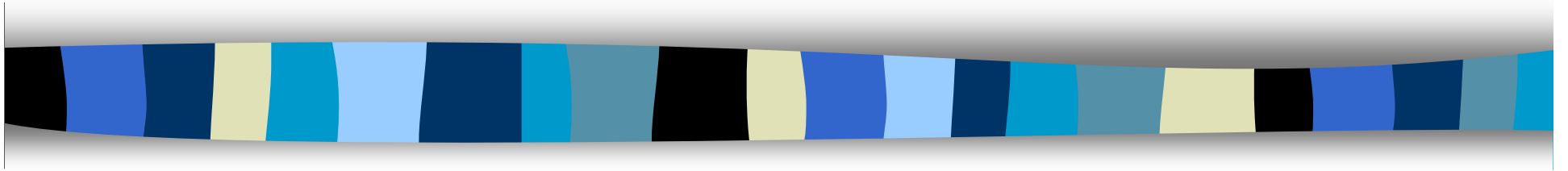


# We have the facts. Now what?



Tying Together Facts &  
Policy Implementation  
in Home- & Community-based Services



# 25th National HCBS Conference Denver, Colorado

Presentation by:

- Julie Fralich, Director, Disability & Aging Program, Muskie School of Public Service, University of Southern Maine
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September 20, 2009



# What we will talk about today

- Information gathered in Maine so far
- Reactions to the facts
- Tying facts to implementation—A conceptual framework for a policy implementation process
- Maine's experience with the policy implementation process



## Information gathered so far

- Baseline data identifies # persons served and \$\$\$ spent on home- and community-based services, residential care, and nursing facility services from 2000-2008.
- Both state and federal programs are included.
- Using service use trends from 2000-2008 and population and disability data, the Lewin Group created a projection model for analyzing needs and costs in 2015.



## Core facts

- Number of MaineCare members using nursing homes declined (2000-2008)
- Percent of population (by age groups) using nursing homes declined
  - (all payors and MaineCare)
- Number and percent of people using residential (non-NF) facilities increased



## How we have used information so far

- Distribution of \$\$\$ for homemaker services
- Information for Blue Ribbon Commission on Future of Home and Community-based Services
- Information for Legislature
- Basis for Maine's State Profile Tool
- Background for certificate of need comments



## Reactions to the facts

- We have discussed trends and projections with many interested parties.
- We have been reminded more than once of Indiana Congressman Earl Landgrebe's unforgettable statement during the Watergate hearings of the early 1970s: "Don't confuse me with the facts!"



## Reaction 1: I don't like the facts!

- Residential care isn't really comparable across the country, so don't read much into the use of this service in Maine.
- We need more nursing homes, not fewer, as your baseline trends indicate.



## Reaction 2: The facts are wrong.

- The rate of disability is projected to decrease? This couldn't be correct!
- People in residential care have fewer activities of daily living needs than people receiving home care? No way. That can't be right!
- The facts don't take into account (name it!)... therefore they must be wrong.



## Reaction 3: I want to use the facts THIS way.

- Lobbyist to Legislature: The LTC needs assessment is wrong. It says we need fewer nursing home beds, but we need more.
- Same lobbyist to Legislature: We need more residential care beds, because the LTC needs assessment says so.
- Lesson: People misuse data about trends.



## Reaction 4: My facts are better than your facts.

- Why are you gathering information by county? Our data is better because it is by hospital service area...
- Your financial data doesn't look like my financial data. Yours must be wrong!



## Reaction 5: I'm afraid of what the facts say.

- Don't compare facts across different LTC settings. We like having ours addressed separately.
- Don't compare facts from one population group to another. We don't want to lose hard fought gains for our group.
- We don't want to pit one group against another.



## Reaction 6: These facts raise unrealistic expectations.

- The population is aging and needs growing, but the budget can't address this now.
- There's a budget crisis. Immediate, difficult funding decisions must be made.



# How to move beyond the facts to action

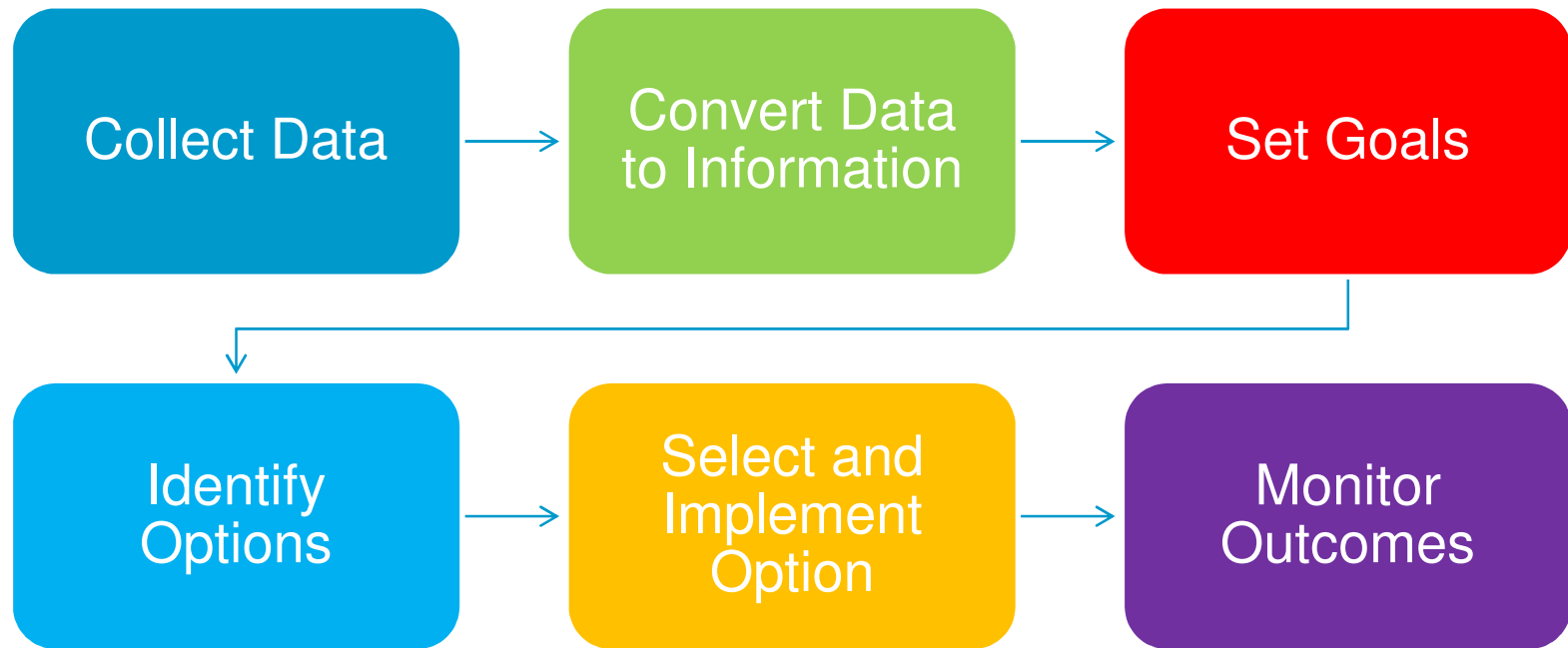
- Much research on phases of implementation
- Implementation of policy
- Implementation of “evidence” based practice



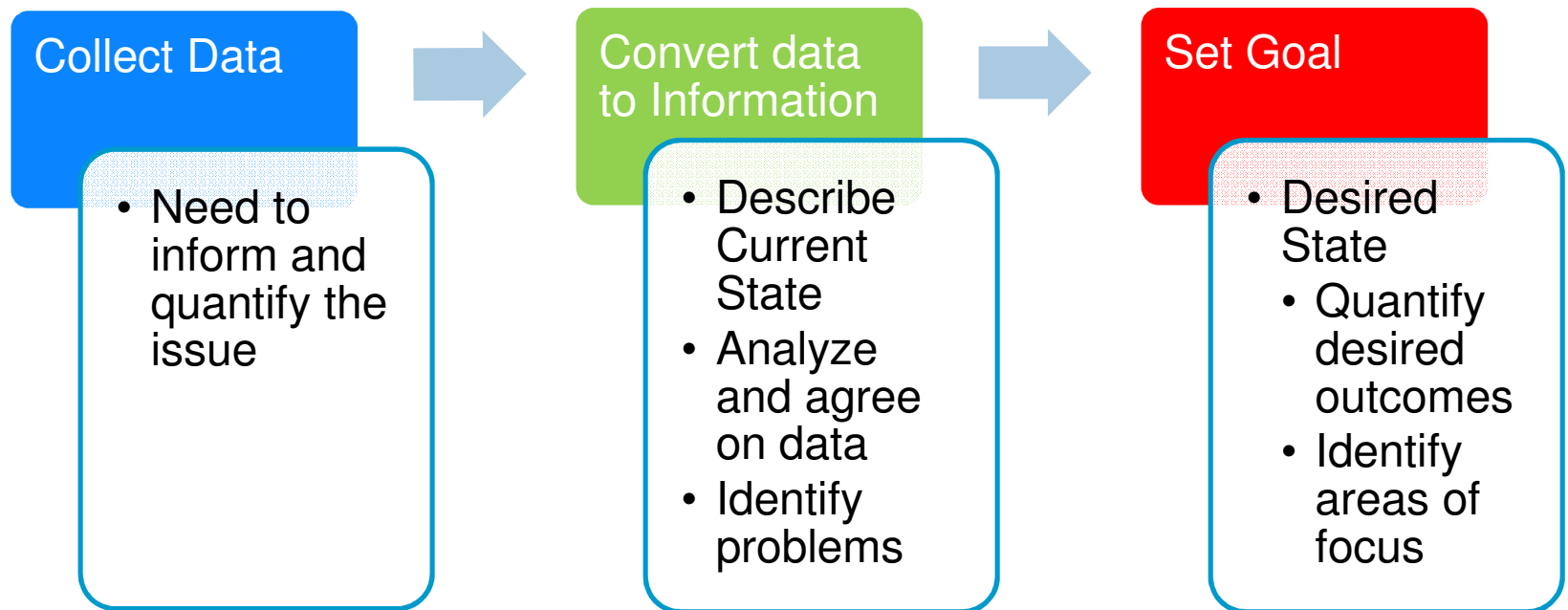
# Implementation Process

- Policy or other issue identified
  - By advocates
  - By legislature
  - By policymakers
  - By other outside stakeholder (CMS/Federal)

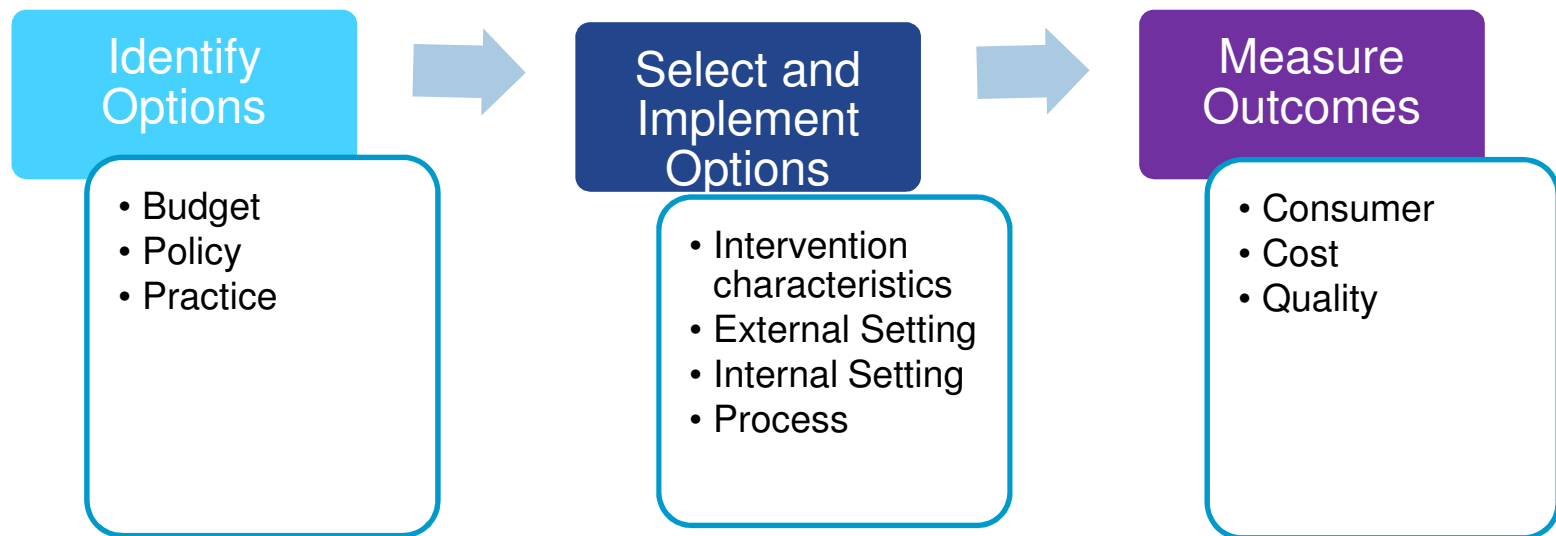
# Implementation Process



# Implementation Process (cont)

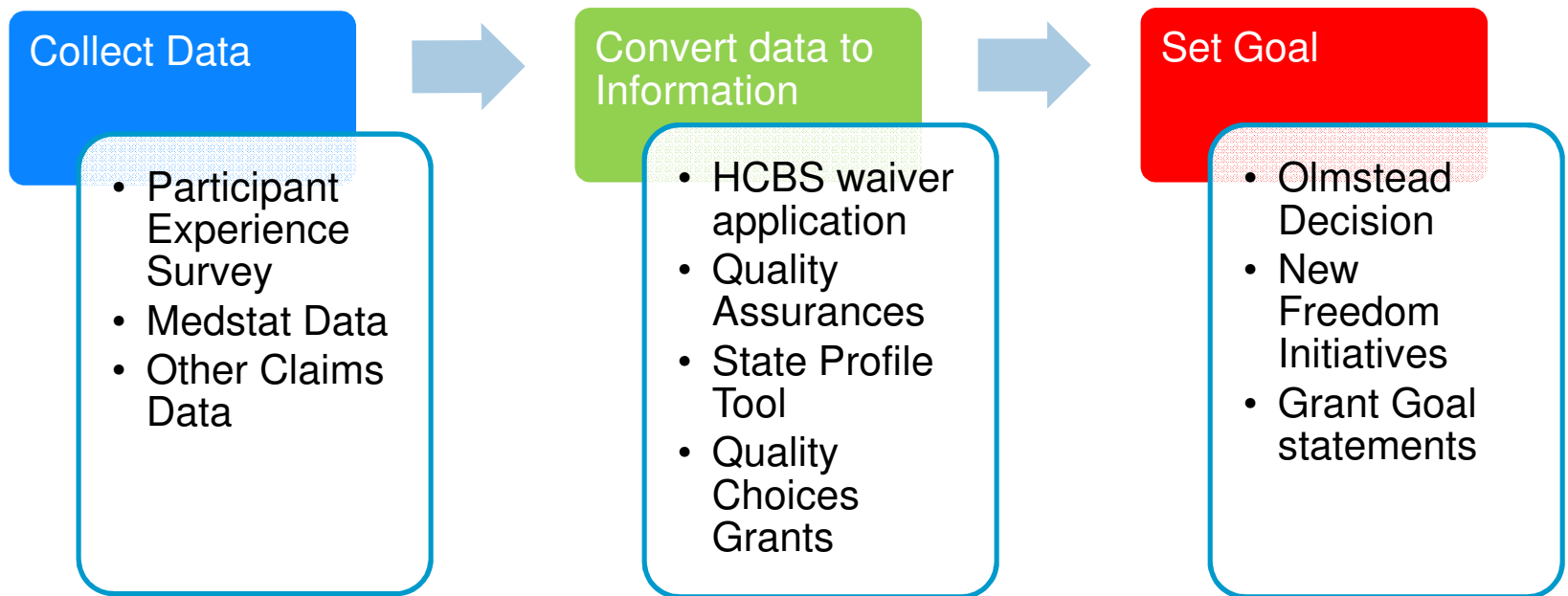


# Implementation Process (cont)



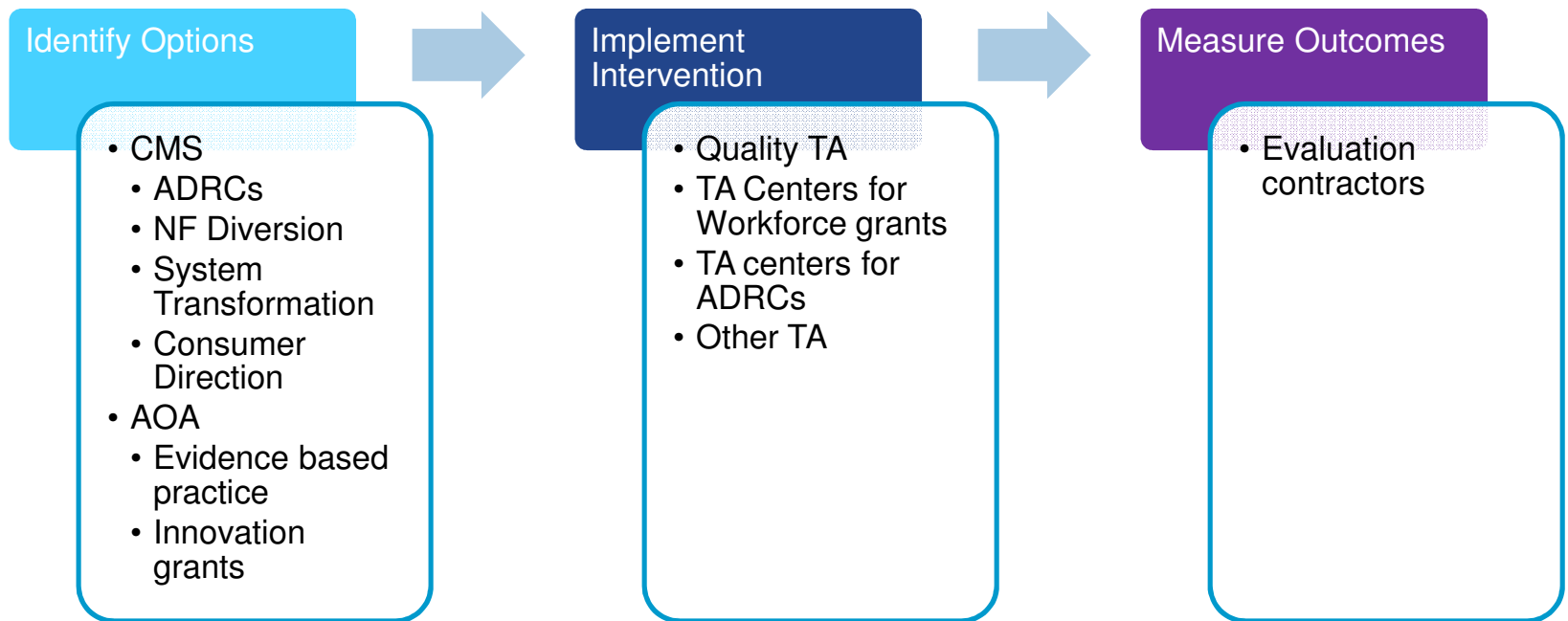
# Implementation Process (cont)

## Examples: CMS & AOA Initiatives

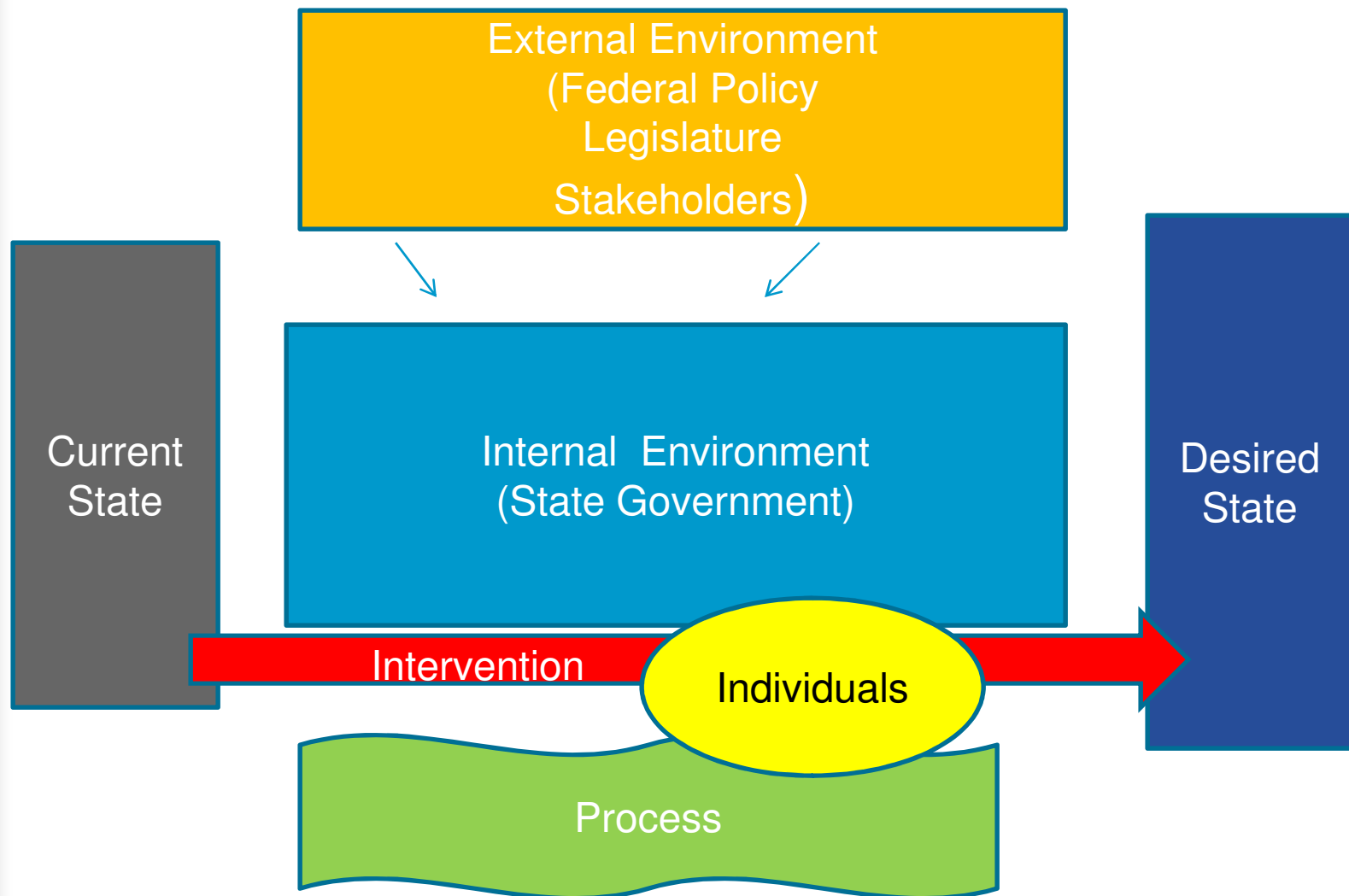


# Implementation Process (cont)

## Examples: CMS & AOA Initiatives



# Implementation Process (cont)



Adapted from Damschroder et al., Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science* 2009, 4:50.



# Intervention— Budget, Policy or Practice

- Who has control over the intervention/policy change (office, department, legislature)?
- Is there support within the department?
- Who is leading the charge?
- Does it require a lot of inter-departmental coordination/cooperation?
- Does it require a lot of external/stakeholder involvement?
- Is it clear that the option will yield desired results?
- How complex is it (many steps or simple)?
- Does it cost money or save money?



# Policy Issues in Maine

- What is **right balance** of long term care services in Maine?
- Need to examine **distribution of facility based and home care services** across the state
- Long term care facilities are **aging and too big**

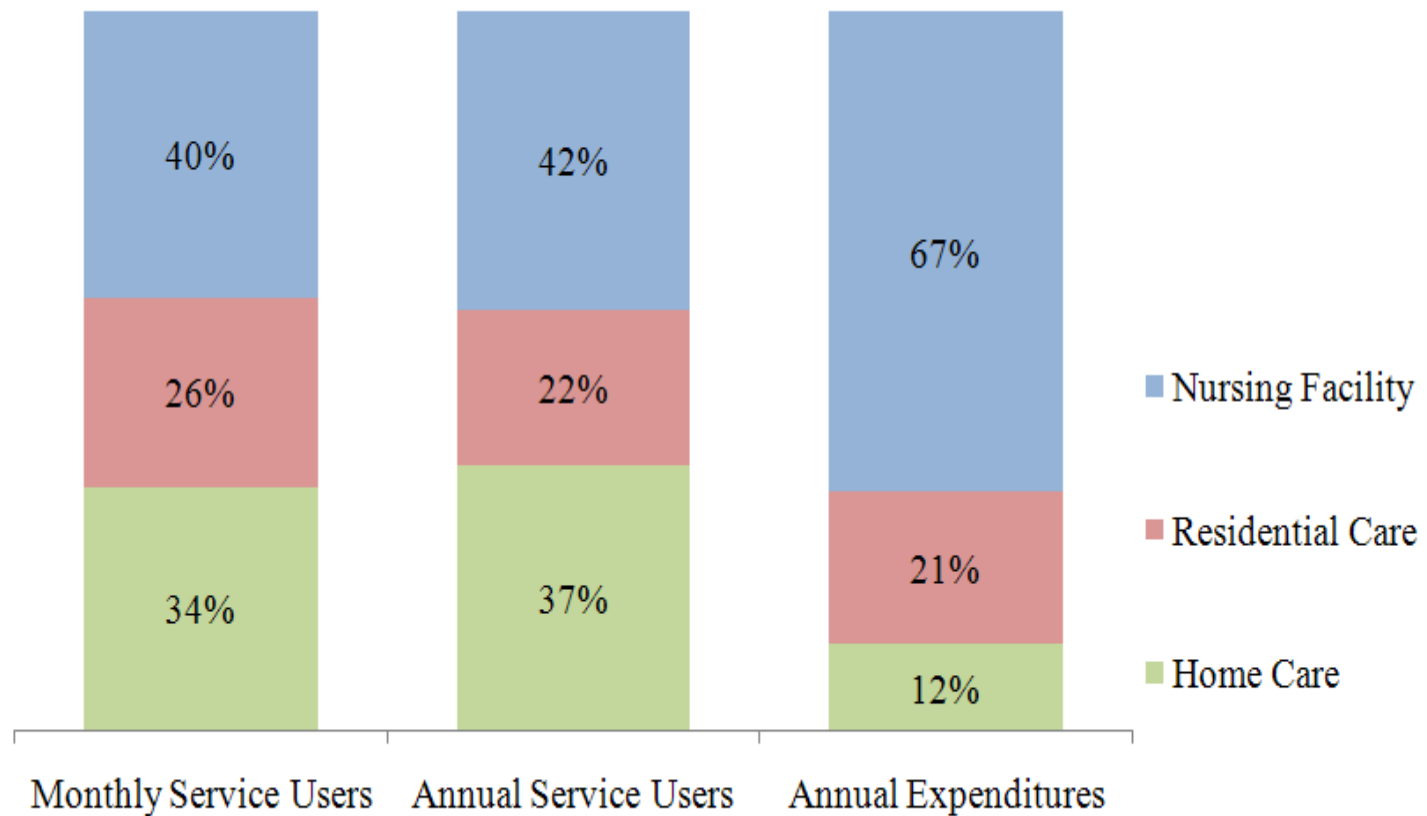


# Policy Issue 1: What is “right” balance of LTC services?

## ■ Current State

- Various methods used to measure “balance”
  - Average number of users in a month
  - Annual service users
  - Dollars
- Need agreement on method and data

# Distribution of MaineCare LTC Service Users and Expenditures by Setting, SFY 2008 (Using 3 different methods)



Note: Residential Care includes Case Mix only

Home Care includes Personal Care Services, Private Duty Nursing, Elderly & Adult Waiver, Waiver for the Physically Disabled, Consumer-Directed Attendant Services, Home Health, Day Health, and Hospice.

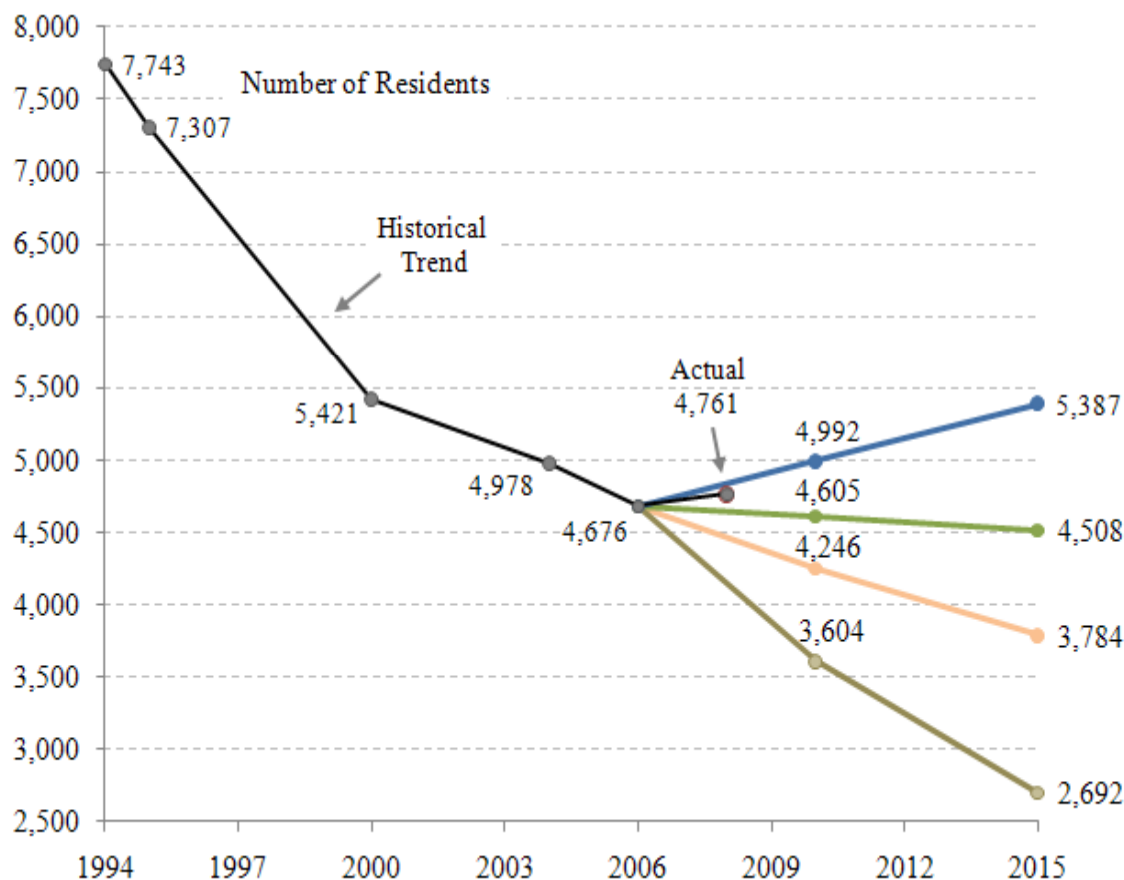


# Policy Issue 1: What is “right” balance of LTC services?

## ■ **Desired State** (depends on assumptions)

- Nursing home use will:
  - Continue to decline
  - Stay the same
  - Increase
- Funding for home care services--Increase or decrease?
- Policies regarding residential care

# Historical and Forecast Changes in Average Monthly MaineCare NF Residents for 1994 to 2015

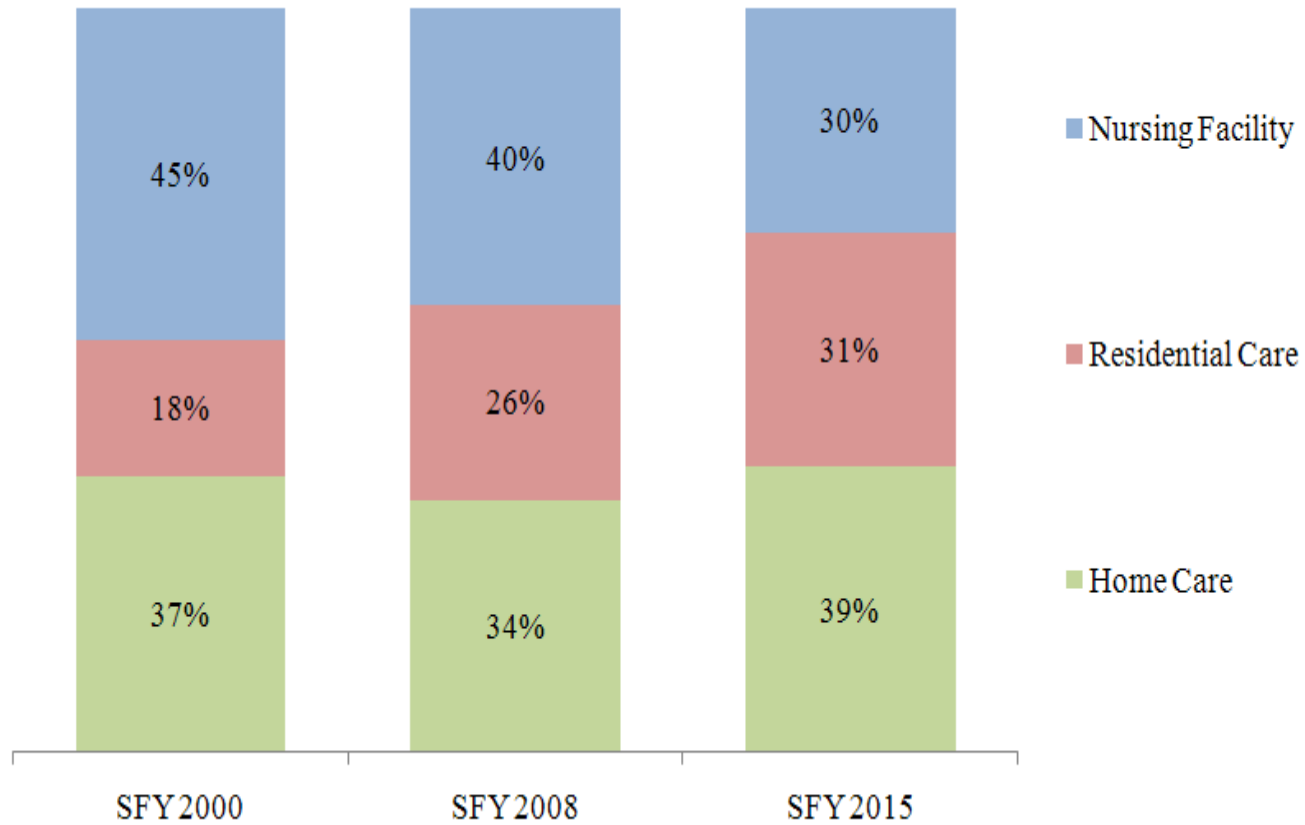


## Scenarios Assumptions

The percent of population, by age group, residing in NFs will:

- hold steady at the same percentages seen in 2006
- continue to decline, but will fall only half as quickly as it fell between 2000 and 2006
- continue to decline at the same rate that it fell between 2000 and 2006
- continue to decline, but will fall twice as quickly as it fell between 2000 and 2006

# Historical and Projected Distribution of Average Monthly MaineCare Long-term Care Users Based on Observed Trends in Age-Specific NF Use Rates, SFY 2000 to SFY 2015



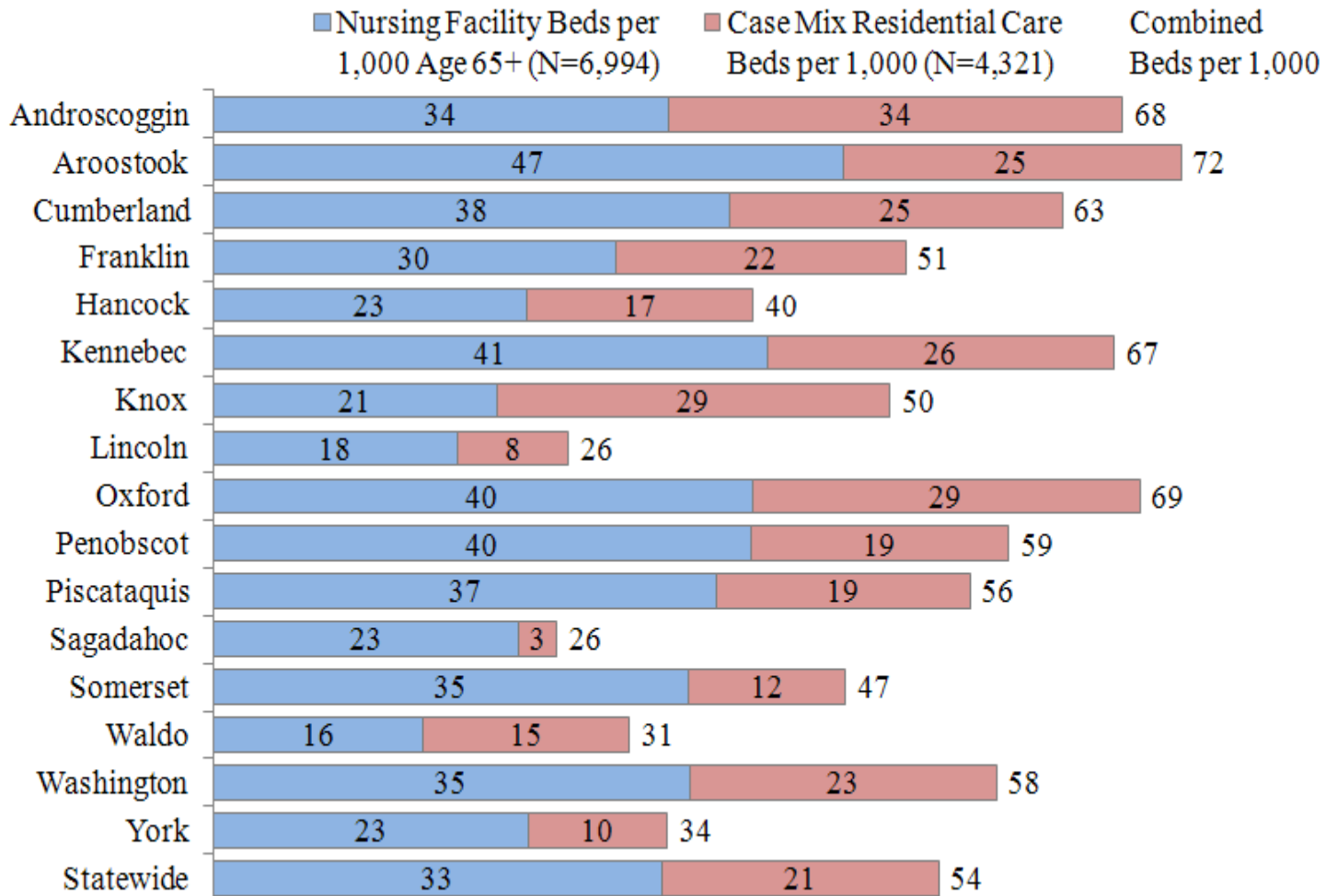


## Policy Issue 2: What should be the distribution of services in Maine?

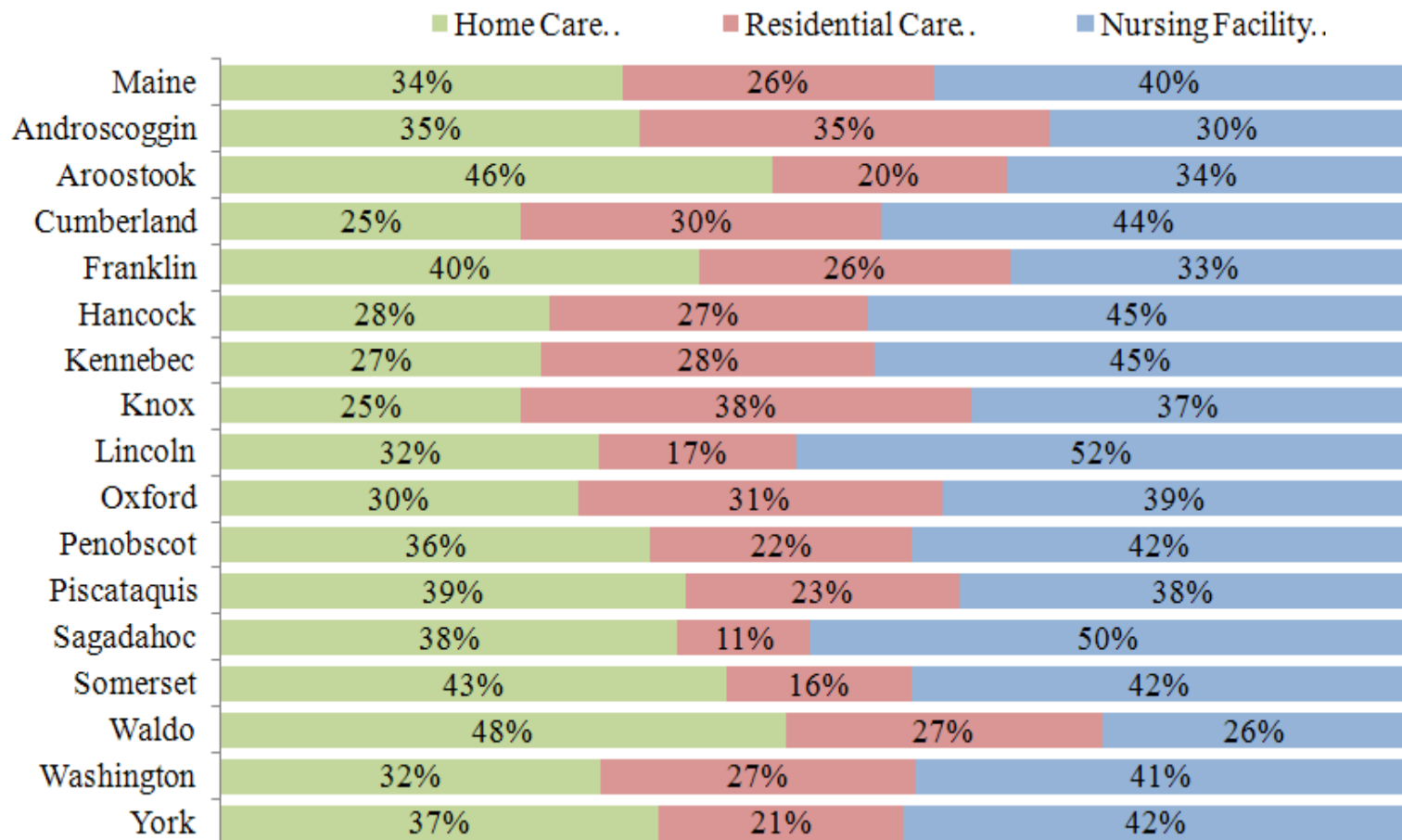
### ■ Current State

- NF beds for people over 65
  - 47 beds per 1000 in Aroostook County
  - 16 beds per 1000 in Waldo County
- Residential care beds vary
  - From 3 to 34 beds per 1000
- Wide variation in use of home care and institutional services, by county

# Number of Nursing Facility and Case Mix Residential Care Beds per 1,000 Persons Age 65 and Above, 2008



## Distribution of the Average Monthly Users of MaineCare LTC Services by Setting and by County, SFY 2008



Home Care includes Personal Care Services, Private Duty Nursing, Elderly & Adult Waiver, Waiver for the Physically Disabled, Consumer-Directed Attendant Services, Home Health, Day Health, and Hospice.

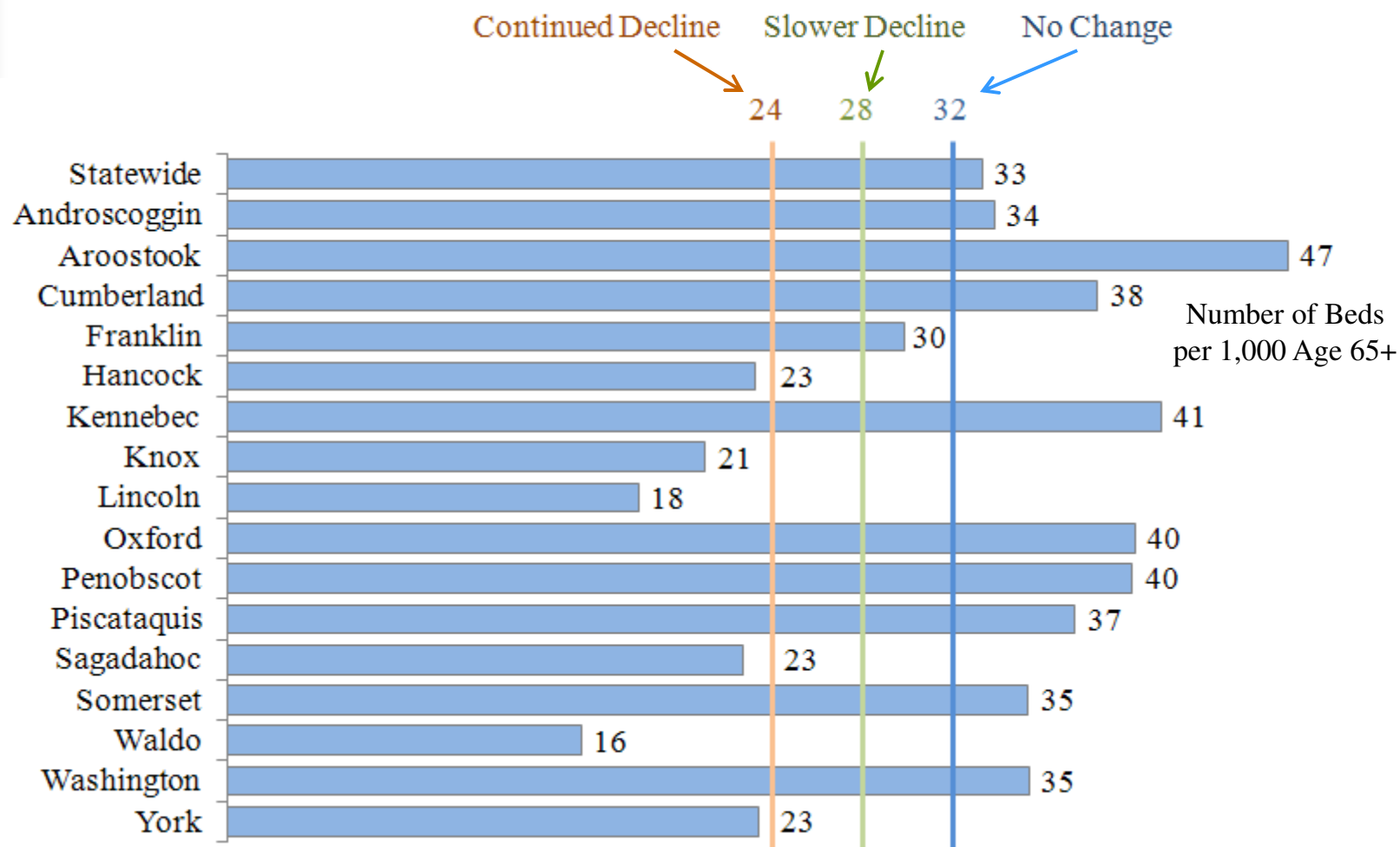


## Policy Issue 2: What should be the distribution of services in Maine?

### ■ Desired State

- More even distribution of services
- Less reliance on facility-based services
- More reliance on home and community-based services

# NF Beds per 1,000 Persons Age 65+ in 2008 and Projected for 2015 Based on Various Use Rate Assumptions





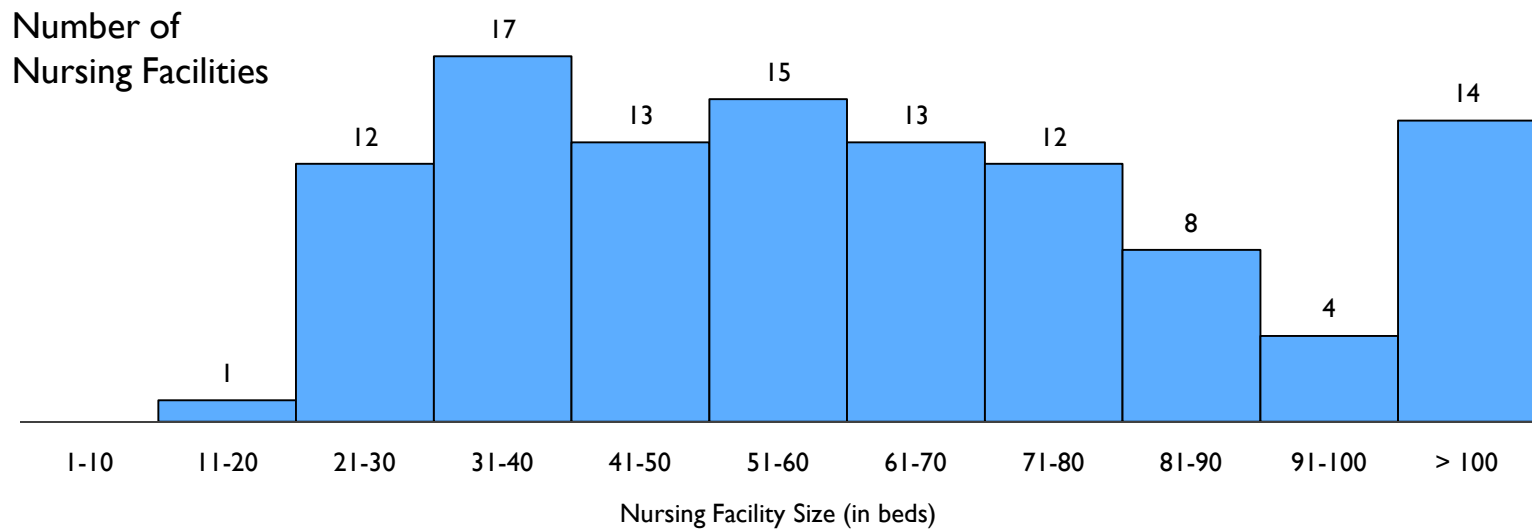
## Policy Issue 3: LTC facilities are aging and are too big.

### ■ Current State

- Mostly large facilities
- Old facilities

# Distribution of Nursing Facilities by bed size

Number of Nursing Facilities in  
Maine by Bed Size in 2009 (N=109)





## Policy Issue 3: LTC facilities are aging and are too big.

### ■ Desired State

- Need new facilities
- Smaller facilities
- Green house and other NF models
- More tailored to specific needs



# Interventions: How do we get from current state to desired state?

- Budget
- Policy
- Practice



## Intervention: How Maine can use facts to inform the budget

- Align state budget with state policies in support of home- and community-based services
- Unify budgets for NF and home care
- Provide Legislature with information about any savings/cost offsets
  - Increase in home care = decrease in NF costs?
  - Decrease in home care = increase in NF costs?



## Intervention: How Maine can use facts to inform policy

- Assuring more equitable geographic distribution of home-based services today
- Identifying how much of each type of LTC service is needed in the future
- Shaping the type of LTC facilities of the future
  - Nuts and bolts facts (e.g. age of facilities) along with needs and service use facts
  - Inform Certificate of Need
  - Convert what we don't like into something we do like



# Intervention: How Maine can use facts to inform practice

- Increasing consumer-direction as way to extend home- and community-based services
  - Facts and perceptions
  - What next?
- Using evidence-based practices
  - Facts prove these services work!



# Facts and implementation— Bringing it all together

- Legislation to increase home and community based services
- Not neat; very complex; many interests involved
- Many goals and agendas and ideas about the current state and the desired state
- Lean process



# Reflections

- Many factors influence ability to implement and change in policy and practice
  - External environment
  - Internal environment
  - Complexity/simplicity of the intervention
  - Clarity of goals
  - Process
- Data informs all



# More Information

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