

**Notes from the Long-Term Care Taskforce Service Delivery Committee Meeting
Thursday, August 7, 2014 • 2:00 p.m.-4:00 p.m.**

Meeting Attendees

Present: Tom Brown (co-chair), Tracy Doran, Cheryl Dye, John Egbert, David Goodell, Victor Hirth, Nikki Hutchison, Gloria Prevost, Nate Rhodes, Barbara Robinson, Lee Pearson, Eleanor Stein, Lynn Stockman, Sam Wiley

Absent: Valerie Aiken, Teresa Arnold, Melody Bailey, Bruce Bondo (co-chair), Carol Ann Coker, Joyce Davis, Amy Edmunds, Sheena Janse, Ed Keelen, Stella Kelly, Tony Kester, Debra Krotish, Nathaniel Patterson, Kimberly Rudd

Meeting Minutes/Discussion Points

Updates from Recent Steering Committee Meeting

The meeting opened with a brief report on topics covered at the July 23 steering committee meeting:

- Lee Pearson explained that each of the four taskforce committees provided an update. Tom Brown noted that there continue to be areas of overlap among committees, including issues related to care coordination, information and referral and caregiver support/training. Staff will continue to try to manage that overlap as much as possible—and once recommendations have been put forth from each committee, there will be further coordination and refinement as needed.
- Lee also reported that IMPH is reaching out to communications experts from various stakeholders to form a Communications Committee that will develop a messaging/communications plan for the release of the report. Staff and steering committee members are also coordinating outreach to elected and appointed officials and other key stakeholders.

Forecasting future need for services

Tom noted the importance of forecasting the future need for various levels of care and various settings of services. He shared a graph that he had created using census data and population projections to begin to forecast that need for the 65+ population. The graph estimates projected need through 2020. Tom noted that his graph was just a first effort at projecting need and would require further refining. In response to this effort at projecting the need for services, discussion points included the following:

- Members noted that people with dementia will represent a growing proportion of the need at all levels of services/in all settings.
- Members discussed the need to investigate sources regarding population growth/trends for people with disabilities under the age of 65.
- Members discussed the need to estimate projected costs that will be associated with the growth in need for services as well. (Tom also noted that the graph does not reflect how much care is provided informally by family caregivers and how much is “private pay.”)

Nikki Hutchison said that as we craft our message for the written report as well as for outreach purposes, visual representations of the issues (e.g., easy-to-understand graphics) will be crucial. Lee agreed and said that we are planning to incorporate infographics and other visual representations of the acceleration in population growth and projected costs as key elements in the report.

As a part of the discussion about projecting the volume of need for various levels of service, Tom noted research that had been conducted years ago comparing the level of need for people in nursing facilities, PACE and Community Long Term Care. He said that while we often describe the people in these three programs as all needing “nursing level care,” the research demonstrated that the level of need is different among these three programs. Eleanor Stein will follow up with SCDHHS to see if the report is still available and can be shared with members.

Service Options Sub-Committee

Nate Rhodes reported that the Service Options Sub-Committee has been working its way through discussions of the different points on the long-term care spectrum (e.g., hospice, home health, assisted living and skilled nursing facilities, respite options) and discussing possible recommendations. Now that the members have had detailed conversations in most of these areas, they are working to “back up a level” to solidify substantive, actionable recommendations. To that end, they are seeking input from several service matter experts, including Heather Jones from the SC Home Care and Hospice Association who will be consulted on hospice issues and Pete Liggett from SCDHHS who will be consulted on possible recommendations that relate to Medicaid services/programs. Nate also noted that the sub-committee had discussed issues related to case management—and how people require various levels of case management services, ranging from simple needs for information to more complex needs for guidance and case management. Following this report, discussion points included the following:

- Tom emphasized the need to use numbers to drive our recommendations.
- Members discussed the need for/importance of appropriate training for respite providers.
 - David noted that DDSN has engaged the SC Respite Coalition to develop respite training modules.

Service Coordination & Transitions Sub-Committee

Barbara Robinson reported that the Service Coordination & Transitions Sub-Committee had decided to focus on issues related to: transitions, prevention and care preferences. She noted that those are still very broad areas. Victor Hirth said that one possible specific recommendation could relate to improving discharge summaries. He suggested recommending a discharge summary template that would cover fundamental elements to be addressed in transitions (e.g., dietary needs, prior/baseline level of function, nutritional status). Members noted several resources related to transitions documentation:

- Tom noted that the INTERACT (Interventions to Reduce Acute Care Transfers) program has forms that we should consult. See <http://interact2.net/> for information and tools.
- Cheryl Dye recommended consulting with Laure Cole of the South Carolina Hospital Association who has been leading a care transitions collaborative called Preventing Avoidable Readmissions Together (PART). See <http://www.scha.org/part> for more information on PART. Cheryl also mentioned the work of the Health Coordinating Council as a possible resource in this area of interdisciplinary dialogue.

- Barbara mentioned two specific projects related to transitions issues: 1) the Upstate Care Transitions Coalition, which is led by the Appalachian Council of Governments Area Agency on Aging and has received a CMS grant to reduce readmissions in Cherokee, Spartanburg and Union Counties and 2) a care transitions program in Waccamaw.

Quality and Safety Sub-Committee

The Quality and Safety Sub-Committee is planning to make recommendations as outlined below (exact details TBD):

- Recommendation for a statewide fall prevention program
- Recommendation for a statewide abuse registry
 - Nikki suggested we be cautious about this recommendation, because it might not be actionable. It was noted that past efforts to develop an abuse registry had been unsuccessful, due to difficulties associated with finding an agency to house it and funding the development and maintenance of it. Other members emphasized support for such a recommendation, citing the importance of protecting vulnerable adults and the fact that the Legislative Audit Council recently recommended the development of an abuse registry.
- Recommendation to address cuts to APS funding levels
 - Gloria Prevost emphasized that addressing cuts in funding to APS should not be the only way to improve services for vulnerable adults served by APS. She suggested that there is much less importance placed on APS (as compared to CPS) in our state and noted that there is no federal funding or oversight of the Adult Protective Services program.

David Goodell noted that the Quality and Safety Committee has also considered taking up issues related to nurse delegation of caregiving tasks. Discussion about this topic included both points for and against addressing nurse delegation issues, including the following:

- It was noted that this issue can be very controversial, and there had been an effort to address this several years ago that had met with great opposition.
- The Long-Term Services and Supports Scorecard ranks SC very poorly in this area; SC only allows one out of the sixteen health maintenance tasks that are addressed in the scorecard to be delegated. (The average number that states allow to be delegated is 9.5.)
- Due to the nursing shortage, issues related to nursing delegation might be both more acute and more complicated.
- It was also noted that other states have been able to implement changes successfully in this arena so there are models that we could look to.
- David said that allowing delegation of certain tasks would make a big difference to the population served by DDSN.

Potential recommendation regarding pilot project

Tom said that the committee might put forth a recommendation outlining a pilot project that could gather information to assist in the development of state policy. He suggested that this pilot project might incorporate the idea of pooling resources to better meet people's preferences—and noted that idea would require state and federal approval. Nikki said it would be helpful to know if other states are doing anything like that. Tom said that assistance from SCDHHS or a

legislative staffer would be helpful in researching other states' efforts. The following ideas/themes were discussed for the pilot:

- Gloria noted that the Final Rule is going to be a major driver changing Medicaid services and suggested that our pilot project could be related to that.
- Tom wondered whether the pilot project might somehow be tied to the Duals Demonstration.
- John Egbert suggested bringing in the concept of an incubator. He said we could think about what data we want to collect. Can we create an environment where we can test different models of care? Members expressed support for the incubator concept.
- Gloria suggested that fall prevention might be a good area of focus for the pilot/incubator.
 - Members agreed fall prevention could be a good area of focus because it includes various levels of intervention (that could incorporate both lay leaders and professionals) and could have broad appeal.
 - Tom noted that best practices around fall prevention have been established so asked whether another area of focus might be better. Other members noted that rather than testing the best practices themselves, we would be testing the implementation of those best practices.
- Other suggestions for the pilot/incubator were discussed, including:
 - Issues related to transitions and transitional documentation, particularly focused on the transition from hospital to home
 - Technology testing, particularly in-home technologies

Lee noted that the pilot could test out bold ideas that have come up in various committees. Nate suggested that we could propose testing in both rural and urban areas. John emphasized the importance of data collection and a strong evaluation plan. Finally, Tom asked that, during upcoming sub-committee meetings, members discuss further what realms might be tested or included in the pilot/incubator.

Additional items, wrap-up and adjournment

Members discussed how to ensure that the taskforce report receives attention so that the recommendations can gain traction and ultimately be implemented. Members expressed concern about how to adequately convey the urgency of the situation we face. Various strategies to communicate our recommendations, and the urgency of the needs they address, were discussed, including:

- Framing our work with effective messages such as those that highlight potential cost savings and those that highlight the costs of caregiving (e.g., lost productivity, absenteeism);
- Implementing a multi-layered outreach plan that will include targeting elected officials, the business community, the general public, etc.;
- Using nontraditional media; and
- Earning high-level attention via the support of the taskforce chair and the IMPH board.

Special thanks to Lutheran Homes of South Carolina for hosting this meeting. The Service Delivery Committee will next meet on September 4 from 1:30-3:30 p.m. at AARP South Carolina.