



LTSS – Follow Up

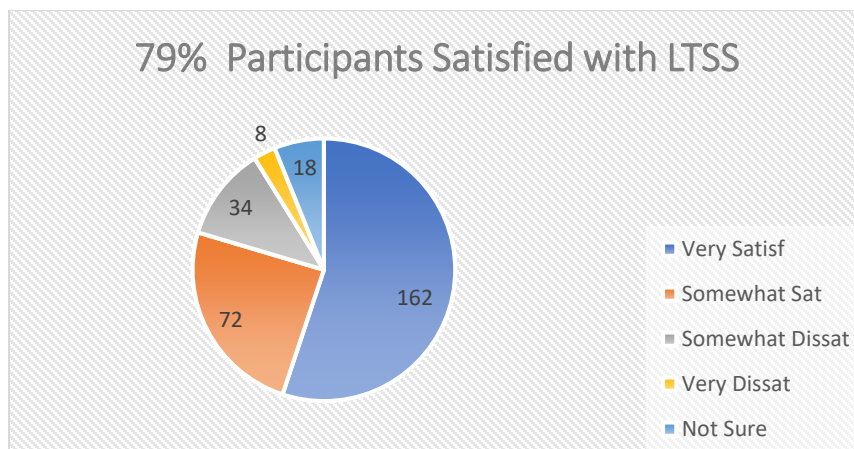
# Can PCP Intervention Improve LTSS Satisfaction?

PROOF STUDY REVIEW

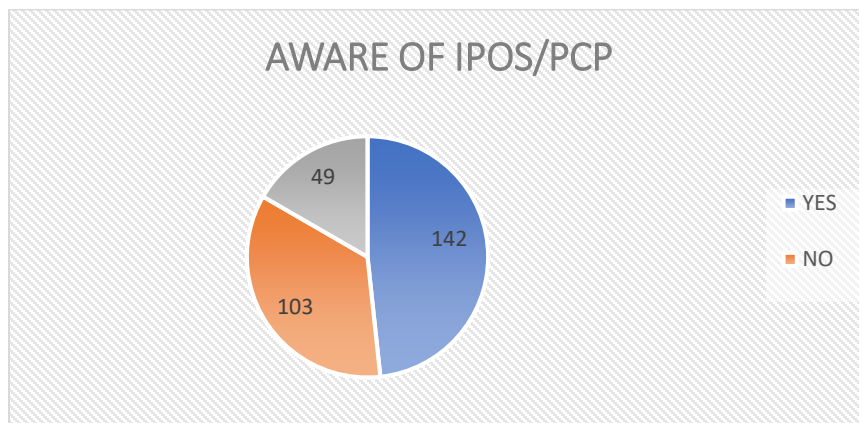
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The Detroit Wayne Integrated Health Network, (DWHIN), staff took steps to review and explore the possibility there was a correlation between dissatisfaction of Long-Term Support Services, (LTSS), and the ability to understand and use the Person-Centered Planning, (PCP), Process in an impactful way. The team had speculated there may be a potential theory that members who were not satisfied with their LTSS care may also not be engaged thoroughly with their own PCP. The results of the initial study (July 2022), showed that the percentage of persons who were not confident that their PCP addressed their needs was relatively close to same percentage of persons who reported they were dissatisfied with their services. This short proof study was intended as a follow up to those persons who said they were dissatisfied.

In an overview of the initial study in July 2022, DWHIN findings concluded that most of the persons surveyed were indeed satisfied with their services as demonstrated in the chart below;



Nearly 80% of participants expressed satisfaction in the 2022 study.



The chart above shows that in the 2022 study a little more than half of the respondents said they were aware of their PCP and its role in the planning of their services. Interestingly the total number of persons reporting they were *not sure* if they understood their PCP as a tool to achieve their goals, (103) of them responded they were not aware and 49 were not sure. The team considered that of the 49 who were uncertain of their PCP could this potentially be

reflective of the total 60 persons who said they were not satisfied with their LTSS program? As a proof study we wanted to investigate this possibility.

DWIHN used the list of previous LTSS study participants and drilled down to contact a portion of respondents who said they were dissatisfied.

## **METHODOLOGY:**

Utilizing the previous study's list, a random effort to reach dissatisfied person of the previous study resulted in the contact of twenty-one (21) persons.

Initial qualifications for the proof study was to talk to persons who said they were still receiving LTSS program treatment of some nature and they still self-identified being dissatisfied with those services.

Only twelve (12) persons reported to still be in services, six (6) of those 12 said they were still dissatisfied, four (4) members reported they were not sure if they were satisfied, and two (2) reported they were now satisfied with their LTSS. If a member reported satisfaction of their current services we did not process any further data on them.

Those respondents who aligned in the category of either uncertain about their satisfaction or still dissatisfied with their LTSS care was asked to participate in the follow-up survey study. The goal was to drill down to previously dissatisfied LTSS members and to delve further into the possibility of better understanding the root of their dissatisfaction as it may relate to their PCP or other discoveries.

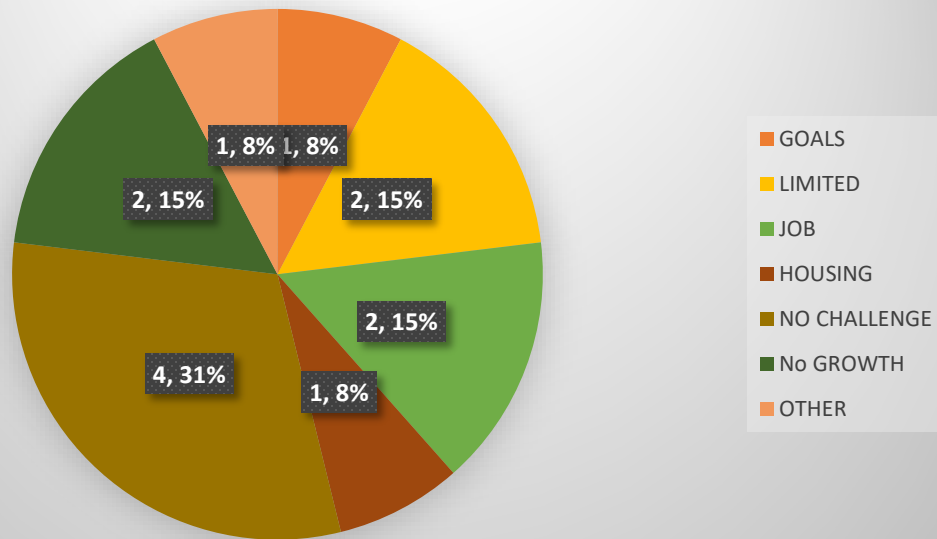
## **FINDINGS:**

While the proof group is small the results seem even more compelling that there may be a correlation between the proper understanding of the individual's role and understanding of the power and use of their PCP to achieve goals and thus become more satisfied.

The challenges faced were that the process was tedious and difficult to reach persons one on one, to follow up with the study, having to connect through multiple efforts, phone calls and messages to ensure that a person (member), was fully interested in participation of the follow-up study.

The short survey was a series of questions, the first being for those who identified as still being dissatisfied, they (participants) were offered multiple choice of what made them "most dissatisfied about their LTSS program. They were able to respond to as many as they wanted of the multiple choice, yielding the following results;

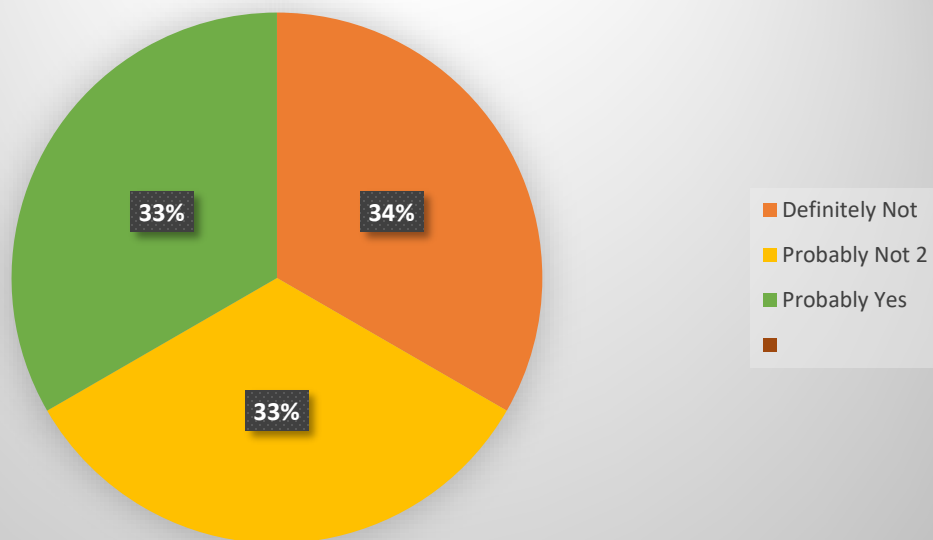
## DISATISFACTION OF LTSS



The options were the inability to reach Goals, feeling limited wanting to learn new things, unable to get the employment (JOB) they wanted, inability to live where they want (HOUSING), services do not offer a challenge, services not helping me to grow (GROWTH), other was not described. This group was represented only by the six members who were certain they were not satisfied, the four uncertain members were referred to other questions.

Further question of the six (6) was did they understand how their PCP could be use to plan their goals.

## UNDERSTAND PCP?



The proceeding question were asked participants if they would be interested in more information about the PCP, of the six (6) one person declined, leaving five to respond, but here is where we added the four (4) persons who weren't sure about their dissatisfaction was able to participate in this portion of the continued proof study (N=9).

When asked were they able to review their PCP Annually and whenever they wanted, three (3) members said yes, three (3) members said Not Sure, three (3) said NO.

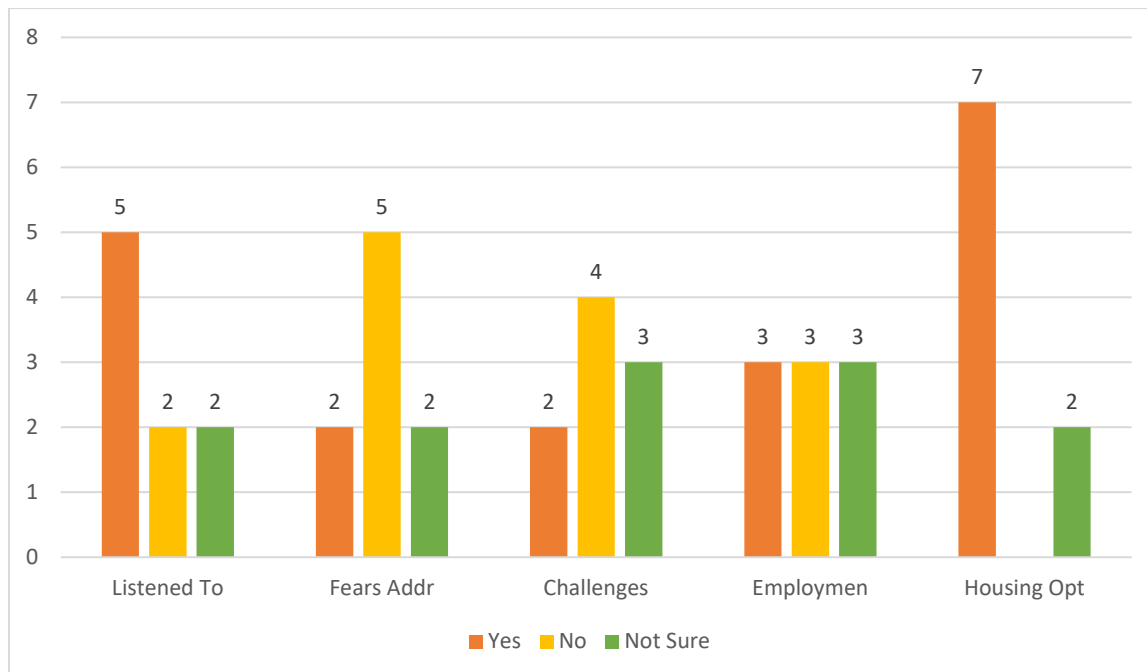
When asked were they able to prepare in advance (a planning session) five (5) persons said NO, three (3) persons were not sure, one person declined.

When asked were they offered the opportunity to bring in support of family or friends in the PCP process two (2) said yes, two (2) said NO, four (4) and one declined.

When asked were they ever offered an Independent Facilitator Seven (7) said NO, two said they were not sure.

Further investigation probed how persons were able to feel the PCP addressed their needs.

The graph below indicates responses.

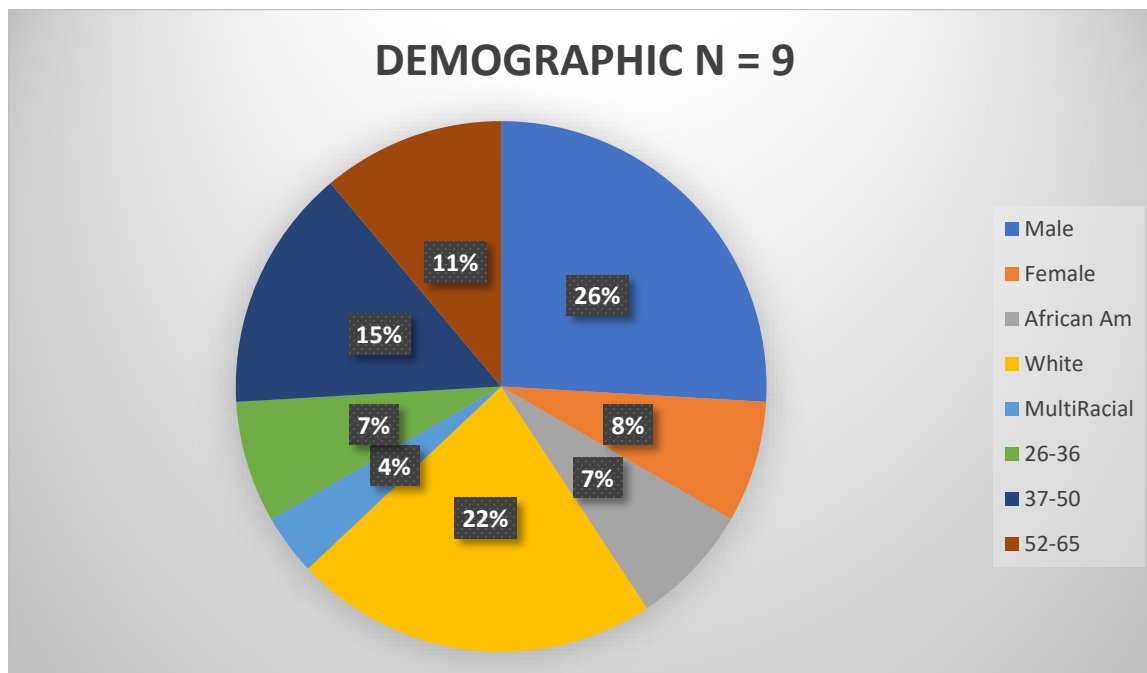


When asked if their living status was satisfactory all but two (2), reported affirmative for a total of 7 satisfied with their housing or residential status.

The final question before the demographics questions were introduced was, *if they were offered the opportunity to learn more about the Person- Centered Plan would they be interested?*.

Two (2) persons responded they might be interested and seven (7) members responded yes, they would be interested.

The list utilized was a random sampling of those persons who from a previous LTSS study reported dissatisfaction, total of persons connected were 21 only 9 remained eligible for the entire survey. Below the demographic shows that white males were the most represented in this survey and persons between 37 and 50 were 15% of this group.



While this study is a mere glimpse into the implications of dissatisfaction of LTSS programming within the DWIHN system it appears that satisfaction remains at or around 80% of participants. A new study which offers additional elements and factors to consider could be impactful, next steps regarding this will be discussed at the Quality Improvement Steering Committee.

With consideration of the data offered in this proof study, it is apparent that DWIHN members would benefit from more education related to their role and participation in their own Person- Centered Planning process. Potential one on one trainings for individuals would be most impactful. Efforts have already have commenced by offering PCP Essential Training to Providers in April (2023), July 2023 and October 2023. These trainings have also been offered to Peers who work in the system. DWIHN staff will propose that the Persons have their PCP addressed more frequently at every opportunity and more education about the PCP become a part of a routine

agenda at the monthly consumer member meetings. In addition, advocacy on Person-Centered Planning will be planned to LTSS Members via Virtual Trainings commencing in FY 2024, helping members to learn how to utilize the PCP process to empower and realize hopes and goals more fully will be the focus.