

**CARE COORDINATION ACROSS THE CONTINUUM
POLICY RECOMMENDATIONS**

**A WHITE HOUSE CONFERENCE ON AGING
POLICY SOLUTIONS FORUM**

held at the

Russell Senate Office Building, Room 385

July 19, 2005.

Washington, DC

Sponsored by

The Care Coordination Coalition

Introduction Most people live long and healthy lives now, with average life expectancy well into the 70's. But no matter how carefully we protect our health, eventually, each of us will become sick, frail, or disabled from one or more conditions that result in ongoing illness leading to death. At this time of life, seamless coordination of comprehensive, reliable, and readily accessible medical care and supportive services over time and across settings is an essential hallmark of quality of care. However, most current healthcare services conform closely to a patchwork of federal and state reimbursement systems and to the convenience of the providers. The current standard of episodic acute health care services marked by errors, inefficiency, duplication of tests and services, gaps in needed services, and unreliability for patients and family caregivers and that ignores the long-term care, personal, social, and housing needs of this end of life population should be seen as so substantially second-rate as to be unworthy of sustaining.

How can we achieve this? The major leverage in reform is to arrange payment and practice patterns so that only those providers delivering comprehensive, coordinated and continuous care will be sensibly reimbursed. Standards of quality and federal and state payment policy should require continuity, responsiveness, symptom relief, family support, and advance care planning, as well as evidence-based medical interventions. By engineering continuity in services that are closely tailored to the needs/priorities of the populations affected. The WHCoA Policy Solutions Forum panelists and others have developed the following **SEVEN** specific recommendations for consideration by the WHCoA Policy Committee for referral to the delegates at the December WHCoA meeting.

Recommendation 1: PAY FOR PERFORMANCE.

- CMS should pay current aggregate payment levels only for comprehensive medical services that continue with patients across settings and time, through to death. Uncoordinated, fragmented care should receive discounted reimbursement.
- CMS should set risk adjustment rates for all providers that reflect the real costs of providing longitudinal care while allowing flexibility in the configuration of the services delivered.
- CMS should sponsor regional planning that builds from the priorities of the affected population and ensures that the community is correcting gaps, duplications, and inappropriate services.

Recommendation 2: REQUIRE THESE CRITICAL ELEMENTS OF OPTIMAL COORDINATED CARE:

- (1) Medical, nursing, and psycho-social services
- (2) Advance care planning addressing future care issues;
- (3) Mobilization of most routine services to where the patient is: at home, congregate living facility, or nursing facility;
- (4) Adherence to evidence-based standards and guidelines for treatments, medication therapy management, and services;
- (5) Delivery of ongoing education, training, and support of patients and caregivers for self-management;
- (6) 24/7 telephone access to appropriate clinical help, always with access to the patient's record;
- (7) Rapid response by appropriate clinicians for urgent situations at home; and
- (8) Implementation of continuous quality improvement to ensure reliable excellence.

These hallmarks of quality care for those with serious chronic illness should be part of provider conditions of participation, certification of provider quality, reports of quality to the public, and payment for performance programs.

Recommendation 3: ENSURE CONTINUITY OF PATIENT INFORMATION ACROSS SETTINGS AND TIME.

Federal agencies now funding electronic health record development should require the inclusion of standardized functional and social information, including advance care plans, that is accessible across multiple providers and care settings, including through the internet.

Congress should establish a mandate and timeline for all providers of healthcare to implement a standardized electronic healthcare record system that is universally compatible and internet accessible to providers and consumers.

Recommendation 4: FUND REGIONAL DEMONSTRATIONS

Congress should authorize CMS, HRSA, ASPE, AHRQ, DVA, and other federal agencies to administer region-wide demonstrations of optimal service planning and care delivery for this population.

Recommendation 5: REQUIRE ANNUAL REPORT ON LTC WORKFORCE

Congress should require the Department of Labor to monitor and issue an annual report on the long-term care workforce, including family caregivers as a workforce issue and that the report address the potential effects of alternative policy decisions on these workers.

Recommendation 6: REQUIRE ANNUAL REPORT ON PROGRESS TOWARD A COORDINATED CARE SYSTEM

Congress should require an annual report on progress toward the development of a reliable, sustainable, longitudinal care “system” for this population, including progress in overcoming the barriers to continuity of care arising from reimbursement patterns.

Recommendation 7: ENGENDER PUBLIC DEBATE ON A NATIONAL LONG TERM CARE AGENDA

Congress should work to engender broad interest, activism, and debate among the public, these patients and their family caregivers, and policy-makers on a national agenda for care arrangement in the last phase of life.

Conclusion. We have the extraordinary historical opportunity to grow old before becoming ill and dying. However, we also have the challenge of

learning to live well, often for some years, with progressive and eventually fatal illnesses.

If we learn to engineer care arrangements efficiently, target services by need, require continuity and responsive services, and support family and paid caregivers, we can provide the kind of care we can all count on when we need it most.

What YOU can do to help:

- Call your Congressperson and Senator's offices and find out who is their health staffer - and be sure that person is on board. You can use the [Congressional Directory](#) to find phone numbers.
 - Use the [WHCOA online contact form](#) and tell them how important it is that they take up serious chronic illness, continuity, and caregiving - and that they follow at least the recommendations of the Care Coordination Across The Continuum Solutions Forum.
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