

NASEM Consensus Study on the Quality of Care in Nursing Homes



Thoughts on Pressing Problems and Solutions

Joseph G. Ouslander, MD

Professor of Geriatric Medicine
Senior Advisor to the Dean for Geriatrics
Interim Chair and Senior Associate Dean for Clinical Affairs
Department of Integrated Medical Science
Schmidt College of Medicine
Professor, Courtesy
Christine E. Lynn College of Nursing
Florida Atlantic University

Editor-in-Chief, Journal of the American Geriatrics Society

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Disclosures

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THANKS to the Heroes!

- We all must be thankful for and appreciate staff and clinicians who are providing direct care, risking their health and the health of their families every day working in nursing homes
- We know all are working hard and many will continue to work when staffing is short
- We must pay attention to their concerns and encourage them to stay as healthy as possible



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Thoughts on Pressing Problems and Solutions

- This presentation is predicated on the fact that there will always be a need for some form of institutional long-term care
 - No matter how much is invested in home and community-based services, some people have inadequate supports for their needs and are not safe in a non-institutional setting



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Pressing Problems (1)

- Many of our country's NHs provide very high quality of care, but many others do not
 - A smaller number of NHs provide care that is not what any of us would want for our families, loved ones, and ourselves



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Pressing Problems (2)

- Financial, regulatory, and legal liability incentives and disincentives are often misaligned and in some cases incentivize the wrong behavior



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Pressing Problems (3)

- ““Nursing Home” is an oxymoron – most do not have enough nursing, and most are nothing like a home”

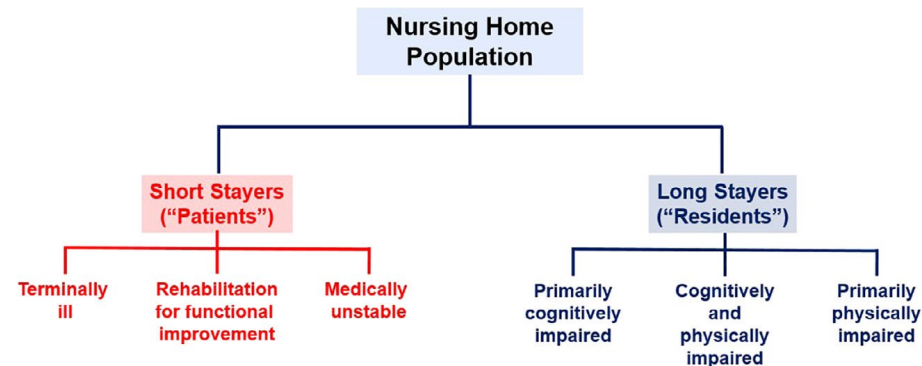
Robert Kane, MD



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Pressing Problems (4)

- The nursing home population is heterogeneous, and the physical structure, reimbursement, and quality measures do not account for this heterogeneity
 - In many facilities short-stay post-acute nursing home patients are mixed together with long-term nursing home residents
 - Financial viability often depends on using \$ generated by short-stay patients to cover the costs of long-stay residents
 - Some quality measures that are relevant to a post-acute short-stay patients are irrelevant or even inappropriate for some long-stay residents



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Solutions (1)

- Many of our country's NHs provide very high quality of care, but many others do not



1. Improve the work force – loan repayment programs, competitive wages, career ladders for nursing assistants
2. Further develop robust, reliable, and valid quality measures for short-stay patients and long-stay residents and train surveyors to use them consistently
3. Disseminate clinical practice tools that are based on evidence or expert recommendations, and efficiently embed them in Electronic Health Records so that staff can be reminded (without alert fatigue) to do the right thing at the right time and document it



Is a **quality improvement program** designed to improve the care of older people with acute changes in condition in skilled nursing, long-term care, and assisted living facilities, and home health care

www.interact-pathway.com

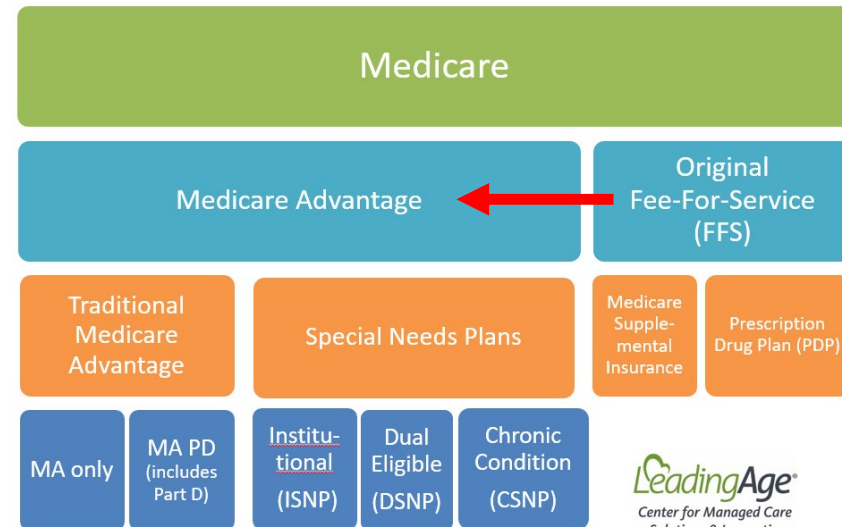
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Solutions (2)

- Financial, regulatory, and legal liability incentives and disincentives are often misaligned and in some cases incentivize the wrong behavior



- Value-based Care - “Enlightened Capitation” – pay for quality not quantity of care**
 - Requires reliable and valid quality measures to protect from inadequate care
 - Institutional Special Needs Plans (iSNPs) are an example of a promising model of value-based care
- Change ownership/management laws**
- Limit liability for bad outcomes in very sick patients**



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Solutions (3)

- **““Nursing Home” is an oxymoron – most do not have enough nursing, and most are nothing like a home”**



1. **Smaller, more homelike environments**
2. **Person-centered care**
3. **Adequate nursing and medical staffing but in the background – not looking like a small hospital**



A SENIOR LIVING MODEL THAT REVOLUTIONIZES CARE & DISRUPTS THE STATUS QUO

In order to meet the needs and desires of a rapidly growing population of older adults, senior living operators, providers, and developers must innovate and disrupt the status quo. Standing out in the marketplace takes a revolution in care, design, and organizational structure.

The Green House Project (GHP) has led this revolution since 2003, with the first truly innovative and disruptive model of elder care in the industry. Over the past 15 years, GHP has built nearly 300 homes across 12 states, with more in development.

About the Model
Designed to ensure that elders have the autonomy and respect they deserve, Green House homes designate aging and humanize care for those who live and work there.

The organizational structure of the model is radically different from other models: homes are small in scale, self-contained, and self-sufficient with elders at the center, surrounded by a self-managed team of care partners. Designed to reinforce the identity of elders and eliminate institutional signposts, all homes have private rooms and bathrooms for everyone.

A living room with a fireplace, together with an open kitchen, where all meals are prepared and served at a communal dining table, completes the home. Dedicated public, private, and support spaces that are small and easily navigable support the sharing of lives and foster community engagement.



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Solutions (4)

- The nursing home population is heterogeneous, and the physical structure, reimbursement, and quality measures do not account for this heterogeneity



1. Evolve into two separate types of care settings – post-acute short-stay, and long-term stay
2. Staff and reimburse at appropriate levels
3. Further develop robust, reliable, and valid quality measures for short-stay patients and long-stay residents and train surveyors to use them consistently



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Questions ?

Comments ?

Suggestions ?