



Detroit Long Term Care System Change Task Force Meeting Minutes

Date: Monday, October 13, 2008
Time: 9:30 a.m.
Place: Detroit Area Agency on Aging
1333 Brewery Park Boulevard
First Floor Conference
Detroit, MI 48207

MEMBERS PRESENT

Senator Buzz Thomas, Co-Chair
Wayne W. Bradley, Sr.
Patricia Anderson
Wanda Bailey
Anita Caref
Jane Church
Carl Cotrill
Edward D'Angelo
Toshia DeWeever
Stephanie Donaldson
Patrick Donnellon
Richard Douglass, MPH, Ph.D.
Patrice Farmer
Fay Flowers
Eric Foster
Pam Halladay
Reginald Hartsfield
Elaine Hearn
Juanita Hernandez
Ronald Hewitt
Helen Kozlowski-Hicks
Judy Joyce
Catherine Kiley
Peter Lichtenberg, Ph.D.
Martha Little
Yvette McKenzie
Jane McNamara
Carolyn Merucci
Michael Moore
Bernice Morrison
Earlene Traylor Neal
Gina Payne
Tene-Sandra Ramsey
Tom Rau
Betsy Rust
Susan Sacarro

Rick Scherrer
Melissa Samuel
Alice Sevonty
Alex Shulman
Michael Simowski
Susan Steinke
David Stobb
LaTonya Wallace-Hardiman
Debraha Watson, Ph.D.
Elaine Williams
Rebecca Reenders
Thay Dinh
Kelsey Schwatz
Marc Johnson
Carol Smith
Alicia Buggs
Andrea Deshields
Corine Mann
Jerry Springs
Diane Winston
Pearline Ballard
Brenda Sowask
Lindsey Phillips
Kristin Bunch
Michelle Ortiz
John Sczomak
Abby Reenders
Mel Kaufman
Rob Long
Elizabeth Arnold, MD
Patricia Baines-Lake
Marie Seddon
Lawrence Jackson
Yuself Seegars

STAFF

Paul Bridgewater, Co-Chair/ President and CEO
Faiz Esshaki
Gloria Hicks Long
Anne Holmes Davis
Cheryl Dozier Forte
Gale Simmons
Kimberly Taylor
Arthur Caldwell
Marian Banks-Nickleberry
Andrea Johnson
Karen Watson
Adrienne Warren
Anthony Mertic
Rachel McLaury
Joyce Henderson
Faiza Najar
Victoria Pecora
Sherry McGee
Serita Lockard
Pamela Alexander
Leah Phippen

CALL TO ORDER

Paul Bridgewater called the meeting to order at 10:09 a.m.

WELCOME & INTRODUCTIONS/ PURPOSE OF TASK FORCE

Mr. Bridgewater stated that the purpose of the Detroit Long Term Care System Change Task Force is to enhance the quality of services provided by Detroit area nursing facilities and to make the consumers aware of the changes in Medicaid and Medicare and how those changes affect them directly. The Task Force will also make them knowledgeable of their options in health and long term care.

Mr. Bridgewater introduced Wayne W. Bradley, Sr., DAAA Board Chair for remarks. Mr. Bradley expressed that it was an honor and privilege to be a part of such a ground-breaking movement. He then introduced Senator Buzz Thomas of the Michigan State Legislature.

REMARKS

Senator Thomas said that he was honored to be a part of this initiative. The Detroit Long Term Care Task Force is not just looking for another report for statistical purposes, but this, he said will recreate the delivery of long-term care services. He thanked DAAA for initiating this much-needed project. He stated that after the Nursing Home Study Presentation in September, the nursing home owners are now on board. He concluded his remarks and said, "We are going to roll up our sleeves today and over the next several months. Let us begin to build the perfect system and make Detroit a place that our parents and grandparents deserve it to be."

MISSION

Paul Bridgewater spoke about the mission of the Task Force and its subcommittees. He said that there are many people in the city that have serious health challenges and that the system has to be responsive so that we can help them to maintain their independence and more importantly, their lives. He mentioned

the importance of participation from all partners and stakeholders in changing some strategies so that consumers get the benefits of all of our hard work. He proceeded to give a presentation of the Governance Structure noting that we will add work groups if deemed necessary.

THE STATUS OF DETROIT NURSING HOMES: MOVING TOWARD ENHANCING THE QUALITY OF CARE

Betsy Rust was asked by DAAA to conduct a study on Sector 3 (the eastside of Detroit), which was identified as the most vulnerable area in the city. The study would take a comprehensive look at the issues facing those facilities that were preventing success and causing them to close. It would also allow us to identify possible solutions to help move them forward. She presented the results of the study that was initially focused on 13 facilities, but then was broadened to a regional study. The study was conducted with on-site assessments, cost reports and survey information.

Overall, Sector 3's East Grand Boulevard area facilities were found to be most vulnerable financially and clinically. The north and west side facilities were more stable; better off financially because their occupancy was higher, thus enabling them to meet the 85% minimum occupancy rate needed for reimbursement by the state. The study found that Detroit nursing homes have more than enough beds and that each one anticipates it's neighboring competitor to be the one to close, leaving its residents in need of care. This expectation leads to the facilities being unable to meet those same criteria, thus causing our nursing homes to miss out on funding. Last year, \$2 million of un-reimbursed dollars went to the state as savings because of the nursing homes that could not meet the 85% minimum occupancy reimbursement rate.

About 68% of the facilities payors are Medicaid, whereas, about 50% of the payors are Medicare. Owners would prefer Medicare payors because they pay more favorably and consistently. The state needs to establish people's eligibility quicker for Medicaid benefits. Care is sometimes provided for up to 4 months before a determination is received on a resident.

The staffing levels did not differ from suburban nursing homes; however, the key positions (management, etc.) had more turnovers, which is critical to the success of a facility.

QUESTIONS/ COMMENTS

Patrice Farmer commented that the clinical need is higher here and Medicaid simply will not cover those cost. Betsy agreed.

Richard Douglass congratulated Betsy on completing the study. He asked if the study compared acute care transfers from facilities to hospitals. Betsy responded that the clinician found that the nursing homes in the city generally did not have qualified nurses on staff, so when a patient required treatment beyond normal care they were being sent to the hospital. This is not good for the system because of higher cost. And it is bad for the facility because if they had the clinical skills to take care of the patient we would keep the bed full, helping the occupancy level.

Ron Hewitt asked if the study was taking into consideration the racial issues that seem to be one of the problems in getting quality care in the city. Paul Bridgewater referred members to the study conducted by David Barton Smith, Ph.D. among others titled "Separate and Unequal: Racial Segregation and Disparities in Quality across the U.S. Nursing Homes" that can also be found in Section 4 of the Task Force Resource manual. He said race has impacted on the quality of care since nursing homes were not required to enforce civil rights compliance like hospitals in the 1960's. He said the Task Force can take a look at that.

Carolyn Merucci asked if data was collected on the number of residents under 65 years of age.

Betsy answered that they found that in Sector 3, there is a much younger population that had more challenging needs and often times, more challenging behaviors. This showed to be one of the reasons that Sector 3 facilities lost older patients to the outlining communities.

A question was asked in reference to the lag period mentioned in the report; if the nursing homes received a lump sum of funding or if payment is backed up. The study showed that they receive a lump sum, but at the same time care was provided for months without funding due to the prolonged eligibility process by the state.

Elaine Hearn expressed appreciation for the study on behalf of the Citizens for Better Care. She asked if the study found that there were owners who were simply tired of the system and had given up, ceasing to even try to provide quality care. Betsy answered that there were instances where operators were unaware of the available solutions available to them, but she found it difficult to answer that directly.

With no further questions being raised Betsy concluded her presentation and noted that their numbers are listed in the manual if any further questions or comments should arise.

ORIENTATION TO LTC TASK FORCE SYSTEM CHANGE PROCESS

Anne Holmes Davis walked through the manual contents with the attendees. She noted that there would be about 7 meetings for the full Task Force and about 6 meetings of the Leadership/ Steering Subcommittee throughout the next year.

After the presentation to the LTC System Change Task Force all facilitators were asked to stand for introductions. Chairs and Facilitators conducted approximately a 30-45 minute discussion with their subcommittee to review their committees' scope of work and established potential meeting dates.

ADDITIONAL REMARKS

Wayne Bradley asked his Board Members to stand for recognition.

ADJOURNMENT

Meeting was adjourned at 11:45 a.m.

Respectfully submitted,

Anne Holmes Davis

AHD/lp

Moving Towards Enhancing the Quality of Care
