Master Plan for Aging Recommendation Form CalQualityCare.org Website

1. **Issue Statement:**

The CalQualityCare.org website developed by the University of California San Francisco and the California Health Care Foundation is a comprehensive consumer information system for long term care but it lacks funding to continue operation.

2. **MPA Framework Goal**

Goal 1 – Services and Supports.

3. **MPA Framework Objective**

Objective 1.1: Access to the help we need to live in the homes and communities we choose

4. **Recommendation**

Recommend adding www.CalQualityCare.org to the California Aging Dashboard and providing state funding for its operation.

5. **Target Population**

The website is designed for the 2 million users of long term care services and supports (LTSS) each year to help them obtain information and quality ratings on the 20,000 licensed LTC providers in the state. The website is also used by caregivers, family and friends, discharge planners, care coordinators, health plans, physician groups, hospitals and others.

6. **Detailed Recommendation**

By adding www.CalQualityCare.org to the California Aging Dashboard, consumers will have direct access to the website along with other caregiver support services and useful information. State funding should be appropriated to ensure financial support for the website annual either directly to UCSF or a nonprofit organization to operate the website or through a state agency.

The CalQualityCare.org website should continue to provide information on all licensed LTSS providers in California including nursing homes, hospice, home health, assisted living and residential care, ICF-DD, adult day care, and adult day health care. Depending on available data, information within the following domains should be provided:

- Provider characteristics (e.g. location, size, ownership)
- Client characteristics
- Ratings – nursing facilities, home health, hospice, ICF/DD
- Staffing (number and type)
- Quality of Facility (deficiencies, citations, and complaints)
- Quality of Care (e.g. pressure ulcers, infections)
- Cost and Finances

As funding is available, the website should be improved and enhanced overtime and linked with other state and local services. For example, CMS information on Long Term Care Hospitals (LTCHs) and

Inpatient Rehab Facilities (IRFs) that can be added to the website. Information on residential care facilities is now detailed sufficiently to allow for ratings of these facilities. In addition, the website needs to have enhancements to make it completely ADA accessible. Finally, an advisory committee of stakeholders should be established to provide consultation on the design and improvements to the website.

7. Evidence That Supports the Recommendation

There is growing evidence of the critical importance of giving consumers access to information about the quality of LTC providers. Cornell, PY, Grabowski, DC, Norton, EC, and Rahman, M. 2019. Do report cards predict future quality? The case of skilled nursing. *J. of Health Economics*. 66:208-221. This study shows that patients that go to skilled nursing homes with higher federal star ratings achieve better outcomes including lower mortality rates, fewer days in the nursing home, fewer hospital readmissions, and more days at home or with home health care during the first six months post admission. The study showed a causal relationship between high quality nursing homes and better patient outcomes.

Another study showing savings was by Mukamel, DB, Amin A, Weimer DL, Ladd H, Sharit J, Schwarzkopf R, Sorkin DH. 2016. Personalizing nursing home compare and the discharge from hospitals to nursing homes. *Health Serv Res.* 1(6):2076-2094. The study that the use of a nursing home report card resulted in consumers selecting high quality nursing homes, reducing the hospital length of stay by 16 percent, and improving patient and discharge planning satisfaction with the process.

8. Examples of Local, State or National Initiatives That Can Be Used as an Example of a Best Practice.

Other states have websites that provide information on LTSS providers but the CalQualityCare.org website has long been considered a model website and the best and most comprehensive state LTSS website in the country.

9. Implementation

The MPA should include this recommendation and then the Governor's Office should support state funding to support the www.CalQualityCare.org website from a permanent funding source such as administrative Medicaid matching funds, trust funds from the Office of Patient Advocate, or funds from the state citation penalty account. The state funding would be about $500,000 per year. The legislature should appropriate the funding for the website as a regular state project. The Governor's Office should also ensure that the website is included in the state aging dashboard. In addition, website linkages should be made with local government, ombudsman programs, and community-based organizations.

10. Person-Center Metrics

Website metrics should be collected on a regular basis to obtain information on the number and types of website use. Input could also be obtained from individual user evaluations of the website.

11. Measuring Success

By 2021, there should be 200,000 users of the website

By 2025, there should be 500,000 users of the website

By 2030, there should be 750,000 users of the website

12. Data Sources

The CalQualityCare website brings together data from three federal websites (Nursing Home Compare, Hospice Compare, and Home Health Compare) and two state websites (California DPH Cal Health Find and California DSS) and accreditation agencies into a single portal for LTSS information. The data from these public agency sources are reliable and impartial.

13. Potential Cost Savings
Based on the research, it is expected that patients in hospitals who use the website for discharge planning will have a reduction in their length of stay and a reduction in hospital readmissions regardless of whether the patient is discharged to a nursing facility or to home or residential care and will have fewer health care complications.   The website will only need to reduce hospital days by 125 days (at $4,000 per day) in the entire state annually to pay for the costs of the website. Substantially greater cost savings could be expected by using the website.

14. Priority Score

The recommendation should have a high priority.

Submitted By: Marty Lynch 12/15/19