NQF

Moderator: Benita Kornegay Henry
July 31, 2019
6:31 pm

Kate Buchanan: Hi, all. This is Kate Buchanan and I want to welcome you to the third meeting of the Person-Centered Planning and Practice Committee.

Everyone has been joined onto this meeting mute. We are asking our committee members to unmute themselves at star 7, that way we can participate in this conversation.

As a reminder, there will be a public comment period and that will be at 4:40 today. With that, I want to turn it over to my colleague, Debjani and Sam.

Debjani Mukherjee: Thanks, Kate. This is Debjani Mukherjee. I would like to take this moment to welcome everybody, good afternoon, and especially good morning to those on the West Coast.

Welcome to Person-Centered Planning and Practice Committee web meeting number 3, and at this point, I would like to take a moment to thank our committee members for being here today taking time, the public commenters, our ACL, CMS colleagues and a special thanks to our NQF team here who do a lot of work behind the scene to get us prepped for each of these meetings.

And with that, I'm going to turn it over to our co-chairs and especially Gretchen to say a few words of welcome. Gretchen?

Gretchen Napier: Thank you. I just want to tell you all how glad I am to be here today, glad we're able to get reconvened. I appreciate all the feedback that has come in over the past - since the last meeting. I think you're going to see that we've really heard you about a lot of the feedback and tried to incorporate as much as possible within the guidelines we were given, and I hope that's going to be really helpful for everyone.

Also, I'm excited to be able to have our liaisons on the call today and they are going to talk about that in more detail. But welcome to those four individuals and I'm glad to have you all joining us. Cheryl?

Cheryl Phillips: This is Cheryl and I echo everything that Gretchen had said, in particular big welcome to the liaisons. And I know that we have an important scope of work, the feedback that we've had, staff has taken very seriously as Gretchen mentioned.

Our goal today is to try to further refine our core competency and to look at that broader environment of person-centered goals, and I think everyone has rightly recognized that none of the measures out there capture what we're trying to do. If they did, frankly, we wouldn't have the work in front of us that we do. So our job is to look at the environment, build on what it is, and then continue to work towards these core competencies.

I thank the NQF staff for preparing us so well with the information. And so with that, I think it's time to turn back over and let's move on to some of our housekeeping.

Kate Buchanan: Thank you so much, Cheryl. So this is just a friendly reminder or some helpful hints for using CenturyLink platform and this is for committee members and valid members of the public.

Google Chrome if the preferred when browser, but you may use any. Participants have the option to listen to webinars either by phone or through their computer. CenturyLink is compatible with screen readers. And to dial in, you can see the number, it's 1-800-768-2983 and the access code is 45148141.

We ask that when people are not speaking that they mute their line with star 6, that will help prevent some of the ambient noise that we can sometimes get and help really facilitate discussion.

So as you can briefly see here, you can use the dial-in to the call, you can listen to the web, or you can dial-in and stream the site. Any way you want to participate is fine.

We can see here there is the Chat/Comment button as well as the Raise Hand feature. So we've talked previously about the chat/comment. We really appreciate the comments we receive from members of the public as well as other committee members. We think that they're really useful comments.

Our platform does not allow us the ability to have these comments be Reply All to everyone on the call. So what we do is to do two things.

One, we do our best at opportunities for questions and for discussion to read the chat/comment. We also will download them and share them both with the

committee as well as members of the public. They are also feed on to our Public Project page.

So we do our best to address the comments and save them as they come in. But we get so many wonderful feedback, comments from everyone that oftentimes we're not able to read them all, but they all are shared with the committee staff and are posted for the public on our website.

So we often don't - I want to go back to that, we often don't use the Raise Hand feature, it is there. Sometimes chatting us is the best if you're having any technical issues or you have any questions, you know, about the slide, the materials. It's helpful to chat us directly instead of raising hand.

We will say that the audio recording, the meeting transcript as well as the summary of the call are all posted to our Project page and that happens approximately a week after the call. So all of these materials will be posted onto the Project page.

Right now, you are able to access the slides and agenda for our call today. Those are on our Project page.

So if we move on, here you can see this is just an example of what the chat function looks like when people are engaged with it, and those are going to staff and staff will relay the comments for the general group. They'll relay them over the phone, and if there are more technical questions, we'll just reply to you.

Okay, and I think one of the things that we've heard from our committee members as well as members from public is just that there are so many great opportunities for conversation and so many different perspectives that we

want to ensure that we're able to get all of them from all of our committee members and liaisons.

So one of the things that we thought would be helpful is just to maybe introduce some discussion guidelines so that every voice can be heard and we really want to engage in a meaningful and respectful conversation. So I wanted to review these discussion guidelines, we can say are new and we think they will really help encourage a great dialogue.

So I want to be respectful towards all opinions expressed and allow all opinions to be expressed. In the interest of time, we want to keep comments concise and focused, and we want to refrain from duplicating comment and paraphrase when needed.

So oftentimes, you know, people agree with each other which is really great because it helps us know that there are certain points being brought up that are more than just one committee member's view. So it helps the rest of us know that you agree with the comment. But in the interest of time, it would be beneficial not to restate it.

And then we also want to allow for an opportunity for everyone to participate on the committee, so we ask that are committee members and liaisons avoid dominating discussion and allow others to contribute.

So these are just some discussion guidelines that we think will be really beneficial moving forward to allow for all voices on the committee to be heard.

So here we have the NQF Project Team, myself, Kate and I'm also joined by my colleagues, Debjani, Sam, Yvonne and Jordan. And we'll move on next to

the committee roll call, one of the things that we are - we do have our liaisons with it so we're actually going to introduce them in a little bit so we won't ask the roll call right now. But we will kind of review the role of the liaisons and ask them to briefly introduce themselves.

But with that, I'm going to conduct a brief roll call. So I know that we have Gretchen and Cheryl here. Glenda, are you able to attend?

Glenda Armstrong: I am. Thank you.

Kate Buchanan: Thank you. Do we have Pearl Barnett?

Pearl Barnett: Yes, Pearl is on.

Kate Buchanan: Great. Sally Burton-Hoyle? Amber Carey-Navarrete?

Amber Carey-Navarrete: I'm here.

Kate Buchanan: Okay. Bruce Chernof? Bevin Croft?

Bevin Croft: Hi, everyone. I'm here.

Kate Buchanan: Thank you. Amber Decker?

Amber Decker: I'm here.

Kate Buchanan: Thank you. Gail Fanjoy? I know that Susan Fegen is on. Do we have Sara Link?

Sara Link: Yes, I'm here. Thank you.

Kate Buchanan: Thank you. Joseph Macbeth?

Joseph Macbeth: I am here.

Kate Buchanan: Thank you. Denise Myler? I believe Denise is on. You may be on mute, but I saw that you dialed in. Yes, Denise is on mute so we will - Denise, you won't mind unmuting yourself at star 7? But we have you here. And then do we have Melissa Nelson?

Melissa Nelson: Yes, present.

Kate Buchanan: Thank you. Pat Nobbie? Kate Norby? Ann O'Hare?

Ann O'Hare: Yes, I'm here.

Kate Buchanan: Thank you. Leolinda Parlin?

Leolinda Parlin: Aloha, I'm present.

Kate Buchanan: Great. Thank you so much for joining us. Do we have Richard Petty?

Richard Petty: Good afternoon. This is Richard Petty, I am present.

Kate Buchanan: Thank you. Mia Phifer?

Mia Phifer: Good afternoon, everyone. I'm here.

Kate Buchanan: Thank you. Michael Smull?

Michael Smull: I'm here.

Kate Buchanan: Thank you. Dori Tempio? Janis Tondora?

Dori Tempio: Can you hear me?

Kate Buchanan: Yes, I can. Sorry, is that you, Dori?

Dori Tempio: This is Dori, I'm here.

Kate Buchanan: Thank you. And do we have Janis on the line? Okay. Maggie Winston? Okay, and we will introduce our liaisons shortly. But is there anyone who I have not - who is present on the call who I have not heard from? Do we have Sally, Bruce, Gail, Pat, or Kate?

Okay, so we're going to move on then to reviewing the meeting objectives for today. So as I mentioned, we will be introducing and welcoming our committee liaisons. We will be - so there has been a lot of - as I mentioned, we received a lot of feedback from committee members on the process and we've taken them very seriously so we have - we've done a lot of individual outreach given to committee members who have some concerns.

And so we will be discussing some of the issues raised as well as some potential solutions and really looking forward to committee feedback on that. We think that they're really valuable to move forward.

Then we'll get into presenting the draft core competencies of people performing person-centered planning facilitation and an update on our environmental scan.

So you can see where we are in the project timeline. This is our third web meeting, so we have five more before we head in July.

During our first web meeting, we talked about the draft definition of person-centered planning. During our second web meeting, really looked at some of the core competencies that people engage in person-centered planning. We're going to look at that again during this web meeting, but we're also going to get in a little bit into the environmental scan of current quality measures where there are gaps - and where there are gaps.

So just a quick reminder of the goals of the committee, here you can see refine current definition of person-centered planning. Develop a set of core competencies for engaged in person-centered planning facilitation. Making recommendations to the Department of Health and Human Services on systems characteristics that support person-centered planning.

Conduct an environmental scan that includes historical development of person-centered planning in LTSS systems. Develop a conceptual framework for person-centered planning measurement and then create a research agenda for future person-centered planning research.

So those are the overall goals. We won't be obviously addressing all of them right now. But we are working on the core competencies of people performing person-centered planning facilitation as well as getting into that environmental scan measure, discussion of the history of person-centered planning within LTSS.

So we mentioned the environmental scan and it's in our slide, we'll be reviewing it shortly. We wanted to really get to some of the goals of the environmental scan that we'll be discussing.

And so it's a scan of existing person-centered quality of efficiency measure that will inform several objectives of the project. And here you can see the measure development, research agenda, gaps in quality measures and identification of priorities to advance or address measurement gaps.

We're getting still a little bit of feedback from people. So if you - even if you are a committee member and there's something - you know, getting some background, I really appreciate if you mute yourself when not speaking and then unmute yourself when speaking. I think that will be helpful.

So as you can see here, I previously discussed here what we have accomplished during our previous web meetings. And then looking forward, you can see what we'll be doing in this web meeting.

And then our next web meeting on September 6, well, it's the finalization of the core competencies, draft recommendations on systematic - systems to support person-centered planning. And then here you can see some of our future goals.

So before we get into introducing our committee liaisons, I just wanted to do a quick summary of what the committee discussed during our June 24 web meeting.

So the committee reviewed a list of person-centered planning competencies broken down by foundational, relational, and communication skills. The committee discussion focused on fundamental principles and additional competencies for consideration.

From the committee discussion, the following themes emerged and this is also from committee discussions as well as public comments. And the ability to gain knowledge of individual's values, needs and preferences; case load management skill set; the concept of consumer control including select-direction and self-determination, additions for suggested skills, dignity of risk and supported decision-making, partnership of everyone involved; and really looking for clarity unconditional positive regard for people in this process.

So that is the summary of what we did. But I want to take a quick moment to see if there are any questions prior to introducing our liaisons. Okay, excellent.

So as we talked about during our last meeting, we work really hard to establish this multi-stakeholder committee and really think that we have a lot of different perspective from those who serve on the committee. We've heard both from committee members as well as members of the public that for this project in particular, there was a real need to have additional voices of people with least experiences of advocates.

And so we really went through a lot of work to help identify people who we think could contribute valuably to the committee discussion and had a really important, effective - to add in the discussion and our people who have (soft) advocates within die fields and people with least experiences.

So as you can see here we have our four liaisons and in a moment, I'll ask them to introduce themselves. So we have Daniel Fisher from the National Coalition for Mental Health Recovery, Pam Montana from the Alzheimer's Association, Penny Shaw from Massachusetts Advocates for Nursing Home Reform and Disability Policy Consortium of Massachusetts. We have Mather

McCollough from the Office of Disability Right-hand side Government of the District of Columbia.

So to our liaisons, please make sure that unmuted, star 7, and we're hoping that you could provide a brief (introduction) of yourself and your work to date. So we can start with Dan Fisher?

Daniel Fisher: Sure, can you hear me?

Kate Buchanan: Yes, we can.

Daniel Fisher: Hello. Yes, my name is Daniel Fisher and I'm executive director at the National Empowerment Center and president of the National Coalition, Mental Health Recovery.

But, first, with my experience, I was diagnosed with schizophrenia in my 20s. With my recovery experience, became a psychiatrist and founded the National Empowerment Center in 1992. I was on the Freedom Commission for Mental Health in 2002 and ’03, and helped form the National Coalition for Mental Health Recovery which is a national advocacy group to bring recovery peer support and alternative approaches in mental help to the mental health field in this society.

Dori Tempio: Can somebody just call me?

Kate Buchanan: Dori, can you mute your line please? We can all hear you. I apologize for that.

Daniel Fisher: Okay, I guess the last thing I would like to bring up is that this - I feel it's a very, very important topic in the mental health field and there's been very little

capacity of people with experience to really meaningfully participate often in their treatment planning and in the policies that are involved in the mental health field so I'm very pleased to be here.

Kate Buchanan: Thank you so much. And Pam, would you mind providing a brief introduction?

Pam Montana: Sure, Pam Montana, I live in Northern California near San Francisco. I worked - my most recent job was working at Intel Corporation for 16 years and unfortunately, three years ago, I was forced into retirement and put on disability with the diagnosis of younger onset, early stage Alzheimer's.

So I've lived most of my life Corporate America and now spending every minute doing what I can to raise awareness and raise money. I'm currently on the national board of directors for the Alzheimer's Association and also served a term in Northern California, Northern Nevada, and happy to be part of this and happy to, you know, do what I can to again share the patient perspective.

Kate Buchanan: Great. Thank you so much, Pam. And do we have Penny Shaw on the line? I don't know if Penny was able to join us right now. Penny, you also may be on mute. If you hit star 7, you can be unmuted. But we'll check in with you.

Do we have Matt McCollough on the line? Matt, you are muted. We will unmute you right now. Okay, Matt?

Matthew McCollough: Yes, I'm here.

Kate Buchanan: Okay, great.

Matthew McCollough: Kate, I'm here.

Kate Buchanan: Great.

Matthew McCollough: Good afternoon, guys. So my name is Matthew McCollough. I'm the ED for ODR in D.C. ODR is the ADA compliance office for the district government. We are particularly responsible for Title I and Title II of ADA for the district government.

As an outcome of that, we work a lot with a lot of the civil services agencies, including (18 of the) (unintelligible) services agency. I am also a person with DD. I was born with CP, cerebral palsy. The district received (unintelligible) grant four or five years ago through ACL. As an outcome of that, I am currently a (position trainer) (unintelligible) in August.

And I currently serve on United States Access Board. In United States Access Board, I was a presidential appointment. President Obama appointed me to this position back in 2011 and (unintelligible) the Access Board with the responsibility of establishing standards for medical durable equipment so people with disabilities could get diagnosed early on in terms of diagnosis in (terminal) cancer and stuff, making the (unintelligible) the medical (unintelligible) more accessible to people with disabilities.

So I do have some (unintelligible) background and help you in all (unintelligible). And I want to thank ACL for inviting me to take part in this work, so thank you. Take care.

Kate Buchanan: Thank you so much, Matt. And Penny, we have unmuted your line. Yes, I can hear you.

Penny Shaw: Can you hear me? Okay, good. I should just say my (unintelligible) my phone slips sometimes because my shoulders don't work, so you have to let me know.

I'll just say, first of all, that I'm 76 and I'm disabled, a paralyzing Guillain-Barré syndrome. Because I'm in total care and needs access in 24-hour care and a two-person assists which myself will not pay for, in Massachusetts, I've been in this facility for 17 years.

Professionally, I consider myself an aging disability advocate, activist, independent scholar, publisher-writer in Journal of the American Geriatrics Society, Journal of Aging & Social Policy, et cetera. I'm a public speaker. I'm a consultant in human rights watch (unintelligible), et cetera.

Among my affiliations, I'm on the Massachusetts (unintelligible) Citizens Advisory Committee. I'm a fellow at the Gerontology Institute UMass Boston and a director of Committee at Disability Policy Consortium of Massachusetts.

One more thing, having a doctorate in literature French, I believe strongly in expertise in power of lived experience and the value of sharing personal stories to make that social change. I'm especially interested in high quality, safe, accessible self-directed medical care, and long-term service reports in all settings.

Kate Buchanan: Thank you so much, Penny. We really appreciate you being able to join us.

So I think we had discussed previously, but NQF has at various times throughout different projects appointed liaisons to provide additional important information in addition to the committee. So the role of the liaison

is really to be a participant in the committee discussion to enrich the discussion through their perspective, assist the committee in achieving the goals of the project.

Now, we just wanted to say for this particular project, there was not official voting like there is on the consensus development process - projects that we do. But one of the things that we do is there tends to be an overall yay or nay on our final report.

First, liaisons do not have that voting role. But they are informed of the work through that date and then act as participants in it. But we do want to just clarify that, that's kind of one of the bigger differences. But the liaisons will be joining all of our committee discussions, providing insights, providing their input, and we're so glad to have everyone. Thank you so much.

So with that, we can get into our discussion of some of the committee feedback that we've received to date, some of our potential solutions that we have and really want to get great feedback from all of you on how we can help adjust the work.

Debjani Mukherjee: Thank you. So again this is Debjani and what I will do is, over the next couple sections, go over the committee feedback, provide you with some updates on the core set and then go from there.

So, basically, as Kate mentioned, we've heard some concerns from our committee members and we want to be proactive and reach out and have some focused one-on-one conversations. And our goal is to be as responsive as we can and address these expressed concerns.

So, basically, we have the committee feedback sort of grouped by certain topic areas. So the first area that we heard about was sort of agenda, slides and materials, and concerns related to agenda, slides, materials, providing feedback , providing comment, you know, having their questions answered, et cetera.

So, basically, committee members - some of committee members have questions about the content or meaning of some of materials and they wanted to have sort of an opportunity to provide feedback and/or get their questions answered.

So one of the proposed solutions is that the 10 minutes of every meeting, we will dedicate some sort of an open forum for committee members and specifically to answer questions they have regarding the meeting materials and sort of to get any feedback from them regarding the meeting materials. So that's the first one.

The second one was that committee members would like to see reference document cited in the meeting materials. So when we do research to prepare for all these webinars, we look at a lot of sourced materials and reference documents.

So, basically, what we will do is; A, if there are many materials, we will link them in the slide. We will also link them in the chat box. And of course, for all our committee members, they will have access to those documents on the committee SharePoint page, so going forward you will have multiple sources to access these documents.

The third one was that if committee members have questions or comments about the project that are not specifically covered in the agenda or meeting slides, how to get their questions answered.

And for that, we want to be able to tailor our answers as much as possible, so we ask that you as a committee member, if you have any specific questions about our work, our task order, our process, any webinar, why we're doing links, why we're doing the work the way we're doing, please directly contact NQF committee staff and we will work with you via email and set up a call to address your specific question. That way we can as responsive and specific as possible.

And at this point, instead of going through all the different committee feedback and solutions, I'm going to stop now and see specifically for this, are there any committee comment for these solutions and concerns?

Okay, hearing none, we will move on, but please know you can always chat if you have - if you think of something down the road or - and/or bring it out when we talk about this - when we pause again after the next set of feedback.

So the next set was focused on participation on calls and in the stream of inclusivity of voices. So web meetings we realized pose challenges regarding participation, technical, otherwise there's always time limitation and not all committee members are able to have their voice heard and expressed their comments and provide their input.

So we have a couple of solutions we proposed for that. One is to create discussion questions and these discussion questions will be focused on the content of that webinar. And what we would do is distribute these discussion questions and request feedback from different stakeholder groups. So we

would look at all the different stakeholder groups on our committee as well as our liaisons and reach out to them and ask for input.

So, for example, if we felt like there was a question and we wanted to have input for the health plan perspective, what we would do is send out to our health plan stakeholder a question that says "How can these core competencies be incorporated into health plans? Do these resonate with health plan goals?" and that would be the way we would get health plan-related input.

We would do the same for all the other subgroups as well. But this is just an example and one only out of many.

And also between the two solutions we have there, this solution has a higher implementation feasibility because we are reaching out for any questions, people have time to sort of circulate the questions amongst their stakeholder, amongst the subgroups and then get back to us.

The other solution is that we would divide our committee members into subgroups and allow time on the agenda during the webinar for each subgroup to react to the materials.

However, we do have time limitations, also, you know, we want to make sure everybody can provide their input, so - and also we have certain limitations on creating subgroups in the call. So this is something we still have on the table. But I think the consensus is geared towards Solution 1 which we'd allow everybody to get - provide their input.

So at this point, I'm going to pause again to see if there are any comments regarding the solutions we proposed for participation on calls and sort of in

the spirit of being inclusive of all voices and making sure everybody has an opportunity to provide their input regardless of any limitations and challenges that might exist.

Amber Decker: This is Amber Decker. I wanted to say that I think that the proposed solution 1 is a really great idea especially because we have a large stakeholder position and you know, I am personally very curious to hear from others that have a background in managed care specifically. So I think the solution number 1 is more feasible. But I'd love to hear from what others think too. Thank you.

Debjani Mukherjee: Thank you, Amber.

Melissa Nelson: This is Melissa Nelson. I agree that proposed solution 1 seems like it would be the more feasible and helpful of the two solutions.

Debjani Mukherjee: Thank you, Melissa. Matt, we see that you raised your hand, would you like to make a comment?

Mathew McCollough: Yes, yes. So I also suggest that for any of you who have - for me, I have trouble writing or typing that if possible - is it possible that you guys could be reached by phone? So some certain members want to share their thoughts but have trouble trying to access the internet.

I'm not quite sure, but is it possible for committee members to simply call a person from your office so if we do have some ideas that we can simply give you a call and share those ideas over the phone? And you guys can still capture those ideas.

Debjani Mukherjee: Thank you, Matt. Yes, of course, like if you have certain limitations in typing, it would pose a challenge. Of course, you can always call a staff

directly and/or leave a message on our project phone voicemail and we would get back to you and schedule something so that you're, you know, able to provide comments.

And I'm just going to read out the phone number now, you will see it at the end of the slide again, but our project's mailbox is 202, so area code 202-783-1300. Again, it's area code 202-783-1300.

Kate Buchanan: And when you dial that number, please ask for Kate Buchanan and that way I can receive those calls, so Kate Buchanan that you would ask for. Dori, you raised your hand?

Dori Tempio: Hi, Kate, can you hear me?

Kate Buchanan: Yes, we sure can.

Dori Tempio: Okay, sometimes it's muted, sometimes it doesn't. I wanted to check - I actually think it might not be bad to look at solution 2 because I think sometimes I've noticed on the past meetings that it takes up a long time to get through the information and not everybody feels like they can be heard. And so I'm wondering if we are in subgroups and we work on some of these questions you will have to gather and narrow it down, if that would make it flow a little bit easier and quicker.

Debjani Mukherjee: Okay, thank you, Dori, and I appreciate that. And I think, Gail, also had your hand raised?

Gail Fanjoy: Yes, hello. I just wanted to make sure that you knew that I was on the phone. I certainly was a little stuck on star 7. I agree that I also think that the

proposed solution number 2, although I'm not opposed to the first solution, is a good idea.

And I'm just talking back to Michael Smull more about just the limits the person-centered planning within institutional settings and acute care settings, and some of the materials we get, I just - I really can't get even wrap my hand around them from my perspective of being in the - supporting subgroup intellectual and developmental disability to really live full life.

And so, you know, perhaps if we focus more on what we are really struggling with and what we're more familiar with versus people who are dealing with nursing homes and other institutional settings, trying to understand that role of that person. Thank you.

Debjani Mukherjee: Dan Fisher?

Daniel Fisher: Hi, I would also advocate the solution 2 because subject matters could be sort of focused on in that setting. And also my experience is that it's really through subcommittee - subgroups that you have more opportunity for interaction and dialogue, and there's going to be hopefully a lot of very fruitful discussions that will occur. So I would advocate number 2.

Debjani Mukherjee: And thank you all for providing because this is an input, so we are gathering input from the committee. We are not voting. This is just sort of we want to throw out our solutions and get as much feedback as possible before we move forward with sort of a strategy.

And so, again, all of this we present today at least for the committee feedback part is just us sort of presenting some of the concerns and some of the

solutions, and sort of getting the (thought) of the committee on how they feel about each of these and sort of the pros and cons. From Mia Phifer?

Kate Buchanan: Mia, you have your hand raised?

Mia Phifer: Yes, thank you. I too am not opposed to either of the solutions, but as far - just as the last comment suggested that solution number 2 may provide for a more productive approach, if you will, having the ability again to have individuals that have certain expertise in certain areas to collaborate and be able to bring back to the larger group.

But again I'm not opposed to either solutions and I appreciate the opportunity to consider solutions in order for everyone to be able to be in active communication and discussion, so thank you.

Kate Buchanan: Thank you. Pat, I think you also have your hand raised.

Debjani Mukherjee: Pat, you're maybe on mute.

Kate Buchanan: Star 7, unmute.

Patricia Nobbie: Can you hear me now?

Debjani Mukherjee: Yes.

Patricia Nobbie: Yes, Okay. I just have a question about the logistics of solution 2. So would that mean that we would have meetings outside of this regularly scheduled calls and then who would be responsible for coordinating those, would that be the NQF staff as well? Just a logistical question. But I think it's valuable, but it could also be more time-consuming and you know, logistical considerations.

(Ben Colby): Hi, this is (Ben Colby), I can respond to that. We're considering a couple of different approaches, but the one that came to staff's mind during our initial discussion would be to - instead of having our entire portion of a one-hour discussion that we typically have for the committee during our committee calls, so we structured in a way that subgroup members would be able to have a full discussion with everyone listening, but only invite those members of the subgroups to participate during a 20-minute or so session.

If, for example, we were to divide into three subgroups, we would then assign the same discussion topic to each subgroup and have those subgroup discussions in distinction. And the idea being that we have members of the public that participate and we want to make sure that they are able to listen to all subgroup discussions and not divided to three separate groups where, you know, a person won't be able to pick or wouldn't be able to listen to all of them and would have to choose one or another to be able to listen into.

We would also allow at the end of all the subgroup discussions a time period where we could have responses from the whole group to any of the subgroup discussions. That way there isn't some portion of it that is unresponded to. But in this manner, we'd allow for robust discussion to occur within the subgroups and have a lot of voices heard during the course of each of those discussions.

So that is our proposed approach. But, of course, we would go through some refinements with feedback from the committee as well as from our co-chairs and ACL attendees.

Patricia Nobbie: Okay, thanks. This is Pat. Thanks for that explanation, sounds doable.

Kate Buchanan: And I'm just going to read a comment that we received from Denise. She likes both options, but would also really like a discussion email board for all members, staff and liaisons. So we appreciate that feedback, Denise, something that we'll look into and talk with our staff, co-chairs and ACL and CMS.

Debjani Mukherjee: Okay, well, thank you all for providing all your comments. And with that, we're going to move on because we have a couple of - at least one more slide that talks about committee feedback.

So the final sort of area of concern was project approach and specifically committee members expressed concerns about sort of the project to engage with varied communities and individuals, and to like really capture the voices of experts in person-centered planning and practice.

So one of the proposed solutions was that during the interim draft report period which is October and November that's when sort of there's a webinar downtime, there's some sort of free time for our committee members, we will encourage and engage our committee members to sort of organize listening sessions with advocacy groups.

So this will allow our committee members to go out to their network of advocacy and sort of their contacts to get input and feedback on our interim draft report. And then we will ask that our committee members summarize the feedback and report back to the entire committee as well as NQF staff during a webinar afterwards.

So, basically, this would allow each individual in the committee to go out and find a network that they are a part of and get all the feedback, and that way multiply the voices represented and sort of the point of view as well.

And the second solution is that in addition to and/or instead of holding listening sessions, committee members can also send the draft report to these networks for feedback during the public commenting period. And we will have two 30-day public commenting period, the first happening this year and the next happening early next year.

So, basically, you can go out talk to your network, advocacy groups, get their points of view, report back and/or send the draft report and really encourage everybody to provide public comment during the public commenting period. And just so you know, all the public comments get collated, added as an appendix to the report so it becomes pretty much a living document as part of our work.

So with that, I'm going to pause again for a few moments before moving on to the other sections. We do have a lot to cover today, but I still want to provide the committee with an opportunity to provide their initial thoughts.

Amber Decker: This is Amber Decker. I just wanted to say I think that both solutions should be utilized. I'm a little confused or I'm a little concerned - what I'd like is that if individuals or if we, once we have this draft report, can also have a template for how to solicit public comment because I think it can get a little muddy in general. So I'm not sure if that's something that we can develop or work on, but I think it would be helpful. Thank you.

Debjani Mukherjee: Thank you, Amber. What we can do is when we have public commenting, we always have sort of a template form within our link so we can definitely share the link as well as questions that will be within the forma because we do ask that the public use the link to submit comments.

But we can definitely prime you with all the information so that when you are talking to these individuals, you can provide them with very specific direction on how to provide their comments.

Pearl Barnett: Hi, this is Pearl. I just have a question on solution number 1. I just wanted to understand when we think committee members can engage in listening sessions with advocacy group, does that mean that the committee members will be responsible for organizing these listening sessions?

Kate Buchanan: Hi, Pearl. Yes, this is Kate, and you know, we had consulted a couple of committee members about this and we did think that it would be the committee member reaching out on the committee member's behalf to organize the group.

One of those exceptions of this is that, you know, asking to be on the agenda of a meeting that they know is already happening, so it would be upon the committee member to do so. But, yes, it would be like leveraging opportunities that are already there, meetings that are already happening.

Pearl Barnett: Okay, thank you for the clarification.

Kate Buchanan: Of course.

Melissa Nelson: This is Melissa Nelson. I want to thank you for offering these solutions so that we make sure people's voices are heard and that we're building the strongest possible report and recommendations we can. I agree that both solutions sound like great additions to our planning and things that they would work well.

Kate Buchanan: Thank you, Melissa. Other comments? I'm looking to see - I don't see if there are any hands raised.

But I know that - you know, one of the things that we had talked about, something that I remember, is the fact that a committee that could encompass all people engaged in person-centered planning who are experts in person-centered planning, who are engaged in network person-centered planning would be a committee of hundreds of people, and that that's really hard and impossible to do, but that we could really leverage our committee members' networks, expertise, passion to get this material out and to get feedback from everyone as much as possible.

One of the things that's building on what Debjani said is all public comments are out into the report, NQF responds to all public comments, they are there. So when we say public comment, it's not just going into, you know, NQF resources, it's going back out and it will be in both the interim report as well as the final report.

Okay, so I think we are ready to discuss the core competencies.

Debjani Mukherjee: Thank you, Kate Buchanan. So the next section, what we will do is quickly go over the refined draft core competencies for PCP facilitation.

So if you recall our previous webinar, we presented core competencies and what we did was get feedback on those competencies in addition from our committee and public comments.

We also got some additional resources such as the President's Freedom Commission 2003 as well as National Council on Disability Report from

2000, from Privilege to Right. So we continuously are adding to it and sort of adding to the competencies.

So, basically, the goals of the competencies were to provide a list of core competencies necessary to facilitate person-centered planning and this came out of states asking federal guidance on sort of what they should look for in individuals facilitating PCP, and then in turn ACL has requested feedback this multi- shareholder group to inform guidance to the states.

So, basically, in the next slide, you can see different colored texts. So the text that's in black was the text you saw already. So the first slide on foundational skills you've already seen, so we're going to move on to the next slide because there you'll see all the texts are in red and those are the newly added foundational skills under core competencies, and things that were discussed and highlighted by multiple members of the committee; were supported decision-making based on individual's needs, along with consumer control as in self-direction and self-determination, informed decision-making, training and support for staff facilitating PCP, as well as effective freedom and factors that sort of help the successful implementation of an individual's freedoms and choices. So these are all the new additions based on our discussion.

The next slide again has some text in black which is already discussed, relational and communication skills, and then the last two are the newly added. One is to identify individual's personal strengths and weaknesses during communication, during sort of that part of planning, and empathetic listening as well.

The next slide has dignity of risk as being the only added one. And then, finally, for resource knowledge, case load management, training and support for staff again, as well as identifying process elements and experts versus

identifying content elements and experts were added as sort of important considerations especially for competencies related to resource knowledge.

And then the final slide has all the policy and regulatory context-related references and here we didn't have any specific additions. But we could add some of the reports that I talked about briefly to this list as well.

So with that, we come to an end of sort of adding the core competencies, providing you with sort of a list of all the new core competencies. These are not final. You know, as you may know by now, this project is in iterative process. You've seen the competencies twice now. You will see them again in the draft report.

So I will pause for a second just to see if you have any comment.

Pearl Barnett: Hi, this is Pearl. One quick question on the policy listed, is there a reason why the HCBS Final Rule is not listed here?

Debjani Mukherjee: You know, it's a very good point. We will add that. We have talked about HCBS Final Rule in previous meetings. It just probably didn't make it onto this, but we can definitely add the HCBS Final Rule.

Amber Decker: This is Amber Decker, Slide 33 also, I was going to say (IVEA) or (IVEIA), I can follow up in writing, but I think that that is somewhat relevant as well.

Debjani Mukherjee: That would be very helpful. Thank you for sending it along, Amber. We would really appreciate it.

Melissa Nelson: This is Melissa Nelson. On Slide 32, I would just recommend we see if we could find some other language for case load management. Here in

Wisconsin we're working really hard not to refer to people as cases because people are people and we're trying to help them live their full life, and so just trying to avoid talking in terms of case load and we use partnerships.

There'd be other words that we could use that would show that we're really partnering with people rather than trying to manage a case load.

Cheryl Phillips: So this is Cheryl.

((Crosstalk))

Amber Decker: I'm sorry, this is Amber Decker, go ahead.

Cheryl Phillips: I was going to say -- this is Cheryl Phillips -- I've also heard it as service load because you're trying to get to basically what is the scope of work for the individual who is responsible for the partnership. So - but I've heard it described as service load management as opposed to case load management. But I think that's a very good point. Thank you.

Debjani Mukherjee: Thank you, Cheryl.

Amber Decker: This is Amber Decker. I was going to say ratio, you know, individual, just staff ratio is another term if that's more comfortable. I mean, my concern - the only reason I brought it up is because there are individuals that are responsible for way too many - facilitating too much and just cannot possibly provide the service that they need to.

So, you know, I think it's relevant. I don't know if there's another solution for that word, but I do think that it's important to identify.

Debjani Mukherjee: Pat, you have your hand raised?

Sam Stolpe: Maybe on mute.

Debjani Mukherjee: Star 7, unmute.

Patricia Nobbie: Sorry, well, I did do that. On the slide that mentioned supported decision-making, it's not just about the person's needs, it's about their desires, so if we could add that in. It's the first slide I think or the second slide.

Debjani Mukherjee: Yes, sure.

Kate Buchanan: And I just want to read a comment we got from Denise Myler, "In independent living, we use consumer records term instead of management." Denise, we appreciate you sending that along.

And Dan, I see you have your hand raised as well.

Daniel Fisher: I'm unmuted?

Kate Buchanan: Yes, go ahead.

Daniel Fisher: I'm unmuted?

Kate Buchanan: Yes.

Daniel Fisher: Maybe I missed it, but, first of all, this covers people in all potential settings, right, person-centered planning, skills and competencies …

Kate Buchanan: Yes.

Daniel Fisher: … whether they're in institutions or outside of community. I wonder - I mean, there are special considerations if you're in a coercive environment -- you're in a psychiatric hospital, I don't know if this will cover prisons and jails also, not much treatment is now being providing there -- but the acknowledgement that the responsibilities or training, et cetera, this is very different.

In a forensic hospital in Massachusetts, Bridgewater State Hospital, there's a tremendous amount of work that needs to be done with the correctional officers in terms of their recognition of the rights and power or involvement of the people that they're serving. But I don't know, so I guess I'd say there are special settings that need to be acknowledged.

Debjani Mukherjee: Sure. And Matt, we see that your hand is raised?

Matthew McCollough: Thank you. So this may not (unintelligible) still, but (unintelligible) outcome. So in terms of (unintelligible) timing, we need to find a way to track if we're improving the person's overall (parking lot) or (unintelligible). So that's really critical, although how do we check, if you're actually improving the person's parking lot through these processes and it's all for the (unintelligible) support decision-making, training and support for staff, doing really self-determination and stuff like that.

But the end goal of all of this is how do we measure, first, the overall (trajectory in parking lot) is the person starts thinking about (running) to that person's overall improvement in (trajectory). And so we need to come up with how are we going to measure that and of course, (unintelligible) because we constantly talk about how can we track a person's trajectory and quality life in terms of these processes. Thank you.

Debjani Mukherjee: Thanks, Matt. And then we have - we'll do Sally and then Dori next, so Sally? Sally, you're may be on mute. We're not hearing you. Sally, we will get back to you. If you hit star 7, you can unmute yourself, but we can't hear you right now. Okay, so we'll go to Dori next.

Dori Tempio: I wanted to add I think not as human rights, but human rights and responsibilities because I think we also have to know our responsibilities as part of this. And also looking at where you have consumer control also, consumer-driven because it's not just control, you're hopefully driving and adding input on what you want to happen for your yourself.

Debjani Mukherjee: Great, thank you. And can we have Bevin next? And then, Sally, if you're able to unmute your phone, do let us know. We have you - we know that you're on line.

Bevin Croft: Hey, this is Bevin. On Slide 31 Paul, the resource knowledge slide, it's sitting elsewhere but I didn't see it, we might want to consider adding use of technology, technological solutions.

Debjani Mukherjee: Okay, thank you. And then Amber?

Amber Decker: Sorry, I was going to - this is Amber Decker unless you're talking about the other Amber.

Debjani Mukherjee: Amber Decker.

Amber Decker: Okay, I just wanted to add to the training, I believe it's Slide 32, yes, training and support for staff, I think - I know that it's too nuance, but I think, you know, in mandatory training versus the training which has been very problematic in my own experience where I have done all the trainings that the

staff if supposed to do and when the staff comes and they have no idea what I'm talking about.

So while these trainings exist, I think that identifying mandatory versus just saying training or ongoing - I don't know, I feel like training is too vague and problematic.

Debjani Mukherjee: Great, thank you. And Pearl has written down some of your regulations for policy regulations to consider; the Older Adults Act, the HCBS Final Rules, the final rule of 45 CFR Parts 1321 and 1324 State Long-Term Care Ombudsman, and then, yes, so the Older Americans Act, sorry, not the Older Adults Act, the Older Americans Act.

Sally, we have you. I know that your hand is raised. We can't hear you right now. If you won't mind typing your comments into the chat box, we can read them aloud.

And Denise, on Slide 29, Denise said, let me get to Slide 29, so on Slide 29, consumer control and independent living, we use consumer-driven. So, Denise, I appreciate that.

And Bruce, do you want - I see that you have your hand raised. And Bruce, you may still be on mute, if you hit star 7. Okay, Bruce, we'll check in with you, but star 7 to unmute.

Michael, you have your hand raised?

Michael Smull: Yes, where there's the strength and weakness, I would suggest trends and support needs.

Debjani Mukherjee: Great, thank you.

Penny Shaw: This is Penny. I'd like to make one comment.

Debjani Mukherjee: Of course.

Penny Shaw: I think the consumer-driven is a better phrase and we need to understand that those consumers need to do the initiation. There's a long history of (churnalism) even of person's after care, that people, that staff is supposed to come to the person asking questions and then we give them choice and control.

What we need to do is to teach the consumers and to empower them that they are to initiate anything that they wanted. It's a completely different system. It's the only one that I agree with personally, within capacity of course.

But I think it's essential to keep that idea of consumer-driven or self-initiated, some concept like that, otherwise it's just a (theory) or another form of (churnalism). Just to give people their choice and control, and someone else initiates it and brings up what categories of choices or something like that.

Debjani Mukherjee: Thank you, Penny.

Penny Shaw: Because I'll tell you in my case, I come up with choices they've never even heard of being followed. I'd be happy to (know) your mind once it is imposed for the national (general) voice on our website. I mean, it doesn't fall into general categories for the people. They have unique needs so …

Debjani Mukherjee: Great, thank you.

Kate Buchanan: We have a couple of written comments from Sally Burton-Hoyle and then I see that Dan Fisher's hand is raised. And also, I want to check in - after I read Sally's comments, if Bruce is unable to unmute himself. If not, Bruce, please type in the chat box and we'll read them aloud.

So Sally writes that "Independent facilitation must be addressed as an option for choice and control. And instead of using consumer-driven, they want to use person-driven because consumer is not a term used by many."

And so then just before we get to Dan, I want to read from Glenda saying, "I too believe that we need to be specific about training elements for sure to include skills that are typically not trained well like motivational interviewing trauma and cultural competencies." And then, Dan, I see that you have your hand raised.

Daniel Fisher: Reinforce the - I want to reinforce the term "driven" because agency is such an important element. Those are big debates actually in the White House Commission on Mental Health. They wanted to have consumer-centered planning and then consumer-centered policy development.

And we really pointed out that that doesn't - I think Penny brought this up too - that doesn't really reinforce the important centrality of the person's own advocacy, their own agency in the process not only in terms of they initiate it, but also during the whole process that they really are listening and that they are seen as a source of expertise.

Kate Buchanan: Thank you, Dan.

Debjani Mukherjee: Thank you all for providing your comments. It will be added to the materials and the materials will be updated. And with that, we will move on

for the interest of time, but please know that you can always type in your comments into the chat box and/or we address that as we discussed previously.

So the next section is going to be looking at environmental scan of person-centered planning measures. So this is where we start looking for measures and we sort of start looking the framework, gaps, et cetera.

So all the measures we're considering today and we considered for this presentation can be found in an Excel document that has been linked in the chat box and was also sent with the material to the committee. But, again, that Excel file will also be available on your committee SharePoint after this meeting so you will have that to refer to it as needed.

We will and we are considering endorsed and non-endorsed measures, and we did receive an additional resource of the capped HCBS survey so we will add that. And then if you have - after our call today, if you have any measures, measured tool that you would like us to consider, please email staff and send it along and we will definitely include it in our updated materials.

You can always - please email Kate or call Kate and that way she can really sort of monitor as well as let us know when she does receive materials.

Kate Buchanan: And Debjani, I just want to add - so I just sent out the link to the Excel file. It's on our website it says Kate Buchanan to all and it begins at www.qualityforum.org. So when we're talking about our measure scan, if you click that link, you'll be able to access it.

Debjani Mukherjee: And just FYI, there are many measures on there. We did the work of looking through it and sort of summarizing for the meeting here. But if you wanted to take a look at it at your leisure, feel free to do that.

Okay, so measure scan goals, what were the goals of us sort of undertaking this process? Basically, the scans focus on existing quality measures and the measure - this measure search is expected to inform the forward of PCP measure development, identify measure concepts and sort of a research agenda moving forward, as well as identify gaps in quality and efficiency measures as well as priorities on how to address those gaps in measurement.

So in the next slide, what I'm going to do is talk a little bit about what is a measure concept versus an actual performance measure.

So, basically, a measure concept is an idea for a measure. It doesn't have to be super specific, but it has to be a very clear idea of what it needed to be measured, so a description of an existing or potential assessment tool or instrument, or just a topic area that includes a description of the measure.

And so that includes sort of what is the potential numerator, what is the potential denominator, including sort of target population and what are we trying to measure.

And then we move to performance measure which is a fully developed metric. It's a fully developed measure. It has a fully developed and specified numerator and denominator, and has undergone scientific testing. And we know that evidence exists to support the intent of the measure, that it's reliable, it's valid and can be used to capture quality and assess efficiency.

So the next slide, we talked a little bit about our scan process. So we started with 15 search terms and we use those search terms to start our search with three measure databases. We look at NQF quality positioning system which is our clearinghouse for NQF-endorsed measures. We look at this CMS measures inventory tool, and that provided us with a repository quality metrics used by CMS. We also looked at qualified data registries which are measured, collected and reported to CMS.

So that was our initial search. We also did a PubMed and Google Scholar search to see if we could look in the literature and find anything that we may have missed in those repositories.

So in the next slide, you'll see a table. And basically that table talks about at least all the different search terms we used. And then by each database, it gives users the number of hits, the number of measures that we found. And altogether, there were 260 unique measures that were gathered from this search.

So the next slide, which is slide 39 in case you printed the slides out talks about the scan results. So no surprise, the scan returned no direct measures of person-centered planning. So the measures we found were either related to PCP or tangential, but no direct PCP measures.

The total number of measures identified were 366. The directly relevant measures were 206 measures, and 160 of them were non-relevant measures.

So the next slide talks about measure scan themes. And these are categories were measures were identified. So we had patient experience measures. We have frequency of care measures; so follow up in six months, follow up in three months, follow up in 10 days post-surgery, that kind of stuff.

We have complex care measures for chronic - for chronically ill patients, as well as mental and behavioral health issues.

There were care transition measures for going from the hospitals to rehab, to a nursing home, nursing home to home, hospital to home, that kind of stuff.

Communication measures - discharge summary, does the patient understand where sort of transition documentation discuss with patients, follow up, et cetera.

Shared decision making as well.

So these are the areas that we did find some measures.

So the next slide talks about the gaps in measures. And this is slide 41.

So here, what you will see are areas where we did not find measures. So patient experience, communication, shared decision making, consumer directed care for I/DD, geriatrics, chronic care, mental and/or behavioral health. So those are the subcategories for which we did not find measures. And these would be sort of prime areas to talk about measure concept going forward.

With that, we move on to our discussion questions. And I will turn it over to our co-chairs to moderate and facilitate committee discussions.

Cheryl and Gretchen?

Cheryl Phillips: Wonderful. That guy just raised my hand - this is Cheryl. One that thought that - going back to the previous slides, I think older adults may be better than the term geriatrics which is very medical. And as we think about the scope of all of this work that we're doing, I recognize and in fact I know that Bruce Chernof was trying to share this as well, that there - sometimes there are unique needs for older adults particularly with cognitive challenges. But I think that geriatrics implies more of a medical context.

So that's my comment. And then I'll let some open up for discussion.

Gretchen, did you have anything that you wanted to add?

Woman: Can I just comment - can I just comment quickly? That is - older adults is now what is legally required under the American Medical Association. The same works with this for a long time, it's a long workgroup. All the publications is American (Unintelligible). They all require the phrase older adults. That is (applied). I support that.

Gretchen Napier: Okay. So this is Gretchen. And I, like Cheryl, are ready to move on and begin to get some feedback from you all and start having a discussion that we are planning for today.

So we need to go to the next slide. There we go, okay.

So we will start today with are there specific places that you go to find quality measure related to person-centered planning?

Kate Buchanan: And Gretchen, we have two hands raised. We have Michael Smull and Pat Nobbie.

Gretchen Napier: Okay Michael, you want to go first?

Michael Smull: I'm back on the previous slides. Any time you use the word patient, you're implying medical care. And I wish that we could erase that word unless we're specifically talking about acute care...

Gretchen Napier: Okay, so the individual experience would be better?

Michael Smull: Individual experience but - and in the previous slide, and it pops up in conversation. Any time you're using that designation, the impression that I get is that there's a bias towards medical care.

Gretchen Napier: Thank you for that, Michael.

And Pat? You had your hand raised? Pat, we can't hear you? It's star-seven to unmute yourself. Pat?

Okay, are there others that would like to share specific place that you go to find quality measure related to person-centered planning?

Amber Decker: This is Amber Decker. I hate to say this, but I usually go to my department of health website for the states, starting there unfortunately. And then if there's any other government organizations that are in control of the population or overseeing specific services that are designated for certain populations, I would possibly go to those websites as well.

I know it's a lot, 50 states, but that would be where I would start, maybe with the largest states, I suppose doing it on a national level.

Gretchen Napier: Okay, thank you, Amber.

And...

((Crosstalk))

Cheryl Phillips: I'm looking at the list. Are there people that haven't had a chance to speak up? We have certainly appreciated the inputs from all those that have. But I'm looking at the list. And there's a lot of people we haven't heard from. And I don't want to call you out. But I want to pause for a second if there are other voices that we haven't heard.

Bruce Chernof: This is Bruce. Can you hear me?

Cheryl Phillips: Yes, we can.

Bruce Chernof: Well, I've been trying to get in. It's been a very frustrating call. And I don't actually feel that all committee members are being heard appropriately. And I think more of an effort to make sure that everybody is heard. I do think going all the way back to the policy discussion that the Older Americans Act should be included amongst the policies that are considered.

But I want to say adults with serious health limitations, serious chronic health conditions are part of person-centric planning. And I actually don't feel like the needs of adults are being elicited completely. And I'm finding this process frustrating.

Richard Petty: Good afternoon, this is Richard Petty. And I would just like to note that the NQF team did reach out to me prior to this meeting. I was one of the people, I trust that there are others, to whom they spoke prior to this meeting. And we

had a good conversation. And I certainly do not doubt their sincerity and wanting to advance person-centered planning and practice.

However, when we spoke, I made it clear that I still have concerns about the composition of the committee. And subsequent to my discussion with them, I did reach out to some of the authors of the letter that was presented by advocates expressing concern about the composition of the committee. That's a letter that I extracted some portions of that group's letter and included them in my June 24 email to the committee.

And I did ask them what their position would be. And at this time, they said that they have not received a formal response to their letter from NQF, ACL, and I understand that they have also copied CMS. I'm not sure whether they would expect the response from all of those organizations is the case they have received not at this point though.

They said though to me that if they would have considered the addition of four new committee members are being moving in is moving in the right direction. However, with those members not being voting members being in the liaison status that's been created, that that would be considered as tokenism. That's from a sample of the group that did write the letter originally.

Certainly, it's my concern we've had - I have heard today a spirited and certainly productive discussion today, and that concerns me all the more because if the composition of the committee still calls into question the validity of the work that will be done, we...

Woman: (Unintelligible) regulation required that (unintelligible) supervised at all times. Any unaccepted (bags) will be subject to confiscation...

Richard Petty: I think someone's in the airport, I think.

Cheryl Phillips: So Richard, I do not want to be in any way disrespectful. I understand your concerns. I know that NQF has attempted to address them. And I think that's part of why we want to have the 10-minute conversation at the beginning of the call.

Given our limited timeframe though, I do want to want to make sure that we continue the discussion questions as they are in front of us. Because we're not at this point ready to derail all of the work that has been done to date. I understand your concerns. I know NQF staff understand your concerns. But I think we also need to continue with the agenda as (unintelligible).

Richard Petty: I would like to do that. And I also like just a moment to wrap up though. And I appreciate that since you did express concern about members of the committee not participating. And I wanted to make a point that I see it important to continue to make that clear, and I have offered to the NQF to assist that to accelerate your recruiting process if they would care to engage at any process like that so that there could be authentic representation.

I am not willing to say at this point that there are not alternatives that could make it possible for this committee to succeed quite well in its work. There's already a very capable group. And with the right participation and the right membership, the work might indeed be even superior. Thank you.

Cheryl Phillips: Okay, well thank you.

And I do want to make sure that if there are any other specific places that people want to address quality measures, let's take a second. If not, we will move into other measurement tools that need to be added (unintelligible).

Yes?

Patricia Nobbie: This is Pat. I'm having a hard time getting off of mute before.

I did send a couple of things on to the committee. I did copy everyone. But I just wanted to call those out, two products; one is the NQF work from 2014-2015 on the HCBS measure set. And there is a domain on person-centered planning. So there's some measures in that document that could be considered.

And then I also sent work from (Steve Kay) at the University of California in San Francisco. We did an extensive catalogue of measures related to home and community-based services. And there are two pages of measures that he discovered in various - from various sources.

There's also some work going on with the University of Minnesota, Research and Rehabilitation Training Center and Outcome Measures that jumps off of the NQF, HCBS measures report and is getting ready to test measures. And there are some person-centered planning measures included there. So I just wanted to say that I have submitted those materials.

Cheryl Phillips: Yes, great. Thank you.

I see on our list we do have some folks who specialize in quality and quality measurement. I'm thinking of Mia Phifer from the National PACE Association (unintelligible).

Kate Buchanan: I'm sorry. We also have Leolinda. But Leolinda, we have a lot of background noise from your line. So I see that your hand's raised. But we are getting a lot of background noise from you.

Leolinda Parlin: Okay. I apologize.

Kate Buchanan: No worries.

Leolinda Parlin: So my comment was going to be - I think we've done some similar exercise looking for quality measures. And I think what some of the complications is that it's a matter of looking for things that are closed perhaps that could be adapted. One of our go-to places for looking at these measures are at the Maternal and Child Health Bureau. That (serves) us specifically for some of their performance measures.

So they have state performance measures, (unintelligible) performance measures, but also from the grantees that actually have like more specific measures that could be generalized, although they're primarily pediatric, they probably could be generalized to the other populations. I'd be happy to kind of send over access to them. But I think that is one of our other go-to places we're looking at the measures, but also - and we get to discussion about the tools.

There's always the implication that the scaffolding of the questions that are asked to kind of get you where you need to go to kind of derive the outcome for the metric. But MCHB has been a place for us to kind of ground in.

Woman: That would be...

Woman: I'm sorry. Could you just repeat what you said? Health Bureau? Where did you go?

Leolinda Parlin: The Maternal and Child Health Bureau of HRSA.

Woman: Thank you.

Leolinda Parlin: Okay.

Patricia Nobbie: This is Pat again. I would just briefly mention the Council on Quality of Leadership Personal Outcome Measures also have a number of measures related to person-centered planning.

Pearl Barnett: Hi, this is Pearl Barnett. I didn't know - I guess I'm wanting to know if you guys are looking for measures, there are only in the public domain. Are you including proprietary measures?

Debjani Mukherjee: So if you wanted to send us information on any measures you have, that's fine. But I know with proprietary measures, it's - you'd run into some issues of sharing the measure metrics, the numerator, denominator, things like that. I know that's some of the issues you have with certain HEDIS measures and stuff like - unless you have access to that proprietary information related to the measure, there can be some issues related to sharing it.

And also remember, all our work is public. So whatever you send us will be in the public domain, will be in our report. So we're Okay receiving it, I just don't know if you can share it.

Pearl Barnett: Right. No, I hear that. I just want to know if it's possible that even measures that we may not be able to share because they are proprietary that they are

missing in the report as other measures that may address person-centered practices.

Debjani Mukherjee: Sure. You're welcome to send us those and we will list them as other proprietary resources for consideration.

Pearl Barnett: Okay, thank you very much.

Bruce Chernof: This is Bruce. Maybe I missed this. And I realized the work is early. But did you include NCQA's work around goal of payment measures and person-reported outcomes?

Debjani Mukherjee: I'm not sure we did. But Bruce, if you wanted to send us that along with any other stuff you may have, that would be great. Because at this point, we're still expanding on our search and getting information and sort of resource from the committee. So we would greatly appreciate it. Thank you.

Bruce Chernof: I'll do that.

Amber Decker: This is Amber Decker. I was wondering if like utilization numbers, when it comes to services, would be relevant to this committee?

Debjani Mukherjee: Thank you, Amber.

Gretchen Napier: Okay. Are there other measurement tools that you all want to add or other specific places that you go to find quality measures?

Anything else under development that we want to acknowledge?

Amber Decker: I'm sorry, this is Amber again. I'm just going to say what about actual samples of care plans, person-centered care plans that might be in existence already?

Gretchen Napier: That's helpful, sure. Looking at the (PCSP)?

Amber Decker: Correct.

Gretchen Napier: Okay. What other input the other committee members have? Especially if you haven't had a chance to share your perspective today, we would love to hear from you.

Cheryl Phillips: And Gretchen, I'm going to let you take it because I've been kicked off. So I'm going to have to re-log in.

Gretchen Napier: Oh no.

Cheryl Phillips: I'll kind of get back to you. I'm not sure what I did to annoy the gods.

Penny Shaw: Can I - this is Penny. Can I make a comment?

Gretchen Napier: Yes, please, Penny.

Penny Shaw: I was (unintelligible) a little bit (unintelligible) on my (70s) here, I haven't since the (care plan B). Have anything with care plans in 10 years, 15 years I find which all the useful. Everything changes from day to day. So anything I want differently I just email management, (tell them what I want), go to (unintelligible).

I just want to tell you that care plans can be extremely restrictive. Once you put down in writing, they think that's what you want forever. But I like to just open it up for thought with people.

Amber Decker: I'm sorry, this is Amber. It was my comment. So I'm just going to follow up unless someone else wants to add something.

Okay. The reason I mentioned it is exactly the reason that you're saying, is because I have found that time and time again, individuals have care plans that they've never seen, never looked at, never been told exist. And I find it problematic.

And so when I said person-centered service plans, that was actually - I guess it should have been more specific in terms of if the individual who is servicing has even seen it or not, which is very specific measure that's very easy to capture. But it's not being captured on the level that it needs to in order to...

Penny Shaw: And (unintelligible) was service plan would be at least (unintelligible). I hate the word care.

Amber Decker: I'm sorry, you're right. And the only reason I mentioned the care plan is plans of care are legally bound to a continuity of care. And I'm saying that because a lot of the times, people - services that are provided in the community are cut because something hasn't been updated.

And so I'm just saying it for legal purposes in terms of care plans seem to be more identifiable on a national level than person-centered service plans unfortunately. Thank you.

Gretchen Napier: Hi Penny - I'm sorry, I'm just going to ask Penny to clarify it. You said a service plan or support plan? Which do you advocate for? Which were...

Penny, I don't know if you can get back on. But I was just going to ask you to let us know...

Amber Decker: She said the word care was the problem. And I...

Penny Shaw: Can you hear me now? Can you hear me?

Amber Decker: Yes.

Penny Shaw: Okay. I just like the word care plan. What was the other one you said? I just like it too, what was it - support. Support implies there's two people and they have a (direct) relationship. I'm the one receiving the support or the care, and the other person is giving it to me. That to me is very hierarchical. It's not mutual. It does not empower me. It's not even neutral. At least the service agreement, I don't even know.

But the problem is anything in writing - I don't know, the whole - when we go back to (unintelligible). I mean, this was language - it's very, very old. All these (materialistic) terms, I don't like any of them (unintelligible). I had to go to care plan (unintelligible) irrelevance that (unintelligible). They do it for the (MBS) for billing purposes, I could care less what they put it. I have no idea what - I could care less.

That's my take on it.

Gretchen Napier: Thank you Penny.

Kate Buchanan: And Gretchen, we have a couple of comments in the chat box that I'll read aloud. And then we also have two hands raised. So Dan Fisher and Gail Fanjoy both have their hand raised. But I just wanted to read some of the comments we were getting.

And so Denise Myler said in independent living, we use independent living plans. And Sally Burton-Hoyle is saying that care plan is never a term that should be part of person-centered planning, which I think is reflected in Penny's statements. And Denise wanted us to know that independent living plans are fluid and changes that the person needs to make changes. But Sally also said that care plan is a medical term. So I just wanted to point those out.

And so the two hands raised, we have Dan Fisher and Gail Fanjoy.

Gretchen Napier: Okay, great. Gail, we haven't heard from you today. We'd love for you to share your thoughts with us.

Gail Fanjoy: Well, you did once. But can you hear me now?

Gretchen Napier: I'm sorry. Okay. Yes.

Gail Fanjoy: First of all, ditto what Penny said. I just - I'm sitting here literally at my desk clapping and from most of what these liaisons are contributing to this.

But I did want to (see) another source. Again, it speaks outcomes, and I don't know how we can really talk about persons (planning in a vacuum) without talking about the actions that they should be spurring. And the (national) indicators from the - we did many states, numbers of states participate. And it talks about the subdomains of (choice) and decision-making community

inclusion relationship, satisfaction, self-determination work which we certainly what this community concern is out with. Thank you.

Gretchen Napier: Thank you. And Dan?

Daniel Fisher: Yes, I have a couple of points. One is empower scale developed by (Judy Chamber) and (Sally Rider) with the (incentive to say) like rehab, probably more on the development stage rather than at a final metric stage.

Secondly, language is very important. And I don't like care plan either. I would suggest person-driven recovery plan in the mental health field and the substance abuse field. I understand in the (feasibility) independence - independent living is very good.

Lastly, there is a major also of services health recovery oriented, I'll call recovery oriented service indicators or ROSI scale. And both those scales are - can be obtained through HSRI in Cambridge.

The last thing I'd like to say is I would echo what Richard Petty said. I'm very disappointed to hear that as liaison, that I would not have a vote, and it does feel like I'd be a token. So I'm not happy with that either and I have talked with the community living, (agency) community living about that. But I'm participating a little bit on to protest actually.

Penny Shaw: I don't want - can you hear me? This is Penny?

Gretchen Napier: We can, yes.

Penny Shaw: I don't want anybody think this is disrespectful. I think it's important to point out that I applied to be a committee member and was rejected.

Daniel Fisher: I did too.

Penny Shaw: And the whole committee is really astounded, that I would contact it later to be a liaison. And supposedly from people from ACL, I contacted my colleagues at ACL who said they don't know who recommended me.

But I just find it ironic, myself, again my colleagues will. And to be honest with you, I don't want to be disrespectful. I came to this meeting today so much skeptical to see whether our views are really important for this group or not. So I'm just being very honest with you. Thank you.

Gretchen Napier: Thank you Penny.

Cheryl Phillips: This is Cheryl Phillips. So I know the co-chair were looking for comments. But I also want to put in the balance here, and then I certainly appreciate and validate your comments about the recovery plan. However, that terminology is also not ubiquitous for all the populations that we are talking about in this discussion.

So for instance, those with progressive disabilities, older adults with advancing cognitive challenges, recovery really isn't an option, but they still need a voice and deserve a voice. So we need to think about maybe a different set of terminologies for different groups of people that we are bringing in under this umbrella.

Daniel Fisher: I would agree with that.

Woman: I'm just wondering if we need that extra word; care plan, service plan, support plan. What if we just call it person in a plan, and it could address all of those areas that we're discussing?

Patricia Nobbie: I agree with that. This is Pat.

Amber Carey-Navarrete: Hi, this is Amber Carey-Navarrete.

Cheryl Phillips: Hi Amber.

Amber Carey-Navarrete: Hello. I just wanted to make a comment. I have sent my discussion question answers in the email (prior) which have been reiterated. So I just want to make sure when we're talking about whatever sort of measure that eventually comes from the work here is that who is the - who the input for this measure is coming from.

When you go out looking for person-centered planning measures, or looking for quality of life measure, too often you'll find tools that are filled out and completed and all the input is coming from the (support) providers, or the organizations, or just other people in individual's life, and we need to make sure that whatever measure is adopted is something that all the input or at least primary input is coming from the individuals themselves, something much as (unintelligible) had already (unintelligible) which is (PQL), (Palms) and other sort of quality of life tools such as that.

Bruce Chernof: This is Bruce Chernof. I just want to echo that. And that's part of why the NCQA work we had person reported outcome and goal attainment measures are really important because they work off of the person's perspective, not the system's perspectives.

Amber Decker: This is Amber Decker. I just wanted to add that I think part of the reason why looking at current - or part of the benefit of looking at current examples of person-centered planning, or person-centered service plans is to see if they in fact do identify the individual goals and desires, et cetera, and just sort of build off of something at least. Thank you.

Bruce Chernof: This is - can you hear me?

Woman: Yes.

Bruce Chernof: So for older adults, it's important to realize that if the older adults themselves and potentially their circle of support which may be different for other populations. Like caregiver's plan, incredibly important role, family caregiver's plan, incredibly important role and that can be measured as part of this discussion too.

Cheryl Phillips: Thank you, Bruce. This is Cheryl. I was just going to bring that up. Excellent point.

Kate Buchanan: And Cheryl and Gretchen, we just have two comments from Sally and Pat saying that if we have to have a name, person-centered plan is, they both agree with that using that language.

Cheryl Phillips: Wonderful. Wonderful.

So I think that we have tackled both the measurement tools that need to be added. We've explored that. We've also I think tangentially addressed are there measures under development that should be acknowledged here.

Is there anything further? And particularly those of you who have not spoken, is there anything that you would like to add to the measure development content area?

Michael Smull: This is Michael Smull. And I have spoken before. But there is several issues that need to be teased apart. The quality of the plan and the quality of life don't necessarily go together as was pointed out earlier. It's the quality of the supports and the degree into which people are being listened to that have a strong impact on the outcome.

So you can have a brilliant plan that's ignored. And you can have a mediocre plan that's implemented and have remarkably different outcomes.

Cheryl Phillips: Excellent point. So two very distinctive and important pieces (at front) that intersect.

Joseph Macbeth: Hi. This is Joe Macbeth and I have been very patiently waiting to add something. And it just came up, this quality of the support professional or the caregiver.

And the low expectations historically of this workforce and the desperate need for competency-based training and career (unintelligible) these plans. And this is a discussion that needs to be held because caregivers are (unintelligible) side by side to people who are receiving services. And they are often in the dark.

Cheryl Phillips: Thank you, Joe. And in fact, I was just getting ready to call upon you. This is Cheryl. Because the voice of the direct caregivers is - it should not override the individual. But often times, they are the trusted surrogate voice and get ignored by the system is not relevant. So...

Joseph Macbeth: Yes, and - thank you, thank you.

Penny Shaw: This is Penny. Don't forget the care professional health (person). (They're) really great. And if you're not familiar with them, check them out.

Cheryl Phillips: Yes, yes.

So I think to Bruce, and Joe and then Penny's point, there is also for different population, to a whole circle of voices that need to be included in this person-centric perspective, they should not replace the individual, even individuals with cognitive challenges. But often times, they are completely ignored as we look at exploring the person-centric, particularly when the individual themselves is not able to speak for themselves.

So I'm concurring with all of the points raised. Thank you.

Kate Buchanan: And Cheryl, we have just a couple of comments from Pat and Sally.

So Pat's agreeing with Bruce, the caregiver, the participants are allies of individual are important to be considered. So similar to what - how you just summarized the discussion.

And then Sally just wanted to comment that Michael Smull is focusing on the critical ideas on why you cannot develop a scientific measurement for the use of the person-centered plan across systems, that there are operational measures based on how and when the person is involved in the community as defined by them. So those were just a couple of other community feedback, things that we've got.

Cheryl Phillips: Excellent. Thank you.

Penny Shaw: This is Penny again. I live in a nursing home with people with severe mental illness; brain injury, dementia of all forms. Only to the very of life can they speak themselves. Everybody in the building speak though. But also, let us not assume that those populations cannot speak for themselves. They speak every day. My roommate, they speak all the time. They know exactly what they want (mostly). The problem is they're often not (listened) to.

Cheryl Phillips: Very true. And there are individuals for whom they are not able to speak. So I think...

Penny Shaw: Exactly. Exactly. Right, there are. But we don't want to generalize by diagnosis (alone).

Cheryl Phillips: Absolutely not. And even - I might look to Pam, if you want to speak up - but absolutely. Even those with cognitive challenges, we often speak around them and assume that because there is a diagnosis, they no longer have a voice. And that is not at all what we're saying.

But we are at the same time saying let's not ignore that circle of support who sometimes is the voice for the individual.

Penny Shaw: That's right. I agree.

Pam Montana: Yes, this is Pam. I couldn't agree more.

And honestly, I don't know what I don't know. And I don't know what I said yesterday and if I asked the same question five times in a row of someone in

my family. I'm extremely aware of things I can do, but I don't remember what I did the day before, or if I kind of screwed up so to speak.

And so having my husband and my daughter and my family and friends around to go to the doctors with me and go to UCSF for my infusions with me, they're the ones who kind of keep me honest and keep me on track and keep all of my care providers whether it's the clinical trial, or at the neurologist understanding what's happening. So trusting me with the information and going alone is something I just can't do any more.

Cheryl Phillips: Thank you, Pam. And thank you very much for your personal perspective. They're so incredibly valuable.

Pam Montana: No problem.

Sara Link: This is Sara Link. I have been really thinking about the quality measurement around PCP and really thinking about that individual who we're supporting.

And one of the things that we're wrestling here in the State of Virginia around our (near-door system) is really understanding that the individual got what they wanted and developing (service) for these types of measurements and tools. Because what we find is there's a bit of infidelity to the system of providing PCP.

So this is just - we have developed a couple of questions, but we're really - I think this is just such a great discussion of really what is fidelity to a system of providing PCP within other states, and what are those core questions that we should be asking at the individual to see if they are being supported.

Gretchen Napier: Thank you Sara. That's very helpful.

So I think we are getting close to our time. Is there anyone else who wants to jump in to share about measurement tools, or measures?

Melissa Nelson: This is Melissa Nelson. Can you hear me?

Gretchen Napier: Yes.

Melissa Nelson: Okay. I think one of the challenges that's going to be when we all have the right to engage in person-centered planning regardless of our setting, our circumstances, or where we find ourselves within the complex healthcare system that it's going to be challenging to build universal measures that would go across different settings, but how important it is that it doesn't matter where someone lives, whether it's urban or rural, what type of setting a person lives in whether it's an institutional setting or home and community-based setting, what kind of payment system a person uses.

But it's important to be making sure that all human beings are heard and respected and are able to fulfill their rights and responsibilities of full citizenship.

Cheryl Phillips: Absolutely. Yes, thank you. I could not agree more.

Anyone else want to weigh in about quality measure before we move on to...

Ann O'Hare: This is Ann O'Hare. I have a question for you. This is more about process, not specifically about quality measures that you have mentioned early in the call that essentially toward the end of this process there will be a report which we will be expected to read and concur or modify.

What I was going to ask you, because I actually process information a lot better visually in writing, whether that could be an incremental process? For example, after each (goal), is there a way that you could send portion of the report to us so we could sort of look at what this will lead to? Or is the plan that you sort of collect data and then you write the report at the end?

Debjani Mukherjee: This is Debjani. We will have the report in part. So basically, the first interim report will be out this fall, later this fall. So you won't see the entire report for the first time. So you will see an interim product in the fall, probably November-ish to comment on, and then the final...

Amber Decker: This is Amber. I'm sorry. There is access a very bone-empty skeleton draft in the SharePoint. So I can send that to you if you'd like unless...

Ann O'Hare: Okay. That would be really helpful.

Amber Decker: ...you can find it. Okay.

Kate Buchanan: And hi. This is Kate with NQF. Amber, thank you so much for pointing that out. I'm really sorry that that was put on there. It's actually not ready for committee consumption...

Amber Decker: There's nothing on there. It's empty.

Kate Buchanan: Yes, correct. It's empty.

Amber Decker: But it is helpful for somebody like her. I mean, I in the same way, I have the same issue where I sort of need to know what the heck I'm doing. And I did have a lot of success in actually logging into NQF's dashboard and finding

our PCP group. And there's plenty of information in there. So try to go in there and move around.

I will send it to you though if you'd like.

Ann O'Hare: So that report that comes out, are you saying for the late fall, there will be an opportunity to edit, or is it more like just approve or not approve?

Debjani Mukherjee: Yes, you can provide comments and edit and send it back to us, yes. There will be a link to provide the comments to a comment portal.

Ann O'Hare: Okay, sounds good. Thank you.

Cheryl Phillips: All right. If there are no other comments about quality measures, then we can move on to the next portion of our meeting. I'll just give one more chance for anybody to weigh in about measurement tools, quality measures.

Okay. Debjani, do you want to set up the stage?

Debjani Mukherjee: Yes.

This is Debjani again. So what we're going to do is in the next part talk a little bit about one part of our work, which we'll be looking at the history of person-centered planning.

And basically, the rationale is that person-centered planning was developed through multiple co-occurring movements. And this has resulted in approaches on philosophies in PCP that lack standardization, might be siloed, and has been sort of an effort that's happened since the start.

And so the goal is to sort of get an understanding of the origin of PCP, current landscape of PCP so that we can recognize and share best practices, as well as encourage standardization and adoption of these best practices.

So basically, the goals of creating this history or timeline is to develop sort of an understanding of the major milestones. For example, the social movement, when it happens, sort of implications of it to take (stock) of quality measurement to organize measures for PCP that already exist, whether they're measures, or measurement tools and surveys, and then capture gaps in measurement and sort of create a research agenda to address those gaps.

And finally that gets to the research agenda which will be based on sort of the historical evolution, the framework of how to measure PCP and the (gaps that we see).

And with that, I'm going to turn it over to our co-chairs for discussion about how best to go about creating this historical timeline and organizing and getting information about it.

Gretchen and Cheryl?

Cheryl Phillips: Okay. So going back to that core question, should we look at it by sub-domains, and are these the right sub-domains? I think I would change the word elderly to older adults. But do we want to look at a historical timeline by populations or by blocks of time, or by person-centered care planning efforts, specific efforts related over time? How do you think that's helpful to frame it?

Patricia Nobbie: Hi, this is Pat. I don't think looking at it by subdomain is going to be particularly helpful or useful. Because I think in some of the processes, it

doesn't matter what the person diagnosis is, or their condition. It's more about what they want to do and what capacities and resources they have to contribute to what they want to do. And that includes their circle of support, their caregivers, direct support folks, whatever. I just think it would be - it's going to get difficult and stickier to divide it up by diagnosis.

Aside from that, I'm not really sure, I think probably just dealing with the history and being able to stay from which discipline things emerge, but not to necessarily distinguish it by diagnosis.

Kate Buchanan: And Cheryl and Gretchen, we're getting some feedback from Sally saying in Michigan, we put all person-centered planning in mental health (codes) for all recipients of mental health services, in community mental health systems, (CD), MI, substance abuse.

So Sally, if you won't mind just sharing that material with us, that would be really helpful. That would be an excellence resource. But thank you.

Gretchen Napier: Right. Who else who'd like to weigh in about how they think the timeline should be organized?

Bevin Croft: Hi, this is Bevin. I do think that there are a lot of evolutions in resources that are going to be applicable regardless of population, age, but also if we're thinking about history.

It's probably important to note that some of these approaches have evolved on along somewhat separate but parallel tracks. I'm thinking specifically about the mental health recovery movement, and how that really has evolved fairly distinctly from some other approaches. And I'm sure that that's the case for person-centered approaches with older adults, et cetera.

So it may be worth using some kind of organizing scheme that breaks it out just to make sure that there's (no overrun to this one), areas where there might be more kind of historical documentation.

The other thing that I can note is that the National Center on Advancing Person-Centered Practices and Systems is - we're sort of engaging in some similar work through our technical assistance with some states, doing sort of environmental scans of different approaches, and sort of gathering resources and the like.

I mean, some of the folks on this call are the originators of those resources, so they would also be wonderful sources. But I'm happy to also kind of share some of the products that we're putting together over the next few weeks.

Woman: That would be...

Woman: Thank you, Bevin. Appreciate it.

Amber Decker: I was just going to reiterate - this is Amber Decker - the current public health Title 42 regulation that already kind of outlines some useful materials in terms of person-centered planning, et cetera.

Gretchen Napier: Who else would like to weigh in about how the timeline should be organized?

Amber Carey-Navarrete: Hi, this is Amber Carey-Navarrete.

Gretchen Napier: Go ahead, Amber.

Amber Carey-Navarrete: Okay. I just wanted to mention that I agree with who was speaking earlier about that I think it's really important to - it's not as important to really divide it by subdomains. Do you think it's helpful to kind of - to make sure that the strides that are being made and where it got overlapped is and where the similarities are are really important to illustrate on whether it needs to be somewhat divided by subdomain to do that, or just better just to do it chronologically or by decades, or by event that happened kind of moving forth. It's really important.

I work very (collaboratively) across subdomains as we're calling it in this venue. And a lot of times, people want to use the differences of the types of services and support that they are providing to say (these are the pieces of life) they can't move forward toward a more person-directed approach.

And what we find is that the similarities are so much larger than any of those differences and these concepts are so just at our core and our foundation of being any sort of human service, that we really need to make sure that those similarities are highlighted through the sort of historical context, so that when we are looking for the gap to do the research or for sharing best practice and things of that nature that however it's divided up isn't used - and (used) as to why not (used), that doesn't excuse as why we are all on this journey together.

Gretchen Napier: Thank you, Amber. Highlighting the overlap is really important.

I heard a man voice starts to talk at the same time that Amber did. But I wasn't sure who that was. If you want to speak up now.

Michael Smull: It was Michael Smull, yes.

Gretchen Napier: Hey Michael.

Michael Smull: And I think it would be very useful to not only talk about the development of person-centered planning approaches, but also person-centered practices. If we restrict ourselves to planning, we'll miss some of the work done by people like the (unintelligible) alternative.

Gretchen Napier: Thank you, Michael. Right, practices and planning. We get that. Thank you.

Melissa Nelson: This is Melissa Nelson. I would just agree with the earlier comments that it might be better to approach it through a historical chronological timeline rather than subdomains. But that you could be addressing significant movements or efforts within subdomains within that historical timeline.

I do think it's good to help reduce siloes and find commonalities across subdomains whenever we can, advancing our common humanity.

Cheryl Phillips: Excellent point. And this is Cheryl. Kind of in summary, I'm hearing that a strict division by subdomain is not helpful, that chronology may be more useful with - I think one of the speakers mentioned earlier maybe calling out some of the subdomains. But the important thing maybe on how the subdomains may have some unique aspects, but also how the subdomains may also have a lot of similarities.

So I'm hearing - I suspect (status) as well, that raking them out strictly by subdomains may not be as helpful.

Any other thoughts and comments regarding this part of the discussion?

Patricia Nobbie: Hi, this is Pat. So I'm just thinking of Michael's work of thinking about the person, what is important to the person, and what is important for the person

as a way of that we've started planning for my daughter, really would cut across any of these subdomains or conditions. It's really who is the person and what do they need.

But doing a history to bring in the information about how things emerge from different movement. But at its core, I think these things are universal.

Amber Decker: This is Amber. I was just going to say the historical roots of community mental health systems, I mean there's so many different historical things that we can include here and we should move on and with things that we can have.

Cheryl Phillips: Agreed.

Any other comments? We are looking at now approaching our public comment time. But I want to make sure for committee members that we have captured any related comments to this.

And if not, then perhaps it is time to move to public comments.

Kate Buchanan: Okay. Thank you so much, Cheryl.

So we've received a lot of great comments in the chat box. We received numerous ones. So we haven't been able to respond to them all right now. We do want to take this opportunity to open the line for public comments. If you have a public comment, please unmute your phone and hitting star-seven, and provide your public comment.

We'll also go through, and we're going to try to identify - I know that one of our public commenters will not be - does not have access to the phone right

now. So I'm just going to read her comment off the start, and then we can open the lines.

So this is from (Paula Acosta).

Okay, and also if you have a public comment you'd like to use - and like to say through the phone, if you wouldn't mind just clicking the raise your hand function just so we can make sure we get you.

But we have a comment from (Paula Acosta) asking if the environmental scan is distinguished between person-centered planning staff competency performance measures from person-centered service quality outcome? If not, should it? Is that a gap, ensuring professionals, person-centered planning staff skills which seem to be at the core of delivering person-centered planning quality?

And at this point, we have not made that differentiation in our environmental scan today. But we appreciate the input. And I think we agree it's important. So thank you very much, (Paula).

With that - oh, I have another general public comment in the chat box. And we're starting to see some of the hands being raised.

But from (Emily Pryce), that - just expressing concern about the liaison participants not having the capacity to vote on the final recommendation. So appreciate that comment, (Emily).

I see (Judith Stitch), you have your hand raised?

(Judith Stitch): Hello?

Kate Buchanan: Yes, we can hear you.

(Judith Stitch): Okay. I just wanted to comment - I'm (Judith Stitch) from Wisconsin. And I just want to comment with respect to the discussion on measures. And this is totally more of a comment for a little bit more down the road, if there's something to think about as the group is considering what to do.

I heard Michael Smull talked about the quality of the (plan) is not necessarily the same thing as quality of life. I heard Sara Link talked about the fidelity of measures. And I've heard Melissa talking about the challenges of measure that can be applicable across systems.

And as I was listening to all of that, I couldn't help but think that as the group goes forward, it might be most useful to think in terms of outcome measures versus process measures. So that I think that might be more readily - in this context, it might be more readily feasible to have outcome measures because we're trying to get at what is important to the person, and how is the person started planning affecting their lives, versus whether or not a plan got done in 30 days, or that type of thing.

So I just put that out there for a little feedback. Thank you.

Kate Buchanan: Thank you, (Judith).

We do have another comment in the chat box from (Aileen Burke). Under relational and communicational skills for slide 30, when we talked about core competencies, consider including motivational interviewing is a skill that she teaches her staff. So thank you very much for that, (Aileen).

I don't see any other comments in the chat box. Do we have any other comments on the phone?

And once again to unmute it, it's star-seven.

Okay, we're going to give it just a couple more seconds in case anyone has anything they'd like to add. I know that there have been a lot of people chatting throughout. Unfortunately, we have too many comments. We can't go back and read them all right now. But staff will be downloading those comments, taking those into consideration, sharing them with the committee, and posting them on our public website.

But I don't see any other hands raised, or comments in the chat box. Is there anything - anyone else before we turn it over to the next steps?

Oh, (Nicole LeBlanc), we see your hands raised.

And (Nicole), you may still be on mute. If you hit star-seven, you'll be unmuted.

Okay. It looks like (Nicole) raised her hand down. (Nicole), we know that we got a lot of great feedback from you and...

(Nicole LeBlanc): (Unintelligible).

Kate Buchanan: Great. So here, (Nicole), we just heard you. If you don't mind restarting.

(Nicole LeBlanc): Yes. I mentioned in here how language influences attitude, language matters how you use it, and you can lift a person up, or tear a person down.

In Maryland, we're moving away from like, ISP and all and we just call it individual plan.

And also, I sent you a link of people first language, (PQL) conference in October. Individual is good versus...

Kate Buchanan: Okay, great. Thank you very much.

And thank you for sending (unintelligible), (Nicole).

(Nicole LeBlanc): And also it would be good to have measures like peer mentoring to both not just mental health, but (IDD), where provider (agency) hires somebody to let's say, help pick somebody and live on their own.

And in regards to case management, service coordination is much better than the term like case management, because case management implies my job is to manage you. In Vermont, like all agencies, they do all case management and they provide the services. Whereas down here in Maryland, it's separate. And we can break our struggle.

Kate Buchanan: Thank you, (Nicole). We really appreciate those comments. We appreciate the (report) that you sent. We'll use those. And I do want to note that all of the written comments you provided throughout as well, we will be sharing. So thank you very much, (Nicole).

(Nicole LeBlanc): Yes, awesome.

Kate Buchanan: Are there any other public comments?

Okay. Well, I will turn it over to my colleague, Yvonne, to talk us through next steps.

Yvonne Kalumo-Banda: Thank you very much, Kate.

So on the screen, we have the schedule for the next upcoming meeting. Our next meeting is going to be on September 6 from 1:00 to 3:30 pm. And that will be our fourth meeting, whereby we will present the final core competencies of the people that are performing PCP facilitation. And then we'll also gather committee input on the draft recommendations for system characteristics that support persons with - person-centered thinking, planning and practice.

We did not highlight it in this particular schedule. But then as my colleagues mentioned, early fall, we will have that 30-day commenting period on the draft report. We will provide more details in regard to date on when that report will be available for commenting during the next meeting.

Kate Buchanan: Great. And my apologies, Yvonne. We've got one more public comment that I just want to have the opportunity to read from (Timmy). And (Timmy) just said she hope we can continue to ensure the philosophy something about us (without us) remaining throughout the work.

So (Timmy) wanted to make another - make sure we've got that comment. And thank you very much.

Yvonne Kalumo-Banda: Thank you, Kate.

So for the next steps, we will be sure to use all the committee recommendations to expand the environmental scan. We did note that some

committee members did send through some of those resources for us to look for. Thank you very much. If you have any other resources that you'd like us to review, feel free to send them over to the project mailbox and we'll be sure to review them for the next meeting.

And as I mentioned earlier, we will have the next meeting on September 6. For those of you who are not part of the committee but are the general public, please feel free to visit the project site where you will be able to subscribe to the project alert and it will give you notifications of upcoming meetings of when we have posted the draft report for public commenting and any other information that we feel is relevant for you to know.

And once again, we have the email address, the project box, telephone number, the project page for your reference.

Thank you, Kate.

Kate Buchanan: Thank you all for joining our call today. This was a great call. I've got immense amount of information from all of you.

So we want to thank our committee participants, our co-chairs, thank you for facilitating such a great conversation and getting us to on time, our liaisons, our federal partners who are on this. I would like to thank my colleagues, NQF colleagues. A lot of work goes on behind the scenes, as well as in sort of getting this meeting going on the web platform.

And with that, I'm going to turn it over to the co-chairs to say a few closing remarks.

Cheryl Phillips: Gretchen, you want to go first?

Gretchen Napier: Sure. Thank you. This is Gretchen. And I really do want to thank all of you all for taking the time to prepare for the meeting, to have conversations with each other and with us between meetings, and to really be able to bring open and honest conversations to this work. And I thank you all for being willing to share your opinions and your experiences to make this a better process.

Cheryl Phillips: And I echo that. This is Cheryl. I also very much appreciate the patience with the process. I know at times we all would like things to go in slightly different ways. But that's part of the power of group and we bring multiple ideas.

And I think - I do want to acknowledge that NQF staff is very committed to responding to the input from all of you. So thank you. And thank you for your patience and thank you for staying on task for this important work. Sometimes we do get challenged with the enormity of the work. But everything that we are doing here, while it may not end up in the perfect, it is moving the dial along where we want it to be. And so it's going to be a valued effort for individuals for years to come. So thank you for all of that.

And with that, I'm going to turn it back to staff. And I think we can wrap it up.

Kate Buchanan: Thank you. Thank you for your kind words.

And with that, we are going to close the meeting. Thank you all for joining. And have a great afternoon. Bye.

Cheryl Phillips: Bye.

Woman: Bye, thank you.

END