

LTSS Integration: A Framework for Improving Quality and Person-Centeredness



**Advancing high-quality, person- and family-centered,
integrated long-term services and supports**

What is the Long-Term Quality Alliance?

- LTQA is an alliance of national stakeholder organizations: LTSS providers, medical providers, managed care plans, consumers
- Mission: Advance high-quality, person- and family-centered, integrated long-term services and supports
- Current Initiative: Developing the Business Case for LTSS Integration

Recent Work: Case Studies of Integration

- 10 case studies profiling programs that successfully integrate LTSS with medical and behavioral care
- Programs included managed care plans, PACE, county health plans, a continuing care retirement community, and a medical group taking population risk.
- Detailed description of program approach to integration, including care management strategy, relationships with providers, quality measurement, and outcomes.

Download the Case Studies: <http://www.ltqa.org/publications/>

Recent Work: Taxonomy of LTSS Integration

- Goal of Taxonomy: capture what a high-quality integrated program looks like qualitatively
- Developed out of case study research
- Reviewed by expert panel advising LTQA on project
- Presented today for audience's consideration

Download the Taxonomy: <http://www.ltqa.org/publications/>

Taxonomy of LTSS Integration: Components

- Care Management
 - Member Assessment and Care Planning
 - Organization and Operation of the Care Team
 - Communication
 - Transitions
 - Risk Stratification and Targeting
 - Person Centeredness
- Scope of Integrated Services
- Primary Care and Provider Network Alignment
- Administrative and Organizational Integration
- Financial Integration

I. Care Management: Member Assessment and Care Planning

Line of Inquiry

- What is the program’s approach to member assessment and care planning?
- Are medical, LTSS, and behavioral needs included in a single comprehensive assessment and care plan?
- Do assessments and care plans include information about the social and functional context of the member?
- What is the program’s approach to reassessments? How are changes made to the care plan as a person’s circumstances change?

Criteria	Low Integration	Medium Integration	Full Integration
Member Assessment	Assessments are separate and specific to each service a member receives or episode of care. Assessment information is not shared, but is instead maintained separately by nursing facility, state agency or community service organizations.	Multiple assessments are done by providers corresponding to site and service-specific perspectives though efforts are made to share the information across involved caregivers to “compare notes” and share observations and findings. Reassessments are conducted in the same way and may not be unified in timing or scope.	A single, comprehensive in-home assessment begins the care planning process. Assessment information is shared widely, and the core assessment serves as the base for site- and service-specific assessments unique to different programs or organizations. Members are reassessed periodically in accordance with their acuity and as their circumstances change.
Care Planning	Care planning is service and setting specific. An individual may have multiple care plans—for acute care, for home based or institutional	Members have separate care plans for medical and LTSS but efforts are made to closely coordinate the plans by the team of care managers. There	A single, comprehensive care plan is developed with the member and their family in collaboration with other members of the care team. This care

Using the Taxonomy

- Qualitative tool
- Intended to offer a concrete and thorough definition of LTSS integration – so we can “know it when we see it”
- Emphasis is on capabilities, not checkboxes

Using the Taxonomy: Examples

- Care Planning
 - Low Integration: Care planning is service and setting specific. An individual may have multiple care plans...none shared or coordinated.
 - Full Integration: A single, comprehensive care plan is developed with the member and their family in collaboration with other members of the care team...All members of the care team have access to view and make changes to the care plan.
- Quality Measurement and Assessment
 - Medium Integration: The program measures and reports medical process and outcome measures as well as LTSS process measures.
 - Full Integration: In addition, the program is tracking progress on personal goals over time and uses goal attainment, consumer satisfaction, and quality of life measures

Where do we go from here?

- LTSS integration is still young – we still have a lot to learn about what works
- The taxonomy is an initial contribution, based on LTQA's research
- Next phase: Stakeholder engagement
 - How would you like to be able to use this tool?
 - What needs to be changed for it to be useful in that way?
 - What's missing and needs to be added?

End Goal: Develop policy recommendations to pursue as a community