Measuring Our Success

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DISCLOSURES

I have no financial or conflict of interest disclosures

Overview

Why measure?
What are we measuring?
How measure?
Interpreting the data
Why Measure Outcomes?

- Progress monitoring, by itself is not enough
- Focus of progress monitoring:
  - ID what’s working, modify approach/techniques in real time
  - Incremental changes
- Focus of outcome measurement:
  - Clinically meaningful difference
  - Functional, lasting changes

Why Outcomes?

- Accountability
  - Parents
  - Payors
- Future of Healthcare
  - Value-based purchasing
  - Accountable Care Organizations

A Word About ACOs

Accountable Care Organizations – how different from HMO/MCOs?

ACOs
- Patient’s aren’t required to stay in network
- Aim is to replicate cost savings of HMOs while avoiding structural features of HMOs that gave the HMO control over referral patterns
- ACOs must meet a long list of quality measures to ensure that they aren’t saving money by skimping on care

Adapted from presentation by Laurie Alban Havens, ASHA Director Private Health Plans & Medicaid Advocacy
Value-Based Purchasing

Trend in market: Managed costs vs. managed care
“VBP is a demand side strategy to measure, report, and reward excellence in health care delivery”*

• Involves decisions of purchasers (employers, consumers, public sector purchasers, etc.) that take into account access, price, quality & efficiency of services
• Why? Current system is plagued with inefficiencies, wide variation in quality. – Need a transformation!

*Laurie Alban Havens, ASHA Director Private Health Plans & Medicaid Advocacy

Value-Based Purchasing

Payors & consumers: want to pay for results
Need to demonstrate concrete evidence of functional changes & gains
Paradigm shift for clinicians
So what are we measuring then & how do we do it?

What Do We Measure?

Clinically meaningful difference
• Clinical changes in function
• Quality of life measures

Child & family expectations
• Satisfaction with services
• PROs
Clinically Meaningful Difference
This is the clinical outcome goal for the intervention model or for the episode of care.
• STG: incremental changes expected along the way
Can also be a Quality of Life goal/change
• Functional improvement in QOL

Child and Parent Expectations
Patient/Family Satisfaction
• Typically measured with surveys
• Need to identify their goals at the outset!

PROs: Patient-Reported Outcome tools
• “…any report of the status of a patient’s health condition that comes directly from the patient, without interpretation of the patient’s response by a clinician or anyone else” (FDA, 2010)

How Do We Measure Outcomes?
Direct Measurement
PROs
Satisfaction Surveys
Direct Measurement

Standardized tests
• Considerations: need 6-12 months time interval often
Criterion-referenced measures
• Considerations: Shows developmental gains, harder to quantify
Goal Attainment Scales/Approaches
• Considerations: Goals meaningful? Functional gains?

Child/Care Giver Reported Outcomes - PROs

Why collect this information?
Provides a window into:
• what child is able to do at home/school and
• how they feel about themselves
May provide insight into next steps
• What translated?
• What didn’t?
• Why?

Satisfaction Surveys

This is related to, but very different from a PRO!
• How did they feel about the services provided?
• Were expectations met?
Examples

ASL Outcomes Implementation Process

1. Define Success Outcomes
   - Define what success looks like
   - Identify key performance indicators
   - Set clear, measurable goals

2. Select Measures & Assessments
   - Choose appropriate tools
   - Establish baseline data

3. Build Assessment in EMR
   - Integrate assessments seamlessly
   - Ensure consistent data collection

4. Use the Tool Consistently
   - Implement training and support
   - Monitor progress and adjust as needed

5. Establish Baseline Metrics
   - Set benchmarks for performance
   - Establish a system for tracking progress

6. Implement Practice Change
   - Develop a plan for implementation
   - Monitor outcomes and make adjustments

Standardized Test Example

Tools Used: Word Identification and Spelling Test

Collected per test protocols every 6 months

Aggregated Program Data:

Average Growth of Patients with Dyslexia

<table>
<thead>
<tr>
<th>Year</th>
<th>Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>51-60</td>
</tr>
<tr>
<td>2014</td>
<td>74-84</td>
</tr>
</tbody>
</table>
Goal Attainment Model – TWT Camp Example

Scale:
  - Goal not met – 0
  - Goal partially met – 1
  - Goal Achieved – 2

Results - Camper Level:
  - Camper will engage in a social turn at least 5 times within an activity with moderate visual or verbal cuing. – Goal met 2
  - Camper will appropriately protest or terminate an activity or trainer’s request in 3/4 opportunities with moderate visual or verbal cuing. Goal partially met 1

Results - Program Level:
  - 90% of campers will achieve progress on at least 2 of 4 goals

Scatterplot of Total Foods Increase_Count vs Total Problem Score_Count
Compare your outcomes across treatment modalities

INDIVIDUAL

GROUP

AAC Outcomes Assessment – Parent Survey

Name:

Date of the Test:

Date of Last Test:

Diagnosis:

Age:

Device:

Device Recommended at GDC: yes / no (circle one)

Date device received:

Access:

Chief Complaint: diagnostic or ongoing AAC therapy (circle one)

Survey completed by: mother / father / other ______

AAC Outcomes Assessment – Parent Survey

1. Knowledge of core: 
   a. I am knowledgeable regarding strategies to increase my child’s length of utterance (LOU) when my child says 1 word, I model the use of 2 words.
   b. I am knowledgeable regarding strategies to increase my child’s language production (e.g., fill in the blank, etc.).
   c. I am knowledgeable regarding strategies to focus specific language concepts (e.g., colors, numbers, letters, etc.).
   d. I am knowledgeable regarding how to model targeted specific statements (e.g., “This is my favorite toy.”)
   e. I am knowledgeable regarding how to model targeted specific questions (e.g., “Do you want a cookie?”)
   f. I am knowledgeable regarding how to model targeted specific functional vocabulary (e.g., “Thank you,” “My turn,” etc.).
   g. I am knowledgeable regarding how to model targeted specific interactive language skills (e.g., “Can I have a cookie?”)

2. Strategy Competence

   a. I am confident supporting my child in the use of core vocabulary strategies (e.g., “This apple is red.”)
   b. I am confident supporting my child in their ability to express their needs and wants using AAC devices.
   c. I am confident supporting my child in their ability to communicate during a conversation using AAC devices.
   d. I am confident supporting my child in their ability to use AAC devices during a conversation.
   e. I am confident supporting my child in their ability to use AAC devices during a conversation.
   f. I am confident supporting my child in their ability to use AAC devices during a conversation.
   g. I am confident supporting my child in their ability to use AAC devices during a conversation.
   h. I am confident supporting my child in their ability to use AAC devices during a conversation.
   i. I am confident supporting my child in their ability to use AAC devices during a conversation.
   j. I am confident supporting my child in their ability to use AAC devices during a conversation.
   k. I am confident supporting my child in their ability to use AAC devices during a conversation.
   l. I am confident supporting my child in their ability to use AAC devices during a conversation.
   m. I am confident supporting my child in their ability to use AAC devices during a conversation.
   n. I am confident supporting my child in their ability to use AAC devices during a conversation.
   o. I am confident supporting my child in their ability to use AAC devices during a conversation.
   p. I am confident supporting my child in their ability to use AAC devices during a conversation.
   q. I am confident supporting my child in their ability to use AAC devices during a conversation.
   r. I am confident supporting my child in their ability to use AAC devices during a conversation.
   s. I am confident supporting my child in their ability to use AAC devices during a conversation.
   t. I am confident supporting my child in their ability to use AAC devices during a conversation.
   u. I am confident supporting my child in their ability to use AAC devices during a conversation.
   v. I am confident supporting my child in their ability to use AAC devices during a conversation.
   w. I am confident supporting my child in their ability to use AAC devices during a conversation.
   x. I am confident supporting my child in their ability to use AAC devices during a conversation.
   y. I am confident supporting my child in their ability to use AAC devices during a conversation.
   z. I am confident supporting my child in their ability to use AAC devices during a conversation.
I am knowledgeable about how to integrate AAC into the classroom setting.

Contrast with Family Satisfaction Type Questions

**Parenting Group Parent Feedback Form**

How helpful was the gross motor and oral motor portion of group?

1. Not Helpful
2. Somewhat Helpful
3. Very Helpful
4. Extremely Helpful
5. Not Applicable

What aspects of the gross motor and oral motor portion did you like/ find most helpful? What suggestions do you have?

How helpful was the snack portion of group?

1. Not Helpful
2. Somewhat Helpful
3. Very Helpful
4. Extremely Helpful
5. Not Applicable

What aspects of the snack portion did you like/ find most helpful? What suggestions do you have?

How helpful was the parent group portion?

1. Not Helpful
2. Somewhat Helpful
3. Very Helpful
4. Extremely Helpful
5. Not Applicable

What aspects of the parent group portion did you like/ find most helpful? What suggestions do you have?

Name (Optional):