Long-Term Services and Supports (LTSS) Integration

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LTSS INTEGRATION -- WHAT IS IT?

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What Do We Mean By Integration?

- Person and Family-Centered
  - System of Counseling and Assessments to make appropriate placement decisions
  - Single care plan which reflect patient's goals
  - Caregivers participate in the care team
  - Clinical care in the context of the whole person
- Service-Related
  - Single point of accountability for patient outcomes
  - Continuity of Care across settings (Acute/Post-Acute, Post-Acute/LTSS, Acute/LTSS).
  - Care coordination among an inter-disciplinary team.
  - Communication across sectors and settings with EHR and realtime data exchange.
  - Primary care focused on behavioral and physical health; coordinated specialty care.
  - Standardized quality measures of functioning, "quality of life," safety and cost-effectiveness.
- Financial – [Payment Systems]:
  - Aligned financial incentives that reward value.
  - At risk and global payments encompassing a broader spectrum of services
- Organizational
  - Clinical entity contracting with community services.
  - Organizational integration – acquisition, creation of networks and partnerships or internal development.

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Why is Integration of LTSS Important?

- New payment models put clinical providers at financial risk for whole patient and populations over longer time periods and set performance incentives around patient outcomes. Service Delivery increasingly involves more of a payer role.

- Growing fiscal challenge of Medicaid LTSS financing is driving a search for savings and LTSS efficiencies. Need to eliminate duplication, unnecessary cost and poor results of silo-ed care.

- Potential for Medicare savings and outcome improvements from more effectively managing complex chronic conditions that involve the need for LTSS.

- Persons and caregivers need more support to handle the growing complexities of arranging for and providing LTSS and what can be frequent transitions.

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Challenges in Integrating LTSS

- Acute care and LTSS now inhabit two different worlds:
  - Different systems, cultures, regulatory structures and financing.
  - Current System is reactive and responds when person is sick.
  - Difference between healthcare and life-care. LTSS needs to focus on person's ability to function at highest possible level with greatest degree of independence.
  - Community service providers have small budgets, are labor intensive, and are low-tech.
- Danger of over-medicalizing community services and supports:
  - Organizing services and supports around medical conditions rather than functional needs.
  - Internalizing medical heirarchy and approaches rather than recognizing the pivotal role of the primary caregiver, and enabling providers to practice at the top of their license.
- Lack of adequate, affordable insurance coverage and resources outside of Medicaid to pay for LTSS.
- Need for capital for major investment in IT, quality improvement, workforce development in LTSS.
- Quality measurement is still in early stages.

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LTSS QUALITY MEASURES --
WHAT ARE THEY? WHERE ARE THEY?

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NQF Measure Applications Partnership
Current State of Measurement

- Multiple provider types with varying payment structures –
  Particularly differing requirements between Medicare and Medicaid
  1) In H&CBS, many small providers with limited oversight.
  2) In nursing homes – both short and long-stay patients.
- Use of multiple assessment tools to capture similar information – does not facilitate sharing.
- Heterogeneity of population.
- Many transitions.
- Federal reporting requirements differ.
- State of quality today is not easy to discern.
- Difficulty of collecting data & communicating across settings and providers.

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PAC/LTSS Priority Measure Gaps

- Functional Status
- Patient Reported Measures
  - Patient Experience
  - Shared-decision making
  - Establishment of patient/family/caregiver goals
- Care Coordination
  - Communication across settings
  - Transition Planning
    - All settings including community services
    - Timely information to caregivers
- Cost including affordability
- Mental Health

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VNS-NY CHOICE HEALTH PLANS -- EXPERIENCE WITH LTSS INTEGRATION

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VNSNY CHOICE Health Plans
Managed Care Plans for High-Cost Dual-Eligibles in NYC

	Medicaid Managed Long Term Care (MLTC)	***Medicare Advantage* (Special Needs Plans)**	***Medicaid Advantage* (Special Needs Plans)**
Average Census	17,650 MLTC	16,400 members	6,000 members
Benefits and Services Provided	Bundle of long-term care services, including home and community-based, adult day care, meals on wheels, and nursing homes Care management	Medicare Parts A, B and D; Supplemental Benefits: Dental, Vision, Hearing, & Transportation	Medicaid Full range of health services & supports, including: MD, Hospital, Maternity Care, eye care), Prescription Drugs, Treatment Adherence, Inpatient Drug & Alcohol Abuse services, Mental Health services
Payment Source	NYS Medicaid; partially capitated rate: risk-adjusted by population characteristics	Medicare; fully capitated rate: risk adjusted by individual characteristics	Medicaid: fully capitated rate for HIV/AIDS population

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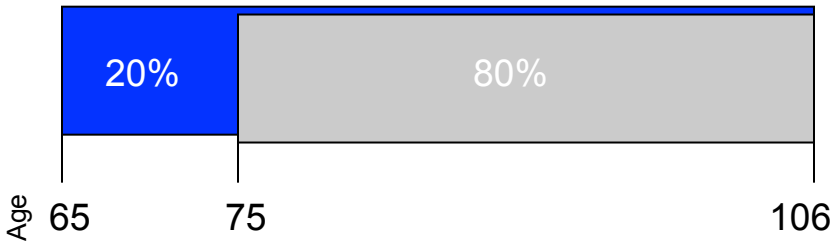
Profile of a Typical VNSNY CHOICE Medicaid Managed Long Term Care (MLTC) Member…

- Average member has 4 chronic illnesses
  - Most common:
    1) Diabetes
    2) Heart Disease
    3) Chronic Obstructive Pulmonary Disease
    4) Hypertension
- Average member has 4-5 functional deficits
  - Requires assistance with numerous activities of daily living & instrumental activities of daily living
- 54% suffer from moderate to severe cognitive impairment
- Ethnically Diverse: African American 19%, Hispanic 33%, Asian 13%,
- Spoken Language: 38% English, 38% Spanish, 11% Chinese, 12% other
- Average member is 82 years of age



- 23% of members live alone
  - 75% of members have a primary caregiver, usually a child
- Generally Poor
- Limited Education: NYS Mandates we provide written materials at a 4th-grade reading level or lower

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Challenges Faced by a Provider Setting up a Health Plan

VNSNY overcame many challenges to create a provider-based infrastructure including several key components:

- **Challenge 1: Building Infrastructure**
  - Standing up a network
  - Credentialing Providers
  - Establishing membership services
  - Creating IT system, etc.

- **Challenge 2: Becoming a Risk Based Entity**
  - Estimating Risks
  - Payments → network - hard to get discounts due to low volume so focus on decreasing utilization and producing good outcomes
  - Need for data to do analytical work
  - Need for data to do analysis and predictive modeling

- **Challenge 3: Creating an Effective Case Management Model**
  - Preparing nurses
  - Moving to interdisciplinary teams
  - Changing practice and culture

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Lessons Learned: Ingredients to Successful Care Management

1) Comprehensive Assessment (including behavioral health)
2) In-person Encounters (including home visits)
3) Specially Trained Care Managers with reasonable workloads –nurses within a multidisciplinary team
4) Physician involvement – care manager works closely with Primary Care Physician
5) Informal Caregiver – support to actively participate in care management
6) Coaching and Education/Counseling – teach patients and caregivers to recognize early warning signs of worsening disease and self-manage chronic conditions
7) Transitional Care – for patients at vulnerable points of hand-offs
8) Robust Health Information Technology System – electronic health record facilitates enhanced communication between nurses and physicians
9) Palliative care approach for individuals with progressive disease

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COMMISSION ON LONG-TERM CARE -- RECOMMENDATIONS ON LTSS INTEGRATION

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Commission on Long Term Care

- Created by “Fiscal Cliff” legislation – passed January 2, 2013
- Began organizing on June 10, 2013
- Convened first meeting on June 27, 2013
- Held 4 public hearings with testimony from 34 witnesses
- Solicited extensive comments from public
- Deliberated in 9 executive sessions.
- Adopted a shared vision on LTSS reform
- Recommendations reached via process of broad agreement

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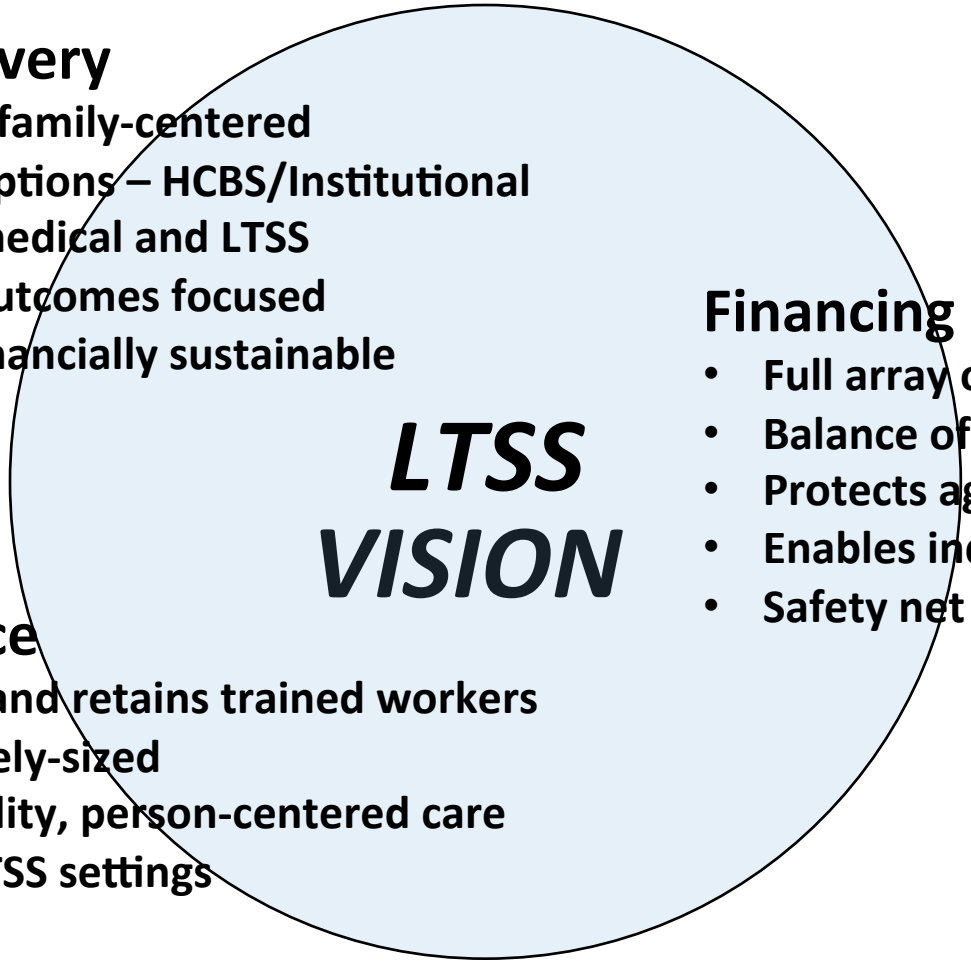
Commission on Long-Term Care



Service Delivery

- Person- and family-centered
- Balance of options – HCBS/Institutional
- Integrated medical and LTSS
- Effective – outcomes focused
- Efficient – financially sustainable

Financing

- Full array of LTSS financing options
- Balance of public/private financing
- Protects against catastrophic costs
- Enables individual preparation
- Safety net for those in most need

Workforce

- Attracts and retains trained workers
- Adequately-sized
- High quality, person-centered care
- Across LTSS settings

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CLTC Recommendations on LTSS Integration

- **Uniform assessment**:
  - a standardized assessment tool that can produce a single care plan across settings.
    - Used to inform LTSS choices by presenting service options based on individual's needs, goals, values and preferences.
    - Is responsive to the needs of different populations
    - Includes the role of all providers and the needs of the family and caregiver and assesses caregiver needs in performing care.

- **Single Point of Contact:**
  - Certification/accreditation bodies adopt standard for incorporating LTSS single point of contact coordinated with or integral to medical care team.

- **Aligned incentives**:
  - CMS/States/Consumers/Providers collaborate to devise creative strategies to encourage rapid widespread adoption of successful integrated care pilots.
  - ACOs and new payment models explore ways to integrate/coordinate with LTSS providers.

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CLTC Recommendations on LTSS Integration

- **Technology:**
  - Use technology to mobilize and integrate community resources and share information across providers, caregivers, and settings.
    - CMS/ONC should incorporate LTSS into current HIT efforts and incentives.
    - Incorporate LTSS care plans in EHRs to share a single care plan across settings.
    - Identify family caregivers in EHR when part of care plan.
    - Innovate and test viable economic strategies for applying tele-health to LTSS.

- **Livable Communities:**
  - Establish a national clearinghouse on successful strategies and encourage model incubators with startup funds and technical assistance to stimulate voluntary community efforts to create livable communities and aging-in-place support programs.

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CLTC Recommendations on LTSS Integration

- **Quality**
  - Increase resources and accelerate timeframes to develop quality measures for home- and community-based settings and develop measures on family experience of care.
  - Work with States to publish quality measures understandable to consumers and develop payment incentives and provider accreditation based on quality.
- **Family Caregiving**
  - National strategy to maintain and strengthen family caregiving
  - Include family caregivers in needs assessment and care planning
  - Encourage expansion of caregiver interventions
- **Direct Care Workforce**
  - Create meaningful ladders and lattices for career advancement
  - Integrate direct workers in care teams
  - Collect detailed data on LTSS workforce
  - Encourage standards and certification for home care workers

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