

Using Data to Assess Quality Improvement Results

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Debra J. Lipson

MATHEMATICA
Policy Research, Inc.

Objectives

- **Provide basic guidelines for collecting & analyzing data for quality improvement (QI)**
- **Explain similarities & differences in data and measures for quality improvement and program evaluation**
 - **Illustrate with person centered hospital discharge planning (PC-HDP) program**

Collecting data for QI

- **If possible, make use of existing data:**
 - Program records
 - Routine, ongoing surveys
 - Hospital discharge data
- **But existing data must:**
 - Have information you need to assess the results of QI
 - Distinguish program participants from non-participants
 - Be available – data access? privacy issues?

Collecting Data for QI (2)

- **If existing data not available or suitable, develop new data collection tools that:**
 - Are feasible, e.g. not too costly or burdensome for program staff to administer and record data
 - Use questions in national surveys
- **Collect data from all participants**
 - Those with whom you try the QI plan
 - Not a sample or select group

Collecting QI data (3)

- **Assemble/collect data before QI intervention (“baseline”)**
 - Over a period of time, e.g. at least a year
 - Consider whether program planning may affect program results even before implementation
- **Check that data is consistently reported**
 - By different program staff
 - Across program sites

Review & analyze QI data

- **Generate reports from existing/new data:**
 - Regularly (weekly/monthly)
 - Little time lag after QI “do” phase (so you can study!)
- **Compare to baseline and, if relevant, to intermediate targets**
- **Disaggregate by participant characteristics to discern patterns**
 - Medicaid, other insurance
 - Age
 - Location
 - Availability of informal support

Useful questions in reviewing QI data

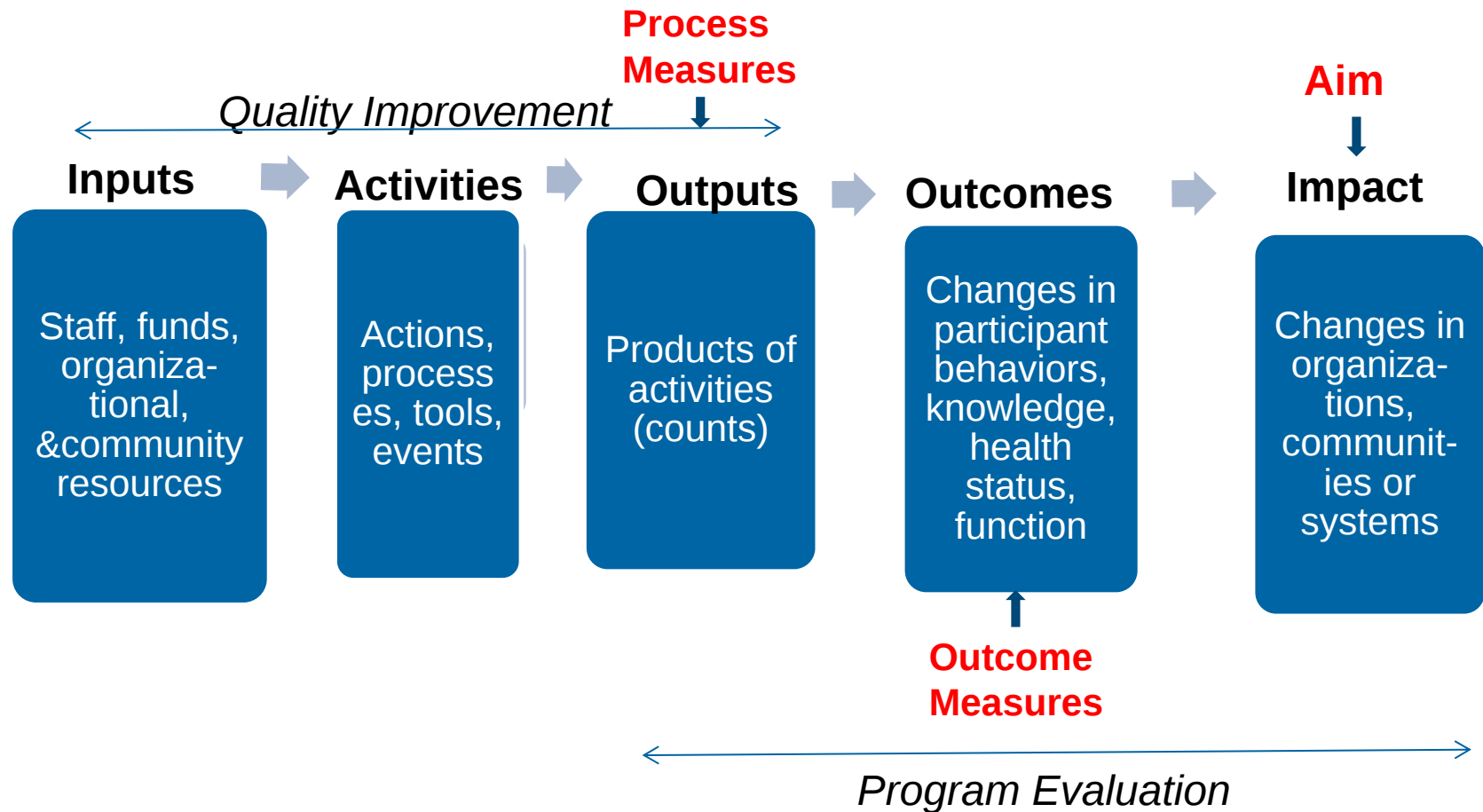
- **Are we carrying out activities as planned?**
 - Level /quantity?
 - Frequency?
 - Intensity?
- **If multiple program sites or providers:**
 - Trends/patterns by type or level of activity?
- **Are activities producing expected results?**
 - If not, are resources adequate?
 - How should activities be modified or changed?



Quality improvement vs. program evaluation

Quality improvement	Program evaluation
Are we doing the activities we said we would with the grant funds? Are the activities producing expected results/making progress towards goals?	•Did the program cause the outcomes or impact? •Why and how did the program help (or not) achieve the outcomes/impact?
Is our PC-HDP program giving participants the information and resources they need to transition home?	Did the PC-HDP program shift state or regional post-hospital care use/spending patterns towards HCBS (from SNFs)?

Types of data and measures



Logic model = sequence of activities thought to bring about change and how these activities are linked to the results (outputs, outcomes and impact) the program expects to achieve ("If this happens, then . . .")

Using QI to assess PC-HDP progress

PC-Hospital Discharge Program	Measurable targets	Data	3-month performance
Activities Organize and conduct PC-HDP training programs for hospital discharge planners	Each year, hold 6 workshops (1 at each of 6 hospitals); total of 24 discharge planners	Program records	Held 3 workshops, with 12 discharge planners
Outputs	Workshop participants score at least 90% on test of knowledge about PC-HDP tools and HCBS resources	Participant tests (before and after)	Before and after tests of knowledge showed 50% improvement, but average test score is 75%
Outcomes	10% annual increase in Medicaid beneficiaries discharged to home	Hospital discharge data for program participants and non-participants	Hardly any change for program participants (<i>no surprise</i>)

If you do not know how an outcome relates to a process of care or service delivery, you cannot know what to do to achieve the outcome.

QI data tells you whether you are taking the right steps to achieve the outcomes.

- Questions?

- Contact information:

- dlipson@mathematica-mpr.com