



Description of the interRAI

Idaho Department of Health and Welfare (DHW) Supports Needs Assessment Selection Work Group (November 2, 2016)

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This document provides an introduction about the interRAI, followed by descriptions of the interRAI pertaining to DHW's selection criteria and HSRI's recommended criteria. All information was gathered online and by contacting interRAI staff by phone. The purpose of this document is to assist DHW in determining the best assessment tool for their needs.

Background information and content areas

The interRAI, often referred to as a singular assessment tool, is a suite of compatible assessment tools built for a variety of vulnerable populations, including individuals with I/DD, physical disabilities, and mental health service needs. InterRAI tools are developed by a multinational group of clinicians and researchers, with each tool undergoing its own development, piloting, and psychometric testing. All of the interRAI instruments were designed to be compatible with each other in terms of assessment items, language, definitions, time frames, and scoring, with the idea that each assessment can be used in conjunction with any other appropriate assessments among the suite, allowing service needs to be captured across the many health and service settings that an individual may encounter.

The tools in the suite assess individuals' needs, strengths, and preferences, and focus on their functioning and quality of life. Specifically, the interRAI suite can be used to:

- Determine eligibility for a home care program
- Develop plans of care
- Monitor care and service need through reassessment
- Facilitate referrals
- Provide outcomes-based assessments, when used over time
- Create resource utilization groups (RUGs) that group people by support need

Common to the suite is a set of core items that include ADLs, cognitive performance, etc. To allow for more jurisdictionally-specific information gathering, additional items that relate to a certain population can be added to the core items in these instruments, while some others that do not apply can be eliminated. States may add an unlimited number of items, but can only delete less than 5% of the items already included.

Description of the Instrument. Many items in the interRAI are common to the various tools within the suite, allowing for linkages to be made between instruments. The instrument most relevant to DHW in terms of assessing support needs of individuals with intellectual and developmental disabilities is the interRAI Intellectual Disability (ID). The interRAI ID covers 17 topical sections, including:

1. Identification Information

2. Intake and Initial History
3. Community and Social Involvement
4. Strengths, Relationships, and Supports
5. Lifestyle
6. Environmental Assessment
7. Communication and Vision
8. Cognition
9. Health Conditions
10. Independence in Everyday Activities
11. Oral and Nutritional Status
12. Mood and Behavior
13. Medications
14. Supports and Services
15. Diagnostic Information
16. Discharge Information
17. Assessment Information

Psychometric properties and standardization

Each instrument within the interRAI suite undergoes its own psychometric testing, although types and breadth of testing may differ. All instruments are developed in consultation with clinicians and experts in the field specific to the instrument's focus, with additional input from policymakers, advocates, service recipients, and purchasers of the tool. InterRAI asserts the strong reliability of its instruments, which its studies also confirm¹. InterRAI ID was piloted on a large scale in Ontario and Nova Scotia, with tandem smaller trials in British Columbia. Psychometric properties researched for the ID instrument consist of face validity, convergent validity, and criterion validity². Additionally, a small inter-rater reliability study conducted in Ontario showed very good agreement between raters.

There is no mention of how changes to the tool (adding or deleting questions) impact its psychometric properties, but jurisdictions would be well-advised to consider this before making serious changes to the tool. Many states that use elements of the interRAI tool have elected to create their own instrument versus using the interRAI in its original form, this is particularly true with regard to the interRAI HC (Home Care). Using the interRAI as a base upon which many changes are made will likely also greatly impact the instrument's reliability and validity.

Ease of use

The assessment can be administered by anyone of the jurisdiction's choosing. However, as with other tools whose administrators are not certified, this leaves the door open for wide variation in assessments by different raters (low inter-rater reliability). The instrument's adaptability (regarding the ability of

¹ Hirdes, J. P., Ljunggren, G., Morris, J.N., Frijters, D.HM, Soveri, H.F., Gray, L., Gilgen, R. (2008). Reliability of the interRAI suite of assessment instruments: a 12-country study of an integrated health information system. *BMC Health Services Research*, 8:277. doi: 10.1186/1472-6963-8-277

² Martin, L., Hirdes, J. P., Fries, B. E. and Smith, T. F. (2007). Development and Psychometric Properties of an Assessment for Persons with Intellectual Disability- the interRAI ID. *Journal of Policy and Practice in Intellectual Disabilities*, 4: 23-29. doi 10.1111/j.1741-1130.2006.00094.x

users to add and delete questions) may be useful in tailoring the tool to state-specific needs, but this may also impact the validity and reliability of the tool.

InterRAI assessment standards dictate the inclusion of the individual being assessed, interviews with people who know the individual, and review of relevant records. These requirements add a measure of validity to the data produced by this instrument. These standards, however, also likely impact the amount of time it takes to administer this assessment. While including the individual being assessed and people who know and support them leads to ensuring the assessment is person-centered, it can also cause the assessment to require more time due to its conversational nature.

Instrument is respectful of service recipients

InterRAI utilizes a strengths-based approach and supports self-determination, choice, and empowerment, in part through decision-support tools that the system can produce. Total time for assessment is difficult to determine, based on the variability of the number of people who may be present for the assessment, and the length of time it may take for a group to reach consensus. Lengthy assessment processes may feel overwhelming or frustrating to some service recipients and respondents.

Assessment tool uses

InterRAI is primarily an assessment tool, but it can also generate case-mixes, which filter assessed individuals by care needs to create Resource Utilization Groups (RUGs). By linking these to payment systems, jurisdictions can create supports budgets based on service needs identified through the assessment. The algorithms that create the RUGs can differ by each instrument. Note, however, that the results are tied to historical service use patterns, and so have embedded in them whatever legacy shortcomings exist within the system. Further, while it is theoretically possible to use the interRAI to create supports budgets for people with I/DD, physical disability, and mental health support needs it is not currently used to do so in any jurisdiction.

The interRAI also has Clinical Assessment Protocols (CAPs) that are available to assist with planning activities. These are designed to assist the assessor to systematically interpret the information recorded by the instrument. CAPs can help administrators and service planners to focus on the most important information captured by the assessment, which can then be used to inform planning with individuals receiving services.

Technological infrastructure

A drawback of the interRAI is that it does not have any in-house or subcontracted database management systems. Contracting with interRAI requires the purchaser to commit to finding a vendor for such services. InterRAI does offer a list of credible and capable vendors, and allows jurisdictions to select whether to use in-house systems or those produced by third party vendors. It should be noted that difficulty in finding a suitable vendor capable of housing interRAI ID data has led at least one jurisdiction to move away from use of the interRAI.

Services available

The interRAI team has pledged to continually reevaluate and modernize their work³. New instruments are released with some regularity, as well. Pre-made algorithms for creating RUGs are available, and additional algorithms can be created in collaboration with interRAI based on jurisdictional need. The psychometric properties of the interRAI are regularly studied, though it is unknown how well the various algorithms perform.

There are no in-person trainings provided for the interRAI; all training materials are housing online, and are made available through contracting with the interRAI organization. Jurisdictions choosing to adopt the interRAI must determine whether the online training materials provided by interRAI will sufficiently prepare interviewers to give assessments. If in-person trainings are desired, these will need to be sought out and purchased separately, or developed in-house. Manuals that come with the tools, however, provide very detailed instruction of item scoring and example cases for reference. There are no certifications available to assessors.

Process is respectful of service recipients

Individuals are present for the interview, and may be accompanied by people who know them well. Great attention is paid to capturing information about individual preferences, strengths, and the availability of natural supports.

Assessments are typically completed by registered nurses, therapists, and trained care managers. The process requires conversational dialogue between the assessor and the person being assessed, wherein several items are specifically directed toward the person being assessed. The full assessment, however, requires a review of relevant records and discussion with other formal and informal caregivers and relatives of the individual being assessed. Assessments may also include observations of the individual in the home environment.

Idaho-specific criteria

Limited need for statutory changes

Transition to the interRAI is likely to present significant need for statutory changes. The instrument itself differs significantly from the SIB-R, as do its administration standards.

Can be implemented within 2-year timeframe

If the state is able to determine an appropriate vendor to develop the technological solution to capture and store the produced it may be feasible to implement the interRAI within a 2-year timeframe. It will also be important that the body conducting interviews obtains the instrument and develop and implement training early in the two-year window. It bears notation, however, that HSRI has not previously utilized the interRAI to produce support levels, and that there will be some amount of development time required to adapt its current support level framework system to this tool.

Will not require a difficult transition period

Developers of the interRAI state that the adoption of the InterRAI assessment system will require a major reorganization for any given jurisdiction. While confident in the results that such an

³See: <http://interrai.org/instruments.html>

implementation would bring, they heed that to, "... realize their full potential, the interRAI systems depend on competent, well-trained assessors, responsive software systems, and appropriate administrative support. A successful implementation will likely require new resources – at least at startup, and maybe indefinitely – and careful planning over a period of at least several months"⁴.

Feasible for annual assessment

Developers of the interRAI have assisted jurisdictions with identifying an appropriate subset of questions from their assessment tools to be used as screening measures⁵. This scaled-down version of the assessment may be appropriate for annual assessment, however, this is greatly dependent on the needs of the jurisdiction, and the ability of questions already contained within the assessment to speak to these needs.

⁴ See: <http://interrai.org/getting-started.html>

⁵ See: <http://interrai.org/algorithms.html>

