

***Wisconsin Long Term Care Functional Screen Analysis:
Final Report for Wisconsin Department of Health and Family Services
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The following are excerpts from this report:

- Nursing home admissions were consistently found to exhibit higher functional impairment levels than new enrollees in managed care programs. (page 1)
- Nursing home entrants were older than those entering other programs. (page 37)
- The greatest levels of ADL (activities of daily Living) impairment were found among NH entrants, 39% of whom were impaired in 5 or 6 ADLs. (page 38)
- For most ADLs, more entrants to nursing homes need constant assistance than is true of entrants to community-based LTC programs. (page 40)
- Individuals entering nursing homes appear to be more severely impaired than those entering Family Care (or the Partnership Program) across all five measures (with one exception for PP-CHP relative to SNF/ISN classification). However, we know that individuals entering nursing facilities are older with more diagnostic conditions than those entering Family Care. (page 46)
- After case mix adjustment, individuals entering nursing homes have significantly (in a statistical sense) more ADLs impaired than those entering Family Care. IADL (Independent-ADL) impairments are moderately higher. The fraction of NH entrants with cognitive impairment or classified as ISN/SNF is comparable to that for Family Care. (page 50)
- Nursing home entrants exhibit significantly (again, in a statistical sense) higher impairments in dressing than is the case for Family Care enrollees. Although not highlighted (i.e., not significant at the 5% level), review of the p-values shows moderately greater impairment in mobility and toileting among nursing home entrants than Family Care enrollees. (page 51)
- Nursing home admissions consistently report higher functional impairment levels than new enrollees to other programs, with 3.6 of 6 ADLs (versus 2.9 for all programs), 3.7 of 6 IADLs (versus 3.3), and 2.6 of 3 critical IADLs (versus 2.3). While CIP1 reported 4.3 IADLs, the number of enrollees in the study for this program is only 6. We also note that functional impairment levels varied significantly by Family Care county (e.g., from 2.13 ADLs to 3.11 ADLs). (page 62-63)

The report stresses the importance of exploring and documenting the differences between nursing home and other long term care populations. The authors note that this level of empirical analysis “can provide better understanding of the reasons underlying differences in program populations, and can lead to methods of adjusting for differences to create more meaningful comparisons across populations. ***Such understanding is important to the development of fair and equitable reimbursement policies and quality assurance programs, especially when policies related to community-based LTC programs are based on comparisons to institutional services.***” (Emphasis added) (page 69)

Note: This two-page summary was prepared by WAHSA. The complete CHSRA report can be obtained from the WAHSA office (608.255.7060.)

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