Better Data, Better Decisions = Sustainable Care

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Knowledge of RESULTS

Sustainability

Knowledge of PERFORMANCE

Session objectives

1) Know how a standardized approach to point-of-care data capture support clinical, management and systems decision-making

2) Understand the "new generation" of interRAI-developed quality indicators, their application and their benefits for home care organizations.



To meet our objectives...

- Demonstration of RAI-HC assessment and clinical applications
- Introduction of the new Home Care Quality Indicators (QIs) and riskadjustment methodology
- Ideas for using your RAI-HC information *sustainably*





Ruth

82 y.o. Widow Lives in her home alone **Declining health & autonomy** Hates her walker Likes her rye **Night owl**



Quick Census

- Raise your hand if you primarily
 - Provide care to people like Ruth
 - Plan services for populations of people like Ruth
 - Work in data analytics / develop policy
 - Work in education / KT
 - Conduct research
 - Do something else....



Baseline for Ruth: What do you need to know to plan her care?

- The roles she plays (and played!)
- The people in her life
- Her preferences
- Her current struggles
- The help she gets
- Medicine and equipment
- Other...







Would we all record this information in a similar way?



Collecting and applying interRAI data





Standardized assessment data collection: Driving better care and outcomes





Quiz



How many people were assessed with the RAI HC in AB in 2015-16?

A) >80,000 B) >90,000 C) >110,000



Total number of unique clients in Alberta



Notes:

* Calgary Zone coverage is partial.

[†] Edmonton Zone stopped submissions at October of 2016.

Data Source: HCRS 2015-16**

Home Care Reporting System Coverage





Nurturing multi-partner relationships is key to sustainability



CIHI and interRAI

<u>CIHI</u>

Maintains the Canadian interRAI standard in mental health, home care and long-term care

interRAI

- Researchers and clinicians in 30+ countries
- Non-profit organization
- International evidence
- Science behind standardized assessments





A few quick points about the RAI-HC Assessment



Obtain a broad view of an individual at a point in time

Physical Function ADL, balance, vision, communication

Services and Access

Medications, procedures, therapies, resources, wait times



Cognition and Mental Health Cognitive function, mood, behaviour

Quality of Life

Activities, relationships, participation

Clinical Management

Health conditions, infections, nutrition, skin, falls, pain





Primary source = client

- Family, caregivers and clinical staff
- Unless otherwise noted, score for last 3 days
- Coding standards guide assessment process
- Not a questionnaire = critical thinking a must!





More than just another form to fill out: RAI-HC clinical outputs



Standardized assessment data collection: Driving better care and outcomes



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interRAI Outcome Scales

Summarize clinical and functional status



Quiz



True or False?

interRAI Outcome Scales can be calculated for any individual, even if from one assessment.

A) True

B) False



Ruth's RAI-HC Outcome Scale Report (1)





Ruth's RAI-HC Outcome Scale Report (2)



Method for Assigning Priority Levels (MAPLe) – Distribution in AB







interRAI CAPs

Help reduce risk of decline or increase potential for improvement



Quiz



Which of the following clinical issue is identified more often by your RAI-HC assessments?

A) Appropriate Medication

C) Home environment modifications



B) Pain

Alberta: CAPs are triggered in HC & frequency varies



Obtain a broad view of an individual at a point in time







Resources for RAI-HC Clinical Outputs









Take-home messages

- Using standardized interRAI assessments provides clinical tools for planning and evaluating care
 - **Outcome scales** summarize clinical and functional status
 - CAPs intended to help prevent decline or identify potential for improvement
 - can be used at the point-of-care or aggregated to support decision-making
 - Knowledge of results and performance is necessary to be sustainable



Standardized assessment data collection: Driving better care and outcomes





Quiz



Typically, how often is a person (re)assessed with the RAI HC in AB?

A) 6 months

B) 12 months







Home care quality indicators and risk adjustment



What's next?

Home care quality indicators and risk adjustment

- Home Care Quality Indicators (QIs) implementation at CIHI
- The concepts of unadjusted and risk-adjusted QIs
- Risk-adjustment methodology
- Selected QI results



What is a quality indicator?

Percentage of individuals about a specific issue that reflects an aspect of quality of care.

- Prevalence QIs
 - Percentage of clients with daily pain
 - o Percentage of clients who are feeling alone and distressed
- Incidence QIs
 - Percentage of clients whose bladder continence worsened
 - Percentage of clients whose status declined in ADL functioning



Home Care Indicators by domain – mix of prevalence and incidence

Physical

Communication, bladder, IADL, ADL decline

Psychosocial

Caregiver distress, cognitive decline, mood decline, isolation, reduced community activity

Safety Falls, hospitalizations, injuries + breaks

Other Clinical Issues Pain - Inadequate medication, daily pain, weight loss, no influenza vaccination



Quiz



True or False?

Quality Indicators can be calculated for any home care client even if he/she has only one assessment.

A) True





Assessment selection for calculating QIs





Indicators reported quarterly



Example: Calculate an unadjusted QI — daily pain





QI rates comparison



Region A Case load: 100 clients Has daily pain: 30 clients Unadjusted rate: 30%



Region B Case load: 100 clients Has daily pain: 30 clients Unadjusted rate: 30%



Are these rates comparable for measuring clinical performance (such as pain control)?

What if we know **Region B** serves an older, frailer population?



Quality indicator risk adjustment



Quality indicator adjustment

- Unadjusted indicator reflects activity within a home care organization.
- Risk adjusted indicator allows comparison among organizations by adjusting for certain differences in clients.
- The adjustment process uses statistical techniques to control for population differences at 2 levels: the *organization level and the individual client level*.





Risk adjustment key concepts

Standard Reference Population is needed for indicator risk adjustment

When an indicator is risk-adjusted, the question being asked is:



"The indicator result is X% for your region, but what would it have been if the clients in your region were more like the *standard reference population*?"



Risk adjustment key concepts

CIHI takes assessments from 6 provinces/territories from fiscal years 2013, 2014 and 2015 to create the *standard reference population* for indicators risk adjustment





Example: Typical risk adjusted QI definition

Reference	PANH1
Name	Percent of Clients with pain, on medication or no medication
Туре	Prevalence
Numerator	Clients whose pain frequency greater than 0 and target pain control greater than 2
Denominator	Clients with valid assessments
Stratification	Activities of Daily Living (ADL)
(organization level)	
Risk factors	Age greater than or equal to 65
(individual level)	Difficulty managing Meds
	Clinical Risk
	Decision Making Difficulty
	Sadness
	Age greater than or equal to 80

• For a full description of the numerator and denominator inclusion and exclusion criteria, see the *Home Care Reporting System RAI-HC Output Specifications*.

Organization level adjustment

Use stratification variable to stratify the clients in the organization into three risk groups (**organization level**).

Stratification

(Organization level adjustment)

Activities of Daily Living (ADL)





Primary and/or community health centre **Organization:**





Individual client-level adjustment

Use statistical method to further adjust the QI in each risk group based on a number of client-level factors (**individual client-level**).

Risk factors (for Daily Pain indicator)

Age greater than or equal to 65 Difficulty managing Meds Clinical Risk Decision Making Difficulty Sadness Unsteady gait

Age greater than or equal to 80





Quiz



What level of adjustment has been done for the risk adjusted quality indicators?

A) Individual client-levelB) Organization levelC) Both



Recap - risk adjustment method

Organization level adjustment

(stratification):





Primary and/or community health centre

Individual level adjustment (individual risk factors):



Final adjusted result:









Take-home messages

- Quality indicators are intended to support quality improvement at the organization level
- Unadjusted Home Care QIs
 - Give information about the actual frequency of quality-of-care outcomes
 - Are best used to measure performance over time within your region
- Adjusted Home Care QIs
 - Two level of adjustment and allow for comparisons among organizations or regions



Selected risk adjusted indicator results



Risk Adjusted - Percent of clients whose caregivers are expressing continued distress





Data source: HCRS, 2016/17

Risk Adjusted - Percent of clients whose caregivers are expressing continued distress



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Risk Adjusted - Percent of clients whose caregivers are expressing continued distress









Using Your Data for Better Decision Making – Thoughts on Sustainability



Improving care using data: example



Video: CIHI Data Helps Battle Depression

- •What helped this be successful?
- •What would help them sustain the improvements?



Sustaining quality of care...locally



Reference: "4 Steps to Sustaining Improvement in Health Care" Mate & Rakeover (2016); <u>https://hbr.org/2016/11/4-steps-to-sustaining-improvement-in-health-care</u> (retrieved Oct 2017)



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