The Hilltop Institute

analysis to advance the health of vulnerable populations

Uses of interRAI Community Assessment Data

April 28, 2016

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Background on the interRAI Assessment

The need for a Core Standardized Assessment

- CMS's Balancing Incentives Program (BIP), which Maryland has participated in since 2013, requires participating states to design a uniform process for:
  - Determining eligibility for Medicaid-funded home- and community-based services (HCBS)
  - Identifying individuals' support needs
  - Informing service and support planning

The Selection of interRAI

- Benefits of choosing the interRAI assessment include:
  - A consistent, standardized, and validated tool
  - Meets core data set requirements
  - Contains scales that are embedded to generate severity of need

- In 2013, the interRAI - Home Care (HC) suite was being used by 16 states, 9 of which were also BIP participants

interRAI – Home Care (HC)

- interRAI assessments are performed initially to determine an individual's eligibility to receive Medicaid HCBS and annually thereafter, plus for significant changes in the individual's health or functional status.

- Supports a variety of research-informed decision support tools that assist the assessor in planning and monitoring care
  - Scales for activities of daily living (ADLs), cognition, communication, pain, depression, and medical instability
  - Clinical Assessment Protocols that contain strategies to address problem conditions as triggered by one or more HC item responses
  - Screening systems to identify appropriate outreach and care pathways for prospective clients (the MI Choice and MAPLe systems)
  - A quality monitoring system (Home Care Quality Indicators, or HCQIs)
  - A case-mix system that creates distinct service-use intensity categories (RUG-III/HC)

Hilltop's Work with interRAI Data

Risk of Nursing Home Admission

- Hilltop created a logistic regression model that found significant predictors of nursing home admission, including:
  - Increasing Risk
    - Age, Recent Hospitalization, Race, instrumental activity of daily living (IADL) Scale, Pressure Ulcers, Days of Home Delivered Meals
  - Decreasing Risk
    - Coupled (Married or Significant Partner), Self-Reported Health Assessment, Hours of Informal Care
- Two of these factors (recent hospitalization and self-reported health) were added to the screening tool, which is a subset of interRAI questions asked of individuals expressing interest in Medicaid HCBS programs

Participant Language

- Hilltop analyzed section B3 of the interRAI assessment data to determine the primary language of respondents.
  - Almost 85% of respondents statewide reported a primary language of English.
  - These results varied greatly by county, with central Maryland counties showing the greatest language diversity.

Time to Completion

- Hilltop also analyzed the assessor-reported time taken to complete each assessment.
  - On average, assessments took 90 minutes of in-person time to complete, plus 80 minutes of additional time.
  - These results also varied by county, but not nearly as much as the primary language distribution.

Pre- and Post-Transition Assessments

- For individuals who had transitioned from a nursing home to the community, Hilltop analyzed their last nursing home assessment (called the Minimum Data Set, or MDS) before their transition and first community assessment (interRAI) after transition. MDS and interRAI assessment pairs that were 90, 30, and 5 days apart were analyzed to determine differences in answering patterns for similar questions between the two assessments for each person.

- Even with only 5 days between assessments, differences were found in responses for similar questions between the two assessments.

Pre- and Post-Transition Assessments continued

- Differences were most common for skilled nursing services (such as IV therapies and wound care), and also for behavioral indicators (such as wandering and delusions)

- The most readily identifiable reason for differences between assessment responses are differing instructions to assessors.
  - For example, MDS assessors are instructed to include epidurals but not chemotherapy drugs as IV therapies, while interRAI assessors do not receive these instructions.

- Other potential reasons for these differences include:
  - Differing look-back periods between assessments
  - Change in an individual's health or functional status

Health Care Quality Indicators (HCQIs)

- The interRAI assessment includes algorithms for selected HCQIs, reflecting a broad range of clinical and functional items cited as markers of care quality.

- In order to create a baseline set of quality indicators, Hilltop applied point-in-time HCQIs to the interRAI assessment data collected in *LTSSMaryland* through the end of August 2013.

HCQIs continued

- Overall prevalence measures ranged from less than 2% to almost 30%, with slight variations across the waiver programs that existed at the time.

- The low prevalence indicators included:
  - Bone fractures (1.8%)
  - Unintended weight loss (6.3%)
  - Dehydration (7.3%)

- The higher prevalence indicators included:
  - Inadequate pain control (24.5%)
  - Recent hospitalizations (26.9%)
  - Lack of flu vaccination (28.9%)

Social Supports

- For interRAI assessments performed since January 2014 that met Medicaid's nursing facility level of care, 78% indicated that a relative provided informal care.
  - The most common relative was the individual's child (41%), followed by parent or guardian (13%)
- 6% reported receiving informal care from a non-relative
- 16% reported receiving no informal care
- Of those individuals receiving informal care, slightly more than half received more than 21 hours of care per week, with the rest receiving between 0 and 20 hours per week.

Social Supports continued

- These assessments indicated the status of informal caregivers, including:
  - 8% were unable to continue caring activities
  - 12% expressed feelings of distress, anger, or depression
  - 17% reported feeling overwhelmed by the person's illness
- The analysis also showed that informal caregivers provided more assistance with IADLs (such as housework and shopping) than basic ADLs (such as bathing and eating), and that about half of the informal caregivers lived with their care recipients.

About The Hilltop Institute

The Hilltop Institute at UMBC is a non-partisan health research organization—with an expertise in Medicaid and in improving publicly financed health care systems—dedicated to advancing the health and wellbeing of vulnerable populations. Hilltop conducts research, analysis, and evaluations on behalf of government agencies, foundations, and nonprofit organizations at the national, state, and local levels. Hilltop is committed to addressing complex issues through informed, objective, and innovative research and analysis.

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