

# ADVANCING STATES



Leadership, innovation, collaboration  
for state Aging and Disability agencies

## Indiana Business Acumen Training: Measurement

**May 17, 2022**

# Agenda

- Introductions
- Data measurement common terms
  - Measures, metrics, and indicators
  - Leading and lagging measures
  - Outputs and outcomes
- FSSA Priorities
- Tracking measures:
  - Scorecards
  - Dashboards

# Introductions

- **April Young**, Senior Director of Business Acumen, ADvancing States
- **Marisa Scala-Foley**, Director, Aging and Disability Business Institute, USAging

# Quick Housekeeping



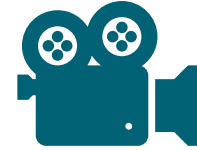
Everyone is muted



Use the “raise hand” button to speak



Chat it up!

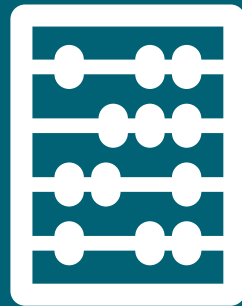


We are recording

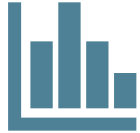


Closed captioning

# Common Terms in Data Measurement



# Metrics, Measures, Indicators



## Metrics

A system or standard of measurement



## Measures

A standard unit used to express the size, amount, or degree of something



## Indicators

Things, trends, or facts that indicate the state or level of something

# Metrics and Measures Examples

	Metric	Measure	Indicator
Personal/attendant care	An hour of personal/attendant care	Number of attendant care hours in a personal care plan each week	The percentage of hours that are staffed each week
Adult day	Optional community outing (grocery store, bowling, movies, bingo, etc)	Number of outings offered in a month	Total number of clients at each outing; interest of clients in each outing

# Outputs and Outcomes

- **Outputs**

- The amount of something produced.
- Usually easier to measure than outcomes

- **Outcomes**

- The way a thing turns out; a consequence.
- The “so what”



# Outputs and Outcomes Examples

	Outputs	Outcomes
Measurement and Quality Improvement	100% review of all care transitions over a one-year period.	An improved overall transition process (increased participation satisfaction, smoother transitions by identifying problems before they occur, etc)
Planning and managing critical incidents	100% of all staff are trained on definition, reporting, and submission requirements	An increase in identified incidents

# Leading and Lagging Measures



## Leading measures

Measures of activity that can show progress toward a desired outcome



## Lagging measures

Measures what was done – or the outcomes  
They cannot be measured in real time because there is a time lag before you see results

# Leading and Lagging Examples

Desired Outcome	Leading Measure	Lagging Measure
Reduce overtime costs by 50% by the end of the FY	Number of new hires per month	Percentage of reduction in overtime costs
Generate 25% of total revenue from contracts versus grants by next year	Number of meetings this month with potential partners  Number of contract negotiations in progress	Percentage of total revenue from contracts next year

# FSSA Quality Priorities



# Program Quality Goals

- Develop service plans and deliver services in a manner that is person-centered, member-driven, holistic, involves caregivers, and addresses SDOH.
- Ensure continuity of care and seamless experiences for members during transitions
- Assure timely access to appropriate services and supports to enable members to live in their setting of choice and promote their well-being and quality of life.

# Quality Improvement in the Scope of Work

- Developing an ongoing Quality Management and Improvement Program (QMIP) for all services provided
  - The MCE shall have ongoing comprehensive quality assessment and performance improvement activities aimed at improving the delivery of health care and LTSS to members

# Quality Improvement in the Scope of Work

- MCE Quality Management and Improvement Committee must include:
  - Members
  - Aging and disability-led advocacy groups
  - Medical and behavioral health providers
  - LTSS providers
  - Caregivers
  - Advocates
  - Community partners

# Quality Improvement in the Scope of Work

- FSSA will form and convene a quarterly independent Aging and LTSS Advisory Committee
- Membership includes: members, aging and disability-led advocacy groups, caregivers (formal and informal), subject matter experts, and other independent stakeholders
- The committee will provide recommendations and proposals for the requirements and measures related to quality, reporting, transparency, and data to FSSA staff



# Quality Improvement in the Scope of Work

- FSSA will conduct ongoing monitoring of the MCE, which could include:
  - Performance and findings related to quality measures and audits
  - Member enrollment, disenrollment, satisfaction, appeals
- FSSA can publish provider-level quality performance data and information

# Quality Improvement in the Scope of Work

- The MCE is also required to perform annual surveys – including member, informal caregiver, and provider surveys.
- Information and findings from those surveys can be used to assess quality of care and identify areas for improvement

# Tracking Measures

## Dashboards and Scorecards



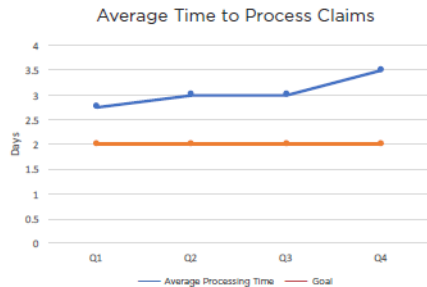
# Dashboards

- Simply put: A way to display data
- Provides an enhanced way to communicate the status of your organization to staff, board members, and payers.
  - Identify key metrics and measures to monitor
  - Use that information to determine how to display (color coding, tables, charts, spreadsheets, etc)

# Dashboards

## Community Based Organization

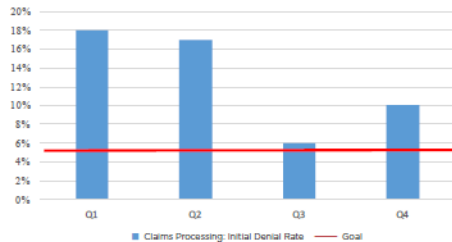
### Revenue Cycle Optimization



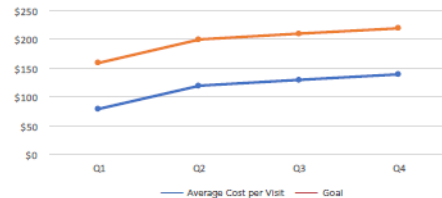
### Operating Results



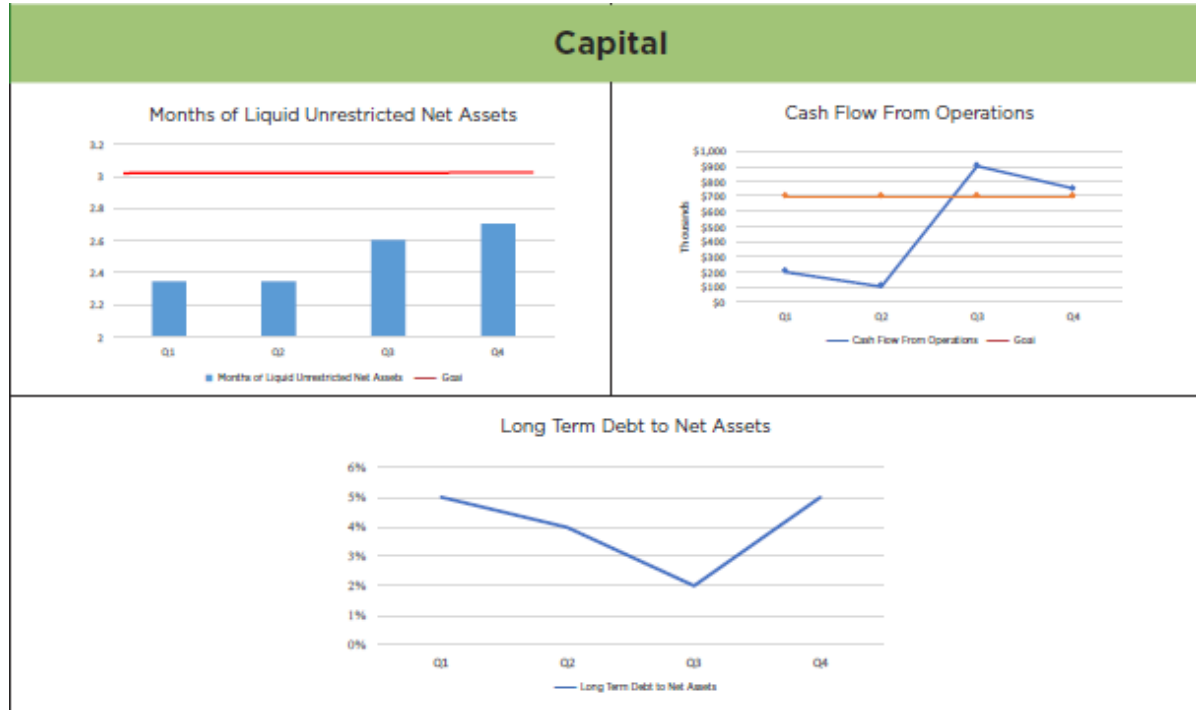
### Claims Processing: Initial Denial Rate



### Cost per Visit



# Dashboards



# Key Perspectives and Questions of the Balanced Scorecard

- **Customer/Stakeholder:**

“How do customers and/or stakeholders see us?”

- **Internal business (processes):**

“What must we excel at?”

- **Innovation and learning (capacity):**

“Can we continue to improve and create value?”

- **Financial:**

“How does the organization look to its shareholders?”

# Scorecard Example

	Lead Person	Indicators	Reporting Frequency	Q1	Q2	Q3	Q4	Fiscal Year Target	Benchmark	Benchmark Source	Comments
Service Delivery	A.	Client Satisfaction Scores	Quarterly	60%	72%	75%	80%	80%	85%	NCI-AD <sup>6</sup>	
Quality	B.	Payer Satisfaction	Quarterly	75%	75%	80%	82%	85%	85%	Corporate Standards	
Quality	C.	Hospitalizations	Monthly	5%	3%	7%	10%	5%	5%	Prior Fiscal Year	
Quality	D.	Critical Incidents	Monthly	2%	4%	2%	5%	3%	3%	Prior Fiscal Year	



# Questions & Discussion



Next Up: Office Hours  
3-4pm eastern  
May 19, 2022

Next session: Data Collection  
3-4pm eastern  
May 31, 2022



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