

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

**Meeting of July 25, 2008**

**Approved Minutes**

**Members present:** Karen Avery, Mary Clare Carlson, Paul Cook, Myra Enloe, Carol Eschner, Pete Esser, Stephanie Griggs, Joan Hansen, Chris Hess, Daire Keane, Michael Lubner, Martha McVey, George Potaracke

**Members absent:** Michelle Goggins, Jennifer Ondrejka

**Others present:** Lorraine Barniskis, Karen McKim, Sara Karon, Sue Schroeder, Ginger Reimer, Nachman Sharon

**Meeting call to order.** Chair Carol Eschner called the meeting to order at 9:35 AM. Members and guests introduced themselves.

**The twelve personal experience outcomes**

Karen McKim walked through the document “Personal Experience Outcomes in Long-Term Care” that had been emailed to members. She provided some history of the development of these outcomes and noted that they had been adopted by DHS. These personal experience outcomes (PEO) relate to personal experience and quality of life, rather than clinical or compliance outcomes also used by DHS to monitor quality. They can be used by care managers as part of the ongoing process of care planning, and as part of the quality oversight process.

Paul Cook related a conversation at a recent meeting of MCO directors, during which the question arose of how PEONIES could be incorporated into the already complex management of MCOs, especially in light of the pressures they face during rapid expansion. He noted that as State-MCO contracts get more complex, there is a tendency to focus on compliance and measuring compliance. He asked how we could put the central focus on personal outcomes, since it is at the core of the Family Care mission, rather than tacking it on around the edges of other reviews. He suggested that Family Care expansion offers an opportunity for a fresh approach to quality monitoring. It could even, some day, be the basis of a pay-for-performance system.

There was discussion of the time it takes (per interview and over time) to get good information about members’ personal experience outcomes. Myra Enloe noted that perhaps review on these measures could be done every few years, rather than annually, to make the process more manageable. Carol Eschner suggested a review of current compliance requirements to assure that all of them are useful and that none actually get in the way of quality care planning and delivery. George Potaracke noted that regulation is designed to address the “bad actors,” while good practice should be the goal. Mary Clare Carlson said that People First is advocating for having an external reviewer conduct PEONIES interviews, noting that people are sometimes afraid to make their wishes known to care managers or to complain that their outcomes are not being met.

**Comments from the public**

There were no public comments.

## **Possibilities for aggregating PEONIES interview results into performance measures**

Sara Karon walked through a PowerPoint presentation discussing the purposes of assessing personal experience outcomes and how data about results might be aggregated. She noted that the twelve outcomes are more properly called outcome areas; each individual defines the specific outcomes desired in each of the twelve areas. Outcomes can include maintaining a current situation or working toward changing a situation; desired outcomes can and should change over time.

PEONIES (Personal Experience Outcomes iNtegrated Interview and Evaluation System) uses a semi-structured interview approach to identify the outcomes desired by the individual in each PEO area, determine the current status of each desired outcome, identify the types of help needed to maintain or achieve each desired outcome, and identify the current status of the help needed.

Possible users for PEOs include:

- Care managers, to ensure that service planning is person-centered and outcomes-driven;
- Quality managers, to monitor quality and support quality improvement;
- Quality reviewers, to monitor and assure quality of MCOs;
- DHS staff, to monitor MCO quality and to identify any needed policy changes; and
- Consumers, for information to help guide choices and inform advocacy.

The handout provides examples of how measurements of PEOs might be aggregated for a given group of consumers – both for how often people felt that their identified outcomes were being met and for how well they felt that support was being provided to help them meet those outcomes. Several examples were provided of how achievement and support results might differ, for many reasons. Sara emphasized that data about measures are important for guiding discovery about underlying quality, but are not conclusive by themselves; rather, they indicate where to start in assessing how well a given MCO (or care manager) is doing to meet member needs. This could be the beginning of a process of quality improvement. Measurements could be used for comparison to peers or other benchmarks, or to look at improvement over time. Sara invited feedback on the content and format for data presented; she can be reached at [sara@chsra.wisc.edu](mailto:sara@chsra.wisc.edu). More information about PEONIES can be found at: [www.chsra.wisc.edu/peonies/peonies\\_index.html](http://www.chsra.wisc.edu/peonies/peonies_index.html).

Discussion included the following points:

- Education of consumers is needed, so that they can feel comfortable about the PEONIES interview and see it as a tool for learning about all the options open to them and to work toward personal goals.
- Both care managers and consumers need to understand that it's okay if someone identifies an outcome that seems unachievable.
- People need to understand the meaning of "outcome"; it's not, for example, three hours of care.
- The Resource Allocation Decision methodology is a way to help care managers and consumers figure out ways to support meeting self-identified outcomes.
- Aggregate data in this area should be used with caution. Outliers should be seen only as red flags, starting places for further discovery.
- These indicators should be only one part of a quality assessment; there is interplay among various indicators.

## **Overview of sources of data about quality in Family Care**

Nachman Sharon presented a summary of data sources about quality in managed long-term care. (See handout for details.) These are the same data sources used in the Independent Assessment.

The Data Warehouse is undergoing fundamental change through the Interchange Project. Rollout of the new design is expected this fall. There is likely to be a slow learning curve in using the new data. The Access Project is working on making major data bases available directly to MCO through the internet; three years' worth of data is scheduled to be available in September or October.

#### **Committee business**

- Minutes of the June 12, 2008 meeting were approved unanimously, on a motion by Paul Cook, seconded by Joan Hansen
- Future agenda items. Members suggested the following topics for future meetings:
  - Information about the first annual report on MCO performance indicators and discussion about how it might be used to provide useful information for consumers and other members of the public
  - Information about data on acute and primary health care used by Partnership programs, perhaps presented by Partnership representatives on the committee
  - Information about what the federal requirements are for External Quality Review Organization reviews; what must be included and how often they must be done.
  - The role for new regional LTC advisory committees in quality oversight.
  - Information and discussion about quality measurement for members using self-directed supports, including IRIS

**Meeting adjourned at 3:05 PM.**