**CalQualityCare.org Website Update – Aug-Sept 2019**

We are asking for your help to support funding for the www.CalQualityCare.org website. After 15 years of support from the California HealthCare Foundation, the website lost funding in 2016. Since that time, the website has been housed at the University of California San Francisco and we have sought to have the website funded by the state.

During the past year, with strong support from Assembly Member Nazarian and over 20 aging and disability organizations, the Senate and the Assembly budget committees agreed to funding the website and moving it to the California Office of the Patient Advocate.

Unfortunately, the Administration did not support funding in the budget process, in spite of appeals to Secretary Mark Ghaly and the Governor’s Office. In June, an Executive Order (EO) regarding the Master Plan on Aging was signed by the Governor that establishes a subcommittee on long term supports and services. As part of this subcommittee’s effort, the Administration plans to take a comprehensive look at all the available data that can be helpful to seniors in selecting providers, services, and other information.

**Background**

The CalQualityCare.org website was developed by myself and researchers at UCSF, in conjunction with staff and Dr. Mark Smith, when he was CEO of CHCF. From 2004 until 2016, the website was designed, tested, and maintained UCSF and CHCF at an expense of over $10 million.

Briefly the website:

* + - Provides information on all 20,000 licensed California LTSS providers: nursing homes, hospice, home health, residential care for children and adults and developmentally disabled, and other providers
  + It provides detailed information and a five-level rating for nursing homes, home health, hospice, ICF/DD – which the state does not provide.
  + It is comprehensive and easy to use, bringing together information from three federal and two state websites and other government and accreditation sources into a single portal for LTSS information.
* CalQualityCare.org is a source of free unbiased government information from reliable government sources that is tailored for CA. The federal websites have 5-levels of star ratings, but they can be misleading because they do not include state deficiencies and citations for poor quality care (up to $100,000 in fines). The federal home health and hospice websites do not have deficiency and complaint data.
* The Departments of Social Service and Public Health websites, which have ownership, deficiencies and citations data, refer consumers to the federal websites for more information about nursing home, home health and hospice programs.
* CalQualityCare.org augments the state websites by adding federal staffing data, quality measures such as readmission rates, with quality ratings that take all federal and state information into account.

**Website Use and Cost Effectiveness**

California has over 2 million individuals who use long term services and supports (LTSS) each year. The website has been widely used by families, caregivers, advocates, ombudsmen, discharge planners and case managers. The information is of critical importance because it shows the wide quality variation among nursing homes, home health and hospices, which is much greater than among hospitals or medical groups.

There is good evidence that 5-star rating systems make a difference for both consumer and provider behavior, which is why OPA promotes 5-star ratings of health plans, physician groups and hospitals on its site.  CalQualityCare combines simplicity of use with additional easy-to-get details, appropriate for older people and those with disabilities as well as families/caregivers and discharge planners/case managers.

We have very robust evidence that use of a good website can reduce hospital days and can channel patients to better quality LTC providers, thus reducing readmissions.  So for both of these reasons, good quality websites are cost-effective. The Calqualitycare website needs only to reduce 125 hospital days (at $4000 per day) across the whole state to pay for the website annually.

The website is ready to go and easily adaptable to be part of the state’s information systems.

**Action Needed Now**

A recent LA Times article about journalist Steve Lopez’s mother’s horrible hospice experience [https://www.latimes.com/california/story/2019-08-09/hospice-mother-california-complaint](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.latimes.com_california_story_2019-2D08-2D09_hospice-2Dmother-2Dcalifornia-2Dcomplaint&d=DwMFaQ&c=iORugZls2LlYyCAZRB3XLg&r=CuLPJyqrEzPOC_YyMCzwa2Xj3BX23uu5EY1Dqrsmv1k&m=Idipc_WlSbjYnjvxIOujT_EdKLXho31Lm0kFhHv1q6g&s=Dt5r57wwYFSh5JFt7Txzr97YgKttZe90hq_taCi3EkY&e=)  illustrates the pain and suffering that can result when consumers do not have information about the quality of providers. The article also points out that the 2 million users of long term care services no longer have access to information and ratings on the [www.CalQualityCare.org](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.CalQualityCare.org&d=DwMFaQ&c=iORugZls2LlYyCAZRB3XLg&r=CuLPJyqrEzPOC_YyMCzwa2Xj3BX23uu5EY1Dqrsmv1k&m=Idipc_WlSbjYnjvxIOujT_EdKLXho31Lm0kFhHv1q6g&s=-RhW8MSKBEuPwikMjvBF6WKDQB3k0uHVDgkZuJfr3wg&e=) website because of the state’s failure to fund the website.

While we fully support the Administration’s effort to examine its information and services, we are extremely concerned that individuals and families will not have access to accurate and complete information during the long master planning process.

An independent and thorough evaluation of the state’s websites will show that CalQualityCare.org is a valuable addition to the state’s information systems and it continues to be one of the best consumer websites in the country.

When the website is integrated into the state’s information system, it will be even more valuable to the public. The website can be further expanded and improved over time in order to meet the future needs of consumers that may be identified as part of the master planning process. We ask you to advocate for interim funding during the planning process.

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