MassHealth Nursing Home Pay for Performance Program

Executive Office of Health and Human Services

Executive Office of Elder Affairs

MassHealth Office of Long Term Services and Supports

MassHealth Office of Clinical Affairs
Content of this presentation represents a potential framework for changes to the current Nursing Facility Pay for Performance Program presented for group discussion as part of an iterative process for policy development.

The information presented is an initial view intended for discussion and does not represent or predict Executive Office of Health and Human Services (EOHHS) final decisions.
The purpose of this stakeholder meeting is to engage nursing home residents, family members, advocates, staff, leadership, and the public in discussing the current MassHealth pay for performance program and proposed program enhancements.
Agenda

• What is a *Pay for Performance* program?
• MassHealth Nursing Facility *Pay for Performance* (P4P) background and current model
• Proposed Enhancements
• Open Discussion/Feedback
• Next Steps
  – Two additional stakeholder meetings in 2016
The vision of the Executive Office of Elder Affairs is that older adults and individuals with disabilities will have access to the resources they need to live well and thrive in every community in the Commonwealth.

- Nursing homes are a vital component of the continuum of care in all of our communities, whether serving short-term (nursing and rehabilitation) patients, or long-term residents.
Many state Medicaid programs use *pay for performance* (P4P) as a way to recognize and incentivize high quality nursing home care.

Research suggests that when states set performance goals, organizations may be able to work more effectively toward improving care.

It’s important that stakeholders (nursing home residents and others) help to determine the aspects of nursing home life that are most important to them, so that as many of those as possible may be measured in a P4P program.
P4P Background

• The intent of the nursing home P4P program is to reward nursing homes for providing high quality service to MassHealth Members.

• The program provides incentive payments to eligible nursing homes in an effort to reward quality of care.

• Currently, the incentive payment is based on clinical measures and policies related to involvement of direct care workers in quality programs (called ‘cooperative effort’ policies).
Clinical Measures

• Focus on measures centered on improving quality of care and services:
  – Percent of long-stay residents who received an antipsychotic medication
  – Percent of long-stay low-risk residents who lose control of their bowel or bladder

• The data used is provided by the Centers for Medicare and Medicaid Services (CMS)

• Nursing homes may receive higher payments based on achieving a high performance target, or lower amounts by meeting a threshold
Staffing Measures

• Examples of some staffing principles
  – Quantity and quality of staff
  – Consistency (consistent assignment)
  – Staff turnover

• In FY16, we are using staffing data provided by CMS
  – This includes total nursing staff (registered nurses (RNs), licensed practical nurses (LPNs) and certified nursing assistants, hours per resident per day
Cooperative Effort

- Participating nursing homes must establish a cooperative-effort policy and committee. The purpose is to help improve quality of care within the nursing home, and to ensure that direct care workers have a role in quality improvement.

- This committee must meet at least quarterly and include at least one certified nursing assistant (CNA) to promote a balanced number of managers and non-licensed direct care staff.
Enhancements to the Program (FY17 and Beyond)

- Nursing homes are changing

- Providers, residents, family members and direct care staff are working together to create centers where older adults and people with disabilities:
  - Are treated as individuals
  - Feel a sense of purpose
  - Have opportunities to engage in meaningful activities
  - Benefit from fellowship and support, and a true sense of community
Enhancements to the Program (FY17 and Beyond)

• Nursing home resident quality of life is a high priority for consumers, families, advocates, providers and legislators

• To strengthen the link between quality of life/quality of care and reimbursement, EOHHS plans to add an experience of care (satisfaction) survey to current clinical and staffing measures
Proposed Quality of Life and Satisfaction Surveys (FY17 and Beyond)

- Nursing home residents and family members are ideal sources of information on quality of life
- Based on research and programs in other states, we have begun to develop a plan to measure resident and family members’ experience of nursing home care in the Commonwealth
Some Proposed Quality of Life Areas

- Comfort
- Environmental Adaptations
- Privacy
- Dignity
- Meaningful Activity
- Food Enjoyment
- Autonomy
- Individuality
- Security
- Relationships
- Mood
- Overall Satisfaction
- Having a sense of purpose
Some statements to be rated may include:

- My privacy is respected when people care for me
- If I need help, I can get it right away
- This place feels like home to me
- I have enjoyable things to do here on weekends
- I decide when I want to get up/eat/go outdoors
- I am treated with dignity by the staff
- The care and support I get help me live my life the way I want
- Staff ask how my needs can be met
Three Types of Surveys

- In-Person interviews of long-term stay residents
- Mailed survey of involved family members
- Mailed survey of short-term stay residents
Intended Outcome of Surveys

• Comprehensive reports to provide nursing homes with information needed to identify areas for possible quality improvement
• Public reports for family and community members
• Data for MassHealth for P4P program
Discussion
Next Steps

• Additional stakeholder meetings

• Thank you for your participation!