

Implementing Outcome-Based Quality Measures Using the MDS-HC

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The Long Term Services and Supports (LTSS) Policy Lab is a resource to aid Executive-level decision-makers in program planning, policy evaluation and fiscal forecasting in the LTSS arena and is an outgrowth of UMass Medical School's long-standing partnership with the family of state agencies in the Commonwealth of Massachusetts. For more information on the LTSS Policy Lab, contact: Abbie Averbach, Director, Office of Data Analytics, Abigail.Averbach@umassmed.edu or Frederick Perro, Senior Director, Data Management Services, Rick.Perro@umassmed.edu.

Overview

- Need for Outcome Measures for Community-Based Services
- Study Methodology
- Implementing Quality Measures

Need for Outcome Measures for Community-Based Services

- Current measures: process, medical, consumer survey
- Need reliable and objective *outcome measures* community services
 - Help improve program services
 - Support alternative payment models

Need for Outcome Measures, con't

- **Measures based on MDS-HC**

- Outcome-based
- Validated
- Existing data
- Used in Ontario, Manitoba and Michigan
- Population-level analysis

- **Research question**

Can State use its assessment data to implement *interRAI's* outcome measures?

Set up analysis

- Map MDS-HC to assessment questions
 - Identify any textual differences between questions (e.g., “last 30 days” vs. “last 2 weeks”)

Measure	MDS-HC Question	Corresponding State Assessment Question
Prevalence of unintended weight loss	W24. Unintended weight loss of 5% or more in last 30 days (or 10% or more in last 180 days)	Q.1243 Unintended weight loss of 5% or more in last 30 days
Prevalence of delirium	C3.1. Sudden or new onset/change in mental function -OR- Client has become agitated or disoriented	Q.1148 Sudden or new onset/change in mental function -OR- Q.1149 Client has become agitated or disoriented

Set up analysis, con't

- Create study protocols
 - Link client assessments to program enrollment date
 - Develop filters (*age, target programs, etc.*)
- Gain in-depth understanding of how assessments are given
- Utilize iterative process

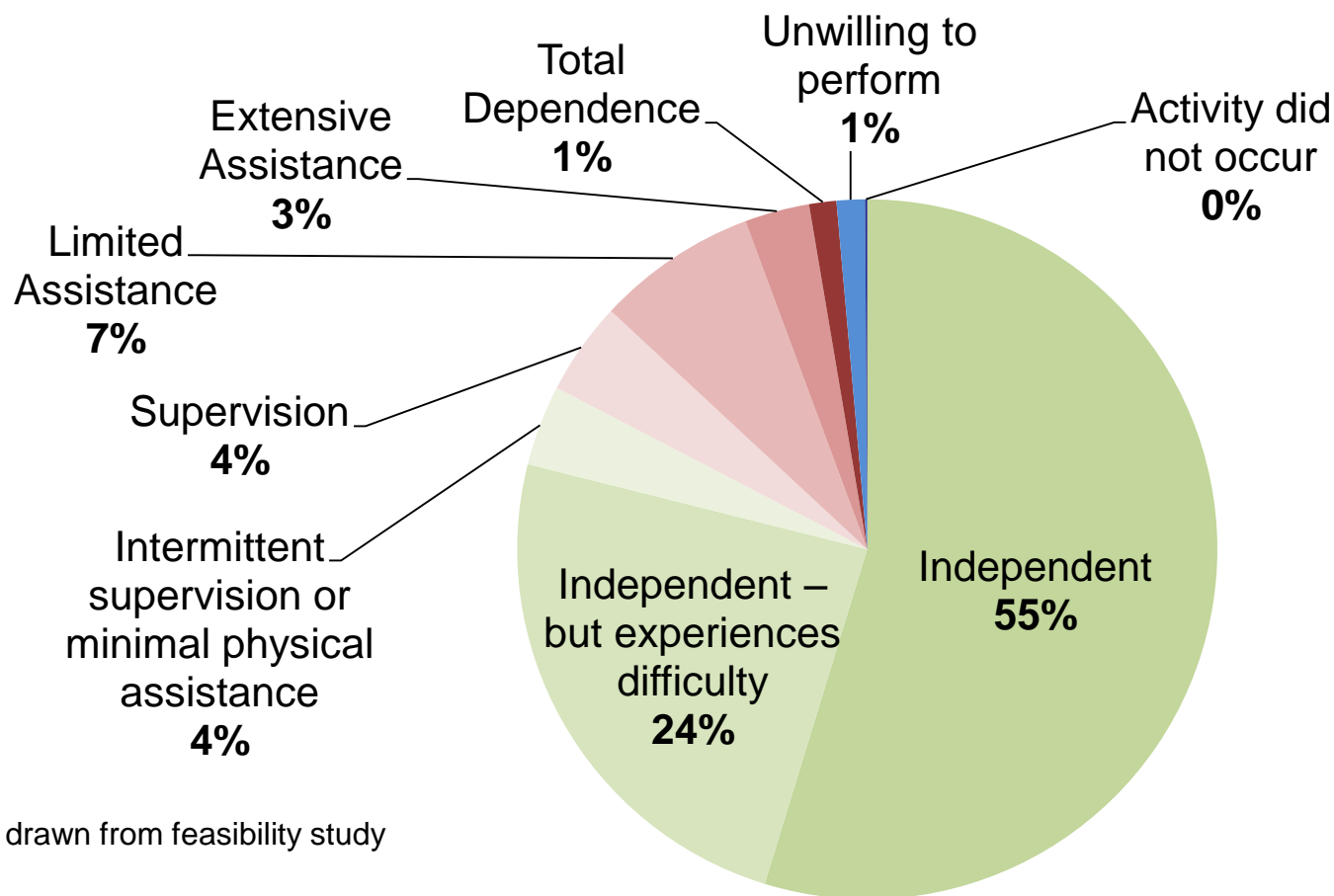


Analyze results

- **Response Rates per question (%)**
 - Overall response rates
 - Longitudinal questions
 - Response rates overall vs. by program
- **Response Patterns per question (answer options)**
 - Examined face validity of patterns
 - Compared patterns for low vs. high LOC programs

Response pattern for entire population

Ability to use the toilet

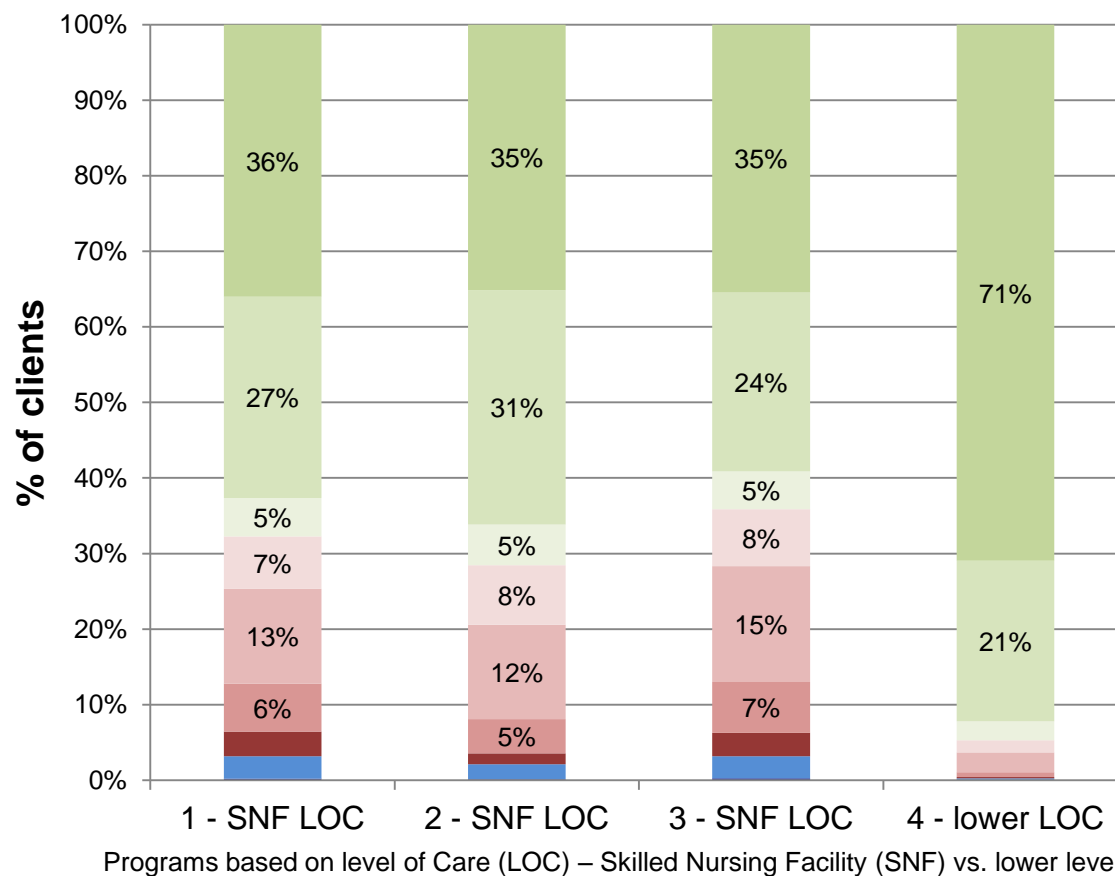


Figures drawn from feasibility study

Response pattern by program

Ability to use the toilet

- 1. Independent
- 2. INDEPENDENT - but experiences difficulty
- 3. Intermittent supervision or minimal physical assistance
- 4. Supervision
- 5. Limited Assistance
- 6. Extensive Assistance
- 7. Total Dependence
- 8. Unwilling to perform
- 9. Activity did not occur



Figures drawn from feasibility study

Programs based on level of Care (LOC) – Skilled Nursing Facility (SNF) vs. lower level

Implementing Quality Measures

- Complete additional data work
 - Apply *interRAI*'s member-level screens (e.g., filter out cancer patients from measure on weight loss)
 - Re-analyze questions overall and by program
- Implement measures
 - 5 ready for use
- Resolve data issues
 - Additional 8 - 11 measures may be ready after data issues resolved

Potential application: Using quality measures to compare providers

Prevalence of unintended weight loss (rate of negative outcomes)

(mock data for illustrative purposes)



Boxes show average score per provider; horizontal lines show range of scores with confidence intervals. Green boxes show 75th %ile achievability level. Successful providers can share best practices.

Questions?

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