

ABSTRACT: COST AND QUALITY OUTCOMES OF LONG TERM CARE

By: Tom Lorenz, Owner of BeHome4Ever, Inc.

Many documents have been published on the subject of the costs of long term care. We are now beginning to see the emergence of documents written on the outcomes of long term care. Both cost and outcomes have been difficult to define, and rarely appear in the same document. Costs are difficult to compare on a facility by facility basis due to the recipient's baseline health, individual care plans, and facility amenities. Costs tend to be an outcome of needs which is an outcome of health status and is very personal. Cost has rarely been comparable for Aging in Place HCBS (AIP) due to the personal nature of care needs, variation of services required to satisfy the care plan, and a lack of basis for comparison. Care outcomes have been historically difficult to define for many reasons such as: Type of outcome, medical outcome versus quality of life outcome, outcomes based on service utilizations and not on ADL's, baseline health backgrounds of the recipients for which services are rendered, and recipient versus family views of outcomes. The objective of this report is to look at the costs of care and the outcomes of care in one document that compares the Age in Place HCBS model to assisted living and skilled nursing facility (NH). This document uses national insurance figures to establish the costs of services associated with Age in Place in all settings across the continuum of care nationally, and uses CMS figures to establish costs of care for the Missouri Age in Place Experiment where a predefined specific set of care outcomes were compared using similar case mixes of baseline health, age, ADL, and cognitive status for residents in a nursing home control group (NH) and an Age in Place HCBS experiment group (AIP).