



## MISSION

'To improve the effectiveness and efficiency of care and the quality of life of people receiving long-term services and supports by fostering person- and family-centered quality measurement and advancing innovative best practices.'

The LTQA's mission to promote individual/family-centered measures of quality is intended to ensure that the 10 million people needing long-term services and supports in the United States receive the highest quality of care regardless of the setting in which it is delivered.

## BACKGROUND

The LTQA grew out of widespread concern that the current approach to measuring quality of long-term services and supports (LTSS) focused too heavily on process-of-care measures in skilled nursing facilities, while providing little information regarding quality of community-based long-term services and supports. Measures tended to be reported at the provider level, making it difficult to assess:

- 1) Whether care delivery is person / family-centered;
- 2) Consumers' and family caregivers' experience of care received;
- 3) Their perceptions of quality of life.

### **2005-2007: National Commission for Quality Long-Term Care**

The LTQA evolved from the National Commission for Quality Long-Term Care. Its twenty-two commissioners were members of Congress; governors; long-term care leaders from academia, research and foundations; and consumer and provider organizations. The Commission's report, *From Isolation to Integration, Recommendations to Improve Quality in Long-Term Care*, Dec. 2007, contained 50 recommendations on the issues of workforce, technology, finance and quality. The following were of particular note:

- Quality in long-term care should be assessed according to the six elements identified by the Institute of Medicine in its *Crossing the Quality Chasm Report*; i.e., care will be safe, effective, efficient, timely, person-centered and equitable.

- Quality of life is critical to quality care. Giving individuals more choice and control over the services they receive in the setting of their choice will enhance their quality of life.
- Individual and family satisfaction with experience of care should be measured uniformly and reported consistently across all settings in a way that meets consumer needs.
- A common set of measures for quality of long-term care should be developed that is standardized, comprehensive and clear. Systems should be designed to identify gradations of quality.

Dr. Mark McClellan, Director of the Engelberg Center for HealthCare Reform, Leonard D. Schaeffer Chair for Health Policy Studies, believed that quality improvement would best be served by the formation of an alliance dedicated to LTSS; and began meeting with Commission leaders who would form an 11-member steering committee to pursue that goal:

**2008:** The Brookings Institution hosted two public meetings of several hundred leaders to explore creating such an alliance. The steering committee commissioned Mathematica Policy Research to create a strategic plan for the Long Term Quality Alliance.

**2009:** After the release of Mathematica Policy Research's *Strategic Plan for the Long-Term Care Quality Alliance*, the Alliance was formed.

Chaired by Dr. Mary Naylor, Director of New Courtland Center for Transitions and Health at the University of Pennsylvania School Of Nursing, thirty of the nation's leading experts in long-term care came together as the founding board. The board has representation from consumers, family caregivers, and providers; health service researchers, evaluators and quality experts; private and public purchasers of care, foundations, think tanks, and agencies of the federal government that oversee aging issues and health care quality issues. Doug Pace was named Executive Director.

**January 5, 2010:** The LTQA was announced at a Health Affairs Briefing by Dr. Naylor, followed by its first Board Meeting.

#### **January 28, 2010: Launch of LTQA**

The LTQA was launched at a Brookings Institution meeting. The 200 plus attendees were informed about the Alliance's mission and how their organizations could participate in this membership - based collaborative. The following months were spent on organizational issues including the approval of a mission statement and governing principles.

**March 18, 2010:** The Board met for a day-long strategic planning meeting to fine tune the strategic focus and to plan how the LTQA can be the "go-to" voice for long-term services and supports.

**October 1, 2010:** The **LTQA Strategic Framework for 2010-2012** was released, with focus upon

## Five Goals:

1. Achieve agreement among stakeholders on key definitions of effective person- and family-centered transitional; and a framework for the acceleration of quality improvement, the improvement of outcomes and the reduction of costs.
2. Provide actionable input to the Department of Health and Human Services (including the Centers for Medicare and Medicaid Services and the Administration on Aging and others) related to specific regulatory provisions in the Affordable Care Act to promote quality, person- and family-centered transitional care.
3. Advance meaningful measurement to accelerate quality improvement.
4. Achieve adoption of effective transitional care practices that integrate long-term services and supports and health services and contribute to demonstrable improvements in quality.
5. Promote engagement and “buy in” for policies and mechanisms that advance high quality, person- and family-centered transitional care.

The board determined that the work of the alliance would flow through three workgroups, each co-chaired by a board member and an outside expert:

- Quality Measurement/Key Indicators
- Quality Improvement/Best Practices
- Outreach/Public Awareness. ach

## June 18, 2010: Strategic Planning Meeting

Workgroup members met for a day long strategic planning meeting to define their charge and lay the groundwork for their plan of work:

- **Quality Measurement/Key Indicators Workgroup:** Recommend to the LTQA board and members how to advance meaningful measurement of key person- and family-centered quality indicators focused on care transitions and reduction of avoidable hospitalizations for adults requiring LTSS across the spectrum of providers and settings.
- **Quality Improvement/Best Practices Workgroup:** Recommend how to achieve widespread dissemination and adoption of person- and family-centered evidence-based practices that apply to care transitions and reduction of avoidable hospitalizations.
- **Outreach/Public Awareness Workgroup:** Recommend how to achieve public and other key stakeholder (e.g., policy makers) awareness of the work of the LTQA as related to advancing high quality, person- and family-centered transitions in care and reduction of avoidable hospitalizations.

All workgroups continue to add members; all are actively engaged and committed to fulfilling the mission of the LTQA.

## The Affordable Care Act (ACA)

Implementation of the ACA creates several promising models for improving care for people with chronic conditions who often experience difficult transitions across settings that can compromise quality of care and increase costs. LTQA is exploring how it can be involved as the programs are implemented. Specifically, sections 2401, 2402, 2403, 2602, 2703, 2704, 3021, 3022, 3024, 3026, 3208, 3502 and 3510 that include such programs as Accountable Care Organizations, Medical Homes, Community Based Transition Programs, and Payment-Reform Bundling, all areas where the LTQA can demonstrate leadership and be the voice of long-term services and supports in an arena dominated by physician and acute care systems.

The LTQA believes that a transformative opportunity exists within communities to work to improve health care delivery and long-term services and supports; and proposes to serve as the national convener of innovative communities committed to building relationships, networks, and services required to improve care transition and reduce hospitalizations, break down silos, and improve relationship paradigms for individuals receiving long-term services and supports.

### **December 10, 2010: Innovative Communities Summit**

Over 140 participants gathered at the Georgetown Conference Center to explore the possibilities of participating with the LTQA in a multi-year shared learning and research project. In addition to LTQA board chair Dr. Mary Naylor and workgroup co-chairs Larry Minnix and Dr. Amy Boutwell, Administration on Aging Secretary Kathy Greenlee and CMS Deputy Medical Director Dr. Paul McGann brought welcome remarks to the group. Three case studies were presented highlighting different models of innovative collaborative work already underway. The remainder of the day was spent in intense table discussions and reporting out guided by two skilled facilitators.

**February 2010:** The final report of the Summit, *Innovative Communities: breaking down barriers for the good of consumers and their family caregivers*, was released.

### **February 25, 2011 First Annual Meeting**

The LTQA hosted its first Annual Meeting at the National Press Club. Approximately 140 attendees heard presentations on current issues from Assistant Secretary Kathy Greenlee, Cheryl Powell (Deputy Director of the Federal Coordinated Health Care Office), Dr. Carolyn Clancy (Director of the Agency for Healthcare Research and Quality) and Dr. Paul McGann. Workgroup chairs (Dr. Greg Pawlson, Quality Measurement; Dr. Amy Boutwell, Quality Improvement; and Larry Minnix and Heather Altman, Outreach/Public Awareness) provided progress updates.

## LTQA: POISED TO LEAD STAKEHOLDERS of QUALITY LTSS

With progress needed on many fronts, including wider use of existing measures of potentially avoidable hospitalizations, broader implementation of effective interventions, and general adoption of innovative payment policies, the LTQA is poised to lead by bringing together consumers, providers, health plans, federal and state officials, academicians, researchers, and all key stakeholders to integrate strategies and align efforts around a common goal – **improving the quality of life for people who use long-term services and supports.**