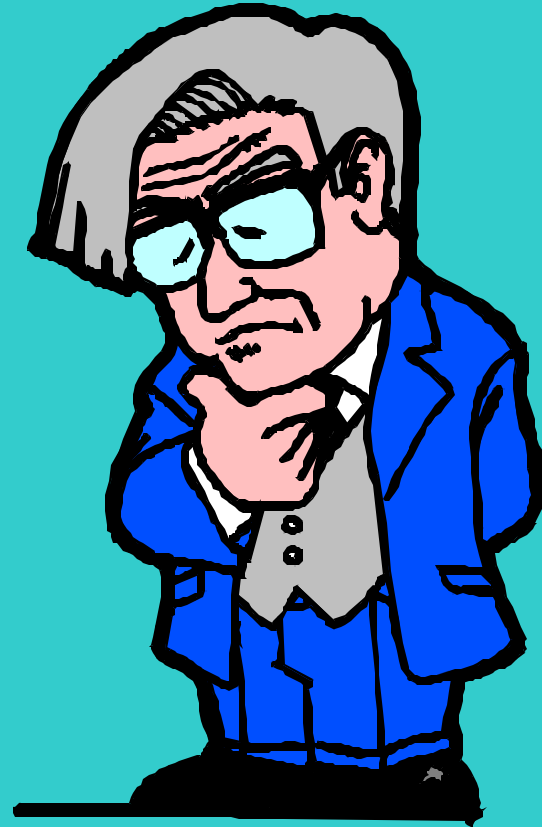


Rethinking the Quality Conundrum

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Current Policy Environment

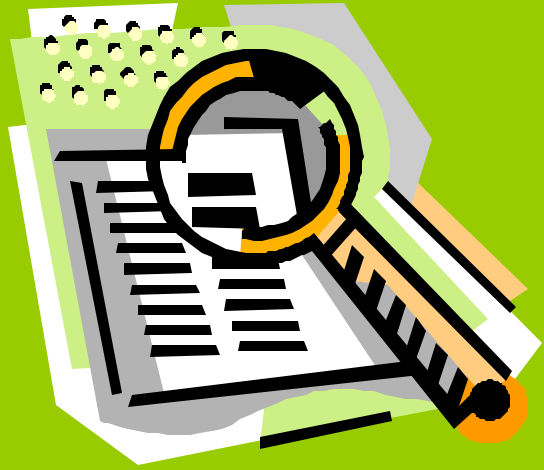
- States face the worst budget crisis since World War II ... and the situation won't improve soon.
- The federal budget is in no better shape, with record deficits expected over the next few years.
- Demand for services is growing beyond government's capacity to keep pace.



Current Policy Environment *cont...*

- The workforce crisis is growing worst due to inadequate wages & benefits plus a shrinking manpower pool.
- Fewer opportunities exist in most states to leverage federal Medicaid dollars.
- The current budget crisis accentuates dysfunctional aspects of the existing state/local service delivery architecture.

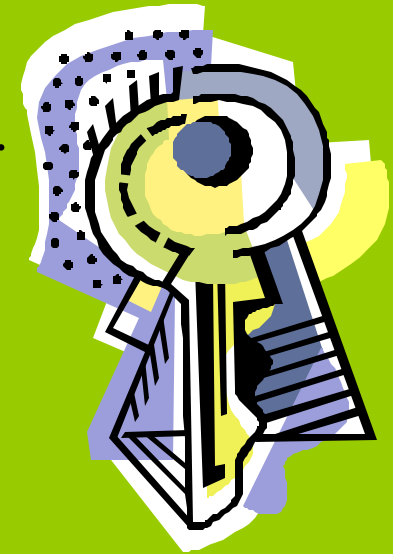




Key Quality Improvement Challenges

- The need to expand access and improve quality simultaneously in a severely constrained fiscal environment.
- Antiquated rate-setting models that are poorly aligned with contemporary support expectations.
- The absence of a resilient infrastructure to undergird the delivery of individualized supports.

Key Quality Improvement Challenges *cont...*



- The inequitable distribution of resources across programs and within geographic areas of a state.
- The mal-alignment of per capita spending patterns and individual needs & aspirations.
- The dynamics of the present DD service marketplace in which market forces offer weak inducements to improve quality.

Key Quality Improvement Challenges *cont...*

- The quality implications of relying on an unstable, inadequately trained workforce, especially given the limitations imposed by tight budgets.
- The inefficiencies built into the existing system architecture.
- The absence of a coordinated federal-state agenda for improving the quality & appropriateness of specialized DD services.

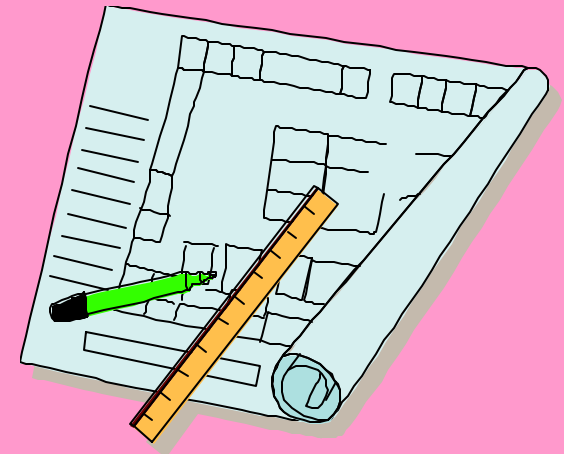


An Agenda that Fits the Times

- Forge federal-state partnerships aimed at improving the quality and accessibility of community supports.
 - Delineate complementary federal and state roles in overseeing the quality of Medicaid-funded services.
 - Examine alternative federal/state oversight models and adapt the findings to monitoring Medicaid-funded services.
 - Develop state specific agendas for improving the quality and accessibility of community supports.
 - Use the results of the Resource Inventory Project to update CMS' infrastructure improvement priorities.

An Agenda that Fits the Times *cont...*

- Search for ways of minimizing reliance on labor-intensive service delivery models and tap under-utilized labor markets.
 - Recruit family members & friends as paid caregivers;
 - Compensate parents for care-giving;
 - Implement system-wide recruitment & retention strategies;
 - Use competency-based training to upgrade the skills of direct support and supervisory staff.



An Agenda that Fits the Times *cont...*

- Modify existing rate-setting methodologies to achieve system wide equity plus an improved alignment between individual needs & payment levels.
- Expand and improve the use of individual budgeting approaches that afford participants' enhanced choice and control.



An Agenda that Fits the Times *cont...*

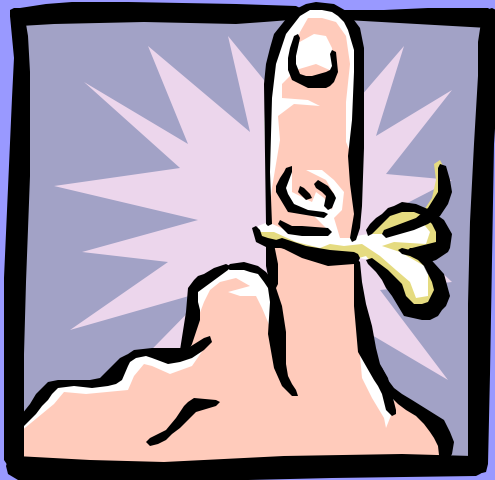
- Streamline the service delivery process by eliminating outmoded service categories and regulatory requirements that add to the cost of delivering services without contributing appreciably to service quality or accessibility.
- Introduce quality incentives into state payment methodologies.



Closing Observations

- Plan for tight budget scenarios.
- Don't tread water ... you'll drown.
- Be prepared to challenge sacred cows in the pursuit of improved value for the dollar invested.
- Base performance assessments increasingly on outcomes valued by individuals and families.





Closing Observations

- Remember, quality is the product of effective design and execution ... not external quality control & oversight.
- Take advantage of the experiences of colleagues who have preceded you down the same path.
- Build quality improvement coalitions that afford all system stakeholders a seat at a table.