NATIONAL QUALITY FORUM

Meeting Summary

Person-Centered Planning and Practice Committee Web Meeting #2

The National Quality Forum (NQF) convened the Person-Centered Planning and Practice Committee for a web meeting on June 24, 2019. The primary goal of this meeting was to refine a generalized set of core competencies for person-centered planning (PCP) facilitators that takes into account both services and supports and individual factors as well as potential transitions between care settings (e.g., community, nursing home, hospital). NQF presented a model of HCBS LTSS, Institutional LTSS, and acute/inpatient care transitions as well as an overview of the PCP core competencies. The Committee then provided supplemental input on the PCP core competencies.

Welcome and Review of Meeting Objectives

Kate Buchanan, NQF Senior Project Manager, welcomed the Committee and reviewed the following meeting objectives:

- Present model of HCBS/LTSS care transitions
- Overview of environmental scan results: PCP core competencies
- Gather Committee input on PCP core competencies

Co-chairs Gretchen Napier and Cheryl Phillips introduced themselves and provided welcoming remarks to the Committee.

Recap from Previous Meeting

During the first web meeting, the Committee reviewed and refined the draft definition of person-centered planning. Following web meeting #1, staff incorporated both Committee and federal partner feedback into the draft definition. The draft definition will go into an interim report along with the core competencies and will be posted for a 30-day public comment period in November. Prior to public comment, the Committee will review and provide additional input on the draft definition of person-centered planning.

Ms. Buchanan acknowledged feedback from Committee members and public commenters that 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. To address this feedback, NQF will appoint up to four liaisons with lived experience to advise the Committee during its deliberations. NQF requested recommendations from the Committee by June 26. The liaisons will begin service by the next web meeting on July 31.

In response to several Committee member concerns about the timing and order of deliverables, Ms. Buchanan stated that NQF staff, in collaboration with federal funders, thoughtfully created the contract timeline. Staff are confident that the project schedule will produce high-value deliverables.

Core Competencies for Person-Centered Planning Facilitation

Following a recapitulation of the previous webinar, which focused on reviewing and discussing the draft definition of PCP, NQF Senior Director Debjani Mukherjee provided an overview of the PCP practice domains and the Committee's charge with respect to developing PCP facilitation-related core competencies before handing the presentation off to her colleague, NQF Senior Director Samuel Stolpe.

The presentation started with diagrams that provided a holistic pictorial representation of the components of LTSS in relation to the larger healthcare system. NQF staff presented additional diagrams that represented the triangulation of the three main practice domains and interaction points necessitating PCP and shared decision making. The Committee was also provided a representative list of sample settings and services for each of three setting categories. After this foundational introduction regarding the components of LTSS and interconnections with the greater healthcare arena, the Committee was provided a detailed list of PCP competencies broken down by type of skill categorized as foundational, relational, communication, along with other considerations such as resource knowledge and philosophical attributes. The Committee discussion, which followed the presentation, focused on fundamental principles of PCP that precede competencies as well as additional competencies for consideration.

The following themes emerged from the Committee discussion and public comments:

- The group emphasized the ability to gain knowledge of the individual's values, needs, and preferences as a fundamental consideration of supported decision making. However, a member stated people may want different levels of help and support, so we should not assume everyone wants to make every decision on their own. Several members disagreed with this comment.
- Local departments of social services, outpatient clinics, single points of access, departments of education, and other social service centers were mentioned as being an important component of care.
- Dignity of risk and the importance of facilitating informed decision making.
- Case load management skillset as a competency of case managers and social service providers was mentioned as an important consideration of staffing. This discussion also addressed important factors such as adequate training and support for staff so that they are well equipped to support decision making.
- The concept of consumer control including self-direction and self-determination was addressed as part of self-determination.
- Additions suggested for skills:
    - Philosophy: dignity of risk
    - Foundational skills: supported decision making, partnership of everyone involved
- As a cautionary point, the need to identify the person's skills and strengths was highlighted as necessary for the successful facilitation of PCP.

- The ability to talk through the individual's preferences related to the planning process itself—who is involved, the time and location of the discussion—is important as part of helping the person to facilitate their own plan.
- The Committee made a distinction between the competency associated with empathetic listening versus active listening.
- The concept of effective freedom was mentioned to bring forth practical and realistic considerations such as money, transportation, and other factors that effectuate the successful implementation of freedoms and choices, especially for individuals with disabilities and older adults. This addresses practical implications of facilitating freedom of decision making and necessitates the consideration of social determinants of health while encouraging strength-based discovery for all persons.
- Knowing the difference between process elements and content elements, and teaching content experts to be process experts.
- Knowing that all good person-centered plans answer questions for the person; this becomes especially important during care transitions or with care complexity. Committee members noted the expansion or contraction of choice based on care transition or care complexity, and the need for facilitators to understand and navigate changes in choice. Restrictions on choice distort the view of what the person wants and desires; what is important to an individual often changes.
- Unconditional positive regard for people.

Public Comments

NQF received numerous public comments. The comments are summarized below:

- Additional core competencies were presented for NQF and the Committee to consider. These competencies include time (related to caseload management), dignity of risk (under the core competency of philosophy), supported decision making (foundational skills), motivational interviewing, 1975 Rehabilitation Act (policy and regulatory context), appreciative inquiry, knowledge of the community and local resources, understanding behaviors as communication, effective communication skills (written and verbal), emotional intelligence including nonjudgment, creating a pre-plan prior to facilitating the person-centered plan, coordination and collaboration, and understanding one's own limitations of knowledge and ability to network and convene supports, sensitivity, and resourcefulness.
- Focus on caseloads and resource allocation. While one public commenter was concerned that the conversation and comment box focused on caseloads, many others thought it was a necessary topic of discussion. Manageable caseloads ensure good person-centered planning is conducted and can help to establish a reasonable time frame to complete one's plan. Currently, many states give facilitators little time to execute an individual's plan (between 5-30 days). Heavy caseloads are a barrier to success for person-centered planning due to a current lack of time devoted to developing a plan with the individual. More resources need to be devoted to lessening the burden of numerous cases per care coordinator to better focus on individual persons and executing their person-centered plans.

- General recommendations for individual's person-centered plans:
    - The plan is only paper, and a person's experience is what should matter.
    - The planning process has to be financially supported so people have organizational support to lead the life they choose.
    - The plan needs to be developed in a way that it is both easily implementable and also able to be corrected over time as different needs arise.
    - Person-centered planning does not equal service planning. Rather, it is about the person's whole life.
    - The person-centered plan is a living document that must follow the individual who owns the document from service to service no matter the institution. Additionally, the living document should change and update as the individual changes.

Next Steps

Yvonne Kalumo-Banda, NQF Project Manager, shared that Committee recommendations and those received from the public during the meeting will be used to further expand the list of core competencies for individuals facilitating person-centered planning.

The Committee and the public were advised to send all project-related correspondence or inquiries to pcplanning@qualityforum.org or call 202-783-1300 and allow up to 48 hours for a response.

The next Committee meeting was announced as July 31, from 2:30 to 5:00 pm ET, during which the Committee and public will provide input on refinement of the draft core competencies which will be brought forth by NQF staff. Committee members were told that project resources (i.e., agendas, slides, meeting summaries) will be posted on the project SharePoint site, and materials related to meetings will also be attached to the Committee calendar invites. The public was encouraged to subscribe to project alerts to keep track of meeting dates and meeting resources as they are posted onto the project page.