

Managed Long Term Services and Supports: Quality is the New Currency in Health Care

Thursday Sept 3rd 10:00 a.m.- 11:15 a.m. Workshops – Notes

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OUTCOMES - BEYOND PATIENT SURVEYS

Payment Reform – Pay for Quality

- > Quality programs for agencies
- > Quality programs for attendants
- > Quality programs for Adult Day Care



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THE MOVE TOWARD QUALITY

FOR IMMEDIATE RELEASE -January 26, 2015

- > Better, Smarter, Healthier: In historic announcement, Health and Human Services (HHS) sets clear goals and timeline for shifting Medicare reimbursements from volume to value.



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THE MOVE TOWARD QUALITY



Photo Credit: iquim.org

- > HHS has set a goal of tying 30 % of traditional, or fee-for-service, Medicare payments to quality or value through alternative payment models, such as Accountable Care Organizations (ACOs) or bundled payment arrangements by the end of 2016 and 50 % of payments to these models by the end of 2018.

THE MOVE TOWARD QUALITY

- > HHS also set a goal of tying 85 % of all traditional Medicare payments to quality or value by 2016 and 90 % by 2018 through programs such as the Hospital Value Based Purchasing and the Hospital Readmissions Reduction Programs.
- > This is the first time in the history of the Medicare program that HHS has set explicit goals for alternative payment models and value-based payments.



THE MOVE TOWARD QUALITY

- > In these alternative payment models, health care providers are accountable for the quality and cost of the care they deliver to patients.
- > Greater independence for Americans with disabilities and long-term care needs. The Affordable Care Act includes a number of policies to promote non-institutional long-term care programs that will help keep people at home and out of institutions.



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“IT’S TIME FOR A FUNDAMENTALLY NEW STRATEGY”

- > In health care, the days of business as usual are over. Around the world, every health care system is struggling with rising costs and uneven quality despite the hard work of well-intentioned, well-trained clinicians.
- > There is no longer any doubt about how to increase the value of care. The question is, which organizations will lead the way and how quickly can others follow?

LONG-TERM SERVICES AND SUPPORTS PERFORMANCE MEASURES & STANDARDS

Tools and Measures Developed by and For Federal Agencies

- > 1. Department of Health and Human Services - National Quality Measures Clearinghouse (NQMC)
- > 2. Administration on Aging (AoA) - The Performance Outcome Measurement Project (POMP)
- > 3. Agency for Healthcare Research and Quality - Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey
- > 4. Aging and Disability Resource Centers (ADRCs) - Aging and Disability Resource Centers (ADRCs): Consumer Satisfaction Survey Questions by Domain

LONG-TERM SERVICES AND SUPPORTS PERFORMANCE MEASURES & STANDARDS

- > 5. Centers for Medicare & Medicaid Services - Participant Experience Survey (PES) and Medicaid Home and Community-Based Waiver Program Study: Elderly/Disabled Questionnaire, Quality Indicator Survey (QIS) and Health Home Quality Measures



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COMBINED STRATEGY: FEDERAL AND STATE APPROACH

- > We applaud CMS' new approach to quality, but healthcare is also local.
- > States need flexibility within broad federal guidelines to design programs that meet the local needs.



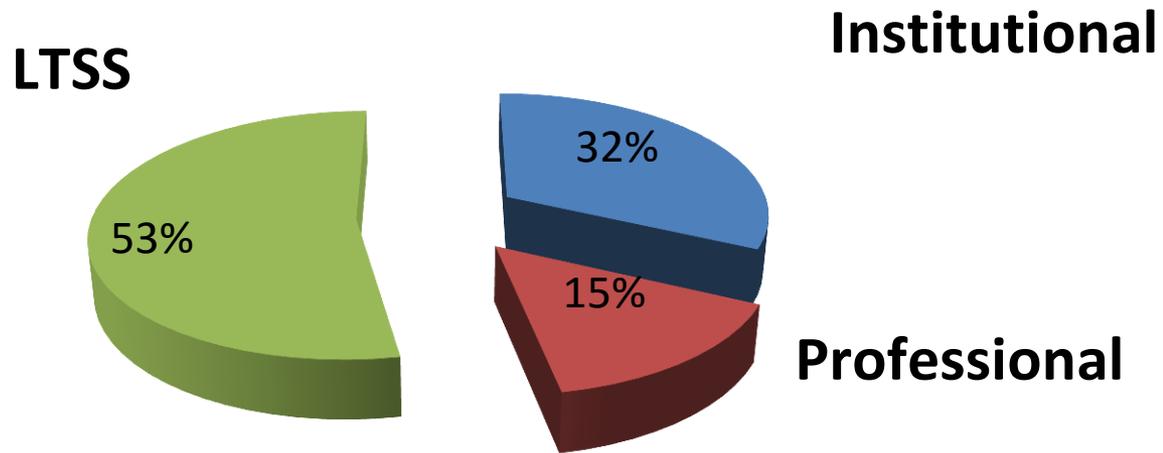
Photo Credit: Architect of the Capitol



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MEDICAID WAIVER COSTS

Waiver Member Spend



Where are quality initiatives for Long Term Services and Supports?

FEDERAL VS. STATE



- > NQMC
- > AoA
- > n4a
- > CAHPS
- > ADRC's
- > PPEs/PPCs

- > Local AAA's
- > Alternative Payment Programs
- > QIPs
- > Collaboration between MCOs
- > P4Q
- > Capitation
- > Network Management



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