

Long Term Care Data and Policy



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Preview of Conclusions



1. Data makes important contributions to policy
2. Its contribution often is not recognized
3. Funding LTC data faces special barriers
4. LTC data needs differ from acute care



1. Data Makes Important Contributions to Policy



Understanding Problems

- Creates awareness of LTC problems
- Re-focuses attention on known problems
- Provides trend data for monitoring programs
- Examples
 - Future demand for LTC (Pepper Commission)
 - Nursing home quality problems (GAO)
 - Role of family care (AHRQ)

Analysis of Behavior



- Analysis of behavior
- Predictors of outcomes of interest
- E.g., predictors of nursing home use
 - Targeting home care
 - Certification of eligibility for nursing home care
 - Risk adjustment for capitation payments

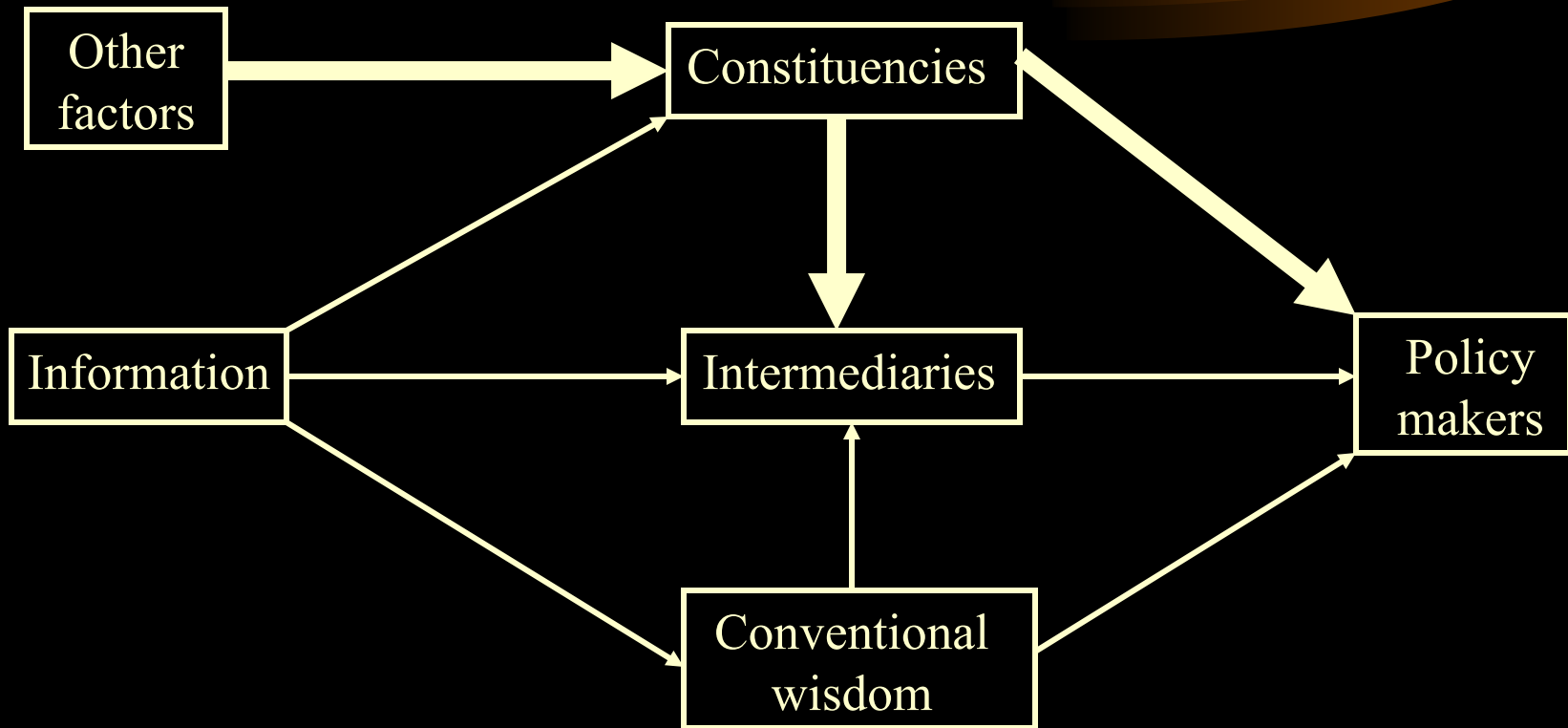
Predicting Policy Effects: Simulation Models

- Developed to estimate effect of policy changes
 - Eligible population
 - Government costs
 - Who gains and who loses
- Brookings/ICF/Lewin LTC simulation model
 - Consortium of foundations supported in mid-80's
 - LTC budget estimates in Clinton health reform
 - Subsequent updating by ASPE

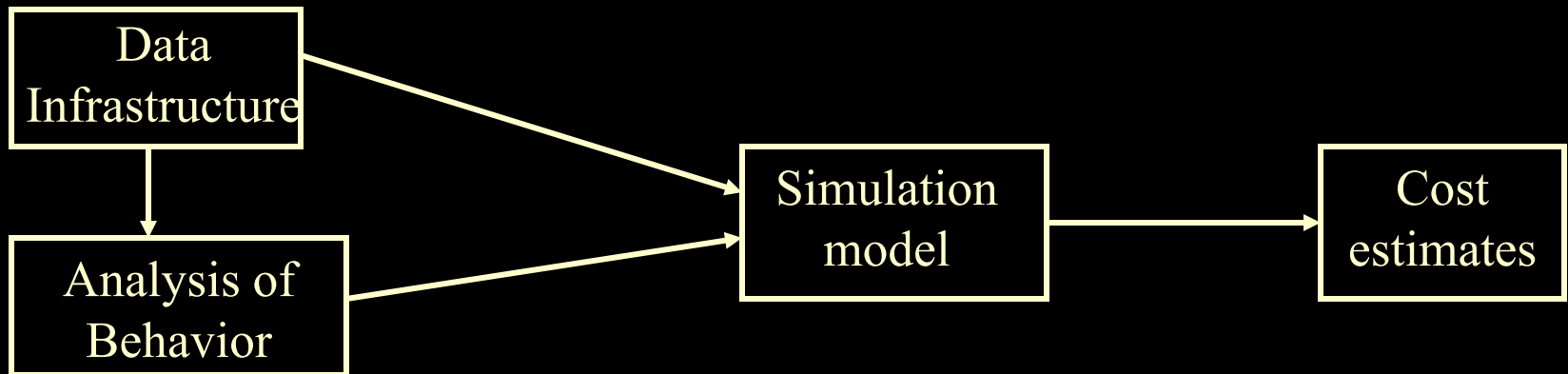
*2. The Contribution of Data
Often Is Not Recognized*



Route to Policy Is Indirect



Data Investments Must Be Made Far in Advance of Policy Need



3. Funding LTC Data: Special Barriers



- Absence of dramatic problems and solutions
- Enormity of the LTC problem
- Complexity of the LTC problem
- Jurisdictional fragmentation
- Locus of LTC policy in the states

4. *LTC Data Needs Differ*

- Support not care—e.g., informal care
- Data across settings—person-centered data
- Care transitions—longitudinal data
- Disability is relatively rare—over-samples
- Financial resources, household important
- Adaptability to changing world
 - Private LTC insurance
 - Assisted living
 - Consumer-directed care



Recap

1. Data makes important contributions to policy
2. Its contribution often is not recognized
3. Funding LTC data faces special barriers
4. LTC data needs differ from acute care