

Principles

for Change

*A Shared
Vision for
Older Adult
Housing,
Health and
Supportive
Services in
Minnesota*



The

Long-Term Care
IMPERATIVE

A Minnesota Collaboration for Changes in Older Adult Services



StarTribune - Thursday, February 10, 2000

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Nursing Homes – State Should Let Them Change

The food gets worse. That's a sign that a nursing home has hit hard times. High staff turnover is generally a signal, too—not only among nursing assistants, the low-wage, overburdened people who bathe, clothe and feed residents, but also among nurses and administrators. The staff is stretched thin, and residents' wait for assistance is long. When a financial pinch is prolonged, buildings and equipment become outdated. No resident stays that can afford care anywhere else.

These signs of trouble are too common among Minnesota's 444 nursing homes. A half-dozen homes in Minnesota are expected to close this year. The industry has tried for years to get its biggest customer and chief regulator, the State of Minnesota, to take notice and take action.

Finally, last week, the state showed that it is paying attention. In a report to the Legislature, the state Department of Human Services said that too many nursing homes are "having trouble adapting to the changes in the marketplace" in a way that "may put vulnerable older Minnesotans at risk."

The report acknowledged that outmoded state regulations and reimbursement formulas contribute to the industry's distress. It concedes that nursing homes should be allowed more freedom to downsize or change their mission.

But some of the options for change that the report mentions sound too much like more of the state's same old heavy hand.

The Legislature should respond to the report's request for direction by declaring its intention to remove many of the regulatory shackles from nursing homes, beginning in 2001. The state should help the industry seek relief from federal rules as well.

At the same time, the Legislature must safeguard frail consumers of long-term care. Giving the marketplace more rein should not mean that some Minnesotans wind up without residential long-term care reasonably close at hand.

Fewer regulations would not spare nursing homes from accountability for the quality of care they provide. The state is already moving toward a performance-based contract for reimbursing nursing homes that will reward high quality and penalize substandard care. Through that mechanism, it should continue to insist that the care given residents whose bills are paid by Medicaid is comparable to that for residents who pay privately.

But fewer regulations would give nursing homes more freedom to change. Some facilities should shrink; some should remodel or rebuild; some should specialize in post-hospital rehabilitation; some should offer apartment-style living and less skilled care; some should become adult day care centers. All should be able to adapt to whatever the market demands next.

Regulations have locked nursing homes in a 1970s time warp while the rest of the health care industry has been revolutionized. The result is bad for nursing homes and worse for the people they serve. Minnesota still needs its nursing homes—but it needs to let them change.



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Developed and produced by the **Long-Term Care Imperative**
A Minnesota Collaboration for Changes in Older Adult Services

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Preface

Minnesota's two long-term care provider associations have embarked upon a collaborative effort to propose *Principles for Change*, a shared vision for older adult housing, health care and supportive services. Our vision for the future describes a caring model different from the current long-term care reality and one much different from what is likely to evolve without a shared vision and aggressive public action.

This vision is founded upon *the possible* and on Minnesota's ground-breaking thinking about new ways of combining housing and services to provide consumer and community-tailored options. It is not an unworkable wish list. We are confident our vision represents what can be developed through effective leadership and hard work.

The vision, fashioned by a diverse group of long-term care providers during the past several months, should be viewed as the *beginning of a process* rather than a *finished product*. Making this vision happen will require many groups to share specific ideas and designs to support the vision's principles. Regardless of the specific features and elements, leadership on all fronts will be critical if we are to transform our existing, fragmented long-term health care delivery system.

No matter how hard society tries to ignore aging...or the magnitude of scientific and medical advances...there is an inevitable certainty of life that most of us will depend on others to assist us in our daily routines for an extended period of time. Providers, consumers, and public officials all reject the current long-term care framework. This overwhelming vote of "no confidence" provides the necessary societal and political mandate to now seriously consider proposals for change.

The question we ask is: If the time is not now, when will be the right time? If not cooperatively constructed by providers, consumers, and policy-makers, then whose responsibility is it to shape the future delivery of these housing, health care, and supportive services?



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Current Reality

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Life in long-term care facilities today takes place with a roommate in a 200-square-foot living space smaller than most master bedroom suites in our newer private homes.

For more than a century, Minnesota has been a world leader in modern medicine and health delivery. Our state is consistently at the top of the list in life expectancy and many of our communities have won national distinction as some of the best places to live. In addition, Minnesota has been home to countless medical breakthroughs and scientific advancements that have improved the quality of life for citizens worldwide.

Yet, the health and supportive services provided to citizens in their waning years continues to lag behind, caught in a snarl of regulatory and financing rules. While 191 new medicines to attack diseases of aging await final FDA approval, the nursing facility in which many of these new medicines are likely to be administered dates back to the days of Dwight Eisenhower and Elvis Presley.



And despite recent growth in housing-with-services alternatives and home-based care options, the nursing home is still the financial and service safety net for many older persons who might be served in another setting save for factors of geography, personal financial resources and/or knowledge about alternatives.

No one can deny there is an urgent need for reform of our existing long-term health and supportive care policies. Our desire to maintain “dignity with aging” demands that we develop a shared vision now—

before our fragile infrastructure collapses under the demographics of aging and outdated approaches to regulation and finance along the entire long-term care continuum.

Compromised Living Spaces and Daily Routines

Life in long-term care facilities today takes place with a roommate in a 200-square-foot living space smaller than most master bedroom suites in our newer private homes. While a number of innovative local and national efforts seek to make the traditional nursing home environment more “familiar” and residential, strict regulations and outdated physical plants often have a chilling effect on family and community involvement.

Choices are limited—in most facilities, dining schedules, menus, and recreational activities are created for the “group,” not the individual. Elderly consumers with adequate financial resources have bolted by thousands from traditional nursing home settings to new living environments that meet their demands for privacy, flexibility in tailoring services to their needs, and family participation.

Workforce Pressures

The long-term care provider community is currently experiencing profound workforce pressures. High turnover rates and shortages in every job category have forced many care centers to freeze new admissions. Increasing reliance on nursing pools to fill empty caregiver slots threatens the resident’s continuity of care and strains the budgets of care centers. Recent industry surveys indicate the turnover rate for nursing assistants is over 60 percent statewide and almost 75 percent in the Twin Cities metropolitan area. While pay has increased, nursing assistant wages have not kept pace with other industries. Many potential long-term care employees choose less demanding work for the same or slightly more pay.

Fragmentation

Anyone who has had to arrange for health and supportive care services for an older consumer will testify to the sheer difficulty of tying together services that must cross settings, e.g., from hospital to subacute care center to home or apartment. This difficulty arises, in large measure, because government payment sources fund care settings rather than people. In addition, there is a lack of incentives for providers to work together to coordinate their services in a given community.

Lack of Passion and Interest in Long-Term Care Research

Lacking today in long-term health care is the excitement and urgency you find in the research and development for new medical devices and pharmaceuticals. Our vision hopes to instill the same motivation and sense of purpose in long-term care that we see in our laboratories and academic institutions throughout the United States. We believe Minnesota has some of the best health care policy minds in the nation. We look forward to tapping into this talent to create a premier support system for older adults.



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Executive Summary

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We envision a dynamic health and supportive service delivery network where an older adult can choose to receive needed services in a variety of residential settings, ranging from their existing home to a mix of various congregate housing-with-services settings to state-of-the-art care centers.

We propose a new vision for housing, health and supportive services for older adults that is unlike the current fragmented system with limited consumer choices and power. We envision a dynamic health and supportive service delivery network where an older adult can choose to receive needed services in a variety of residential settings, ranging from their existing home to a mix of various congregate housing-with-service settings to state-of-the-art care centers.

The fundamental principles for this new model include consumer autonomy, involvement of professional and family caregivers, the aggressive use of technology, and financial and regulatory reforms. These principles are formed from sensible and time-tested beliefs that will enhance the quality of care and promote active lifestyles. This premier system depends not only on the above-mentioned elements, but also on the adoption of new behaviors that are consistent with consumer empowerment and respect for our elderly.

The Vision's Underlying Beliefs

- **Government's role should be simple, clear, and enable a consumer-focused system.**
- **Older adults choosing congregate living should not be forced to share their living space with a stranger.**
- **Consumers must have access to relevant information and some measure of control over the purchasing dollar to be fully empowered.**
- **Consumers of all ages should have clear financial incentives to plan and provide for their future needs.**
- **Older adults should be integrated into the community, rather than isolated from it.**
- **A focus on consumer needs and preferences and community capacity, along with competition in the marketplace, will lead to the development of innovative, effective and consumer-responsive services.**

The New Vision for Long-Term Health and Supportive Services

We envision a future where the needs and preferences of the long-term care consumer will be met through a tailored combination of housing, health care and supportive services, with choices in pricing and place. Consumers will be assisted in their decision-making by the availability of increasingly valuable information comparing options, and possibly by organizations or individuals who offer customized care and service planning. They will describe their experience with the long-term care delivery system as “easy to use,” “providing service of high value” and “providing the right choices.”

Nursing homes, with their prescribed schedules, shared rooms and bundled services, will be transformed and converted to—or replaced by—a smaller number of state-of-the-art care centers. These will serve primarily a short-stay population in need of complex, skilled care and/or rehabilitation and some individuals whose care and support needs are both chronic and complex. Most residential long-term care will be provided in a variety of housing-with-services options. These residential options will be somewhat unique to their community, and increasingly serve the low- and middle-income consumer. Providers will have clear incentives to coordinate their services with other services in the community and will work to complement and strengthen the services provided by family and other informal caregivers.

Universal customer satisfaction data will be developed to provide consumers with the information necessary to conduct comparison-shopping and good, informed care planning decisions. In the design of their care, consumers and their families will make informed decisions concerning risk and safety and quality of life considerations. Professional caregivers will use advanced medical and communication technology to enhance family involvement and “community-connectedness” and promote the highest level of independence for their elderly clients.

Professional caregiving will be an honored and sought-after occupation. Chronic worker shortages will be eased by competitive wage and benefit packages, by increased job satisfaction resulting from new care delivery models and career opportunities, by increased use of technology, by the opportunity to work in more attractive and up-to-date care centers, and by a more positive public image for long-term care.



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... nursing homes will be transformed...

state-of-the-art care centers ...

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Consumer Control

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The cornerstone of our shared vision is a responsiveness to consumer preferences.

To ensure consumer predominance, they must be armed with increasingly good data and have some measure of control over the purchasing dollar.

Consumer Control—The Vision’s Cornerstone Principle

The cornerstone of our shared vision is a responsiveness to consumer preferences. This consumer-centered philosophy embraced by our vision focuses on self-directed older adult services. No other force, interest, or concern should influence the creation of a new older adult health, housing, and supportive services system than “What’s best for the consumer.”

Under this new model, older adults will have the right to choose and shape their own care delivery system, deciding what they value most (e.g., access, quality and cost) in the context of how and where their services are received. With a self-directed care system, the consumer becomes the best judge of quality and value and can make informed decisions about service options and the potential tradeoffs, if any, between price and quality in those settings.

Information Is Power

To ensure consumer predominance, they must be armed with increasingly valuable data about service options and provider performance on customer satisfaction measures. In our vision, providers, regulators, and consumers could work together to develop universal customer satisfaction measures similar to JD Powers & Associates’ automobile quality rankings. Consumers (older adults—their relatives—or other designated decision-makers) must be able to weigh factors of price, quality and the amount of risk they desire when selecting their combination of services and housing setting.

Our vision recognizes that information alone does not necessarily make it easy for consumers to access needed services. Consumers and families in crisis may require the assistance of an individual or organization that specializes in care and service planning, perhaps on a fee-for-service basis. Such services are likely to be increasingly available via private sector initiatives, but the possibility also exists of establishing care planning and financial centers—these could be actual bricks and mortar or “virtual centers” available through an Internet connection.



Being the Purchaser Is Power

Government payment sources tend to tie funding to programs and places rather than people. As we have seen in nursing homes, this approach has resulted in a “bias” in utilization of a given setting for those who must rely on subsidy to meet their health care needs. Simply put, in today’s world, if you rely on Medical Assistance and you need residential health care services, you are more likely to live in a nursing home than in one of the new and emerging housing-with-services options.

Unbundling housing and service costs and possibly providing long-term care consumers with a “voucher” has the potential to put the consumer in the driver’s seat when choosing among the variety of settings in which health or supportive care might be delivered. With the consumer as the purchaser, providers are compelled to be directly responsible to consumers and their families.

Admittedly, there are some barriers that would need to be overcome in this approach. Vouchers would need to provide a sufficient amount of purchasing power to the consumer to really allow them to “shop” among options, and capital financing sources would need to be convinced that it is sound business to invest in a long-term care development in such a marketplace approach. But the consumer empowerment potential of such an approach is too significant not to be pursued.

Mission-Driven and Market-Responsive Providers

A consumer-driven system will also encourage providers to be mission-driven and market-responsive. Innovation will be expected and rewarded in the purchasing process. Providers seeking to develop new care options will listen to their communities, establish a continuous stream of information from current and potential users of their services, and build on community strengths to achieve marketplace success. This investment in, and accountability to, local communities will continue to be a hallmark of long-term care service delivery.

Thirty years of experience provide clear and convincing evidence that government financing and regulatory criteria don’t foster consumer-responsive health care delivery. We believe a model predicated upon consumer needs and preferences, along with a competitive environment, will create the most innovative and consumer-responsive housing, health, and supportive services system.

*... unbundling
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service costs ...*

*put the
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Consumer Preferences:

- Private rooms
- Desirable living environment
- Choice in menu, recreation, and daily schedules
- Easy-to-use assistance referral system
- Familiar surroundings
- Safety
- Sense of community
- Close to family

Caregiving

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Aided by new care delivery models, caregivers would work in concert with families and volunteers to improve both the delivery and the quality of health services.

Caregiving—An Honored and Respected Profession

The caregiver’s role, particularly for line workers in the traditional nursing home, is not respected by the general public nor highly sought after. This derives, in part, from society’s fear of losses associated with aging and in part from a complex interaction of compensation, lack of career advancement, physically and emotionally demanding work, and an “enforcement environment”—with harsh penalties for mistakes and little recognition for a job well-done.

Today’s professionals are handed a list of “do’s” and “don’ts,” with little ability to apply their professional judgment or critical-thinking skills. Long-term care providers are confronted with a dizzying array of daily paperwork and regulatory challenges that affect the delivery of care to their clients. Staff shortages compromise the mission of caring and professional dedication that draws so many of our caregivers to the long-term care profession.

Letting Professionals Be Professionals

Our vision would “let professionals be professionals.” Aided by new care delivery models, which enhance the decision-making roles and responsibilities of the line worker, caregivers would work in concert with families and volunteers to improve both the delivery and the quality of health services. Rather than discourage or outright ban family involvement in actual caregiving in a care center, family members would be embraced as part of the caregiving team.

Technology would enhance working conditions and help to mitigate the chronic worker shortage. Strategies designed to simplify regulations would reduce the paperwork that currently compromises the amount of time nurses and other health professionals can spend with their clients. This would also clear the way for care models that emphasize not only consumer choice, but a recasting of jobs and schedules in ways that are satisfying to both the caregiver and person receiving care.

Excerpt Letter to the Editor –
New Ulm Journal (reprinted with permission)

For the most part the staff is constantly in motion. Some days – not often—I have seen the staff have a little time when nothing had to be done. They sat with the patients, held their hands and chatted with them like friends do.

My point is, the staff does more than just take care of the physical needs of their charges. They do whatever needs to be done but always with patience it never ends—with kindness, consideration, compassion and concern. A little love, too. We, people like me, cannot do that good. I know. I tried. I have thought many times, who would want a job like that? Then I thought thank God there are some that do.

What if the staff gave up and quit? There are some facilities with empty beds that will not accept patients anymore because they cannot get the staff. I do not dare to imagine what I would have done if there was no facility like this.

– A family member of a long-term care resident

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Technology

▼
Tomorrow's older adults will embrace and demand the inclusion of technology in their health and supportive care "tool kit."

Nowhere has technology's impact on society been more impressive or visible than in modern-day health care. According to a *1999 Medicines in Development* report, 191 medicines to fight diseases of aging await final approval from the Food and Drug Administration. In addition, medical devices, artificial limbs, synthetic joints, and animal tissue are already helping older adults to walk and live without pain and discomfort. While most of the investment of research and development dollars have focused on applications within the health care arena, we envision the development and application of technology that will address the current high-touch, low-tech aspects of supportive long-term care services as well. We see the advantageous use of technology improving both the quality of life and the quality of care for long-term care consumers. Society's comfort level with technology is greatly improving and quickly eroding the assumption that older adults are more likely to avoid technology. Tomorrow's older adults will embrace and demand the inclusion of technology in their health and supportive care "tool kit."

In our vision, the research and development community will be spurred to invest in new technologies that will help to ease our chronic worker shortage in ways that are pleasing to both consumer and provider. Long-term care and support providers will likely incorporate *informatics*, a combination of computer science, information technology, and medical science, to support and improve the delivery of medical care. Informatics will allow professional and family caregivers to use portable wireless digital communication devices to quickly access health records, diagnose health conditions, and enhance communication with the families and friends of their clients. These hand-held devices will collect, transmit, and evaluate vital signs and other health data, allowing older adults to significantly extend the time they can safely live in their existing homes or apartments. The devices will also foster two-way communication, helping to reduce problems that tend to cause unnecessary hospitalization, such as medication errors and insufficient dosage by older adults. Communications technology plays a key role in our vision in enhancing the training of all caregivers via distance learning methodologies.

In our vision, technology will help improve diagnostic accuracy and promote self-help through online and wireless communication. Technology will produce better-informed consumers who will require fewer medical visits and improve the explanation of their symptoms to the doctor when they do go. Implantable medical devices, pharmaceuticals, and biotechnological products are likely to change when health services will be required and the type of services consumers will need. We can expect a phenomenal improvement in the quality of life and a substantial boost in overall life expectancy due to technology.

New Approach To Regulations and Quality Enforcement

Consumer experience should define quality. Quality enforcement in our vision is based on the principle that the consumer knows what's right, versus a paternalist government definition of what's right. Reliance on prescriptive regulations as the only indicator of quality has given consumers a false sense of security when choosing long-term care services.

In our vision, universal customer satisfaction measures would be developed and could be used by consumers to reach personal decisions about value. We would encourage independent third parties, such as JD Powers and Associates, to craft new long-term care customer choice and satisfaction rankings. In our vision, the provider community will assume responsibility for credentialing programs and peer review programs to advance best practices.

Government's Role: Consultant and Enforcer

There is a necessary function for government quality enforcement in our shared vision. It should be a simple, clear, transparent, and predictable role where the responsibility for consumer protection is a combination of professional self-regulation and regulatory consultation. A majority of provider accountability and quality will be determined by the customer "voting with their feet" when choosing services and settings.

The regulatory community should serve in an increasingly consultative role to providers, helping to define and maintain "best practices" in the care and support for older adults. Sanctions against poor performing providers would be imposed through a gradually increasing system of fines, penalties, and expulsion.



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Financing New System

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In our vision, our current reliance on government payment sources would be reduced via a combination of greater self-reliance and private financing strategies.

A Combination of Consumer Incentives and Flexible Government Payment

Our vision requires clear and generous incentives for consumers of all ages to plan and provide for their own needs. As outlined previously, separating housing costs from care costs is the basis of our financial vision. By unbundling costs in favor of flexible vouchers, dollars can then follow the consumer, not the health care setting. Consumers would be able to choose from a variety of housing settings where a variety of health care and supportive services might be delivered.

In our vision, our current reliance on government payment sources would be reduced via a combination of greater self-reliance and private financing strategies. Long-term care insurance and other insurance-based financing strategies will be developed. Government will have a role in helping to generate the capital needed for infrastructure development, particularly in the transformation of existing nursing homes. In our vision, there is a sustained commitment from society to funding services for those who are without resources to meet their care and service needs.



New Community Values and Attitudes for the Future

From “Government’s Job” to “We’re All In This Together”

The typical Minnesotan plays an important role in the creation of this new older adult support system. New politics dictate that public policy cannot be shaped in a vacuum by political elites such as providers, elected officials, and select advocacy organizations. We must solicit the ideas and opinions of all members of the community, because this issue affects all members of the community. Without broad public support, we will not be able to dismantle our existing belief that responsibility for our elderly rests solely with the government.

We envision a future where the values of Minnesotans will be consistent with consumer empowerment and respect for the elderly. As citizens, we will reward those who plan for their long-term care needs and respect our Mothers’ and Fathers’ rights to design their own care. Our long-held values toward those without sufficient resources won’t waiver. We will continue to provide for the poor and adequately fund consumers with limited funds, but we would discontinue society’s current assumption that the care of the elderly is “government’s responsibility.”

“Us” Versus “Them” to “We” Mentality

Unfortunately, our first inclination today is to immediately choose sides and create an environment where providers, regulators, and consumers can never have mutual interests. To create the caregiving teams and community involvement envisioned in our plan, we’ll need to stop pitting providers against consumers and establish a process to bring stakeholders together for a common vision.

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Change Risk-Averse and Ageism Attitudes

Society's "risk-averse" and paternalistic attitude of protecting the elderly from themselves and others must change. This need not weaken our strong belief in community values and support for the poor; however, in order to implement the proposed reforms, we'll need to develop a view that embraces freedom of choice and supports the level of risk and consequences older adults are willing to undertake.

Artificial age limits that now determine a person's value and worth in society will be replaced by societal contribution based on functionality and desire. We see this shift in attitudes already emerging by the dramatic addition of new senior workers in the workforce. Many older adults have embarked on new careers to supplement incomes and pursue business dreams they were unable to chase earlier in life. As our population ages, older adults will be more prevalent in the workplace, thus necessitating a change in our values to account for this new phenomenon.



Summary/Next Steps

Today's long-term care delivery system stands frozen in time by a symbiotic snarl of financial and regulatory programs, stakeholder disagreements, and "we've always done it this way" attitudes. New medicines and devices have extended older adults' life expectancy, but the typical long-term care resident today still shares life with a stranger in a living space smaller than most bedrooms in our own homes.

We are seeking changes that would revolutionize living environments and care delivery for persons needing residentially-based health care and supportive services. The fundamental principles for a new service delivery model include consumer autonomy, involvement of professional and family caregivers, the aggressive use of technology, and financial and regulatory reforms. In our boldest dreams, our vision for the future would be that we could make the aging process and associated challenges a desired experience.

The Vision for Long-Term Care and Supportive Services

We envision a future where the needs and preferences of the long-term care consumer will be met through a tailored combination of housing, health care and supportive services, offering choices in pricing and place. Consumers will be assisted in their decision-making by the availability of increasingly valuable information comparing options, and possibly by organizations or individuals who offer customized care and service planning. They will describe their experience with the long-term care delivery system as "easy to use," "providing service of high value" and "providing the right choices."

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Professional caregivers will use advanced medical and communication technology to enhance family involvement and “community-connectedness” and promote the highest level of independence for their elderly clients. Professional caregiving will be an honored and sought-after occupation. Chronic worker shortages will be eased by competitive wage and benefit packages, by the increased job satisfaction resulting from new care delivery models and career opportunities, by increased use of technology, by the opportunity to work in more attractive and up-to-date care centers, and by a more positive public image for long-term care.

The Next Steps/Call to Action

No matter how hard society tries to ignore aging...or the magnitude of scientific and medical advances...there is an inevitable certainty of life that most of us, at some point, will depend on others to assist us in our daily routines for an extended period of time. Providers, consumers, and public officials all reject the current long-term care framework. This overwhelming vote of “no confidence” provides the necessary societal and political mandate to now seriously consider proposals for change.


The question we ask is: If the time is not now, when will be the right time? If not cooperatively constructed by providers, consumers, and policy-makers, then whose responsibility is it to shape the future delivery of these housing, health care, and supportive services?

We view the Long-Term Care Imperative as a process that should involve all interested stakeholders—government, consumers, and health care professionals—in the design of a new way to deliver long-term care. We ask older adults and policy-makers to thoughtfully consider these commitments for change as a framework for a novel approach for reform.

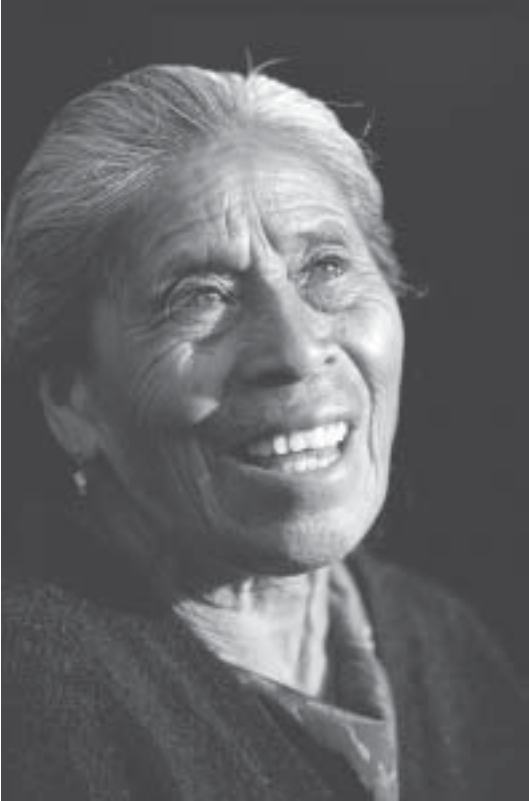


Our commitment for the next few months includes the following steps:

1. **Consumer Dialogue:** We pledge to meet with consumer groups to discuss our vision, and to establish an ongoing mechanism to exchange ideas and direction as we move forward.
2. **Public Policy Discussion:** We pledge to actively support the efforts of the state’s Long-Term Care Task Force. Our belief is that systemic change requires united efforts between legislative and administrative bodies, with input from key stakeholders. Our vision suggests at least six broad areas for consideration by the Task Force, and we plan to advance recommendations in each:
 - 1) **Nursing home transformation**—retrofitting for new living environments, incentives for the development of private rooms, capital for conversion and replacement (where it is called for), and an intentional approach to downsizing/“rightsizing” and closure;
 - 2) **Housing-with-services options**—strategies which increase the availability of affordable models;
 - 3) **Consumer empowerment**—exploration of the unbundling of housing and service costs, vouchers for services, information about options, and strategies for improving access;
 - 4) **Service coordination**—incentives for the coordination of services in a given community, mechanisms that work to make services across settings easier to use, and linkages across acute and long-term care to create linkages across service settings and provider types;
 - 5) **Workforce enhancement**—incentives for the development of new care delivery models, regulatory simplification, strategies to improve LTC providers’ marketplace competitiveness, and strategies to stimulate supply;
 - 6) **Finance and payment reform**—nursing home payment methodologies that address desired infrastructure changes, the financial health of a downsized sector, accountability and legislative micro-management, and expansion of LTC insurance or advancement of other insurance-based options; and
 - 7) **Quality assurance**—approaches to developing universal customer service information, and the role to be played by credentialing and accreditation of emerging care options.



*The question we ask is: **If the time is not now, when will be the right time?** If not cooperatively constructed by providers, consumers, and policy-makers, then whose responsibility is it to shape the future delivery of these housing, health care, and supportive services?*



3. Identification of Mechanisms: Many aspects of our vision do not require legislative changes to implement. Rather, they require different collaborative efforts, an expansion of long-term care knowledge into new areas, and a re-focusing of established resources. We plan to continue our work with components of our vision through the establishment of a joint team of long-term care professionals. This team will identify and prioritize potential mechanisms, and develop appropriate outreach plans.

4. Public Information: Beyond the defined groups noted above—consumers, legislators, state agencies—there is also the general public, a group whose perceptions of long-term care today, and the potential of long-term care in the future, are limited at best and often misinformed. We feel an obligation to our communities to provide greater communication and dialogue about what is wrong with our current system; what needs to change; and how to move our state into the forefront of long-term care service delivery. To this end, we will be scheduling community forums/town meetings throughout the state and we encourage your participation. We also are prepared to arrange for presentations/discussions with any group interested in this topic.

Minnesota's long-term health care and housing community stands ready and willing to move forward with enhanced older adult care and supportive services. Reinventing our service delivery system is a worthy and necessary community obligation. We owe it to our parents, to our friends, and to ourselves.

For further information on *“Principles for Change: A Shared Vision for Older Adult Housing, Health and Supportive Services in Minnesota”* contact:

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