

QUALITY IMPROVEMENT *and* PASRR

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It usually starts with a problem and the need for a SOLUTION ...

“Our Level I is not timely and stakeholders are not happy...”

“It’s unclear if people are getting the specialized and rehabilitative services identified in the PASRR report...”

“Our Level II reports and decisions are inconsistent...”

“We’re not taking full advantage of our categorical and exemption options... or... our categorical/exemption options are being taken advantage of...”

“We can’t measure discharge and diversion potential or outcomes...”

Today's KEY POINTS

- Quality assurance and quality improvement are **important** to PASRR
- Quality assurance and quality improvement are **useful** for PASRR
- Quality assurance and quality improvement are **feasible** in PASRR

OUTLINE

- Brief overview of QI history
- QI in healthcare and government
- Discussion of QI frameworks and principles
- Benefits of applying QI principles to PASRR
- Examples of potential PASRR QI and QA measures and activities

What is QUALITY IMPROVEMENT?

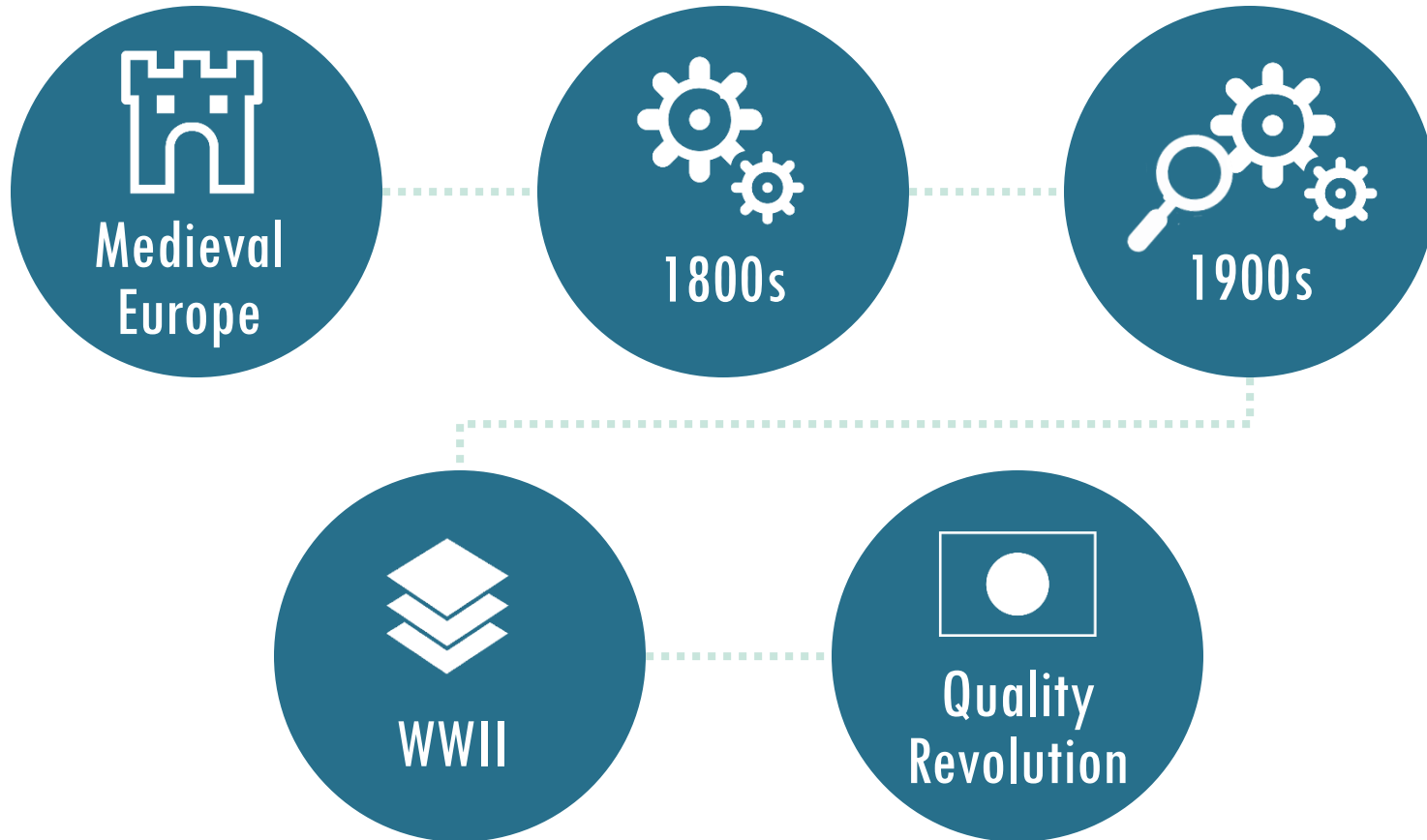
- A formal approach to the analysis of performance and systematic efforts to improve it
- If you can't **MEASURE IT**, you can't....



or



HISTORY of QUALITY



(Source: American Society for Quality)

HISTORY of QUALITY



Last Few Decades...

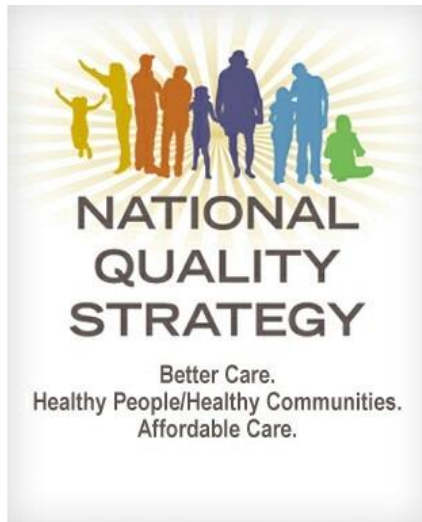
- Evolution of TQM
- Six Sigma
- LEAN
- Focus on customer
- Beyond manufacturing

QUALITY in HEALTHCARE

- Performance and Process Improvement
- Population Health and Care Transitions
- Health Data Analytics
- Patient Safety
- Regulatory and Accreditation
- Quality Review and Accountability

QUALITY in GOVERNMENT

Agency for Healthcare Research and Quality on behalf of the
Department of Health and Human Services



3 Aims

Better care

**Healthy People/
Health Communities**

Affordable care

6 Priorities



Patient Safety



**Prevention &
Treatment**



**Person- & Family-
Centered Care**



**Health & Well-
Being**



**Effective Communication
& Care Coordination**



Affordable Care

QUALITY in GOVERNMENT

- Home and Community-Based Services (HCBS) QI framework

2004: QI oversight process identified by CMS—CQI approach

2007 & 2014: Revisions

Requires quality “assurances” and “sub-assurances” in domains:

- Level of Care
- Service Plan
- Qualified Providers
- Health and Welfare
- Financial Accountability
- Administrative Authority
- Remediation Reporting

Quality FRAMEWORKS

- Model for Improvement:** Associates in Process Improvement and Institute for Healthcare Improvement



Forming the Team



Setting Aims



Establishing Measures



Selecting Changes



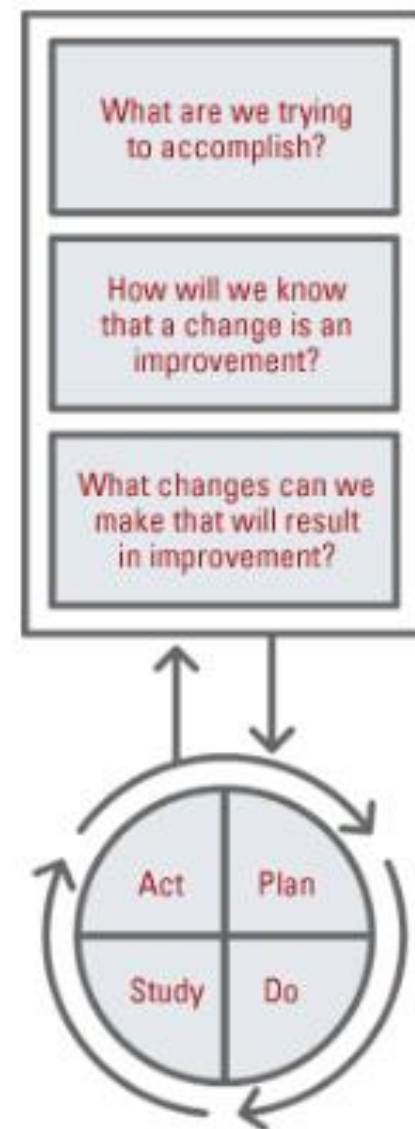
Testing Changes



Implementing Changes



Spreading Changes



Quality Improvement METHODS

SIX SIGMA

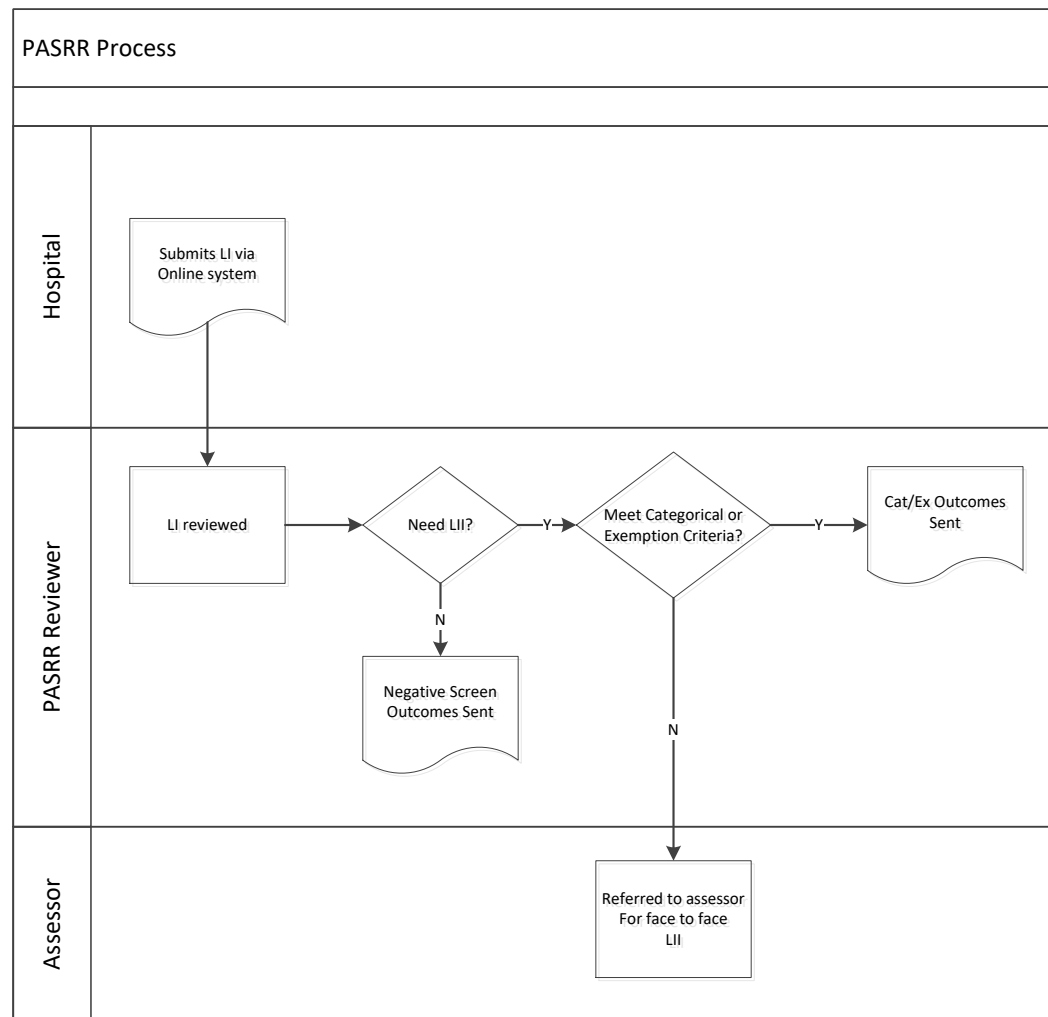
- Motorola and GE
- Improve performance, minimize variation, and reduce defects— manufacturing
- Data driven—6 sigma = 3 defects per million

LEAN

- Toyota Production System (TPS)
- Maximize value and minimize waste
- 7 Wastes: Time, Defects, Motion, Transportation, Overproduction, Inventory, Processing
- “Kaizen”—continuous improvement

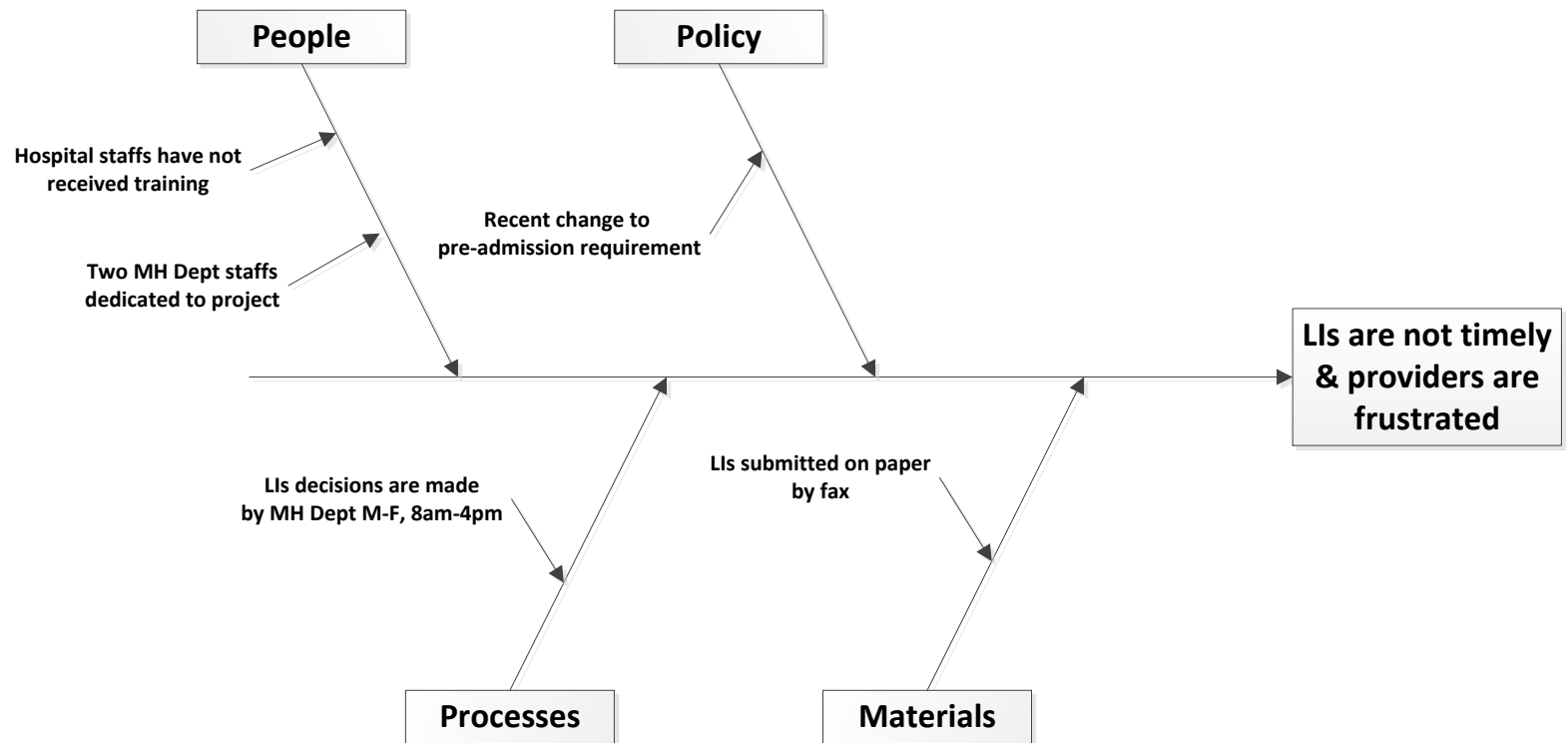
Quality TOOLS & MEASUREMENT

- Flowcharts



Quality TOOLS & MEASUREMENT

- Fishbone diagrams



Quality TOOLS & MEASUREMENT

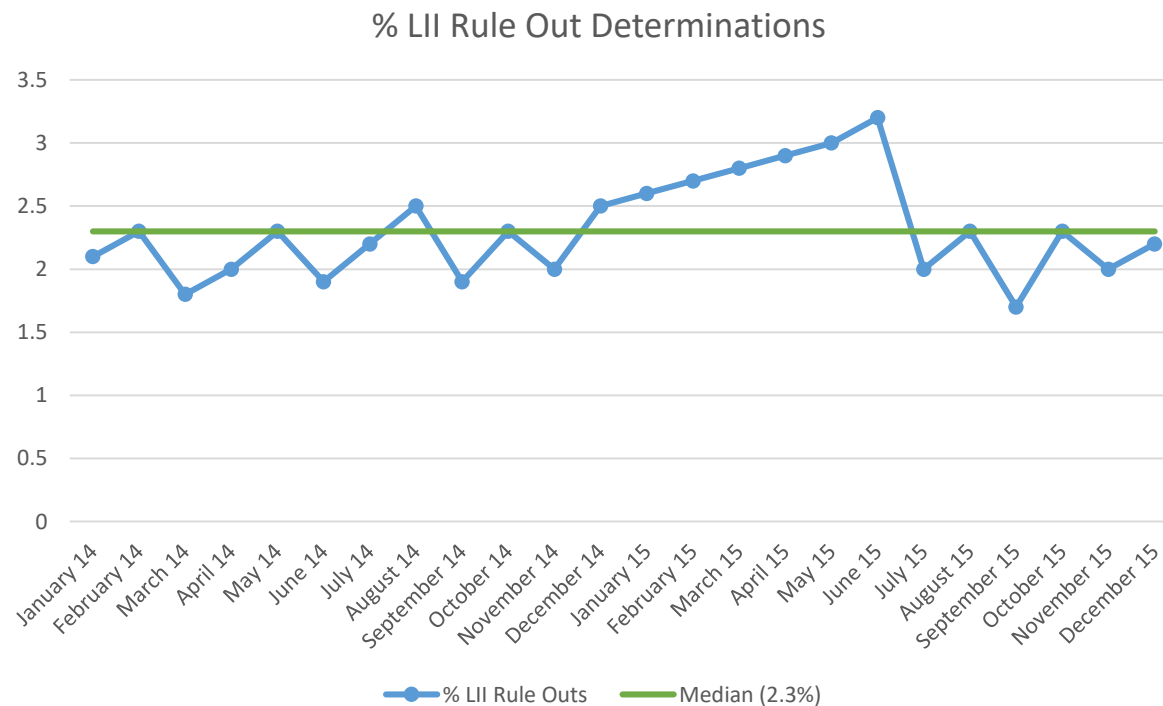
- Check sheets and checklists

<i>Provider Compliance Type</i>	Day 1	Day 2	Day 3	Total
<i>Pre-admission</i>	///	/		4
<i>Status Change</i>		###	/	6
<i>Conclusion of Time-limited approval</i>	/		/	2

<i>Level II Component</i>	Included
<i>Medical History</i>	<input type="checkbox"/>
<i>Medical Status</i>	<input checked="" type="checkbox"/>
<i>Functional Status</i>	<input type="checkbox"/>
<i>Need for NF</i>	<input checked="" type="checkbox"/>

Quality TOOLS & MEASUREMENT

- Run charts
- Control charts





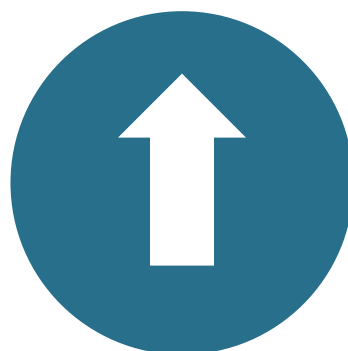
KEYS to a SUCCESSFUL QI Project

- 1 Identify the problem you want to study**
- 2 Get stakeholder involvement and buy-in early:**
 - Sell the problem
 - Invoke principles of change and transition management
- 3 Pick the QI method and tools that best meet the project's needs**
"All models are wrong, and some are useful."
- 4 Establish your baseline, then reassess (PDSA)**
- 5 Start small and build a portfolio of success**
- 6 Feed QI results back to stakeholders**
- 7 Use stories from the field to illustrate data**

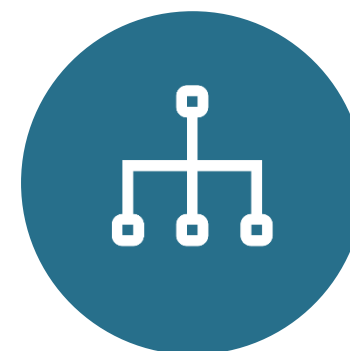
Quality Improvement and PASRR—WHY?



**Again...If you
can't measure
it, you can't
manage or
improve it**



**Improve
outcomes and
quality of life
for individuals
with disabilities**



**Support effective
and efficient
administration of
the PASRR
program**

“But it’s not required!”

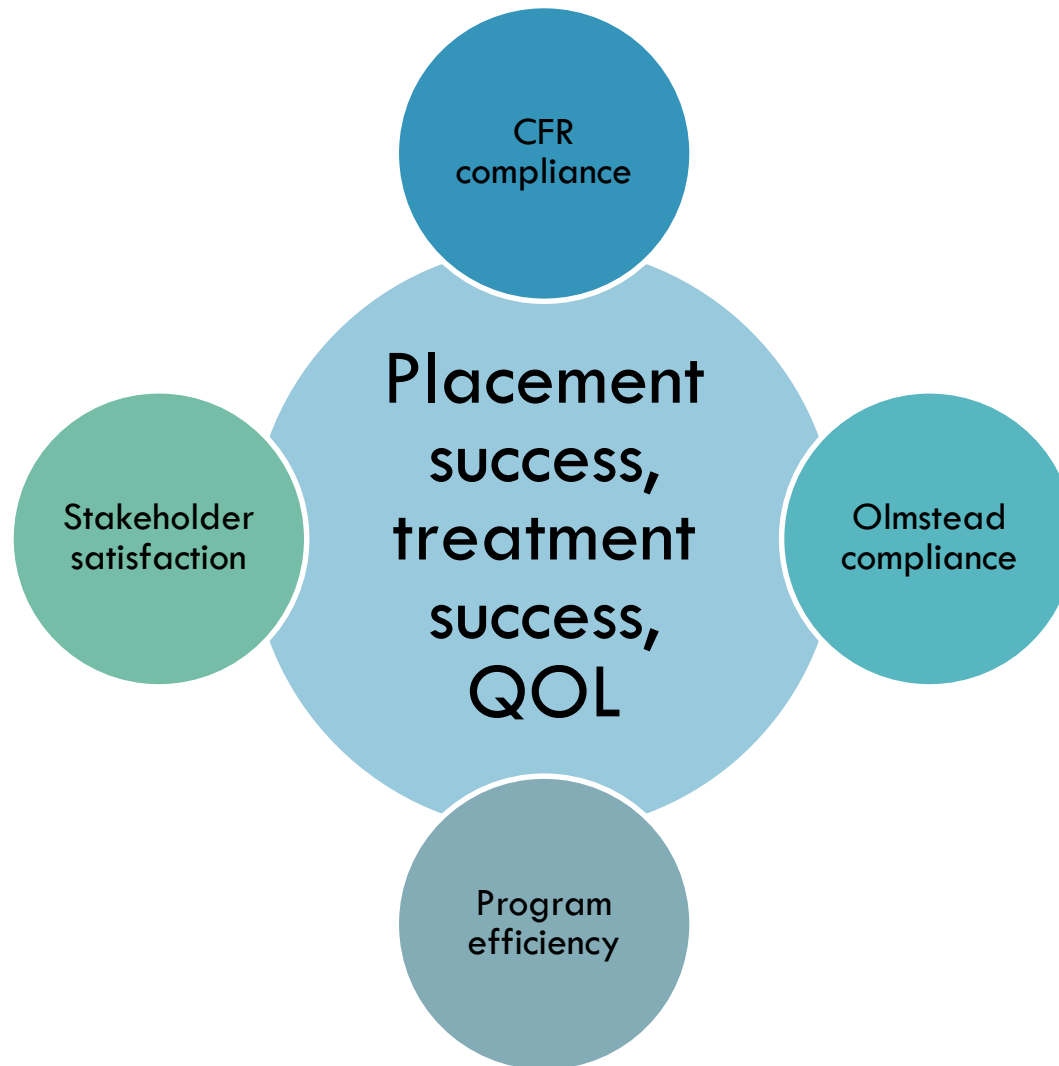
That’s true, BUT...

- CMS, through PTAC, has signaled that it may likely be required in the future:
 - Must be **informative**: The data should give us information about a state's PASRR program that we would not otherwise have.
 - Must be **reasonable** for states to report: Should be data the states are already collecting for other purposes—for example, monitoring the performance of a contractor that performs Level II evaluations and determinations.
- You don’t have to stop there.

The ultimate goal of PASRR is to
optimize an individual's placement
success, treatment success, and

QUALITY OF LIFE

COMPLEMENTARY goals

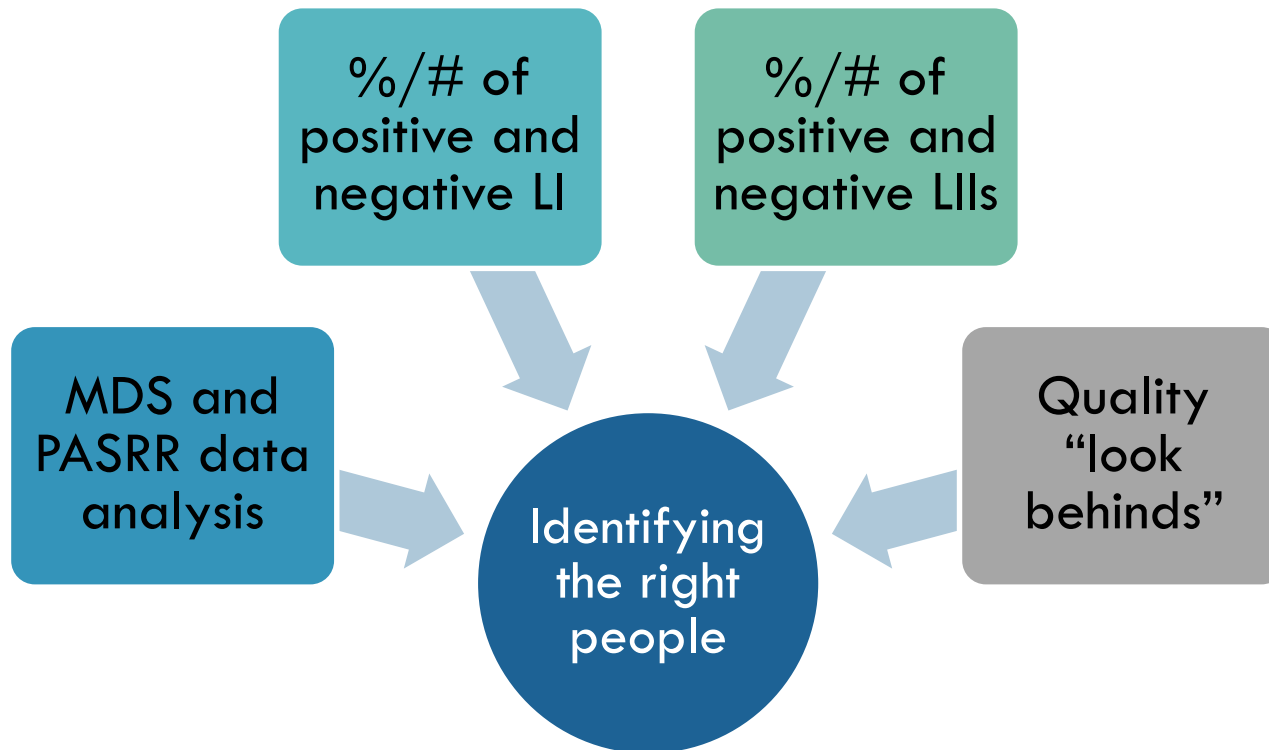


How states REACH that GOAL:



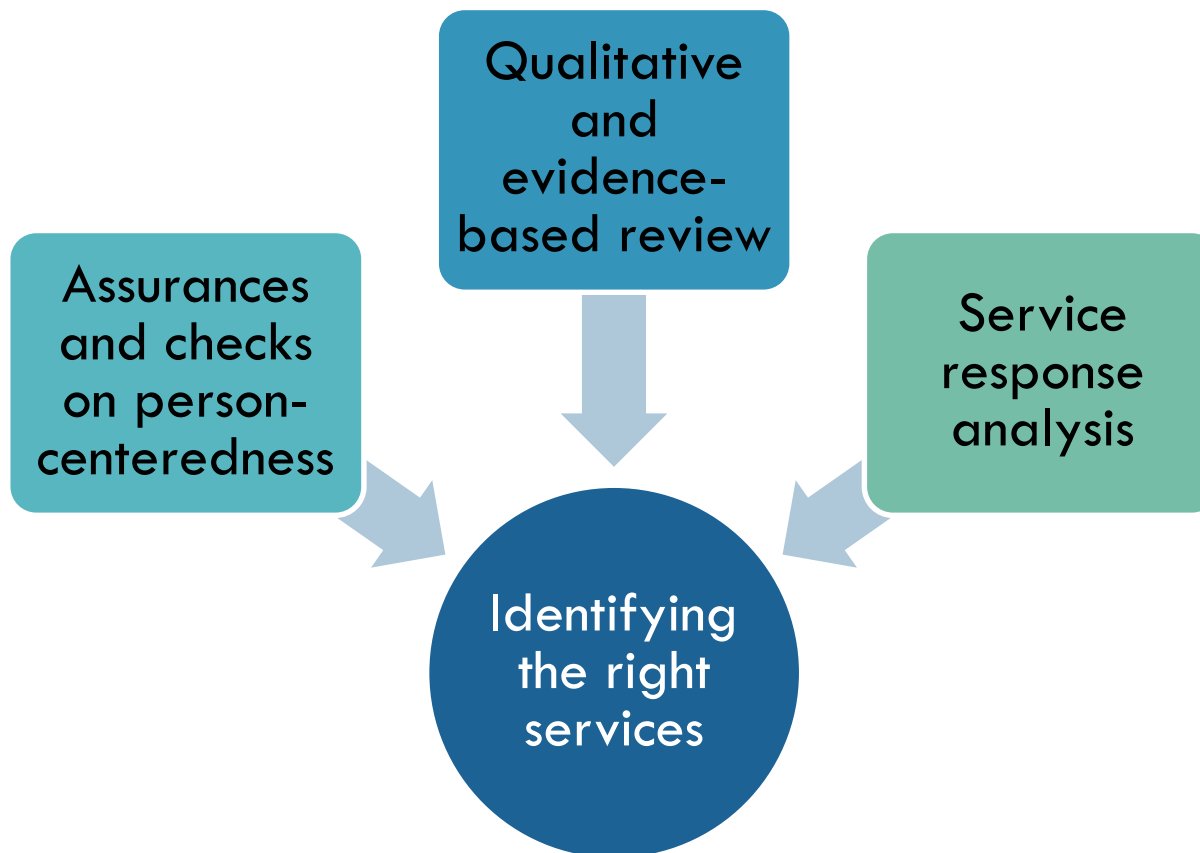
Align your quality efforts to your goals:

Identifying the right PEOPLE



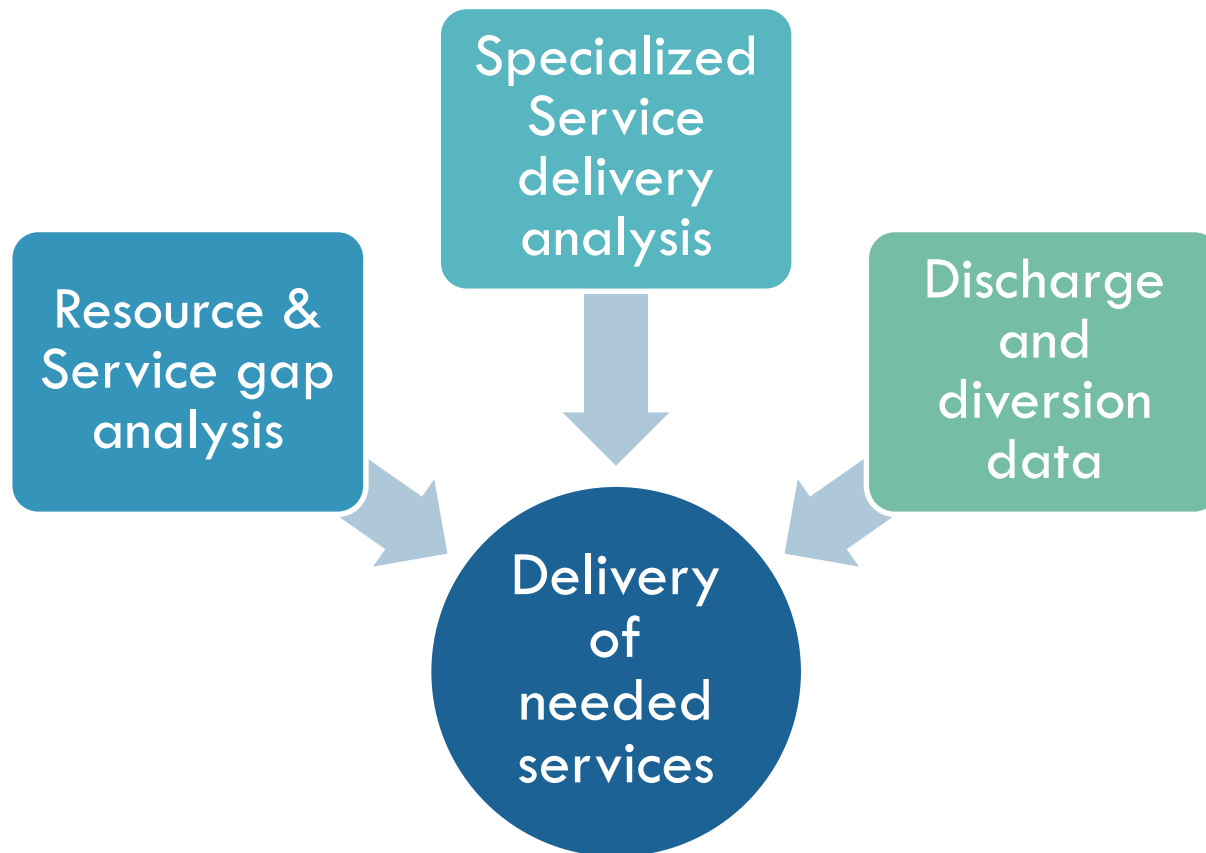
Align your quality efforts to your goals:

Identifying **NEED**



Align your quality efforts to your goals:

Ensuring DELIVERY of services and supports



KEYS to QI and PASRR



Build quality into your program design

- Quality measurement activities and deliverables



Database management system

- Discrete variable collection, storage, and analysis
- Data integrity
- Push button reporting
- Workflow solutions
- Real-time data

PASRR Quality — Basic Measures and Data

Level I

(grouped by MI, ID/RC, Dual)

- Number of Level I's completed annually
- Number and percentage of positive Level I's completed annually
- Number and percentage of negative Level I's completed annually

Level II

(grouped by MI, ID/RC, Dual)

- Total # of PAS and RR completed annually
- For PAS and RR - # and % of positive LIIs
- For PAS and RR - # and % of negative LIIs

PASRR Quality—Intermediate Measures & Data

- Average time (days) between LI and LII PAS determination
- Average time (days) for RR determination
- For PAS and RR: # and % of positive LIIs leading to institutional placement
- For PAS and RR: # and % of positive LIIs leading to community placement
- For PAS and RR: # and % of categorical determinations
- For PAS and RR: # and % of exemption determinations
- For PAS and RR: # and % of positive LIIs with SS
- For PAS and RR: # and % of positive LIIs for veterans

PASRR Quality—Advanced Measures & Data

- Comparison of MDS data and PASRR data to ensure program efficacy and quality of care
- Delivery of specialized services
- Outcome of specialized service delivery
- Individual Satisfaction/Quality Outcome Surveys
- Population, Provider, Regional analyses (outcomes, services)
- Quality “look behinds” to identify under-reporting of PASRR disabilities
- Analysis of time-limited categorical and exemption decisions in which the individual exceeded length of stay
- Many more...

OPERATIONS MANAGEMENT DATA— Basic Level II Turnaround Reporting

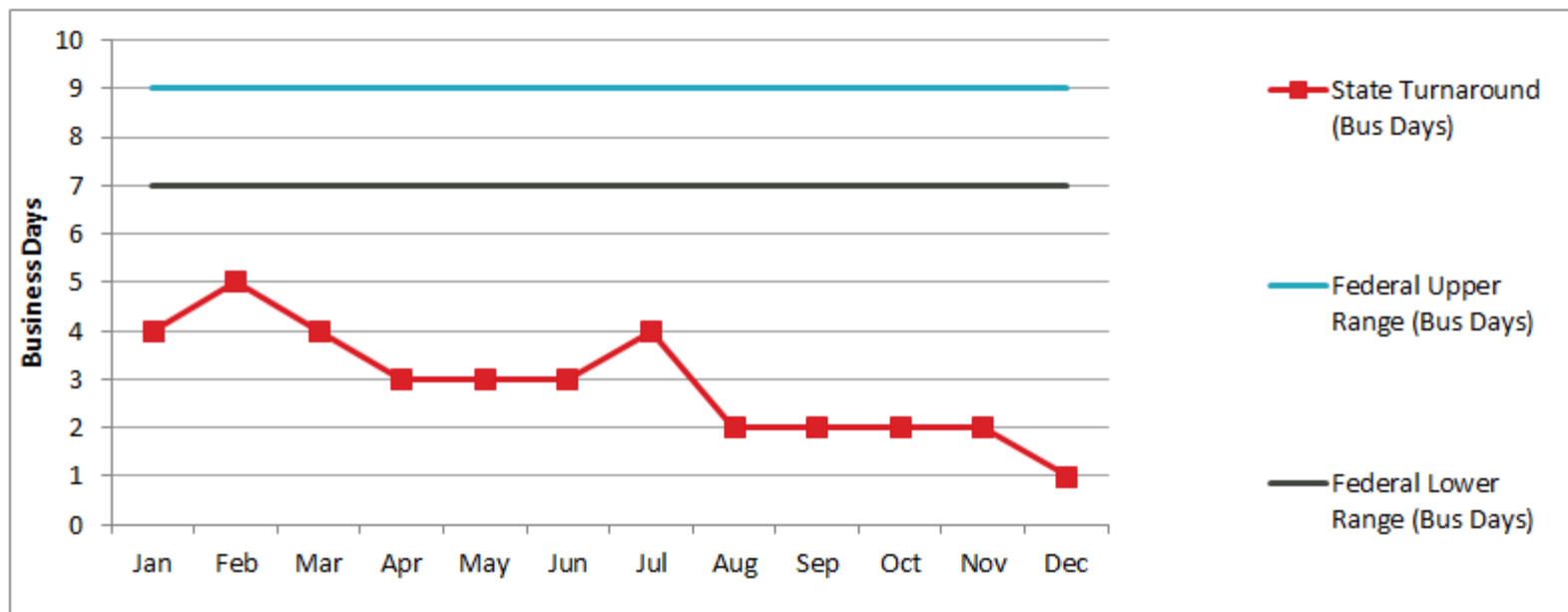
- **Level II Turnaround**
 - 42 CFR Part 483, Subpart C requirement: *Sees that Level II determinations are made within an annual average of 7-9 working days of a Level I identification.* [483.112(c)]

- **7–9 days:** compliant, but untenable

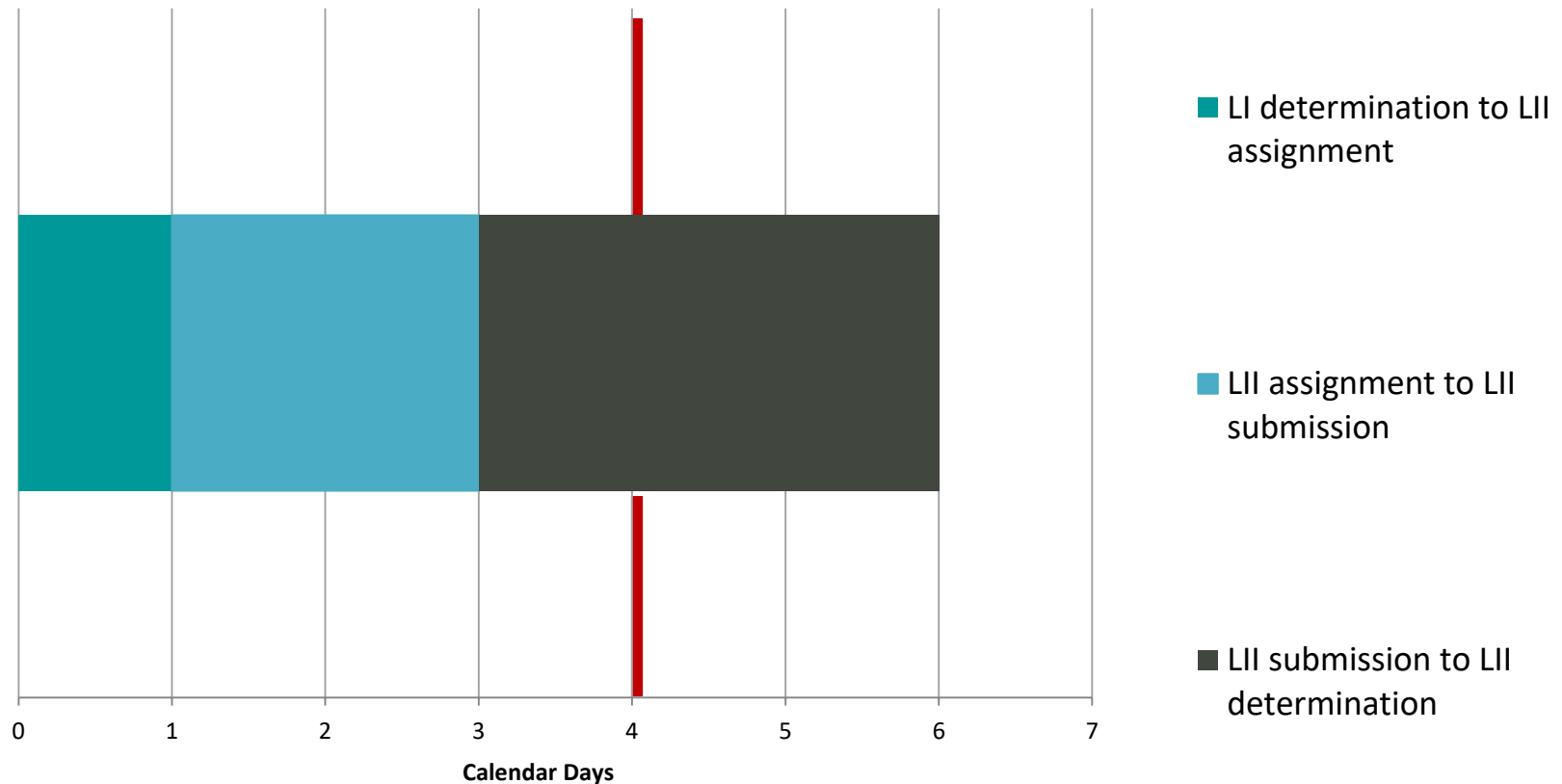
- **Goal:** speed, with good quality—how to improve?
 - Measure
 - Break down steps in the process
 - Analyze by factors that influence the quality and speed of each step

PROGRAM MANAGEMENT DATA— Level II Turnaround Report Example

STATE'S AVERAGE TURNAROUND FOR PREADMISSION LEVEL II ASSESSMENTS COMPARED TO FEDERAL STANDARD



PROGRAM MANAGEMENT DATA— Level II Turnaround Breakdown



APPLYING THE MODEL FOR IMPROVEMENT

Model for Improvement Framework

Aim: What are we trying to accomplish? (SMART)

Aim: Over the next X months, decrease the rate of EHD approvals to less than X% of the total number of PASRR outcomes

Measures: How will we know that a change is an improvement?

Measures: Percentage of EHD approvals out of the total number of PASRR outcomes

Changes: What changes can we make that will result in an improvement?

Change: Require all EHD request to be reviewed and approved

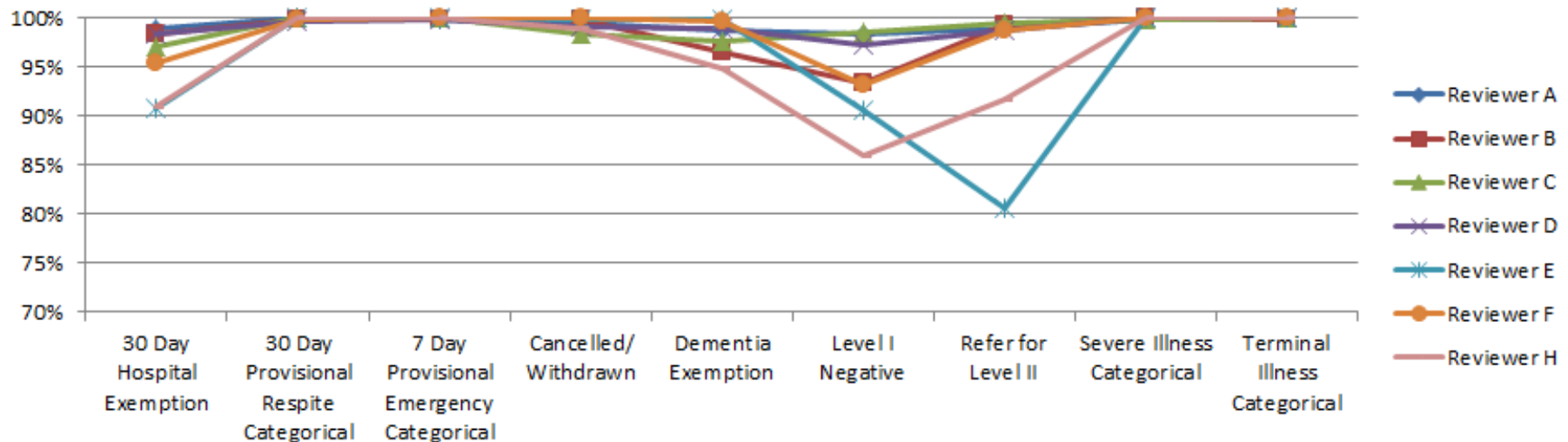
QUALITY IMPROVEMENT— Outcome Analysis

- Exempted Hospital Discharge Analysis
 - Policy – EHD outcomes were self-selected by the LI submitter and not vetted through an approval authority
 - Data showed - Large % of individuals with EHD approvals ended up staying longer than 30 days.
 - Policy change – EHDs were submitted for review and approval through Level “1.5”
 - Outcome – Reduction in EHD requests, reasonable % stayed past 30 days

QUALITY IMPROVEMENT— Outcome Analysis

- Decision concordance study - Demonstrates decision integrity and reliability

Correspondence of Level I Outcome Percentages to Standard by Reviewer



PASRR Resources

- PTAC www.pasrrassist.org
- PASRR Self-Assessment Tool
- PTAC National Reports and Fact Sheets

PASRR Level I Screen State Fact Sheet:

August 14, 2015

This draft state fact sheet is provided to state PASRR contacts, as an opportunity for you to verify the state-specific information section, prior to issuing the final fact sheets and publishing the 2015 National PASRR Report in fall 2015.

Background

Under Medicaid law, individuals with mental illness, intellectual disability, or a related condition have special protections to ensure that long term services and supports are provided in the most integrated setting that meets the individual's needs and preferences. These protections align with the obligations states have to serve people in the most integrated setting appropriate under the Americans with Disabilities Act (ADA) and the Supreme Court's decision in Olmstead. Preadmission Screening and Resident Review (PASRR) is a federally required process that prevents individuals with mental illness, intellectual disability, or a related condition from being admitted to nursing facilities (NFs) until a full assessment is made and the least restrictive, most integrated set of person-centered services are recommended to meet the individual's medical and disability-related needs.

The first step in ensuring that individuals' needs are properly met through PASRR is the Level I screen. A state must effectively use its Level I screening to identify all individuals who require a Level II evaluation. If individuals are not properly identified as needing a Level II screen, they may enter a nursing facility inappropriately, or without receiving special services and supports for their PASRR-related disability (in addition to standard NF services). Such improper admissions do a disservice to these individuals. In addition, Federal Financial Participation (FFP) is not available for NF services provided when a necessary Level II PASRR is not completed because an individual was not identified, putting states and facilities at risk of disallowance.

In 2014 PTAC conducted the first national analysis of state Level I screens. The purpose was to determine the degree to which state screening tools fulfill the goal described in the Code of Federal Regulations (CFR): to identify all individuals who may have signs of a serious mental illness (MI), an intellectual disability (ID), or a related condition (RC). The results were published in the 2014 Review of State PASRR Policies and Procedures National Report.

In order to review state Level I tools, PTAC developed a set of 14 data elements which capture plausible indicators of MI, ID, or RC. The criteria followed three fundamental principles:

Level I Data Elements

Elements	Keywords/Phrases	Level of Detail
Tools to assist in identifying reported disabilities (MI)		
Diagnosis	diagnosis; serious mental illness; mental disorder	Comprehensive
Substance use disorder	substance use	Comprehensive
Symptoms (MI)	interpersonal, serious difficulty interacting with others; alterations, evictions, unstable employment, frequently isolated, avoids others	Comprehensive
Tasks (MI)	serious difficulty completing tasks, required assistance with tasks, errors with tasks; concentration; persistence; pace	Comprehensive
Behaviors (MI)	self-injurious, self-mutilation, suicidal, physical violence or threats, appetite disturbance, hallucinations, delusions, serious loss of interest, tearfulness, irritability, withdrawal	Comprehensive

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A. PASRR Responsibilities and General Procedures

Section Respondent(s):

A.1 State Medicaid Agency Requirements	Met	Not Met
State Medicaid Agency: overall responsibility for the state PASRR program, including auditing and enforcement functions, and funding PASRR activities to demonstrate that the state's PASRR program:		
<ul style="list-style-type: none"> Prevents inappropriately admitting persons with MI/MR to nursing facilities (NFs). Results in meaningful clinical information available on the current NF medical record for every NF resident determined by PASRR to have SMI and/or MR. 		
1	Ensures that all requirements of §§483.100-138 are met. [431.621(c)[0], and 483.104] and that the SMH/MRA fulfill their statutory responsibilities and comply with the regulations. [431.621, 483.104]	
2	Develops written agreements with SMHA and SMRA, per §431.621, including required components in 483.621(c).	
3	Approves the PASRR evaluation instruments developed by the SMHA and SMRA.	
4	Assures that placement options comply with §§483.130(m) and 483.118.	
5	Sees that NFs comply with any PASRR functions assigned by the state. E.g., required PASRR documentation is in charts, and reflected in the care plan.	

RESOURCES

- Institute for Healthcare Improvement www.ihl.org
- American Society for Quality www.asg.org
- National Association for Healthcare Quality www.nahg.org
- National Institute of Standards and Technology: Baldrige Performance Excellence Program www.nist.gov/baldrige

CONTACT INFORMATION

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