

Ensuring Quality in Home and Community-Based Services:

My name is Neil Johnson and I am the Executive Director of the Minnesota HomeCare Association representing about 250 home care agencies throughout the state of Minnesota. I am also a member of the Minnesota Leadership Council on Aging. Thank you for the opportunity to appear before you today and for your work on these timely topics.

I would like to talk about how we can ensure quality in home and community based services. As you can imagine getting your hands around what quality means can be challenging. Medicare certified home care agencies have measurable outcomes with which to gauge progress on a number of publicly reported areas such as rehospitalizations, falls, taking of oral medications, etc. Other home and community based services are measured on the number of services that are provided or the time frame by which they are delivered. Many programs like personal care attendant services have no real measures other than to document if the services were delivered. Oversight by the Minnesota Department of Health and the Department of Human Services for certain licenses provide some measure of quality by documenting compliance with rules and to some extent consumer satisfaction.

Do any of these things really ensure quality? I don't think so. Instead we must start with the consumer. Most programs have some kind of assessment process to determine needs, level of care, and eligibility. In fact the new COMPASS tool that is being developed and tested by the state of Minnesota will go a long way to ensure some continuity in approaches to a comprehensive assessment process across funding sources and programs.

As we enter the age of the savvy consumer we will need to think of more creative ways to ensure quality. First of all providers need to be transparent with regard to services and costs. Service Agreements/contracts should clearly spell out what services will be provided and what those services will cost. Second, we need to make access to services easier to navigate. We have such things as the Senior Linkage Line and Minnesota help.info and they are wonderful resources. But we need to make sure that consumers are given information on available services as well as those that are providing quality services and there is follow through in the form of care coordination to make sure the services were provided in the best way possible. We have often talked about a report card approach which would be helpful to consumers but we need to be careful about what we are sharing and how accurate the information is. We also need to embrace technology in order to provide services in the most cost effective, efficient way possible. Such things as being able to exchange information remotely through telehealth, a single repository of information like electronic health records, and assistive technology to help keep seniors in the homes. Internet connectivity can help families track services for their loved ones and remotely participate in their care planning. We need to add broadband width to rural areas of the state in order to take advantage of some of these forms of technology.

What kinds of information would be helpful to know?: How long has the agency been in business? What are the qualifications of the staff? How long have they been there?

What is the turnover rate of the staff, including key positions like nurses, home health aides, etc.? What is the extent of their criminal background study? Have they had a recent survey by the Health Department? If so what if any were the citations? If they have not had a recent survey, when was the last survey? Have they had a substantiated complaint against them? What services do they offer? If I have a problem, who do I call or communicate with? Is there a policy to resolve issues with the consumer? Does that agency have a measurable work plan? What is it? How does the agency communicate with the consumer/family about the Care Plan? If there is a willing and able caregiver in the home how does that person receive support from the agency? What kind of training do the staff receive? If there are changes in the consumer's health or condition how is that handled? This is a starting list of questions. I am sure there are many more. Advocating for a broader Bill of Rights like we have in Minnesota is good and something to build on.

So in conclusion, quality means different things to different people. If we start with the consumer and listen to their needs we are on the right track. Next providers of home and community based services must have practical measures of outcomes across payment sources and programs. There needs to be regular oversight by regulatory bodies. We must all collaborate and cooperate to ensure that providers are working toward a goal of either restoration or maintenance of consumers of services and can provide the highest functioning level possible for the consumer so that they can live in the least restrictive environment possible. Thank you.