

**Notes from the Long-Term Care Taskforce Service Delivery Committee Meeting  
Thursday, September 4, 2014 • 1:30 p.m.-3:30 p.m.**

**Meeting Attendees**

Present: Bruce Bondo (co-chair), Tom Brown (co-chair), Joyce Davis, David DeBiasi (Interim State Director, AARP-SC), Cheryl Dye, John Egbert, David Goodell, Victor Hirth, Nikki Hutchison, Ed Keelen, Stella Kelly, Tony Kester, Debra Krotish, Gloria Prevost, Nate Rhodes, Barbara Robinson, Lee Pearson, Eleanor Stein, Sam Wiley

Absent: Valerie Aiken, Teresa Arnold, Melody Bailey, Carol Ann Coker, Tracy Doran, Amy Edmunds, Nathaniel Patterson, Kimberly Rudd, Lynn Stockman

**Meeting Minutes/Discussion Points**

**Overarching Recommendations**

Tom Brown introduced a discussion of several possible overarching recommendations that were included in the meeting materials. These had been drafted to address issues that have come up across the sub-committees. Members offered feedback on the draft language as described below.

*Incubator*

The idea of developing incubators that will implement pilot projects to provide information for state policy development had been discussed at the committee's last meeting; members now reviewed the proposed language for this recommendation. Gloria Prevost noted that the use of the word "concepts" in the draft recommendation would need fleshing out. Tom agreed, saying that each sub-committee will have different items that will make up the concepts in the incubator. Lee Pearson reminded the group of an effort similar to the incubator idea from the field of obesity prevention. Several communities around the state were chosen to be "test sites" for implementing system-wide interventions in preventing obesity including evidence-based and promising practices. Members supported this recommendation in principle.

*Statewide strategic plan*

Tom introduced the idea of recommending the development of a statewide strategic plan. He said that we have different plans from different agencies but no overarching plan. He also noted two areas that have been challenging during the taskforce effort that a statewide strategic plan should address: data collection/analysis and gathering "private pay" information. He asked for feedback about who should be assigned responsibility for the strategic plan; the draft recommendation assigns the responsibility to the Lt. Governor with support from appropriate agency directors.

Discussion points related to this draft recommendation included:

- Gloria said that this recommendation should reflect our broader mission to ensure choice for consumers and to enable people to live in the least restrictive setting. She also suggested that this recommendation should incorporate the requirement that all states have a plan to come into compliance with the Olmstead ruling; since South Carolina does

not have such a plan, we could use the strategic planning process to address and meet that requirement.

- Bruce Bondo said that government alone will not be able to meet the increasing need for services and emphasized that the plan must address the roles of the private sector, families, volunteers, etc.
- Members further discussed the need for/challenges in collecting private pay data. Nate Rhodes suggested that perhaps we could make a specific recommendation about trying to implement a system to collect that data.
- Ed Keelen asked whether our recommendations themselves could be elements in a strategic plan and wondered to what extent our work was expected to be a strategic plan. Lee said that the taskforce effort was not conceived of as a strategic planning process but that hopefully our work could help inform that process.

#### *Mission enhancement and placement of the Office on Aging*

Tom suggested that formally expanding the Office on Aging's mission beyond Older Americans Act (OAA) programs would allow the agency to lead other efforts that are critical in meeting the needs of older adults and people with disabilities.

- Tony Kester noted that the Office on Aging is already expanding beyond the OAA programs, because those will not be able to keep pace with the significant increase in the older adult population.
- Gloria said that the word “enhance” will need more definition.
- Members discussed the pros and cons of moving the Office on Aging. Various possibilities were discussed including making it a freestanding office. The group discussed where other states house their state units on aging. Tony said many are in governor's offices—that placement can be problematic due to the change in leadership with each election cycle. He suggested legislative oversight would be better. It was noted that information on other states' structures is helpful contextual information, but ultimately each state's situation is unique and influenced by many factors (e.g., size of population, political environment).
- Members discussed that many services provided through the Office on Aging/ADRC network are limited to people over the age of 60. Disabilities populations do not have the same access to services as older adults in the current structure. How could a new organizational structure improve that problem? It was noted that when the Area Agencies on Aging transitioned to ADRCs, they were not allotted more money to serve populations with disabilities. This has created a challenge. Joyce Davis pointed out that many people with disabilities are not old enough to receive services via the ADRCs and also do not fall within the DDSN target populations. (Tony reminded the group of another target population that needs attention: aging parents who are caregivers for adult children with disabilities.)

Members then engaged in a broader discussion about the structure of the entire health care system. Gloria said that we have extreme fragmentation in our system—people either fall through the cracks or there are duplicative services. She suggested that we need to address the total health care system but did not feel that sort of comprehensive recommendation would be actionable. Tony said that he felt agencies are working together more now than before.

### *Ongoing data collection/analysis*

Bruce asked members to consider whether there were any other overarching recommendation areas. Discussion focused on whether the committee might formulate a specific recommendation related to ongoing data collection/analysis or whether it would be better to include that issue as part of another recommendation (e.g., the strategic plan or incubator recommendations).

Discussion points included the following:

- Members considered recommending the reestablishment of the Senior Cube.
  - Some members commented that this had been a helpful resource (enabling access to data from various entities) and had even put South Carolina far above other states in terms of data capability. Limitations were also noted, including that data was only generated via an “interaction” with the system.
- Members considered recommending building on existing services like Health Sciences South Carolina.
  - Deb Krotish noted that HSSC is still being molded so our timing could be advantageous. Members noted that this effort includes hospital data and were interested in learning what other kinds of data it does/will include.
- Members noted that funding/long-term financial viability would be the challenging aspect of implementing any ongoing data collection/analysis system.
  - Victor Hirth said that we would need to show what the return on such an investment would be. Tom noted that the data would be used in the statewide strategic plan, incubator research and program evaluation. Joyce noted that it could be used to demonstrate need and enable the state to more effectively apply for national grant opportunities.
- Members discussed the idea of recommending a longitudinal population study.
  - Tom said that this kind of study would take a lot of money but would enable us to answer a lot of questions we cannot answer now. He noted that other cities have undertaken this kind of research, including Baltimore and Framingham.

### **Sub-Committee Reports**

Each of the three sub-committees provided a brief update on its work, referencing the handout provided in the meeting materials that listed the recommendation areas being explored.

Additional discussion points of note are listed below:

- Members discussed the idea of moving the recommendation to develop an abuse registry to our list of overarching recommendations.
- Tom suggested that the recommendation to develop a statewide fall prevention program be included as a part of the other wellness and prevention recommendations.
- Tom said he felt that rather than having “service gaps,” we have “funding gaps.” He suggested that we have a full array of services in our state but not the funding to make them fully accessible.
- The potential disparities between the availability of services in rural vs. urban settings was briefly discussed. Tom encouraged the Service Options Sub-Committee to further consider this issue and think about developing a rural incubator where rural service delivery models could be tested. Nate noted that the sub-committee felt technology could be helpful in meeting the needs of rural communities. Deb mentioned that MUSC has a grant for telehealth and is looking to disburse funds. Cheryl Dye emphasized the need for

both “high tech” and “high touch” interventions; Tom agreed noting that social isolation can cause a downward spiral.

- Gloria discussed how the “9 to 5” model does not always serve consumers well and noted that issue affects both service delivery and access. She said that this concern had been raised in the Behavioral Health Taskforce as well.
- Cheryl brought up the idea of developing a program to train “on-the-ground” points of contact to help monitor the well-being of individuals living in the community. Examples of people who could serve in this monitoring role include home-delivered meals volunteers, EMTs and mail carriers. Deb mentioned that Palmetto Health had a grant to engage EMT and Fire Department professionals in a similar role; she can find out if there have been results from that work yet.

Each sub-committee should plan to bring a list of draft recommendations to the next full committee meeting. Tom and Bruce thanked the members for their work and the progress that has been made.

### **Priority Setting Criteria**

Tom explained that once the sub-committees completed their work, we would have to prioritize which recommendations are most important and should be submitted to the steering committee. The priority setting criteria, which the group had discussed in May, will be used for that purpose. Each member present was asked to choose his/her top three priority setting criteria. After the votes were cast, the criteria were divided into the following categories:

- High importance – scope, effect/impact, likelihood of success
- Medium importance – alignment with needs/preferences of consumers, improved efficiency
- Low importance – quality improvement, available resources, access to services

Members discussed that many of these criteria are actually interrelated and overlapping, and all of them will help provide a framework within which to discuss prioritization.

### **Timeline moving forward**

Lee explained that the committee should plan to submit its draft recommendations to the Steering Committee by the end of September. We will then wrap up the committee meeting process in order to move into the “sense-making” phase of our work, which will include refining the recommendations and linking/coordinating them across the committees as well as building our case (i.e., formulating a strong narrative around the recommendations and gathering additional data points as needed). He expects that work will probably go through early December.

Lee noted that the overall taskforce timeline has been driven by the Governor’s proclamation, which references the release of recommendations relating to family caregivers by January 31, 2015. Since the proclamation is so specific to family caregivers, we are now thinking of developing a preliminary report highlighting recommendations germane to family caregivers from across the committees that could be released by January 31. We estimate that the full report would then be released in April while the General Assembly is still in session. By extending the timeline for the full report, we can better ensure sufficient time for its development and review. The IMPH board will review it after it is finalized by the Steering Committee, and IMPH is considering engaging 3-5 independent reviewers to give feedback as well. Gloria

suggested the review panel might include people who are outside of the LTC field, such as legislative staff or members of the media. Finally, Lee reminded the group that IMPH is convening a Communications Committee to develop a messaging/communications plan for the release of the report and that staff members are working with the Steering Committee on legislative outreach as well.

### **Family caregiver issues and possible recommendations**

The group turned its attention to the chart of recommendations specific to family caregivers included in the meeting materials. Lee noted that since we have pulled these recommendations from across the four committees, we want to take a comprehensive look at them and make sure there are not gaps or other areas that ought to be addressed. Bruce emphasized the critical importance of family caregivers as a part of our LTC system. Victor asked about the use of the term “family caregiver,” since informal/unpaid caregivers can be friends, neighbors, etc. It was suggested that another term be considered or that the term be broadly defined within the report. Other issues/possible areas of recommendations related to family caregivers were discussed:

- Members discussed exploring leave policies and cross-referencing the FMLA.
- Nate suggested exploring EAP subsidies for long-term care insurance.
- Gloria suggested tax incentives to encourage businesses to support family caregivers.
- David Goodell suggested that increased use of technology could help family caregivers.
- Cheryl Dye mentioned the idea of creating a “time bank” for volunteer caregiving and said that a “time bank” pilot is being tested in Spartanburg. Gloria said that kind of idea would be an excellent recommendation; it would not ultimately require large funding (though start-up funds might be needed) and would enable better use of state funds.
- Stella Kelly noted that employers could play a role in encouraging volunteerism. She said that her office used to allow employees to volunteer for four hours per month.
- Victor said another area that might be useful to explore relates to communication between patients/families and their doctors. Cheryl cited the “Ask Me 3” campaign as a useful tool in improving communication between people and their healthcare providers.

Members were thanked for this feedback and asked to continue to think about other potential recommendations relating to family caregivers.

### **Wrap-up and adjournment**

Special thanks to AARP South Carolina for hosting this meeting. The Service Delivery Committee will next meet in early October; exact date and location will be determined via email in the coming week. The October meeting will fundamentally be our last committee meeting; we will be looking at and prioritizing recommendations to be submitted to the Steering Committee.