

# Supporting Autonomy for Elders through Consumer-Directed Care: U.S. Approaches

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# Overview of Presentation


- Background to elder services in the U.S.
- Core principles of consumer direction
- Purpose of individualized needs assessment
- Assessment tools used in U.S. long-term care systems
- A tool for assessing the extent of consumer direction in a local, state or national system

## Background: Elder Services in the U.S.

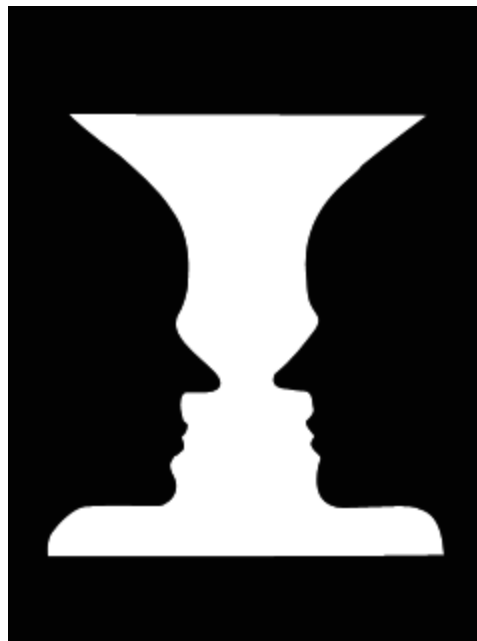
- Until the 1990s, most public elder services were provided by agencies/organizations
  - Licensed home health agencies
  - Certified adult day health centers
  - Unlicensed provider agencies (case management, homemaker, chore, companion, personal care, home-delivered meals)
- Only the Dept. of Veterans Affairs had a direct cash benefit like France

# Background:

## Consumer-direction started with younger people with disabilities

- It was driven by the Independent Living (IL) movement in the 1960s
  - It was influenced by other consumer movements
    - civil rights movement
    - self-help movement
    - de-institutionalization and “normalization” movement
    - de-medicalization movement
  - People with disabilities were seeking to hire personal assistants and to get architectural modifications
  - In 1998 the National Cash & Counseling Demonstration tested consumer direction in 3 states with diverse populations
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# Consumer direction is not just a program...



Consumer direction is a paradigm shift requiring us to change how we think about the ways we deliver services

# Consumer-direction—Defined

“Consumer direction describes programs that offer maximum choice and control for people who use services or other supports to help with daily activities.”

Through consumer-directed options, individuals can:

- Select, manage and dismiss their workers
- Hire family members
- Spend available funds on things other than services

# Consumer-Direction—Key Principles

- The individual has the freedom to plan his/her life
- The individual maintains high degree of involvement in services including control over decisions, such as:
  - who provides support
  - what type of support they receive
  - when they receive the support
  - where they receive support
- Those who provide care or services are accountable to the individual and/or their surrogate

*McInnis-Dietrich, Simone, and Mahoney (April, 2006)*

# Consumer-Direction— Underlying Assumptions

- Long-term supports and services are often not medical services
- Consumers are experts when it comes to their own lives
- Some consumers prefer to make their own decisions related to their needs. Some consumers will choose to take a more active role than others in meeting their needs
- Consumers will exercise their choices and spend money wisely
- Consumer-directed care may save money with lower administrative costs

*McInnis-Dittrich, Simone, and Mahoney (April, 2006)*



# Agency-based vs consumer directed models

## Agency-Based Practice

- Service-based problem solving
- Professionals trained to identify risk
- Matching the person's needs with pre-determined set of services
- Care Advisors/Nurses create and monitor care plans

## Consumer-Directed Practice

- Needs-based problem solving; build on strengths
- Reinforce individual choice while acknowledging risks
- Multiple sources of support; tailoring supports to achieve the person's goals
- Individual designs care plan with recommendations from professionals

# Assessment Tools—Purpose

- Identification of individual needs
- Developing plans of support
- Monitoring and reassessing individual service needs
- Evaluating quality of services in meeting needs
- Identifying population needs and projecting future needs



## **Purpose: Identification of needs**

- Functional ability (activities of daily living, instrumental activities)
- Cognitive ability
- Sensory abilities
- Environmental issues
- Informal supports (family/friends)
  
- Values and preferences

# Purpose: Developing service plans

- Problem based approach
  - Problem list
  - Linking service interventions to problem list
- Strengths based approach
  - Identifying goals
  - Identifying support to enable the individual to meet their goals
  - Developing circle of support

## **Purpose: Reassessing needs and monitoring service delivery**

- Does the individual have unmet needs?
- How much of the authorized services were actually utilized?
- What are the individual's new goals? What supports are needed to help the individual meet their goals?

# **Purpose: Identifying population needs and projecting future system needs**

- Assessment tools can help identify changing population needs
- Data system is critical to help use the information to look at overall population needs and to support public policy-making
- Use of standardized tools can enable policy makers to compare across populations and programs

# Major Assessment Tools used in U.S. Programs

- Uniform Assessment tool (MDS-HC & modules)
- Population-specific (OASIS, ICAP, Supports Intensity Scale)
- State-specific standardized tools
- Ad hoc, program specific tools
- Care Planner Tool  
(a great concept that didn't survive)

# Assessing the system using the Consumer Direction Toolkit

- Looks at specific populations (children, non-elderly adults, elders)
- Assesses whether the system provides the supports needed for a person to self-direct
  - Opportunity
  - Meaningful participation
  - Independence
  - Financial security and other safeguards





# Merci Beaucoup!

For further information,  
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