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Top marks for MN in elderly care

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Some Minnesota programs would save billions of dollars if used nationally, the AARP report said. But some of the state's scores show the need for more work.



Licensed practical nurse Sherrie Nelson worked with client Glenn Ahlquist at his home on the proper dosage for his medicine. "You get to know your clients. I know him very well," said Nelson, with the Minnesota Visiting Nurse Agency, who has worked with Ahlquist for over a year.

Photo: Richard Tsong-Taatarii, Star Tribune

Minnesota leads the nation in long-term care for older and disabled people -- and illustrates how the nation could cut costs by offering better care and coordination, according to a national study released Thursday.

As many as 200,000 people could be kept out of nursing homes each year, for instance, if other states emulated Minnesota with better information about home-care options, the report found.

Minnesota ranked first on seven of the 25 measures in the report, released Thursday by AARP, the Commonwealth Fund and the Scan Foundation. The state offers a higher quality of care, better access, more choices of settings and more support for family caregivers than do most states.

Minnesota's top rank was "not altogether a surprise because it has always been considered a leader" in developing long-term care services, Susan Reinhard, AARP senior vice president for public policy, said Wednesday. "This didn't happen overnight."

The state fared less well, however, on several other measures, including the cost of home health care and certain measures of home health care quality.

Those scores were of particular concern, said Loren Colman, assistant commissioner for continuing care at the state Department of Human Services. Minnesota "needs to find additional ways to improve [home health care] quality, as we have in other settings," Colman said. "But I don't have the specifics on what we should do."

Other measurements, including those compiled by federal regulators, have for years given high rankings to Minnesota hospitals, clinics and nursing homes, but low rankings for home health care.

"Overall, this is a positive report for Minnesota," Colman said. "A lot of people in Minnesota work very hard in the long-term-care industry, and the report show that they're making a difference. But we can't rest on that."

Focus on improvement

What distinguishes Minnesota and other top states is the interaction of government policies and the performance of care providers, the report says. Top-ranking states typically have greater financial flexibility to invest in long-term care because of lower poverty and disability rates, and higher average incomes, the report said. In general, most of the scorecard's poorest performers are in the South.

The report also singled out coordination by various care providers, such as minimizing movement of patients between nursing homes and hospitals, and assuring that long-term care is provided in the most appropriate setting -- often at home.

The nation could save \$1.3 billion annually and avoid unnecessary hospital stays for 120,000 people, the report said, by coordinating health services as Minnesota does.

But the report's authors as well as Minnesota experts say top-scoring states have much work to do.

"Even where we're good, there's room for improvement," said Michele Kimball, state director of AARP Minnesota. Noting that only 6.6 percent of high-risk nursing home residents in Minnesota get pressure sores -- lowest in the nation -- Kimball added, "but that's 6.6 percent too much."

Restructuring the system

At the direction of the Legislature this year, the Minnesota Department of Human Services will seek federal permission to change some of the state's long-term care programs to offer more flexibility, such as focusing nursing home and other high-cost care primarily on the most frail older people.

"We know we have to change the system," Colman said. "We have to move to the next generation of care -- really, to continue on the path we've been on for some time, to make long-term care better and more cost-effective."

That's precisely what the top-scoring states traditionally have done, said Reinhard from AARP.

"They try new approaches, then test them to be sure they work, then make more changes," she said. "It's a process, and it takes good policy decisions and good application of those policies by the care providers."