



Quality Design Team Meeting Summary

Quality Design Team	Date of Meeting: July 26, 2011
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Present: <ul style="list-style-type: none"> • Jan Abelseth • Kate Bishop • Stan Butkus • Judith Berek • Bridget Cariello • Michael Doherty 	<ul style="list-style-type: none"> • Marisa Geitner • Maxine George • Stephen Glicksman • Robin Hickey • Neil Mitchell • Richard Monck • Anne Swartwout 	Absent: <ul style="list-style-type: none"> • Louie Lopez • Donald Patterson • Tom Richards • Deb Burkhardt
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Discussion Topics	Summary of Main Discussion Points, Considerations, Recommendations, Next Steps, etc.
Review of Design Team Parameters & Review and Approval of the July 15 th Summary	<ul style="list-style-type: none"> • The July 15th meeting summary was approved by the group. • Answers by OPWDD to CMS' questions are now available on the OPWDD website at http://www.opwdd.ny.gov/2011_waiver/images/cms_responses.pdf
Liberty Healthcare Presentation by Rick Robertson, Barbara Stachowiak, Chris Baglio,	<ul style="list-style-type: none"> • Liberty Healthcare works in 16 states and conducts facility management, case management, and quality reviews. • Liberty told the design team, that having quality delivered services are a return on the state's investment, i.e. how much support are individuals getting for the amount of money that is being spent. • In Indiana, Liberty was brought into facilitate moving individuals from a 200-bed ICF into community. Liberty had to prove that individuals were still having their needs met in the community. • The Comprehensive Survey Tool (CST) was used that has 37 indicators and 21 Personal Outcome Measures. The tool is used with scheduled interviews, not unannounced reviews. Liberty worked with CQL



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and the state of Indiana to develop the survey process.

- Agencies work toward improvement through collaboration (no “gotcha” attitude), remediation, performance measures, and provider evaluations, very collaborative process.
- Surveys look at an individual’s total services so a lot of providers are reviewed at the same time.
- A provider report card is made public so that families, individuals, and anyone else can view it.
- With the data Liberty can look at trends over time and determine where there are shifts, what is consistent, and how is the population that is being served changing?
- Liberty is a QIO-like organization (Quality Information Organization) meaning that there is federal reimbursement for 75% of the cost.
- In Washington DC, Liberty was asked to revamp the certification process.
 - DC’s assurance to CMS was to review and certify every agency annually.
 - Liberty implemented an annual review for each provider that encompassed a person centered review and a provider organizational review
 - Person centered review included interviews with an individual and staff and a review of programmatic outcomes
 - Provider organizational review included a review of records, policies, training, employee records, and the quality improvement plan.
 - Liberty then would match the person centered review with the provider organizational review and determine if an agency was following its own policies and procedures and is there evidence that they are doing that?
 - Liberty has since evolved the survey to include more focus on outcomes and less focus on the process.
 - Scores are placed on a website and anyone can see them.
 - Liberty ensures inter-rater reliability by having



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	<p>supervisors compare what the surveyor decides and what the supervisor decides. They also use scenarios to facilitate discussion on how and why surveyors came to their conclusion. Teams also rotate so that everyone is not always working with the same people</p> <ul style="list-style-type: none"> • The survey process in DC has been streamlined and providers know the process. Providers have the measures in advance, they know when they will have a review and tools are on the website and sent ahead to help them prepare. • A provider has to meet all key indicators in the future or they will not be able to be certified. An agency's plan to meet the key indicators needs to be specific and there needs to be evidence that improvement is being made. • Resources for a "troubled provider" are available. <ul style="list-style-type: none"> • In DC, there is a partnership between Liberty & Georgetown for technical assistance. • Indiana incorporates a formal peer model. • There are no costs to the agency associated with receiving technical assistance; it is in the state contract. • Indiana and DC's programs have evolved and this needs to happen so that the quality survey process can be responsive to the system's and individuals' needs. • States need to be able to customize the survey tool. An "off-the-shelf" tool may not work.
<p>Delmarva Foundation Presentation by Bob Foley, Marion Olivier, and Susan Kelly</p>	<ul style="list-style-type: none"> • Delmarva is a QIO (Quality Improvement Organization) that works in Florida, Georgia, and South Carolina. • Delmarva focuses on individual outcomes, system evolution/transformation, and assisting with responding to DOJ inquiries of states. • The quality management system needs to measure what the state wants to impact. What is the state looking for? How do you prioritize, how do you connect them? If you measure it, they will be conscience of it. Definitions can



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change as priorities change.

- Delmarva found that information from NCI needed to be supplemented and developed the I-Cubed tool. They use unannounced visits to determine that health and safety is being met and to observe how staff is interacting with the individuals and how individuals are reacting to it.
 - Individuals do not need to participate in a review if they do not want to.
 - There are comparisons between agencies so there needs to be a valid sample size and integrity of data collection.

- When reviewing providers not everything can be looked at. Priorities need to be set regarding what is important. However, when something is not reviewed, agencies will sometimes stop doing it.

- Review looks at how providers are delivering services and how that is different from their policies and procedures. The review also determines how well the policies and staff delivery really helping to meet a person’s individual outcomes and are the policies and procedures being implemented and integrated into the agency? Reviews take place across a variety of settings, not only in certified settings. The QIO has completed reviews of plans in family homes to determine individual outcomes of supports provided.

- Provide technical assistance and teachable moments for staff at the survey. Provide assistance before a formal review even occurs.

- There are three different review approaches, Delmarva ascribes to the consultation approach
 1. Audit approach: provider is closed off and there is a “gotcha” atmosphere.
 2. Review approach: provider is participatory but not sure where to go next when findings are made.
 3. Consultation approach: provider is interactive and learns next steps and how to improve.



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	<ul style="list-style-type: none"> • Everyone starts in the consultative approach and then move from there. Reviewers share best practices and the reviewer is available to a provider. • Incentives for agencies may include positive incentives, such as awards ceremonies, acknowledgement (e.g. saying that a provider is “doing good”), fewer surveys, and mentoring. Financial incentives can get complicated. • For data collection, it should be made available to providers, such as on web based applications. However, everything does not need to be out at once. Start at the basic level (background checks, etc) and then move beyond that point when there is comfort in the tools and process. Also don’t assume people know how to use the data and what it means. There needs to be training and explanation on it.
<p>Quality Matrix</p>	<ul style="list-style-type: none"> • Discussion on implementing the quality matrix included how the survey process would occur, what the specifics measurements would be for the items, and how to transition to this type of survey. • Discussion also included how to measure an MCO and if this would be different from reviewing the agencies delivering direct services. • The quality matrix could be used as a learning tool and an enforcement tool. • Agencies need to meet the basic regulatory requirements, i.e. health and safety and then move toward quality improvement. • Clear guidance to agencies on the measurements and clear guidance to surveyors on how to ascertain information when individuals cannot communicate their own desires or needs and that there is understanding by both parties on what terms mean, e.g. what are significant and numerous incidents.



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- Need to add an item on training, facilitating, and implementing individualized plan and are the outcomes being met in the plan.
- Will need to consider amending MH law about the unannounced visits that are under it, but contrary to the current allow.
- Need to identify best practices and be responsive but not reactive. Need to ensure that the reviews are not just “per forma.”
- The Design Team (DT) discussed possible utilization of QIO to assist NYS in transition to develop personal outcome measures. DT also discussed possible demonstration projects that could utilize QIO expertise. DT recognized QIO history and acknowledgement as expert by CMS.

Action Items		
<u>Action Item</u>	<u>Owner</u>	<u>Due Date</u>
Design Team members send comments and changes on the Quality Matrix to Jan Abelseth and Kate Bishop	Kate Bishop and Jan Abelseth	August 10, 2011
Review the Quality Matrix with the Policy Unit to see how that Matrix could be quantified and what the data technology needs would be	Neil Mitchell	August 12, 2011
Work with DQM on the Plan for Aggregating Performance Data to ensure that the Quality Matrix domains are included.	Deb Burkhardt	August 12, 2011
Chart out draft recommendations, remembering that personal outcomes should always be at the forefront and that there needs to be transparency to ensure individuals are making informed choices.	Kate Bishop and Stan Butkus	August 12, 2011
Additional Documents of Reference		
Draft Quality Matrix, Delmarva Foundation Presentation, Liberty Health Care Presentation		



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Next Meeting:

August 12, 2011

10am – 4pm

44 Holland Ave, Albany, NY