



**JANUARY 15, 2010
COUNCIL MEETING
12-2 P.M.
COLORADO HEALTH INSTITUTE, COMMUNITY ROOM
MEETING NOTES**

ATTENDANCE

MEMBERS

Appointed Members

- Paul Bell
- Lynn Betz-Seybold
- The Honorable Betty Boyd
- Steven Cavender
- Shelley Hitt
- Arlene Miles
- The Honorable Jim Riesberg
- Carol Riegenbach
- Howard Roitman
- Michael Wasserman
- Deb Wells

Guests

- Vickie Agler, Aponte & Busam
- Linda Daniel, Daniel Public Policy Group
- Amelia Schafer, Director of Education, Alzheimer's Association Colorado Chapter

Colorado Health Institute staff

- Pam Hanes, President and CEO
- Tasia Sinn, Research Fellow

WELCOME AND INTRODUCTIONS

Michael Wasserman, MD, Co-chair

OVERVIEW OF LTC QUALITY MEASURES

Pam Hanes gave a [PowerPoint presentation](#) about defining and measuring quality outcomes for individuals with Alzheimer's disease. There are two ways people generally think about quality measurements: the medical perspective takes into account the medical needs of an individual and the quality of care they receive to meet those needs; the quality of life perspective is person-centered taking into account not only medical needs, but social and personal needs as well.

There are several models around the nation for ensuring quality in long-term care (LTC). The Centers for Medicaid and Medicare have developed national voluntary standards for nursing home performance measures in attempts to align reimbursement rates to quality. The National Quality Forum brought together over 200 hundred health care organizations to create consensus around national nursing home performance measures, which are used by a range of stakeholders from nursing home staff to policymakers. The Annals of Internal Medicine performed an evidence-based review of quality indicators for Alzheimer's disease and 14 indicators were judged to be valid by an expert panel.

States are also making headway in measuring quality outcomes for individuals with Alzheimer's disease. Wisconsin's approach to quality of life outcomes focuses on a community-based LTC system. Over the span of two years, an advisory committee of 23 members, including a consumer and two family caregivers, developed a tool for LTC planning that supports the best quality of life possible for individuals with Alzheimer's disease. This tool goes beyond care to celebrating life, stating all indicators and outcomes in the first person and developing guiding principles to personalize care planning and monitoring.

STATE ENFORCED FACILITY-BASED QUALITY MEASURES

Council member Howard Roitman presented information about facility licensing and certification through the Colorado Department of Public Health and Environment. The department's regulatory tools include inspections, responding to complaints and occurrence reporting (e.g. unexplained deaths or missing persons). Nursing homes are inspected once a year, on average, as required by the federal government, and home care agencies are inspected about once every three years. The department follows a list of performance standards, though very few of the quality measurements are relevant to Alzheimer's disease. Currently, the department does not collect person-level data from facilities; instead, facilities are cited for a violation, but the number of people affected is not noted.

QUALITY MEASURES SPECIFIC TO INDIVIDUALS WITH ALZHEIMER'S DISEASE

Amelia Schafer, Director of Education for the Colorado chapter of the Alzheimer's Association, gave a PowerPoint presentation about the Association's Quality Care Campaign. The campaign's goals are to enhance quality of life for individuals with dementia and improve quality of care provided to people with dementia. Quality for people with dementia means educated caregivers, consistency in caregivers, and specialized environments. Evidence-based dementia care practice recommendations were released in four phases, three for assisted living and nursing homes and one for home care. The research found that training is essential to quality care. Colorado has several opportunities for training already in place, including an annual symposium, classroom and online training and the Alzheimer's Learning Institute.

DISCUSSION OF WORKGROUPS

As decided at the November 20, 2009 meeting, the Council has formed four workgroups: informal services, formal services, quality and research, and public safety and public awareness. The workgroups will meet three times (in February, March and April) and CHI staff will begin drafting the final state plan using the recommendations that originate from the workgroups. The workgroups may refer to other state plans recommendations for starting points or ideas specific to each subject area. Pam reminded the Council to be specific when crafting recommendations, note who will be responsible and what kinds of funding sources may be available.

NEXT MEETING

The next full Council meeting will take place May 21, 2010, from 12:00-2:00, at which the workgroups will present their recommendations to the entire group. The workgroups will set separate dates and times to meet in February, March and April at CHI's office.