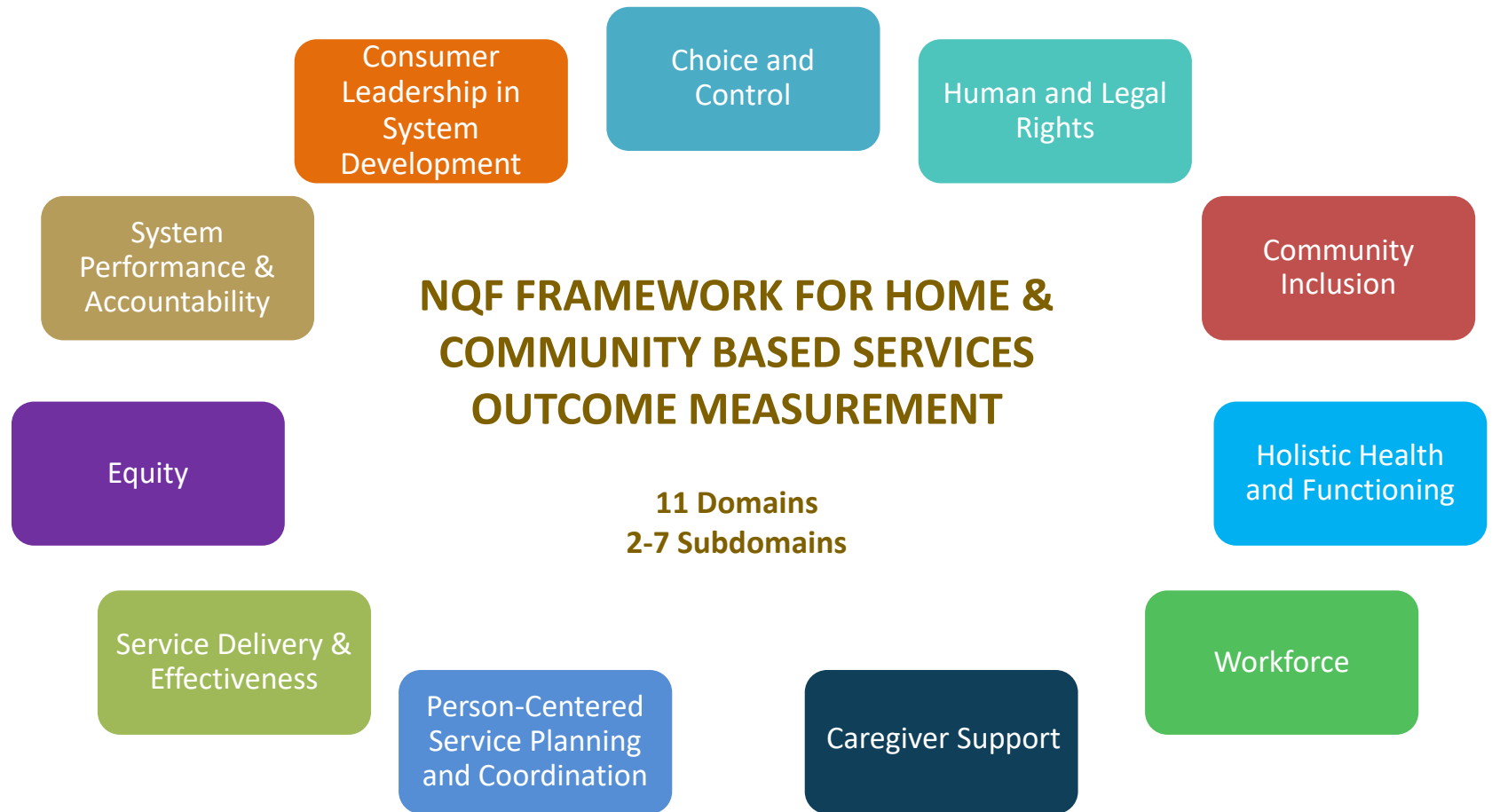
RRTC/OM: A Series of Research Studies

- **Study 1:** *Soliciting broad stakeholder input – NQF Measurement Framework*
- **Study 2:** *Gap analysis – NQF Measurement Framework & Current Instruments*
- **Study 3:** *Identification of high quality/fidelity implementation practices*
- **Study 4:** *Refinement and development of measures*
- **Study 5:** Ascertaining Reliability, Validity & Sensitivity to Change of Measures
- **Study 6:** Identification & testing of risk adjusters

Study 1: Obtaining Stakeholder Input

NQF Domains & Subdomains

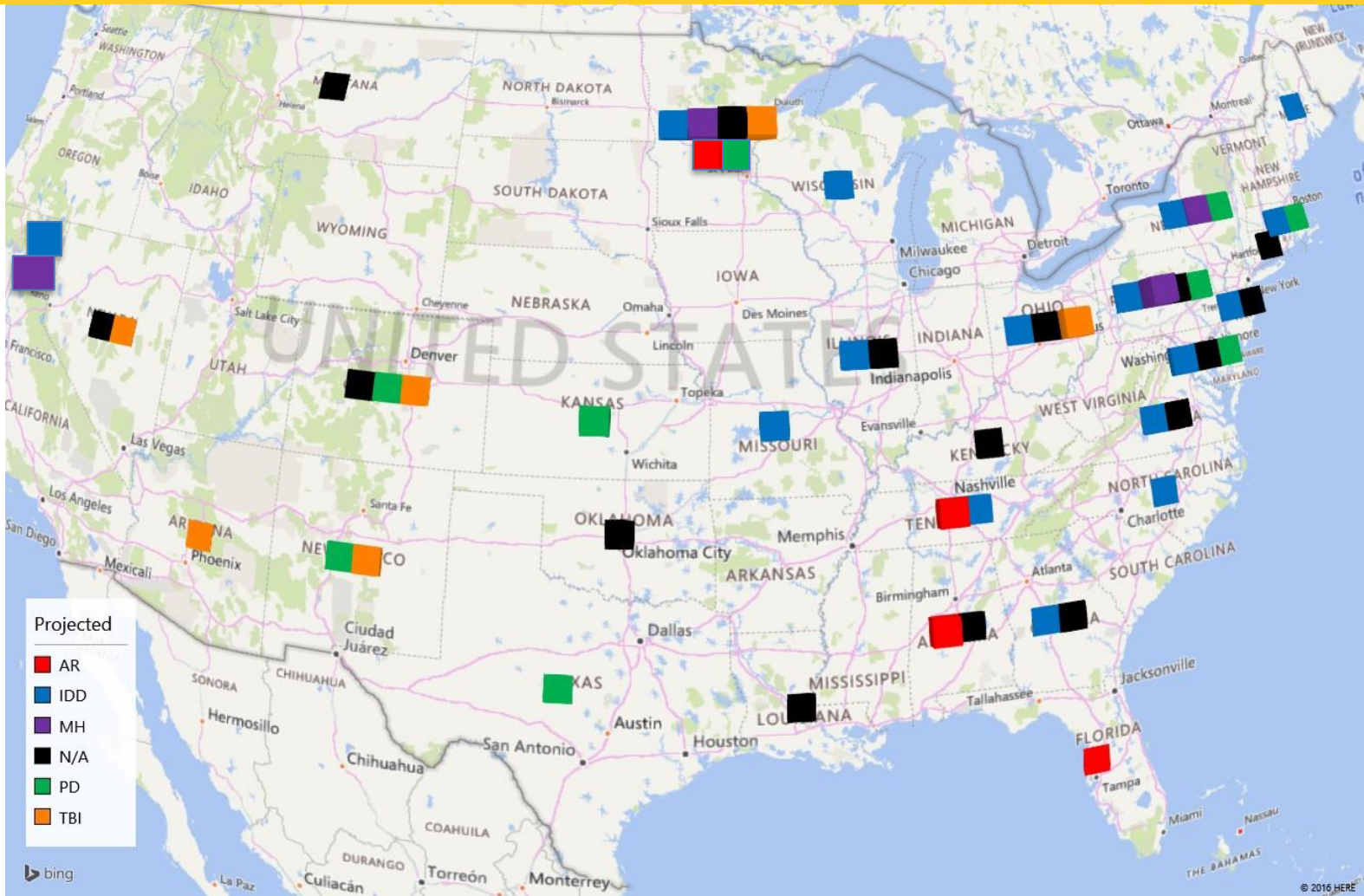
National Quality Forum Framework

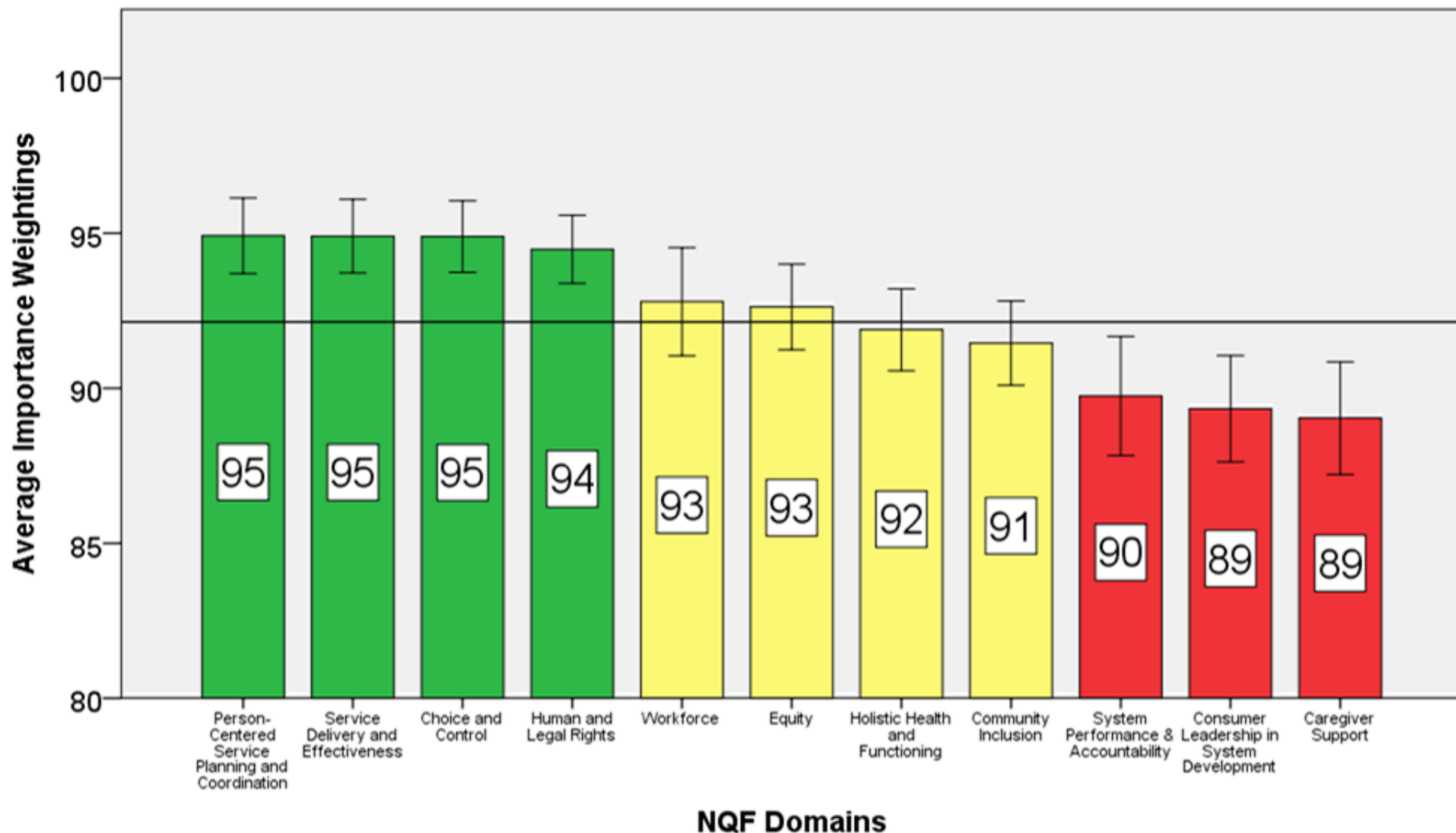


Study 1: Questions

- **Do stakeholder groups generally agree with the domains and subdomains outlined by the NQF?**
- **Do stakeholder groups or disability populations differ in how they prioritize NQF domains and subdomains?**
- Stakeholder feedback re: domains and subdomains present in NQF framework?
 - Operational Definitions
 - Gaps/missing domains/subdomains
 - Do subdomains accurately reflect what we are measuring at domain level (concept saturation)
- How important is to measure each given element of the framework to truly capture the quality of your HCBS services? What is most important to measure?
- How do these elements of service quality impact the disability community?
- Importance weightings: 0-100 Scale

Participants: Study 1





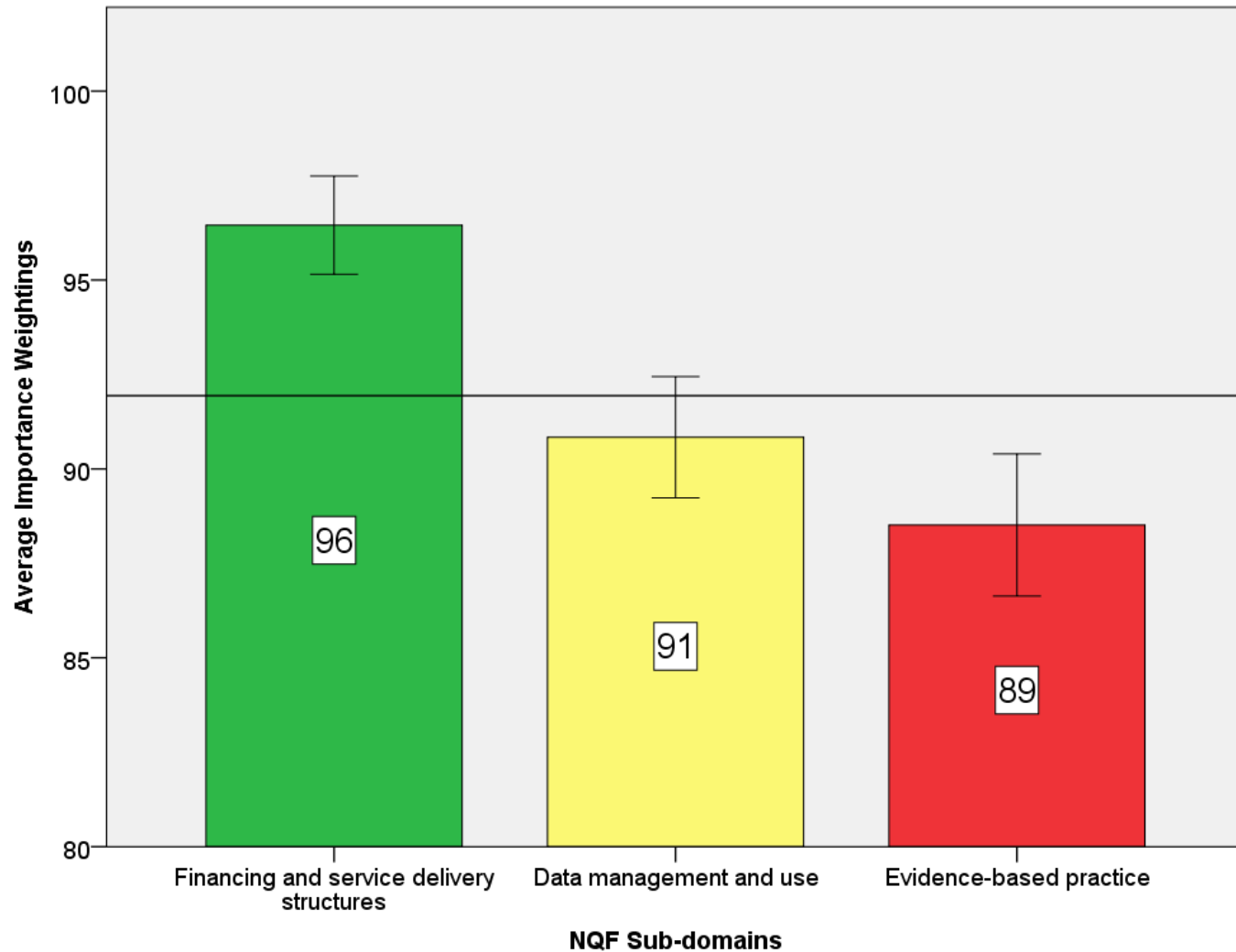
Note: n = 277

PPDM Priority Ratings for NQF Domains

	Domain	<i>M</i>	<i>SE</i>
Above Average	Person-Centered Service Planning and Coordination	94.9	0.62
	Service Delivery and Effectiveness	94.9	0.60
	Choice and Control	94.9	0.59
	Human and Legal Rights	94.5	0.56
Average	Workforce	92.8	0.89
	Equity	92.6	0.70
	Holistic Health and Functioning	91.9	0.67
	Community Inclusion	91.5	0.69
	System Performance and Accountability	89.8	0.98
	Consumer Leadership in System Development	89.3	0.87
Below Average	Caregiver Support	89.0	0.92

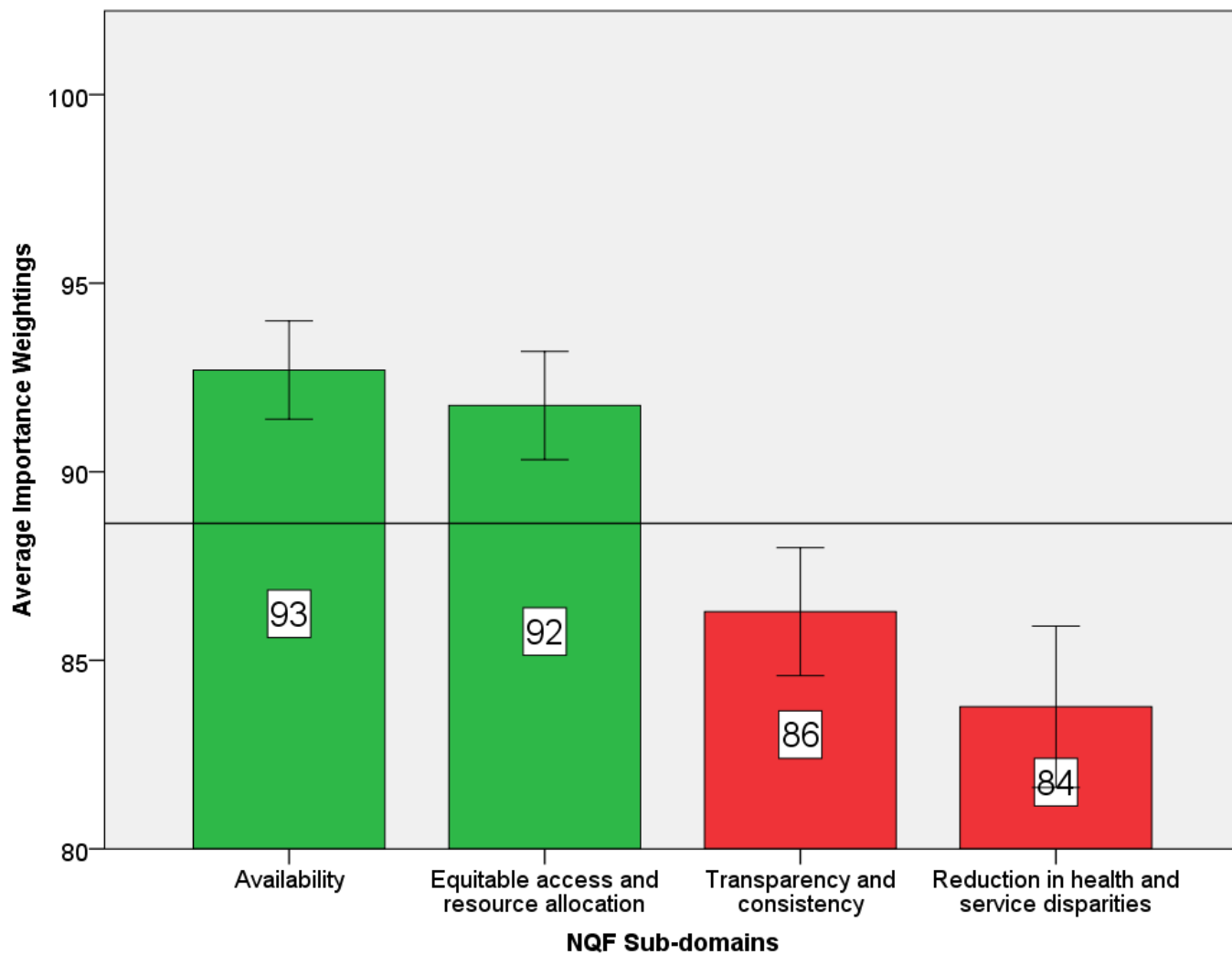
Note: n = 277

System Performance & Accountability



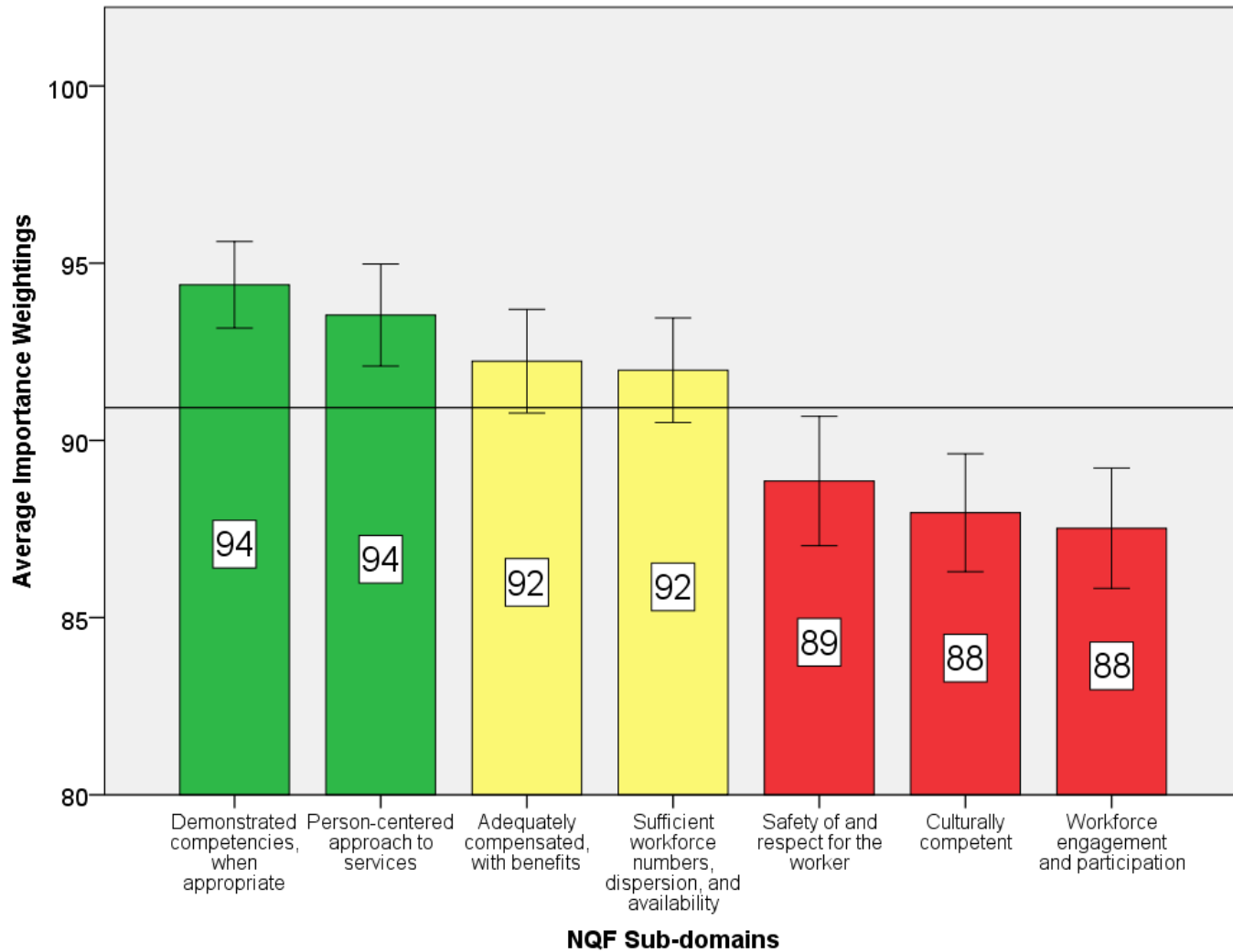
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Equity



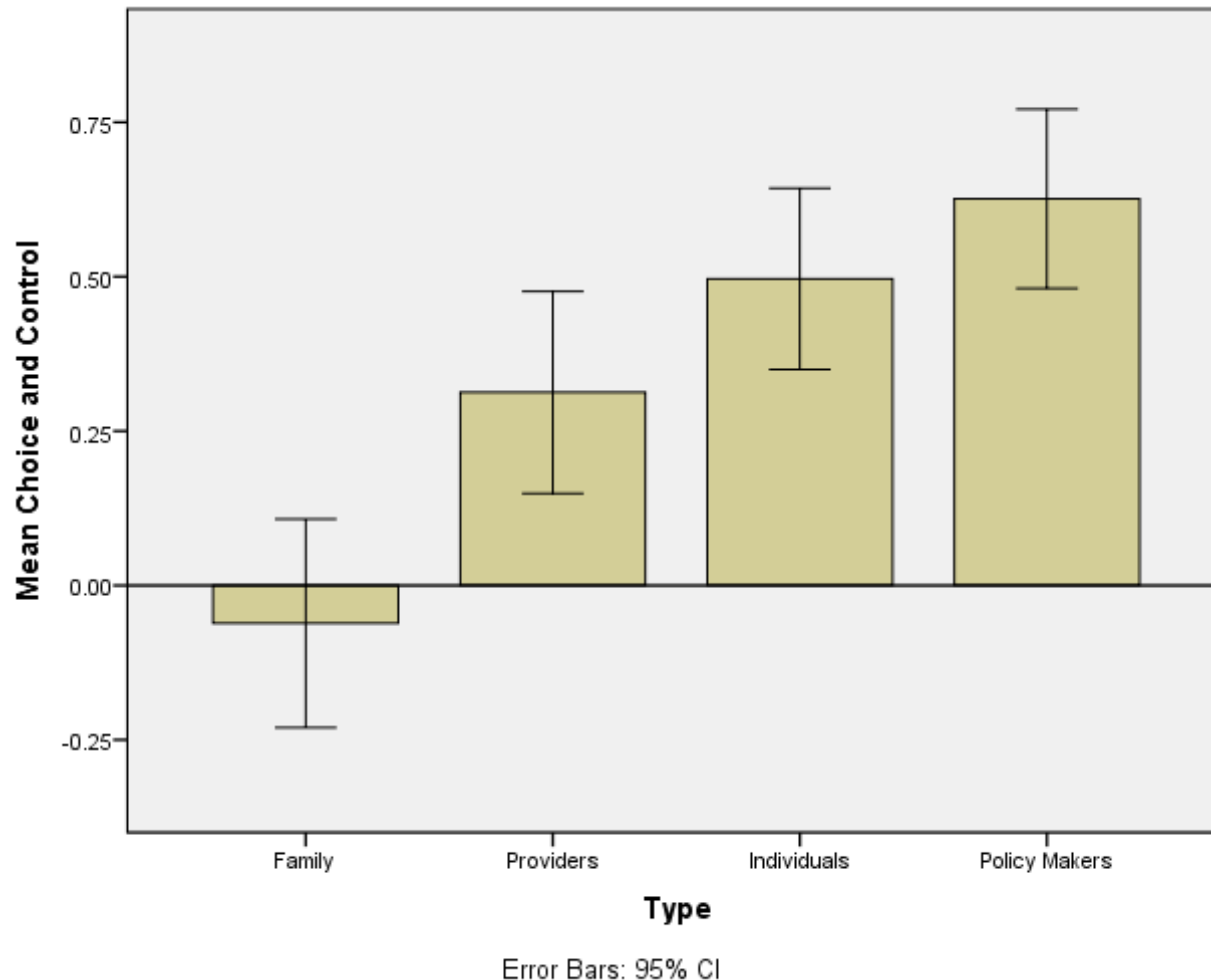
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Workforce



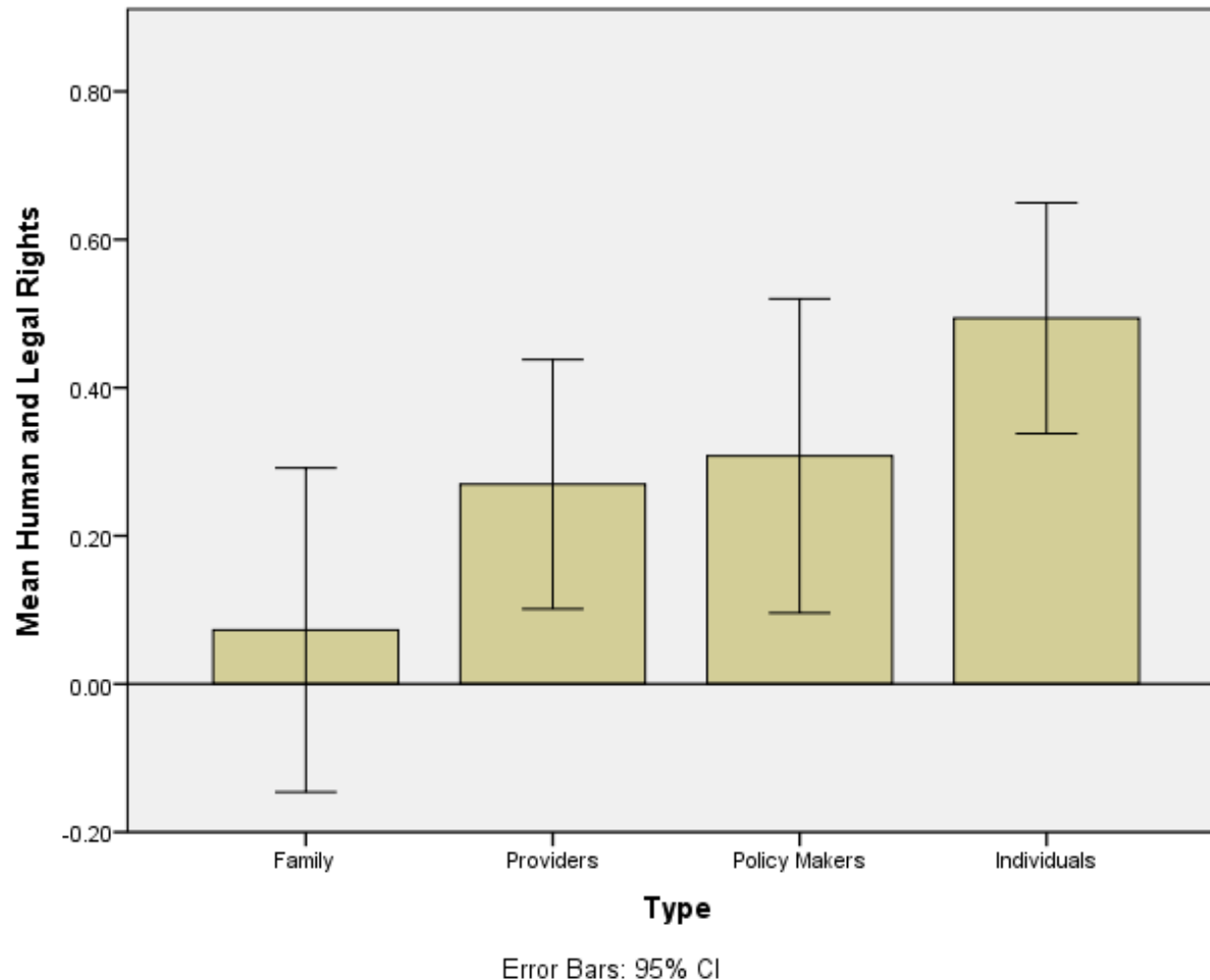
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Choice and Control by Stakeholder Type



- Families rated as average.
- All other groups rated as above average.

Human and Legal Rights by Stakeholder Type



- Families rated as average.
- All other groups rated as above average.

Main Takeaway - Study 1

- Provides evidence of social validity of the NQF framework
 - Some additions at domain and subdomain level recommended for inclusion by numerous groups e.g.,
 - *Employment*
 - *Workforce turnover;*
 - *Transportation*
 - Differences in importance weightings suggests that the framework may apply differently to various disability populations
- Results meant to drive measure development and improvement of measures deemed of greatest importance
- Webinars under development

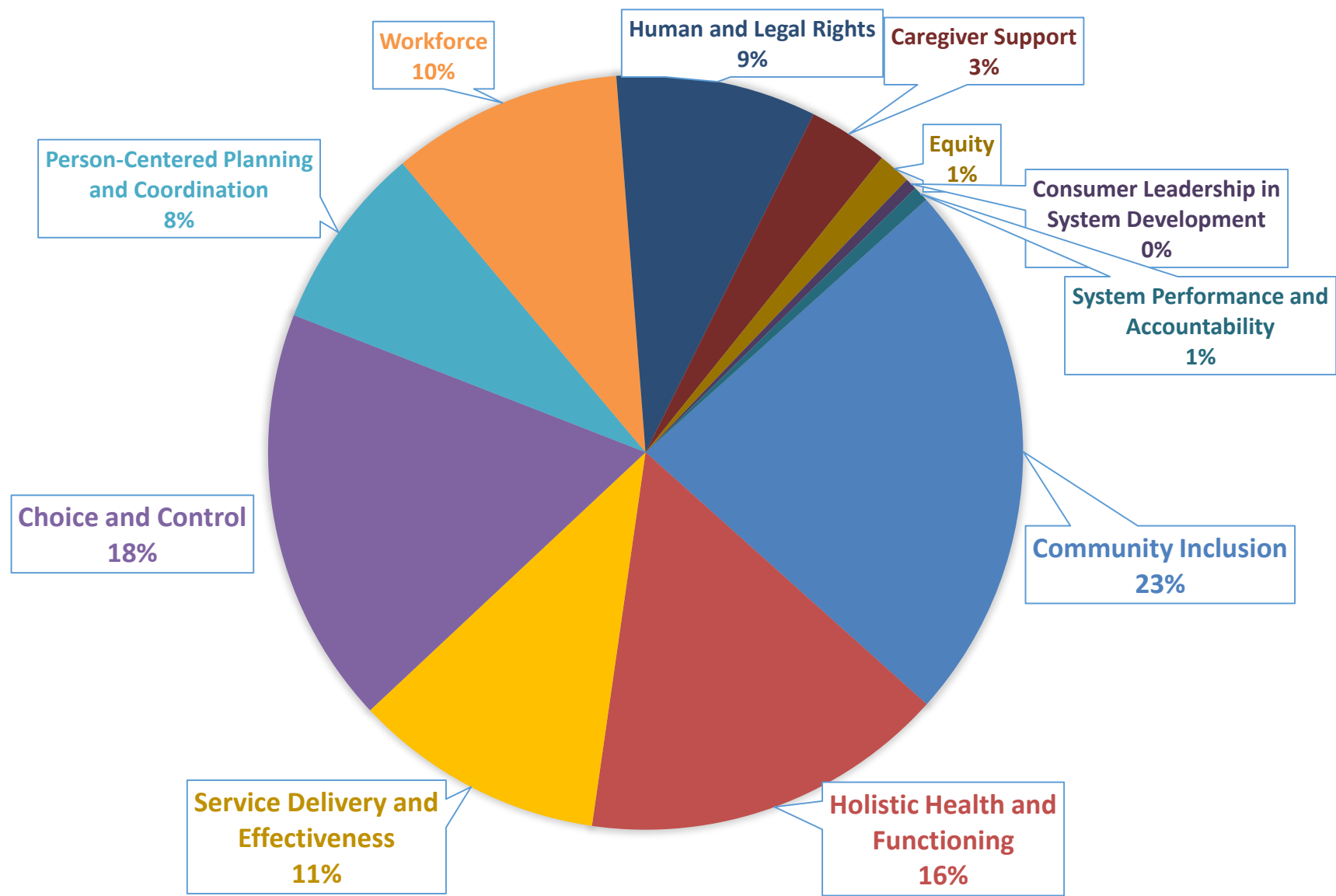
Study 2: Gap Analysis

**Between NQF Domains & Subdomains
and Existing Measures**

Gap Analysis Method

- Deconstructed 132 assessment instruments across the 5 target population (out of 195 reviewed)
- 7,893 items coded across all surveys
 - Items coded into NQF domains / subdomains
 - Items were coded by two researchers
- 6,673 codes were assigned to items
 - Some items (2,342) not assigned to a domain
 - Demographic questions, N/A
 - Some items (1,127) received multiple subdomain codes
- Development of interactive web data-base

Note: Numbers represented percent of total items coded ($n = 6673$)



Study 3: Implementation Fidelity Case Studies

Various HCBS Outcome Measurement Programs

Study 3: Purpose

- Identify existing outcome measurement programs used in which identified HCBS outcome measures are being implemented.
- Conduct case studies of varied existing quality measurement approaches and programs
- Identify the similarities and differences across procedures and mechanisms used

Study 4: Revision, Refinement, & Development of HCBS Outcome Measures

Combined Stakeholder Input *and* Gap Analysis

Domain	PPDM Rating	# Items
Person-Centered Service Planning and Coordination	94.9	485
Service Delivery and Effectiveness	94.9	653
Choice and Control*^T	94.9	1088
Human and Legal Rights*^{PT}	94.5	521
Workforce	92.8	602
Equity	92.6	85
Holistic Health and Functioning*^T	91.9	949
Community Inclusion*^P	91.5	1415
System Performance and Accountability	89.8	40
Consumer Leadership in System Development	89.3	31
Caregiver Support	89	208

Subdomain Prioritization Process

- All subdomains based on NQF framework
- New subdomains based on feedback from Study 1
- Rated on three criteria by:
 - RRTC/OM Leadership Group
 - National Advisory Group
 - ❖ Feasibility
 - ❖ Usability
 - ❖ Importance

Additional Criteria

- Scope of the RRTC/OM
- Minimizing redundancy with work of others
 - Measure developers, partners (HSRI)
- Domain & Subdomain coverage
- System-level vs. Individual-level measures
- Person-centeredness

12 Prioritized NQF Subdomains for Measure Development

Personal choices and goals

Transportation

Choice of services and supports

Meaningful activity

Person's needs met and goals realized

Self-direction

Social connectedness and relationships

Freedom from abuse and neglect

Employment

Workforce/Direct Care Staff Turnover

Person-centered planning

Access to resources

Note: bold type indicates a new subdomain provided by stakeholders in study one qualitative data

Study 4 Methodology

- Iterative process to develop or revise items addressing gaps in items/measures identified in studies 1 and 2.
 - Items prioritized based on input of stakeholders in study 1 & 2.
 - Extensive ***review of existing conceptual frameworks*** for measure concepts to be developed (when available)
 - Development of operational definitions for key components of measure concepts based on existing frameworks

Study 4 Methodology

- Items from Study #2 mapped onto the construct definitions
- Staff with content expertise develop or revise items.
- Iterative validation process of item and response format
 - Content expert review
 - Cognitive testing w/ all disability groups
 - Pilot study N = 100

Study 5: Ascertaining Reliability, Validity & Sensitivity To Change of HCBS Outcome Measures

Study 5: Ascertaining Psychometric Quality of Measure Constructs

- Multi-site investigation of psychometric properties of prioritized HCBS measure concepts based on previous RRTC/OM studies including:
 - **Reliability** (*inter-rater, test-retest, inter-source, internal consistency*)
 - **Validity** (*concurrent, predictive, discriminant, content, construct, inter-source*)
 - **Measure discrimination**
 - **Sensitivity to change**
- Stratified random sample of 1,000 individuals (16+ years) receiving HCBS drawn from the target populations with PD, IDD, TBI, MH challenges, and ARD