

Long-Term Care Quality in the United States Over the Past 25 Years

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Last 25 Years Since Nursing Home Reform Act -- OBRA 1987

- ▶ Eliminated ICFs - all meet NF standards
- ▶ Developed new regulations and ratings for scope and severity of deficiencies
- ▶ Established sanction procedures
- ▶ Implemented the MDS assessment system
- ▶ Developed quality measures
- ▶ Adopted QIS survey process
- ▶ Testing NH value purchasing

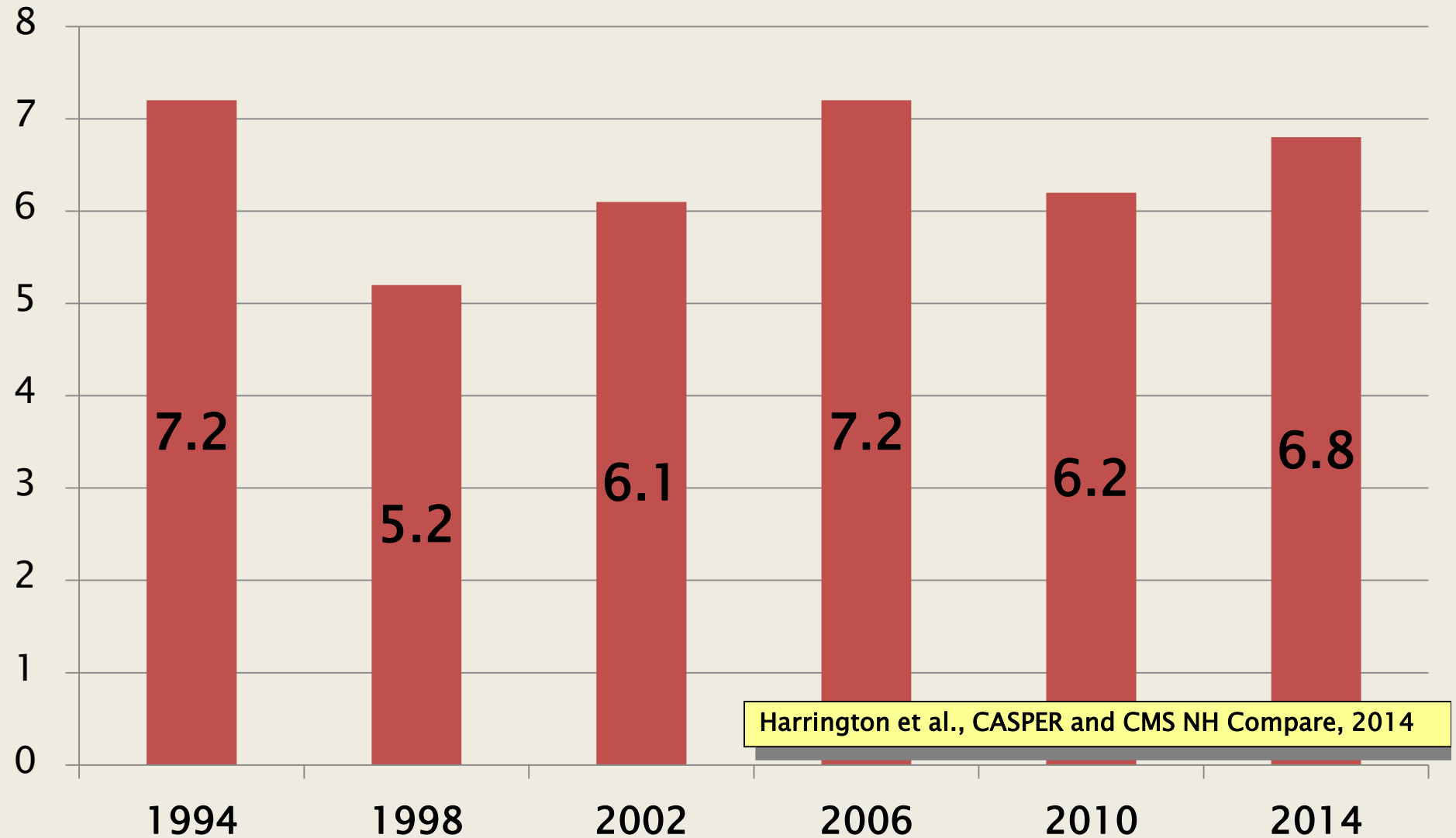
Medicare Nursing Home Compare

www.Medicare.gov/NHCompare/home.asp

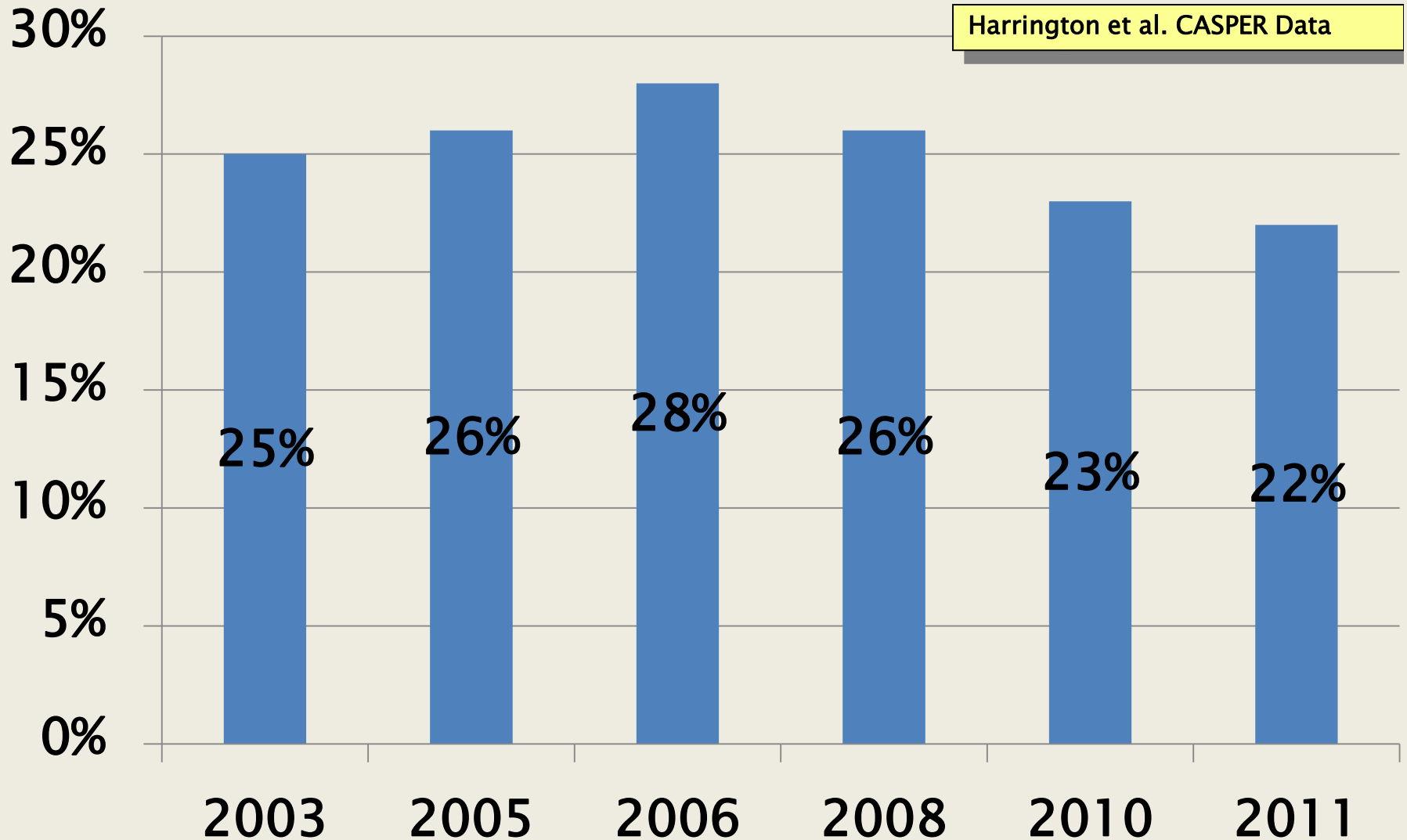
Established by CMS in 1999 Added 5–star Rating 2007

- **Facility characteristics – location, size, ownership**
 - 1.State in–person annual inspection and complaint surveys with federal requirements**
 - Quality – (scope and severity of violations)
 - Life safety violations
 - 2.Nurse staffing hours**
 - RNs, LVNs, NAs, total hours
 - Adjusted for resident case mix
 - 3.Resident Quality Measures – MDS 3.0/RAI**
 - 18 measures

Average Deficiencies Per Nursing Home From Surveys & Complaints



Facilities with Harm/Jeopardy Deficiencies from Annual & Complaint Surveys

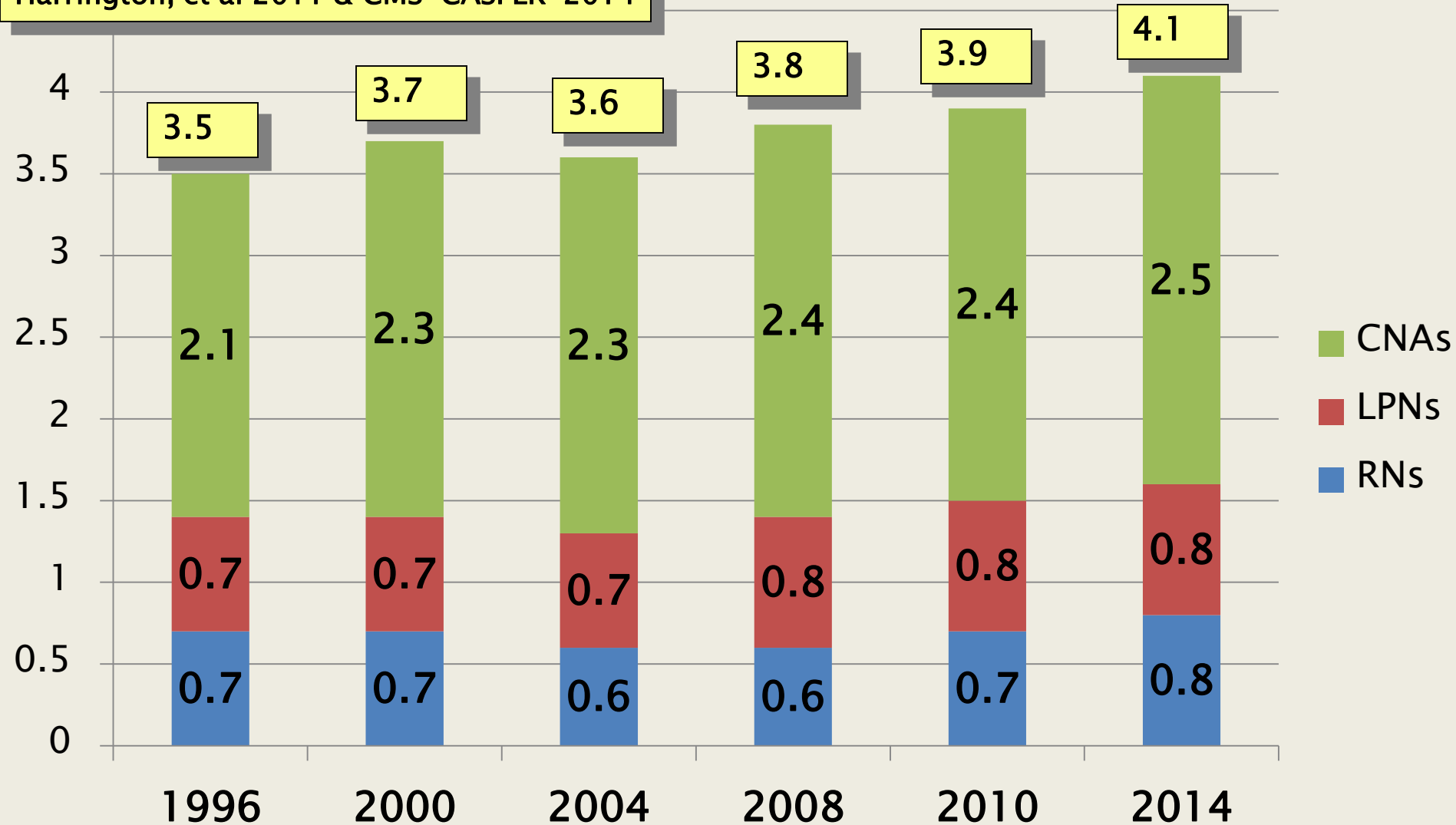


US DHHS Office of Inspector General

- ▶ 33% of Medicare nursing home residents had adverse events or harm during their SNF stays in 2013
 - 59% of those were preventable – due to substandard treatment, inadequate resident monitoring and failure or delay in care.
 - Over 50% with harm returned to a hospital with a cost of \$2.8 billion <http://oig.hhs.gov/oei/reports/oei-06-11-00370.asp>
- ▶ 25% of Medicare nursing home residents were readmitted to a hospital in FY 2011
 - cost \$14.3 billion
 - for septicemia and other common problems
 - <http://oig.hhs.gov/oei/reports/oei-06-11-00040.asp>
- ▶ Recent research shows stronger state enforcement improves quality outcomes
 - (Mukamel et al. 2012, Health Services Research)

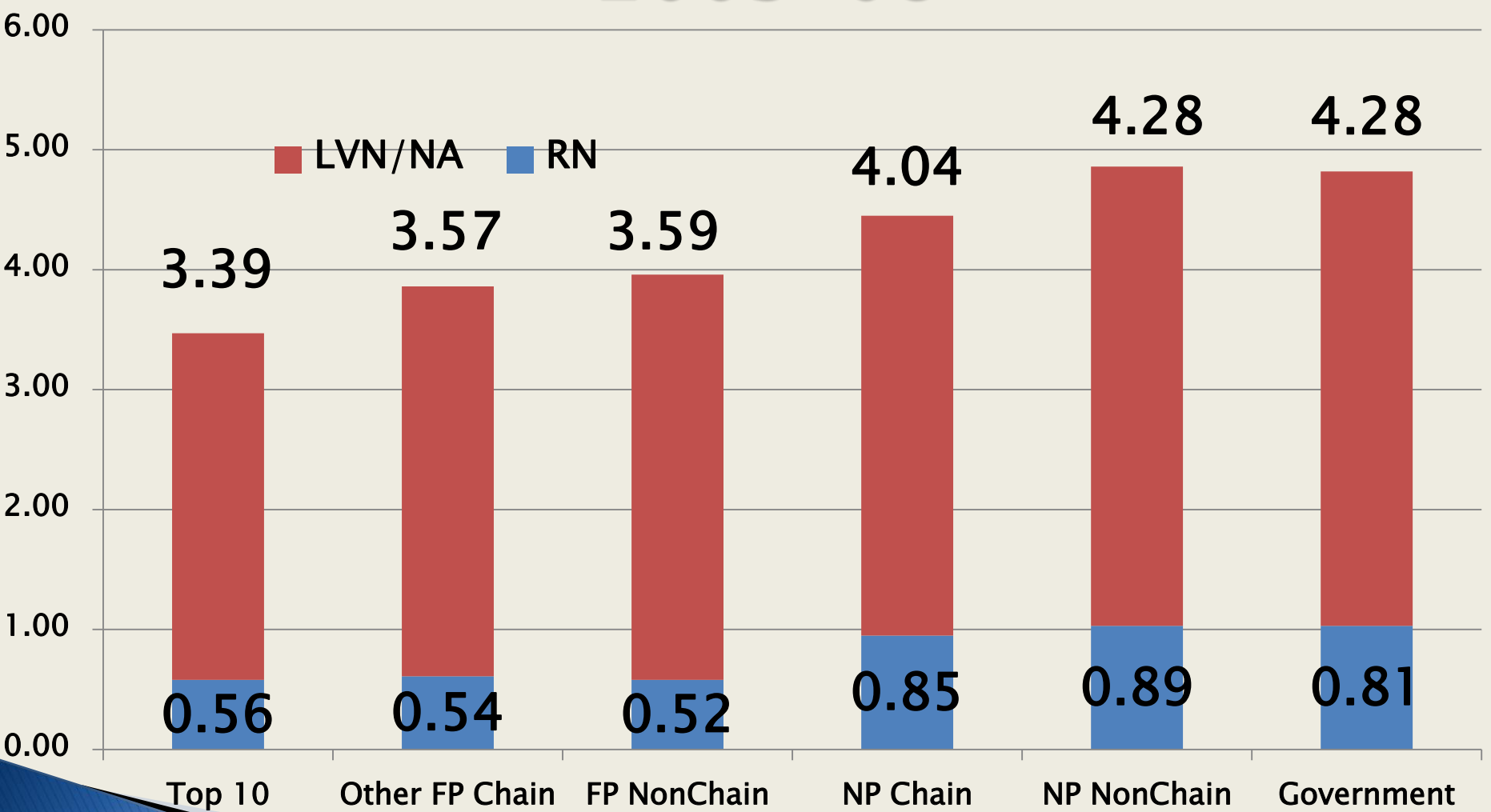
Average Nursing Home Nurse Staffing in the US in Hours Per Resident Day

Harrington, et al 2011 & CMS CASPER 2014



Nurse Staffing by Ownership

2003-08



CMS 18 NH Quality Measures

MDS Version 3.0

Long Stay Measures

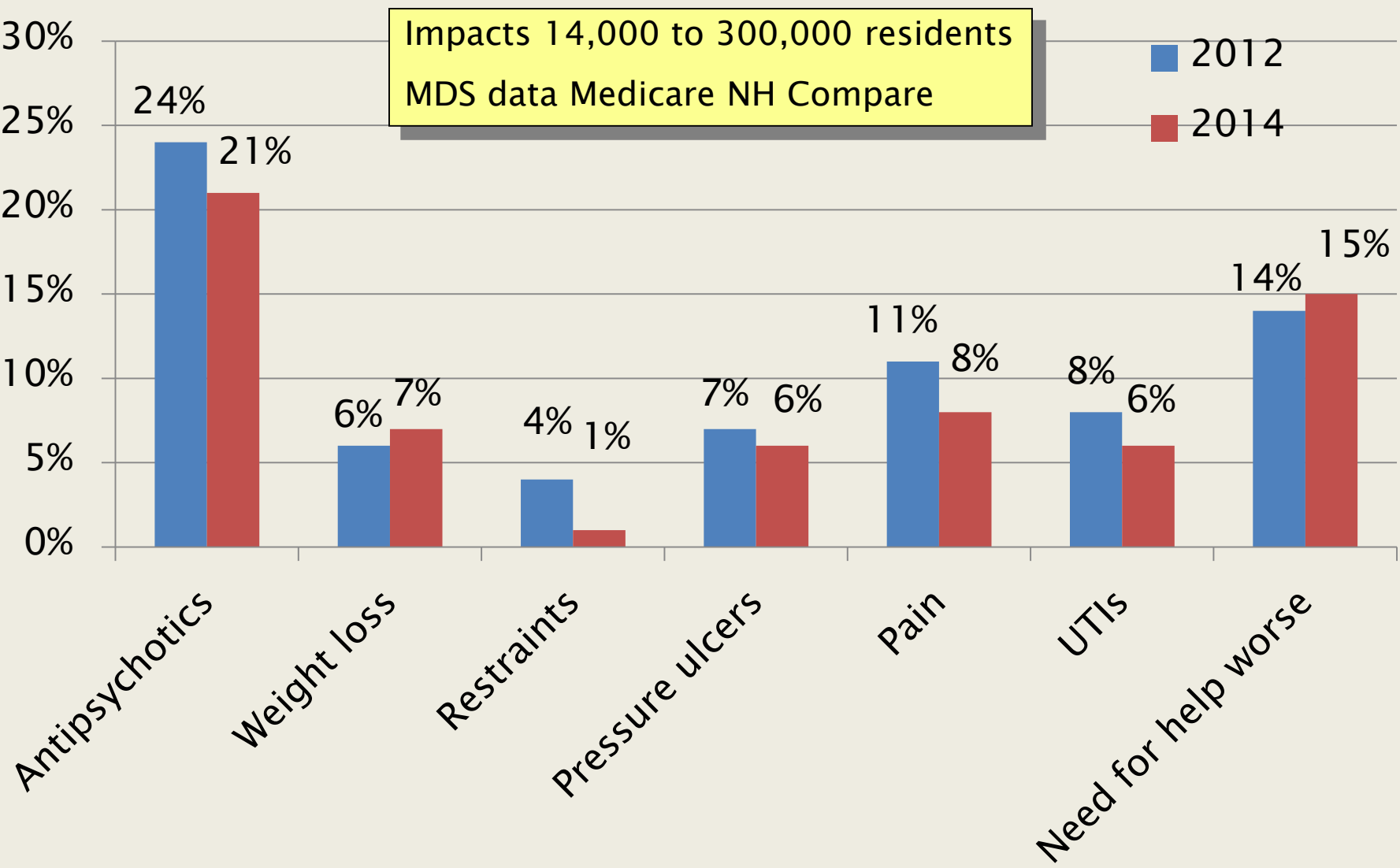
- ▶ Falls with major injury
- ▶ Urinary Track Infection
- ▶ Moderate to severe pain
- ▶ Pressure ulcers –high risk
- ▶ Incontinence –low risk
- ▶ Catheter
- ▶ Physical restraints
- ▶ Need for help increased
- ▶ Weight loss

- ▶ Depression
- ▶ Flu vaccinations
- ▶ Pneumonia vaccinations
- ▶ Antipsychotic RX

Short Stay Measures

- ▶ Moderate to severe pain
- ▶ Pressure ulcers
- ▶ Flu vaccination
- ▶ Pneumonia vaccination
- ▶ Antipsychotic Rx

Nursing Home Quality Measures for 1.4 Million Residents



Problems with Quality Measures

- ❑ Nurses often not trained to conduct assessments and don't value and use the MDS
- ❑ Ascertainment bias – staff in better facilities are more likely to identify negative outcomes
- ❑ Incentive to inflate Medicare payment items to increase their revenues – (Medpac 2012)
- ❑ Incentive to under report poor quality items to inflate their quality ratings
- ❑ MDS data are not audited so quality measures are not very accurate

Home Health Agencies

Outcomes and Assessment Information Set

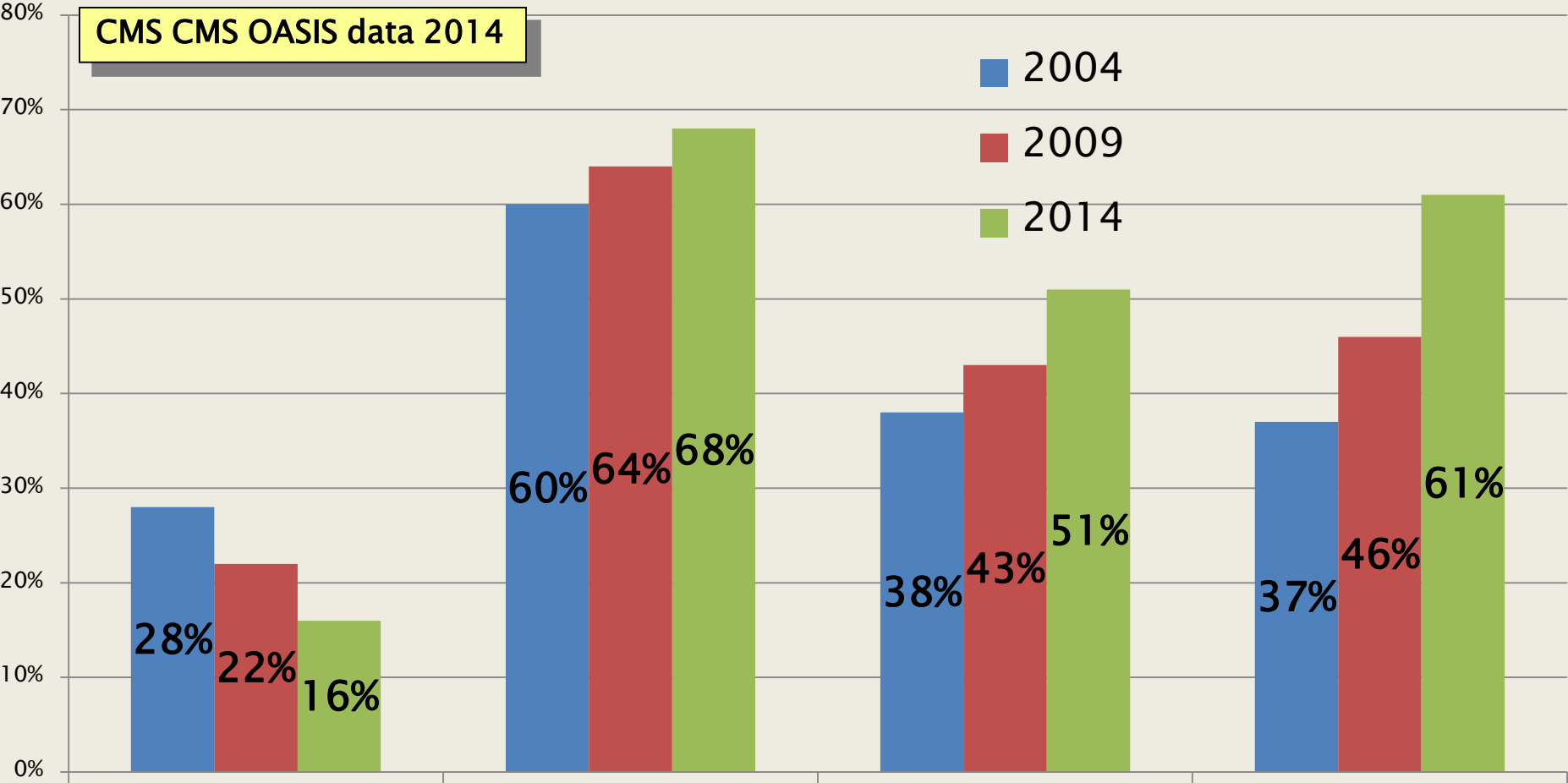
OASIS

- ▶ **1999 - Medicare-certified HHAs must assess residents & submit OASIS data for payment**
- ▶ **2010: Major revision implemented and new HH quality measures being developed**
- ▶ **Medicare Home Health Compare**
 - **Has quality measures (not audited)**
 - **Home Health Consumer Assessment of Health Care Providers and Services (HHCAHPS)**
- ▶ **No deficiency and complaint data**
- ▶ **Infrequent state inspections of HHAs**

Changes in Home Health Quality Measures

CMS CMS OASIS data 2014

2004
2009
2014



Admitted to hospital

Had less pain

Better at taking meds

Better at walking/moving

Home Health Agency Quality & Costs by Ownership

	For-Profit HHAs	Nonprofit HHAs
Quality Indicator		
Overall Quality	77.18%	78.71%
Process of care	85.99	87.37
Outcome of care		
Improvement	56.87	60.13
Avoidance of hospitalization	71.64	73.53
Avoidance of more bedsores	99.61	99.51
Number of Visits	37.6	23.7
Profit margins	15%	6.4%

Cabin, Himmelstein, Siman,
Woolhandler, 2014 Health Affairs.

Residential Care/ Assisted Living

- **Beds have doubled in past 12 years**
- **Serious quality problems & scandals**
- **Services generally are not eligible for Medicare & Medicaid payment**
- **Regulated by states –**
 - **few standards for personnel, client assessment & services**
 - **No nursing staff required**
 - **Minimal state oversight & sanctions**
 - **No data reporting and no quality measures**

Home Care and Personal Care Services

- ▶ No federal quality regulatory system
- ▶ New CMS efforts to develop quality measures and CAHPS surveys for HCBS
- ▶ Minimal state regulations for personnel, client assessment, and service delivery
- ▶ Minimal state oversight & sanctions
- ▶ No state data on quality
- ▶ Clients may not complain –fear of losing their provider or services

Conclusions

- ▶ Major effort is needed to improve regulatory oversight and quality for all LTSS
 - ▶ Quality measures are needed for residential care and HCBS
 - ▶ Data reporting needs to be improved in terms of availability and accuracy for LTSS quality measures
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