

Key Themes from Current System Evaluation Meeting, May 4, 2006

Committee Members in Attendance

Name	Organization
Alfie Alvarado- Ramos	<i>Deputy Director, WA Dept. of Veterans Affairs</i>
Amy Crewdson	<i>Columbia Legal Services (WSBA)</i>
Hilke Faber	<i>Resident Councils of WA</i>
Brigitte Folz	<i>Harborview Medical Center, Seattle</i>
Lynn French	<i>Administrator, The Cannon House</i>
Nora Gibson	<i>Executive Director, ElderHealth NW</i>
Candice Inagi	<i>SEIU-775</i>
Sheila Masteller	<i>President, VNA Home Health Care Services (Spokane)</i>
Bernadette McBride, MS,	<i>President, Legacy Management in Kennewick</i>
Wendy Mitchell	<i>Administrator/Care Manager, Foothills Adult Family</i>
Toby Olson	<i>Governor's Committee on Disability Issues and</i>
Irene Owens	<i>ADSA</i>
Lua Pritchard	<i>Executive Director, Korean Women's Assoc.</i>
Jim Roe	<i>San Juan Rehabilitation and Care Center</i>
Sam Wan	<i>Executive Director, Kin On Health Care Center</i>
Martin Woodin	<i>President of King Co. Chapter of WA State Residential Care Council of Adult Family Homes</i>

Information About and Access to Services

1. *Information availability needs to be improved:*

- There needs to be a central gateway for information.
- Most people wait until there is a crisis before accessing information on LTC; there needs to be education of public about the availability of information and where to obtain it.
- After-hours access to information is not prevalent among current sources.
- Entry points to long-term care are not knowledgeable about what all the players in the system actually do and what services are available.

2. *Access to services:*

- Timeliness of access to care is highly dependent on the ability to collect necessary information and ability to navigate the system in the right sequence of steps.
- It takes a very long time for some people needing services to get through the application process; both the financial eligibility process and the program enrollment process.
- There needs to be a network of “consultants” who can help people walk through the system and who provide a consistent resource to rely on throughout the process. These should be consultants to assist with the process, not case managers.

3. *Specialized situations:*

- Information about youth transition to adult system needs to be provided as early as possible in high school.
- DD case management ratios are inadequate to achieve the goal of good, rapid information and service access.
- For language minorities, access to the long-term care system is very limited; there needs to be more options developed to assist these populations.

- It is difficult for new persons entering the system to access primary care.
- People are not developing plans to address end of life needs. End of life assessments are lacking in the current system.

Delivery/Infrastructure

1. *Delivery of Services:*

- Need to foster neighborhood models of service delivery.
- The long-term care system needs to provide equity of services between populations instead of building silos of services for specific populations while not addressing comparable needs of other populations.
- Need to start supporting community services to expand their abilities related to providing health care aspects of service.

2. *Services/Providers:*

- Insufficient availability of specialty providers in some areas of the state.
- Local access should be available to all types of services -- There are big gaps in available services in some areas; no providers in some areas; providers are not qualified to deal with special populations in some areas.
- Need more PACE-type providers.
- More services are needed to keep people out of the acute care system and institutional long-term care; ADC, respite, etc.
- Consumers and families need education on rights to change providers if desired.
- Services need to address not only medical aspects; they need to address behavior and habilitation needs.
- Case management needs to marry nursing and social services models.

3. *Direct Service Workforce:*

- A stable, qualified workforce is needed; current system has substantial shortages and high turnover.
- The IP registry has not developed across the state as was initially planned.
- Need to understand the impacts on the 30-50 year old women who are providing the majority of informal caregiving.

4. *Issues to Consider for the Future Delivery System:*

- Should plan long term care system as if the current array of services is not enough for the consumers of the future. They will be much more involved in deciding what form care will take.
- There is a lack of capital resources available to transition from the 60s-70s model of long term care facility to what people will want in the future.
- In 2020, consumers will be more demanding that workers are knowledgeable about their needs when asked and that the workforce be stable and of sufficient numbers to deliver quality care.

5. *Protection and Dispute Resolution:*

- There needs to be more complaint investigation.
- Consumers need a voice in the regulatory process and dispute resolution processes.
- The Adult Protective Services program is not working adequately.
- Financial exploitation by adult children is siphoning off money otherwise available for private pay care.

6. *Specialized Situations:*

- There is a deficit in efforts to enable the mental health population to have a voice in how they participate in the system.
- There are issues around the inappropriate institutionalization of the DD population.

Financing/Reimbursement

1. The concept of choice is only as good as the availability of qualified providers willing to serve at the rates being paid.
2. There is a need for increased funding levels to address rising costs being experienced by community care providers.
3. Need to evaluate the level of cost shifting that is occurring in community-based services.
4. Illogics of where case mix is being served versus rates that are being paid; need an independent analysis of rate structure.

Quality

1. Changes to law and rules need to be measured in terms of being person-centered with positive outcomes.
2. Regulations are oriented to micro-management rather than standards of operation such as are exemplified in JCAHO requirements.
3. Training requirements for workers are insufficient. Takes a lot less to be an in-home worker than many other professions that do not involve such direct contact with the individual.
4. The state needs to monitor the quality of provider organizations that are entering the state by buying up existing providers.