On September 16, 2008, sixty participants gathered at the Embassy Suites in Sacramento to explore ways to measure and improve the quality of nursing home care, and identify promising opportunities and next steps to improve quality in CA nursing homes. For more information about the meeting and its outcomes, please contact Chris Perrone, Senior Program Officer at (510) 587-3144 or cperrone@chcf.org.
Chris Perrone, Senior Program Officer at the CA HealthCare Foundation (CHCF), welcomed everyone and shared the purpose of the meeting. Then he introduced Kayla Kirsch, facilitator, and Leslie Salmon Zhu, graphic recorder, who reviewed the outcomes, agenda, roles, and groundrules for the day.
WORKING ASSUMPTIONS

Chris reviewed the working assumptions for the meeting. Rather than focusing on specific practices and outcomes of AB 1629, this meeting was designed to share exemplary projects at state and national levels, and to invigorate our collective efforts to improve the quality of nursing home care.
After Chris’ overview, Toby Douglas (DHCS) gave a high-level status report on the role of MediCal in CA nursing homes, including an historical timeline of AB 1969 implementation and upcoming changes to bring together stakeholders and their recommendations.
David Farrell of Windsor Healthcare gave a presentation entitled "Laying the Foundation: Measuring Quality and Sources of Data." As the title implies, the presentation was designed to provide a foundational understanding about how to measure quality, including types of measures (structural, process, outcome), sources of data, and how to use data to drive quality care improvements.
After David’s presentation, we discussed the concept of measuring quality as a whole group. What was missing? How useful and complete are these measures? What is the unmeasurable, important stuff? Some participants thought that there was a lack of connectedness between community-based and institutionalized care; others pointed out that higher occupancy rates were not an accurate measure of quality. Participants noted the importance of a healthy, empowered staff (at adequate staff levels) in creating a culture of quality care.
Dr. Mary Jane Koren of the Commonwealth Fund spoke about the development of a national campaign (Advancing Excellence in America’s Nursing Homes) focusing on changing policy to improve quality care through the development of local area networks actively involved in improving local nursing homes, including culture change and active engagement.
Discussion followed. What stood out? What seemed promising for California? What are the challenges of engaging CA nursing homes in processes like these? Participants were eager to hear more about the specifics of the campaign, such as how to secure such high levels of participation, Webinars, participant feedback, roles of physicians and extenders. We also discussed the importance of incorporating and creating a business case for culture change, focusing on systems changes, and moving decision making to the “level closest to the resident.”
After lunch, Charlene Harrington of UCSF spoke about three public reporting sites for nursing home quality in California: (1) www.medicare.gov/nhcompare/home.asp. (2) www.calnhs.org, (3) canhr.org. Charlene’s presentation led to a discussion about issues such as unreliable data, the use of websites, and how families find nursing homes.
REPORTING (CONTINUED) AND USING PAYMENT TO DRIVE QUALITY IMPROVEMENT

Alan White of Abt Associates provided several examples of financial and non-financial incentives to accelerate quality care in his presentation “Using Payment to Drive Quality Improvement in Medicare and Medicaid.” He described a CMS pilot in the making, including measures and incentives to be provided.
Alan described pay for performance efforts in other states (e.g., Iowa, Kansas, Oklahoma, and Minnesota) and non-financial incentives in N.Carolina, Vermont, and Wisconsin. Participants discussed how to incorporate financial incentives within the context of other “big drivers” of quality care, questioned how to properly structure incentives (e.g., Should some portion of the award go to family caregivers?), and what measures to use to change behaviors and improve quality care.
TOP OPPORTUNITIES TO IMPROVE QUALITY IN CALIFORNIA

After presentations and discussions, each table group proposed up to three opportunities to improve the quality of nursing home care in California, and then we clustered them into three categories: measuring, paying, and “other.” There was interest in using measures (such as discharge to home rates, consistent assignments), non/financial incentives to drive quality, and a variety of other opportunities, from team building to teaching culture change to report cards on the Web.
CLOSING THOUGHTS AND NEXT STEPS

Maribeth Shannon, director of the CHCF’s Market and Policy Monitor Program, pointed out six areas in which participants seemed to be in agreement. Then Toby Douglas described next steps for AB 1629 and how stakeholders could participate in a variety of ways. Chris Perrone thanked everyone, and we closed the meeting with a sense of hope and possibility, combined with some sense of frustration.

We felt the real possibility that we could – and desperately need to – improve the quality of nursing home care in CA. Many people in the room had been working to improve the quality of care for a long time; and thus, our hope was tempered by the historic challenges that restrain the pace of positive change.