**Blueprint**

**Recommendation**

|  |  |
| --- | --- |
| **Recommendation Title:** | Quality Measures |
| **Sub-Committee** | Quality Assurance & Governance |
| **Recommendation #** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program** | **Function/Service** | **Statutory / Rule Change Ohio Revised Code Cite** | **Driver Impact** | **Priority Status H=High, M=Medium, L=Low** |
|  |  |  | 1,2,3,8 |  |

|  |  |
| --- | --- |
| **Key Finding** | Rule compliance is an important part of governance, but the quality of services is equally important and is not currently measured in any meaningful way. Accomplishing personal or systematic outcomes remains a difficult metric to capture and making decisions based on those outcomes can be confusing. Specifically, while people receiving services and families are a part of the planning process, they currently have little say in measuring the quality of those services. |

|  |  |
| --- | --- |
| **Recommendation Proposal** | Develop quality measures that look at the degree to which outcomes have been accomplished, the barriers to achieving outcomes, and the degree to which desired features of the services were present from the perspective of people with disabilities/families, providers/DSPs, and county boards/SSAs. Find a way to focus on personal and systematic outcomes for meaningful data collection. As well as develop a standard tool/rubric for people with disabilities and their family to evaluate services as one measure and respected as an outcome for services. |

|  |  |
| --- | --- |
| **Rationale for Change** | The measuring and administration of quality of services is key to achieving system accountability and quality assurance for people receiving services and their families. This proposal gives people receiving services, their families, or guardians a valued voice in the measure of quality services. We must develop easy ways to monitor services, determine if outcomes have been accomplished, and collect the information to analyze. Finding ways to support and incentivize providers who reach personal and systematic outcomes promotes innovative service delivery. |

|  |  |  |
| --- | --- | --- |
| **Concisely bullet the recommendation’s positives/upside & negative/downside or list critical questions to debate** | **Pros** | * Potential to create a standard for quality across the system * Would capture quality measures from and about all system partners * Gives automatic opportunities for people with disabilities and families to have consistent feedback * Plain language conversation with qualitative measurements * Gives the team the ability to make direct changes based on feedback * Give more value than general “satisfaction” results * Build on already established compliance/TA process |
| **Cons** | * Added responsibility for already overextended system partners (providers/SSAs) * Perception of more “paperwork” * Additional administrative responsibility * The negative connotation of a score may impact provider capacity |

|  |  |
| --- | --- |
| **Fiscal Implications** | * Reduced administrative compliance review process and time * Financial incentives for quality milestones or benchmarks * The more individualized the measure the more resources needed * Development of tools/rubrics for measuring quality |

|  |  |
| --- | --- |
| **Measure of Success** | TBD – Service Dependent |

|  |  |
| --- | --- |
| **Implementation Tip** | * Explore a set of quality standards across all services and settings * Will need to find a balance between person-centered outcomes and systematic quality indicators * Use this as an opportunity to have the conversation and train about quality outcomes * Need to define what outcomes we will be looking at to make sure we have the data * Will need to also determine the criteria for an outcome to be considered “accomplished” – may be different for each outcome * How will we identify the barriers? A survey? * Will need to be mindful of survey design to make sure it captures the data in a useable way * Look for possible ways to automate/streamline compliance to then focus on TA * The systematic quality measures should include requirements for individualized quality measures (ie, Agency x uses family evaluation rubric to measure individual outcomes) * We will need to specify what outcomes we want to look at so we can make sure we have the data to look at them * May be major system changes/add-ons to get the data needed to track these outcomes – depending on what the group lands on. Suggest looping IT in sooner rather than later.   The rubric style tool will:   * Create a standard measure to evaluate satisfaction and effectiveness of services * Strive to use measurable/objective terms when possible * Create response options that offer more than a ‘yes or no’ response * Be required to be used each span year as part of the annual ISP process. * Include everyday language with definitions and descriptions as needed * Be concise and prioritize assessment of elements necessary to achieve outcomes as well as to create pleasure or fulfillment when engaging in the service     The tool will be designed to assess a variety of critical elements such as:   * Effectiveness of service to achieve the targeted outcome (to what degree the services was able to assist the individual to achieve the desired outcome) * The extent to which the person/family were informed of progress towards the desired outcome. Communication process and frequency to individual/family * The degree to which the service utilizes Evidence-Based Practices, seeks resources and information to enhance the service, educates the DSPs/Job Coaches to provide the service, extent of supervision, etc. * The degree to which people/families feel respected by the provider and included in ongoing decision-making   Things to consider:   * Tool type (online survey, paper survey, phone conversation, interview, etc.) * Frequency of tool (annual survey, scheduled after a person gets services – 3 months in, 6 months in, 1 year in, etc.). * Questions asked   + Quantitative: Y/N, multiple-choice, scaled – 1 to10 or agree/disagree scale, etc.   + Qualitative: open-ended question, text box response, ‘Other’ choice text box |

|  |  |
| --- | --- |
| **Note / Reference Material** | * Explore Step Up to Quality model * Look at ICF quality indicators as an example? * NCI Indicators * Quality of Life Scale * Quality of Life Domains (from Minnesota) * Explore OOD model * CQL model * Explore NCI interview model for family-led evaluations |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Projected Implementation** | | | | |
| **2021** | **2022** | **2023** | **2024** | **Dependency / Sequencing Factor** |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Threshold Question Check** | |
| *Please vet the recommendation against these questions. Please check the left-hand column if the answer is “yes, this recommendation addresses this question.” While few recommendations will meet all threshold points, it is important to ensure that the recommendation is appropriately aligned with consensus system change drivers and advancing the vision.* | |
|  | 1. Does the recommendation address one or more of the identified system change drivers? |
|  | 1. Does the recommendation improve the client experience? Lead to better outcomes for people? |
|  | 1. Does the recommendation advance the delivery of better services for work, non-work or transportation? |
|  | 1. Does the recommendation advance community employment? |
|  | 1. Does the recommendation facilitate serving more clients? Reducing waiting lists? |
|  | 1. Does the recommendation reduce administrative burden? Simplify? |
|  | 1. Does the recommendation unify or standardize approaches across State agencies? County Boards? Multiple providers or settings? |
|  | 1. Does the recommendation represent a modern approach? Embrace technology? |
|  | 1. Is the recommendation affordable – an efficient and effective use of limited resources? |
|  | 1. Does the benefit of the recommendation balance with the cost of implementation/ongoing capacity? |
|  | 1. Does the recommendation help the system serve individual with more severe disabilities or who have medically complex issues? |
|  | 1. Does the recommendation deliver public value? Would most taxpayers feel this recommendation is worthy of the taxpayer’s time, money and trust? |
|  | 1. Does the recommendation move the system toward quality, dependable, equitable service regardless of where an individual lives in Ohio? |
|  | 1. Does the recommendation address racial bias? |
|  | 1. Is this recommendation “necessary to meet the charge” and not just “nice to have”? |

**Instructions:**

Each sub-committee will fill out completely one Blueprint Recommendation Form for each recommendation. Be concise. Report what is needed for the full membership to understand the context of the recommendation, the recommendation itself, and how the recommendation can impact expected outcomes.