



ACL: Improving Program Performance

ACL's Office of Performance and Evaluation, Office of Long-Term Care Ombudsman Programs & Office of Information Resources Management

NASUAD Conference - *Potomac IV*

September 17, 2014



Current Vehicles/Methods for determining that ACL/AoA goals are met

For Example:

State Program Report (SPR) &
National Ombudsman Reporting
System (NORS)

- Aggregate Federal performance data and indicators (e.g., outputs)

National Survey of Older Americans
Act Participants

- Person-level Federal performance data and indicators (e.g., outcomes)

Program Evaluations

- Process, outcome, impact, and cost-benefit analysis of programs

In-depth Studies

- Potential, targeted studies that support ACL/AoA programs

Evaluation Activity

Evaluation	Features	Status
Chronic Disease Self Management Education	Process evaluation; partnership with CMS for outcome data	Completed Summer 2013
Aging and Disability Resource Centers	Process & outcome evaluation	Ends November 2014
Title III-C Elderly Nutrition Services Program	Process & outcome evaluation, & cost study. Will match consumers/comparison group members with Medicare records to measure differences in health/health care utilization	Data collected from SUA and AAA; starting data collection w/ local service providers (LSP) & consumers Fall 2014. Ends September 2016
Title III-E National Family Caregiver Support Program	Process & outcome evaluation	Starting data collection w/ SUA, AAA and LSP Fall 2014 and from consumers estimated as summer 2015
Title VI Tribal Grant Program	Evaluability study	Expected award September 2014
National Legal Assistance Support System	Process evaluation	Expected award September 2014

Evaluation Rigor

- Selecting comparison group using propensity score matching
- Measuring health outcomes using Medicare data
- Increasing response rates through enhanced communication with respondents
- Using survey questions that have been validated in previous studies



Administrative Data Redesign (ADR)

A Status update on the SPR redesign and your feedback



AGID

www.agid.acl.gov

AGID - Home - Windows Internet Explorer

http://www.agid.acl.gov/Default.aspx

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Administration on Aging
AGING Integrated Database (AGID)

The AGING Integrated Database (AGID) is an on-line query system based on AoA-related data files and surveys, and includes population characteristics from the Census Bureau for comparison purposes. The four options or paths through AGID provide different levels of focus and aggregation of the data – from individual data elements within Data-at-a-Glance to full database access within Data Files.

To begin your query, please select from one of the four options below and follow the system prompts. If assistance is needed, please review the Resources section of AGID for instructional videos, information on the data sources, and frequently asked questions.



Data-at-a-Glance
Quick estimates in map, chart, or tabular form



State Profiles
State-level summaries and comparisons



Custom Tables
Detailed multi-year tables



Data Files
Download data files and documentation

What's New Resources

Mar 20 Release of Version 3.7.0: Decennial Census Special Tabulation

http://www.agid.acl.gov/Resources/InstructionalVideos/ - Windows Internet Explorer

http://www.agid.acl.gov/Resources/InstructionalVideos/

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Home Data-at-a-Glance State Profiles Custom Tables Data Files Resources

Resources


About AGID Release Notes Data Sources Instructional Videos FAQ

Instructional Videos


Click on an image to view the instructional video. The video screen will open in a new window. To return to this page, close the video window.




AGID Overview (3:41)
This video provides an overview of the AGID system and briefly shows the 4 main sections of the site: Data-at-a-Glance, State Profiles, Custom Tables, and Data Files.
Download



AGID Data-at-a-Glance (2:11)
This video provides an in-depth look at the Data-at-a-Glance section of AGID.
Download



AGID State Profiles (2:27)
This video provides an in-depth look at the State Profiles section of AGID.
Download



AGID Custom Tables (2:44)
This video provides an in-depth look at the Custom Tables section of AGID.
Download

Internet 125%

TITLE III SERVICES

Services to Elderly Clients (Title III- B / C / D)

Registered Services

Non-Registered Services

Cluster 1
Detailed Client Profile

- | |
|-------------------------|
| 1. Personal Care |
| 2. Homemaker |
| 3. Chore |
| 4. Home Delivered Meals |
| 4a. NSIP HD Meals |
| 5. Adult Day Care |
| 6. Case Management |

- Summary Profile +
- Is Nutr Hi Risk? (#4)
- ADLs / IADLs

Cluster 2
Summary Client Profile

- | |
|-------------------------|
| 7. Assisted Transp. |
| 8. Congregate Meals |
| 8a. NSIP Cong. Meals |
| 9. Nutrition Counseling |

- Age, Gender
- Race, Ethnicity
- Is In Poverty?
- Is Rural?
- Is Lives Alone?
- Is Nutr Hi Risk? (#8, #9)

Cluster 3
No Client Profile Required

- | |
|-------------------------|
| 10. Transportation |
| 11. Legal Assistance |
| 12. Nutrition Education |
| 13. Info & Assistance |
| 14. Outreach |
| 15. Other Services |
| 16. Health Promotion |
| 17. Self-Directed Care |



Why a Redesign?



ADR Timeline




Goals for Redesign



Goals for Today's "ADR" Focus Group

Hear from you! Selected topics:


- Big picture questions
 - Content questions
 - Process questions
- 



Sample Questions

Question A:

How do you imagine that ACL/AoA Administrative Data Collection could be changed to address a larger LTSS view?






Sample Questions

Question B:

Do we want system-level information in the SPR? (In addition to collecting service information?)






Sample Questions

Question C:

What can you currently show using administrative/performance data now being collected?






Sample Questions

Question D:

What would you like to be able to show with your administrative/performance data?





Sample Questions

Question E:

What are the key policy issues you would like to address using data?



Sample Questions

Question F:

How do you define report burden?



Sample Questions

Question G:

What is your data collection &
reporting process?

What is working and what isn't?





Sample Questions

Specific Content Question:
How do you collect poverty and
income data?



Sample Questions

Specific Process/IT Question:


What software systems are you entering data into (if applicable)?



Sample Questions

Final Question:

What else would you like ACL/AoA to know as we undertake the data redesign?



Contact Info

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NORS Next

A Status update and discussion with NASUAD



What is NORIS?

National Ombudsman Reporting System

- Data elements that LTC Ombudsmen are required to collect
- Cases, Complaints
- Types of Complaints and outcome (resolution)
- Consultation
- Funds Expended and sources
- Staff FTE
- Numbers of Volunteers and hours
- Activities: Training, non-complaint visits, resident and family councils
- Systems issues & Legal (narrative)

State Unit Responsibility in OAA

- REPORTING SYSTEM.—The State agency shall establish a statewide uniform reporting system to—
- (1) collect and analyze data relating to complaints and conditions in long-term care facilities and to residents for the purpose of identifying and resolving significant problems; and
- (2) submit the data, on a regular basis, to—
- (A) the agency of the State responsible for licensing or certifying long-term care facilities in the State;
- (B) other State and Federal entities that the Ombudsman determines to be appropriate;
- (C) the Assistant Secretary; and
- (D) the National Ombudsman Resource Center established in section 202(a)(21).

State Unit Responsibility, continued

ADMINISTRATION.—The State agency shall require the Office to—

(1) prepare an annual report—

(A) describing the **activities** carried out by the Office in the year for which the report is prepared;

(B) **containing and analyzing the data collected** under subsection (c);

(C) **evaluating the problems experienced** by, and the complaints made by or on behalf of, residents;

State Unit Responsibility, continued

- (D) containing recommendations for—
 - (i) improving quality of the care and life of the residents; and
 - (ii) protecting the health, safety, welfare, and rights of the residents;
- (E)(i) analyzing the success of the program including success in providing services to residents of board and care facilities and other similar adult care facilities; and
- (ii) identifying barriers that prevent the optimal operation of the program; and
- (F) providing policy, regulatory, and legislative recommendations to solve identified problems, to resolve the complaints, to improve the quality of care and life of residents, to protect the health, safety, welfare, and rights of residents, and to remove the barriers;

Final 2013 NORS Data

Closed Cases = **123,666** a 2% decrease from 2012

Complaints = **190,592** a 1.5% decrease from 2012

Majority of complaints are from nursing home residents with 89,760 complaints, nearly a 4% drop

Board and Care complaints handled was 31,047 nearly a 3% *increase*

Other settings complaints were 2,859 a slight drop 1.1% (in some states there were large increases due to expansion of services)

Staff and Volunteers

- Volunteers – nearly a 5% decrease in numbers but an almost 20% increase in hours donated.
- Hours donated =843,912
- Staff show increases at state and local level with the exception of clerical which indicates a 12.5% decrease of this type of staff

Activities

- In general all activities increased except for: survey (-22%) and work with family councils (-17%)
- Of Note:
 - Consultations to facility staff up 16.5% (129,718)
 - Consultations to individuals up 8.3% (335,088)
 - Visits in Board and Care up 16% (15,952) which is about 30% of all B&C. Last year visited 25%

Why do we need to revise NORs?

- ASPE – “The first concern is the **large number of inconsistencies across states** on the major categories of NORs data, such as the number of complaints, rate of verified complaints, cases opened/closed, and complaints in each of the subgroup categories.”
- **These inconsistencies preclude one from distinguishing true differences in patterns of complaints** from flaws in the data system

OIG July 2003 – State LTCO Data: Nursing Home Complaints

- Thirty-nine of the 46 surveyed ombudsmen told us that they do not consistently follow the NORS categories in reporting complaints.
- AoA provides definitions of complaint categories and instructions to ombudsmen for reporting NORS data. However, it is sometimes difficult for ombudsmen to categorize complaints when several definitions apply.

What does this look like:

- We know what this means in practice: Too many complaint codes which leads to confusion in coding
- 119 active complaint codes but only 31 of those codes reflect 1% or more of all complaints. Meaning 88 codes were less than 1% of all complaints
- D27 - Exercise preference/choice and/or civil/religious rights, individual's right to smoke = 2.9% of all 204,000 complaints – yet we know how big a problem it is to exercise rights in some facilities.
-

“NORS Next” Process

- Internal ACL workgroup met in 2012 - focus data needs as a federal agency
- External workgroup began to meet in July 2013
 - Workgroup includes NASOP (6), NALLTCO members, other Ombudsmen (4), and ACL staff (3)
 - Thank you to all participants

Purpose and Goals

- The purpose of the workgroup is to make recommendations to ACL about the data collection needs at the local, state and federal level in order to help ACL design a new NORS that is less burdensome and that collects data that is helpful at the local, state and federal level.
- Meetings have included additional sub-committee work to give it closer attention.
- NASOP work – invaluable – reviewed complaint codes in great detail, very thoughtful suggestions

General Theme – Reduce & Revise

- Reduce Complaint Codes
- Reduce Resolution Codes
- Reduce Activity Codes
- Improve Definitions
- Determine what is missing

Direction of NORS Next

Proposed Changes to Current

- Reduce Complaint Codes from 119 to about 64
 - This was accomplished through elimination of underutilized codes and combining similar codes.
 - Language used and definitions will be revised to reflect current practice and person-centered language – for example – reframing “wandering” code or resident to resident “conflict” code – are potential areas for improvement.
 - There may be a few new codes – such as “managed care” or for people receiving services in their home.

Direction-Proposed Changes to current

- Dispositions – reduced from 8 to 3
 - 3 New Codes are:
 - Not resolved
 - Withdrawn or no action needed
 - Partially or fully resolved
 - Referred complaints – want to report differently

Proposed changes – new and different

- **Complaints referred** – ideally we would like to get a raw number of how many closed complaints were referred and to what type of agency, regardless of disposition. We will develop a set list of referral sources to ensure consistency. This way we can know how many complaints are resolved with no outside involvement.
- Legal Assistance/Remedies – ACL recommend required
- Complaint Description – ACL recommend required

Direction – Proposed Changes to Current

- Eliminate State/Local distinction
- Redefine – Systems Advocacy – To be determined
- Improve on definition of “work with resident/family councils by adding “developing, attending and working with”

Direction – New or different

- **Divide activities by NF and B & C** such as training to facility staff, resident & family councils, surveys, etc.
- **Add a new measure** – Number of facilities visited, unduplicated, in response to a complaint (or other)
 - The group felt that Ombudsmen are not able to reflect the volume of work done through other visits and that even if in response to a complaint there is often additional access provided

More to do

- This is the current status of “NORS Next” it is a process and the finer details are still to be developed.
- Other areas still to evaluate include possibilities such as new language to replace the word “case” – since it is a constant area of confusion.
- Coordination with proposed regulations – ensuring that our language is in alignment
- Ensuring that we are not losing anything of importance
- Not creating new data collection problems 😊

Next Steps

- Continue to refine the document
- Gain feedback from other stakeholders – i.e. n4a and NASUAD
- Continue to work with ACL staff – Office of Performance and Evaluation
- Obtain a contractor
- Final draft will have to go through Office of Management and Budget (OMB) and a public review and comment process via the federal register

Discussion Points

- Thinking of your role – what do you anticipate to be the greatest challenge for your office in adapting to a new data collection system
- What can ACL do to make this transition as smooth as possible?
- If you have past experience – lessons learned – please share

You can also send responses to louise.ryan@acl.hhs.gov

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