

Person-Centered Planning and Practice

Web Meeting #2

June 24, 2019

Welcome

Helpful Tips for CenturyLink Platform

- Google Chrome is the preferred web browser
- Participants have the option to listen to webinars either by phone or through their computer. CenturyLink is compatible with screen readers (e.g., JAWS).
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Joining a Web Meeting



Locating Chat and Raise Hand Functions



CenturyLink Features: Chat/Comment Function



CenturyLink Features: Hand Raising — Participant View

- When the "raise hand" feature is engaged, text color changes from white to blue.
- When the raise hand feature is engaged, text changes from "raise hand" to "lower hand"



NQF Project Team

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- Kate Buchanan, MPH, Senior Project Manager
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Person-Centered Planning and Practice Committee Members

- Gretchen Napier MSHA, CMC Co-chair
- Cheryl Phillips, MD, AGSF Co-chair
- Glenda Armstrong, BSN, RN
- Pearl Barnett, MPA
- Sally Burton-Hoyle, MS, EdD
- Amber Carey-Navarrete
- Bruce Chernof, MD
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- Richard Petty, MBA
- Mia Phifer, MSJ
- Michael Smull
- Dori Tempio, MS
- Janis Tondora, PsyD
- Maggie Winston

Review Project Objectives

Person-Centered Planning and Practice Committee Charge

In the course of eight web meetings, the Committee will:

- Refine the current definition(s) for person-centered planning (PCP);
- Develop a set of core competencies for performing PCP facilitation;
- Make recommendations to the Department of Health and Human Services (HHS) on systems characteristics that support PCP;
- Develop a conceptual framework for PCP measurement; and
- Create a research agenda for future PCP research.

Project Timeline



Meeting Objectives

Meeting Objectives: Input on PCP Core Competencies

Present model of HCBS LTSS/Institutional LTSS care transitions

Overview of environmental scan results: PCP core competencies

Gather Committee input on PCP core competencies

Recap from Previous Meeting

Draft Definition of Person-Centered Planning

- Staff incorporated Committee feedback as well as input from our federal partners.
- Current draft definition will be revisited by the Committee prior to release of the draft report for comment in November 2019.

Person-Centered Planning Committee Composition

- Committee members and public commenters expressed a desire for the Committee to receive additional input from self-advocates who have lived experience with intellectual/developmental disabilities (I/DD), autism, and dementia.
- NQF responded to this feedback and will appoint up to four liaisons who will advise the Committee during its deliberations.
- The liaisons will begin service by the next web meeting on July 31, 2019.

Core Competencies for PCP Facilitation

PCP Practice Domain Connections



Committee Development of PCP Core Competencies

- NQF will develop a draft set of core competencies of people performing PCP facilitation.
 - Given the breadth and depth of person-centered planning across all areas of health care and LTSS delivery, there will likely be a need for multiple tiers or levels of intensity and skills needed to facilitate person-centered planning processes as medical and LTSS needs increase.
- The Committee will refine the draft set of core competencies of people performing PCP facilitation.
 - The Contractor (NQF) shall conduct a comprehensive analysis of the required competencies across approaches to person-centered planning and shall summarize the competencies across each approach.
 - The Contractor shall present these finding to the multistakeholder group and shall lead a discussion with the group to determine a set of core competencies necessary for people who facilitate PCP processes and who are responsible for ensuring a meaningful person-centered plan is produced.
 - The multistakeholder committee shall consider the breadth and depth of PCP across various areas of health care and LTSS delivery in their deliberations, including cross-cultural considerations, shared decision-making, and shall be encouraged not to reduce effective practices to the lowest common denominator, but to instead consider how tiers or levels of competency can be established, corresponding to the levels of complexity and domains of practice across the full spectrum of needs.

Committee Approach: PCP Facilitation Core Competencies

- Review core competencies identified by NQF through environmental scan of 28 PCP facilitation methodologies
- Develop generalized model for core competencies for PCP facilitation in HCBS, including *shared decision making and* potential transitions to other settings
 - Presentation and discussion of case studies of HCBS transitions and resulting changes to PCP
 - Discuss how to generalize PCP competencies based on levels of complexity and domains of practice

Practice Domains and Interaction Points



Practice Domains and Interaction Points



Representative Settings¹

HCBS	 Recipient's individual personal home Integrated community-based day settings Specialized family care homes Residential treatment centers/facilities Group homes* Assisted living* Places of employment* Congregate day settings (adult day centers/day habilitation)*
Institutional (LTSS in long-term facility- based settings connected to inpatient treatment)	 Nursing homes Hospitals Institutional care facilities for individuals with intellectual disabilities (ICF-IID) Institutions for mental disease (IMD)
Acute/Inpatient Care	 Emergency rooms Hospitals Hospice settings Short-stay/time-limited nursing care facilities Short-stay rehabilitation facilities Post-acute care settings Primary care/physicians' offices

1 = Settings listed are a representative sample and will be edited and expanded based on Committee input

* = Could be institutional or HCBS depending on whether they meet the federal HCBS settings criteria

Representative Services¹

HCBS*	 Personal care Supported employment Community-based, integrated day services Congregate day services (i.e., day habilitation services; adult day health) Residential treatment services Supported living 	 Prevocational services Congregate or delivered meal services Transportation Home repairs, modifications, and safety assessments Homemaker and chore services Information and referral services Financial or legal services Short-term respite care 	
Institutional* (LTSS in long-term facility- based settings connected to inpatient treatment)	 Diagnostic Preventive services Therapeutic services Long-term rehabilitative services Maintenance Personal care services 		
Acute/Inpatient Care*	 Emergency medical treatment Hospitalization Hospice or end-of-life care Short-term nursing care Short-term rehabilitation services: speech, occupational, physical, psychosocial, other Post-acute care 		

1 = Services listed are a representative sample and will be edited and expanded based on Committee input

* = Could be institutional or HCBS depending on whether they meet the federal HCBS settings criteria

Person-Centered Planning Competencies: Foundational Skills

- Self-awareness: cultural assumptions, psychological development and temperament, personality dynamics, prejudices
- Group power dynamics (family, systems, broader social/cultural dynamics)
- Understanding of philosophical basis of purpose and meaning in life
- Strengths based thinking/positive attributes
- Empathy/emotional intelligence
- Individual and systems advocacy
- Navigate the complexity of choice
- Cultural humility, competency
- Openness to learning
- Critical and creative thinking
- Qualitative/inductive research methods

Person-Centered Planning Competencies: Relational and Communication Skills

- Negotiation
- Dispute resolution
- Engagement skills
- Active/reflective listening
- Team building
- Customer service

Person-Centered Planning Competencies: Philosophy

- Effective Freedom
- Recovery
- Empowerment

Person-Centered Planning Competencies: Resource Knowledge

- LTSS and larger healthcare system
- Safety net providers
- Community assets/resources
- Populations and subgroups
- Legal issues: protective services, family court, guardians, decision support tools
- Local advocacy groups and individuals
- Gaps in services and supports

Person-Centered Planning Competencies: Policy and Regulatory Context

- Human rights
- Olmstead
- Americans with Disabilities Act
- Independent living philosophy
- Social model of disability

Discussion

- Have all the necessary Person-Centered Planning competencies been captured?
- Are there other Person-Centered Planning competencies category/skills that need to be added?
- Can some of the Person-Centered Planning competencies be combined with each other?

Discussion: PCP by Care Domain



Example: Complexity and Care Domain Considerations

- An adult with IDD and multiple chronic conditions enters a nursing home for a short-stay (<101 days), which extends into a six-month stay.
- It includes the required person-centered planning process.
- Ultimately the nursing home resident expresses the desire to move back into community which triggers a broader HCBS transition planning process.
 - What are the two person-centered planning processes (NH, HCBS), what are the practice standards, and what are the competencies necessary for each?
 - Are there differences?
 - What are the synergies that could be leveraged to create a single plan that accompanies the transition back to the community?
 - How should these be conducted and coordinated in practice?

Discussion: PCP Competencies in Context of Complexity

- How do PCP competencies change in complex conditions?
- How does complexity impact PCP competencies by care domain? Assume that multiple other conditions/comorbidities exist in addition to:
 - Intellectual and developmental disability (e.g., autism)
 - Mental disorders (e.g., dementia)
 - Traumatic brain injury
 - Older adults (e.g., frailty)
 - Blindness/deafness
 - Severe physical disability

Next Steps

Committee Web Meeting Schedule

Timing	Web Meeting	Description
July, 31, 2019 2:30 pm – 5:00 pm ET	Web Meeting #3	Obtain Committee input on draft core competencies of people performing PCP facilitation, and provide an update on the environmental scan and literature review. Discuss definition of PCP.
September 6, 2019 1:00 pm – 3:30 pm ET	Web Meeting #4	Present final core competencies of people performing PCP facilitations and gather Committee input on draft recommendations for system characteristics that support person-centered thinking, planning, and practice.
December 13, 2019 1:00 pm – 3:30 pm ET	Web Meeting #5	Adjudicate public comments received on the interim report and introduce the framework approach and development process.
January 6, 2020 1:00 pm – 3:30 pm ET	Web Meeting #6	Review and gather input on the draft measurement framework.
February 3, 2020 12:30 pm – 3:00 pm ET	Web Meeting #7	Finalize the draft measurement framework prior to public comment, and gather Committee input on the PCP research agenda.
June 1, 2020 1:00 pm – 3:30 pm ET	Web Meeting #8	Review public comments received on the draft comprehensive report.

Next Steps

- NQF will use Committee recommendations to expand environmental scan of core competencies for performing PCP facilitation
- Committee will convene meeting #3 on July 31 where NQF staff will present a draft list of core competencies to which the Committee will provide feedback.

Contacts

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- Project page: <u>http://www.qualityforum.org/Person_Centered_Plannin</u> <u>g_and_Practice.aspx</u>
- SharePoint: <u>http://share.qualityforum.org/Projects/PersonCenteredP</u> <u>lanningandPractice/SitePages/Home.aspx</u>
- Project alert subscription: <u>http://nqf.informz.net/NQF/profile.asp?fid=2509</u>

Thank You for Participating!