

**Access to Long-Term Care Information for Minnesota's
Seniors**

A Report to the Minnesota Legislature

December 1, 2002

**Prepared by the Minnesota Board on Aging
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I. Cost to Prepare the Report

Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. Approximately \$540 for staff salaries and materials was spent to write this report.

II. Introduction

This report is submitted to the Minnesota Legislature pursuant to 2001 Chap 9, 1st Spec Session Art 4, Sec. 2, M.S. CH. 256.975, Subd. 7:

Report: *The Minnesota Board on Aging shall conduct an evaluation of the effectiveness of the statewide information and assistance, and submit this evaluation to the legislature by December 1, 2002. The evaluation must include an analysis of funding adequacy, gaps in service delivery, continuity in information between the service and identified linkages, and potential use of private funding to enhance the service.*

III. Background

Over the next several decades, Minnesota will see dramatic shifts in the population. The “graying” of our citizens, already occurring in many parts of rural Minnesota, will place pressures on the long-term care system. While these shifts are occurring, older adults are “voting with their feet,” as they begin to seek more and more home and community based services in lieu of institutional and medical models of care. Older adults and people who are chronically ill or have disabilities want to remain in their homes, making the informed choices that they need to make in order to maintain independence.

As the population ages, the tax base will not bear the increasing demand on long-term care services. A key strategy mandated by the 2001 legislature in its passage of several recommendations of the Long-Term Care Task Force, was the creation of more flexible home and community-based services, as the availability of community based care is essential to reform the long-term care system of the future. In order to ensure that older adults can access these services, the Long-Term Care Task Force also recommended the improvement and enhancement of information systems that provide people with access to these services. Recognizing that consumers generally don't seek out information about long-term care services until the services are needed, the 2001 legislature also mandated a

multi-pronged approach in order to ensure that the information is available in numerous places, once the consumer seeks it out.

At the request of the 2001 legislature, the Minnesota Board on Aging is implementing enhanced information systems to improve access by:

- Creating an easy to use web site,
- Improving public awareness of telephone assistance by improving linkages between the Senior LinkAge Line® and the Long-term Care Consultation program delivered through the counties,
- Improving information tracking to provide information about gaps-in-service delivery.

This report describes the activities implemented to create better access to services and the evaluation of these activities.

IV. The New “Minnesota Resource House” - Long-Term Care Planning through E-government

Older adults are the fastest growing population on the Internet and, as their caregivers – the baby boomers – age, it will be imperative for the state to have a strong Internet presence with interactive information, that is kept up to date. With this type of access, those who are seeking information for themselves or their caregivers, are more likely to seek services early in the long-term care process and are as a result, more likely to request access to home and community-based services. In an effort to create a web presence, the 2001 legislature requested that the Minnesota Board on Aging (MBA) create a comprehensive database with detailed listings and make the database available in provider and consumer formats through multiple media sources including the Internet.

In order to ensure that long-term care providers and consumers had input into the site’s development, the MBA consulted with numerous providers and their associations in developing the web site features, hiring the vendor and in testing the new site. The MBA also consulted with consumers and caregivers, through focus groups, in their attempt to create a user-friendly approach to delivering information via the World Wide Web.

In early 2002, the Minnesota Board on Aging and Department of Human Services staff also met with more than 400 county long-term care consultants to discuss the changes to the long-term care consultation process and the new online database. As a result of that process, more than 100 county staff also volunteered to test the online "Resource House" database before it is made public on January 21, 2003.

In response to this feedback, the Minnesota Resource House was developed using simple web usability principles while attempting to maintain up-to-date content to draw repeat users. Some of these concepts include:

- ❑ bank ATM style of decision-making (simple choices, drilling down to search results),
- ❑ consumer reviews of content,

- ❑ resources updated frequently,
- ❑ date of latest update, and
- ❑ robust interactivity

In addition, future enhancements include the ability to reach a person online for interactive live chat, and making the site accessible via a hand-held device.

The MBA also recognized that it could not develop the database alone. The notion of collecting, coding and updating the large number of long-term care resources needed for the web site was not doable without collaborations. In an effort to leverage existing databases and effectively utilize public resources, the Minnesota Board on Aging partnered with the statewide First Call for Help® system to build off of its existing database of over 36,000 community resources. Numerous additional partners including Senior Housing, Inc., the Department of Human Services and the Department of Health assisted in providing data. The resulting database has expanded long-term care information for seniors and persons with disabilities that is usable by consumers, providers and policy and planning staff. However, the database also provides access to First Call for Help's® other community resources, recognizing that families seeking services, often times need services to support other areas of their lives.

The Minnesota Board on Aging will release the "Resource House" database on January 21, 2003. Interested parties can access the test site at <http://test.resourcehouse.com>.

V. Raising Public Awareness about Service Availability

In order to effectively serve seniors and others who need long-term care services, the MBA recognizes that it must ensure that:

- People who need long-term services and their caregivers are aware of the assistance that is available,
- Staff at the Senior LinkAge Line® are working closely with long-term care consultation staff at the counties,
- Senior LinkAge Line® staff and long-term care providers are working off of the same set of resource information, and
- Senior LinkAge Line® need to assist the counties with outreach as much as possible within resource limits.

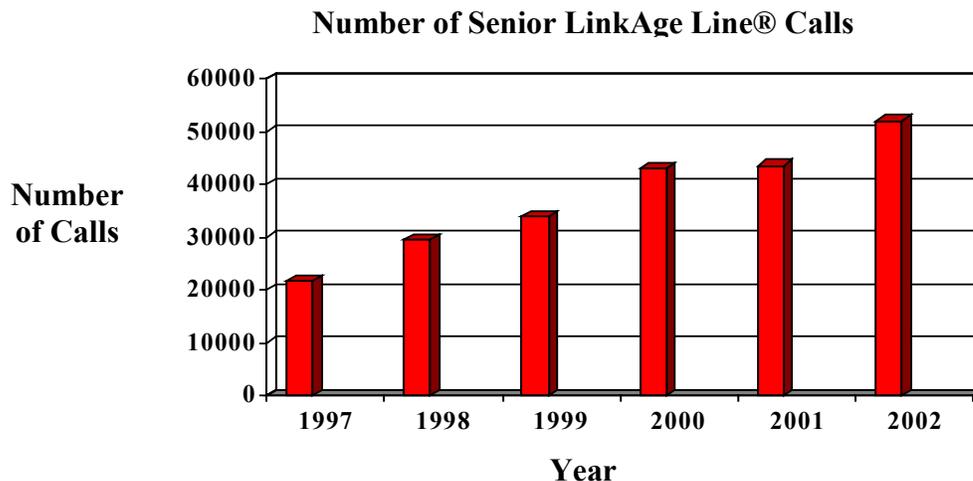
To develop the most appropriate strategies, with county feedback, in early 2002, MBA staff met with over 400 long-term care consultants and discussed the availability of the Senior LinkAge Line® and scheduled enhancements. County staff overall indicated their approval of the availability of more outreach staff and additional public awareness activities to augment the counties' ability to provide long-term care consultation services. As a result of county feedback, the following service enhancements are being implemented or will be, by the end of 2003:

- Integration of public awareness efforts with the new First Call for Help® 2-1-1 statewide system, which allows for limited public resources to be invested in awareness of an easy to remember, three-digit number.
- Implementation of public awareness activities that jointly promote the availability of long-term care consultation and the Senior LinkAge Line®, including a new brochure and radio public service announcements.
- The development referral protocols between county long-term care consultants and Senior LinkAge Line® call centers.
- Increased training of Senior LinkAge Line® staff with a greater focus on the areas of expertise for which county staff either cannot make time or do not keep up to date. E.g. Medicare, Medicare Supplements, Long-term Care Insurance Policy consultation and review, Prescription Drug Expense Assistance and Caregiver Support Planning and Consultation.
- Implementation of new technology that allows improved call handling such as call distribution among call centers, three-way calls, direct call transferring and roll-over of phones between call centers.
- Implementation of new software that allows for better tracking of referrals by Senior LinkAge Line®, in addition to providing in-depth information about gaps in long-term care services, in order to support the counties in their development of new home and community based services.

These activities will allow Senior LinkAge Line® staff to provide better customer service to its callers, as well as the counties, by ensuring that staff have access to higher quality training, can link directly to county staff and focus more on in-depth assistance in those information areas for which there are gaps in the system. As these strategies are implemented, callers will be smoothly transferred between call centers and counties resulting in less frustration to consumers.

VI. Improving Information Tracking to Provide Information About Gaps in Service Delivery

The Senior LinkAge Line® has evaluated its services over the past several years using two-pronged approach that includes tracking the number of calls, and a customer satisfaction/complaint handling process. The calls are increasing as noted by the following chart:



Through a regularly conducted consumer survey, the calls are tracked for overall satisfaction with the Senior LinkAge Line® service, response rate, satisfaction with services received by the organization to which the consumer was referred and reasons for not receiving services, for example, eligibility or transportation. This information has provided excellent insight into the needs of the callers, as well as the overall quality of the service.

The Senior LinkAge Line® has a very high consumer satisfaction rate. To date, in 2002, of the people that responded to the survey, 99% indicated that they spoke to someone who was friendly and courteous. A more important measure, willingness to refer to someone you know, has a greater bearing on the credibility of the information provided to the caller. In 2002, of those that responded, 92% indicated that they would refer Senior LinkAge Line® to someone they knew, who needed help. However, a customer satisfaction survey has limits and as a result, improvements in the evaluation of the service are being implemented.

The implementation of the Minnesota Resource House web site provided the MBA with an opportunity to greatly enhance its evaluation of the Senior LinkAge Line® by changing the way in which information is collected about callers. Senior LinkAge Line® staff are now using a desk-top based software program that can regularly download the latest updates of long-term care resources from the Resource House web site. The new tool ensures that referrals to services are tracked, which allows ease of follow up with callers and a better understanding of callers needs, statewide. It will also allow the MBA to track those requests for which there was no referral and thereby gaps in long-term care services, statewide. Senior LinkAge Line® staff began using the software in September of 2002. A full year of reliable data will be available in January 2004.