

**Committee on Family Care Quality
Wisconsin Council on Long Term Care**

Meeting of January 23, 2009

Approved Minutes

Members present: Mary Clare Carlson, Myra Enloe, Pete Esser, Carol Eschner, Joan Hansen, Daire Keane, Martha McVey, Jennifer Ondrejka, George Potaracke

Members absent: Karen Avery, Michelle Goggins, Stephanie Griggs, Michael Luber

Others present: Maureen Ryan (for Karen Avery), Lorraine Barniskis, Karen McKim, Eva Williams, Heather Bruemmer, Rebecca Murray, Betsy Abramson, Fredi Bove, John Reiser, Bob Meyer, Charles Jones, Sherrel Walker, Sue Schroeder, Sabrina Fox, Janice Vele

Meeting call to order. Chair Carol Eschner called the meeting to order at 9:30 AM.

The role of the Ombudsman in Family Care quality

Betsy Abramson, Family Care Ombudsman Program Manager at Disability Rights Wisconsin, described their services for people under age 60. They see their role as individual and systemic advocacy.

Heather Bruemmer, Executive Director of the Board on Aging and Long Term Care (BOALTC) and the state's Long-Term Care Ombudsman, provided information about the program serving people age 60 and older. They have cross-trained all regional ombudsman in Family Care. They have seen an increase in contacts as counties transition to Family Care from COP. She provided a handout giving examples of Family Care cases they have handled. An updated brochure is nearly ready for distribution.

Data reporting systems on cases handled and findings will be identical for BOALTC; reports will be available online. Reports will be discussed by this committee in future agendas. Meanwhile, members were encouraged to contact the appropriate program if issues arise.

Employment expectations and issues in Family Care

Fredi Bove and John Reiser of DHS presented a PowerPoint summarizing the Managed Care and Employment Task Force (see handout for details). The discussion that followed included the following points:

- Care managers should have enough knowledge about employment to help a member develop a well-rounded care plan, including employment if that is a goal or outcome, and to include appropriate employment services in the plan if necessary.
- New or rapidly expanding MCOs have development costs that are not recouped for about two years, making finances difficult. During this period, MCOs experience difficult financial times and priorities need to be set about expectations.
- Education of the Ombudsman, ADRCs, regional LTC advisory committees, and others is needed. They can help educate consumers and put pressure on MCOs.
- An existing oversight committee is being reconstituted to provide structured oversight of the Task Force's recommendations across state agencies. DHS is also working with DWD to develop cross-agency protocols on adult employment services.

Comments from the public

There were no public comments.

Updates from DHS

Karen McKim reported that the prototype annual report on Family Care, which the committee assisted with, is almost ready for publication. DHS will bring it back to the committee for advice on how best to use it and how to improve it for future versions. Karen and her staff are working to gather responses to a request from the federal CMS for evidence that Family Care is working. She will bring the information to the committee when it is ready.

DHS did identify funding to cover the six-month gap to keep the PEONIES process of validation, testing and training going, and has submitted a budget request for next biennium. Bob Meyer of CHSRA reported that they are working on interactive material on PEONIES to put on the web. All basic materials, when validated, will be in the public domain. Paul Cook expressed the hope that in the future, consumers can be informed early about PEONIES, so they can be prepared to be better participants in care planning.

Committee discussion on key quality indicators

Carol Eschner facilitated a discussion about the key indicators of quality that were of most importance to committee members. Committee members identified the following as important indicators:

Directly member-related

- The proportion of members who felt that their personal experience outcomes were being met
- Member satisfaction with services and with the rate of progress toward meeting their personal experience outcomes
- Trends and patterns of disenrollments
- The proportion of members who were living in the least restrictive setting
- How well is the MCO supporting natural (informal) supports? What is the level of stress among members' natural supports?
- The extent to which all service needs identified in care plans are being met
- Health measures and extent of prevention efforts (diabetes, smoking cessation, weight loss, incontinence, oral health, behavioral health, etc.)
- The extent to which members who want to be employed are employed and in integrated work settings
- The extent to which members are adequately informed about their service and living choices
- Functional status changes (ADLs and IADLs)

Service and care management related

- Utilization of acute care and nursing homes is appropriately minimal
- Transitions between settings, especially between hospital and home, are smooth
- Breadth of provider network (providing lots of choices for members); innovation in provider and service models; ethnic and cultural appropriateness of providers to members enrolled
- Provider satisfaction with the MCO
- To what extent are members self-directing their services? What services would they like to self-direct? What have they, and we, gained from self-direction (self-direction outcomes)?

Program/MCO related

- What is the level of community understanding of the program?
- Does the program have good pharmaceutical management? (Partnership)
- Does the program do good medicine reconciliation?
- What are the fiscal savings or costs?

Statewide PIPs and Pay for Performance projects

Karen McKim reminded the committee that PIPs are aimed at specific topics, and are data driven. At the moment, no statewide PIPs are planned, but at some point, DHS does plan to re-institute them. “Pay for Performance” is now called “Value Based Purchasing” by CMS. To date, there have been two such projects, done in Family Care only (not Family Care Partnership). They were aimed at diabetes management and dementia.

Committee business

- Report from People First Wisconsin focus group:
Mary Clare Carlson distributed a handout designed to train ADRC and MCO staff about working with people with intellectual disabilities (See handout for details.) She also made available booklets on employment success stories for people with intellectual disabilities.
- Minutes of the November 21, 2008 were approved unanimously on a motion by Myra Enloe, seconded by Martha McVey.
- Future agenda items – in addition to the items mentioned above, it was suggested that this committee liaise with the Homecare Advisory Committee regarding its findings about inconsistencies among MCOs in the use of personal care and supportive home care.

Meeting adjourned at 3:30 PM.