
Virginia Quality Improvement Program (QIP)

Presentation to:

The *Joint* Commission on Health Care

Terry Smith
Division Director
Division of Long-Term Care
Department of Medical Assistance Services

October 17, 2007

Presentation Outline

- Background**
- Civil Money Penalty (CMP) Funds**
- QIP Advisory Committee**
- Committee Discussions**
- A Culture of Caring/Better Jobs Better Care**
- The Strategic Plan**
- Conclusion**

Background

- **House Bill 2290 of the Virginia General Assembly required the Director of DMAS to:**
 - Establish a Nursing Facility (NF) Quality Improvement Program; and,
 - Provide a strategic plan and progress report to the Governor, Chairmen of the House Committees on Health, Welfare and Institutions, and Appropriations; the Senate Committees on Education and Health, and Finance; and the Joint Commission on Health Care by October 1, 2007.

3

Presentation Outline

- Background**
- Civil Money Penalty (QIP) Funds**
- QIP Advisory Committee**
- Committee Discussions**
- A Culture of Caring/Better Jobs Better Care**
- The Strategic Plan**
- Conclusion**

4

Civil Money Penalty (CMP) Funds

- Federal and State law dictate certain quality standards for NFs that are enforced through periodic surveys conducted by the Virginia Department of Health and the Centers for Medicare and Medicaid Services (CMS).
- Several remedies exist to address quality issues raised during the survey process including imposition of civil money penalties for NF out of compliance.

5

Civil Money Penalty (CMP) Funds

- CMS gives states broad latitude in using CMP funds.
- Nationally, states use CMP funds for:
 - 1) survey and certification activities, such as temporary management, relocation, or consulting; and,
 - 2) special projects.

Notes: Annual unduplicated enrollment in the Virginia Medicaid program

6

Civil Money Penalty (CMP) Funds

- CMP funds are collected when quality deficiencies are discovered during periodic on-site surveys.
- VDH conducts the on-site surveys and assesses the fines.
- The amount of a fine assessed depends upon three deficiency categories.

7

Civil Money Penalty (CMP) Funds

- Category 1 Deficiency - typically remedied by a plan of correction, state monitoring, and/or directed in-service training.
- Category 2 Deficiency – resolution includes denial of payment by CMS for new admissions for all residents, and/or CMPs of \$50 to \$3,000 per day; or, a single instance of \$1,000 to \$10,000

8

Civil Money Penalty (CMP) Funds

- **Category 3 Deficiencies (most serious)**

Deficiencies in Category 3 directly affect resident behavior, nursing practices, quality of life, and quality of care. Remedies involve temporary management or termination of the provider agreement.

9

Presentation Outline

- Background
- Civil Money Penalty (CMP) Funds
- QIP Advisory Committee
- Committee Discussions
- A Culture of Caring and Better Jobs Better Care
- The Strategic Plan
- Conclusion

10

QIP Advisory Committee

- The Alzheimer's Association
- State Long-Term Care Ombudsman
- Virginia Association for Home Care and Hospice
- Virginia Coalition for the Aging
- Virginia Health Care Association
- Virginia Association of Non-Profit Homes for the Aging
- State Agencies (VDA, VDH, DMHMRSAS, VDSS, Health Professions, DMAS)
- Other advocates and stakeholders

11

Presentation Outline

- Background
- Civil Money Penalty (CMP) Funds
- QIP Advisory Committee
- Committee Discussions
- A Culture of Caring/Better Jobs Better Care
- The Strategic Plan
- Conclusion

12

Committee Discussions

- QIP programs were researched in other states and considered for replication in Virginia
- Areas of committee discussions included:
 - 1) health care worker shortage and high rates of turnover;
 - 2) recruitment and retention of direct care staff;
 - 3) consumer satisfaction;
 - 4) clinical outcomes;
 - 5) quality of life for residents.

13

Committee Discussions

- Summary of Committee Discussions:

*For the foreseeable future, the need to attract and retain an adequate and stable number of well-qualified and motivated direct care workers will continue to be a **shared** concern of employers, employees, consumers, families, and public payors.*

14

Committee Discussions

- Quality Improvement Programs in other states were reviewed by the committee.
- Evaluation of programs focused primarily on 1) improving efficiency and quality of resident services, and 2) ability to enhance nursing staff's ability to perform their jobs with knowledge and respect.

15

Committee Discussions

- Summary
*Based upon discussions and review of existing QIPs, the committee endorsed building on **voluntary models** that would refocus facility culture, operations, and outcomes without increasing costs.*

16

Presentation Outline

- Background
- Civil Money Penalty Funds (CMP) Funds
- QIP Advisory Committee
- Committee Discussions
- A Culture of Caring/Better Jobs Better Care
- The Strategic Plan
- Conclusion

17

A Culture of Caring

- Nothing has greater impact on the quality of care than having adequate numbers of well trained and motivated staff to provide care for residents.
- Successful models have in common certain basic philosophies and principles and operational methods that, if implemented, would lead to significant improvements in long-term care quality.

18

A Culture of Caring

- North Carolina's Program, ***Better Jobs Better Care***, a voluntary program builds a culture of caring within nursing facilities and is a proven model for quality care.
- Of all the programs reviewed, ***Better Jobs Better Care*** of North Carolina seemed to best match the committee's vision for enhancing the lives of Virginia's nursing facility residents.

19

Better Jobs Better Care

- ***Better Jobs Better Care*** began as a pilot program limited to 60 providers.
- North Carolina expanded the successful pilot program statewide with the intent of making it a meaningful and voluntary "raise-the-bar" program pertaining to nurse recruitment and retention in long-term care.

20

Better Jobs Better Care

Program's 4 Domains:

- Supportive Workplaces (peer monitoring, coaching supervision, supportive management)
- Balanced Workloads
- Training
- Career Opportunities

21

Better Jobs Better Care

Participating NFs:

- Attend an orientation meeting
- Work toward implementing the program requirements with the expectation of submitting an application to become a designated facility, which will be publicized as a positive achievement for the NF
- Provide feedback as requested to program administration

22

Better Jobs Better Care

- A key component is a special two year licensure designation, “***New Organization Vision Aware***” (***NOVA***), using a statewide, uniform set of criteria and expectations.
- Providers ***voluntarily*** submit evidence for consideration - On-site visits and desk reviews are conducted.
- Eligibility for enhanced funding or reimbursement may follow NOVA designation.

23

Better Jobs Better Care

BENEFITS TO WORKERS – Improved job satisfaction, workplace environment, communication and professional growth

BENEFITS TO PROVIDERS – Voluntary nature of program, retention of quality direct care staff, availability of special licensure

BENEFITS TO CONSUMERS – More stable, qualified direct care staff supporting the philosophy of “culture of caring”

24

Presentation Outline

- Background
- Civil Money Penalty (CMP) Funds
- QIP Advisory Committee
- Committee Discussions
- A Culture of Caring/Better Jobs Better Care
- The Strategic Plan
- Conclusion

25

The Strategic Plan

The Mission

The Virginia Quality Improvement Program Advisory Committee seeks to ensure an adequate supply of nursing staff in Virginia's NFs through innovative recruitment and retention practices to meet the current and future need for care of one of the Commonwealth's most vulnerable populations.

26

The Strategic Plan

- **Goal One**

Promote culture change in NFs by encouraging NFs to adopt proven operational practices and innovative strategies that strengthen the performance of nursing staff and improve the quality of care based on the “Better Jobs Better Care” demonstration project.

27

The Strategic Plan

- **Goal One, Objective One**

Improve the quality of Virginia’s NFs by examining the potential use of CMP funds to develop a voluntary incentive-driven program to promote “culture change.”

28

The Strategic Plan

- **Goal One, Objective Two**

Develop and maintain online resources offering technical assistance to NFs on nursing recruitment and retention efforts. Include information on staff career advancement, mentoring, and trends.

29

The Strategic Plan

- **Goal Two**

Using the “Better Jobs Better Care” model, direct a portion of CMP funds specifically towards recruitment and retention efforts of nursing staff in NFs, particularly of nursing assistants, that would provide positive inducements for NFs to voluntarily implement practices to improve workforce stability and care quality.

30

The Strategic Plan

- **Goal Two, Objective One**

Develop, pilot, and implement a uniform set of criteria and expectations for statewide use, on a voluntary basis, for NFs that address factors affecting the recruitment, retention, and job satisfaction of direct care staff. Consideration should be given to the reason why nursing staff leave their jobs as demonstrated in long-term care research.

31

The Strategic Plan

- **Goal Two, Objective Two**

Consider the “raise-the-bar” program pertaining to direct care staff recruitment and retention based on job practices known to contribute the high turnover and, by extension, workplace cultures where there is low turnover and high job satisfaction (supportive workplaces, balanced workloads, training, and career opportunities).

32

The Strategic Plan

- **Goal Two, Objective Three**

Outline eligibility requirements for participation as a pilot site and criteria for attaining a special designation indicating that the NF is a participating facility. The program should allow for creative, innovative, and cost-effective approaches to achievement of identified measurable objectives based on sound culture change principles.

33

The Strategic Plan: Funding

- DMAS could use existing CMP funds to begin the development and implementation of the QIP project.

34

The Strategic Plan: Funding

- The Advisory Committee may consider setting aside a base funding amount of \$500,000 to offset costs of relocation of residents, maintenance of operation of a NF pending correction of deficiencies or closure.

35

The Strategic Plan: Funding

- **Funding Suggestion**

While the Advisory Committee did not discuss the Pay-for-Performance (P4P) initiative, the QIP should be a complementary program. It may be appropriate to use a small portion of the CMP funds to “jump start” the P4P project. Funding could be continued on a yearly basis in an amount determined by the Advisory Committee.

36

Presentation Outline

- Background
- Civil Money Penalty Funds
- QIP Advisory Committee
- Committee Discussions
- A Culture of Caring/Better Jobs Better Care
- The Strategic Plan
- Conclusion

37

Conclusion: Next Steps

- DMAS will reconvene an advisory committee to develop program criteria and implement the QIP strategic plan.
- Advisory committee decisions will include developing parameters for a pilot QIP, recommending a funding amount, defining measurable outcomes and marketing strategies.
- Meetings will be quarterly.

38

Conclusion

- The Virginia QIP Advisory Committee examined many programs and identified the best-practice model for the basis of quality improvement program in the Commonwealth.
- Involvement of all of our long-term care partners is critical to successful development of Virginia's future QIP.