

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

Meeting of November 21, 2008

Approved Minutes

Members present: Karen Avery, Myra Enloe, Carol Eschner, Michelle Goggins, Stephanie Griggs, Joan Hansen, Chris Hess, Martha McVey, George Potaracke

Members absent: Mary Clare Carlson, Pete Esser, Daire Keane, Michael Lubber, Jennifer Ondrejka

Others present: Lorraine Barniskis, Karen McKim, Sue Schroeder, Sara Karon, Laura Hanson, Judy Stych, Michelle Kortsch, Sabrina Fox, Bill Jensen

Meeting call to order. Chair Carol Eschner called the meeting to order at 9:40 AM.

Performance Improvement Projects

Laura Hanson walked through a PowerPoint presentation describing what Performance Improvement Projects (PIPs) are and how they benefit MCOs and their members. She explained how topics are chosen for PIPs, and how measures and strategies are established for them. It was noted that it is sometimes hard to avoid choosing a topic based on the availability of data; negotiation and creativity are needed to collect baseline data and establish measures.

Myra Enloe described a PIP done by Care Wisconsin on persistent pain management. Goals were to assess members for persistent pain, increase the establishment of functional goals for people experiencing such pain, and ultimately reduce the incidence of pain for them. (See handout for more details.)

Michelle Kortsch described a falls prevention PIP conducted by Community Care. The project was chosen because falls are a big issue for member health and quality of life, as well as for the finances of the MCO. The goal was to maintain or improve the functional status of members. Methods were piloted with a small group of care managers, and then expanded to all care managers. A comprehensive resource and information packet was developed and shared with care managers, and training was provided. Changes in the IT system will allow ongoing monitoring and tracking. (See handout for more details.)

Joan Hansen described a PIP conducted by Southwestern Family Care Alliance aimed at depression. A simple screening tool was found and validated. A booklet was developed for members and their families outlining the symptoms of depression, typical causes, and tips for dealing with this condition. Referral for treatment was offered when appropriate.

Discussion of PIPs included the following points:

- Good results from one project should somehow be translated into statewide system changes as much as possible.
- For success, the project must be “fun.” People who will be doing the project intervention should be involved in choosing the topic and designing the methodology.

- Dissemination of information about PIPs should be wide; e.g., members of advisory and governing councils/boards might benefit from this knowledge. An easily readable report on PIPs should be done and disseminated.
- PIPs need to come from within an organization; can't be mandated from "above." A particular organization's culture and resources will determine the suitability of a particular project.

There was also considerable discussion of the recommendation of the Employment Task Force that a PIP aimed at employment be done statewide. This topic will be taken up again at the next committee meeting, when members who were on the Employment Task Force are present.

Comments from the public

Bill Jensen said that iCare would like to be more helpful to non-integrated Family Care MCOs in managing health conditions.

Key indicators of Family Care quality

Karen McKim led a discussion on key indicators. Points raised in the discussion included the following:

- Given the pressures of rapid expansion, which leads to financial difficulties for MCOs, perhaps it would be best for now to focus on PIPs and performance indicators that have the greatest return on investment.
- We should differentiate what we should expect of MCOs in their first year, in their second year, and when they are more mature.
- With so many new care management units, we need to focus heavily on care management and process issues. We need to pay considerable attention to early training on the philosophy and key concepts of Family Care (e.g., PEONIES, RAD), which will set the foundation for years to come. It is a big cultural and philosophical shift for long-time COP/CIP workers, as well as major changes in processes, terminology, and systems.
- In the transition period, we should focus on process indicators; get the system right to set the stage for all other indicators.
- PEONIES is key for both consumers and care managers in making the cultural shift to a truly new system.
- Future transition should perhaps be slowed down; with very rapid expansion, it is nearly impossible to maintain high quality in all areas.

Karen distributed executive summaries of the 2007-08 EQRO reports for Family Care and Partnership. The full reports will be on the DHS web site soon. She also distributed a handout summarizing appeals and grievances in Family Care and Partnership in the third quarter of CY 2008.

Committee ideas on DHS quality work plan for 2009

The committee provided the following suggestions for work in the quality area for 2009:

- Focus on issues related to the rapid expansion of Family Care.
- Care manager training and support – perhaps through peer mentoring.
- Focus on quality initiatives that have high return on investment, especially for newer or rapidly expanding MCOs.
- In early stages of MCO development, focus on operational infrastructure and process indicators.
- Assure that meaningful options counseling is being provided during the transition.

- Make sure that consumers are getting the services they need, especially in tight fiscal times.

Committee business

- Minutes of the September 26, 2008 meeting were approved by consensus.
- Meetings for 2009 were scheduled as follows (4th Fridays except November; location to be announced):
 - January 23
 - March 27
 - May 22
 - July 24
 - September 25
 - November 20

Meeting adjourned at 3:10 PM.