



**National Senior Services Data Survey**  
**National Information & Referral Support Center Webinar**

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[www.nasud.org](http://www.nasud.org)



# Senior Services Data Study Project Background

Project Description: The National Association of States United for Aging and Disabilities (NASUAD) in collaboration with the Colorado State Unit on Aging (SUA) will partner on a study of data and outcome measures that ***improves the SUA's ability to report on the impact and value of services provided to older adults.***

- Identify data points
- Methods of data collection
- Necessary data systems
- Two parts to the project:
  - Colorado-specific interviews and analysis;
  - National Data Study on outcomes measurements

# Why Study Data Systems Now?

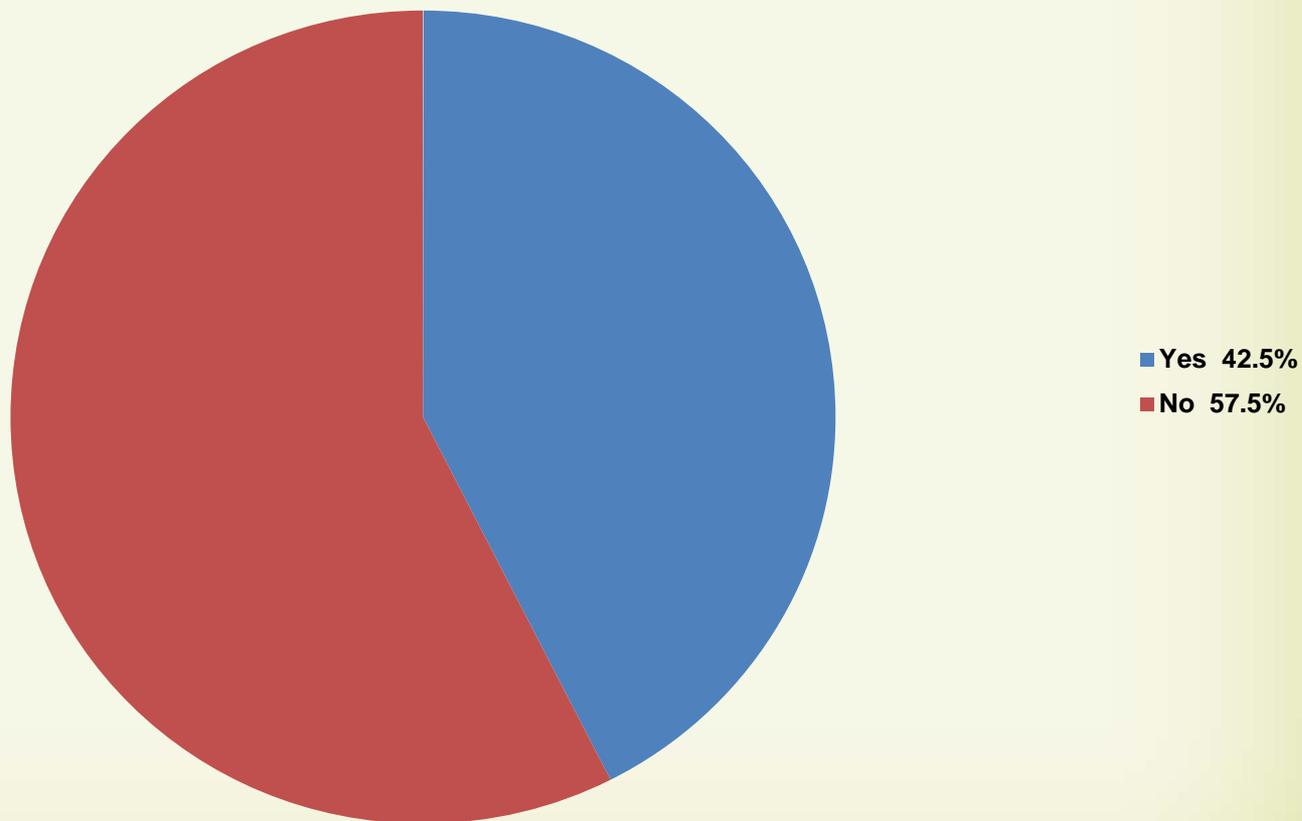
- Demographics shifting and fast growing senior population
- Increased focus on pre-eligible for Medicaid population and in prevention
- Increasing Medicaid Budget as Proportion in State Budgets
- U.S. Assistant Secretary on Aging's challenge to states to diversify funding streams
- New models of care through the Affordable Care Act including health care homes, medical homes, Accountable Care Organizations.

# Overview of National LTSS Survey

# Methodology

- Survey drafted by NASUAD staff with input from the Colorado Aging Data Outcomes Advisory Committee (CADOAC) and multiple partners
- Survey was beta-tested with three states
- Survey administered from June 22<sup>nd</sup> through July 31<sup>st</sup> 2016
- 42 state responses

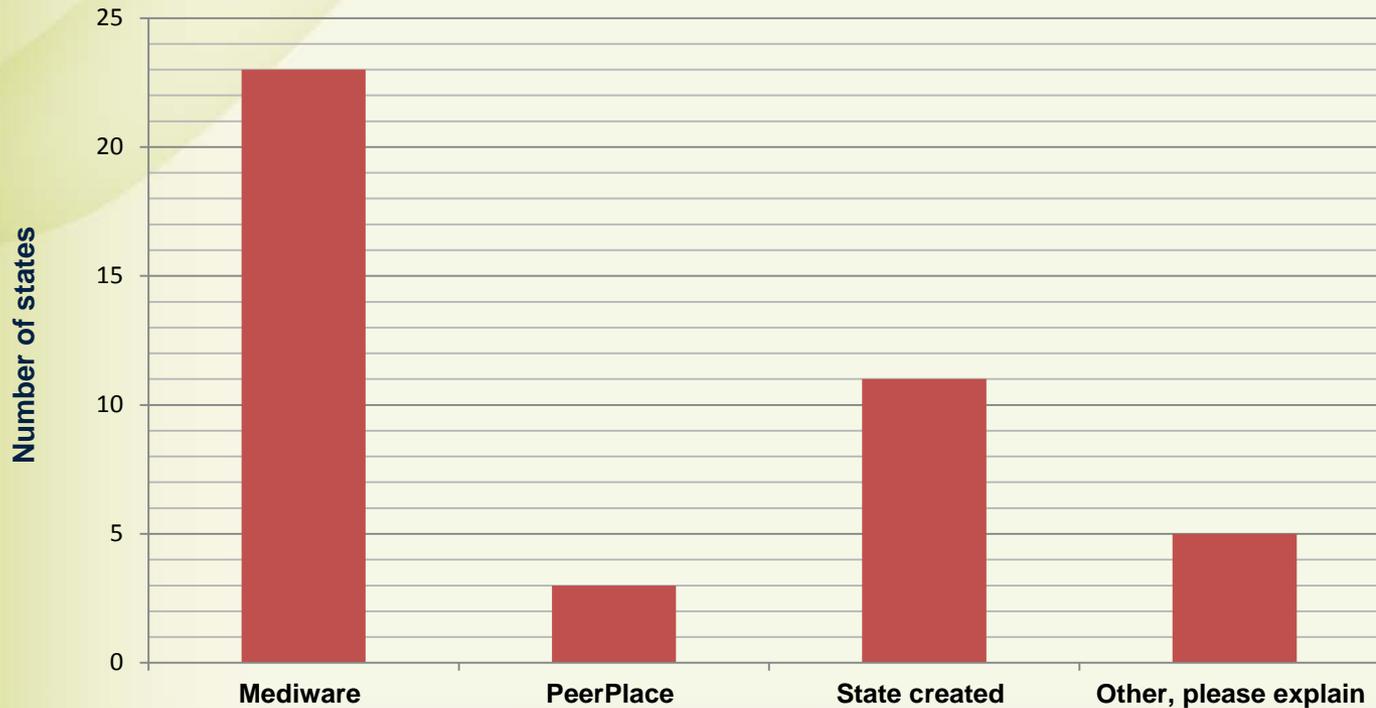
## Core finding: Close to 60 percent of states lack reports on outcome measures



# Suggestions for Measuring Outcomes

- Administering consumer satisfaction surveys
- Charting services and progress to a baseline and when services are provided compare ER visits, length of stay in own home, or good community engagement
- Interviewing people every few months about quality and their ability to stay in their own homes
- Using National Core Indicators—Aging and Disabilities (NCI—AD)
- Monitoring health outcomes as in PACE model
- Starting services with a more robust assessment of wellbeing with periodic follow up assessment
- Surveying consumers on progress for 2 to 5 years after first contact

# Which Data System(s) or Application Does Your State Use to Collect, Store, and Analyze Information on Consumers in Your OAA system?

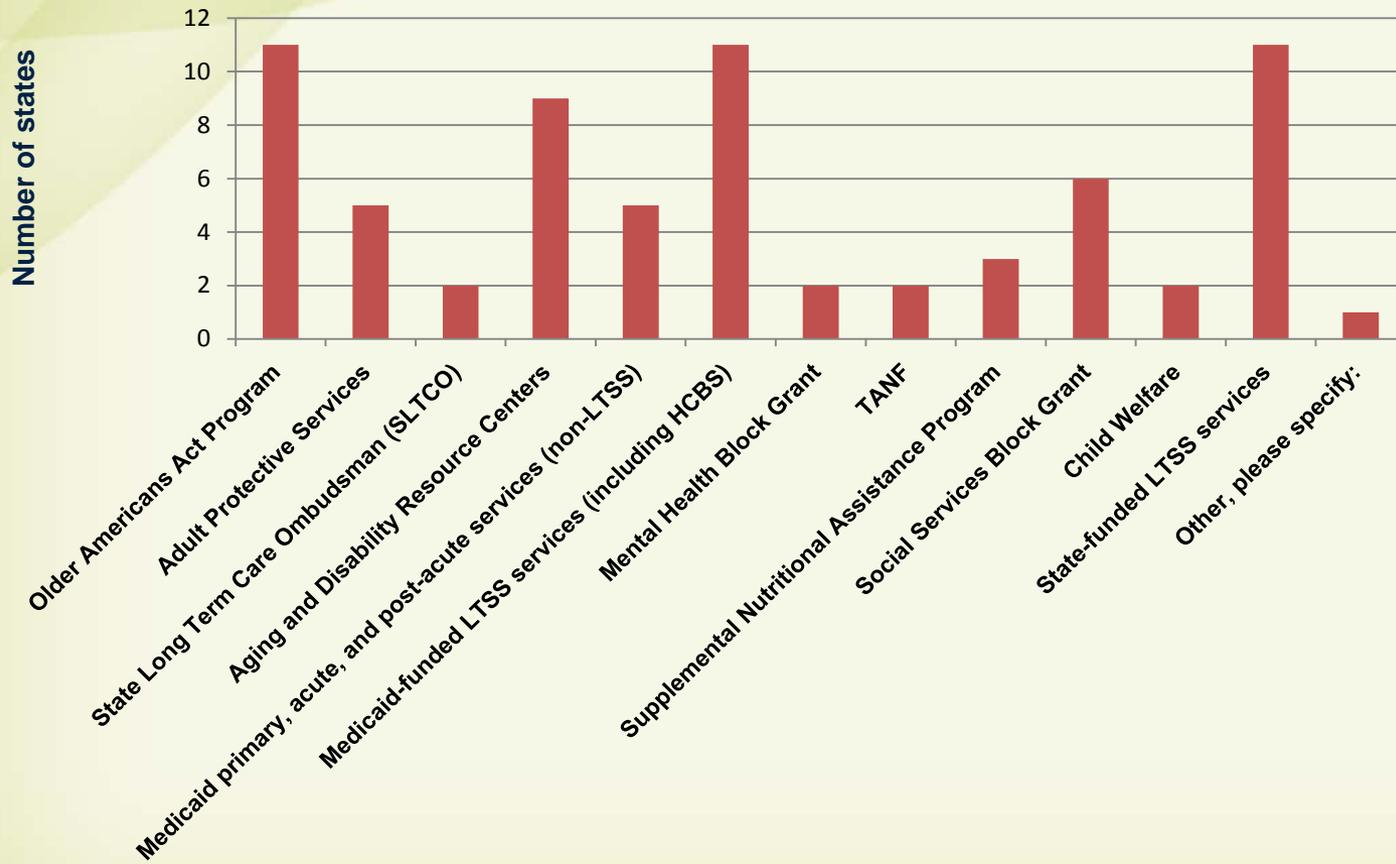


## **When asked what functions states would like to add to their OAA data systems, states mentioned the following:**

- A desire to integrate information across multiple HHS programs, including OAA, Medicaid, and Medicare;
- The need to include additional information within the agency's database, including data regarding service authorizations, assessments, eligibility, claims data, and participation in other HHS programs;
- Additional reporting capacity and functionality, such as the ability to analyze caregiver characteristics or to stratify data by specific geographic regions; and
- Increased ability to track the provision of OAA unregistered services.

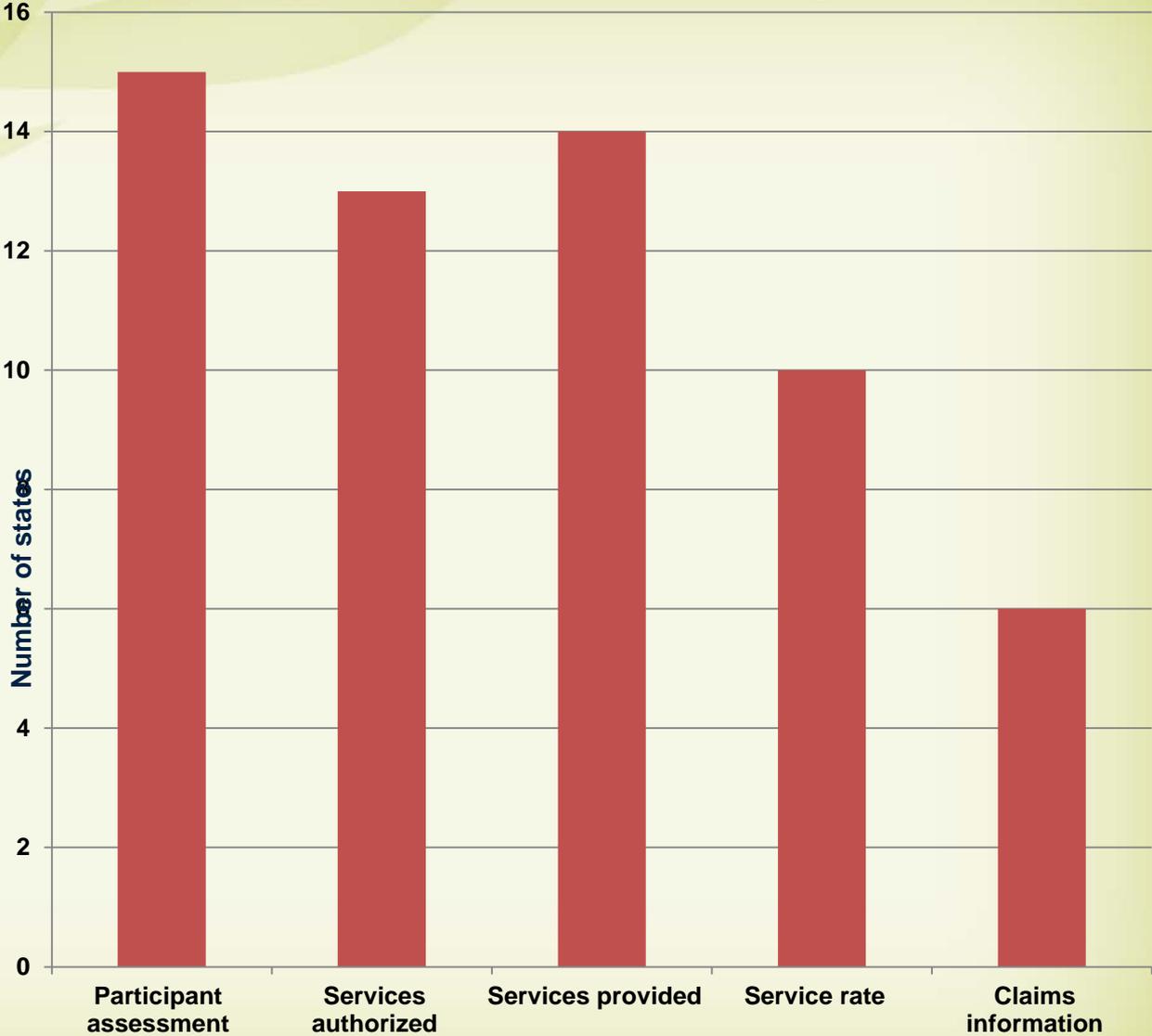
**Most states do not have a common database that includes information from multiple programs**

# States that have Integrated Databases include the Following Programs

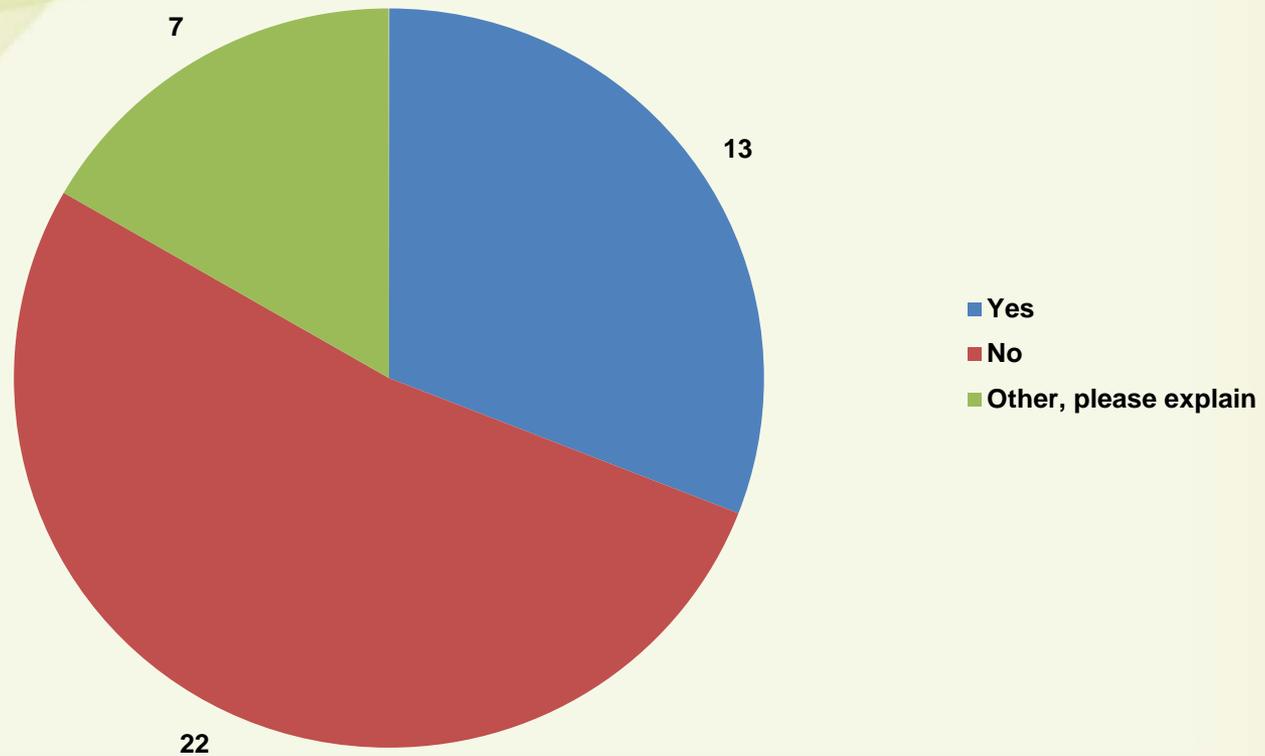


# Types of data stored in single IT system

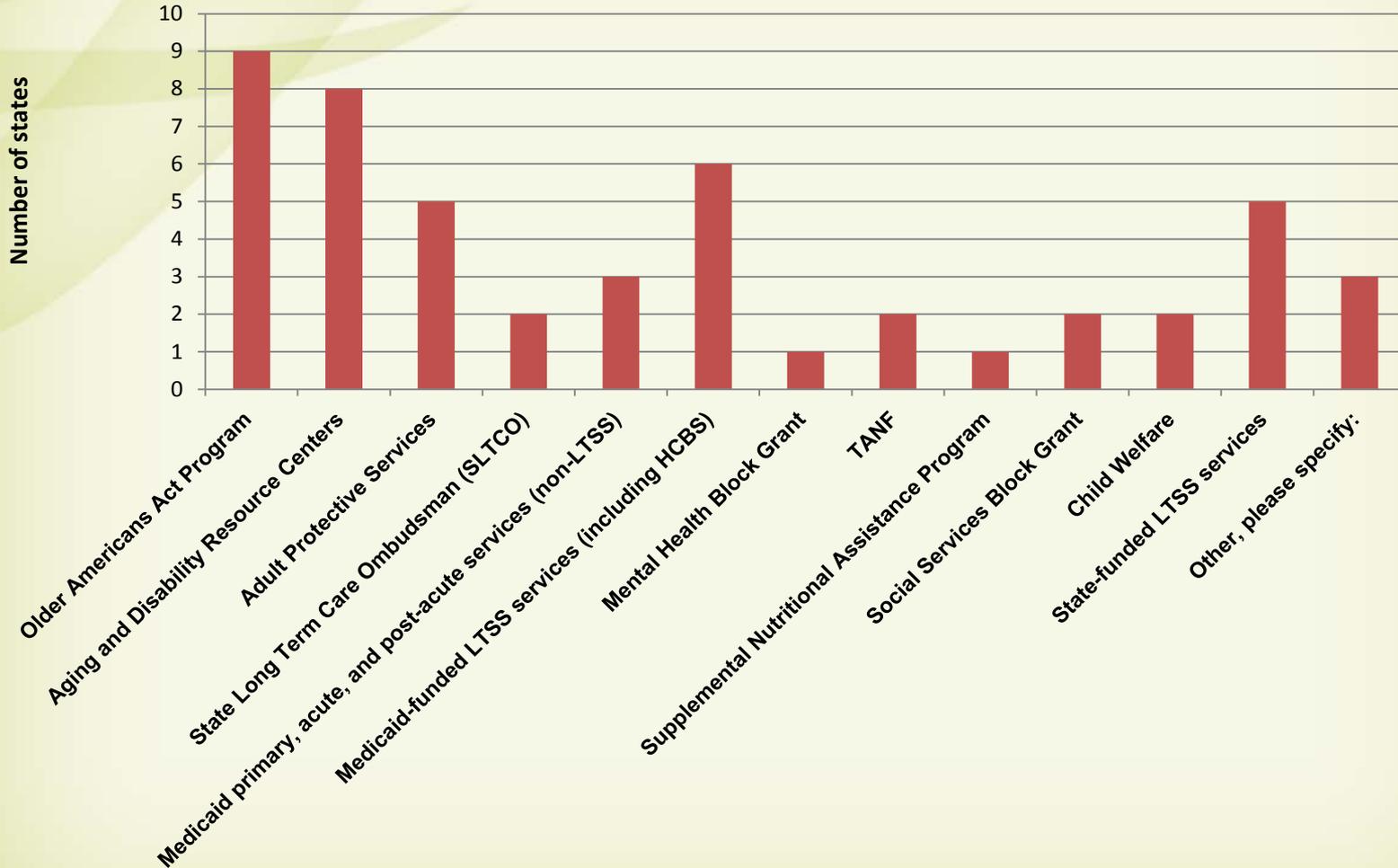
Close to 40 percent of states reported having an integrated system that collects and stores assessment data, services data, and/or payment data for multiple programs



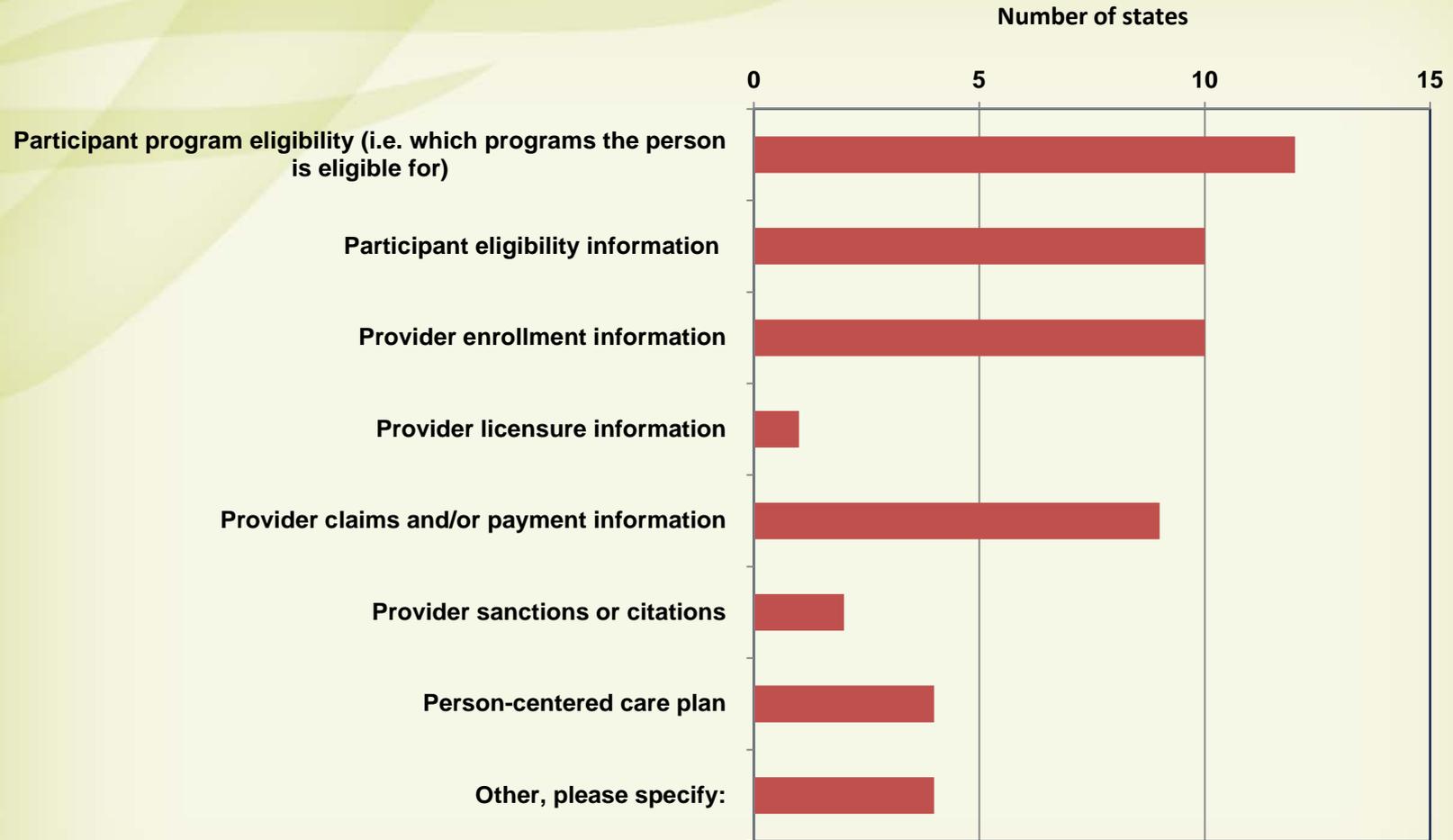
## Does Your States Information System Share Data with Other State Health and Human Service Programs?



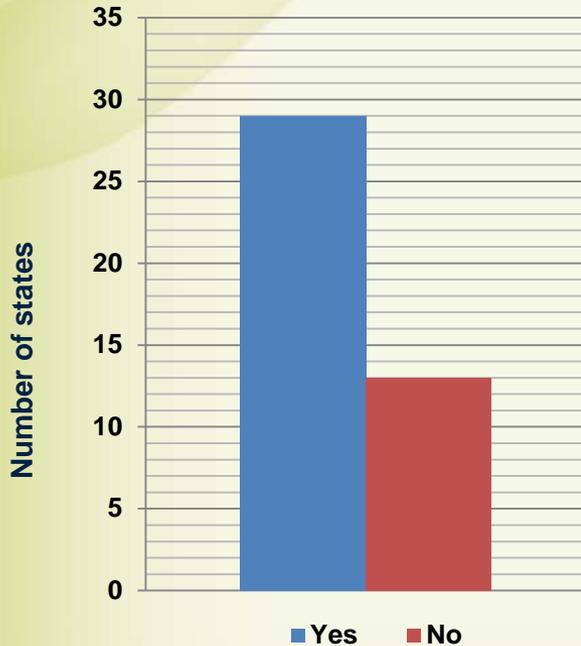
# Programs Included in Data Sharing



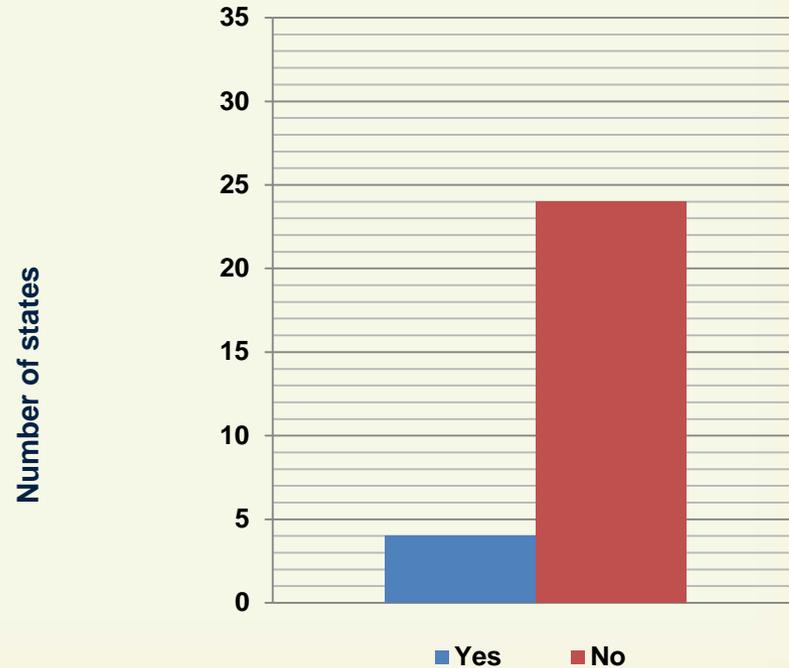
# Types of Data Shared



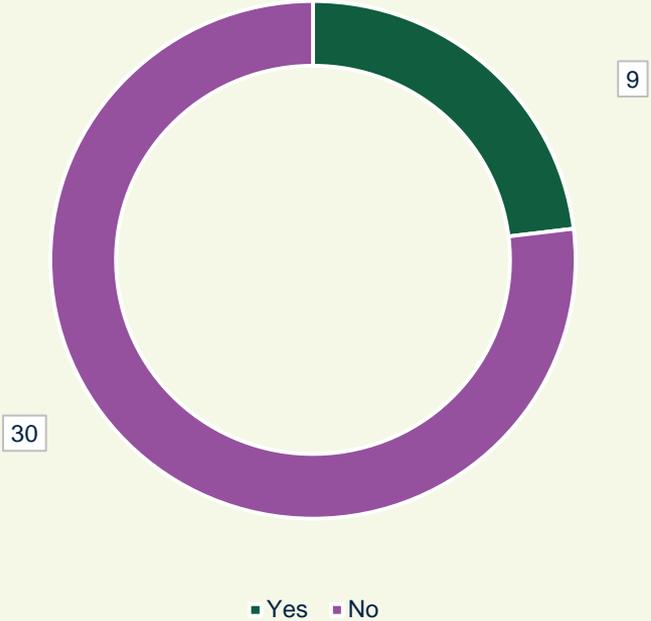
**Does your state have a comprehensive statewide, web-based database that consumers can use to locate a provider?**



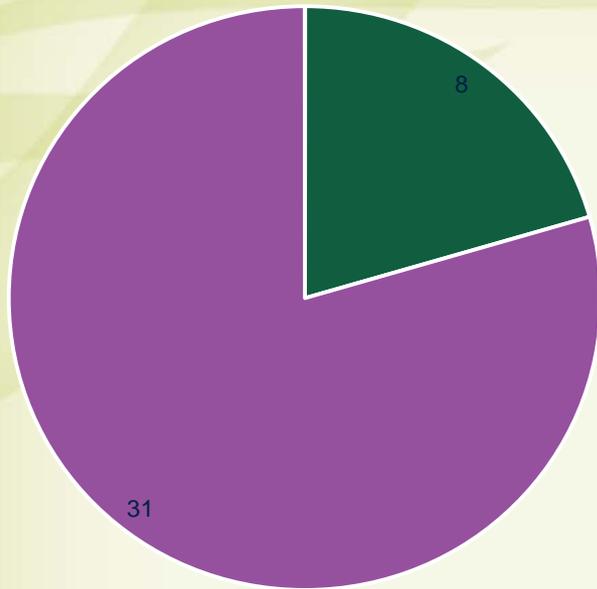
**If yes, does your database contain information on quality of care or beneficiary satisfaction?**



### States with Access to Medicare Encounter/Claims Data

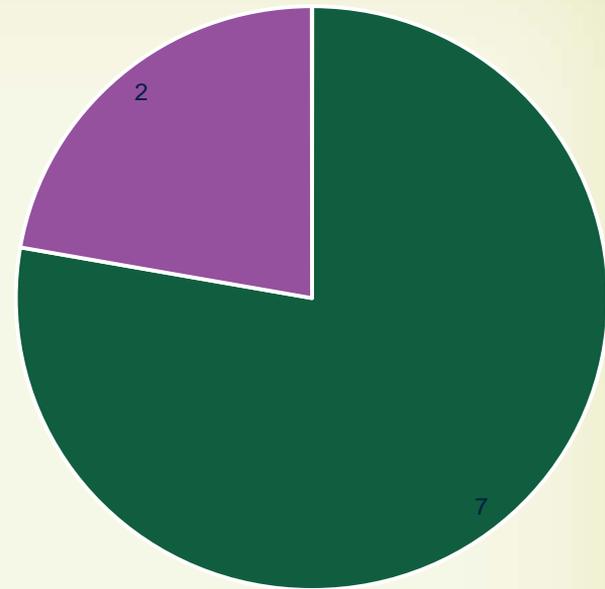


States that Link Medicare Data to Participants in Medicaid and/or OAA



■ Yes ■ No

Programs with Medicare Data Linked to Participants

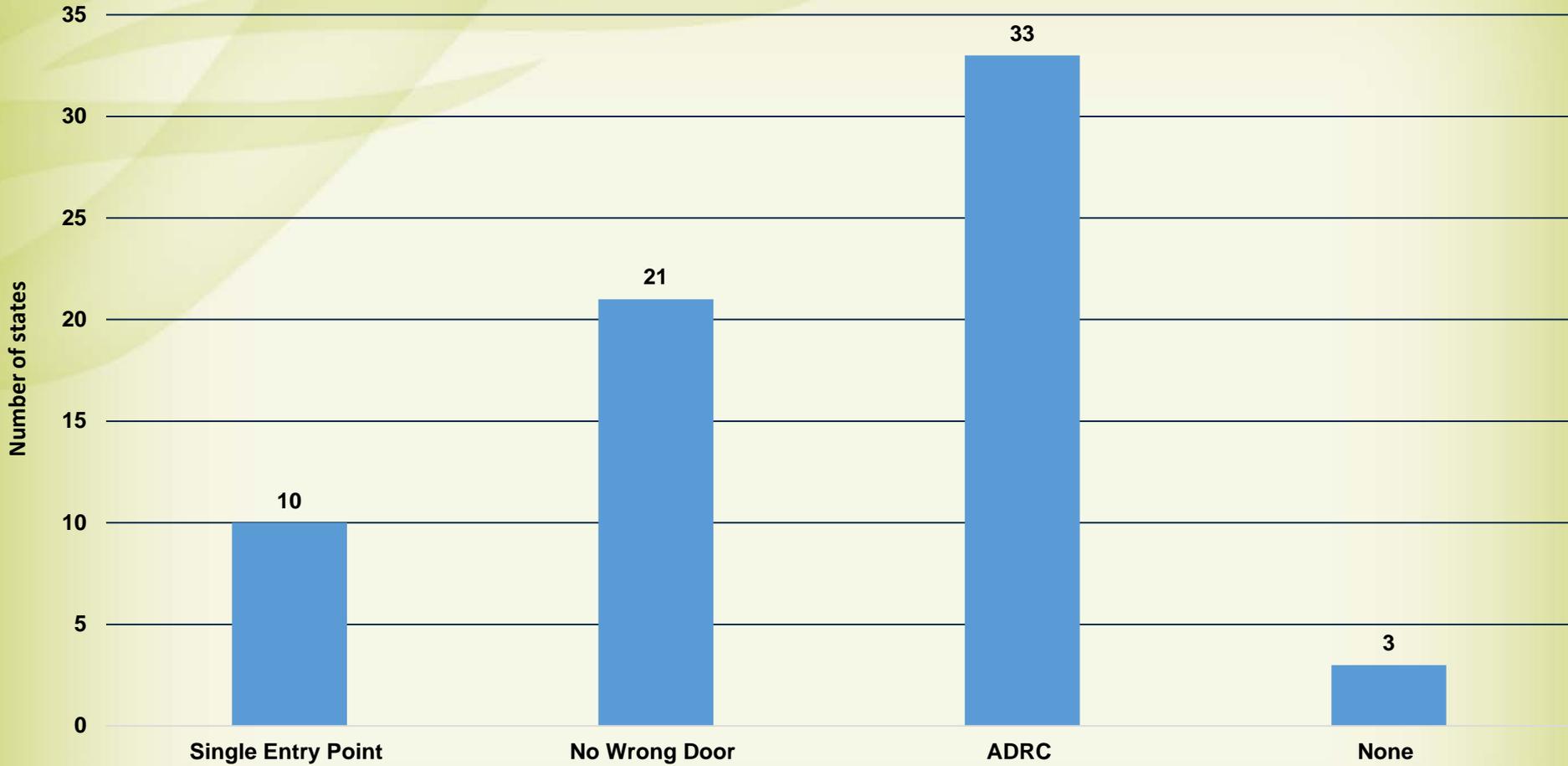


■ Medicaid ■ OAA

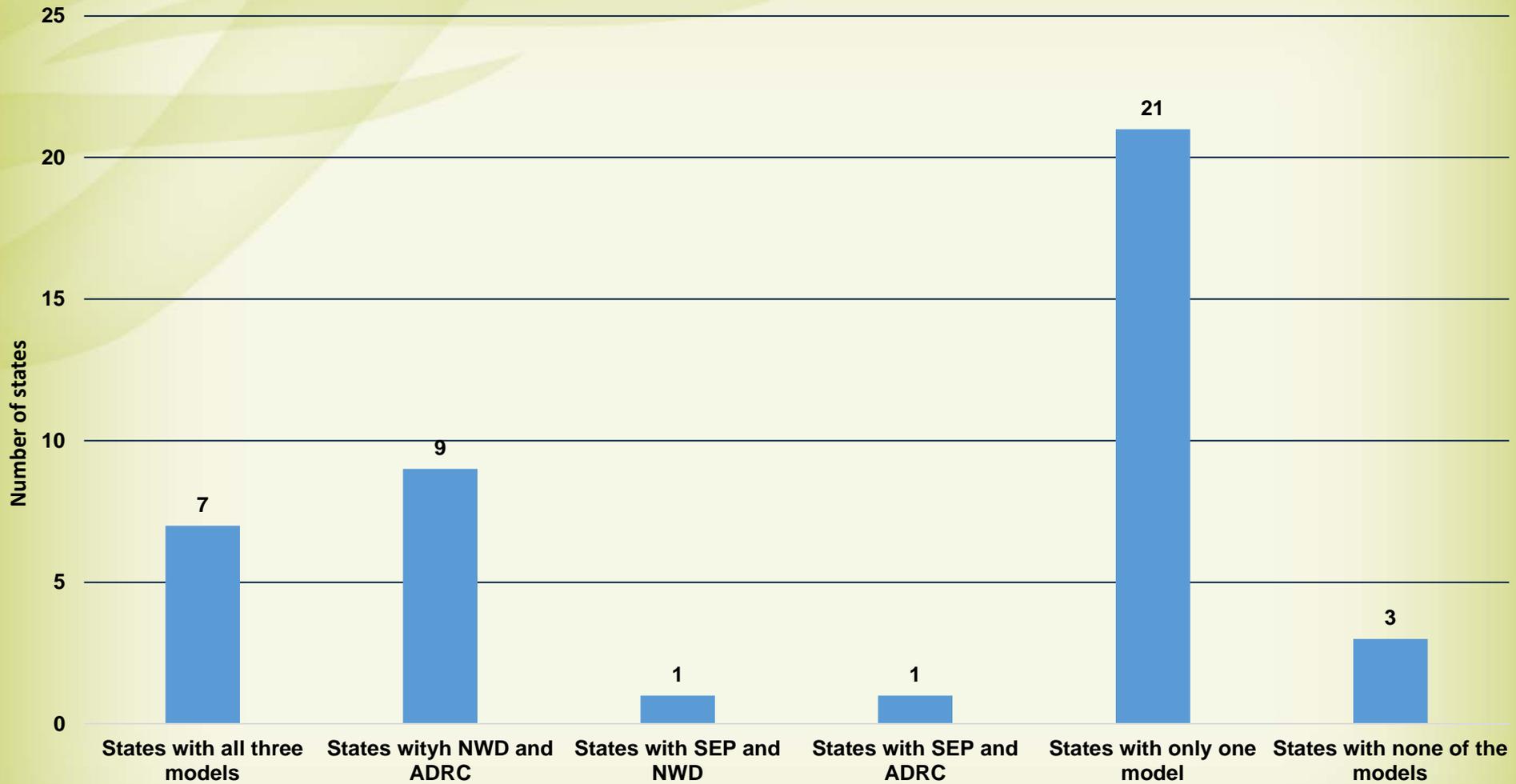


# **Differences in System Design Cause Challenges with Data Comparison**

# State Establishment of SEP, NWD, and ADRC



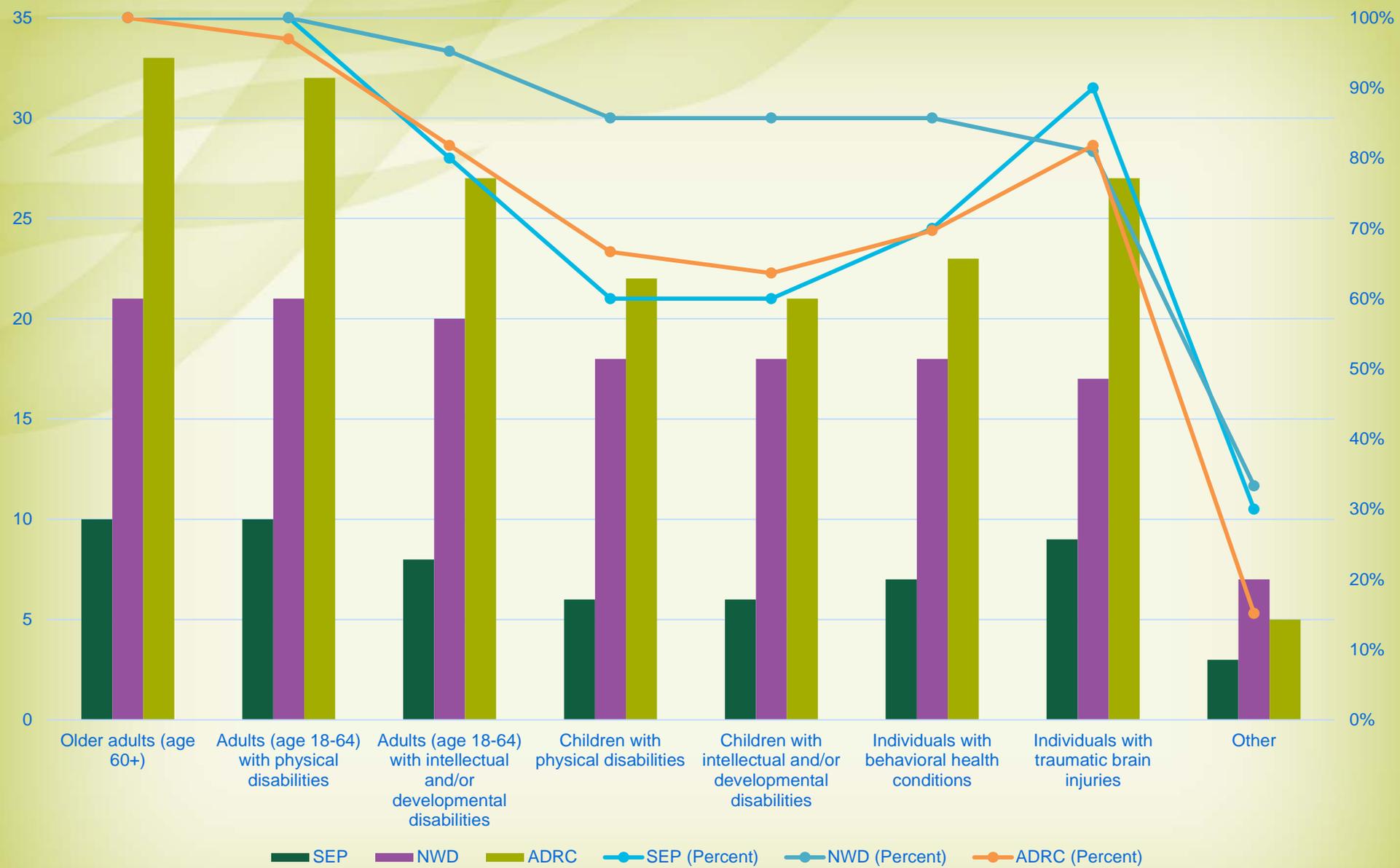
## Status of Multiple Intake Models



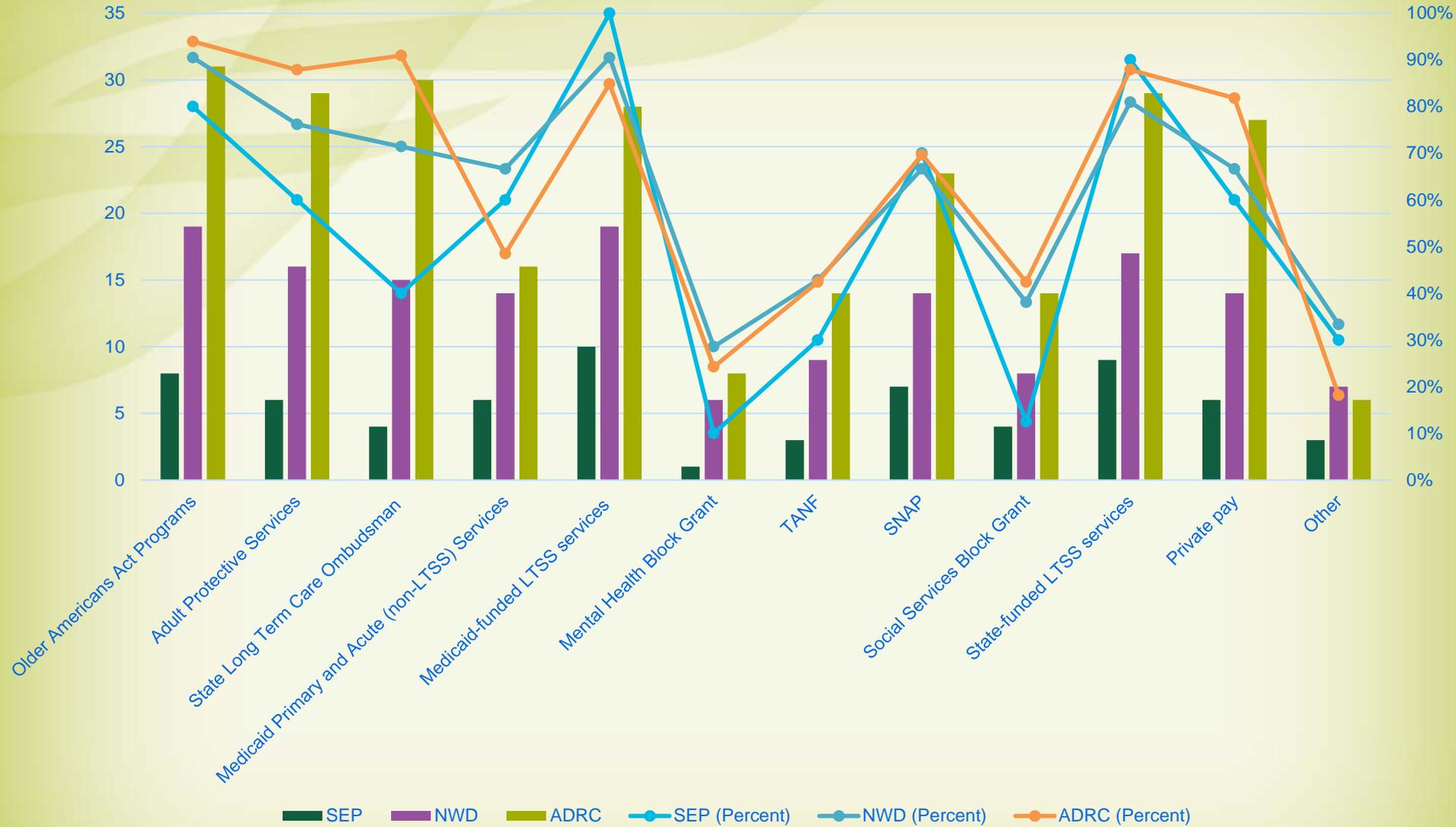
# Number and Percent of LTSS Entry Systems Operating in Selected Locations



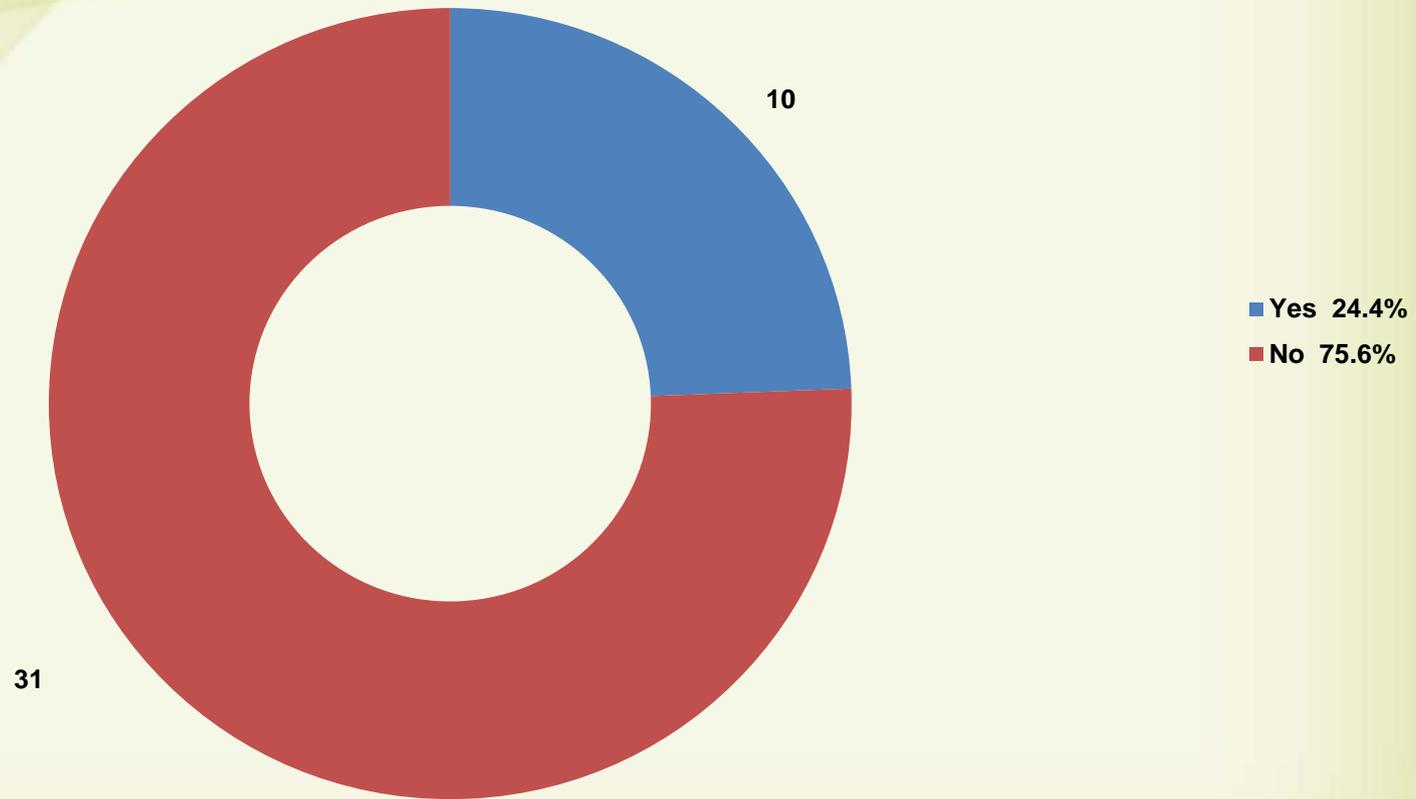
# Number and Percent of LTSS Entry Point Systems Serving Selected Populations



# Number and Percent of LTSS Entry Systems that Include Selected Programs



## Only 25 Percent of States Have a Shared HCBS Taxonomy for OAA and Medicaid

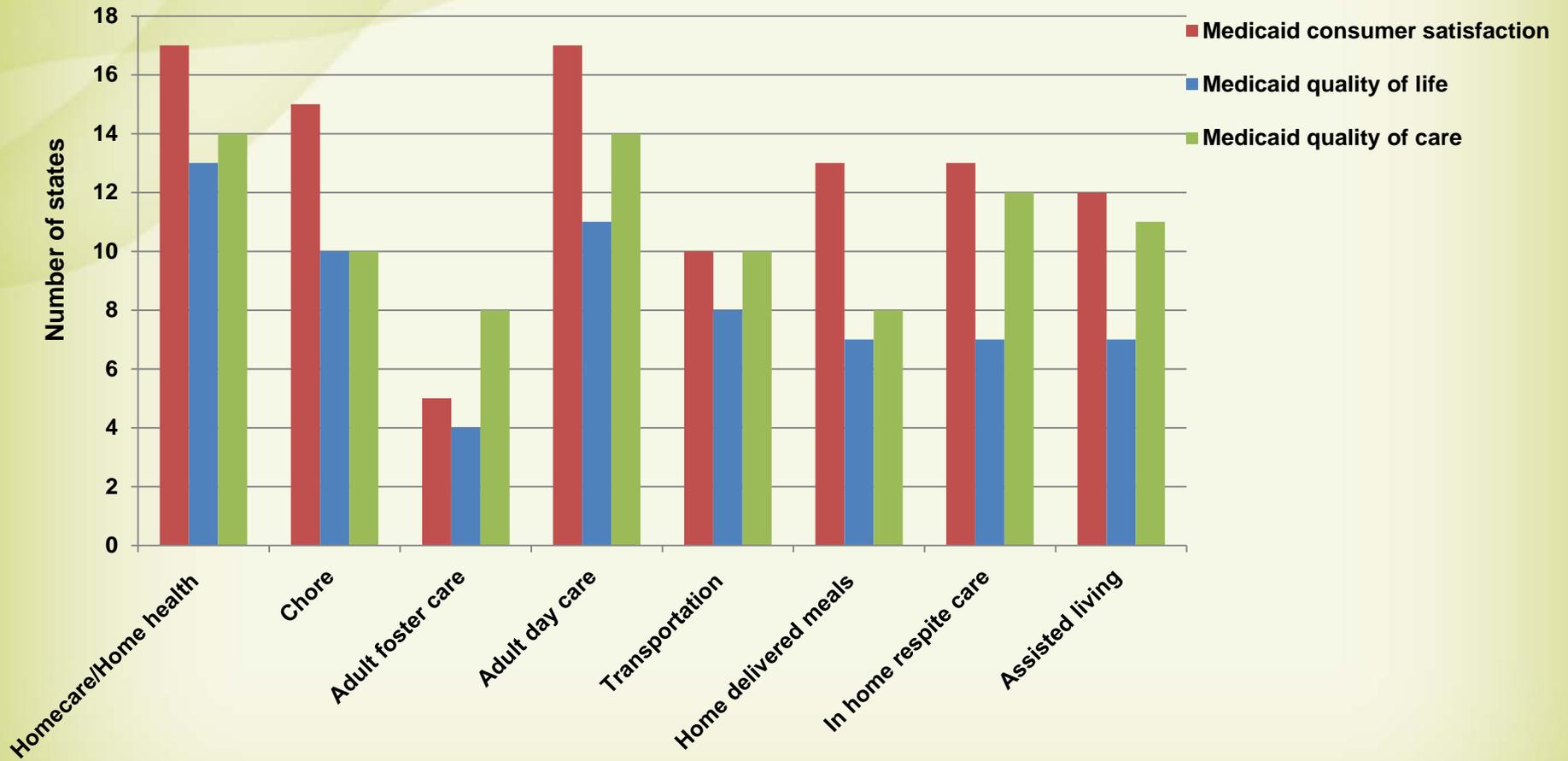


# Measuring Quality

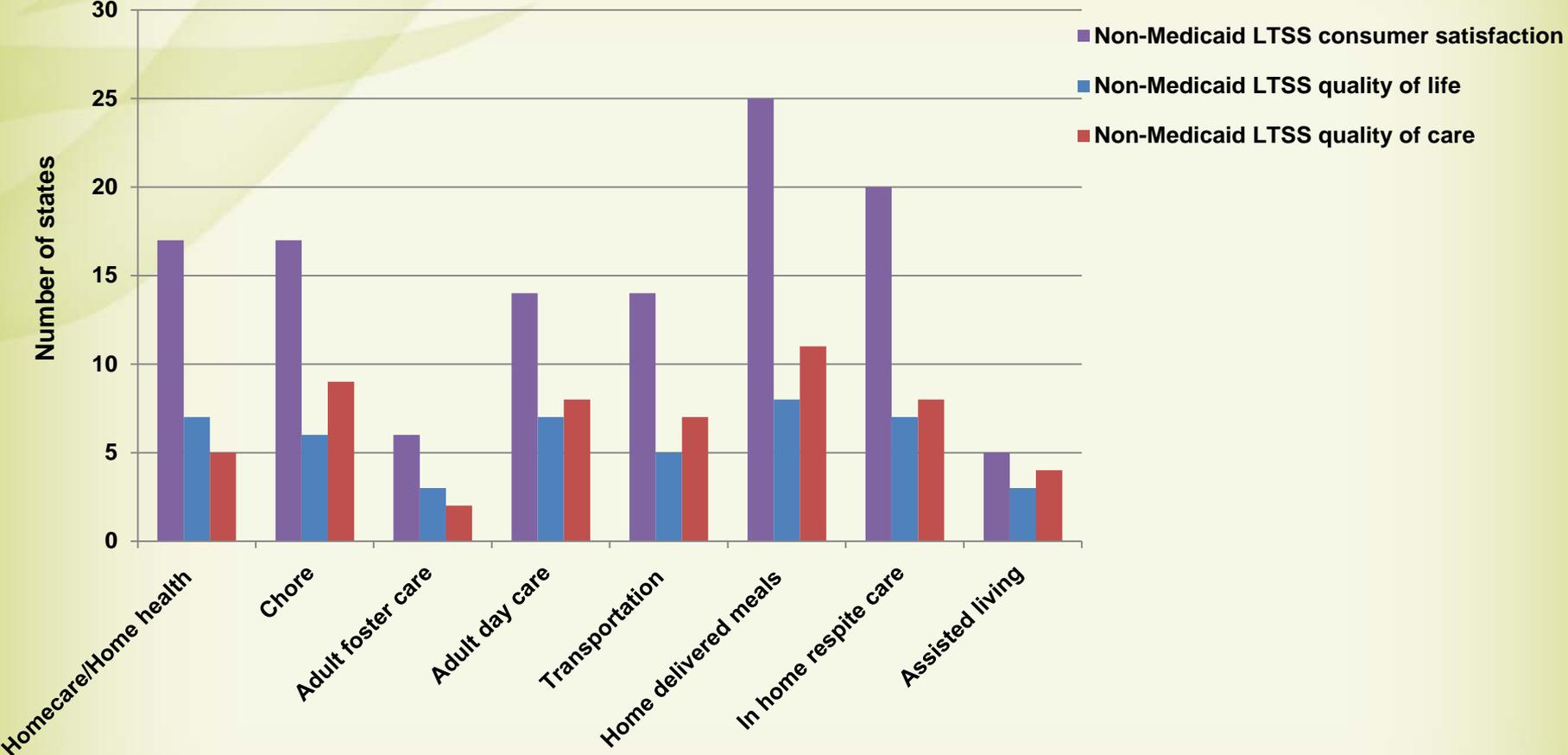
Over half of states (64 percent) indicated that they are participating in one or more HCBS quality initiatives, including TEFT, NCI, NCI-AD, or state consumer surveys.

State responses indicated a strong focus on participant satisfaction, with less of an emphasis on quantitative analysis.

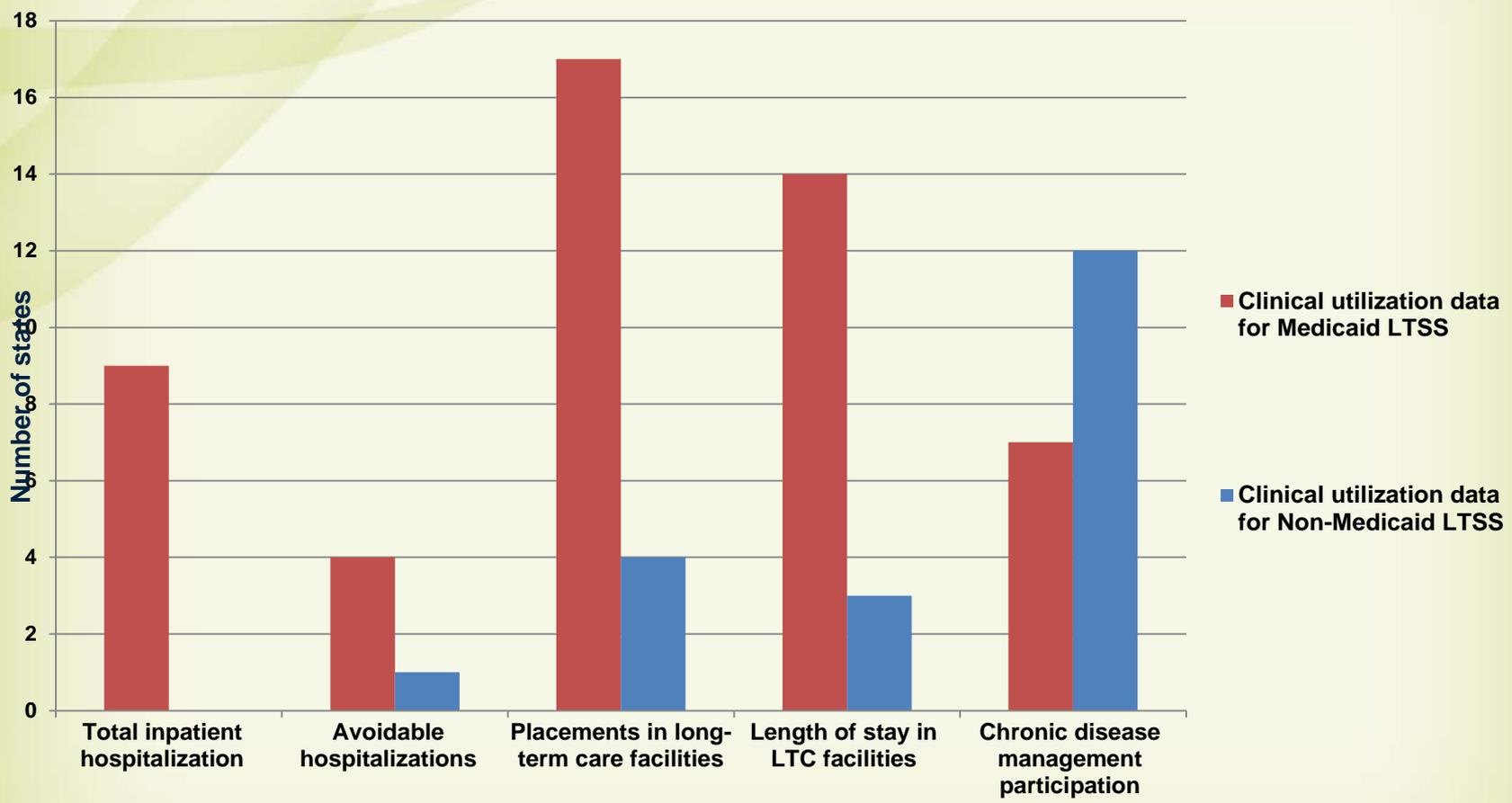
## States Collect Data on Medicaid Consumer Satisfaction, Quality of Life, and/or Quality of Care



# States That Collect Data on Non-Medicaid LTSS (including OAA) Consumer Satisfaction, Quality of Life, and/or Quality of Care



## Number of States Indicating They Collect Clinical Utilization Data for Medicaid and Non-Medicaid LTSS Services

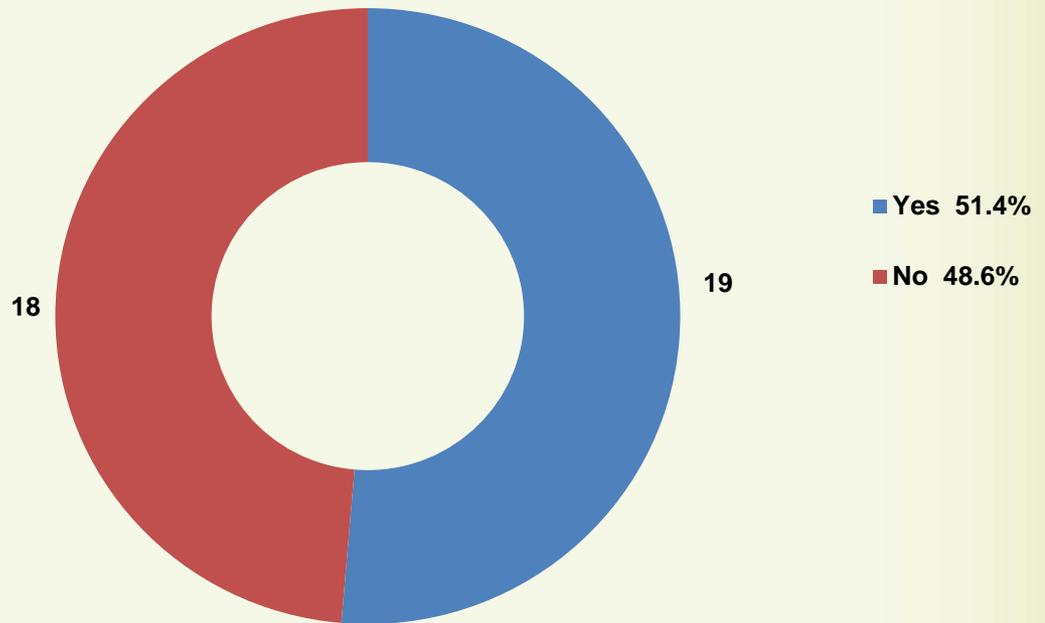


# Does Your Agency Have the Following Data Available for Medicaid Waiver and/or Non-Medicaid LTSS Services?

Information Collected	Available for Medicaid	Available for OAA
Waiting list (number of individuals)	27	25
Waiting list (time between application and eligibility determination)	23	14
Average wait time between application and enrollment	22	14
Number of persons who received services within 30 days of applying or enrolling	24	15
Number of persons with a wait time for services exceeding 30 days from application/enrollment	24	16

**Close to 60 percent  
of State  
Respondents Report  
Using Information on  
Licensing, Citations,  
or Sanctions to  
Monitor Participant  
Safety, Health  
Outcomes, and/or  
Quality of Care**

**50 percent of states use these data for quality  
improvement efforts**



# Key Takeaways

1. A Number of States and Federal Entities are Seeking to Improve Outcomes Measurement
2. Current State Data Collection Efforts are Driven by Mandates and Funding Sources/Constraints
3. Lack of Integrated Systems Limits the Ability to Track Outcomes Across the Country
4. Definitions of Systems and Services Vary, Causing Challenges with Information Comparison
5. Additional Effort is Required to Measure Outcomes instead of Process
6. Further Investment in Data Collection Systems is Necessary to Improve Outcome Measurement



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