



Long Term Care Coordinating Council

Regular Meeting
January 8, 2014
10:00 a.m.
Child and Family
1268 Eddy St. First Floor
Providence, RI

DRAFT MINUTES

Kathleen Kelly	Jennifer Reid	Sally Hays
Nicholas Oliver	Jim Nyberg	Nelia Odom
Aida Crosson	Kathleen Keren	Maureen Maigret
Bill Flynn	Rebecca Boss	Thomas Marcello
Dianna Shaw	Bonnie Larson	Rebecca Martish
David Gifford	Bonnie Sekeres	Alison Croke
Holly Garvey	Virginia Burke	Renee Rulin
Ken Pariseau	Catherine Taylor	Deanna Casey
Maria Barros	Lisa Pontarelli	Cynthia Conant-Arp
Donna Leong	Sadie DeCourcy	Mary Lou Moran
Lt. Governor Roberts		

1. Welcome

Lt. Governor Roberts called the meeting to order at 10:02 a.m.

2. Approval of Minutes

The meeting minutes from December's LTCCC were approved. There were no amendments brought up. Please view the LTCCC's previous minutes on the RI Secretary of State's website.

3. Nursing Homes Update

Ray Rusin, Office of Facilities Regulation in the Department of Health, presented on the quality of nursing homes report for the month of December.

Charlesgate did not have a survey conducted in December. It has been monitored every two months after being cited for substandard quality of care. Maureen Maigret asked if

Cortland Place is still being monitored. Ray stated that Cortland Place has been in compliance, but its formal monitoring has ended. Kathy Heren asked if there was a special monitoring for Cortland Place under CMS. Dianna Shaw, interim director at Cortland Place, stated that Cortland has not been cited for any violations in the past eight months. She explained that CMS picks five of the worst performing facilities to monitor, although there is some discretion in how the performance metrics are defined.

4. Quality Improvement in Long Term Care Facilities – Presentation

Dr. David Gifford currently works at the American Health Care Association. He was the previous Director of Health in Rhode Island.

Please refer to Dr. Gifford's presentation for details. Discussion from the LTCCC members is transcribed below.

Lt. Governor Roberts asked if there was any data that showed a correlation of quality care and whether the nursing home was individually or corporately owned. Dr. Gifford stated that there is no correlation between ownership and quality of care. However, he mentioned the high correlation between staff turnover rate and quality of nursing homes. The facilities with a higher turnover rate often provide lower quality of care. Facilities are often not able to raise pay for their staff members because the Medicaid reimbursements are fixed per person. Dr. Gifford mentioned that for-profit facilities take more Medicaid patients, whereas the non-profit facilities have more private payers.

There is an AHCA/NCAL Quality Award Program that is given to the facilities with performance excellence in the nation. Rhode Island's Grand Islander Nursing Home received the gold award last year.

The AHCA vision for the future of the healthcare system is the linkage of payment with quality, patient-centered care, and integrated care across providers.

The easiest linking of payment and policy is the withholding of payments to the facilities. However, there are no real gains to quality because this is a cost-savings tactic. There is a lot of cost shifting between Medicare and Medicaid; there needs to be a move towards duals. Currently, the Rhode Island implementation of the Integrated Care Initiative is shifting to managed care; it will incur a higher administrative cost, but will not be able to cut costs of care. Dr. Gifford stated that Rhode Island's Integrated Care Initiative model does not allow for cost savings.

Dianna Shaw stated there is very little money to care for dementia patients because there is no Medicaid waiver for dementia. AHCA would like to see improvements in person-centered care with greater focus on end of life care and dementia friendly care. 63% of long-stay patients have dementia and they need 24-hour care.

AHCA lists ways to implement improvements: linking payment to quality on outcomes that matter, improve leadership training, revising state licensing laws to allow

innovation and integration. Dr. Gifford stated that the PACE program in Rhode Island shows many of the innovative techniques that are needed for the future of healthcare. He stated that Rhode Island required PACE to obtain 8 licenses before it could start, which he said was a barrier to innovation.

Virginia Burke asked if the length of stay is actually a quality measure. She commented that it was a very tenuous variable. Dr. Gifford stated that length of stay is not used as a quality measure. Instead, it is used to develop measurement guidelines.

Bill Flynn mentioned that he had seen a presentation from Washington state that outlined a plan to shift money to community care. The presentation noted that more important than quality of care measures is the quality of life and agreement on the payment structures. Bill asked how this could be applied to Rhode Island. Dr. Gifford stated that the licensing program is a barrier to innovation. The licenses are set up to preserve existing relationships and the status quo. The state institutional structures, he stated, are not helpful for the organizations that are trying to be innovative.

Lt. Governor Roberts asked how Rhode Island can build leadership in long term care. Dr. Gifford stated that there needs to be leadership built at the unit level, not just at the executive level. He stated that there is little incentive for leadership training and clinicians do not necessarily have leadership training.

5. Advancing Excellence Campaign and Quality Measures

Nelia Odom, Senior Program Coordinator for Healthcentric Advisors, presented on the Advancing Excellence Campaign, which is the largest voluntary group working to help make nursing homes better places to live, work, and visit.

Rhode Island was the first state to have 100% participation in the Advancing Excellence campaign. There are medical goals that nursing homes should meet, as well as community and social goals. The medical goals are self-reported. If the facilities submit their own data, there are charts and graphs that show how the facilities compare statewide and nationally.

Maureen Maigret asked if the Advancing Excellence Campaign is funded by a CMS grant. Nelia stated that this is not a CMS grant-funded endeavor.

6. Alzheimer's Update

Sadie stated that we have met with three of the task forces: Online resource, family caregivers, and professional workforce. There are good insights to move forward with the recommendations. We are trying to look for consistency. We will let you know about the other meeting dates.

7. Integrated Care Initiative (ICI) Update

Alison Croke gave an update on the M.O.U. and ombudsman grant. The M.O.U. will bring the ICI partners into a three-way contract. The M.O.U. discusses EOHHS's contracts, models of care, types of benefits, and financing arrangements for Rhode Island's ICI.

The ombudsman grant application is due on Tuesday, January 15th and there was a meeting earlier in the week where stakeholders could discuss it.

There is an Integrated Care Initiative Consumer Advisory Council on Wednesday, January 15th. There will be a more in-depth overview of the M.O.U. and ombudsman grant during the ICI CAC meeting.

8. Public Comment

Lt. Governor Roberts stated that there will be a new initiative soon through the LTCCC in partnership with SAGE for LGBTQ elder care. Additionally, there will be a workforce that will look at transgender health (broadly, not just in the long term care arena).

Maureen Maignet asked if there was any information on the state budget for the new year. Lt. Governor Roberts stated that the budget will most likely be announced at the State of the State event on Wednesday, January 15th.

Virginia Burke stated that there is a Joy Through Art fundraiser coming up. More details will be sent through email.