“Quality Matters”

CAADS Spring Conference
May 13, 2016
10:45 am – 12:45 pm

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Executive Director
California Association for Adult Day Services
Alliance for Leadership & Education
Outline for Today’s Session

1) Define quality, outcomes and indicators
2) Frame the reasons for why “Quality Matters”
3) Describe the quality improvement cycle
4) Provide examples of quality measures in health care and ADS setting
5) Discuss how we get to outcome measurement
6) Understand how quality relates to payment under different models
7) Start you on the quality improvement path
The Triple Aim

1. Improved Population Health
2. Improved patient experience of care including quality and satisfaction
3. Reduced Health Care Costs
QUALITY DEFINED

• The Institute of Medicine (IOM) of the National Academy of Sciences defines quality health care as “safe, effective, patient-centered, timely, efficient and equitable.”

• The Agency for Healthcare Research and Quality (AHRQ), defines quality health care “as doing the right thing for the right patient, at the right time, in the right way to achieve the best possible results.”
“America's health care system is neither healthy, caring, nor a system.”
— Walter Cronkite
QUALITY IMPACT – THE NOW REALITY

LESSONS TO BE LEARNED

• DIRECT OUTCOMES

• DIRECT DOLLARS

• INDIRECT OUTCOMES

• INDIRECT DOLLARS

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STARTLING FACTS

• Americans receive appropriate, evidence-based care when they need it only 55 percent of the time

• As many as 91,000 Americans die each year because they don’t receive the right evidence-based care for such chronic conditions as high blood pressure, diabetes and heart disease

• Nearly 90,000 people die every year, at least in part because of an infection contracted while in hospital
“Medical errors" in hospitals and other health care facilities are incredibly common and may now be the third leading cause of death in the United States (behind heart disease and cancer) - claiming 251,000 lives every year, more than respiratory disease, accidents, stroke and Alzheimer's.

Includes everything from bad doctors to more systemic issues such as communication breakdowns when patients are handed off from one department to another, or to one level of care to another.
THE “NOT SO OBVIOUS”

• Another element of harm that is often overlooked is the number of severe patient injuries resulting from medical error.
• Some estimates would put this number at 40 times the death rate.
INCONSISTENCY AND VARIABILITY: ANTITHESIS OF QUALITY

• “All providers extol patient safety and highlight the various safety committees and protocols they have in place, few provide the public with specifics on actual cases of harm due to mistakes.

• There has just been a higher degree of tolerance for variability in practice than you would see in other industries”

(Kenneth Sands, Health Care Quality, Beth Israel Deaconess Medical Center, an affiliate of Harvard Medical School)
QUALITY ISSUES

Quality problems fall into three broad categories:

1. Underuse – medically necessary care not received

2. Misuse - each year, more than 100,000 Americans get the wrong care and are injured as a result

3. Overuse - care that is not needed or for which there is an equally effective alternative that costs less money or causes fewer side effects
HOW DO WE MEASURE QUALITY?

1. **Measure processes of care.** For example, is a patient with diabetes getting her eyes examined when she should?

2. **Measure outcomes of care.** Is a knee surgery patient walking well following physical therapy?

3. **Measure the experience of participants and their family members.**
Quality Improvement Cycle

Act
- What changes are to be made?
- Next cycle?

Plan
- Objective
- Predictions
- Plan to carry out the cycle (who, what, where, when)
- Plan for data collection

Study
- Analyse data
- Compare results to predictions
- Summarise what was learned

Do
- Carry out the plan
- Document observations
- Record data
Characteristics of QUALITY MEASURES

- Meaningful Measures
- Clearly Defined Performance Measures
- Mutually Agreed Upon Performance Measures
- Accurate And Reliable Data Collection
- Replicable Across Populations

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Some Examples of QUALITY MEASURES

1. Compliance with Regulatory Requirements
2. Care Specific
3. Timely Intake
4. Timely Assessments
5. Fall Prevention
HEALTH SYSTEM QUALITY MEASUREMENT TOOLS

1. The Health Plan Employer Data and Information Set (HEDIS®)

2. The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

3. ORYXTM: a program for measuring the performance of hospitals, nursing homes, home care agencies and mental health care providers

4. The Medicare Health Outcomes Survey (HOS) is used to assess the physical and mental well-being of people enrolled in managed care plans.
QUALITY MEASURES - RESOURCE UTILIZATION

- Avoidable Hospitalizations
- Hospital Readmissions
- Emergency Room Utilization
IMPACT ACT OF 2014 (LTC and HHA)

- Resource use measures, including total Medicare spending/person
- Skin Integrity and changes
- Functional status, cognitive function, and changes
- Medication reconciliation
- Incidence of major falls
- Transfer of health information and care preferences when an individual transitions
- Discharge to community
- All-condition risk-adjusted potentially preventable readmissions rates
CAADS as your guide for your own Quality Improvement efforts...
If you want to go fast, go alone. If you want to go far, you need a team.

-John Wooden
We asked groups of providers at last Spring’s Conference to respond to questions related to quality....
How would you describe and demonstrate the quality of your work?

- High staff ratio w/ whole person/high touch
- Targeted and achievable measurable outcomes
- Technology for data collection/analysis
- Universal adoption of standard tools, process etc
- Systematic approach to achieve desired outcomes

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If your world changed tomorrow and you were going to be paid for achieving quality, what would you change?

- Collect data payers want
- Improve communication with MCOs
- Improve outcomes
- Demonstrate value; contain costs
- Use Satisfaction measures

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Describe what quality looks like and how can it be measured?

| Health and safety | • Licensing & certification survey compliance & results  
|                   | • Compliance with exposure standards; CLIA, HIPAA, etc |
| Staffing         | • Articulation of mission & goals  
|                   | • Staffing ratios  
|                   | • Turnover rate  
|                   | • Competency training and measurement |
| Standard Best Practices | • Standard clinical assessments  
|                         | • Regular IDT meetings/process  
|                         | • Common tools  
|                         | • Health education |

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## CAADS Quality Measure Examples

<table>
<thead>
<tr>
<th>Indicator and why selected</th>
<th>Measured by</th>
<th>Frequency or percentage</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excluded Providers</td>
<td>Evidence of procedure for checking OIG’s Excluded Providers list</td>
<td>Minimum standards For all required staff: • upon hire • 90 days • annually thereafter For contractors: • same as for staff • more frequently (as reasonable or required by external partners)</td>
<td>Target = 100%</td>
</tr>
<tr>
<td>Staffing Ratios</td>
<td>Standardized calculation of licensed NURSING staff (RN and LVN) hours</td>
<td>Numerator: Total RN &amp; LVN hours worked in month (test month is June 2015) Denominator: Participant Days/Month Calculation template tested and validated</td>
<td>100% of required ratio/staffing Indicate number &gt; 1</td>
</tr>
</tbody>
</table>
## CAADS Quality Measure Examples

<table>
<thead>
<tr>
<th>Indicator and why selected</th>
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<th>Frequency or percentage</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Meetings</td>
<td>Frequency of team meetings</td>
<td>Is there a policy in place for IDT process? Yes/No</td>
<td>100%</td>
</tr>
<tr>
<td>Non-regulatory</td>
<td></td>
<td>Recommended standard minimum 1 per month</td>
<td></td>
</tr>
<tr>
<td>Supports communication and person centered care planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBAS defined in Title 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADP best practice</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Frequency or percentage**

- **Numerator:** Number of team meetings held within the 12 month period
- **Denominator:** Total number of scheduled meetings that should have been held within the 12 month period = (12)

Example: 10 meetings held

\[
\text{Example: } 10/12 \times 100 = 83\%
\]
We cannot rely on mass inspection to improve quality, though there are times when 100 percent inspection is necessary. As Harold S. Dodge said many years ago, 'You cannot inspect quality into a product.' The quality is there or it isn't by the time it's inspected.

(W. Edwards Deming)
<table>
<thead>
<tr>
<th>Domain</th>
<th>Activity</th>
<th>Measure</th>
<th>Timeline</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>Validate all required training of center staff</td>
<td>Timely completion of minimum training requirements for all center staff as specified in law, regulation, and waiver</td>
<td>2-4 years</td>
<td>Centers report and CDA validates</td>
</tr>
<tr>
<td>Staffing</td>
<td>Track and post centers’ professional therapy services provided</td>
<td>Professional therapy staff hours provided as a percentage of required monthly hours</td>
<td>2-4 years</td>
<td></td>
</tr>
</tbody>
</table>
## CDA Examples

<table>
<thead>
<tr>
<th>Domain</th>
<th>Activity</th>
<th>Measure</th>
<th>Timeline</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Best Practices</strong></td>
<td>Establish sanctioned screening tools for CBAS disciplines and populations served for centers to voluntarily adopt</td>
<td>Number of screening instruments used by center</td>
<td>2-4 years</td>
<td>Examples of conditions for screening: cognitive; depression; fall risk; anxiety; alcohol/drug use, etc.</td>
</tr>
<tr>
<td><strong>Person Centered Care</strong></td>
<td>Establish core person-centered practices and identify centers that implement</td>
<td>Center implements core person-centered care practices</td>
<td>2-4 years</td>
<td>Centers report and CDA validates</td>
</tr>
</tbody>
</table>

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Summary: Importance of Quality Measurement

1. Internal Continuous Quality Improvement (Plan, Do, Study, Act)
2. Regulatory/contractual compliance
3. Risk reduction
4. Benchmarking across sites
5. Value–based purchasing
In 2017, CAADS intent is to release its first set of quality measures to test in the field, and train CAADS members on their use.
Next, let’s talk about outcomes and how they relate to quality...
Definitions

Outcome:
Measured evidence of a desired change

Indicator:
Information that contributes to evidence of an outcome
What unique features relate to the overall health of members and how to measure?

<table>
<thead>
<tr>
<th>Feature</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Life</td>
<td>Caregiver &amp; Participant Survey</td>
</tr>
<tr>
<td>Isolation/Loneliness</td>
<td>Loneliness scale</td>
</tr>
<tr>
<td>Person centered engagement</td>
<td>QUIS tool</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>Survey</td>
</tr>
<tr>
<td>Caregiver Strain</td>
<td>Zarit tool</td>
</tr>
<tr>
<td>Disease management</td>
<td>BP; BS; Nutrition; ADLS &amp; IADLS; Depression;</td>
</tr>
<tr>
<td>Prevention</td>
<td>Count Hospitalization; ED visits; 30- day readmission</td>
</tr>
<tr>
<td>Falls</td>
<td>Assess and count</td>
</tr>
<tr>
<td>Cognition</td>
<td>Assessment tool</td>
</tr>
<tr>
<td>Health literacy / education</td>
<td>Support groups</td>
</tr>
</tbody>
</table>
Guiding Principles for Outcomes

1. Relevant to the setting and persons served

2. Measureable by use of a tool or counting
   - Standardized
   - Meaningful
   - If a frequency (count) must be easily available to obtain and count

3. Resources used must be proportional to value of measure (cost/benefit)

4. Standardized tools must also be:
   - Validated and reliable
   - Non-proprietary
   - Easy to use
   - Appropriate to population, age, and conditions
   - Culturally appropriate

\[ Nf = pVf - pCf \]
Key Community Based Health Home System Outcome Results

For a 12-month cohort\(^1\) (N=55)

1. Emergency Department visits were **reduced by 23.6%**

2. Hospital admissions were **reduced by 24.1%**

3. 30-day readmission rate was only **1.8%** compared to national average of 20\(^2\).

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\(^1\) Cohort included persons with 12 consecutive months of CBHH service during the years 2012-2014 and 5 significant outliers removed (N=55):

Each person served as their own control, ie, pre and post CBHH intervention data were compared


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CBHH Intervention Showed Hospital Admissions Reduced by 24.1%

- Hospital Admissions in the year prior to CBHH admission were 0.29 pmpy (approximately $11.9M† in costs)

- Hospital Admissions in the year subsequent to CBHH admission were 0.22 pmpy (approximately $8.9M‡ in costs)

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Estimates of Hospital Costs (in Millions)

$14
$12
$10
$8
$6
$4
$2
$-

Pre-CBHH
$11.9 M

Post-CBHH
$8.9 M

| Hospital Admissions pmpy (0.29) x Membership (4,888) x Hospital Admit Cost ($8,378) ≈ $11.9M
| Hospital Admissions pmpy (0.22) x Membership (4,888) x Hospital Admit Cost ($8,378) ≈ $8.9M

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QUALITY - VALUE added Approaches

• Basis for Pay for Performance
  • Pay for Performance (P4P) is a incentive payment methodology in which a payer (usually a health plan) establishes a budget around selected quality and compliance benchmarks (criterion) and then rewards providers who meet or exceed the performance benchmarks through payment of financial incentives.

• Value Based Purchasing (VBP)
  • Value-based purchasing is a demand side strategy to measure, report, and reward excellence in health care delivery. VBP aligns quality performance measures with reimbursement strategies.
How can the way you receive payment impact quality?

<table>
<thead>
<tr>
<th>Fixed rate</th>
<th>Capitation</th>
<th>Acuity based</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does not take into account quality</td>
<td>• Operating cost base on cost reporting, plus profit margin to sustain quality &amp; viability</td>
<td>• Reflects different level of need and effort</td>
</tr>
<tr>
<td>• Works if “blended” (averaged) to take into account case mix – original concept of ADHC</td>
<td>• Rewards efficiency, quality</td>
<td>• Centers vary in level of acuity served</td>
</tr>
</tbody>
</table>
Genworth 2015
Cost of Care Survey

Home Care Providers, Adult Day Health Care Facilities,
Assisted Living Facilities and Nursing Homes

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## Benchmarking

### Community

**Adult Day Health Care (ADC):** Provides social and support services in a community-based, protective setting. Various models are designed to offer socialization, supervision and structured activities. Some programs may provide personal care, transportation, medical management and meals.

<table>
<thead>
<tr>
<th>NATIONAL MEDIAN DAILY RATE</th>
<th>INCREASE OVER 2014</th>
<th>FIVE-YEAR ANNUAL GROWTH¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>$69</td>
<td>5.94%</td>
<td>2.79%</td>
</tr>
</tbody>
</table>

**Assisted Living Facility (ALF):** Residential arrangements providing personal care and health services. The level of care may not be as extensive as that of a nursing home. Assisted living is often an alternative to a nursing home, or an intermediate level of long term care.

<table>
<thead>
<tr>
<th>NATIONAL MEDIAN MONTHLY RATE</th>
<th>INCREASE OVER 2014</th>
<th>FIVE-YEAR ANNUAL GROWTH¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,600</td>
<td>2.86%</td>
<td>2.48%</td>
</tr>
</tbody>
</table>

### Facility

**Nursing Home Care:** These facilities often provide a higher level of supervision and care than Assisted Living Facilities. They offer residents personal care assistance, room and board, supervision, medication, therapies and rehabilitation, and on-site nursing care 24 hours a day.

<table>
<thead>
<tr>
<th>Semi-Private Room</th>
<th>NATIONAL MEDIAN DAILY RATE</th>
<th>INCREASE OVER 2014</th>
<th>FIVE-YEAR ANNUAL GROWTH¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$220</td>
<td>3.77%</td>
<td>3.53%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Private Room</th>
<th>NATIONAL MEDIAN DAILY RATE</th>
<th>INCREASE OVER 2014</th>
<th>FIVE-YEAR ANNUAL GROWTH¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$250</td>
<td>4.17%</td>
<td>3.95%</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>HOME</th>
<th>COMMUNITY</th>
<th>FACILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Homemaker Services</strong></td>
<td><strong>Hourly Rates</strong></td>
<td><strong>Median Annual Rate</strong></td>
</tr>
<tr>
<td><strong>Home Health Aide Services</strong></td>
<td><strong>Hourly Rates</strong></td>
<td><strong>Median Annual Rate</strong></td>
</tr>
<tr>
<td><strong>Adult Day Health Care</strong></td>
<td><strong>Daily Rates</strong></td>
<td><strong>Median Annual Rate</strong></td>
</tr>
<tr>
<td><strong>Assisted Living Facility</strong></td>
<td><strong>Monthly Rates</strong></td>
<td><strong>Median Annual Rate</strong></td>
</tr>
<tr>
<td><strong>Nursing Home</strong></td>
<td><strong>Daily Rates</strong></td>
<td><strong>Median Annual Rate</strong></td>
</tr>
<tr>
<td><strong>Nursing Home</strong></td>
<td><strong>Daily Rates</strong></td>
<td><strong>Median Annual Rate</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MINIMUM</th>
<th>MEDIAN</th>
<th>MAXIMUM</th>
<th>MEDIAN ANNUAL RATE</th>
<th>FIVE-YEAR ANNUAL GROWTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>$12</td>
<td>$23</td>
<td>$35</td>
<td>$51,480</td>
<td>2%</td>
</tr>
<tr>
<td>$12</td>
<td>$23</td>
<td>$35</td>
<td>$52,624</td>
<td>2%</td>
</tr>
<tr>
<td>$25</td>
<td>$77</td>
<td>$195</td>
<td>$20,020</td>
<td>0%</td>
</tr>
<tr>
<td>$698</td>
<td>$3,750</td>
<td>$10,650</td>
<td>$45,000</td>
<td>1%</td>
</tr>
<tr>
<td>$93</td>
<td>$245</td>
<td>$913</td>
<td>$89,396</td>
<td>4%</td>
</tr>
<tr>
<td>$144</td>
<td>$285</td>
<td>$913</td>
<td>$104,025</td>
<td>4%</td>
</tr>
</tbody>
</table>
Quality is never ending story ...
Just Do It
Related National Quality Efforts

• National Adult Day Services Association
• National Quality Forum: HCBS quality measures
• CMS: TEFT HCBS assessment
• HSRI: National Core Indicators (NCI)
• HSRI: A-NCI (i.e., Aging NCI)
• ONC: eLTSS initiative (this is not measure related but will likely coincide)
• Academy Health: LTSS interest group (?)
• ACL Administration for Community Living