



Presentation to NASEM Committee on the Quality of Care in Nursing Homes

Karl Steinberg, MD, CMD, HMDC – President-Elect, AMDA

David A. Nace, MD, MPH, CMD – President, AMDA

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THE SOCIETY
FOR POST-ACUTE AND
LONG-TERM
CARE MEDICINE™

Affiliations/Potential Conflicts of Interest

- Dr. Steinberg is Chief Medical Officer for Mariner Health Care and Beecan Health; Medical Director for Hospice by the Sea, Life Care Center of Vista, and Carlsbad by the Sea Care Center. He is Vice President of National **POLST**. He has no other potential financial conflicts of interest.
- Dr. Nace is the Clinical Chief of Geriatric Medicine at the University of Pittsburgh and Chief of Medical Affairs for UPMC Senior Communities. He has no other potential financial conflicts of interest.

About AMDA www.PALTC.org

- Formerly known as the American Medical Directors Association, now AMDA – The Society for Post-Acute & Long-Term Care Medicine
 - Non-profit professional society with ~5000 members, representing medical directors, physicians, NP/PAs who practice in PALTC
 - Represented at AMA House of Delegates
 - Numerous clinical practice guidelines, white papers, policy statements
- Affiliated with the American Board of Post-Acute & Long-Term Care Medicine (ABPLM), www.ABPLM.org
 - Oversees the Certified Medical Director (CMD) Credential
 - CMD requires 40 hours of PALTC-specific education (regulatory, clinical, leadership, ethical) plus experiential component
 - Also has Attending Physician Competencies coursework

Importance of Medical Leadership

- Nursing homes have the duality of post-acute (skilled, Medicare A) and long-term (custodial, usually Medicaid) patients/residents
- These are both medically ill, complex, mostly geriatric populations, some with behavioral health issues—they deserve appropriate, ethical, competent, trauma-informed, goal-concordant care
- Industry may not always want a medical director who
 - Understands the basics of geriatric medicine
 - Is aware of the complex, arcane regulatory framework SNFs operate in
 - Will advocate for the best interests of each resident
 - ...instead, they may look to someone who fills the beds and doesn't make waves

What is the most important recommendation to the NASEM committee that would impact quality of care in U.S. nursing homes?

- We must stop thinking there is just one solution.
- “For every complex problem there is an answer that is clear, simple, and wrong” – *H.L. Mencken*
- The quality of care now being delivered in our nation’s nursing homes is the highly refined product of nearly 35 years of the same approach.
- We must start over.

Challenges in Nursing Home Care

- Failure to consider, plan, and integrate nursing home care into the larger healthcare system.
- While we recognize differences in residents and emphasize person-centered care, our national healthcare system views all nursing homes as the same.
- Disparate, cumbersome financing systems that
 - Fail to account for the actual costs of care
 - Fail to prevent fraud, waste, and abuse
 - Place tremendous burden on residents and their families

Challenges in Nursing Home Care

- Use of a costly regulatory approach that has clearly failed to improve care. This system is easy to “game” and:
 - Relies on mass inspection (Deming¹ #3)
 - Fails to adequately reward good performance (Deming #4)
 - Conflates compliance with quality (Deming #3)
 - Judges compliance as all-or-nothing (Deming #10)
 - Fails to take a systems approach, relies on blame and fails to drive out fear (Deming #8, #12)²
- As a result, most nursing homes exhibit a hierarchical organizational culture defined by lower flexibility and less responsiveness to customers.

¹ Deming WE. Out of the Crisis. Cambridge, MA: MIT Press. 2000

² Doctors Without Borders. <https://www.doctorswithoutborders.org/what-we-do/news-stories/story/msf-takes-personal-approach-help-nursing-home-staff-facing-covid-19> (last accessed Jan 25, 2021)

Challenges in Nursing Home Care

- Staffing
 - The forgotten pandemic – the direct caregiver workforce shortage³
 - Need to optimize nursing home staffing
 - A single metric is unlikely to work
 - Optimal staffing addresses
 - Composition of staff (e.g. CNA, RN, LPN/LVN)
 - Type of residents receiving care (e.g. high-complexity, ventilator, dementia care)
 - Unit variations within a facility

³ **A Blueprint for Strengthening Pennsylvania's Direct Care Workforce.** April 18, 2019. (Last accessed Jan 25, 2021)
https://www.aging.pa.gov/organization/PennsylvaniaLongTermCareCouncil/Documents/Reports/LTCC_Blueprint%20for%20Strengthening%20Pennsylvania%E2%80%99s%20Direct%20Care%20Workforce_April2019.pdf

Recommendations

- Encourage access to engaged, competent medical directors and medical professionals
 - Training requirement for medical directors such as those being considered in several states (e.g. PA, CA), already present in MD
 - Incentivize access and quality
 - CMS to authorize a registry of all nursing home medical directors
- Support a national commission to address direct caregiver shortage crisis as recommended by Coronavirus Commission for Safety and Quality in Nursing Homes⁴
- Support current research on models to optimize staffing and use payroll based journal (PBJ) data

⁴ Commission Final Report. Sep 2020. (last accessed 1/25/2021)

<https://sites.mitre.org/nhcovidcomm/wp-content/uploads/sites/14/2020/09/FINAL-REPORT-of-NH-Commission-Public-Release-Case-20-2378.pdf>

Recommendations

- Modernize the regulatory process, aligning it with principles of total quality management (TQM)⁵ and patient safety.^{6,7}
- Address issues of inequity in care provided based on geographic location, racial/ethnic/socioeconomic differences
- Reform current LTC financing system to
 - Address care needs for all patients, including those with dementia
 - Non-institutional care whenever possible
 - Adequately cover care costs
 - Ensure access to care for rural populations

⁵<https://asq.org/quality-resources/total-quality-management>

⁶<https://psnet.ahrq.gov/primer/long-term-care-and-patient-safety>

⁷<http://www.ihi.org/Topics/PatientSafety/Pages/default.aspx>