

Assisted Living Report Card Advisory Group Meeting

Date: 08/03/2022

Location: Zoom virtual meeting hosted by University of Minnesota

Attendance

Advisory Group Attendee	Organization
Michaun Shetler	Care Providers of Minnesota
Todd Bergstrom	Care Providers of Minnesota
Beck Walsh	Managed Care Organizations (PrimeWest)
Becky Bills	Managed Care Organizations (Medica)
Adam Suomala	Minnesota Leadership Council on Aging & Diverse Elders Coalition
Dr. Jane Pederson	Stratis Health
Sam Smith	Alzheimer's Association
Lindsey Krueger	Minnesota Department of Health
Jean Peters	Elder Voice Family Advocates
Amanda Vickstrom	Minnesota Elder Justice Center
Ann Thole	Minnesota Board on Aging

Staff and presenters	Organization
Valerie Cooke	Department of Human Services
Peter Spuit	Department of Human Services
Lauren Glass	Department of Human Services
Rachel Shands	Department of Human Services
Tetyana Shippee	University of Minnesota
Tricia Skarphol	University of Minnesota
Marissa Hughes	Vital Research
Cathy Coddington	Vital Research

Observers	Organization
Becky Walsh	Lead Agency / Managed Care Organization
Katie Lindquist	Lead Agency / Managed Care Organization

Observers	Organization
Jean Peters	Elder Voice Family Advocates
Linda Gustafson	Retired physical therapist, family caregiver
Steve Sauerbry	Family caregiver

Agenda

- Welcome, roll call, introduction of new attendees, and overview of agenda
- Final findings from the University of Minnesota’s review of licensing survey data
- Vital Research present:
 - results and findings from the 2021-2022 resident and family survey data collection
 - proposed resident and family survey instrument changes
- DHS review:
 - data collection strategies for the fall-winter
 - key plan and goals for 2022-2023

Summary of May 9th, 2022 meeting

- Vital Research presented updates on the resident quality of life and family satisfaction surveys. Due to the Covid-19 pandemic, project goals were revised, specifically to see if survey results are different based on different modes of data collection (phone, mail, in-person).
- The University of Minnesota provided an overview of their work reviewing assisted living licensure surveys to evaluate how licensing survey results could be used to support quality measures.

Results from the University of Minnesota’s review of Department of Health Licensing Surveys and Facility Complaints

- The University of Minnesota completed their review of the Department of Health Licensing Surveys and reported their results to the group.
- Using a sample of 150 letters, data was collected and coded based on the survey letter findings for each facility.
- The sample facilities were categorized based on size, geography, ownership type, and license type. It was attempted to make the sample representative of the population of assisted living facilities in MN.
- They coded each letter with a focus on:

- Initial survey tags
- Scope and severity for each tag
- Violation level for each tag
- Other important items of interest, for example, conditional license issued
- In the 150 facilities, there were 2,585 initial tags. The mean tags per facility was 17.
 - The most common tag is 480, which is related to food
 - Most tags were a level 2 violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment or death).
- Facilities with dementia care had more tags on average than facilities without dementia care
- For profit facilities had more tags on average than not for profit facilities
- Large facilities (50-99 beds) had a slightly higher average number of tags than smaller facilities
- Facilities in other metro areas, and in the outlying metro had higher average number of tags than rural and Twin Cities metro facilities. The Twin Cities metro had the lowest average tags.
- These results signal that facility characteristics likely matter in terms of quality measures
- The domains of resident health outcomes had the most tags, followed by physical and social environment, and then staff and safety.

Advisory Group questions and comments for the U of MN presentation

- Question: How many of these practices are being appealed and how does that impact the process?
 - Response: We have been discussing this issue and realize it is important to take into account the reconsideration process. This topic is complex and it will be discussed at a future meeting.
- Question: Are you going to be able to do this exercise in a year? There is concern that using the first set of surveys could cause bias.
 - Response: Once the measures are created, there will be regular updates. If a facility has more tags in one year but perform better in future years then that will be updated.

- Question: Related to how the U of MN broke out the number of tags by the various categories i.e., size, tax status, etc. could a multivariable analysis be done for a more accurate result?
 - Response: The U of MN is planning to run multivariate analyses going forward.

- Question: Did you collect if facilities were part of a larger organization vs stand alone?
 - Response from U of MN: This information is not provided in the data that is downloaded from MDH.
 - Response from MDH: An assisted living license is licensed at every location individually unless it is a campus. Currently MDH does not record data on whether an organization has multiple locations or is a stand-alone facility.

- Question: How many facilities had letters (i.e., 150 out of #)?
 - Response: The first 100 letters were just the first 100 letters MDH publicly released after the 8/1/2021 license implementation. The next 50 were selected from a larger group of letters to better align the 150 letters with facility characteristics (e.g. size, geography, ownership type). All 150 facilities had an assisted living licensure letter.

- There was general agreement that information about staffing at a facility is very valuable and the domain of quality around staffing is very important.
 - The U of MN presented that a total of 40 unique tags (from AL statute) appear to characterize quality measures related to staffing. Questions were raised if all of them need to feed into a quality measure, or should only a subset feed a measure.
 - It was suggested that there needs to be good transparency about what is feeding all the measures for anyone viewing it. For example, if a facility has 3 stars on staffing, what is that measure built on?

- It was noted that this information could be helpful for the Minnesota Elder Justice Center, it could help them focus attention where there are widespread issues.
- One person discussed seeing the UMN research on licensing survey as preliminary and had the following questions:
 - There are dozens of staffing tags. What do they really mean?
 - Are they related to process and paperwork, or do they really affect resident outcomes?
 - Should they all factor into a measure?
- One person mentioned they believe that families would benefit from knowing about staffing violations, as well as what is going well, or not, at a facility.

- Recommended that level 1 violations should probably be left out of measure results
- Mentioned that some procedural and paperwork things are important and had the following questions:
 - Who is trained? Are they trained on time?
 - The records show that the trainings happened

Results from Vital Research on Resident Quality of Life and Family Satisfaction surveys.

- Vital research developed 2 key instruments for gathering data for the Minnesota Assisted Living Report Card: Resident Quality of Life Survey, and Family Satisfaction Survey.
- Initially, the surveys were planned to be done in-person, but due to Covid restrictions the mode was updated to include mail, phone, and video surveys for resident quality of life surveys.
- Overall, data was collected in-person at 124 facilities, 79 facilities by phone, and 87 facilities by mail. The facilities were rural, urban, and suburban ranging in size from small to large.
- The in-person surveys included facilities with dementia care, while the phone and mail surveys did not.
- Vital Research recommends collecting data in-person going forward as much as possible.
- For family satisfaction surveys, there were fewer differences by mode of collection. Vital Research recommends using mail/phone in the future for the Family surveys.
- Vital research is considering removing the following questions from the survey due to high rates of missingness.
 - *How often are you satisfied with how your medications are managed?*
 - *How often are the people who work here respectful of your culture?*
- Limitations include:
 - Participation is voluntary at the facility level.
 - There could be a potential bias due to which facilities opted in or out.
 - Lower staffing rates in some facilities may have caused lower participation rates in those facilities.
 - Different survey modes were utilized at different times during the Covid pandemic, which could lead to the potential for bias.

Advisory Group questions for Vital Research's presentation

- Question: The understanding of one of the participants on this call was that facilities didn't refuse to participate, but instead the methods were not conducive to working with those facilities. How is that being handled?
 - Response: Some facilities did refuse to participate across all modes. With phone surveys, there were more refusals, and the facilities were concerned about scams, etc. So those facilities had specific reasons for refusal. All modes had different refusal rates and reasons. The suggested solution is to reduce phone interviews and focus on in-person interviews.
- Question: Acknowledging the challenges stemming from limited resources and COVID, what strategies were considered to overcome language barriers and ensure wider participation by diverse residents?
 - Response: For language barriers, we did have simultaneous translation service and some bilingual interviewers as well.
- Question: Can Vital Research clarify when the "language barrier" code might be selected by an interviewer for a resident survey?
 - Response: Language barrier is an option for interviewers to select in describing the reason why a resident did not participate in the survey.
 - Follow-up group member response: Advisory group member expresses concern that this "language barrier" option may be used to dismiss a potential resident interview without offering adequate support needed to engage the resident in an interview (i.e. interpretation services). It is noted that this especially impacts small facilities which are generally more diverse.
 - Follow-up response from Vital Research: Interpretation services were offered to residents whenever possible. The language barrier code was still used despite the translation services available last year in the below scenarios:
 - Staff at the facility could not confirm the language or dialect spoken by the resident for us to be able to inform a translator
 - Residents had physical barriers that effected communication (unable to hear, unable to see survey/cue cards, etc.)
- Question: can you share how many interviews were done in other languages?
 - Response: A total of 4 resident interviews were reported as using professional interpreter services.

- Question: Do we know if there were any others who reported language barriers but declined participation? (Do we collect that as a field for possible non response?)
 - Response: Language barrier is an option for interviewers to select for resident nonparticipation, but it was never selected throughout data collection.

- Question: Are the report card measures developed? The data collected so far lends itself to measures?
 - Response: We are still working on developing the measures based on data we'll be collecting this round, this coming year. As we work on developing them, we'll bring our updates to this group for input.

- Comment: These questions make me think of not just about language barriers to participate in the survey, but also the impact of language barriers in quality of life and social engagement of residents. Beyond language, the impact of sensory impairment - vision and hearing - impacts the ability to participate in the survey and impacts quality of life in the assisted living setting.
 - Response: For in-person data collection interviewers are provided with cue cards, hearing amplifiers if residents would like, and training for interacting with different cultures/cognitive abilities.

DHS key plan and goals for 2022-2023

- Scope of 2022-2023 resident and family survey data collection
 - In 2022-2023 DHS plans to collect data at facilities with a capacity of 20 or more people (about 780 facilities).
 - DHS will consider best options for increasing the scope of data collection in 2023-2024.

- Increasing participation in resident and family survey data collection
 - DHS has a goal of launching the public report card website by fall 2023.
 - Facilities that participate will be able to promote and share their public resident and family survey results.
 - If a facility declines participation, this will be listed on the report card website in place of a result or rating.
 - DHS will increase emails from DHS to providers, alongside formal DHS letters to communicate about the website and why the providers should participate.
 - DHS will prepare and distribute timely facility-level reports so providers can receive their results more quickly.

- Quality measure development beyond resident and family survey results
 - The goal is to define and design 2-3 quality measures based on MDH licensing survey and complaints data.
 - The measures will likely focus on the quality domains of staffing, resident health outcomes, and/or safety.
 - DHS would like to begin reporting results on those measures on the website in 2024.
 - Upcoming advisory group meetings will focus on those goals.

- Developing a research plan to explore equity and assisted living services
 - Conduct a literature review and focus groups on equity and assisted living services
 - Identify key research questions
 - Identify data and information that will be needed to answer our questions, and avenues for obtaining the needed data and information

- Possible policy proposals for 2023 legislative session
 - Requiring licensed assisted living providers to participate in the Assisted Living Report Card resident and family surveys, when requested by DHS.
 - Seeking authority for DHS to request and receive basic assisted living resident demographic information from assisted living providers.
 - The goal of these proposals would be to ensure broad participation in the Assisted Living Report Card and to help understand assisted living services from an equity perspective.

- Public launch of the Assisted Living Report Card website
 - If data is collected at 50% of in-scope facilities in 2022-2023, DHS plans to launch the Assisted Living Report Card website.
 - Will be heavily modeled after the Nurse Home Report Card
 - The website would be populated with facilities that have results/ratings
 - A decision has not yet been made on whether the website will include all providers or only in-scope facilities
 - The next Advisory Group meeting will feature a demo of the draft website to gather feedback.

Advisory Group questions for DHS's presentation

- Question: Were these policy proposals advanced to the governor's office last month for consideration in the DHS policy bill?

- Response: The policies are very preliminary. It would eventually be reviewed by the governor's office if it advances.
- An attendee expressed that when considering future research questions, they would be curious to learn more about involuntary discharges or transfers from ALs. They don't think this is necessarily relevant for a report card - a discharge could be the best treatment decision and tracking them for a report card could discourage providers from taking acute residents - but they are curious how common this practice is and any trends.
- An attendee said that the discharges and transfers are interesting - not only generated by clinical complexity, sometimes it is related to other lifestyle preferences or choices and understanding why that happens could be helpful too.

Advisory Group next steps

- Meeting notes and materials will be posted on the project website: www.mn.gov/dhs/assisted-living-report-card
- Advisory Group will be informed when 2022 reports are published.
- Next meeting will be this fall, date TBD.
- Meeting topics for the upcoming meeting:
 - Demo of the draft Assisted Living Report Card website
 - Further discussion on licensing survey quality measures
 - Progress report on resident and family survey data collection

Appendix A: Advisory Group member breakout discussion notes

U of MN breakout group questions and Advisory Group responses

Breakout questions:

1. How can you use the information gleaned from the staffing domain in your specific role as a provider, advocate, resident, etc.?

- a. Group 1: Knowing what areas facilities are receiving more tags for allows advocates to focus their attention where it's needed. For example, knowing that the food violations tag was most often cited helps them to know that this is an area to do more advocacy around. This is also consistent with the high number of food related complaints some advocates have heard from Assisted Living residents.
- b. Group 4: Could be useful for case managers to inform resident and family choices. Staffing models in AL are a mismatch and this could be helpful to know who needs to be on the team.

2. What struck you in the information the U of MN shared?

- a. Group 1: Not surprising to see the high number of tags. It's important to note that the statute and these licensing surveys have been newly implemented. It takes time for providers to understand every piece of the statute, how it applies to their facility, and how they will be surveyed by the state. It's likely we will see reduced rates of tags for facilities over time, once they get above this learning curve. Similarly, the state is still in the process of training their surveyors, and inconsistencies have been observed in how surveyors conduct their surveys and report their findings. This is also likely to impact what we're seeing from this first round of data. It will take time for the licensing survey process to get more standardized and consistent.
- b. Group 4: Not surprised about food. Potentially surprised around ownership and geography
- c. General comment: There was surprise from some participants about differences between facilities with different tax status and size.

3. What else would you like to know based on what the UMN shared?

- a. Group 1: Other than food related tags, what are the other areas of widespread issues that facilities are getting tags for? How many of these tags are being appealed, and how does that impact the process of developing measures?

Vital Research breakout group questions and Advisory Group responses

1. What are your reactions to the resident and family survey results?

- a. Group 1:
 - i. Assisted living has a lot of variation in family engagement and they would like to see results compared by family engagement.
 - ii. Recommends assessing if the missingness is due to how questions are asked rather than removing the question.
 - iii. Consider involuntary discharges for measure development.
 - iv. Diversity of residents should be considered when asking questions.
- b. Group 2:
 - i. Pleasantly surprised by how many responded by phone and mail.
 - ii. Smart to change the process and only do in-person interviews for memory care.
 - iii. Resident response rate to in-person shows how meaningful face-to-face interviews are. One person's experience was that residents really wanted to participate in-person. Phone was a challenge based on hearing and scams. Supported of in-person interviews going forward.
 - iv. Family results made sense, but there was some surprise with spouses and not as often adult children.
- c. Group 3:
 - i. Drew distinction between participation rates of residents and facilities; 93% of residents participated in-person despite Covid, while facilities had lower rates of participation.
 - ii. How can we meaningfully include people facing systemic barriers in the surveys?
 - iii. What differences were observed in the response rates of non-profit vs for-profit?
- d. Group 4:
 - i. The in-person response rate seems promising.
 - ii. Family survey results tend to be very positive.
 - iii. Recommend not calling residents on the phone due to resident hesitancy about scams and telemarketing.

- iv. Saw the success rate and statistical issues related to small facilities as a real challenge.

2. How do you feel about the proposed instrument changes? Do you have any additional suggestions?

- a. Group 1:
 - i. There were concerns about removing the culture item currently. Also questioned how representative the sample was for BIPOC residents and the impact that would have on the culture question. They recommended restructuring questions rather than removing them.
- b. Group 2:
 - i. Noted that asking about culture and respect is important, could it be reworded to achieve that better?
- c. Group 3:
 - i. Wanted to know how we could find out why specific questions weren't being answered. They were also in favor of changing questions rather than removing them.

3. What are your thoughts on the mode comparisons? Would you support a future Covid-19 plan that utilizes different modes on an as needed basis?

- a. Group 1:
 - i. Concerns expressed about in-person surveys causing outbreaks in facilities. No strong preference for mode but think that prioritizing broad participation should be the goal and the new surveys should be adaptable.
- b. Group 3:
 - i. Having multiple modes would be important for flexibility and inclusiveness.