

State of Assessment Standardization

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Background on Roundtable

- LTQA Annual Meeting 2013: Building Bridges Across the Continuum To Achieve Person-Centered Care
 - *Blending medical and long-term services and supports*
 - *Managing and optimizing the costs of people with long-term care needs*
 - *Using data to promote continuity of care and increase accountability*
 - *Redesigning payments at the state and local level*

Person-Centered Initiatives for LTSS

- Attendees: Many funded by CMS or ACL to develop person-centered initiatives for LTSS populations
- Awardees included
 - Accountable care organizations/Medical Homes
 - Prepaid delivery systems for LTSS and health services (Commonwealth Care Alliance)
 - Residential entities (national church residences)
 - Home-based systems (SASH in Vt)
 - Workforce programs (PEARL):training AAAs in identifying depression needs
 - Data systems like IMPACT funded by ONC to create exchangeable data across caregivers

Take-Home Message

- Person-centered services for LTSS populations need to integrate both health and social support systems around the person's needs
 - Identify entire range of service needs
 - Coordinate resources from both health and LTSS financing streams
 - Communicate across parties
 - Person, families, caregivers (both formal and informal)
 - In-person, phones, fax, internet
 - Standardize language to allow better coordination, communication, information-sharing

Federal Initiatives: Person-Centered Care

- Triple Aims- Better care, lower cost, better outcomes
 - Medicare program
 - Setting-agnostic quality reporting
 - Standardized assessment data to create exchangeable data across providers
 - Meaningful Use to support data exchange across team
 - Accountable Care Organizations
 - Medical Homes
 - Value-Based Purchasing
 - Bundled Payments

Federal Initiatives: Person-Centered Care

- Triple Aims- Better care, lower cost, better outcomes
 - Medicaid LTSS:
 - ADRCs to provide one-stop shopping information
 - Balancing Incentives Program to help states rebalance → stronger community-based LTSS
 - Managed LTSS expansion
 - ACL Transitions Programs
 - Testing Experience and Functional Tools program to provide resources to state LTSS programs

Core Activities Across Efforts

- Manage the person's needs –
 - Determine level of need
 - Identify available resources
 - Provide access to care

- Common Focus Areas
 - Health status
 - Functional status
 - Cognitive status
 - Social supports
 - Financial supports
 - Caregiver needs

Purpose of This Meeting

- Provide an overview of the range of activities relying on coordinating information about the person's needs
 - State mandates
 - Federal initiatives (content, HIT)
 - Federal grants to build systems
 - Resources for content, HIT
 - Federal public domain
 - State public domain
 - Commercial
 - Other
- Facilitate a discussion/set a direction to assist everyone in moving towards standardized, exchangeable data elements for assessing populations with LTSS needs

Meeting Goals

- Discuss commonalities/differences in standardized assessment approaches
- Identify resources states can use to build/strengthen their person-centered LTSS systems
- Identify gaps in resources currently identified
- Prioritize next steps for addressing gaps
- Make recommendations for building a national community around the effort advance standardized assessment items