Using Technology to Enhance Quality Data Collection

Lessons from National Core Indicators ® and National Core Indicators—Aging and Disabilities™

NATIONAL CORE INDICATORS®

- Established: 1997
- Participating states: 46 and D.C.
- Population addressed: **Individuals with intellectual/developmental disabilities (IDD)**

NCI-AD NATIONAL CORE INDICATORS Aging and Disabilities™

- Established: 2015
- Participating states: 26
- Population addressed: **Older adults and people with physical disabilities**

- NCI and NCI-AD initiatives developed **validated** sets of **performance indicators** for DD systems (NCI) and State Medicaid, aging, and disability agencies (NCI-AD) used to measure and track their own performance and program outcomes.

- NCI and NCI-AD collect information **directly from individuals receiving services**
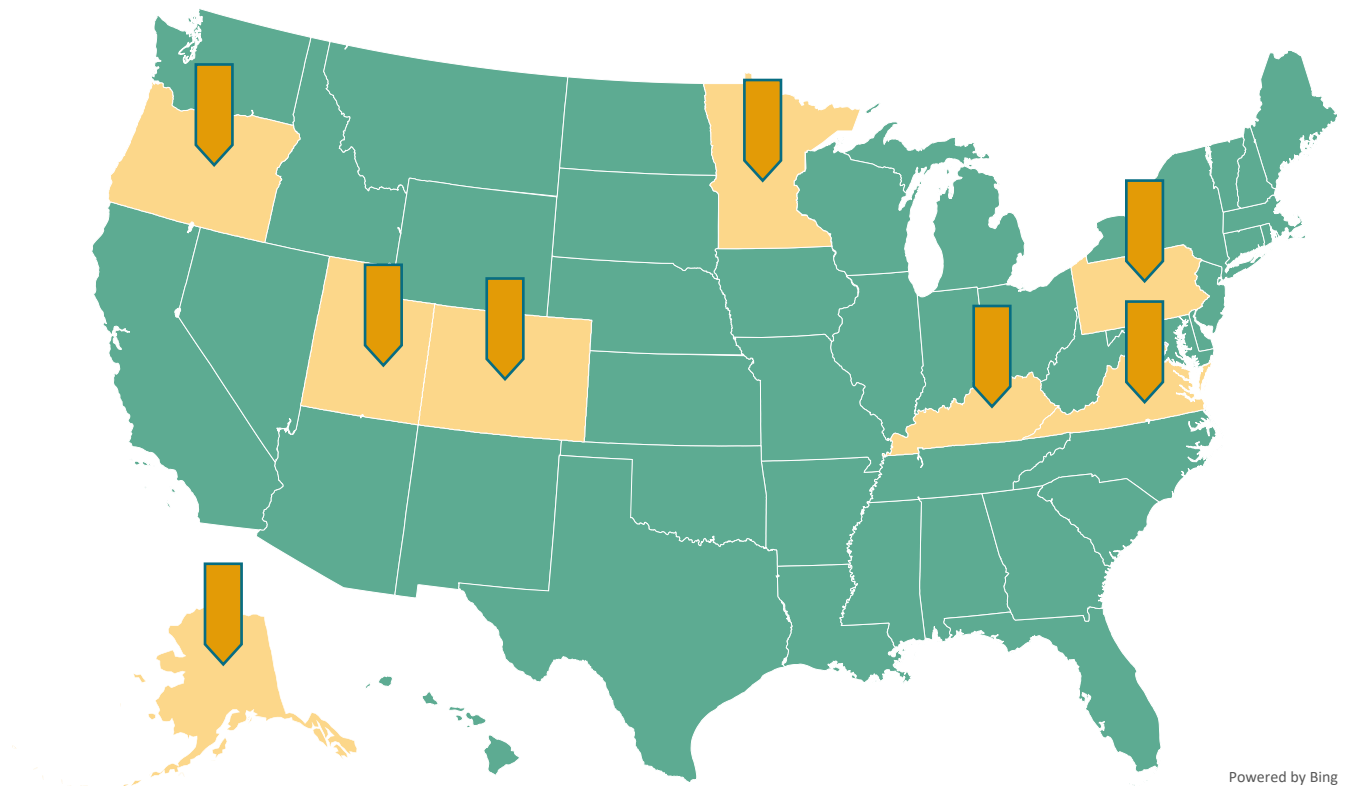
Remote Surveying Pilot and Results

National Core Indicators

NCI began a remote **VIDEO CONFERENCE** surveying pilot at the start of the 2019-2020 data cycle with Alaska due to geographic limitations

Due to COVID-19, IPS surveying stopped fully in March 2020

- NCI expanded remote surveying pilot

- Eight states participated:
AK, CO, KY, MN, OR, PA, UT VA

Goal of Remote Pilot

- Determine feasibility of conducting the In-Person Survey (IPS) through remote surveying

- Refine protocol and best strategies for surveying with remote surveying

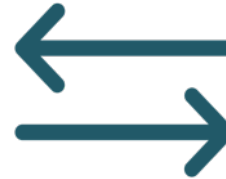- Enhance ability to collect information on quality and performance of state DD service systems

This pilot study was guided by these questions:

What were the experiences of surveyors and participants?

What were the technical challenges encountered?

Did the representativeness of participants in the remote survey differ from in-person respondents in ways that impact the data?

Did mode appear to effect responses to survey questions?

In what ways can the mode differences be minimized by refining the protocols and surveyor trainings?

Developed specific protocol and requirements, including...

- **Sample**
  - States were to continue using the sample drawn for 2019-20
- **Surveyor and participant technology requirements**
  - High-speed internet and connected device
  - Working web cam – *all* participants had to be on vide for the entirety of the survey
- **Initially required a "system check" session**
  - This created scheduling issues, ultimately allowed surveyors to skip this step
- **"Survey Status"**
  - Surveyors were required to indicate when and why a person did not take part in the survey
- **Feedback**
  - Participants and surveyors completed a detailed feedback form about the mode
  - All surveyors completed a **live remote training** with NCI national staff
  - NCI national staff conducted **shadow surveys** with each state

Technical Details

- 810 people were contacted to complete a remote survey

- 226 surveys were completed

- 27.9% response rate

- Participating states also had **1,806** face-to-face surveys conducted prior to the shutdown to use for comparison purposes

Why didn't people participate?

50% was non-contact (either due to incorrect contact information or some other reason)

7% participant or guardian refusal

8% technology-related barriers

How do the data compare?

Comparing remote surveys to face-to-face

Factors that did not differ by survey mode

Community type (metropolitan, micropolitan, small town, rural)

Gender

Race

Preferred mode of communication (spoken vs. non-spoken)

Level of ID (mild/moderate vs. severe/profound)

Presence of a mental illness diagnosis (other than behavioral challenges)

Mobility (full, with wheelchair/aid, none)

Vision impairment

Hearing impairment

Extent of need for paid support (daily vs. less frequent than daily)

Extent of proxy use in responding to questions

FACTORS THAT DIFFERED BY SURVEY MODE (P<0.05)

	Face-to-Face	Remote
Average age	41.9	39.4
Has a legal guardian	44.1%	56.7%
Primary language is English	98.6%	94.6%
Has behavioral challenges (e.g., aggression, self-injury)	35.1%	23.7%
Average level of behavioral support needs, measured on a scale of 0 – 9 0 = no support in any of the three areas 9 = extensive support in all three areas Areas of support need: Behaviors that are (a) self-injurious, (b) disruptive, (c) destructive or harmful to others	1.3	1.6
Lives in own home/apartment	14.1%	8.0%
"Sometimes" or "often feels lonely"	39.7%	47.8%
Average score on the Personal Choice Summary Measure, range: 0 – 1 0 = did not provide the highest possible personal choice response on any item 1 = provided the highest possible personal choice response on all 6 items	0.56	0.62
Self-reported health is "very good" or "excellent"	66.5%	72.3%
Engages in moderate physical activity for at least 10 min. 5+ times a week	32.8%	52.5%

Surveyor and Participant Feedback:

- Most participants noted that getting on to zoom was easy or in-between

- Most participants had help connecting (from family, friends, staff)

- Most participants used a device belonging to staff, provider or family.

- Poor call quality was a common issue – this usually happened when signing into the meeting

- Sending a reminder email shortly before the meeting and providing extra-clear step-by-step instructions was helpful

- Visibility issues broke down into two main categories – (1) bad video quality and (2) camera/body positions that made it difficult for interviewers to consistently see all of an individual's face and read their expression.

- Majority of surveyors reported being able to build rapport with the participant

What does this mean?
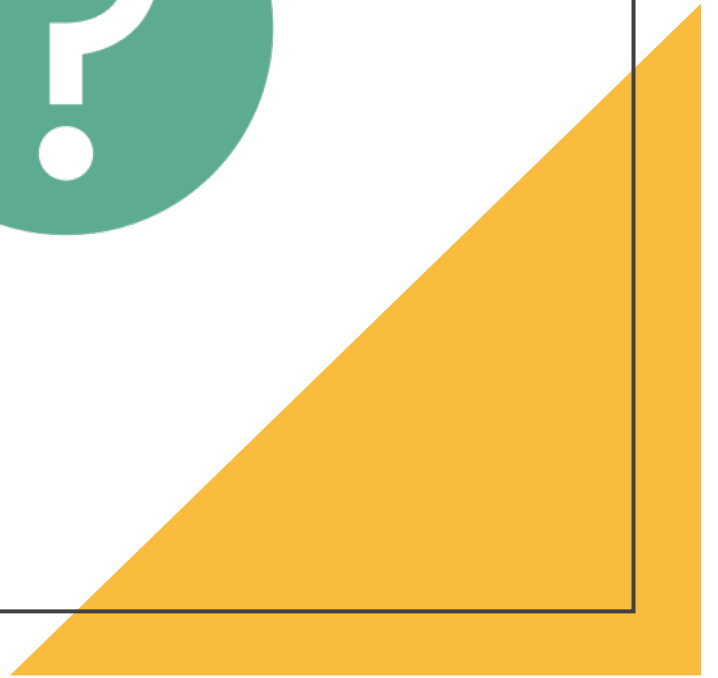
What does this mean?

With sufficient care and attention to surveyor training, protocols, and working to ensure access to the technology for all those who want to participate, remote surveys are feasible

Currently all NCI states are conducting at least some Remote Surveying

Many are looking for solutions when remote surveying is not possible

Remote Surveying Pilot

NCI-AD Remote Surveying Pilot

- NCI-AD participating states paused in-person surveying April 2020

- Due to ongoing health and safety concerns, the NCI-AD team decided to use the 2020-21 data collection cycle to pilot **VIDEO CONFERENCE and TELEPHONE** surveys

- Eight states participating: AL, IN, KY, MI, NE, OK, OR, WI
  - Three states are brand new to surveying this year

Goals of NCI-AD Remote Pilot

1

Determine feasibility of conducting NCI-AD Adult Consumer Surveys (ACS) through 2 new modalities:

- Video conference
- Telephone

2

Refine protocol and best strategies for surveying with remote modalities

3

Enhance ability to collect information on quality and outcomes of LTSS systems

How does the pilot work?

- **Sample:**
  - Work with each state to develop sample
  - States that collected 2019-20 data using similar sample frame to allow for comparison
- **Video conference versus Telephone**
  - Participants *do not get choice* in mode
- **"Survey Status"**
  - Surveyors were required to indicate when and why a person did not take part in the survey
- **Feedback**
  - Participants and surveyors completed a detailed feedback form about the mode
- All surveyors completed **standard NCI-AD training**
- NCI-AD national staff conducted **shadow surveys** with each state

Remote Surveys in Wisconsin

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Impact of COVID-19 on Surveys in Wisconsin

- National Core Indicators (NCI) and NCI-Aging and Disabilities (NCI-AD) surveys stopped mid-March 2020
  - Wisconsin NCI-AD sample nearly complete
  - Wisconsin NCI In Person Survey (IPS) sample limited
- 2020-21 remote surveying
  - NCI-AD pilot going on now!
  - NCI IPS via video conference early 2021

Goals for 2020-21 Remote Surveys

- Conduct surveys safely
- Collect some 2020-21 data
  - Acknowledge limitations of pilot data
  - Collect larger NCI IPS sample than shortened 2019-20 survey cycle
- Learn more about barriers and opportunities for future remote surveys

National Core Indicators – Aging and Disabilities Pilot Surveys

- Piloting video conference and telephone surveys
- In progress right now
- Early lessons learned
  - Feedback from survey interviewers
  - Comments from people contacted to participate in survey
  - Technology barriers