



Strategies to Address Long-Term Services and Supports

Brief Two: Measuring Quality in Colorado's
Long-Term Services and Supports System



Prepared for The Colorado Health Foundation
By the Colorado Health Institute

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TCHF Goal

Improve the long-term services and supports (LTSS) quality management systems for Medicaid and non-Medicaid funded services.

Potential Tactics

- Support efforts to pilot best practices from other states.
- Support efforts to implement quality metrics/performance incentives for Home and Community-Based Services (HCBS) providers.

Defining the Problem

Payers of acute care services increasingly require providers to track quality metrics. However, there is limited quality management data available, or required, for LTSS. Available measures often emphasize medical or clinical status, which may be insufficient because individuals using LTSS typically have chronic conditions that don't show improvements in functional or clinical status.^{1,2}

States are required by the Centers for Medicare & Medicaid Services (CMS) to monitor quality in HCBS waivers. CMS also monitors quality measures for Programs for All-Inclusive Care for the Elderly (PACE), nursing facilities and home health agencies. Quality measures that focus on medical or acute care status may have limited applicability to Medicaid and non-Medicaid funded services such as in-home personal care or transportation assistance. Additionally, differing patient needs across LTSS settings create barriers to identifying specific performance measures.³

In Colorado

Colorado has a fragmented process for monitoring, comparing and assuring quality in LTSS.⁴ Three departments - the Colorado Departments of Public Health and Environment (CDPHE), the Department of Health Care Policy and Financing (HCPF) and the Colorado Department of Human Services (CDHS) – conduct quality measurement and provider oversight, but those efforts are typically not coordinated.

CDPHE licenses assisted living residences, home health agencies, hospices and nursing facilities. Unannounced site surveys take place every nine to 15 months.⁵ These entities are required to report abuse, death and neglect, but it is a self-report process. Monthly and annual reports, as well as site survey results, are available on CDPHE's website.

Colorado uses different tools to track quality in its HCBS waivers. HCPF has conducted consumer satisfaction surveys with some waiver participants. In addition, HCPF has developed standardized

tools for HCBS service providers and case managers to report “critical incidents” - actual or alleged events that create significant risk or serious harm to a client.

HCPF sponsors Colorado’s Nursing Facility Pay for Performance program, which provides supplemental payments to facilities that demonstrate improvements in quality of life and quality of care. In the four years of the voluntary program, 145 facilities have participated, with higher quality scores found among facilities that have participated in all four years of the program.⁶

Colorado’s Office of Long Term Care is in CDHS. CDHS and its county affiliates serve as an entry point for LTSS. CDHS also houses the Long-Term Care Ombudsman Program to assist residents of licensed long-term care facilities. Quality of care, including abuse and neglect, lack of dignity in care and services and failure to honor resident choice or rights, was the most frequently cited complaint logged in 2009.⁷

Critical Success Factors

To create a patient-centered, comprehensive quality management system for LTSS in Colorado, there are a number of critical success factors to consider.

- State-wide consensus on guiding principles and standard metrics to be used across all LTSS providers and settings can streamline and focus quality measurement activities.
- Measures should monitor and improve both quality of care and quality of life.
- Existing quality measurement activities being conducted by CDPHE, CDHS and HCPF should be aligned to reflect consumer experiences and interactions across LTSS providers.
- Quality reporting should be easily accessible and understandable for LTSS consumers and their families when selecting services and throughout their care experiences.
- Linking quality measurement to an LTSS assessment and care management data through an integrated data system can facilitate real-time quality improvements and support tracking and trending over time.

Examples of Successful Innovations

National Leadership

Nationally, organizations have come together to create consensus around appropriate LTSS quality measures. The Measure Applications Partnership (MAP), a public-private partnership convened by the National Quality Forum, recommended six performance measurement priorities and 13 measurement

concepts for post acute care and long-term care providers to the Department of Health and Human Services⁸:

Performance Measure	Core Measure Concept
Function	Functional and cognitive status assessment; mental health
Goal Attainment	Establishment of patient/family/caregiver goals; advanced care planning and treatment
Patient Engagement	Experience of care; shared decision-making
Care Coordination	Transition Planning
Safety	Falls; pressure ulcers; adverse drug events
Cost/Access	Inappropriate medicine use; infection rates; avoidable hospital admissions

The Home and Community-Based Services Measure Scan Project funded by the Agency for Healthcare Research and Quality identified three focus areas - program performance, client functioning and client satisfaction - and 13 quality domains to be measured across these areas including safety, effectiveness, patient-centeredness/autonomy, timeliness, efficiency, equity, access, qualified providers, coordination of long-term care services with other services, health and welfare, administrative oversight, unmet need and quality of life.⁹

These concepts and domains can serve as a starting point for Colorado efforts to identify core quality measures in LTSS.

State Leadership

Consensus-building

States are working with stakeholders to define LTSS quality and build consensus around measures. Minnesota convened a Quality Assurance Panel of citizen experts and legal and state agency representatives in response to a legislative mandate to recommend how to implement a statewide system of quality assurance for HCBS and related disability programs.¹⁰ Oregon’s Home Care

Commission, an independent public commission created by a state ballot measure passed by Oregon voters in 2000, is charged with ensuring quality of in-home care services.^{11,12}

Wisconsin's report on designing an integrated quality management system for HCBS recommended establishing a Quality Management Council to guide the state and its managed care organizations on LTSS quality management policy, practices and benchmarks, to develop useful performance indicators and to review results.¹³

Quality of Life

Measuring quality of life is a fundamental component of person-centered, high quality LTSS. States are using different measurement tools to assess how LTSS impacts quality of life and identify areas for improvement; however, reimbursement is not significantly linked to performance on these tools.

The Wisconsin Department of Health and Family Services established 12 Personal Experience Outcome areas known as the Personal Experience Outcomes (PEONIES) project. The project includes an interview tool so that people can define their own desired outcomes. Case managers use the responses from the PEONIES tool to create service plans. Wisconsin's federally-mandated external quality reviewer uses PEONIES in its annual review of its managed care LTSS programs.

Some states survey participants to assess the quality of HCBS. CMS has developed a tool for states to administer to clients participating in the HCBS program. Large-scale surveys are a tool for gathering uniform feedback from consumers.¹⁴ Many states, including Iowa, Minnesota, New York and Wisconsin, have developed and use participant experience surveys targeted to adults with disabilities and seniors.¹⁵ The Texas Department of Aging and Disability responded to a legislative mandate to review LTSS quality, using survey data to identify trends in LTSS over time, highlighting improvements as well as areas for further attention.¹⁶

Quality of Care

A high-functioning LTSS quality management system measures the quality of care and provides useful reports to beneficiaries, families and the public to make informed choices about LTSS providers.

More than 30 other states publish nursing home report cards.¹⁷ Minnesota's report card has information on the 375 nursing homes that are certified to participate in its Medicaid program. The card compares nursing homes on seven quality measures, including resident satisfaction and quality of life, clinical quality indicators, hours of direct care, staff retention, use of temporary nursing staff, proportion of beds in single bedrooms and state inspection results. The Minnesota Department of Human Services (MN DHS) convened a Home and Community-Based Services Expert Panel of stakeholders to guide an external research firm in identifying a list of Provider Performance Measures to assess and compare individual HCBS providers. MN DHS is working to secure funding to collect and publish these HCBS measures on-line.¹⁸

Integrated Data Systems

Data systems that link LTSS screening, functional assessment and service delivery can facilitate quality measurement.¹⁹ Maryland, for example, links its assessment tools with a tracking system to match actual utilization of services with the levels of need identified in care plans.²⁰ Minnesota anticipates its MnCHOICES platform and its assessment, support planning and data gathering capabilities will support several quality management functions, including participant surveys, provider standards and provider performance as well as achieve greater consistency and accountability.²¹ Minnesota also expects to create a large database that will assist in developing budgets and setting rates, provide information at the state and local levels, track client acuity and create reports for federal quality management requirements.

Policy Considerations for Colorado

Many quality measurement innovations, including developing minimum qualifications, provider certification or performance measures, resulted from legislative action. Costs associated with these activities, for relevant state agencies as well as employers and community-based providers, may be prohibitive. Additionally, the current political climate may not support increased mandates and oversight.

Colorado does not have a data system that integrates screening and assessment processes, service planning and tracking, and reporting. Budget reductions have resulted in lack of available state funding to develop integrated LTSS data systems that include quality measurement. Funding for several quality management functions, including an expansion of the role of the Long Term Care Ombudsman beyond nursing and assisted living facilities, and an emergency back-up (1-800- number) reporting system were requested in Colorado's original *Money Follows the Person* proposal but later dropped due to a reduced award.²²

However, as the state considers moving individuals dually enrolled in Medicaid and Medicare into the Accountable Care Collaborative (ACC), it is an ideal time to develop and implement a consistent quality measurement system for LTSS. While the ACC model includes opportunities for coordinating care for dually eligible clients, it is important to measure the extent to which the new model improves or reduces quality of care for LTSS clients.

Endnotes

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- ² Medicaid Institute at United Hospital Fund. 2011. Measuring Quality for Complex Medicaid Beneficiaries in New York.
- ³ National Quality Forum. February 2012. Coordination Strategy for Post-Acute Care and Long-Term Care Performance Measurement.
- ⁴ Milne, D. 2012. Strategic Plan for Long Term Services and Supports.
- ⁵ Colorado Department of Public Health and Environment. How the State Surveys Nursing Homes. <http://www.colorado.gov/cs/Satellite?c=Page&childpagename=CDPHE-HF%2FCBONLayout&cid=1251590938309&pagename=CBONWrapper>
- ⁶ Public Consulting Group. State of Colorado, Department of Health Care Policy and Financing. 2012 Nursing Facilities Pay for Performance Review. June 30, 2012.
- ⁷ OMB 2009 annual report. Colorado has 24 full time, 24 part time and 87 volunteer ombudsmen who work to protect and promote the rights of Colorado's older adults in living in nursing facilities and assisted living facilities.
- ⁸ National Quality Forum. February 2012. Coordination Strategy for Post-Acute Care and Long-Term Care Performance Measurement.
- ⁹ *Medicaid Home and Community-Based Services Measure Scan: Project Methodology*. Contract Report. AHRQ Publication No. 07-0050-EF, May 2007. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/research/ltc/hcbmethods.htm>.
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- ¹⁴ Vermont Choices for Care Policy Brief: Quality Oversight. 2009.
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- ¹⁶ Texas Department of Aging and Disability Services. Long-Term Services and Supports Quality Review. January 2011. http://www.dads.state.tx.us/news_info/publications/legislative/ltssqr2010/ltssqr-2010.pdf
- ¹⁷ Minnesota Department of Human Services, Minnesota Department of Health. 2012. Minnesota Nursing Home Report Card Fact Sheet.
- ¹⁸ Minnesota Department of Human Services. Quality Management in HCBS 2011: The Quality Management, Assurance and Improvement System for Minnesotans Receiving Disability Services. 2011.
- ¹⁹ Center for Health Care Strategies. Profiles of State Innovations: Roadmap for Rebalancing Long-Term Services and Supports. 2010. http://www.chcs.org/usr_doc/Rebalancing_Roadmap_112210.pdf
- ²⁰ Maryland Balancing Incentives Program proposal

²¹ Minnesota Department of Human Services. Quality Management in HCBS 2011: The Quality Management, Assurance and Improvement System for Minnesotans Receiving Disability Services. 2011.

²² Milne, D. 2012. Strategic Plan for Long Term Services and Supports.