

Conceptual Framework for Quality and Outcome Measurement in Long-Term Services and Supports

With some notable exceptions, ongoing efforts to develop or improve quality measures for long-term services and supports (LTSS) generally focus on a relatively narrow set of domains, such as consumer satisfaction, program expenditures, or

1. Attributes of the **LTSS system**, including program characteristics and the responsiveness of the system to the need for improvement.
2. Measures of **LTSS resources** available to consumers, including paid workers, unpaid help from family and friends, technology, other supports, and the residential environment; and
3. The experiences of **the LTSS consumer**, such characteristics of the help received, the extent to which the consumer's needs are met, and outcomes related to health, function, well-being, participation, and safety.

The diagram shows the conceptual relationships among the components. Arrows indicate that LTSS program characteristics, and their quality, affect both LTSS resources and the LTSS consumers. Quality measures in both of these areas provide input to the LTSS system as it responds to the need for quality improvement. The quality of LTSS resources also has an impact on LTSS consumers. A responsive system is able to institute quality improvements, affecting LTSS program characteristics, LTSS resources, and consumers.

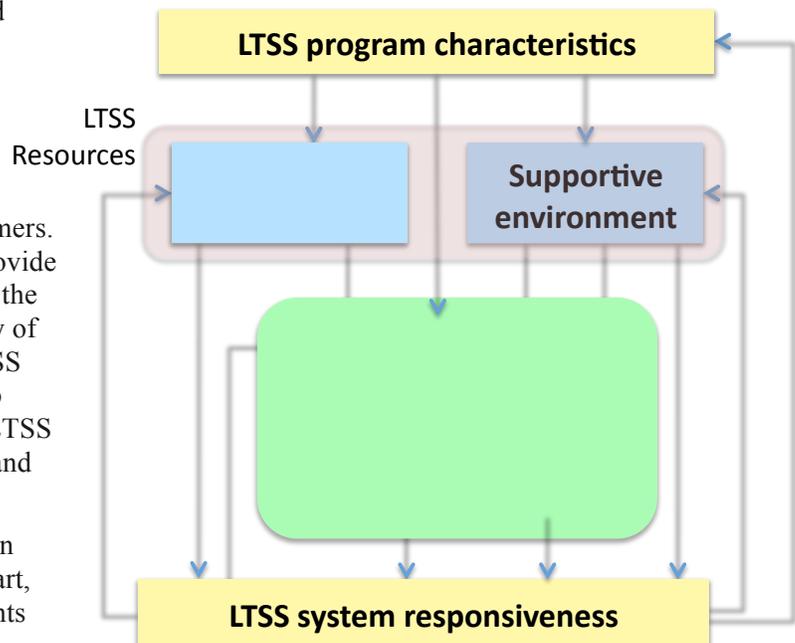
The following is a list of quality domains in each of the seven areas indicated in the chart, along with descriptions of potential elements within each domain:

characteristics of services and settings. We believe that a more complete quality assessment of an LTSS delivery system can be obtained by taking a broader perspective that includes the following three main components:

The LTSS System

1. Program characteristics

- a. **Scope.** Financial and functional eligibility criteria, extent and nature of benefits, key policies such as usage of independent providers and consumer direction; cost containment strategies.
- b. **Financing.** Balance between institutional and home- and community-based services; expenditures across settings and programs; global/flexible budgeting; financial robustness and



August, 2014

Community Living Policy Center, University of California San Francisco
www.communitylivingpolicy.org

Funded by the National Institute on Disability, Independent Living, and Rehabilitation Research (grant H133B130034) and the Administration for Community Living.

- c. **Fairness.** Equal access across disability, age, and sociodemographic groups and geographic areas; uniform and unbiased assessment.
- d. **Organization.** Consolidated system versus fragmented patchwork of separate programs; degree of coordination and integration of services.
- e. **Navigability.** Assistance gaining access to and navigating programs, facilitated or streamlined application process. timely eligibility decisions.

2. System responsiveness

- a. **Accountability/transparency.** Data systems and measures of quality and outcomes, public reporting, oversight and contract enforcement.
- b. **Consumer empowerment.** Includes ombudsman programs, complaint resolution and reporting, grievance and appeals processes, and stakeholder participation in program development and oversight.
- c. **Quality improvement processes.** Mechanisms to enable system to adjust to feedback from data, stakeholders, etc.
- d. **Policy environment.** Ease with which policies and programs can be changed.

LTSS Resources

3. Paid and unpaid providers

- a. **Caregiver/family support.** Support for families and family/friend caregivers, assessment and status of families; compensation of family members, and impact of caregiving on families.
- b. **Workforce development.** Job characteristics such as wages and benefits, training/certification, injury rates, and satisfaction.
- c. **Worker availability and quality.** Worker shortages, workforce turnover/retention, skill levels that match consumer needs.

4. Supportive environment

- a. **Accessibility and accommodations.** Home and community accessibility features, including home modifications;

accommodating physical and social environment.

- b. **Technology.** Availability and use of needed assistive and other technologies to support community living.
- c. **Personal resources.** Financial and personal resources, including social support.
- d. **Settings.** Extent to which the setting is integrated, offers consumer control, and promotes social and economic participation and engagement.

The LTSS Consumer

5. LTSS received

- a. **Adequacy.** Amount of services needed and received, including paid and unpaid help; unmet need and its consequences.
- b. **Satisfaction.** Satisfaction with quality and sufficiency of received services; consumer assessment of service quality.
- c. **Appropriateness.** Includes person-centeredness; consumer choice, direction, and control; support in making decisions about services; reliability; respect and dignity.
- d. **Coordination.** Includes care coordination and integration of acute care and LTSS.
- e. **Utilization.** Healthcare & LTSS utilization, barriers to utilization, and maintenance of or transition to community living.

6. Consumer outcomes

- a. **Health and function.** Includes mental health and secondary conditions, and ability to maintain physical and cognitive functioning.
- b. **Well-being.** Includes life satisfaction, happiness, sense of autonomy, “dignity of risk,” self-efficacy, and other consumer-assessed quality of life measures.
- c. **Participation.** Social and economic participation, relationships and social inclusion, and community engagement and integration.
- d. **Safety.** Includes sense of security, freedom from abuse and victimization, prevention of injury and falls.