The Context for Outcomes and Change

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What’s this course about?
- Making your program better—meeting objectives
- Using knowledge to get you there
- Sorting out the information you have for meaningful decision making
- Identifying, gathering and analyzing the data you need

What’s in it for me?
- What concepts should I understand?
- What do we mean by “outcomes data?”
- How do we transform it?
- What do we mean by information? And how do we manage with it?
Our Goal
Help provider organizations achieve performance targets by:
- Turning data into information
  - Discover patterns
- Turning information into knowledge
  - Discover their roots
- Turning knowledge into action
  - Plan, mobilize, act, check

Facts about standards conformance
Results based on:
Standards Manual Year 2015
(July 2015 – June 2016)
N = 2,481 CARF surveys

SMY 2015: Themes Analysis (1)
Primary challenges to orgs:
- Have no or little concrete data
- Data not useful to management (or not properly communicated to leadership)
- Data not shared with service providers or persons served
- Too much data and don’t know how to use them (e.g., using electronic health records)
- Data are NOT used or applied in practice to improve the lives of the person served

Key words from CARF standards
- Data are:
  - Collected
  - Analyzed
  - Reported
  - Shared
  - Used

Data analysis and use
- Data analysis:
- Data use:
Common Data Collected

- Financial/fiscal
- Staff stability
- Productivity (outputs)
- Consumer satisfaction
- Employee satisfaction
- Outcomes

Why Measure Outcomes?

- Why collect data and measure outcomes?
- Imagine you’re an airline passenger:
  - What do you want to know when you’re making your airline selections?

American Airline

- Founded in 1930, one of the largest airlines in the world
- 6,700 flights daily to 350 destinations in 50 countries
- Oneworld® alliance: 14,250 flights daily to 1,000 destinations in 150 countries
- Has created more than 900,000 jobs worldwide
Why Measure Outcomes?
- Airline passenger:
  - Safety
  - Cost
  - On time performance
  - % luggage lost
  - Comfort of seats
- Consumer of health and human services:
  - Improved health
  - Got a job
  - Low mortality rate
  - Modified behavior
  - Improved condition
  - Have friends
  - Financially independent

Outcomes Management
- Definition:
  - Outcomes management is the use of outcomes evaluation to improve the quality of services, and ultimately, the lives of the persons served

Outcomes Management
- Money
- Staff & time
- Facilities
- Equipment & supplies
- Business functions
- Service delivery
- Counseling
- Intervention
- Treatment
- Job training
- Food and shelter
- # consumers served
- # sessions conducted
- # hours of services delivered
- # educational materials
- Improved condition
- Improved health status
- Modified behavior
- Got a job
- Fewer jail days
Types of Indicators / Measures

**Business function:**
- Financial ratios
- Staff attrition rate
- % staff received training last year
- % employees reported they understand their job responsibilities

**Service delivery:**
- % consumers improved levels of functioning
- % persons served retained their jobs 30 day after discharge
- SF36, QOL, FIM

**Typical Outcomes**
- Related to: behavior, skills, jobs, knowledge, attitudes, values, condition, quality of life, or other attributes
- Changes for individuals during or after participating in program activities
- Benefits for the persons served (related to services you provide)
- Quantifiable or measurable

**Outcome Data collection Modes**
- Interviews (ASI: Substance Use Severity; Beck Depression Inventory)
- Self-report Surveys (uSPEQ, CAPHS, WHOQOL-8)
- Administrative Records (admission, discharge, and treatment process)
- Medical record or lab test abstraction (urine screen, SF36, FIM: Functional Independence Measure)
What outcomes to focus?
- The measures reflect what consumers and you want to know as well as the indicators required by the payers
- The indicators are related to the accomplishment of the program objectives
- The measures are taken at the program level as well as the individual clinician level

Stakeholder concerns
- ID stakeholders and types of info each needs (first and most important considerations in designing an outcomes management system)
  - Consumers: Quality of life
  - Family members: Access
  - Funders: Cost, access, and satisfaction
  - Public officials: Getting people employed
  - Employers: Productivity

How to answer these questions?
- What happened to people like me in your program?
- Are we helping people recover/get better/achieve their desired goals?
Why Measure Outcomes?

- Consumers, payers and donors want to know:
  - "Is it worth it?"
  - "Is this a good place for me?"
  - "Is it better than the alternative?"
  - "Will I get better?"

- You (providers) want to know too!
  - (At least you should!)
  - Are services making a difference in the lives of persons served?
  - Accountability for results through measuring and reporting outcomes

Use of outcomes data

- Establish baseline status, need for service
- Monitor consumer progress to determine effectiveness
- Inform consumers and family of progress quantitatively
- Justify reimbursement by payers / insurers
- Provide data for program evaluation
- Support accreditation surveys
- Provide comparable information for provider selection

"Without data you’re just another person with an opinion.”

-- W. Edwards Deming
New payment model

- Value-based purchasing:
  - Funding/reimbursement tied to performance measurement
  - Links payment directly to quality of care
- Fee for service → Quality Payment program
  - Transforms current payment system (FFS: fee for services) by rewarding providers for delivering high quality, efficient clinical care
What Quality Means - An Example

“To us, **Quality** means delivering care that is effective, safe, coordinated, timely and convenient. To find out if we are achieving quality care, we constantly measure our healthcare performance by collecting hundreds of quality measures. We make our **Quality Report Card** public to let you know how we measure up to **national healthcare quality comparisons**." — Northwestern Memorial Hospital website
Context

1. Conceptual environment
   - Persons served

2. Management environment
   - Management framework

3. CARF standards environment
   - ASPIRE to Excellence

Context

1. Conceptual Framework Related to Consumers

Consumers

- Customers
- Clients
- Patients
- Persons served
- Residents
Person-Centered Care/Services:

“What’s the matter with you?”

“What matters to you?”

Focus on needs, circumstances, and preferences of consumers

Involve consumers in planning, delivering, and evaluating services or care

Make timely, reliable, and valid data (accurate and standardized) available

Provide routine consumer feedback to service providers for QI

— Agency for Healthcare Research and Quality (AHRQ)

“Those organizations that tell us about access, outcomes, etc., we will support. Those that we doubt, we will not.”

— John Kemp
CARF Keynote, 2000
Input from key stakeholders

“The three most important things you need to measure in business are customer satisfaction, employee satisfaction, and cash flow.”

— Jack Welch
Lessons for Success, 1993

uSPEQ®: A Powerful Voice

- **uSPEQ (you speak):**
  - Universal
  - Stakeholder
  - Participation
  - Experiences
  - Questionnaires

- **Survey instruments include:**
  - Consumer Experience Survey
  - Employee Climate Survey
  (www.uspeq.org)

Considerations for Third-Party Data System

- Contains right questions for your org, consumers, overall satisfaction
- Includes specific, discriminating survey items
- Addresses effectiveness, efficiency, access, and satisfaction
- Established as reliable, valid instrument
- Can be customized
- Is accessible to visually impaired
- Provides timely, useful feedback of results
2. Conceptual Framework Related to Management

CARF's Framework

- Effectiveness
  - Outcomes or process
- Efficiency
  - Outcome/resource use
- Access
  - Getting into services
- Satisfaction
  - Access, process, and outcome

“Bang!”
Effectiveness

- Results achieved and outcomes observed for the person(s) served
- Results of process

Examples of Effectiveness

- Get a job
- Reach goals
- Avoid bad or costly things
- Feel good
- Have good health
- Participate in community of choice
- Function

Effective indicator for Service Delivery

- Objective: Reduce alcohol use
- Indicator: Number of reduced drinking days
- Measure: Number of drinking days in the last 30 days
- Target: Reduction by 25%
Efficiency

“Bang for the Buck”

Efficiency

- This concept combines cost and quality. At a given level of quality, services can be highly efficient or inefficient. Improved efficiency comes from providing high-quality services at lower cost. (NQF)
- Focus on resource use alone is common ("buck")
- Context for effectiveness is more useful ("bang")

Effectiveness vs. Efficiency:

May-June in Tucson: 95 - 100 F (15-25% humidity)

AC: $100 per month ⇒ 78F  Cooler: $45 per month ⇒ 80F

Effective

But NOT Efficient

Effective & Efficient!!
Effectiveness vs. Efficiency:
July in Tucson: 98 - 110 F (50-70% humidity)

AC: $160 per month => 76F
Cooler: $65 per month => 95F

Effective

NOT Effective

Efficient???

Examples of Efficiency
- Average LOS
- Care/service cost per capita
- # served/staff FTEs
- # living in community/service hours
- # making minimum wage/training hours
- Formal scientific measures:
  - FIM LOS Efficiency ratio = Mean FIM gain/Mean LOS
  - $ saved/$ spent

FIM Score: Differences bet. at admission and discharge
- # discharged in Q1: 158
- Average age: 73.5 (39 – 89)
- Avg FIM at Admission: 63.4
- Avg FIM at Discharge: 79.8
- FIM scores difference: 16.4
- # patients with higher FIM scores: 141
- Percent patients with higher FIM: 89.2%
FIM Avg FIM difference ÷ Avg LOS

- # patients discharge Q1: 158
- Avg age: 73.5 (39 – 89)
- Avg FIM at Admission: 63.4
- Avg FIM at Discharge: 79.8
- FIM scores difference: 16.4
- Avg LOS: 239.9 (US hospitals: 6.9)
- $16.4 \div 239.9 = 0.068$ (US: 34.8)

Access

- Getting into a program for services

Potential barriers to access:
- Timeliness
- Financial
- Distance/transportation
- Architectural/physical
- Language
- Attitudinal
Satisfaction

- Opinion of a stakeholder(s) regarding process or outcome of service received

Examples of Satisfaction

“I’m satisfied…
- …with the amount of information I received to make a choice.”
- …with how fast I was able to get services.”
- …that I felt respected by the program staff.”
- …that I felt safe in the service setting.”

Key Definitions

- **Indicator:** A quantitative expression of quality or performance
- **Measure:** A specific tool or data element used to quantify or calibrate the indicator
- **Performance:** A program’s achievement of certain values on indicators using a measure to quantify the results
- **Target/Benchmark:** Actual number or percentage identified as a measurable or desirable target
Example

- **Indicator:** % of clients returning to work
- **Measure:** % of clients in competitive employment 60 days after closure
- **Performance:** 65% of clients in competitive employment at follow-up
- **Target/Benchmark:** 60% of clients in competitive employment at follow-up

What is an Indicator?

- Quantifiable statement that can be used to evaluate key performance or quality over time
- Often expressed as a rate or a ratio
- Initially, select 4 to 6 indicators ("vital signs" of the organization)

Measures for unemployment (4.7%)

Indicator: % people unemployed

Graph showing six measures of unemployment with grey area indicating recession.
Performance Indicators: Vital Signs

- Understand your organization by using multiple key indicators/measures
- Analogy: CAR Dashboard
  - Some measures about the past (odometer)
  - Some about the present (speedometer)
  - Some indicating problems (oil pressure light)
  - Some about potential issues (check engine)
  - Some about the future (gas gauge)

What is value?

- Value =
  - Improving access
  - Demonstrated outcomes,
  - Plus satisfaction,
  - Plus reputation,
  - Divided by cost
- Highest outcomes at the lowest price
3. CARF Outcomes Standards Environment

The ASPIRE Framework

- Assessing the environment (PLAN)
  - A. Leadership
  - B. Governance (optional)
- Set strategy (PLAN)
  - C. Strategic integrated planning
- Persons served – stakeholder input (PLAN)
  - D. Input from persons served and other stakeholders
The ASPIRE Framework (cont.)

- **Implementing the plan (DO)**
  - E. Legal requirements
  - F. Financial planning and management
  - G. Risk management
  - H. Health and safety
  - I. Human Resources
  - J. Technology
  - K. Rights of persons served
  - L. Accessibility

- **Review results (CHECK)**
  - M. Performance measurement and management

- **Effect change (ACT)**
  - N. Performance improvement

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The “Loop”

1. Start: Objectives and indicators
2. Performance framework
3. Performance analysis
4. Management information into knowledge
5. Gather data
6. Take action

Quality

Start: Objectives and indicators

No end — CQI!
Vision and measurement:
- Vision without measurement is just **dreaming**.
- Measurement without vision is **wasted** effort.
- Organizational vision, mission and core values serve as the foundation for the program evaluation and quality assurance system.

**Questions?**
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