

Massachusetts Department of Mental Retardation Use of Core Indicator Project Data 1999 – 2001

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Core Indicator Project (CIP) of NASD DDS

- Consistent Data Collection Across States
- Consistent Data Collection Over Time
- Massachusetts - One of 20 States

Data Collection Design

- HSRI / Boston University
- 2 Phases: 99 – 00 and 00 – 01
- 1300 consumer / proxies interviewed
- 2085 family mail surveys completed
- Random sample
- Only adults and their families

DMR Strategic Planning Process

- Began in late 99
- Needed a way to assess families and individuals sense of service system
- CIP offered an avenue and coincided with time frame
- Data used as part of environmental scan

Data Collection Process

- Each phase and component allowed us to clean data in DMR internal systems (addresses guardianship, etc.)
- Began process of building self correction mechanisms and sense of introspection
- Began to teach staff and stakeholders to interpret and apply data

Themes from data and comments provided rich context for our planning process.

- Fairness and equity
- Consistent approaches
- Balancing competing interests
- Public stewardship
- Using data to inform decision-making

Families & Individuals Urged DMR to:

- Create a more responsive system
- Demystify what we do
- Ensure service coordination and health care for all individuals
- Address perceived inequities
- Provide individuals and families with sufficient information to make choices about life
- Develop strategies to reduce staff turnover and improve quality

Analysis

- Consistency of response over two-year period
- Accurate snapshot gives stable base line
- Support direction DMR has taken:
 - Information needs
 - Choice and control
 - Health care
 - Medications
 - Service Coordination

Themes from CIP

- Reflected in new Mission and Guiding Principles
- Linked directly to Strategic Plan

Strategic Plan Goals Informed by CIP Data

- Systemic plan to serve population:
 - Eligibility
 - Standard clinical assessment leading to individual resource allocation
 - Rate corridors for providers
 - Contracting
 - Future of facilities
 - Information needs for individuals and families

Strategic Plan Goals Informed by CIP Data

- Workforce Development: recruitment, retention, training
- Establish effective and consistent health, clinical and behavioral supports
- Develop an effective quality management system

Comments Fed to Strategic Planning Groups

- Family says: “We need a simplified booklet sent to all families...like to see charts which show the interconnection of the agencies. It is all very confusing. We are both educators with master’s degrees and it took us ages to understand system.”
 - Family Info Partnership Group

Comments Fed to Strategic Planning Groups

- Family says: “Somehow we need to pay the staff well, or we will not get quality people. This is hard work.”
 - Recruitment and Retention

Comments Fed to Strategic Planning Groups

- Family says, “This questionnaire has been helpful in making me realize I need to get connected to DMR. Thank you.”

– Family Partnership Group

Comments Fed to Strategic Planning Groups

- Family says: “What will happen when I die or when my son needs more help than I can give.”
 - Need assessment and resource allocation

Comments fed to Strategic Planning Groups

- Consistency of concerns about health care:
 - First year struggled with mortality data, no system, done manually
 - Inability to easily answer this benchmarking question
 - Led to comprehensive plan now implemented around mortality

Examples of findings and how they were used in Strategic Plan Objective around health care:

- Nearly all consumers had a physical exam within past year
- About two-thirds of women consumers had OB/GYN exams within past year, and 16% have **never** had an exam
- Women consumers living in parent or relative home are more likely to have **never** had an OB/GYN exam

This led us to question what actually took place in physical exams.

- How did DSP staff communicate with doctors?
- Were there any standards?
- Did we actually have a resource map of available doctors and dentists?

It became the work of the group to figure these issues out, driven in part by the CIP data.

Another health example comes from mental health side:

- About one-third of all consumers in the sample receive a medication for either mood disorders, anxiety, or behavioral problems
- Individuals living in parent home or relative homes are less likely to receive medications

Why? What does it mean?

- How are we using meds?
- Who prescribes?
- What are safeguards?
- Etc.

These became topics for mental health group. Ultimately, once we figure out what it means, it will be useful in looking at the degree to which we are addressing issues.

Quality Management Information System (QMIS)

- Importance of having a QMIS in place
- Development of a QMIS was one goal in the overall strategic management effort for DMR
- Critical that we have systems in place to assess what is happening and how we are doing

Comprehensive QMIS needs to:

- Provide a consistent, comprehensive approach to promoting high quality services
- Assure that people are healthy, safe and enjoy a good quality of life
- Assure that stakeholders have information to guide decision making
- Assure that information gathered is used to improve the quality of services and supports

Information should be used:

- On a local level to:
 - Help identify issues
 - Provide for notification to concerned parties
 - Facilitate response and follow-up

Information should be used:

- On a systemic level for:
 - Collection and integration of information
 - Service and contract decisions
 - Planning
 - Analysis of patterns & trends
 - Prevention & service improvements

Analysis

- Important to remember that data is only a starting point
- It tells what not why
- Need to understand the root causes

Development of QMIS

- Importance of gathering information from a variety of sources
- It is important not to rely on one source to draw conclusions about quality
- It is important to get the system's perspective as well as the individual's perspective

The Massachusetts QMIS Components Include:

- Licensing/Survey & Certification
- Medication Administration
- Risk Management
- Incident/Critical Incident Reporting System
- Investigations
- Criminal Offender Record System
- Core Indicators
- Safety Plan System
- Human Rights/Restraints
- Mortality Review System

Massachusetts QMIS

- Most of this information is about individuals but not from their perspective
- Survey & Certification (S&C) looks at individual preferences, but does not provide information purely from the individual's perspective
- CIP only data purely from what individuals say

Value of CIP Data

- Responses are compared to responses in other states
- Data is richer when compared to other benchmarks
- Lets us know where we stand
- It doesn't mean that it is OK if we are doing better than the average of other states, but it does let us know how we compare

CIP Data Compared to DMR Collected Data

- S&C findings for the safety of homes and workplaces compared to CIP findings of how safe individuals feel in their homes and workplaces
- S&C findings about individuals exercising their rights compared to CIP findings around responses for specific rights

Conclusions

- Examined system weaknesses from others' points of view
- Moved quickly to work on health issues, mortality review
- Built consensus about system's strengths and weaknesses

Conclusions

- Provided agency and stakeholders an opportunity to pause and begin developing new trust around “so-called critical info”
- National scope of project helped sell plan to move agency and change its direction

Conclusions

- Began to teach people to use data and make decisions from it
- New attitudes about data
- Spin-offs
- First annual quality report using data from CIP