

CMS / LTC Pre-Survey
Results and Analysis
April 25, 2013

The pre-survey was sent to all twenty members of the CMS/LTC Study group. Fourteen members responded.

The order of the themes in response to the two open-ended questions is listed according to the number of responses, with the themes with the most responses listed first. The members original responses are listed under the theme summaries (which were abstracted by an APD staff member).

QUESTION NUMBER ONE: “Given what you know today, are you in favor, in opposition, or neutral on integrating long term services and supports (LTSS) financially and administratively into Coordinated Care Organizations (CCOs)?”

Strongly Oppose			Neutral				Strongly Favor			Mean	#
1	2	3	4	5	6	7	8	9	10		
21.4% (3)	7.1% (1)	14.3% (2)	7.1% (1)	28.6% (4)	0.0% (0)	0.0% (0)	14.3% (2)	7.1% (1)	0.0% (0)	4.29	14

- 21.4% Favor integration of LTSS into CCOs
 - No one strongly favors integration
- 28.6% Are neutral
- 50% Oppose integration of LTSS into CCOs
 - 21.4% Strongly oppose integration

QUESTION TWO: “Please identify three challenges and barriers involved in integrating LTSS into CCOs.”

Theme One: CCOs lack the experience and expertise to handle the LTSS System.

- a. CCOs lack expertise/experience to tackle LTSS system which is why current State law has provided CCOs with scope of focus.

- b. CCOs have plenty on plates already trying to figure out how to create culture and practice of using social model rather than just medical model of delivery
- c. The CCOs lack the expertise in the delivery of LTSS and the understanding of community based waiver services.
- d. The CCOs are still in their infancy and just beginning the journey of integration within a global budget.
- e. CCOs lack experience providing LTSS/HCBS and because they differ so dramatically from acute care services, they would be operating two sets of services with different outcomes and delivery paradigms.
- f. Poor understanding of the LTC work by the physical health system and vice versa.
- g. The utter lack of any Oregon CCO experience with Medicaid LTCSS.
- h. Senior and Disability Services has the experience of administering home and community based services and has learned many of the details that are necessary to administer an efficient and quality based program. A local CCO will not have this experience and would have to start from the very beginning.
- i. In some areas there is a lack of geriatric care expertise.
- j. CCOs have no experience running LTC.
- k. Senior and Disability Services administer home and community based services for the state of Oregon and has a statewide system of field offices from which they administer this program. The local CCOs would all have to individually develop infrastructure to gain the experience necessary to deliver an efficient and quality based program of long term services and supports. It is hard for me to see how this could happen without a short term and perhaps long term decline in efficient and quality of the long term supports and services program.
- l. County/State LTSS are current experts.

Theme Two: *The “negative diversity” of systems (varieties in levels of support, variety in interpretations of laws and regulations, variety of resources and delivery systems) around the state, and the differences between CCOs and LTC may put the quality of care at risk.*

- a. Resources; the level of resources and leverage varies around the state, so the ability to assure quality and client choice, dignity and other values may be at risk
- b. Unequal services around the state due to finances, demographics, availability of care facilities, and etc.
- c. Complexity
- d. Negative diversity of systems due to CCOs' independent approaches.
- e. Separate streams of money combined with different (sometimes competing) rules
- f. The delivery systems are very different
- g. The variety of CCOs (ranging from nonprofit to profit); uncertainty of mission and values being adhered to.
- h. Regulations subject to variety of separate interpretations.
- i. Payment systems for LTSS are not handled through traditional claims adjudication processes and the interoperability of medical records between LTC and Acute care is virtually non-existent.
- j. Medical vs. social model; capitation doesn't service LTSS well

Theme Three: *Worries about finances, funding and resources*

- a. Making sure there is proper funding
- b. Expectations for savings based on national averages may be too high
- c. Funding challenges
- d. Competition for resources always means less for Seniors; Advocates for other groups are generally much more successful.
- e. Money being shifted for vulnerable populations.
- f. Financial risks to CCOs
- g. Medicare beneficiary opt outs
- h. Funding models

Theme Four: *Oregon has one of the best LTC systems in the United States.*

Why Change?

- a. Our current system is a model for the nation so why would we destroy it?
- b. Currently, the Aging and People with Disabilities program is delivering one of the best systems of long term supports and services in the country. Home and community based long term supports and services have been administered by Senior and Disability Services for

- over 30 years. A deep infrastructure has been established to coordinate all the aspects of long term supports and services. A local CCO will not have the infrastructure in place and will need to set it up very quickly.
- c. The placement of a highly successful national model of LTSS in to a capitated medical model must be "evidence based" as to what and how this would work (there is no research showing such to date) and Do NO Harm to either consumers (current/potential) or stability of existing LTSS system.
 - d. CCOs have no demonstrated commitment to consumer-focused and directed, quality services, which are the key to Oregon's success as national leaders in HCBS.
 - e. No saving to be had in the system

Theme Five: *Worry that state oversight will not be sufficient*

- a. We cannot leave important decisions like the allocation of resources only to local CCOs; some control and decision-making power must be left to the state.
- b. Reduced state oversight and control
- c. Oregon law

Theme Six: *Worries that implementation of change will lead to increased workload and/or use of resources*

- a. Multiple demands for time and resources to implement
- b. Incredibly heavy workload for LTC case workers

Theme Seven: *Anxiety about change*

- a. Cultural shift in thinking; after a long history of statewide changes to community based and long term care, I'm sure there is anxiety about it changing

QUESTION THREE: “What are three opportunities and positive outcomes that may arise from integrating LTSS into CCOs?”

Theme One: *A better coordinated, comprehensive system of care and workforce development could be created, with information sharing and no cost shifting.*

- a. A chance to build upon some of the tested experiences LTSS system has had in some areas coordinating with acute/primary care including special needs, Chronic care coordination, Rx Management, ER/admissions reduction, transitional care coordination/discharge follow up: all which SB 21 if enacted can be explored as to taking to scale
- b. Enhancing a full spectrum approach to health and health care – cradle to grave.
- c. Increased ability to manage/coordinate care
- d. Reduce duplication of services
- e. One outcome would be more comprehensive and seamless coordination
- f. Better coordination of physical health care and LTC services
- g. Coordination and streamlining of services to members
- h. Better coordination of patient care
- i. Improved continuity of care across the continuum
- j. Further integration of health, medical, and long term services and supports in one team approach to care
- k. Better sharing of information regarding patient care
- l. Integrated acute and functional care
- m. Consumers would have one point of contact
- n. Single payer
- o. No cost-shifting
- p. Both systems can and should coordinate workforce development.

Theme Two: *Oregon Seniors and their advocates could educate CCOs to the value of consumer input and adopt a more social model.*

- a. Perhaps, if advocates for Seniors and LTC are successful, CCOs would include Seniors and LTC in their planning, resource allocations, and programs.

- b. Raising awareness and understanding among traditional medical providers of the needs and limitations of those who are dependent on LTSS
- c. LTSS systems offer CCOs education and support of culture change to a more social model.
- d. The acute care system could learn some good service delivery strategies, the value of consumer input/direction of their services, and more from our nationally recognized LTSS system.

Theme Three: *Local Knowledge*

- a. The local CCOs may have an advantage of knowing the area that they are responsible for.
- b. Development of services to fit local area needs
- c. Able to focus on needs clustering at local level
- d. Awareness of specific consumer demographics

Theme Four: *Prevention*

- a. Integration is in general a very good thing. This would allow the CCOs to become more knowledgeable about Senior issues and care needs and possibly cause the creation of much needed preventative programs.
- b. The state has a poor HX of this. The CCOs are all making moves to create prevention programs in both health and Mental Health.
- c. Ability to be more proactive in preventive care for at risk adults

Theme Five: *More patient/client centered*

- a. Opportunity to be more patient centered
- b. Alignment around the needs of the member/client rather than the need of the agency
- c. Better quality of life for patients

Theme Six: *Decrease inappropriate ER and hospital use*

- a. Decrease in inappropriate ED and hospital use
- b. Reduced inappropriate ER utilization
- c. Reduced hospital utilization

Theme Seven: *Integrating Oregon’s great LTC system with CCOs is too great of a risk*

- a. It is very difficult for me to understand why Oregon would abandon its nationally renowned system of long term care and start from scratch, just because there could be possible new opportunities.

Theme Eight: *Innovative ways of delivering LTC could be developed*

- a. It is possible that new and innovative methods of delivering this program could be developed

Theme Nine: *Drug review for home and community based settings*

- a. Drug utilization review for people served in home and community based settings.

QUESTION FOUR. Should we continue to use Survey Monkey as a facilitation tool for this process?

Strongly Oppose		Neutral						Strongly Favor		Mean	#
1	2	3	4	5	6	7	8	9	10		
7.1% (1)	7.1% (1)	0.0% (0)	0.0% (0)	21.4% (3)	7.1% (1)	0.0% (0)	21.4% (3)	14.3% (2)	21.4% (3)	6.86	14

- 64.3% Favor use of Survey Monkey as a facilitation tool
 - 21.4% Strongly favor
- 21.4% Are neutral
- 14.3% Oppose use of Survey Monkey as a facilitation tool
 - 7.1% Strongly oppose