



# IAGG 2017

The 21st IAGG World Congress of Gerontology and Geriatrics  
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Global Aging and Health  
Bridging Science, Policy, and Practice

## Using Assessment Data to Perform Outcome-Based Quality Measurement | Session 3160

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This Continuing Education activity is jointly provided by The Annenberg Center for Health Sciences at Eisenhower and The Gerontological Society of America.





## DISCLOSURE

I have no relevant commercial relationships to disclose.



# USING ASSESSMENT DATA TO PERFORM OUTCOME-BASED QUALITY MEASUREMENT

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# Overview

- Need for Outcome Measures for Community-Based Services
- Study Methodology
- Implementing Quality Measures

# Need for Outcome Measures for Community-Based Services

- Current measures: process, medical, consumer survey
- Need reliable and objective *outcome measures* community services
  - Help improve program services
  - Support alternative payment models

# Need for Outcome Measures, con't

- **Measures based on MDS-HC**

- Outcome-based
- Validated
- Existing data
- Used in Ontario, Manitoba and Michigan
- Population-level analysis

- **Research question**

Can State use its assessment data to implement *interRAI's* outcome measures?

# Set up analysis

- Map MDS-HC to assessment questions
  - Identify any textual differences between questions (e.g., “last 30 days” vs. “last 2 weeks”)

Measure	MDS-HC Question	Corresponding State Assessment Question
<b>Prevalence of unintended weight loss</b>	W24. Unintended weight loss of 5% or more in last 30 days (or 10% or more in last 180 days)	Q.1243 Unintended weight loss of 5% or more in last 2 weeks
<b>Prevalence of delirium</b>	C3.1. Sudden or new onset/change in mental function <b>-OR-</b> Client has become agitated or disoriented	Q.1148 Sudden or new onset/change in mental function <b>-OR-</b> Q.1149 Client has become agitated or disoriented



# Set up analysis, cont'd

- Create study protocols
  - Link client assessments to program enrollment date
  - Develop filters (*age, target programs, etc.*)
- Gain in-depth understanding of how assessments are given
- Utilize iterative process



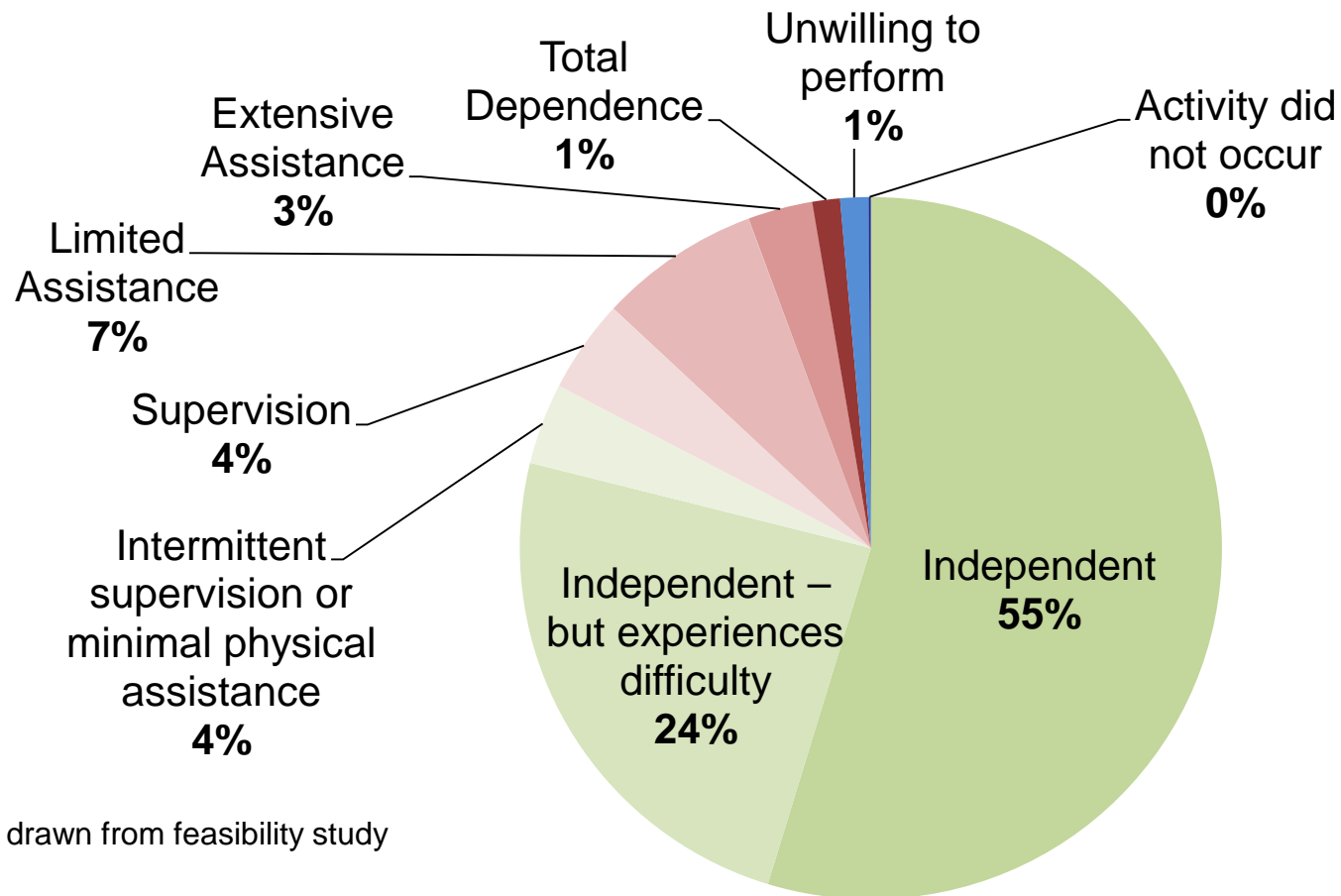


# Analyze results

- **Response Rates per question (%)**
  - Overall response rates
  - Longitudinal questions
  - Response rates overall vs. by program
- **Response Patterns per question (answer options)**
  - Examined face validity of patterns
  - Compared patterns for low vs. high LOC programs

# Response pattern for entire population

## *Ability to use the toilet*

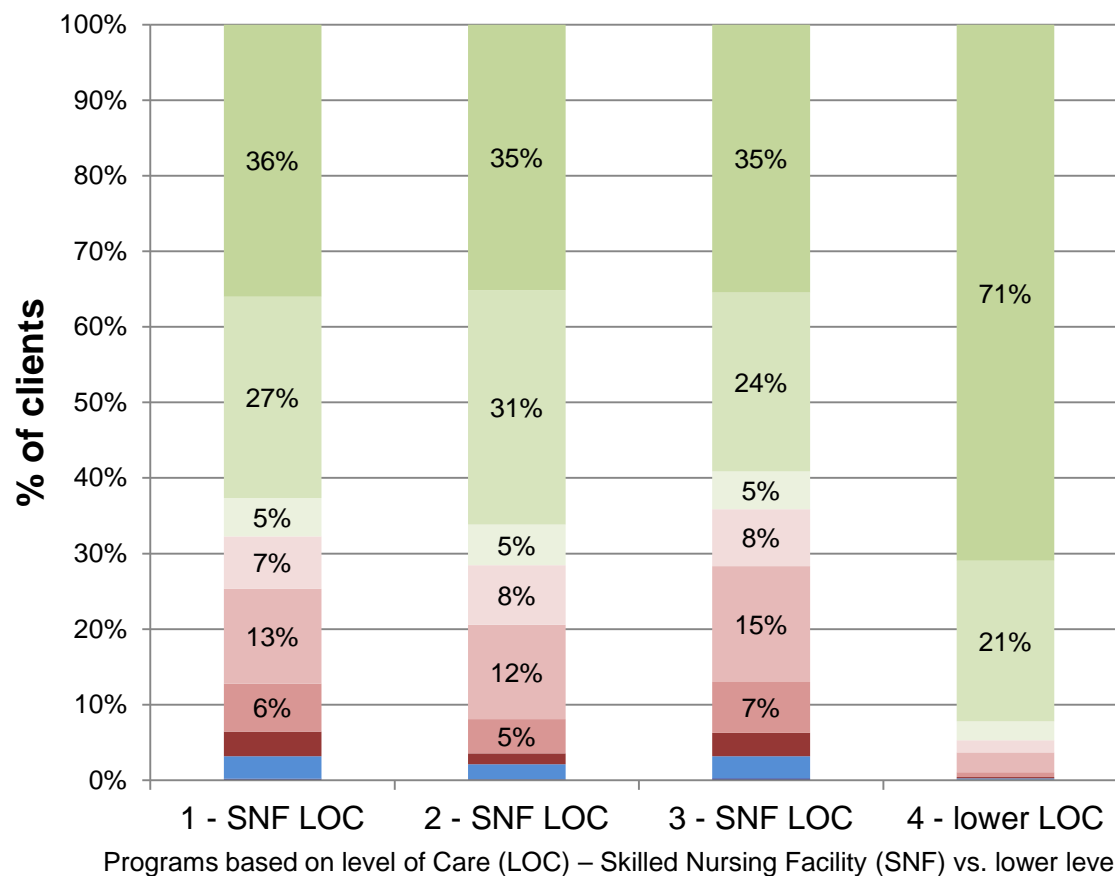


Figures drawn from feasibility study

# Response pattern by program

## *Ability to use the toilet*

- 1. Independent
- 2. INDEPENDENT - but experiences difficulty
- 3. Intermittent supervision or minimal physical assistance
- 4. Supervision
- 5. Limited Assistance
- 6. Extensive Assistance
- 7. Total Dependence
- 8. Unwilling to perform
- 9. Activity did not occur



Figures drawn from feasibility study

# Implementing Quality Measures

- Implement measures
  - 13 ready for use
- Resolve data issues
  - Additional 3 measures may be ready with increased response rates

# Summary of Phase One Results

	Measure	Domain	Subdomain
Ready for construction and Phase 2 evaluation			
1.	Prevalence of not receiving <b>medication review</b> by a physician	Program Performance	Effectiveness/Quality of Services
2.	Prevalence of ADL/rehabilitation potential and no <b>therapies</b>	Program Performance	Effectiveness/Quality of Services
3.	Prevalence of <b>weight loss</b>	Client Functioning	Effectiveness/Quality of Services
4.	Prevalence of <b>dehydration</b>	Client Functioning	Effectiveness/Quality of Services
5.	Prevalence of <b>negative mood</b>	Client Functioning	Health and Well-Being
6.	Failure to improve/incidence of <b>cognitive decline</b>	Client Functioning	Health and Well-Being
7.	Failure to improve/incidence of <b>bladder incontinence</b>	Client Functioning	Health and Well-Being
8.	Failure to improve/incidence of <b>ADL impairment</b>	Client Functioning	Health and Well-Being
9.	Prevalence of <b>falls</b>	Client Functioning	Health and Well-Being
10.	Failure to improve/incidence of difficulty in <b>communication</b>	Client Functioning	Health and Well-Being
11.	Failure to improve/incidence of impaired <b>locomotion in the home</b>	Client Functioning	Health and Well-Being
12.	Prevalence of no <b>assistive device</b> among clients with difficulty in locomotion	Program Performance	Health and Well-Being
13.	Prevalence of <b>social isolation</b>	Client Experience	Full Community Inclusion
Potential to use with increased response rates			
14.	Prevalence of inadequate <b>meals</b>	Client Functioning	Health and Well-Being
15.	Failure to improve/incidence of <b>skin ulcers</b>	Client Functioning	Effectiveness/Quality of Services
16.	Prevalence of <b>delirium</b>	Client Functioning	Health and Well-Being
Claims data is a better source for these measures			
17.	<b>Hospitalization</b>	Health Care Utilization	Effectiveness/Quality of Services
18.	<b>Emergency Department Visit</b>	Health Care Utilization	Effectiveness/Quality of Services
19.	<b>Emergent Care</b>	Health Care Utilization	Effectiveness/Quality of Services

# Potential application: Using quality measures to compare providers

## Prevalence of unintended weight loss (rate of negative outcomes)

(mock data for illustrative purposes)



**Boxes show average score per provider; horizontal lines show range of scores with confidence intervals. Green boxes show 75th %ile achievability level. Successful providers can share best practices.**

# Questions?

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**ANNENBERG CENTER FOR HEALTH SCIENCES**  
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