Quality in Integrated LTC Systems

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Home and Community-Based Services:
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Overview of Talk

- Fairness, integration, and the disablement process: (Capitman 2003)
- Two Laws of Integration (Leutz 1999)
- Thoughts on quality in integrated supportive community services (SCS)

Fairness, disablement, and integration

- Functional status is “entangled” with disease (Lawrence & Jette 1996, Verbrugge 1989, others)
- The effects of disease can be controlled by medical care
- Deficits in functional status can be offset by supportive community services (SCS)
- It is “unfair” to have universal Medicare for medical care but means-tested, state-option Medicaid for SCS
- Also following from the entanglement of disease and disability is the need to try to integrate medical care and SCS

The Responsibility for Lack of Integration Lies on Both Sides

- Consideration of SCS is outside of typical medical practice and systems, e.g,. ACOVE “Quality Indicators for Continuity and Coordination of Care in Vulnerable Elders” (Wenger 2007) do not mention SCS or family
- Typical SCS programs do not expect care coordinators or direct care providers to coordinate with medical care

“Laws” of Integration

First Law: You can integrate some of the services for all of the people, all of the services for some of the people, but you can’t integrate all of the services for all of the people.

Second Law: Your integration is my fragmentation.

Three Levels of Integration

- Linkage: Proactively give service users accurate information about how the system works and how to access benefits and services.
- Coordination: Help service users who have moderately complex needs to navigate the system - coordinate care, share information routinely.
- Full integration: For those with complex needs and who can't manage, create special, integrated sectors where acute and LTC providers and managers work in teams.

What is Quality in Coordination?

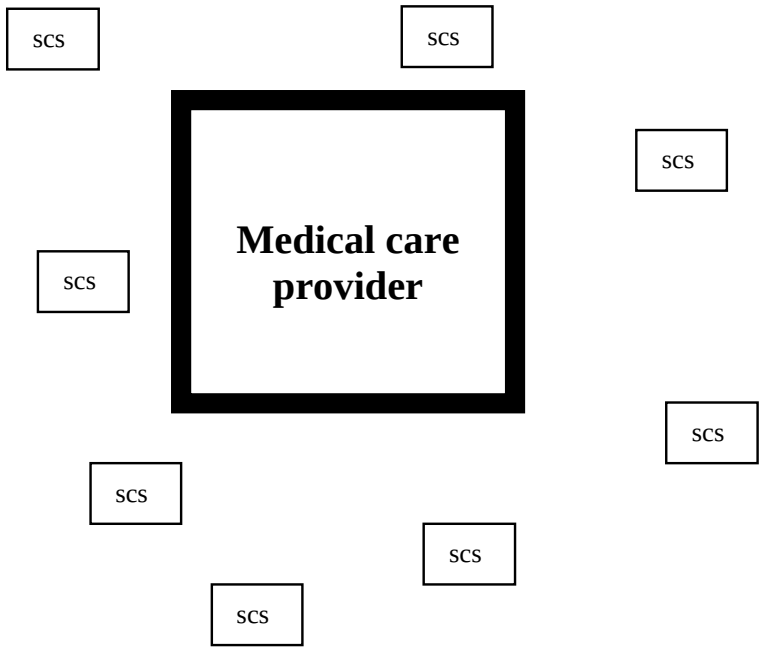
- Addressing unmet needs related to being both chronically ill and functionally disabled
- Concerns about quality in coordination relate to:
  - Medical care and SCS systems
  - Medicaid beneficiaries and others who do not qualify
- Some of my recommendations are aspirational

Quality in Key Areas of Need

- Linkages across systems
- Communication
- Information
- Relationships
- Transitions
- No man’s land

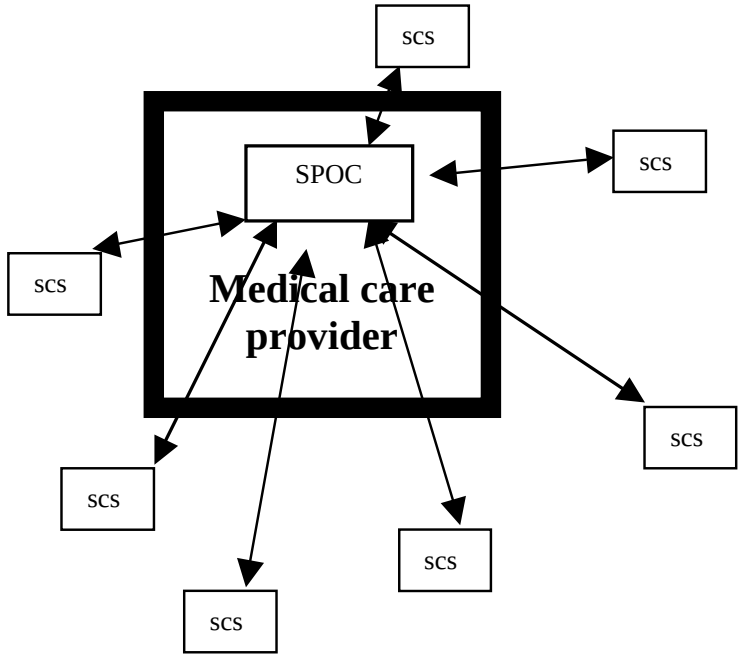
Lack of Linkages Across Systems

- Problem: Who do I call and what do I say?



Linkages Across Systems

<u>One solution</u>: Cut through confusion with single points of contact (SPOCs), pro-active consents, and information sharing agreements (Leutz et al 2003)



Linkages Across Systems

Quality measures:

- Providers on both sides know whom to call
- They get answers/help when they do
- They share information about services (linkage) and care (coordination)

Communication

- Problem: “Don't ask, don't tell”
- Solution: Empower service users in both domains
- Quality measures: The full range of health, functioning and community tenure concerns are raised and addressed in communication with professionals
  - Service users and care givers know what to ask.
  - Service users build self-efficacy, e.g., through CDSM
  - Professionals ask about SCS and refer to SPOC

Information

- Problem: “Too much data and too little information”
- Solution: Help service users to make judgments about what information they need, and to use information to make care decisions
- Quality measure: SCS users and at-risk individuals understand types of SCS help and how to get help

Relationships

- Problem: “Who are all these people and is anyone in charge?”
  - SHMO survey: Strongest predictor of satisfaction was “Do you know your case manager’s name? (Leutz and Capitman 2007)
  - Study of engagement in chronic disease self-management: Strong predictor of starting and finishing CDSM was having a relationship with someone at the Senior Center (Dossa 2007)
  - “Local and cosmopolitan knowledge” (Harvath and Archbold 1994): Service users know about their space and professionals know the system

Relationships

- Solution: Build relationships people can count on
- Quality measures:
  - Service users can name a professional in the SCS system they know and trust
  - The professional offers linkage and coordination as needed

Transitions

- Problem: SCS providers are out of the loop around discharges from hospitals, nursing facilities, and home health
- Solution: Single entry/single point of contact for SCS available to discharge planners, service users and families
- Quality measure: Patients discharged from hospitals, nursing homes, or skilled home health who have disabilities are referred with relevant information to an agency that can broker entry to SCS

Conclusion

- Dual SNPs are not the only integration model
- Linkage people and mechanisms are a promising path
- Linkage and coordination should be available to everyone needing it
- Everyone has some responsibility to “ask” and “tell”

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