

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

Committee In-person Meeting  
April 29-30, 2015



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QUALITY FORUM



## Welcome, Introductions, and Overview of Meeting Objectives

## 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 Yuskas

## Meeting Objectives

- Discuss and agree upon a working definition of HCBS as the first component of a conceptual framework for measurement
- Collect committee input on how to best conceptualize the framework visually
- Define potential measurement domains and subdomains for the framework
- Identify the most fertile ground for measurement and direct the ongoing environmental scan and synthesis of evidence accordingly

## Measuring HCBS Quality 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

## Project Components

**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 scan
4. Making recommendations for HCBS measure development

## Committee Role

- Contribute content knowledge and expertise over the course of the project
- Ensure input is obtained from relevant stakeholders
- Assist with the identification of existing research, measures, and resources to identify performance measure needs
- Work together as a group to craft consensus on complex issues
- Ultimately, make recommendations for the future state of HCBS quality measurement, including measure development

## Ground Rules for Today's Meeting

- Open sharing of, and respect for, differing views
- Terminology is important, but shouldn't be a barrier to building consensus in the group
- Work toward defined meeting objectives
  - Staff will maintain a list of important but out-of-scope "parking lot" issues to be tackled at future meetings
- Always use your microphone for the benefit of remote participants and the transcript
- Members of the public will have the opportunity to provide comments throughout the meeting; verbal remarks should be brief and any details submitted to the staff



## Operational Definition of Home and Community Based Services

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9



### Purpose and Process of Creating a Definition

- Committee will create a broadly applicable definition of HCBS for purposes of this project
- The definition is the first component of a conceptual measurement framework that will be used throughout the project to help prioritize measurement needs
- Development is iterative with multiple opportunities for Committee and public input
  - Committee and public began offering suggestions at February web meeting
  - Today's session will digest and refine the input received
  - A draft operational definition will be included in the committee's first report due July 15

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10

## Principles for Crafting an Operational Definition of HCBS – Established at Web Meeting

- Allow the committee to reach a common understanding of what is meant by the term “HCBS”
- A brief but broadly inclusive statement that emphasizes the goals of HCBS
- Positive in tone, plain-language
- A definition that can be used across public and private payers and accountable entities
- Contribute to an understanding of *high quality* HCBS as part of the conceptual framework
  - Person-centered, enhances quality of life, shared responsibility, accessible, flexible, coordinated, integrated, enables self-determination
- Project-specific: not meant to replace existing guidance or regulations
- To maximize applicability, avoid a laundry list of services, specific consumer populations, or types of settings

## Progress To-Date

- NQF staff reviewed approximately 200 published sources for definitions and frameworks related to HCBS
- Following the February 20<sup>th</sup> web meeting, Committee members, HHS Liaisons, and members of the public submitted their definitions of HCBS to NQF
  - A compilation of all definitions submitted to NQF and identified during the staff review is included in the meeting materials
- NQF staff reviewed all definitions to identify commonalities and developed a “strawman” definition for Committee review and discussion

## Aspects Included in the Draft HCBS Definition

1. The What
2. The Who
3. How HCBS are selected
4. The Where
5. HCBS enables...
6. HCBS assures...
7. HCBS optimizes...
8. HCBS System Operations

Please refer to Draft  
HCBS Definition  
Worksheet

## Draft “Strawman” Definition of HCBS

High quality home and community-based services (HCBS) refer to an array of predominately non-medical services and supports [1] selected by an individual (or his/her proxy) of any age with disability or functional or cognitive limitation [2] through a person-centered planning process based on an individualized assessment of the person’s strengths, needs, and preferences [3]; and safely delivered in a home or integrated community setting of the consumer’s choice [4] in a manner that:

- Enables the individual to pursue identified goals and desired outcomes (e.g., health, employment, inclusion, and quality of life); [5]
- Assures the individual’s rights of privacy, dignity, respect, and freedom; and [6]
- Optimizes individual initiative and control through informed decision-making, engagement in community, and independence in making life choices [7].

HCBS should be flexible to change with a person’s life experience; utilize available technology; and be provided by well-supported, well-prepared, and coordinated providers and caregivers. HCBS should also be accessible, affordable, and accountable through measurement and reporting of quality and outcomes. [8]

## Overarching Themes – The “What”

### Wide range of services and supports that are:

- Person and family-centered
- Predominantly non-medical
- Selected by the individual
- Easy to access
- Flexible to change with a person’s life experience
- Paid and unpaid
- Funded through public and private programs
- Needed for a sustained period of time
- Coordinated to maximize resources
- Provided by culturally/linguistically competent formal and informal providers/caregivers, including family caregivers
- Accountable through measurement and reporting of quality

## Overarching Themes – The “Who”

### Provided to:

- Individuals, persons, or participants (not recipients)...
  - of all ages across all disabilities
  - with disabilities/limitations/impairments (intellectual, developmental, physical, cognitive, emotional, mental health, behavioral health, substance use disorders, multiple chronic and disabling conditions, etc.)
- People who need support services as a result of functional or age-related limitations, disabilities, multiple chronic conditions, or other challenges participating in community life or accessing needed services



## Overarching Themes – The “Where”

### Provided in:

- In the homes and communities of their choice using a person-centered planning approach
- Independent living in community-integrated, non-institutional settings (integrated in and support full access to the greater community)
- Includes opportunities to seek employment in competitive integrated settings and engage in the community if desired
- Accessible and affordable to persons requiring them
- Does not segregate individuals by disability, specific disability, or other disability-related characteristics, from the broader community

## Overarching Themes – The “Why”

### In order to:

- Support the personal, social, health, and employment needs of individuals and their family and paid caregivers
- Assures the individual’s basic human rights to privacy, dignity, respect, and freedom from coercion and restraint
- Sustain community living and participate fully in society
- Optimize (but do not regiment)/maintain and improve/promote and protect:
  - Individual choice, control, autonomy, self-determination, initiative, personal living preferences, independence in making life choices
  - Shared responsibility and informed decision-making
  - Inclusion, productivity, social engagement, involvement in meaningful activities
  - Safety and reasonable access to needed services and supports
  - Health (physical and mental) and quality of life



## Opportunity for Public Comment and Break

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19



## Beginning the Process of Developing an HCBS Measurement Framework

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20

## Past and present efforts related to HCBS quality

### Environmental Scans:

- AHRQ Environmental Scan of HCBS Measures
- TEFT: Environmental Scan of HCBS Assessments and Instruments and eLTSS Initiative

### Performance Measurement:

- National Core Indicators
- AARP: State Scorecard on LTSS for Older Adults, People with Disabilities and Family Caregivers

### Policies/Guiding Principles:

- National Quality Strategy
- The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT)

## What is a Conceptual Framework?

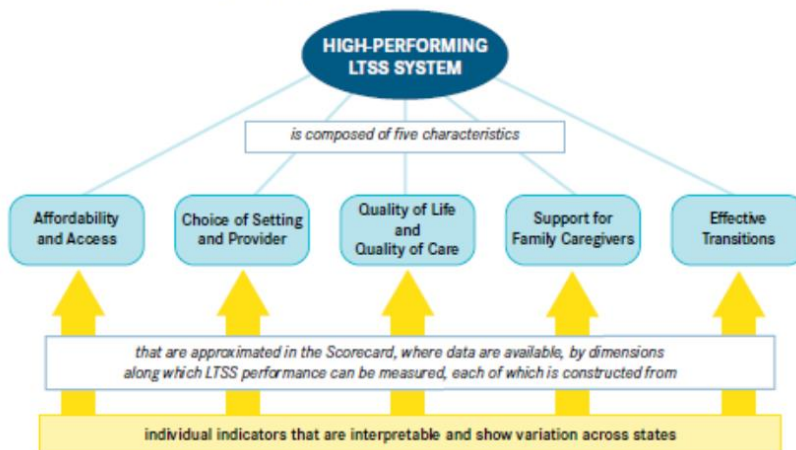
- Conceptual Framework:
  - A network of interlinked concepts that together provide a comprehensive understanding of a phenomenon
  - Not merely a collection of concepts, but a construct in which each concept plays an integral role
  - Lays out the key factors, constructs or variables and presumes the relationships among them

## Potential Uses of the HCBS Measurement Framework

- Establish shared understanding of the mechanisms through which high-quality HCBS is achieved
- Guide the environmental scan for HCBS measures and synthesis of evidence
- Assist the committee in prioritizing measurement opportunities
- Provide input to HHS to guide HCBS programmatic initiatives
- Support standardization of HCBS measures by signaling to measure developers gaps in performance measurement
- Inform and stimulate future research

## Example Frameworks

### Framework for Assessing LTSS System Performance



Reinhard, Susan C. A State Scorecard on Long-Term Services and Supports for Older Adults. Publication. AARP, 2014.

25

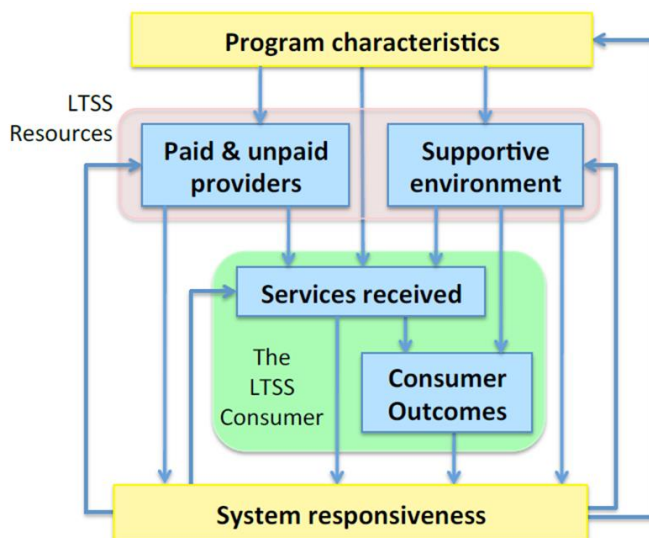
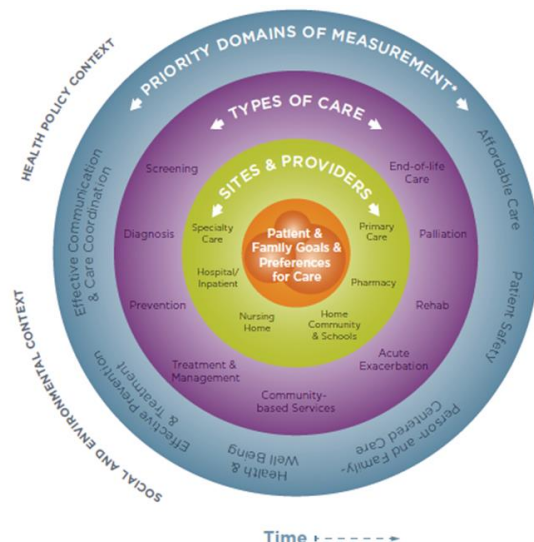


Figure 1. Conceptual Framework for HCBS Quality

Kaye, Stephen H. "Measuring Quality in Home- and Community-Based Services." *The Gerontologist* (2015). DRAFT MANUSCRIPT

26

## Framework for Measuring the Care of Individuals with Multiple Chronic Conditions (NQF)

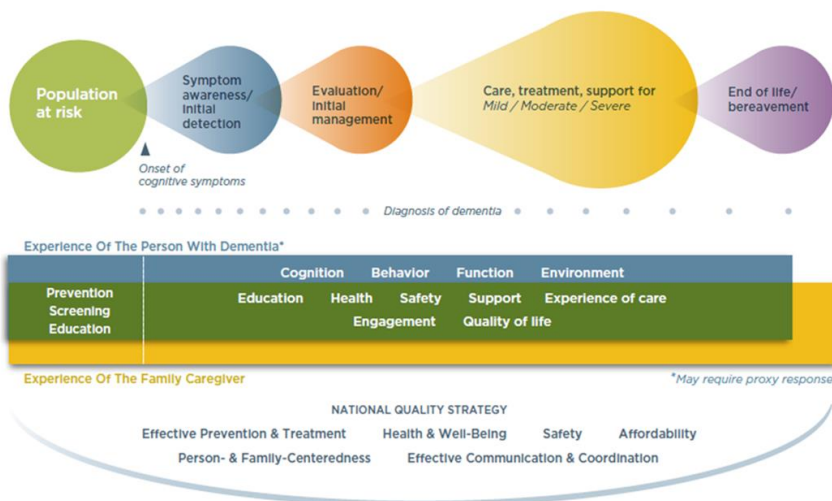


\*Each priority domain of measurement may be addressed using several types of measures, including structure, process, outcome, efficiency, cost/resource use, and composite measures.  
The use of outcomes measures, when available, and process measures that are most closely linked to outcomes is preferable.

"MCC Measurement Framework." NQF: MCC Measurement Framework. Department of Health and Human Services, 1 May 2012.

27

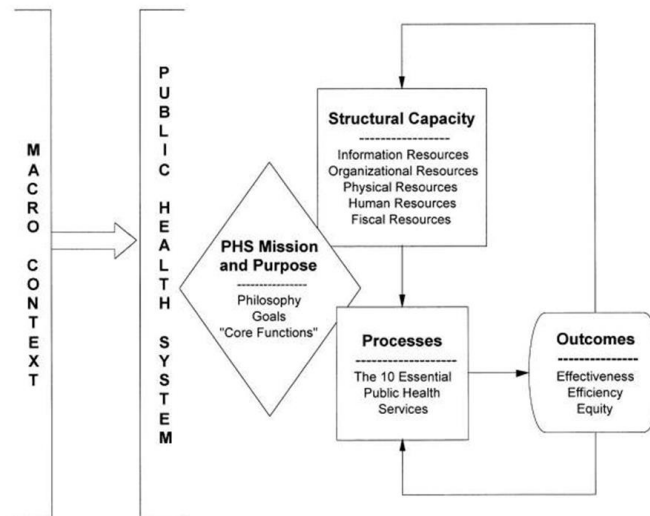
## CONCEPTUAL MODEL FOR PERFORMANCE MEASURE DEVELOPMENT FOR DEMENTIA: Maximizing quality of life, minimizing distress



"Priority Setting for Healthcare Performance Measurement - Alzheimer's Disease." NQF: Priority Setting for Healthcare Performance Measurement. Department of Health and Human Services, 15 Oct. 2014.

28

### A Conceptual Framework to Measure Performance of the Public Health System



Handler, Arden. "A Conceptual Framework to Measure Performance of the Public Health System." *American Journal of Public Health*. © American Journal of Public Health 2001, 1 Aug.

29

### Themes Among Example Frameworks

- Authors created criteria to uniformly select framework components
- Considered measurement burden
- Used arrows to demonstrate conceptual relationships
- Illustrated highest-level measurement areas
- Built on evidence or guiding principles
- Identified cross-cutting areas that offer the greatest potential for reducing disease burden and/or cost and/or improving health and well-being

## Framework Discussion Questions

- Who or what entity is the target audience for using the framework?
- In a well-organized report, the title of a figure explains what it contains. What do you envision as the title for the framework? That is, what should the framework illustrate?
- What level of detail should the framework include?
- Should the framework emphasize system or consumer outcomes? What are the primary outcomes?

## Continued Discussion - Framework Components

- What specific components of a high-quality HCBS system should be included in the framework?

**Possibilities are endless – can be things or actions**

Consumers, Direct Care Workers, Quality Measurement, Quality Improvement, Services and Supports, Family and Friends, Faith-based Entities, Community/Neighborhood, Clinical Care, Institutional Care, Housing/Home, Emergency Arrangements, Recreation/Leisure, Transportation, Employment/Volunteering, Technology, Education, Nutrition/Diet, Person-Centered Planning, Behavioral Health Recovery, Quality of Life, Health Outcomes, Assistive Technologies, Policy and Payment, Public Reporting, etc...





## Opportunity for Public Comment



## Lunch



## A high-quality HCBS system has the following characteristics:

- Workforce: trained, culturally competent, adequate, supported -23
- Participant engagement in the design, implementation, evaluation of the program-22
- Choice, person-driven, focused on achieving individual goals, consumer directed, control, dignity of risk-22
- Privacy, dignity, respect, freedom/independence, Legal rights-21
- Efficient, well-aligned, well-allocated, integrated, data integrity -20
- Community engagement, Inclusion (to the same degree as people not receiving HCBS), participation; employment and productivity, having fun; social connectedness -19
- Family Caregivers are supported-18
- Effectiveness of services/quality of care-17
- Services are accessible, appropriate, sufficient, dependable, timely-15
- Equitable system/fairness and distribution of services that eliminate health disparities-14
- Safety from the perspective of the consumer-9
- Physical/emotional health and well-being , including sense of safety -7
- Freedom from abuse or exploitation, neglect-5

## Small Group Work: Illustrating the Conceptual Framework

## Exercise 1: Illustrating the Conceptual Framework

Task: Illustrate a framework for HCBS measurement in small groups

- ▣ Pre-assigned groups of 5-6 members
- ▣ Each group will use the same components
  - » Groups may add their own components using the materials provided
- ▣ Each group will have an NQF staff member and HHS advisor as an observer
- ▣ Each small group will present their illustration to the larger group, so designate a representative before you start collaborating

## Tips for Building the Conceptual Framework

- There is no “right” representation – be creative!
- Start with a basic, simple structure and add additional variables as needed
- Determine your desired level of specificity, based on the purpose of the framework
- Consider that the relationships depicted are driven by a combination of theory and evidence
- Use different shapes and object sizes; think about placement
- Use lines to denote connectivity
- Use arrows for directionality and to show relationships between components
- If you think of something too detailed, make a note of it. It may be appropriate to include as a domain or sub-domain later...

## Group Assignments

### Group 1: with Sarah

Joe Caldwell, Kimberly Austin-Oser, Robert Applebaum, Andrey Ostrovsky, Ari Houser

### Group 2: with Nadine

Charlie Lakin, Jonathan Delman, Sarita Mohanty, Mary Smith, Anita Yuskauskas, Ari Ne'eman

### Group 3: with Drew

Stephen Kaye, Suzanne Crisp, Patti Killingsworth, Gerry Morrissey, Lorraine Phillips

### Group 4: with Juliet

Camille Dobson, Sara Galantowicz, Clare Luz, Sandy Markwood, Barbara McCann, Mike Oxford

## Share Results from Small Group Discussions

*Please describe:*

- The specific focus of the framework (e.g., Delivery of HBCS or Population Outcomes)
- The components of the framework, and whether you added any to those pre-defined before lunch
- The major relationships among the components
- How the framework as a whole describes HCBS quality measurement
- Unresolved challenges or questions that you would like the committee to further discuss



## Opportunity for Public Comment and Break



## Summary of Day




## Ahead Tomorrow

- Methodology for Environmental Scan and Synthesis of Evidence
- Small Group Work to Define Sub-Domains
- Review and Refinements to Conceptual Framework, Domains, and Sub-Domains
- Fertile Ground for Measurement



## DAY 2




## Review Results and Themes from Day 1

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45



### HCBS Quality

- A high-quality HCBS system is needed to support older adults, people with multiple chronic conditions, and people with disabilities of all ages
- Established frameworks and quality domains for evaluating long-term supports and services (LTSS) and HCBS exist; this project builds upon them
- Availability and uptake of performance measures remains limited and lacks uniformity across states and other accountable entities (e.g., providers, managed care organizations)

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46

## Why Measure?

### For many reasons, including:

- Measures **drive improvement**.
- Measures **inform consumers and other stakeholders** in making choices.
- Measures can influence payments.

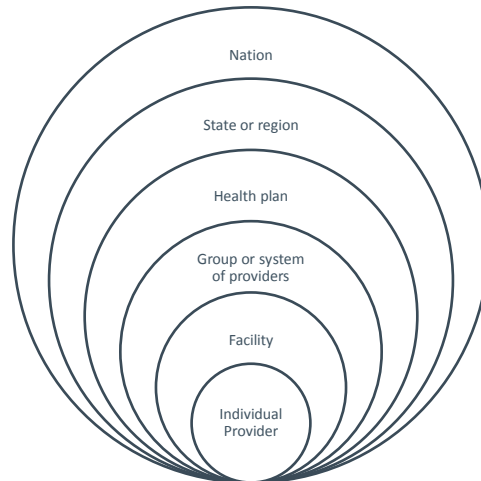
*It's important to keep performance measurement in context – measurement is not an end in itself.*

## Themes from Yesterday's Discussion

- Consumer outcomes are primary – the HCBS system exists to serve them and maximize community inclusion and participation
- There is a continuum of quality present in the current system
- Coordination/integration of HCBS and health services is important, but we should guard against “medicalizing” HCBS
- Affordability, risk/safety, and other concepts are defined differently by consumers, providers, policymakers, and other stakeholder groups
  - *There is room to measure a topic from more than one angle*
- Some concepts operate at a systems level (e.g., the Triple Aim®) while others relate to more targeted levels of analysis



## Who Can Be Measured? Levels of Analysis



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49

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50



## Identifying Measurement Domains for the Framework

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51



### Source Selection Criteria

- More than 200 sources were reviewed and 38 were found to contain domains and sub-domains of quality measurement for HCBS.
- 10 of the 38 were selected for a frequency analysis based on the following criteria:
  - Relevance
  - Breadth of Scope
  - Evidence Type
  - Source Type
  - Currency

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52

## Domains Frequently Cited in the Literature

Most Cited
Consumer and Caregiver Experience
Access to Supports and Services
Community Integration/Inclusion
Person Centeredness
Service/Care Coordination
Quality of Life
Safety, Security and Order

Often Cited
Functional Status
Performance
Healthcare/ Service Utilization
Provider Capacity and Capabilities
Support for Caregivers
Respect/Dignity
Quality of Care
Meaningful Activity

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53

	Domains Most Frequently Cited in the Literature							Domains Often Cited in the Literature						
	Consumer and Caregiver Experience	Access to Supports and Services	Community Integration/Inclusion	Person Centeredness	Service/Care Coordination	Quality of Life	Safety, Security and Order	Functional Status	Performance	Healthcare/ Service Utilization	Provider Capacity and Capabilities	Support for Caregivers	Respect/Dignity	Quality of Care
A high-quality HCBS system has the following characteristics:														
Workforce: trained, culturally competent, adequate, supported -23 [WORKFORCE/PROVIDERS]											X			
Participant engagement in the design, implementation, evaluation of the program-22 [CONSUMER VOICE/OWNERSHIP]														
Choice, person-driven, focused on achieving individual goals, consumer directed, control, dignity of risk-22 [CHOICE AND CONTROL]				X										
Privacy, dignity, respect, freedom/independence, Legal rights-21 [HUMAN AND LEGAL RIGHTS]													X	
Efficient, well-aligned, well-allocated, integrated, data integrity -20 [SYSTEM PERFORMANCE]									X					
Community engagement, Inclusion (to the same degree as people not receiving HCBS), participation; employment and productivity, having fun; social connectedness -19 [FULL COMMUNITY INCLUSION]			X											X
Family Caregivers are supported-18 [CAREGIVERS SUPPORT]												X		
Effectiveness of services/quality of care-17 [EFFECTIVENESS/QUALITY OF SERVICES]														X
Services are accessible, appropriate, sufficient, dependable, timely, and coordinated-15	X	X			X									
Equitable system/fairness and distribution of services that eliminate health disparities-14 [EQUITY AND FAIRNESS]														
Well-being: physical/emotional health, safety from the part of the consumer, freedom from abuse or exploitation, neglect [PHYSICAL AND EMOTIONAL WELL-BEING]							X	X						

## A high-quality HCBS system has the following characteristics:

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## Opportunity for Public Comment

## Identifying HCBS Sub-Domains

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57

### Sub-Domains

- Task: Identify sub-domains for HCBS measurement using domains identified on Day 1
  - Pre-assigned groups of 5-6 committee members
  - Each group will have a NQF staff member and HHS advisor as an observer
  - Each group will be given a (different) set of domains and work as a team to identify the sub-domains
    - » Groups will be provided with frequently cited sub-domains
  - Each group will designate a person to present back to the Committee

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58

## Exercise Tool: Identifying Sub-Domains

Domains	Sub-Domains Across Three Levels of Analysis		
	System (e.g., National, State)	Intermediate Accountable Entity (e.g., Health Plan, Agency)	Individual (e.g., Consumer, Caregiver)
<b>Access to Supports and Services</b>	<i>Unmet demand for services % of consumers served in community settings of choice</i>	<i>Wait time for service exceeding # days</i>	<i>Consumer assessment of responsiveness Caregiver assessment of responsiveness</i>
<b>Domain 2</b>	Subdomain A Subdomain B Subdomain C	Subdomain A Subdomain B	Subdomain A Subdomain B Subdomain C
<b>Domain 3</b>	N/A	Subdomain A Subdomain B	Subdomain A Subdomain B
<b>Domain 4</b>	...	...	...

## Group Assignments

### Group 1: with Juliet

Joe Caldwell, Kimberly Austin-Oser, Robert Applebaum, Andrey Ostrovsky, Ari Houser

**Consumer Voice/Ownership, Choice and Control, Human and Legal Rights**

### Group 2: with Drew

Charlie Lakin, Jonathan Delman, Sarita Mohanty, Mary Smith, Anita Yuskas, Ari Ne'eman

**Workforce/Providers, System Performance, Equity and Fairness**

### Group 3: with Sarah

Stephen Kaye, Suzanne Crisp, Patti Killingsworth, Gerry Morrissey, Lorraine Phillips

**Physical and Emotional Well-being, Caregiver support, Full Community Inclusion**

### Group 4: with Nadine

Camille Dobson, Sara Galantowicz, Clare Luz, Sandy Markwood, Barbara McCann, Mike Oxford

**Effectiveness/Quality of Services, Services are....**

## Share Results from Small Group Discussions

### Committee will then discuss each set of sub-domains: Brief Summary

- *Please Describe:*
  - The discussion that contributed to the creation or selection of each sub-domain
    - » Were any sub-domains controversial?
    - » Where did you have the most agreement?
  - Unresolved challenges or questions that you would like the committee to further discuss

## Group 1

### Choice and Control – Self-Determination

- Choice of program delivery models
- Choice of provider – agency, individual worker
- Choice of setting
- Personal freedoms for anybody (high-level) – dignity of risk
- Achieving individual goals – everyday preferences (i.e., individuality, person-centered planning)
- Self-direction
- Shared accountability?

## Group 1

### Consumer voice/ownership

- Meaningful mechanism for input (e.g., design, implementation, evaluation)
- Is this your system? Consumer-owned system
- Breadth and depth of consumer participation
- Level of commitment to consumer involvement
- Diversity of consumer and workforce engagement
- Consumer awareness/ PR for engagement (accessibility)

## Group 1

### Human and Legal Rights

- Respectful for the delivery system/workforce
- Being treated with dignity and respect
- Privacy
- Informed consent
- Freedom from abuse and neglect
- Optimizing the preservation of legal and human rights
- Sense of safety
- System responsiveness



## Group 2

### System performance

- Consumer engagement
- Participatory program design
- Reliability
- Publicly available data
- Appropriate and fair resource allocation based on need
- Primarily judged by the aggregate by the aggregate of individual outcomes
- Waiting lists
- Backlog
- Financing and service delivery structures
- Availability of services
- Efficiency – evidence based practices
- Data integrity

## Group 2

### Equity and Fairness

- Reduction in health and service disparity
- Transparency of resource allocation
- Access/waiting list
- Safe, accessible, and affordable housing
- Availability
- Timeliness
- Consistency across jurisdictions

## Group 2

### Workforce/Providers

- Sufficient numbers and appropriately dispersed
- Dependability
- Respect for boundaries, privacy, consumer preferences, and values
- Skilled
- Demonstrated competencies where appropriate
- Culturally and linguistically competent/sensitive/mindful
- Adequately compensated/benefits
- Safety of the worker
- Team work and values-based leadership

## Group 3

### Physical and Emotional Well-Being

- Physical Functioning
- Cognitive Functioning
- Social/Spiritual Well-Being
- Safety as defined by the consumer
- Freedom from abuse, neglect, and exploitation
- Health status and wellness (e.g., prevention, chronic disease management)
- Mental health (behavioral health and substance use)

## Group 3

### Caregiver Support

- Training and Skill-Building
- Access to Resources (e.g., respite, crisis support)
- Caregiver Well-Being (e.g., stress reduction, coping)
- Caregiver/Family Assessment and Planning
- Compensation

## Group 3

### Full Community Inclusion

- Enjoyment/Fun
- Employment/Education/Productivity
- Social Connectedness/Relationships
- Social Participation
- Resources to Facilitate Inclusion
- Choice of Setting
- Accessible Built Environment

## Group 4

### Effectiveness/quality of services

- Goals and needs realized
- Preferences met
- Health outcomes achieved
- Technical skills assessed and monitored
- Technical services delivered
- Team performance
- Rebalancing

## Group 4

### Services...

- Accessibility
  - Geographic
  - Economic
  - Physical
  - Public and private awareness/linkage
- Appropriate
  - Services aligned with needs
  - Services aligned with preferences
  - Are goals assessed?
- Sufficiency
  - Scope of services
  - Capacity to meet existing and future demands



## Group 4

### Services...

- Dependable
  - Coverage
  - Timeliness
  - Worker continuity
  - Knowledge of needs and preferences
  - Competency
- Timely initiation of services
- Coordination
  - Comprehensive assessment
  - Development of a plan
  - Information exchange b/w all member of care team
  - Implementation of plan
  - Evaluation of plan



## Opportunity for Public Comment



## Lunch



## Committee's Review and Final Refinements to Conceptual Framework



## Bringing It All Together

### Committee review:

- Presentation of illustration developed on Day 1
  - Presentation of measurement domains developed on Day 1
  - Presentation of measurement sub-domains developed on Day 2
- 
- Are any important elements missing?
  - Is the level of detail consistent where needed?
  - Do domains or sub-domains need to be reorganized or more fully defined?

## Present Methodology for Environmental Scan and Synthesis of Evidence

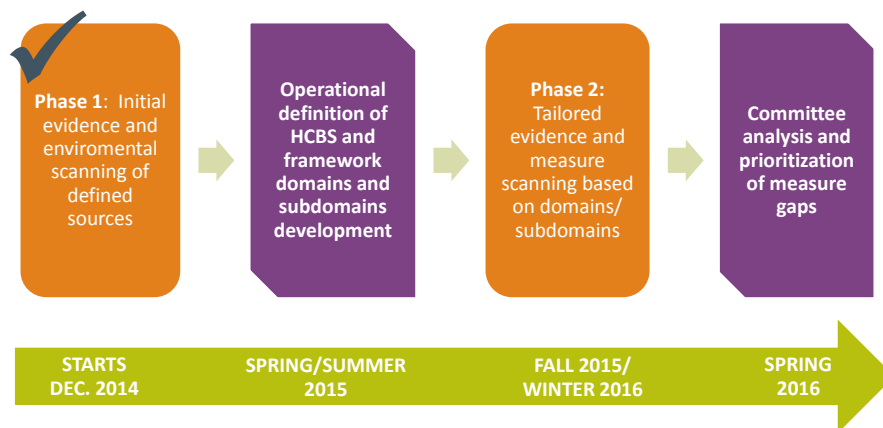
## Considerations

- Research approach will emphasize the factors shared across the facets of HCBS and acknowledge distinctions
- Specific attention will be devoted to understanding previous efforts to measure and improve HCBS quality to position this project for long-term success and impact
- A final list of measures identified during the scan will be produced at the end of the project

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79

## General Methodology



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80



## General Methodology

- Environmental scan and synthesis of evidence are distinct but inter-related activities
- Iterative approach with activities related to the synthesis and scan occurring in tandem
- Information gathered will inform committee's deliberations
- Public commenting opportunities to occur throughout as well as outreach to stakeholders to learn what HCBS measures may be in development or use

## Synthesis of Evidence

- Objectives:
  - Directly inform the development of the operational definition of HCBS and a conceptual framework for quality measurement
    - » Now partially complete
  - Support the scan for measures by identifying concepts and ideas that should be measured, based on the literature
- The synthesis of evidence will focus on literature describing quality measurement best practices and challenges
- The evidence will support later prioritization of measurement opportunities within the committee's domains and sub-domains

## Synthesis of Evidence

- For Phase 1, NQF has consulted a pre-defined list of sources identified by HHS, the Committee, and members of the public to inform the HCBS definition and framework development
- For Phase 2, NQF will conduct an organized literature review guided by the HCBS definition and framework domains and subdomains
- Phase 2 may also include key informant interviews if information sought is unlikely to be published

## Environmental Scan of Measures and Measure Concepts

- Objectives:
  - Identify existing measures applicable to HCBS, with an emphasis on those that map to the conceptual framework's domains and subdomains
  - Identify promising examples of HCBS quality measures to guide committee discussion of implementation barriers and mitigation strategies, similar to a case study
  - Identify measure concepts and ideas that should be further developed into future performance measures that would best support community living

## Environmental Scan of Measures and Measure Concepts

- Phase 1: similar to synthesis of evidence, NQF has collected and compiled various pre-defined measure sources with input from the Committee.
- Phase 2: NQF to continue scan based on framework domains and subdomains. Measures will be organized for later Committee review.

## Next Steps for Research Efforts

- NQF staff to begin Phase 2 of research efforts based on measurement domains and subdomains identified by the Committee
- August 28, 2015 webinar – NQF to provide the Committee an update on research efforts
- Nov. 15, 2015 – Draft Environmental Scan of Measures and Synthesis of Evidence Report due to HHS
- Nov.-Dec., 2015 – 30-day public comment period on Draft Report

## Round Robin: Identifying Fertile Ground for Measurement

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87

### Identifying Fertile Ground for Measurement

- Keeping the environmental scan for measures and the synthesis of supporting evidence in mind...
  - Where are promising quality measurement activities taking place now?
  - What type(s) of quality measurement will be most feasible in the short term?
  - Where you do perceive the evidence base to be strongest? Or growing most rapidly?
- Members are invited to share other parting thoughts about the key findings of this meeting.

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88



## Opportunity for Public Comment



## Next Steps





# Adjourn

*Thank you for participating!*