

Consumer Satisfaction and Quality of Life Survey What's Next?

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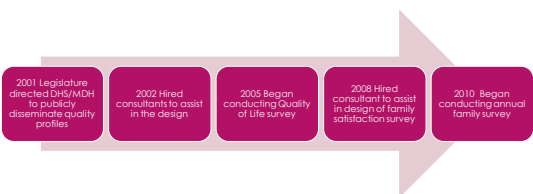
Policy Goals Drive Development

To provide nursing facilities with valid, relevant and reliable results to guide their quality improvement efforts.

Inform consumer decision making – NF report card

Offer financial incentives for better care

Background



How has the role of NFs changed in the past 15 years?

Significant shift to home and community-based services

Increasing short-term rehabilitation

Long stay residents are very complex w/ multiple chronic conditions

High emphasis on quality improvement

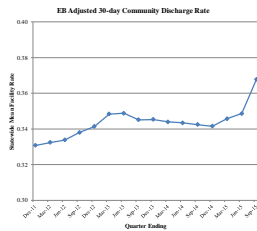
New partnerships across the continuum of care (hospital to home).

Significant shift to HCBS

- MN participates in the National Core Indicators Project (NCI)
- NCI Primary Aim:
 - To collect and maintain valid and reliable data that gives states a broad view of how publicly-funded services impact the QOL and outcomes of service recipients.
- 2015 NCI Surveys
 - 4800 face-to-face interviews (Aging and Disabled)
 - 4 languages (Hmong, Somali, Spanish, Russian)
 - 400 face-to-face interviews (Developmentally Disabled)
 - 400 completed (family) mail surveys

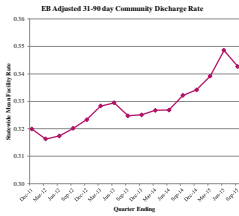
New Measures – Community Discharge Rates

- This measure is the annual rate of community discharge within 30 days after admission to the facility, divided by each facility's total annual admissions.
- Most people admitted to facilities are discharged in the first 30 days, and this measure is an indicator of how well facilities successfully complete typical post-hospitalization stays.



New Measures – Community Discharge Rates

- This measure is the annual rate of community discharge 31-90 days
- After 30 days, community discharge sharply declines and if a resident has not discharged after 90 days, their chance of doing so without intervention is small.



Increasing Short-stay Rehabilitation

- ▶ Short-stay experience of care survey:
- 2015 DHS conducted a pilot test both a long and short form in 100 NFS
- May 2016 - Roll out mail survey (short-form, 44 items) to all residents with a stay less than 30 days for admissions in the previous month.
- Facilities must have 30 or more short-stay admissions in the previous 12 month period to participate.
- Monthly mailings to continue until a margin of error of 7.5% is achieved for the facility.
- Phone follow-up interviews as needed to meet the margin of error.

Long-stay residents increasingly complex with multiple conditions

- Continue with resident QOL interviews annually.
- Review of instrument is currently underway with plans to update for the 2016 survey (based on focus groups conducted in Ohio and local stakeholder input).
- Clinical Qis reviewed and aligned with Federal measures, dropped less relevant measures and consider adding new measures as developed by CMS. (IMPACT ACT).

Responding to increasing population of minority racial/ethnic groups in NFs

- ▶ A preliminary data analysis indicates disparities in QOL exists.
- ▶ For the 2015 QOL survey, as many interviews as possible were conducted with residents in minority racial/ethnic groups. (4 languages)
 - ▶ Spanish, Russian, Hmong, ASL
- ▶ A total of 643 interviews were completed with residents in a minority racial/ethnic group across 156 nursing facilities.
- ▶ Analysis of this data will begin in May 2016.
- ▶ Plans for future on-site data collection via interviews, focus groups and observations to inform development of effective strategies to improve QOL

Family Satisfaction Survey

- ▶ Mailed to responsible parties of all long-stay residents annually.
- ▶ Began collecting data in 2010
- ▶ Developed a risk-adjustment approach:
 - ▶ Adjust for **gender, relationship with the resident, frequency of visits, frequency of phone calls, and metro vs. Greater MN NF location**
- ▶ Add risk-adjusted measure beginning with 2015 results (May 2016) to MN Nursing Home Report Card

High emphasis on quality improvement

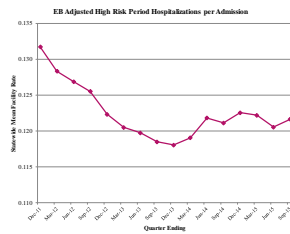
- MN's Pay for Performance
 - Performance-based Incentive Payment Program (PIPP)
 - Quality Improvement Incentive Program (QIPP)
 - Value-based Reimbursement (VBR)
- Federal: QAPI
 - QAPI is the merger of two complementary approaches to quality, Quality Assurance (QA) and Performance Improvement (PI).

Partnerships across the continuum of care, hospital to home

- Oct 2018: First skilled nursing facility value-based payment (2% withhold for re-hospitalization rate)
- MN has developed risk-adjusted re-hospitalization rate measures
- Federal demonstrations cover hospital to nursing home to community

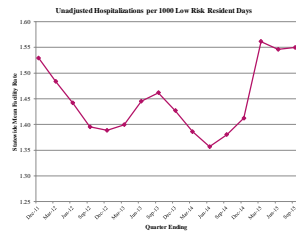
Hospitalizations 30 Days after Admission (High-Risk Period) for all Facility Annual Admissions

- This measure is the annual rate of hospitalizations within 30 days of admission to the facility
- This period is known as "high risk" as hospitalizations are much more likely during this initial part of the stay.



Hospitalizations 31-365 Days after Admission (Low-Risk Period) per 1000 Resident Days

- This measure is the number of resident hospitalizations 31-365 days after admission to the facility per 1000 annual resident days.
- This period is known as "low risk" as hospitalizations are less likely after this initial period.



Summary

- ▶ MN quality measurement system must continue to evolve to stay relevant for consumers, providers and payers of nursing home care.
- ▶ Quality is the focus, quality improvement skills are essential.
- ▶ A data explosion exists, we must all work together to make it useful.
- ▶ All can benefit if MN and Federal initiatives can align as much as practical and feasible.
