



Committee Web Meeting: Home and Community-Based Services to Support Community Living

January 29th, 2016 | 1:00 pm – 3:00 pm ET

Instructions:

Follow the instructions below 10 minutes prior to the scheduled start time.

1. Direct your web browser to the following URL:
<http://nqf.commpartners.com/se/Rd/Mt.aspx?302116>
2. In the “Display Name” field, type in your first and last name and click on “Enter Meeting.”
3. For HCBS Quality Committee members, dial **(855) 826-6798**
4. To participate in discussion over the phone, dial **(800) 374-0747**. You may also submit comments and questions during the webinar using the chat feature.
5. If you need technical assistance during the meeting, you may press *0 to alert an operator or send an email to: nqf@commpartners.com.
6. If you have any questions or comments in follow-up to the web meeting, please send them to NQF staff at HCBS@qualityforum.org.

Webinar Objectives:

- Review results from the synthesis of evidence and environmental scan
- Discuss public comments received on the 2nd Interim Report
- Review prioritization approach and work ahead of the March 2016 in-person Committee Meeting

1:00 pm **Welcome, Introductions, Review of Meeting Objectives**

Margaret Terry, Senior Director, NQF

Joe Caldwell, Committee Co-Chair

Steve Kaye, Committee Co-Chair

1:10 pm **Review of Project Goals and Progress**

Andrew Anderson, Project Manager, NQF

1:15 pm **Overview of Results from the Synthesis of Evidence and Environmental Scan**

Margaret Terry, Senior Director, NQF

- Objectives and approach to the synthesis and scan
- Review of results by measure type and domains
- Review state and international findings

- 1:30 pm** **Committee Discussion of Results**
Rachel Roiland, Senior Project Manager, NQF
Joe Caldwell, Committee Co-Chair
- Committee response to discussion questions
- 1:55 pm** **Public Comments on 2nd Interim Report**
Rachel Roiland, Senior Project Manager, NQF
Steve Kaye, Committee Co-Chair
- Scope and themes of public comments received
 - Committee discussion to respond to public comments
- 2:15 pm** **Opportunity for Public Comment**
- 2:25 pm** **Overview of Prioritization Process and Work Ahead**
Kim Ibarra, Project Manager, NQF
- Present plans for prioritization
 - Review of work ahead
- 2:45 pm** **Opportunity for Public Comment**
- 2:55 pm** **Next Steps**
Andrew Anderson, Project Manager, NQF
- 3:00 pm** **Adjourn**



Home and Community Based Services Quality Measurement Committee Web Meeting

The National Quality Forum (NQF) convened a Committee web meeting for the Home and Community-Based Services (HCBS) Quality Measurement project on Friday, January 29, 2016 from 1-3pm ET. There were 230 individuals attending the web meeting, representing a variety of stakeholder groups. An [online archive](#) of the web meeting is available for playback.

Welcome, Introductions, and Review of Meeting Objectives

Committee Co-Chair, Joe Caldwell, began by welcoming participants to the webinar. Next, Margaret Terry, NQF Senior Director, provided opening remarks, welcomed members and the public audience to the web meeting, and introduced the rest of the NQF Project Team and the HHS Project Team. Eliza Bangit, Government Task Lead (GTL), introduced herself as the new government lead on this project and shared remarks on the projects previous GTL, Jamie Kendall, who was an important leader in this work. Next, Andrew Anderson, NQF Project Manager, conducted a roll call of Committee members (see [Appendix A](#)).

Next, Dr. Terry outlined the meeting objectives:

- Review results from the synthesis of evidence and environmental scan
- Discuss public comments received on the 2nd Interim Report
- Review measurement prioritization plan and work ahead of the March 2016 in-person meeting

Review of Project Goals and Progress

Mr. Anderson began by stating the purpose of the project and how it fits into the larger effort to measure and improve the quality of HCBS. He reminded the public and NQF members that the Committee will be considering all payers, settings and services when developing their recommendations and will maintain a broad and inclusive orientation toward community living. He went on to restate that the Committee that will not be recommending measures for endorsement. They will, however, be reviewing existing measures to develop a better understanding of the measurement landscape to inform their recommendations. Mr. Anderson then reviewed the projects goals and important project dates and deliverables. He also provided key points of clarification to respond to common questions and concerns:

- The purpose of the project is to provide upstream strategic guidance on the highest priorities for measurement in HCBS. The products will likely contain both short-term and long-term recommendations.
- Prioritization involves making trade-offs. As we progress, the Committee will begin to focus more narrowly on specific areas of measurement.
- The project is focused on identifying performance measure gaps. A performance measure is a specific type of quantitative measure that allows for comparison across entities and benchmarking as well as assessment of variability across services. Performance measures allow us to understand the quality of services.

- The goal of the environmental scan was to identify the best performance measures available and to provide the Committee with a snapshot of what measures have been proposed for use, are in use or could be used. NQF is not asserting that the identified measures are good or appropriate to the task of assessing HCBS quality. It is simply a list of existing measures that generally fit within the domains outlined by the Committee. The Committee will review the measures that were found to determine their appropriateness and relevance.
- Interim reports are final products. They will not be changed after they are published. The interim reports are meant to document the products of each phase of the project and allow HHS, NQF members and the public to provide feedback at each important milestone. NQF staff and the Committee review each public comment to ensure that they are appropriately considered. Changes to the work based on public comments are reflected in each subsequent report as they form the building blocks of the final report.

Overview of Results from the Synthesis of Evidence and Environmental Scan

Dr. Terry began by reviewing the purpose of the synthesis of evidence and environmental scan. She then briefly explained the methodology to provide context for the findings. NQF identified measures (n=261) and measure concepts (n=394) and instruments (n=75). Dr. Terry explained that there were many measures found in the domains of *Service Delivery*, *System Performance*, *Effectiveness/ Quality of Services*, *Choice and Control*, and *Health and Well-being*. However, there were few to no measures or measure concepts found in the domains of *Consumer Voice*, *Community Inclusion* and *Caregiver Support*. She then shared the results of the review of quality improvement initiatives in Washington, Oregon, and Minnesota. - Washington is in the early stages of implementing two measure sets to assess consumer outcomes for improved health status and improved satisfaction with quality of life. Oregon is using consumer experience and provider self-assessment survey tools to assess various HCBS settings and Minnesota is piloting the National Core Indicators-Aging and Disabilities Survey.

Next, Dr. Terry shared the results of NQF's effort to identify promising HCBS quality measurement initiatives happening in England, Canada and Australia. These countries were also selected because of their high performing HCBS systems. Dr. Terry then briefly reviewed examples from the Adult Social Care Outcomes Framework in England, the Ontario Home Care Measures in Canada, and the National Disability Insurance Scheme in Australia. These efforts serve as examples of system level activities that the Committee can learn from when considering HCBS quality measurement in the United States.

Committee Discussion of the Findings of the Second Interim Report

Dr. Roiland, NQF Senior Project Manager, introduced the discussion of the second interim report by reiterating that the results of the environmental scan are meant to give a flavor of the quality measurement landscape in HCBS not capture every existing measure. She then outlined the purpose and structure of the discussion and explained that the discussion would focus on the domains of Choice and Control, Workforce, and Community Inclusion. Committee members volunteered prior to the meeting to discuss their comments on these domains because there was not enough time to discuss each domain in-depth. The Committee was asked to consider the following questions when reviewing the findings:

- To what extent do the findings from the environmental scan resonate with your experience in HCBS?
- What findings were most insightful?

- What, if anything, is missing?

Dr. Caldwell began the discussion by asking for the Committee's general reaction to the environmental scan. One Committee member reflected on the enormous number of measures found, many which are not very useful or are poor indicators of quality. The Committee agreed that the domains and sub-domains need refining, as they are not as clear as they should be. There was also concern that the sub-domains are not mutually exclusive which leads to confusion. Another Committee member shared that it would be easier to think of the domains based on unit of analysis. It was also expressed that there may be an overreliance on instruments in the published literature. (Often these instruments are modified to suit a particular program and may look very different when they are implemented. And, it is important to review how these instruments have evolved over time. The Committee agreed these factors should be considered when reviewing the results of the scan. There was also a suggestion to "unpack" the instruments to determine how closely the items match the domains of measurement identified by the Committee.

Next, Dr. Roiland invited Committee member Sara Galantowicz to share her comments on the *Choice and Control* domain. Ms. Galantowicz echoed earlier sentiments that additional measures in the Choice and Control domain, as well as several others, may be imbedded in the instruments. Within the domain of *Choice and Control*, the majority of measures found were not aligned with the Committee's idea of *Choice and Control* and that the majority of the measures reflect assurances for the 1915c waivers for HCBS. It was also noted that of these measures many of them focused on whether the individual had a choice between institutional care or HCBS, which may not necessarily meet the Committee's definition of *Choice and Control*. In addition, there were many home health measures that are listed in the domain as well as several others and it may not be appropriate to classify home health as HCBS. In conclusion, a lot of measures maybe tangentially related but probably don't align with the Committee's definition of *Choice and Control*.

Dr. Roiland then invited Committee member Kimberly Austin-Oser to share her comments on the *Workforce* domain. She began by stating the compendium is a good indicator of the current state of how the HCBS system is working. It is fragmented. There are good measures in some areas and many inadequate measures in many others. The compendium contains measures that are consistent with what is in the field but there are a lot of missing pieces. She also expressed concern that the environmental scan did not include measures from Managed Long-Term Services and Support Programs or Accountable Care Organizations. The measures in the *Workforce* domain as well as across all the other domains lack a multidimensional frame. It was also unclear whether the measures were related to paid caregivers or unpaid caregivers. This raised the issue of the importance to ensure that the final quality framework takes a holistic approach that measures quality in a way that is meaningful and useful.

Dr. Roiland then invited Committee member Ari Ne'eman to share his comments on the Community Inclusion domain. He began by stating that he was very pleased that the compendium reflected outcomes around integrated employment and higher education, particularly connecting the use of integrated employment outcomes to managed care frameworks. He was also pleased to see a measure related to inclusions of students with disabilities in a general education classroom. He expressed the importance of using metrics in housing that specifically prioritizes individuals with psychiatric and

developmental disabilities. He asserted that Committee should consider focusing on housing outcomes and employment outcomes within the scope of HCBS. He also noted a few areas of concern.

There were few measures that assessed the quality of care when an individual is transitioning from one caregiver to another. There weren't any measures around group home diversion or the rate which individuals leave group homes in favor of supported living arrangements. Lastly, he stressed the importance of complementing the use of survey instruments with more objective measures that use administrative claims. One Committee member echoed this sentiment by reiterating that it is important not to use surveys as the only mode for baseline data collection. Another member emphasized the importance of having multiple sources of information to create a more accurate and broader picture of HCBS quality.

Public Comments Received on the Second Interim Report

Dr. Roiland shared a general overview of the scope and themes of the comments received on the second interim report. She began by acknowledging the high volume of participation in the public commenting period, and the diversity of perspectives that were offered. She then provided a few points of clarification by stating that the compendium is meant to be representative of the HCBS measurement landscape as it currently exist, not as is it should be. The primary purpose of the environmental scan is to be a tool for the Committee to use in identifying measurement gaps to assist prioritization. Dr. Roiland noted that the NQF Project Team will be posting a document with the compiled comments and a cover page highlighting key themes as well as the Committee's and NQF's responses to the HCBS project webpage. She explained that three major themes emerged from the comments received:

1. The Committee must work to refine the domains and subdomains and recommended domains for prioritization.
 - a. There is lack of or small number of measures in the domains of Consumer Voice, Equity, Community Inclusion, Caregiver Support and Human and Legal Rights. Some commenters responded to this uneven distribution by identifying those domains with few measures as those that should be prioritized by the Committee in the upcoming work;
There is a need to consolidate some of the domains and the sub-domains. For example, one commenter suggested that the domains of Effectiveness, Service Delivery and System Performance be combined.
2. HCBS and quality measurement in HCBS is important.
 - a. Several comments touched on the importance and difficulties of capturing complex concepts within HCBS. It is essential to capture and represent the view of those individuals receiving HCBS.
3. The need balance the breadth and depth of measures with HCBS
 - a. Many commenters noted the large number of measures included in the compendium and called for the development of a smaller, harmonized set of measures. Conversely, commenters warned against taking a one size fits all approach to development of measures and the need to consider the needs of specific populations and/or settings.

Dr. Steve Kaye, Committee Co-Chair, began the discussion by asking the Committee to reflect these themes and share their perspective. The Committee agreed with that the issues raised in the public

comments will be important points of discussion in the next phase of their work. One Committee member brought up another theme related to the scope of responsibility for HCBS providers. Some comments stressed the importance of integrating medical services and HCBS and others were against it. The Committee acknowledged the difficulty in making a determination on this issue and expressed that it will warrant further discussion. Some members stated that there should be measures that assess the quality of care across systems. One member raised the issue of maintaining a person centered focus when making recommendations. This was a recommendation from the public comments. Several Committee members agreed with this approach. One member argued that the Committee really strove to maintain this perspective when developing the definition of HCBS, characteristics and domains of measurement. It was also noted that a number of comments asked the Committee to not just consider dependent variables but also the independent variables when thinking about measurement. One member stated that the things that are most important to measure are often the most difficult to measure, which speaks to the theme of grappling with measurement of complex concepts.

The conversation then transitioned to a more general tone about the scope of the project. One Committee member asserted that the Committee may have to accept an imperfect framework and keeps it high level focusing the domains and sub-domains. The member went to state that there could be a call to form coalitions of people with “boots on the ground” and expertise in each domain of measurement to partner with NQF and push the framework forward. Many of the challenges and complexities could be tackled in smaller bites by other organizations that focus on specific aspects of quality measurement in HCBS. Another Committee member affirmed this statement and added that the Committee needs to be flexible when making their recommendations and be open to bring other voices into the work.

Plans for Prioritization and Work Ahead of the March In-Person Meeting

Kim Ibarra, Project Manager, NQF, began by summarizing the Committee’s work to date and reiterating that it is now time for the Committee to focus more narrowly on the highest priorities for measurement. She went on to share that leading up to the March in-person meeting, the Committee will be working to refine and prioritize the domains and sub-domains. Using the operational definition of HCBS, domains/subdomains, and the results of the environmental scan, the Committee will conduct an analysis to identify gaps in measurement as well as prioritize how the gaps should be addressed. The Committee will contemplate issues related to feasibility of measurement and barriers to implementing measures. They will also consider promising areas that represent fertile ground for measurement.

Ms. Ibarra then shared that in order to prepare for this work NQF will be asking the Committee to complete assignments before they meet on March 30-31 for the in-person meeting. The Committee will be completing a survey which will ask them to rank and prioritize the domains and subdomains. Next, working in small groups, the Committee will review the measures, measure concepts, and instruments within specific domains of the compendium of measures. They will be asked to:

- Identify whether the measures, measure concepts, and instruments truly fit within the NQF staff-assigned domain, and whether there is a more suitable domain or more than one domain where a measure, measure concept, or instrument fits;
- Rate the relevance of the measures in the assigned domains as highly relevant, moderately relevant, somewhat relevant or not relevant;

- And finally, highlight any promising measures, measure concepts, or instruments that provide a path forward for HCBS quality measurement.

Ms. Ibarra went on to explain that during the March in-person meeting, Committee members will present their work and NQF will present the results of the survey. The Committee will attempt to reach consensus on how the domains and subdomains should be refined and prioritized, beginning with the domains which were rated as the highest priority. Lastly, the Committee will discuss feasibility of measuring HCBS quality, barriers to implementing high quality HCBS measures, and any mitigation strategies to address the identified barriers. They will also discuss related work that is happening in the field of HCBS and HCBS quality measurement such as the Testing Experience and Functional Tools (TEFT) work, the Selected Inventory of Consumer Survey Questions Related to HCBS Domains of Measurement, and the 5-year study at University of Minnesota to develop HCBS quality outcome measures.

Opportunity for Public Comment

Public participants had the opportunity to provide comments and ask questions throughout the meeting. Many participants wrote in their responses through the chat feature (See [Appendix B](#) for participant messages).

Call to Action and Next Steps

The meeting concluded with Mr. Anderson detailing the next steps for the project:

- NQF will convene a 2-day Committee in-person meeting in March 30-31 in Washington, DC.
- NQF will release a third interim report on June 15, 2016.
- NQF will host a public webinar on July 12th to discuss the Committees recommendations.
- NQF will release a final report detailing the initial components of the conceptual framework, the environmental can and synthesis of evidence as well as the Committee's recommendations for addressing gaps in performance measurement in HCBS.

Mr. Anderson committed to sending the Committee their prioritization assignments in the next few weeks. He also reminded them that NQF's meeting's department would be reaching out to each of them to arrange their accommodations for the in-person meeting. In closing, Dr. Terry, Dr. Caldwell and Dr. Kaye thanked the committee members, NQF staff, and the public for participating in the meeting.

Appendix A: Committee Members in Attendance

Name	Organization
H. Stephen Kaye, PhD (Co-chair)	University of California San Francisco
Robert Applebaum, MSW, PhD	Miami University of Ohio
Kimberly Austin-Oser, MS	SEIU Healthcare
Suzanne Crisp	National Resource Center for Participant Directed Services
Jonathan Delman, PhD, JD, MPH	University of Massachusetts Medical School
Camille Dobson, MPA, CPHQ	National Association of States United for Aging and Disabilities
Sara Galantowicz, MPH	Abt Associates, Inc.
Ari Houser, MA	AARP Public Policy Institute
Patti Killingsworth	Bureau of TennCare
K. Charlie Lakin, PhD	Retired, Formerly with National Institute on Disability and Rehabilitation Research
Clare Luz, PhD	Michigan State University
Sandra Markwood, MA	National Association of Area Agencies on Aging
Barbara McCann, MA	Interim Health Care
Sarita Mohanty, MD, MPH, MBA	Kaiser Permanente Northern California
Gerry Morrissey, MEd, MPA	The MENTOR Network
Andrey Ostrovsky, MD	Care at Hand
Mike Oxford	Topeka Independent Living Resource Center
Lorraine Phillips, PhD, RN	University of Missouri
Mary Smith, PhD	Illinois Division of Mental Health
Anita Yuskas, PhD	Pennsylvania State University

Appendix B: Webinar Chat Report with NQF Responses

Each comment has been reviewed and will be shared with the Committee. Public and member feedback is essential to our process and we encourage continued participation throughout the life of this project. All materials from the meeting, including the slide deck and transcripts, are available on the project's webpage. The next opportunity for public comment will begin on June 15, 2015 for the interim report on the Committee's recommendations on advancing HCBS quality measurement. NQF staff encourages the public and NQF members to subscribe to project alerts on the NQF HCBS Project [webpage](#).

Why was the East Coast not represented? Seems like double-representation from West coast?
I was never able to get in by calling the #, but I am able to hear through the computer without needing to call in. When I brought up the web meeting there was no sound through the computer so I thought I had to call in. After trying many times to call in on the phone, I heard sound coming from my computer headphones, so I picked them up and am hearing fine that way. I'm actually glad I don't need to use both the computer and the phone.
Please show the environmental scan slides for this discussion.
Part of the challenges with the measuring the direct support workforce is that the labor categories issued by the Department of Labor have not been updated to reflect the diverse range of jobs within this workforce in several years.
There is a lack of medical supports for individuals with developmental disabilities who may need nursing. For example, they may need "rescue" (resuscitation) meds., require catheterization, etc. in order to attend day programs, post-secondary education, or employment. Yet they do not meet the institutional level of care for Medicaid waiver eligibility so unsure of next steps.
Hi my microphone is not working, apparently...My remarks are: the current scan shows heavy reliance on the medical-model - licensure, certification of providers, etc. there still appears to be a lot of speaking for and about people with disabilities and not much truly from a consumer perspective....Thanks! Can you read this for me? thanks! mike o
What accounting method will we use for those folks who make the decision that isn't best supported by the continuum care team? For example - patients have the right to go to home care when they are clearly hospice or skilled nursing facility appropriate; so all of our quality metrics go south, when it is expected they will not improve.
The public comment period is very brief. Is there any way that this period can be extended?

Addressing Performance Measure Gaps in Home and Community-Based Services to Support Community Living

Committee Web Meeting
January 29, 2016
1-3pm ET

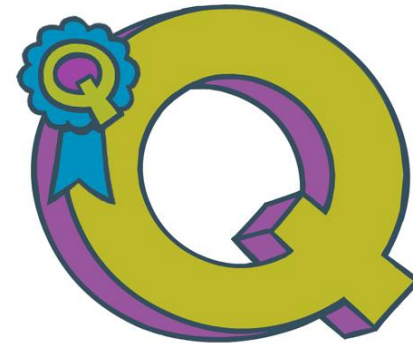


NATIONAL
QUALITY FORUM

Welcome, Introductions, and Review of Meeting Objectives

NQF Project Staff

- Margaret Terry, PhD, RN
 - Senior Director
- Rachel Roiland, PhD, RN
 - Senior Project Manager
- Andrew Anderson, MHA
 - Project Manager
- Kim Ibarra, MS
 - Project Manager



HHS Advisory Group

- Sophia Chan, CMS
- Eliza Bangit, ACL
- Ellen Blackwell, CMS
- Mike Smith, CMS
- Elizabeth Ricksecker, CMS
- D.E.B. Potter, ASPE
- Lisa Patton, SAMHSA

HCBS Quality Committee

- Joe Caldwell (Co-Chair)
- Stephen Kaye (Co-Chair)
- Robert Applebaum
- Kimberly Austin-Oser
- Suzanne Crisp
- Jonathan Delman
- Camille Dobson
- Sara Galantowicz
- Ari Houser
- Patti Killingsworth
- Charlie Lakin
- Clare Luz
- Sandra Markwood
- Barbara McCann
- Sarita Mohanty
- Gerry Morrissey
- Ari Ne'eman
- Andrey Ostrovsky
- Mike Oxford
- Lorraine Phillips
- Mary Smith
- Anita Yuskauskas

Meeting Objectives

- Review results from the synthesis of evidence and environmental scan
- Discuss public comments received on the 2nd Interim Report
- Review prioritization approach and work ahead of the March 2016 in-person meeting





Review of Project Goals and Progress

HCBS Quality Measurement Project

Provide multistakeholder guidance on the highest priorities for measurement of home and community-based services that support high-quality community living

- Offers an opportunity to address the gaps in HCBS measurement and provide direction for future performance measurement
- Supports the aims of the Affordable Care Act, the National Quality Strategy, and HHS' Community Living Council
- Will maintain a broad and inclusive orientation to community living and maximize opportunities for public input
- Inclusive of all payers, settings and services
- Will NOT endorse individual measures



Project Goals

Under contract with the Department of Health and Human Services (HHS), this two-year project will entail:

1. Creating a conceptual framework for measurement, including a definition for HCBS
2. Performing a synthesis of evidence and environmental scan for measures and measure concepts
3. Identifying gaps in HCBS measures based on framework and environmental scan
4. Making recommendations for HCBS measure development

Project Meetings

Activities	Dates
Committee web meeting	February 20, 2015
In-Person Committee meeting (2-day)	April 29-30, 2015
Committee web meeting	August 28, 2015
Committee web meeting	January 29, 2016
In-Person Committee meeting (2-day)	March 30-31, 2016
Public webinar	July 2016

All meetings are open to the public

Meetings are webcast and recordings are posted on the project page

Project Reports and Public Comment Periods

Reports	Due Dates
1 st Interim Report: Operational Definition and Draft Conceptual Framework for HCBS Performance Measurement	July 15, 2015
2 nd Interim Report: Environmental Scan of Measures and Synthesis of Evidence for HCBS	December 15, 2015
3 rd Interim Report: Recommendations on HCBS Measure Concepts for Translation and Advancing Measurement	June 15, 2016
Final Report: Recommendations on Addressing Performance Measure Gaps in HCBS to Support Community Living Quality	September 4, 2016

Public and NQF Member Comments

- A public comment period follows each Interim Report
- Public comments received on each report are reviewed by the Committee and made publicly available
- Changes based on public comments are reflected in each subsequent report
- Each Interim Report forms the building blocks of the final report

Public comment periods (30-day) to follow each draft report



Points of Clarification

- This project is setting a strategic direction and will produce both short-term and long-term recommendations.
- Recommendations may not apply universally (to all consumers, all settings, or all services).
- Prioritization involves making trade-offs. Out of scope does not equal unimportant.
- Definition of a performance measure in this project
 - Not raw counts or totals
 - Not point-in-time assessment results



Overview of Results from Synthesis of Evidence and Environmental Scan

Environmental Synthesis & Environmental Scan Objectives

- Identify measures, measure concepts, and instruments used or proposed for use to assess HCBS quality
- Identify examples of HCBS measures to guide the Committee's discussion of implementation barriers and mitigation strategies
- Facilitate the Committee's identification of key measurement gaps and prioritization of measure concepts and instruments that should be developed into HCBS performance measures

Approach

1. Collect information sources
2. Review information sources
3. Review state-level (Minnesota, Oregon, and Washington) and international (England , Canada, And Australia) HCBS systems

Environmental Scan Results– Measures, Measure Concepts, and Instruments Across Domains

Domains for Measurement	Measures n=261	Measure Concepts n=394	Instruments n=75
Service Delivery	75	173	8
System Performance	42	166	3
Effectiveness/Quality of Services	111	13	25
Choice and Control	17	61	34
Health and Well-Being	60	6	16
Workforce	10	65	6
Human and Legal Rights	4	28	1
Community Inclusion	4	15	7
Caregiver Support	4	3	11
Equity	4	4	0
Consumer Voice	0	0	0

State Findings

- WA is developing two measures sets to assess consumer outcomes for:
 1. Use in contracts with agencies providing HCBS services
 2. Public and private health providers.
- OR is using consumer experience and provider self-assessment survey tools to assess various HCBS settings
- MN is disseminating the National Core Indicator - Aging and Disabilities Survey among state programs

International Findings

Country	Example Framework	Example Domains / Attributes
England	Adult Social Care Outcomes Framework	<ul style="list-style-type: none">• Enhancing quality of life• Delaying and reducing need for care• Ensuring a positive experience• Safeguarding adults
Canada	Ontario Home Care Quality Measures	<ul style="list-style-type: none">• Accessible• Effective• Safe• Patient-Centered• Efficient• Population Health Focus
Australia	National Disability Insurance Scheme	<ul style="list-style-type: none">• Choice and control• Home• Work• Daily activities• Health and well-being• Social, community, and civic participation• Relationships• Lifelong learning



Committee Discussion of Results

Committee Discussion Questions

- To what extent do the findings from the environmental scan resonate with your experience in HCBS?
- What findings were most insightful?
- What, if anything, is missing?



Public Comments Received on Interim Report

Themes of Public Comments

1. *Theme:* Domain and sub-domains issues
Sub-theme: Distribution of measures by domains
Sub-theme: Refinement of domains and sub-domain
2. *Theme:* Importance of HCBS and quality measurement
Sub-theme: Capturing complex concepts
3. *Theme:* Balancing breadth and depth of measures
Sub-theme: Pop./setting specific vs. cross-cutting measures



Opportunity for Public Comment



Plans for Prioritization and Work Ahead of March In-Person Meeting

Overview of March In-Person Meeting Goals

- Prioritize and refine domains and subdomains
- Identify and prioritize gaps in measurement
 - Highlight promising measures, concepts, & instruments
- Discuss:
 - Feasibility issues related to HCBS quality measurement
 - Barriers to implementing HCBS quality measures
 - Mitigation strategies for barriers to measure implementation

Plans for Prioritization Prior to March In-Person Meeting

- Prioritize and refine domains and subdomains
 - HCBS Measurement Domain Survey
 - » Rank domains according to importance in HCBS quality measurement
 - » Provide rationale for rankings
- Prioritize Gaps in Measurement
 - In-depth review measurement domains
 - » 2-3 Committee members review one domain to :
 - Determine if the measures, measure concepts, and instruments are appropriately assigned or applicable to multiple domains
 - Rate relevance to the assigned domain
 - Highlight promising measures, measure concepts, or instruments

Plans for Prioritization

March In-Person Meeting

- Prioritization of Domains and Subdomains
 - Review of HCBS Measurement Domain Survey results
 - » Refinement and prioritization of subdomains starting with domains rated as highly important
- Prioritization of Gaps in Measurement
 - Small groups present results from in-depth review to:
 - » Summarize appropriateness and relevancy of measures, measure concepts, and instruments within the domain
- Discuss feasibility, barriers & mitigation strategies
 - Incorporated into discussions on prioritization of domains, subdomains, and gaps in measurement

Plans for Prioritization

March In-Person Meeting

- Related Work
 - Testing Experience and Functional Tools
 - » Experience of Care Survey
 - » Functional Assessment of Standardized Items (FASI)
 - » Personal Health Record
 - » Electronic Long Term Services and Supports
 - Selected Inventory of Consumer and Caregiver Survey Questions related to the National Quality Forum HCBS Domains
 - University of Minnesota - NIDILRR Grant



Opportunity for Public Comment

Next Steps

- March 30 – 31, 2016 – HCBS Committee In-Person Meeting
- June 15, 2016 – Third Interim Report and Public Comment
- July 12, 2016 – HCBS Committee Public Webinar
- September 4, 2016 – Final Report





Adjourn