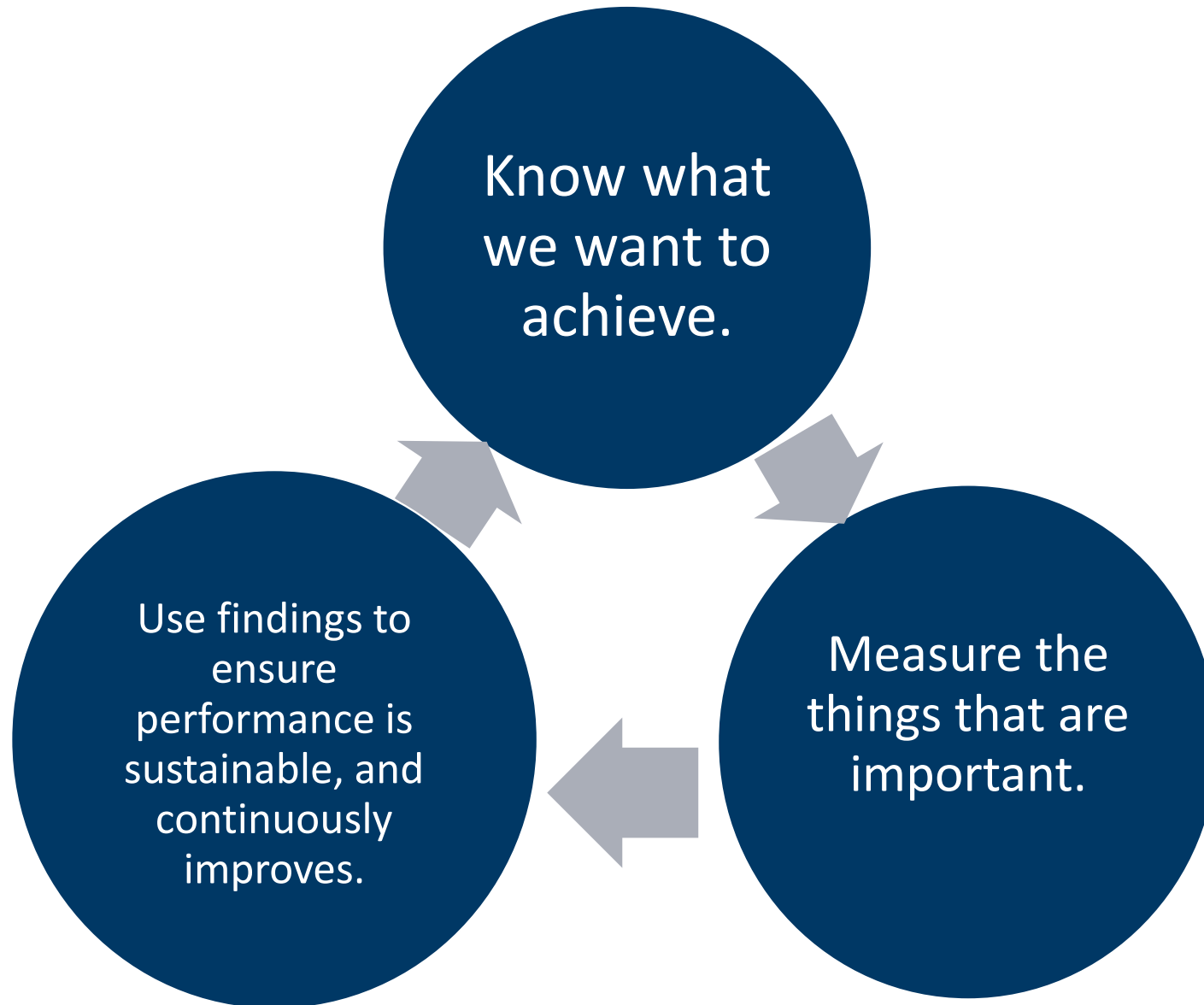




**DEPARTMENT OF
HUMAN SERVICES**

**Why and How Minnesota is Keeping
LTSS Quality Measures Relevant**



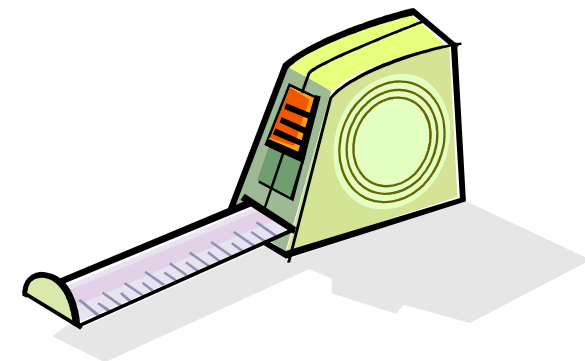
Minnesota's Performance Management System Values

The values of the LTSS performance management system are:

- Collaboration
- Continuous improvement
- Reliance on data
- Sustainability
- Flexibility
- Transparency
- Inclusiveness
- Equity

Quality Management: Measuring where we are and planning for improvement

- Assess system performance (processes, support systems)
- Measure participant-focused outcomes
- Ensure program integrity (implementation of design, financial accountability)
- Use findings to target needed changes (Analysis, program and policy development)

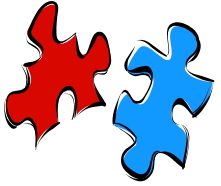


Quality Management Strategy: Focus quality assessment activities, resources, on desired results

- Coordinate activities to build the most complete picture of system performance
- Identify gaps in what we need and want to know
- Leverage existing sources of quality-related information & plan new sources to fill gaps
- Communicate quality findings to help decision-makers at all levels
- Design quality indicators specific for participant use in making choices



Sample of operational Quality Measurement Strategies



Managing “Quality Essentials” in HCBS



Lead Agency (County Waiver) On-Site Reviews



Annual Lead Agency Quality Assurance Plan



Participant Surveys (Nursing Home Quality of Life Surveys, National Core Indicator Surveys)



“Desk Audit” - Using data generated from business processes (assessment, authorization, claims, provider reviews, mandated reporting, etc.)

Minnesota's Quality Measurement System Tools

- HCBS Lead Agency Reviews
 - Focus groups with lead agency case managers and assessors
 - Interviews and meetings with agency leadership
 - Review of case files
 - Survey of providers
- Gap Analysis Study
 - Barriers to getting services
 - Services that are needed but hard to get or unavailable
 - Use of services
- National Core Indicator Surveys
 - Family Surveys
 - Adult In-Person Surveys
 - Staff Stability Survey

Minnesota's Quality Measurement System Tools

- Nursing Home Quality Of Life Survey
 - Used to Measure Resident Satisfaction
 - Completed Once a Year
 - On Site Person to Person Interviews
 - Has 12 Domains

Minnesota's Quality Measurement System Tools

- Nursing Home Report Card
 - Resident quality of life
 - Family satisfaction
 - Clinical quality indicators
 - State inspection results
 - Hours of direct care
 - Staff retention
 - Use of temporary nursing staff
 - Proportion of beds in single bedrooms

Questions Feedback Welcome Screen

MINNESOTA
Nursing Home Report Card

Minnesota Department of Human Services
Minnesota Department of Health
Share

SEARCH MAP

Search For Nursing Homes

Location
Select Nursing Homes within miles of
this Minnesota city or zip code:

Quality
List facilities ranked by quality measures important to me: ⓘ
[\(Click Here to Skip Priorities and List Facilities Alphabetically\)](#)

My most important quality measure is:

My second most important quality measure is:

My third most important quality measure is:

OR

Select Nursing Homes By Name

Choose one or more facilities from the list:

Adams Health Care Center
Afton Home
Aicota Health Care Center
Aitkin Health Services
Andrew Residence
Annandale Care Center
Anoka Rehab & Living Center

To select one facility: Click on the facility name, then click the 'Go' button.

To select more than one facility: Hold down the 'Ctrl' key as you click on each facility name, then click the 'Go' button.

[Nursing Home Report Card Fact Sheet \(PDF\)](#) [Nursing Home Report Card Technical User Guide \(PDF\)](#)

Nursing Facility Policy Goals Drive Development

Give providers valid, relevant and reliable results to guide their quality improvement efforts.

Inform service participants decision making –Nursing Home Report Card.

Offer financial incentives for better services and care coordination that are person centered.

- Minnesota is becoming more diverse in population (age, race/ethnicity), health disparities are also more prevalent

Minnesota, on average, ranks among the healthiest states in the nation. However, those averages do not tell the whole story. Minnesota has some of the greatest health disparities in the country between whites and people of color and American Indians.

Source: Minnesota Department of Health Report to the Minnesota Legislature: Eliminating Health Disparities Initiative (2016).

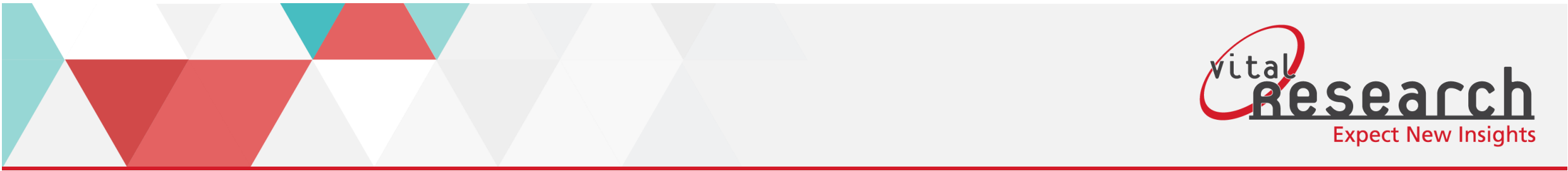
Analyzing health inequities requires a process that uses data to identify health differences between population groups, instead of only examining the population as a whole. The process then continues by identifying and examining the causes of these population differences in health.

Source: <http://www.health.state.mn.us/divs/chs/healthequity/definitions.htm>

Service Experience & Inclusivity- Diversity

- Increased diversity of cultures and languages of people we serve
 - Aging population by 2030-Baby Boomers turn 85 but not enough information about this population to guide policies for the future
 - Increasing racial/ethnic diversity in MN nursing facilities
 - Little known about the quality of life of minorities living with disabilities

- Geographical regions
 - Rural vs Urban
- Living settings
 - Living alone
 - Living with family/friends
 - Group Homes
 - Nursing facilities (specific facility characteristics)





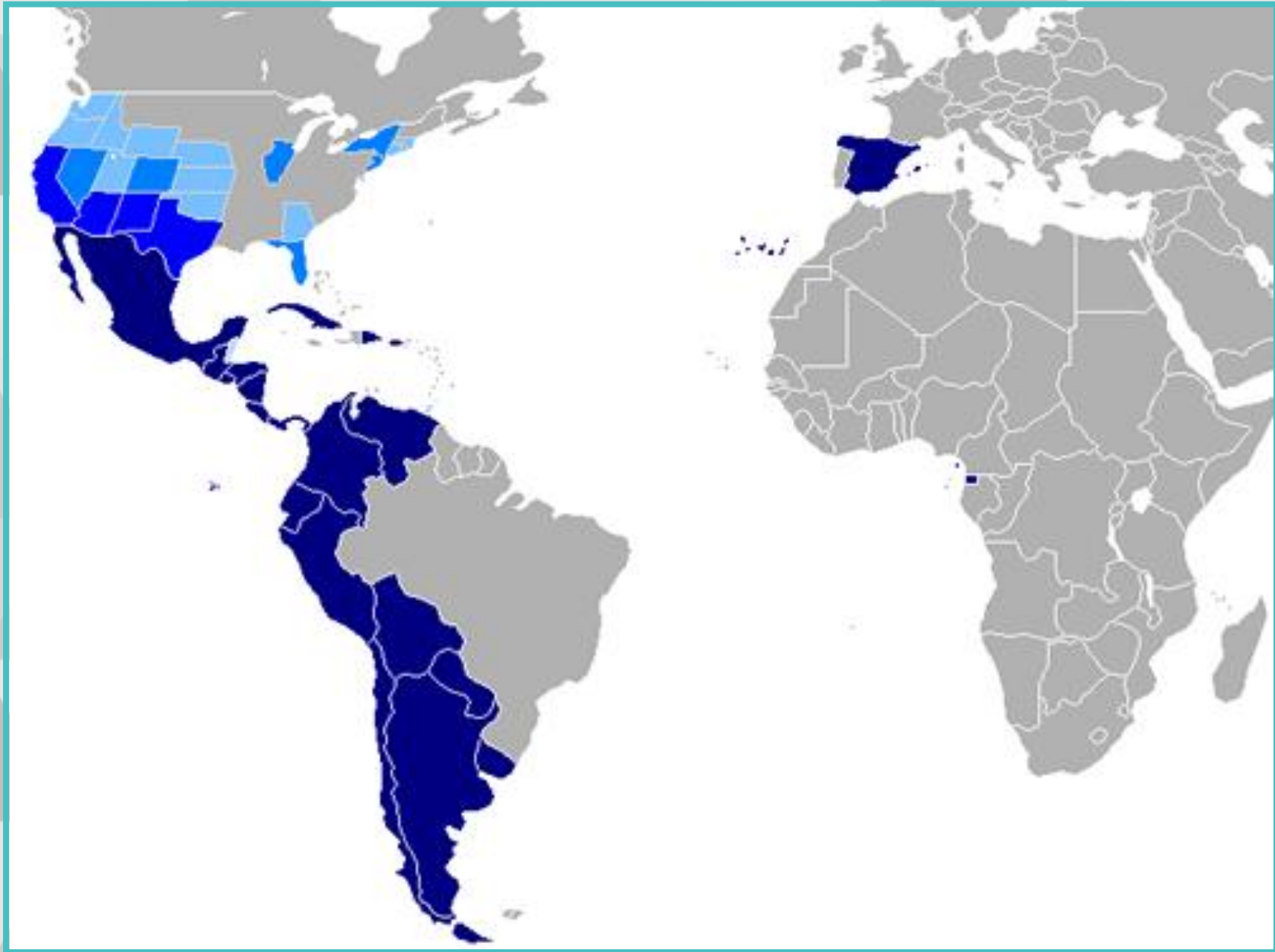
Nursing Home Quality of Life
National Core Indicators - Aging and Disabilities



System Adjustments

Translations

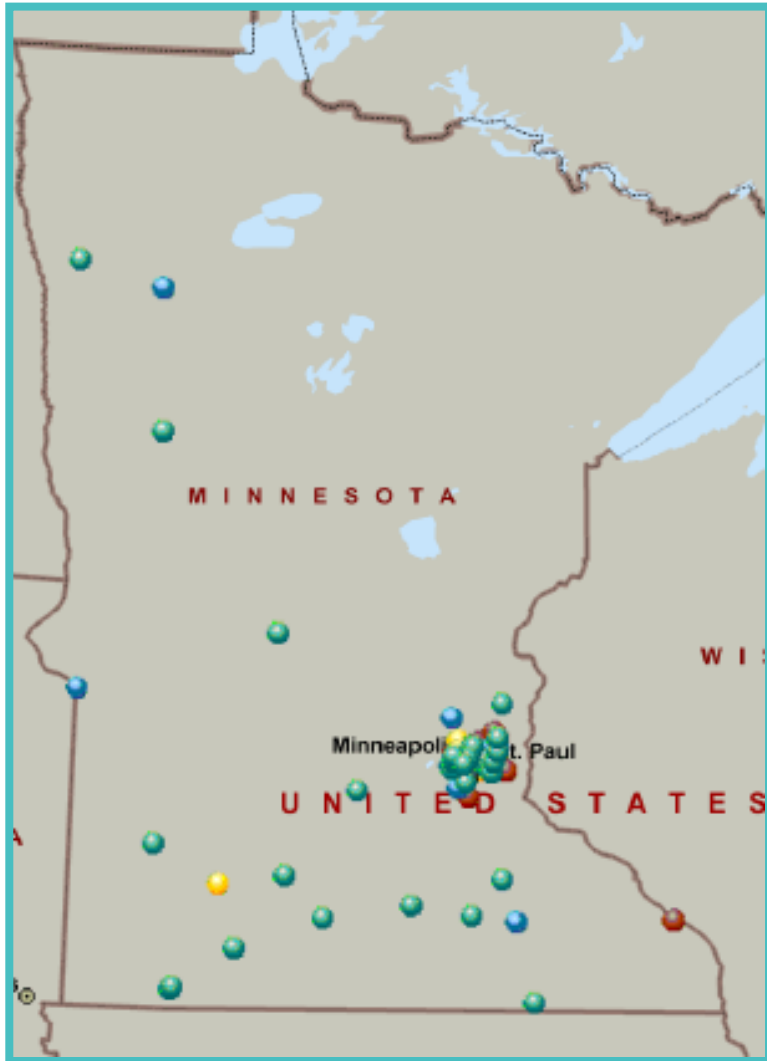
AMBIENTE EN LAS COMIDAS	LAS SIGUIENTES PREGUNTAS TRATAN SOBRE LA COMIDA Y LA HORA DE COMER.	Generalmente, Sí	Generalmente, NO	NS/NC/NR
	20. ¿Sirven aquí sus alimentos favoritos?			
	21. ¿Le gusta la comida aquí?			
	22. ¿Disfruta aquí la hora de comer?			
Autonomía	LAS SIGUIENTES PREGUNTAS SON ACERCA DE LAS OPCIONES QUE TIENE AQUÍ.			
	23. ¿Puede irse a dormir a la hora que usted quiere?			
	24. ¿Puede levantarse en la mañana a la hora que usted quiere?			
	25. ¿Las personas que trabajan aquí saben lo que a usted le gusta y no le gusta?			
	26. ¿Puede cambiar las cosas que no le gustan aquí? (Sondee: el horario para bañarse, la comida, su habitación)			
	27. ¿Puede decidir qué ropa usar?			



Bilingual Interviewers



NH Quality of Life Survey



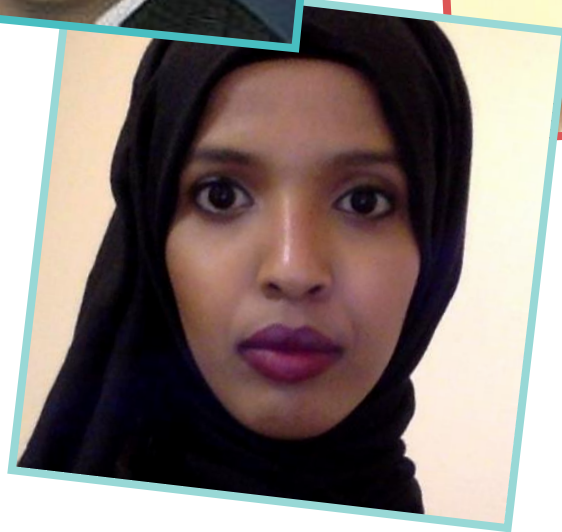
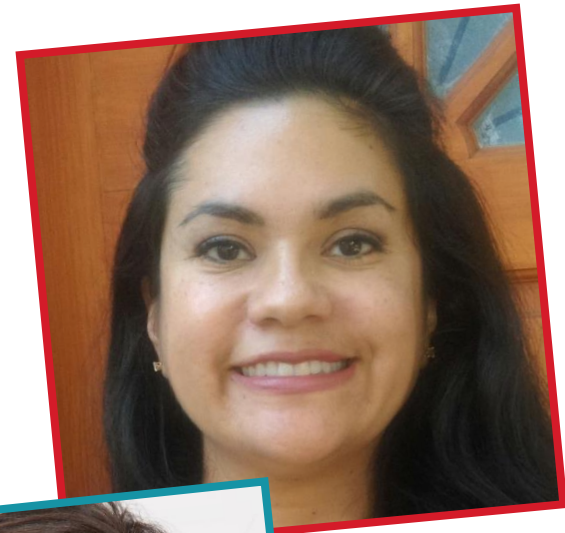
145 Projected
Non-English Speakers

92 **Actual**
Non-English Speakers

NH Quality of Life Survey

Minority Group	Number of Residents	Completed Interviews
American Indian	170	108 (73%)
Asian	108	43 (46%)
Black	571	385 (74%)
Hispanic/Latino	77	50 (76%)
Native Hawaiian	22	17 (85%)
Multi-race	20	8 (42%)
Unknown	22	11 (55%)
TOTAL	990	622 (70%)

Cultural Humility



Cultural Competency

1. Acknowledge cultural differences
2. Understand your own culture
3. Engage in self-assessment
4. Acquire cultural knowledge & skills
5. View behavior of self & others within a cultural context

Action Steps

- ▶ Examine project design
- ▶ Understand survey protocol
- ▶ Engage with the community

Muriel Wheatley

mwheatley@vitalresearch.com

(888) 848-2555



Racial/Ethnic Group Differences in Quality of Life (QOL)

- Racial Differences in QOL for Nursing Home residents
- National Core Indicators –Aging and Disabilities Survey (NCI-AD)

Racial Differences In QOL for Nursing Home Residents

BACKGROUND

- The proportion of minority older adults in nursing homes (NHs) has increased dramatically, and will surpass that of white adults by 2030.
- Racial/ethnicity differences exist in quality of care, yet little is known about these groups' QOL.
- QOL is a patient-centered measure capturing multiple aspects of well-being and is distinct from quality of care.

Racial Differences in QOL for Nursing Home residents

Three sources:

1. Consumer Satisfaction and Nursing Home Quality of Life Survey (2015):

- For the 2015 QOL survey:
 - Spanish, Russian, Hmong, ASL interviewers
 - Residents in minority racial/ethnic groups completed 622 interviews across 156 nursing facilities (6% of the total).

2. Resident clinical data from the Minimum Dataset

3. Facility-level characteristics from facility reports to the DHS

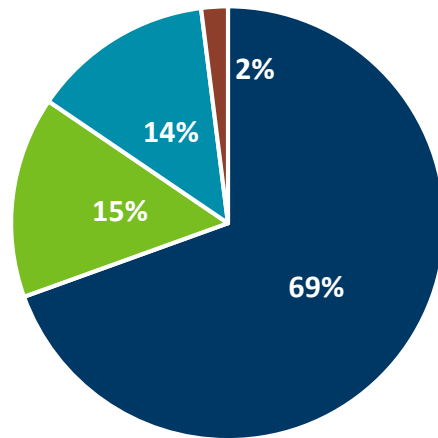
RQ1: Compared to white nursing home (NH) residents, do non-white residents experience lower QOL?

- Significant bivariate differences between white and minority residents.
- In multivariate models, after controlling for resident and facility characteristics, significant differences remained:
 - **Black** residents have significantly lower scores than White residents on environment, attention, food enjoyment, engagement, and the summary score
 - **Native American residents** have significantly lower scores than White residents on engagement, negative mood, and the summary score

RQ2. Do NHs with lower proportions of non-White residents have better aggregate QOL than NHs with higher proportions of non-White residents?

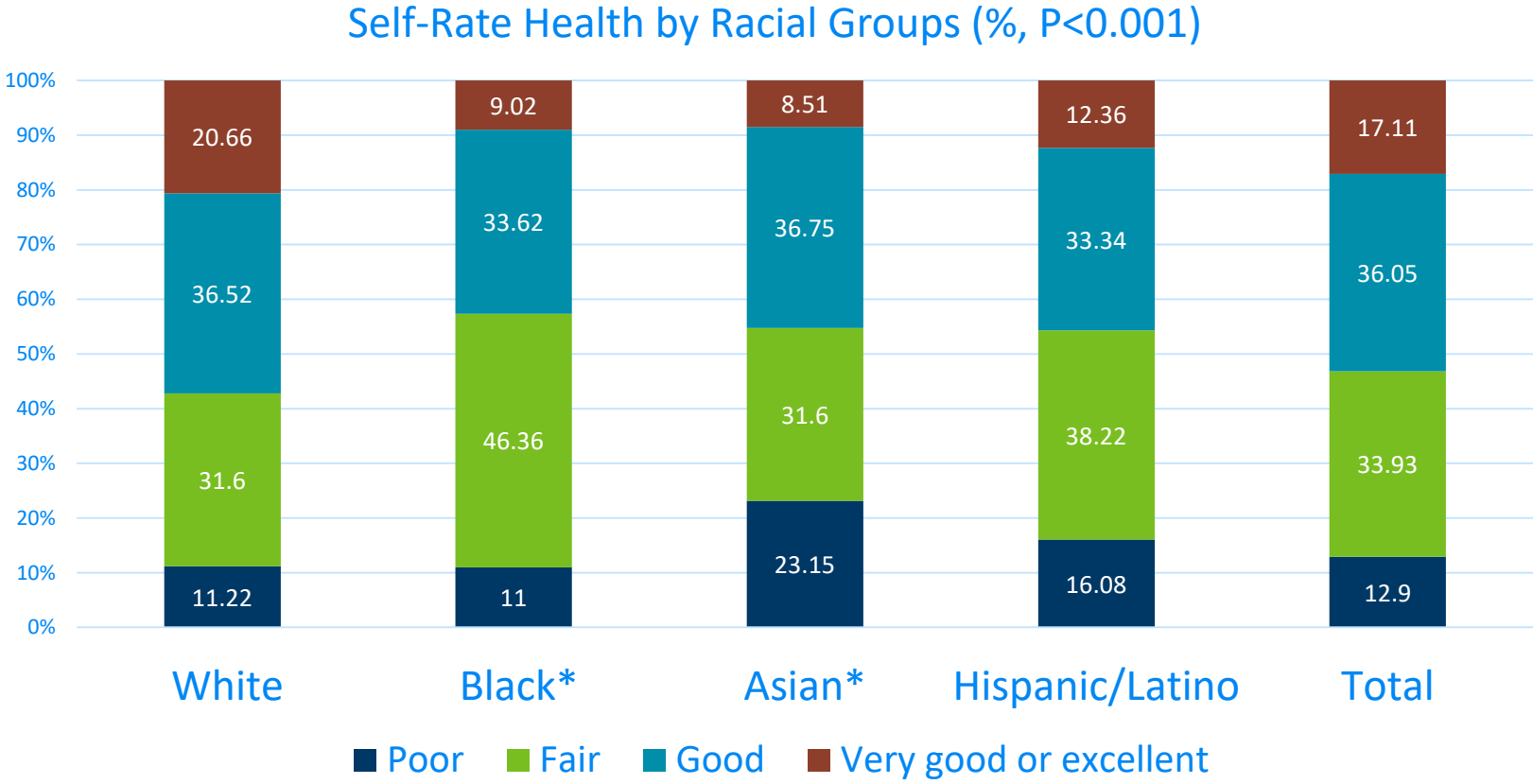
- At the facility level, a higher percentage of white residents predicts better QOL scores for food, engagement, and the summary score.
 - Differences remain even when controlling for Medicaid, staffing, ownership, size, and location.
- Higher percentage of **Black** residents is significantly associated with lower average *environment, positive mood, and summary scores* on QOL.
- No statistically significant associations with percent Native American or other minority groups.

- Oversampled by Race/Ethnicity
- Sent out brochures and letters – English, Spanish, Hmong, Somali, Russian
- Survey was conducted in English, Spanish, Hmong, Somali, Russian

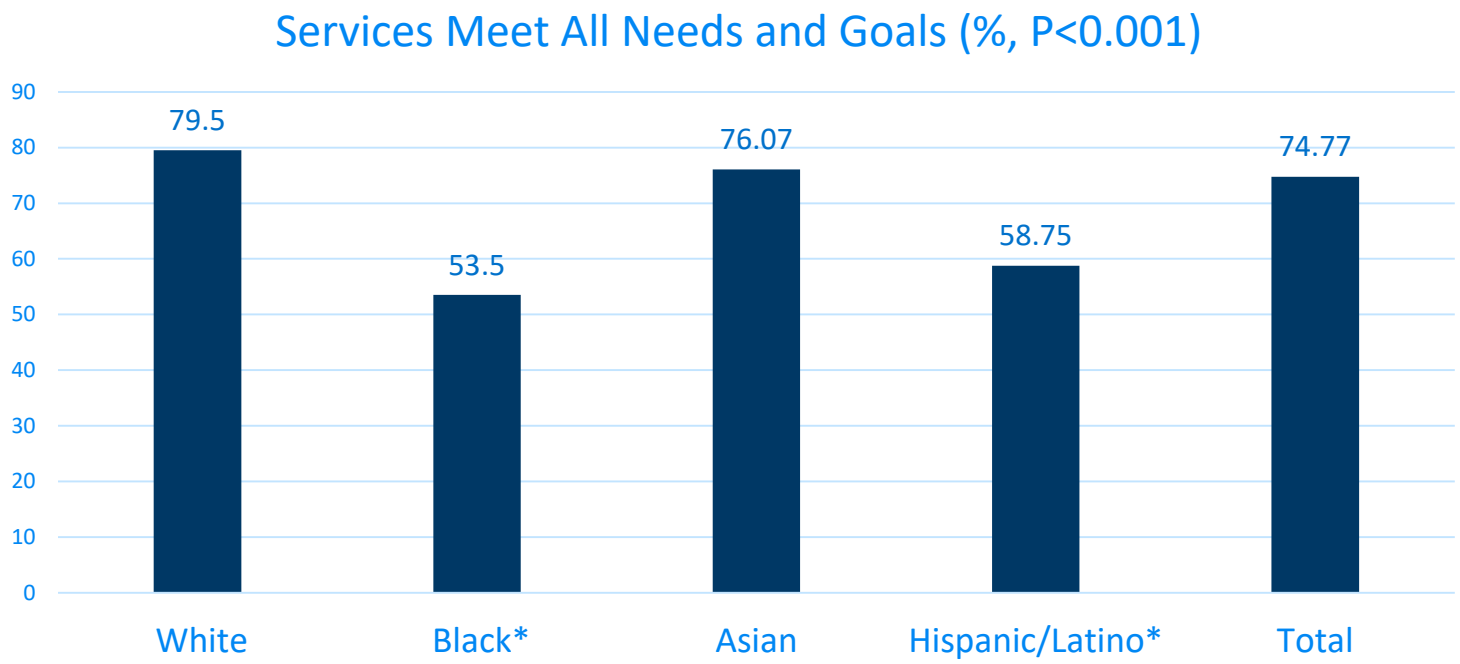


■ White ■ Black ■ Asian ■ Hispanic/Latino

N=1877	Freq.	Percentage (%)
White	1,304	69.51
Black	282	15.01
Asian	254	13.52
Hispanic/Latino	37	1.99



* Indicated having significant difference compared to White

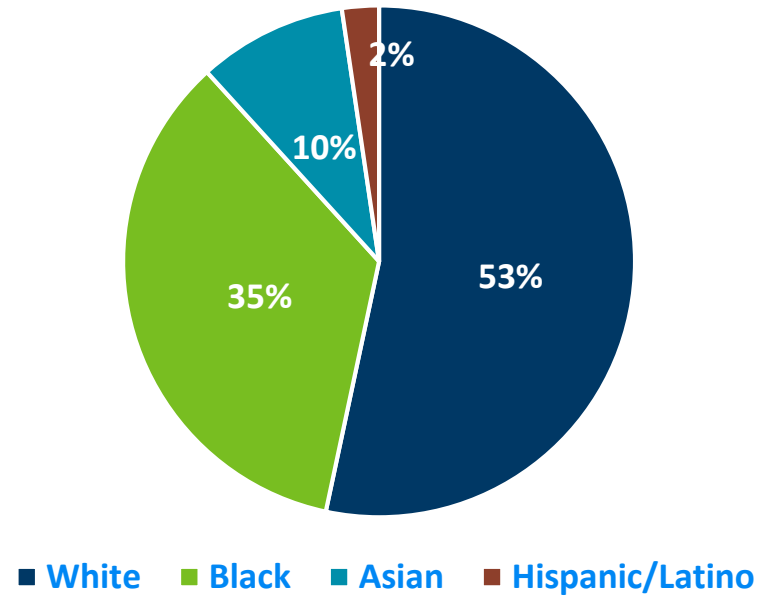


* Indicated having significant difference compared to White

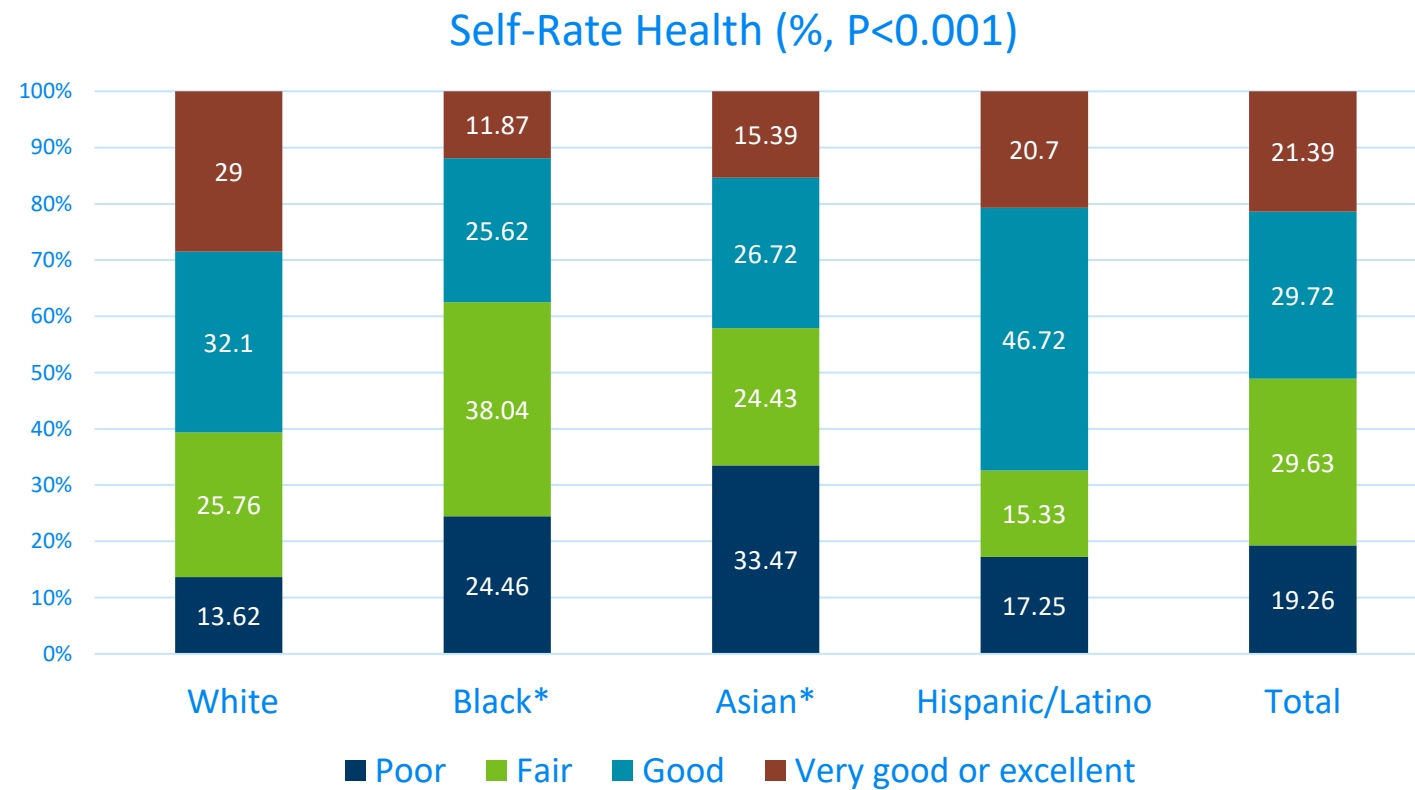
- Significant racial differences in social-demographic characteristics:
 - primary language
 - marital status
 - financial status (skipping a meal)
 - living arrangements
- Racial differences in health & healthcare outcomes:
 - Asian older adults are **most disadvantaged** in terms of self-rated health and sense of control
 - Black and Hispanic/Latino older adults are **less likely** to report that services meet their needs

NCI-AD: DISABILITY PROGRAM

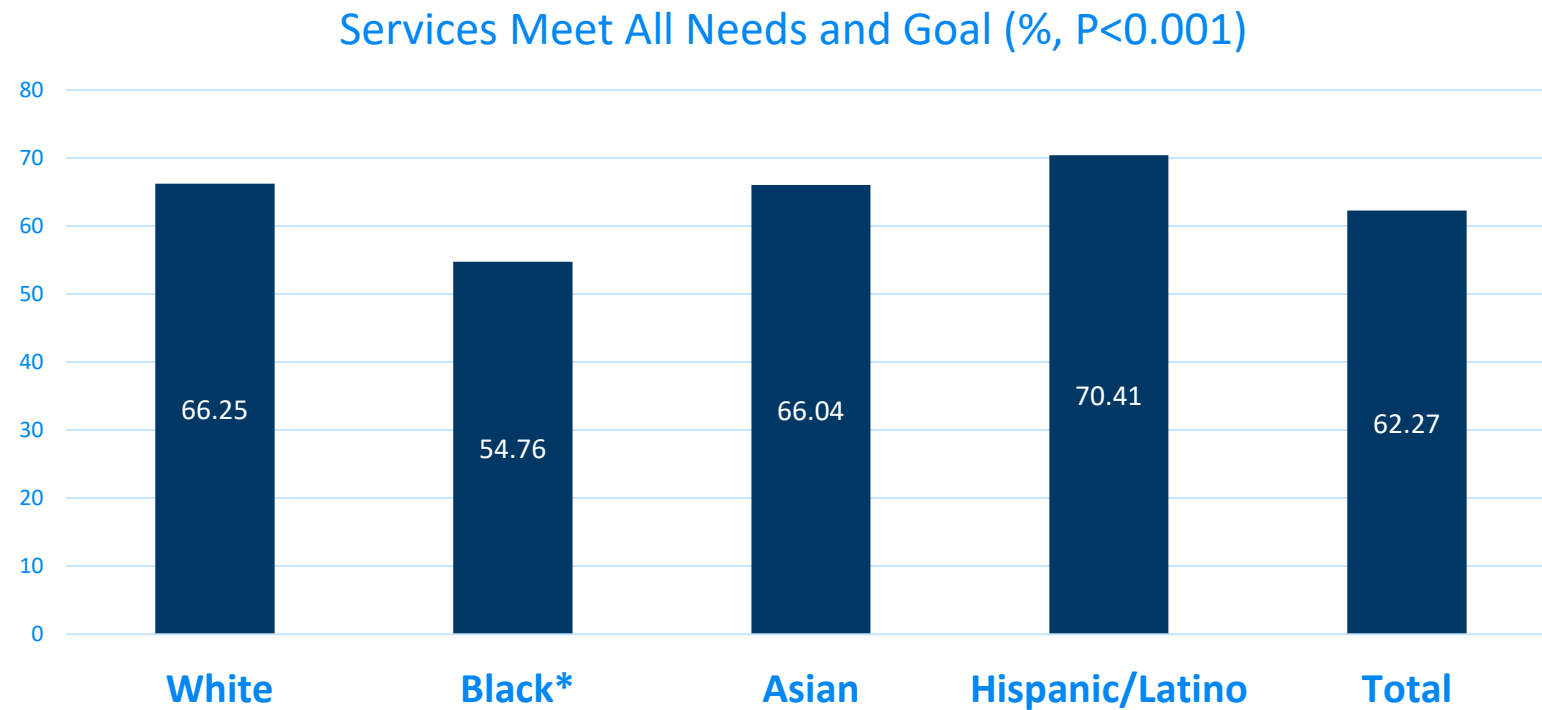
Race/ethnicity (weighted sample)



N=1861	Freq.	Percentage (%)
White	992	53.34
Black	649	34.91
Asian	175	9.41
Hispanic/Latino	43	2.34



* Indicated having significant difference compared to White



* Indicated having significant difference compared to White

- Significant racial differences in social-demographic characteristics:
 - primary language
 - financial status (skipping a meal)
 - living arrangements
- Racial differences in health outcomes and healthcare outcomes:
 - Black and Asian adults are **most disadvantaged** in terms of self-rated health, and sense of control
 - Black adults are **less likely** to report that services meet their needs.

What's next?

- Engaging Internal & External Stakeholders
- Community Collaboration – Strengthening Relationships
- Improving Quality Performance Measurements & Program Policies

Internal Stakeholders:

- Discussing results with DHS leadership and staff
- Exploring how the data fits in with the bigger picture for Quality Improvement

External Stakeholders:

- Providing information to lead agencies
- Discussing with stakeholders such as the MN board on aging, AAA, State Quality Council, Regional council

Native American / Tribal Nations

- Work to ensure data can be useful to the tribes for service improvement
- Generate protocol for tribal engagement with Tribal Councils

Hispanic, Hmong and Somali Community engagement

- Understand peoples' experiences, and decipher results
- Strengthen relationships
- Improve survey participation, and increase validity of findings

- Update Minnesota Equity Initiative reports with more well rounded data
- Policy improvement is ultimately driven at the legislative level
- Equip policy teams, external stakeholders, and the public with the facts

- Questions?

THANK YOU!

For questions on NCI-AD MN survey coordination and process, contact:

- Odi Akosionu: odichinma.akosionu@state.mn.us
- Miriam DeVaney: miriam.devaney@state.mn.us

For questions on the NH QOL Survey & NCI-AD MN race/ethnicity data analysis, please contact:

- Dr. Tetyana Shippee: tshippee@umn.edu