



Mental Health and Disability Services Redesign

Outcomes and Performance Measures Committee Meeting

Monday, November 5, 2012

10:00 am – 3:00 pm

Polk County River Place

2309 Euclid Ave.

Des Moines, IA 50319

MINUTES

Attendance: Rick Shults, Bob Bacon, Diane Diamond, Senator Joni Ernst, Becky Harker, Chris Hoffman, Mike Johannsen, Todd Lange, Geoffrey Lauer, Liz Matney, Mike Peterson, Carolyn Turvey, Representative Cindy Winckler

Facilitator: Kevin Martone, TAC

DHS Staff: Lauren Erickson, Joanna Schroeder

Other Attendees:

Cayla Price	Pathways
Sara Lupkes	Polk County Health Services
Teri Fredregill	Mercy Family Clinic
Marilyn Austin	Iowa County CPC
Jess Benson	Legislative Services Agency (LSA)
Becky Hedges	Easter Seals
John Pollack	LSA
Joe Sample	Iowa Department of Aging

DATA WORKGROUP UPDATE

- The final report is far reaching and visionary in terms of scope, and encompasses a more modern approach at how data can be shared back and forth. Goal is to not gather info more than once, and being sure data is shared with appropriate stakeholders. Their overarching advice to the Outcomes committee is to keep it simple.
- There is still a need to identify methodology that minimizes cost.
- Need to build a system that has trust amongst the people that are participating in the outcomes measures.

WORKGROUP DISCUSSION ON DATA WORKGROUP UPDATE

- Rep. Winkler suggested a combined meeting at some point.
- Keep in mind that education, MH and corrections all have unique identifiers and there may be the same individual across all three systems.
- When you look at using the data are there some situations where there are some self-population fields versus trying to find the data and using the correct information? Maybe the dashboard is where we get this data, i.e. applied definitions. Want to make sure there is a parallel between the local system and the state system.
- At the provider level, many are still going to have some data of their own. As a provider they may rely partly on the outcome measures and partly on other data they collect. The system needs to respect that providers need to gather other data for business.
- Need to think about families who are accessing the system both on the mental health side or education side so as they are entering a new stage of the system their history follows them. Don't want to recreate the wheel. Need to balance this with privacy of family and individual.
- Would like to collect morbidity data of each individual.
- If we measure based on frequency and not severity, we may lose people.
- If we get to a person early enough, where those circumstances are just right and don't go further in the system, how do we capture this in a way to know the system is working?
- See this as a pyramid of intervention. Wider array of services at the bottom of the triangle. If the needs are met at the bottom, what you find out here in the discovery stage impacts whether it is managed at this level or if it escalates. If not, intensity of services increases and the costs do as well. At the top you have fewer people. Eventually once we have the data we can then project some costs and also the way in which in individual interfaces with the system.
- Unclear as to what the core services are. One of the next steps in the process among many is to look at those core service domains and examples of types of services and flesh those out to be more defined in rule.
- Maybe we need to have some services in place to make sure we can achieve the outcomes we are seeking.
- Consumer outcomes – what kind of life do we think people would like to live and how do we know if they are living that life? What I think we are missing are specifics related to what do we do if this doesn't happen.
- Recommend that this workgroup be ongoing especially since all providers are striving for continuous improvement.
- What is going to be done for underperforming regions? All outcomes and performance measures need to be part of ongoing quality paradigm. Evaluating strengths and weaknesses; do that in a way that reflects collaboration and team building and opposed to getting into negative processes.
- Shift language to accountability of results.

- Make sure we have training and infrastructure in place so providers can learn best practices and providers can make a conversion before it's too late, i.e. before they underperform.
- One ongoing challenge for the Legislature is that it costs more in the beginning to transition and as the system becomes more effective, savings will occur but for a time you have to fund both. As a Legislature we have not come to term with this piece.

DISCUSSION OF PRELIMINARY DRAFT OF REPORT

- Recommend adding attachments with survey tools to the final report and this would include some discussion on the tools.
- Sen. Ernst said from the Legislative standpoint, they will take a look at the report and determine if it is meeting intent of legislation, and whether we heading in the right direction.
- Rep. Winckler noted it would be helpful in the overall picture to identify how this report fits with the other reports, and have a timeline on where we are in the redesign implementation process. How do these pieces fit in with expectations of regions and how will they use these tools to build their systems? Not sure if we're ready for the strategic plan but it would be helpful. Potentially from the funding level, if the building of a data system is needed in order for us to make good decisions and in order for regions to provide accessible, quality services, these things must occur. How do we balance between funding to build the system and funding to keep services? This will help us identify/set priorities. For the report, please include a list of what data is available now to answer these questions.
- Recommend providing a budget and identifying how many staff it would take; hire outside experts to come in and help with this.
- Have high expectations that we have realistic outcomes that we are going to be able to support living in the community as part of Olmstead principles. Expectation is we develop valid reliable measures in which providers, consumers and policy makers can be reasonably assured there is accountability for results - continual improvement.
- There already exists reliable, valid measurement tools that have been tested in a various places. Now we need reliable data from the tools. If we are going to ask the people themselves to answer the questions, and if we want to be able to measure validity between regions, we are then at a size of data gathering that DHS can't do with current resources. So the question is as a group, are we comfortable with an intermediate step with coming up with an instrument you can ask of all disability groups to measure using a smaller sample across all regions but is valid or do we wait to gather data directly from people when we have enough resources to gather that 12,000 sample size?
- This group can make the statement in the report that we need more resources; something DHS can't do in its report.
- Try to figure out a hierarchy of resort and put a budget on each item.
- It's very common that a group identifies a tool they can trust and then they add additional questions. It seems like the common denominator is functioning - then

add on service levels. You always go back to be sure your population understands the questions, etc. Get one that covers as many domains as possible that is acceptable to us and then add on from there.

- Would look for measures of functioning. Functioning works for much of what we're after. At end of very first assessment we have something that we can build on.
- Must also ask the question, Can this information then be applied to services provided in a region?
- Dr. Turvey volunteered to look at other tools – RAND, etc. Will look at national comorbidity study, a community-based study where 60 percent of people had no mental health problems. RAND does a lot of surveys that are really easy to use.
- Suggest reconsidering the workgroup metric. Does the Legislature have a sense of the top 2 or 3 questions they want to know about the system so if resources are an issue than these are the highest priority measures? What do we need in the first round so Legislators feel confident in distributing money to the MHDS system?
- Rep. Winckler noted initially the most important piece is creating system that will guarantee a consistent system statewide. Knowing where services are and aren't and how we develop capacity are some of the initial questions.
- Sen. Ernst noted that the underlying principle of redesign is consistency and access to services. This might be what needs to be answered first.

BIG PICTURE REVIEW

- In terms of system and provider information / domains, it seems that people are generally feeling pretty good. It also seems like another set of information focused on transitional data that the system collects that is also consistent with the domains we're trying to collect follows Legislative intent. As we start to talk about the survey tools. What types of information are we trying to collect?
- The survey questions are generally quality of life questions focused on collecting functional data. Are we trying to collect functional data or quality of life data and is there a difference or not?
- The Olmstead principles clearly tie into our domains so I don't think people have questions about that.
- We can find out from the system itself where people live and we can define that. Need to go to the person himself and if ask if he is living where he wants to live and living with whom he wants to live.
- Some of these tools will continue to be used because they have too.
- The big question for the Legislature is what we're currently doing effective? Is there a way to give us a fuller picture here? What are the big pieces we can use to determine if it is effective?
- I think we could answer those questions using the data already collected by service providers. What we can't get is the effectiveness of that data. The appropriateness and accessibility come from the people themselves. We also can't get person-centeredness and personal choice without surveying individuals.
- Recommend highlighting how much of the data we can get from current surveys in the report.

- Suggest including requirement of major incidents and then you can get the hospitalizations - that is key. Would get the central event before going to hospital.
- Core outcomes and data collection that could cycle back on itself and could give us something that could bog us down. This provides a reasonable proxy for some, if not all of our domains across populations.
- Create a dashboard report that gives us a set of indicators that let us know how well the system is doing. We tried to narrow the list to questions that are more broad-based to capture across disability systems. It's a good starting point when creating a tool to take questions from other tools that are reliable and valid. This gives you a start of a tool that you go out and start testing.
- When do we have to have our tools ready knowing that regions go into effect on July 1, 2014? If you look at the steps, the first major step in redesign is durational legal settlement goes away. The second step is that regions meet preliminary requirements by December 31, 2013 and be fully operational on July 1, 2014.
- Your comment about multiple steps moving forward seems to be a more manageable way to answer and implement all of our questions.
- Why not broader than "The university level"? Page 19. We also need others at the table. It should be university experts and community and consumers.
- SAMSHA mentioned the ACA in how they developed the report. Do you think there is something coming down that will be mandated from the federal government in terms of collecting data? We need to try to meet expectations of federal funding and we should build it as we know now.
- Number 8 on page 9, the comment is that you want to use a CQI lens, I think that issue is realistic. Number 3, when you said measures with co-occurring, they should be named as in SF 2315.
- When watching the staffing trends of regions they are claiming that they have a lot of access points but right now seeing a lot of emphasis on service coordination and case management and hiring medical record coordinators so sustainability is an important aspect here. It's a little bit of the cart before the horse.
- Part of measures of accessibility and penetration are already available, so early on these issues of access should be measurable right away. Do we have a baseline from the year before redesign happened to look back at for a comparison?

Proposal to Workgroup:

Within the concept that the report is an instruction booklet to go out and build the system: 1) Go out and make sure first and foremost you have a data collection system and can use and analyze that data. 2) Look at all kinds of other data you want to gather from the people providing services and supports and add that to the system. 3) What do you ask people? This is the last thing you would develop. We would work on this step in parallel with the others in anticipation it will take the longest; and then we will report back to this workgroup on specific milestones. The group reached agreement on this proposal.

DOMAINS – HEALTH & SAFETY

- On provider tool #50 – on survey tool #63 - *I feel safe in my community* – I think someone answering this question might think community in larger scale. Should there be a question about feeling safe in his/her own living environment?
- Struck how everything is phrased toward the positive. This seems to be the way across the tools. Consider mixing up positive/negative. See if other states are doing this. We'll probably get more information if it said, "*I feel I might be harmed in my community.*"
- Agree the way the questions are phrased will have a huge impact on the accuracy of the response. Have there been studies on which way will elicit more accurate information?
- "*What social situation makes you feel uncomfortable*" versus "*I feel comfortable in social situations.*" Words greatly impact the meaningfulness of the results.
- Think #64 is a data question, not so much an individual question for the person.
- Would #65 be a data question? Yes. For Medicaid we would know but for non-Medicaid you might have to ask them.
- #61 - more aimed toward someone with mental illness. We could add "*not applicable*" to that question.
- During our discussion about what success looks like we determined there needed to be training on how to implement the tool.
- With the safety piece, do we need to know if they are prepared to deal with the situation if they don't feel safe? "*I know what to do if I start to feel unsafe?*"

FAMILY AND NATURAL SUPPORTS – FAMILY MEASURES - #49-#55

- This is an area I can see taking a look at regional comparisons. Could see a situation where families in one region have better access than others. Would lead to the question why? Might be something to take a look at.
- Add a question about whether a family member has supports and resources to keep a family member living at home if they want to. "*If you want to keep your family member in your home, do you have access to the resources and supports to do this?*" If they say no, then this could be a red flag.
- Maybe something like: "*I had to spend a lot of effort to get my family member the services they needed.*" or "*I'm expected to do things that the state should be doing as far as offering resources while waiting for services.*" or "*Was there a period when I was unsupported while I waited for services?*"

FAMILY AND NATURAL SUPPORTS THE CONSUMER MEASURES

- To what degree will the public be able to see the answers to how the survey is developed? As we think about public access, need to think about what level because so much of data can be misinterpreted and misused.
- Don't see any reason why you couldn't summarize all questions in a report. Just be careful how you phrase questions since consumers will be seeing this.
- Could do some benchmarking on state averages.
- A dashboard will not be very helpful if it doesn't have an indication of context built into it.

- #47- I feel alone. I have to stop and think about this. Once on a while, several days a week, all the time? I think you could challenge everyone of these questions. Would like to see this question with choices because this is a persistent and frequent issue in quality of life for people with disabilities. It just needs to be put in the right language. In some cases, the questions will be posed by the case manager, so if I were the person presenting the survey, I'm not sure how I would explain it without taking a guess.
- What are we trying to get from #37 – Ok question but at the same time is there more we want to know here? This is one where there are measures already out there that might help us tease this out.
- How do we get at over medication? i.e. being over medicated? This is a piece of information we collect on the provider side that might be more helpful to us. Also ask if they review the entire medication history of the client.
- Could the question be, "*Does the doctor review your medications with you?*" or "*Does the doctor respect your view on medications?*"
- One way to get at this issue might be reviewing accreditation standards of providers regarding this issue. Most of my colleagues don't have protocols put together regarding medications; it's whatever the doctor wants to do.

PUBLIC COMMENT

Comment:

Suggest consistency and language for the provider measurement tool. The assumption should be we're providing needs-based services as opposed to a medical-model. As evidence-based practices are important but emerging practices, and innovation-based services should also be acceptable so we don't stifle development. Suggest being called back together to consider children's outcomes. Referencing page 19 – do not use blanket statements across regions because they are not equitable. Suggest balancing accountability with collaboration. Consistency is important but standardization doesn't always get you where you need to be; there is a fine balance.

For more information:

Handouts and meeting information for each workgroup will be made available at: <http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>.

Website information will be updated regularly and meeting agendas, minutes, and handouts for the Redesign workgroups will be posted there.