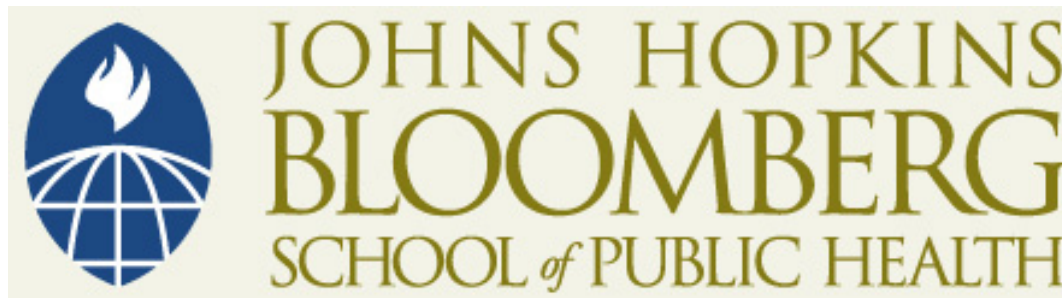


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# Health Services for Older Persons: Institutional Long-term Care

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September 2007

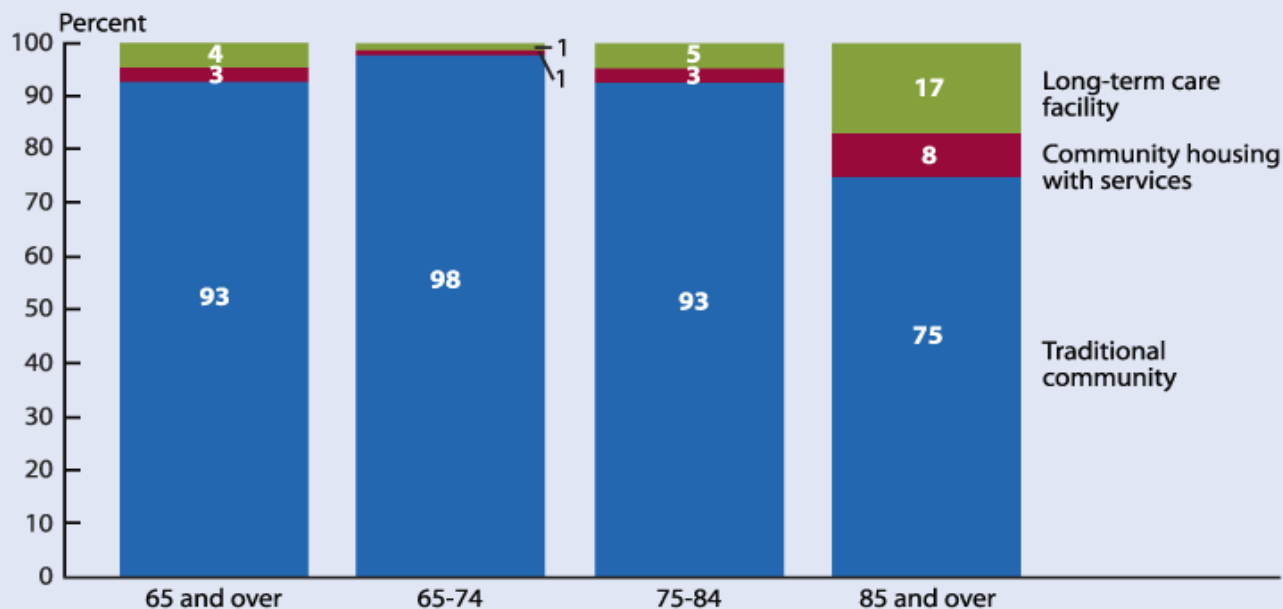
# Lecture outline

- Background
- Characteristics of nursing home residents
- Medical services utilization
- Quality of care issues
- Payment methodology and issues
- Staffing patterns

- The great majority of older persons live in the community.

# Medicare enrollees in residential settings

**Percentage of Medicare enrollees age 65 and over residing in selected residential settings, by age group, 2003**



Note: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes, and other similar situations, AND who reported they had access to one or more of the following services through their place of residence: meal preparation, cleaning or housekeeping services, laundry services, help with medications. Respondents were asked about access to these services but not whether they actually used the services. A residence is considered a long-term care facility if it is certified by Medicare or Medicaid; or has 3 or more beds and is licensed as a nursing home or other long-term care facility and provides at least one personal care service; or provides 24-hour, 7-day-a-week supervision by a caregiver.

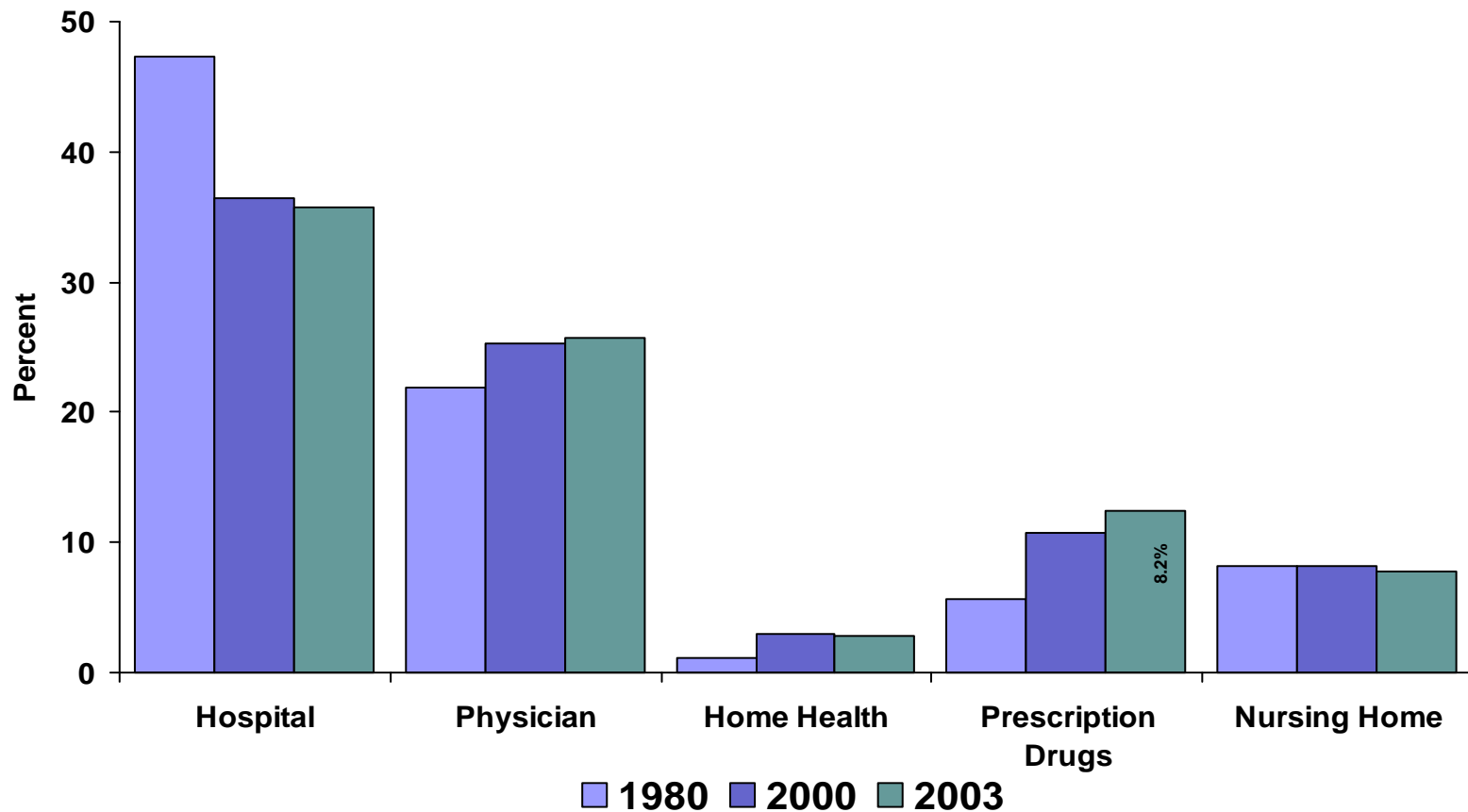
Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

- The share of spending from all payers for nursing homes is about 10%, although only approximately 5% of the older population are in a nursing facilities at a given time.

# Personal Health Care Expenditures by Type of Service, 1960-2003

*The share of health spending on nursing home and physician share has stayed about the same while the hospital share grew and then declined. The share for prescription drugs has grown since 1980*



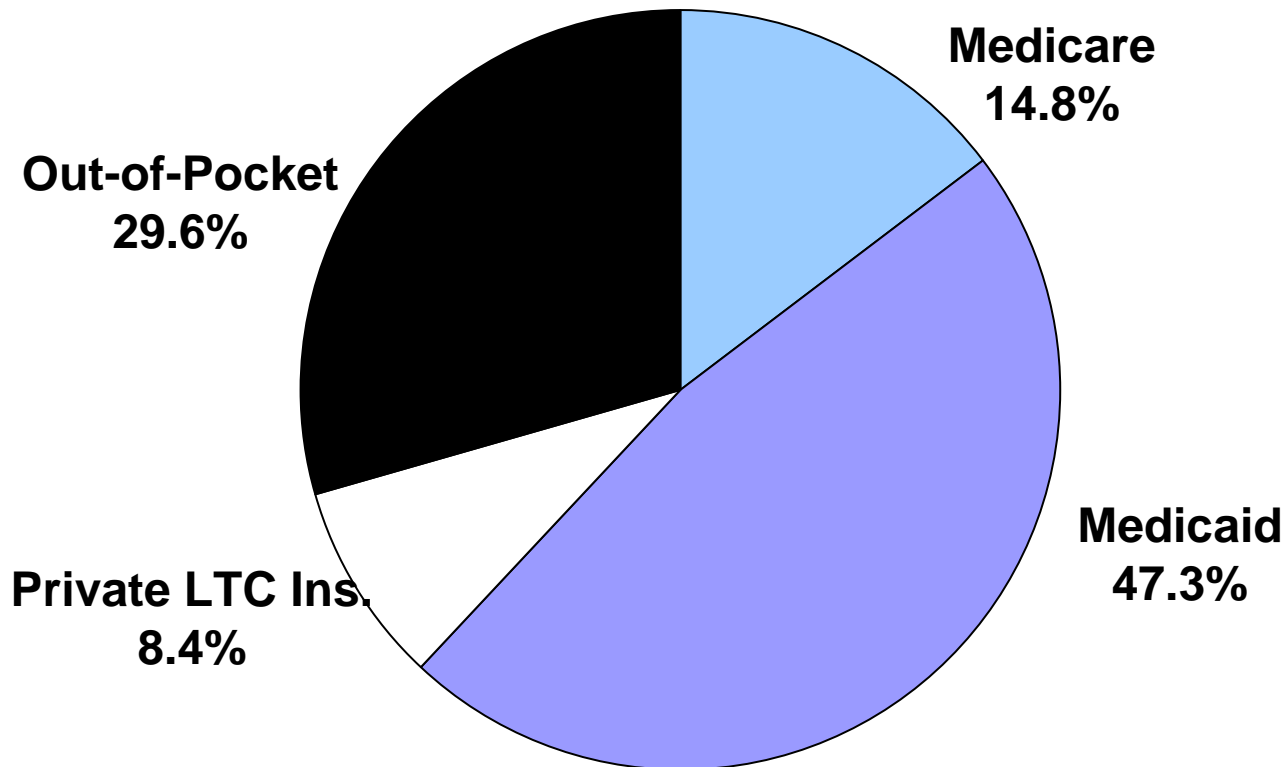
# Payers

- Medicaid pays the largest percent (47%).
- Medicare pays 15%.
- Private, Out of Pocket (OOP), pays 30%.



# Sources of Payment for Nursing Home and Home Health Care, 2004

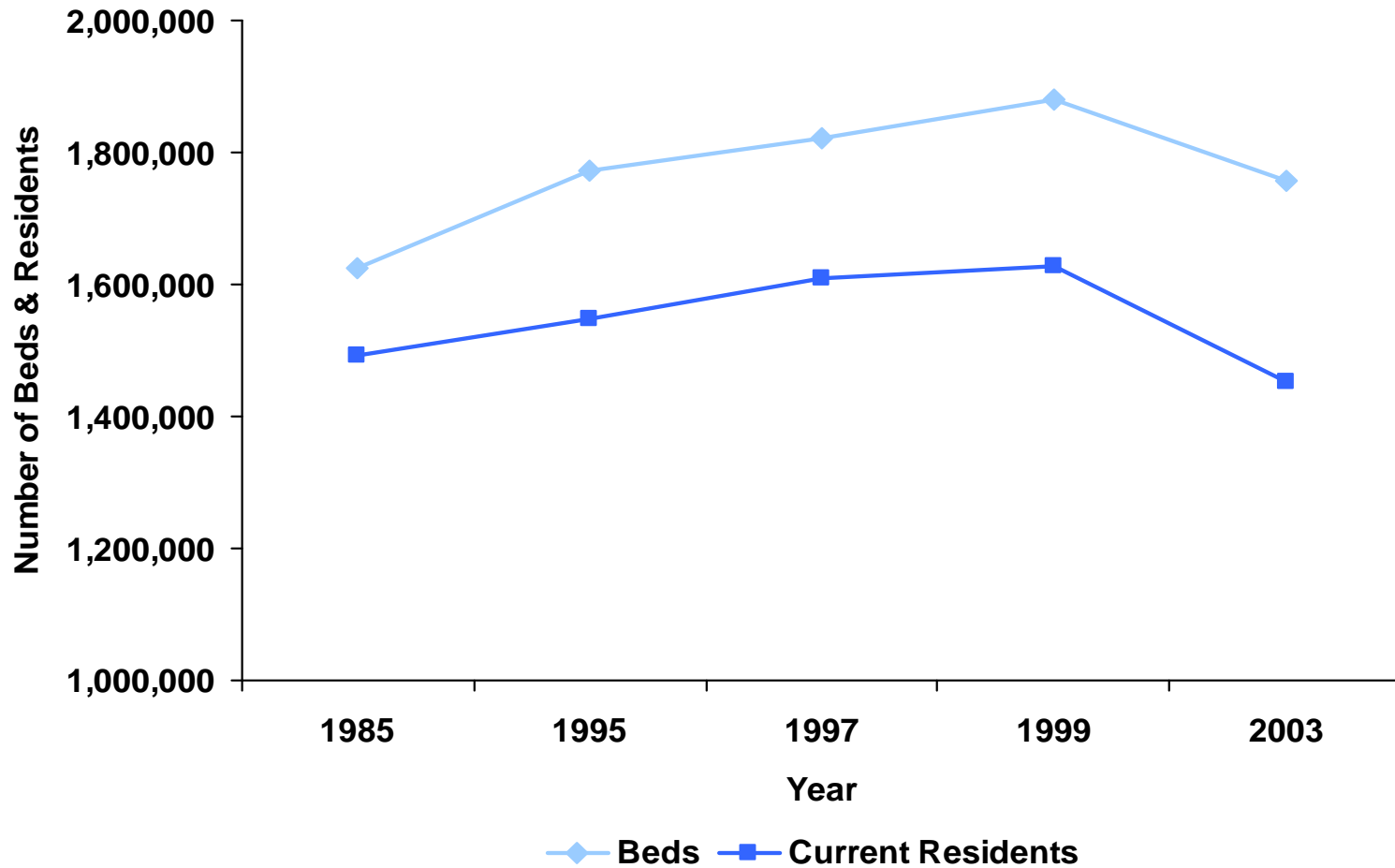
*Most such care is paid for by Medicare and Medicaid.*



**Total nursing home spending in 2004**

# Number of Nursing Home Beds and Total Residents, 1985-2003

*From 1985 to 1999 beds grew slightly more rapidly than residents, after 1999, resident counts fell more rapidly than the bed count.*

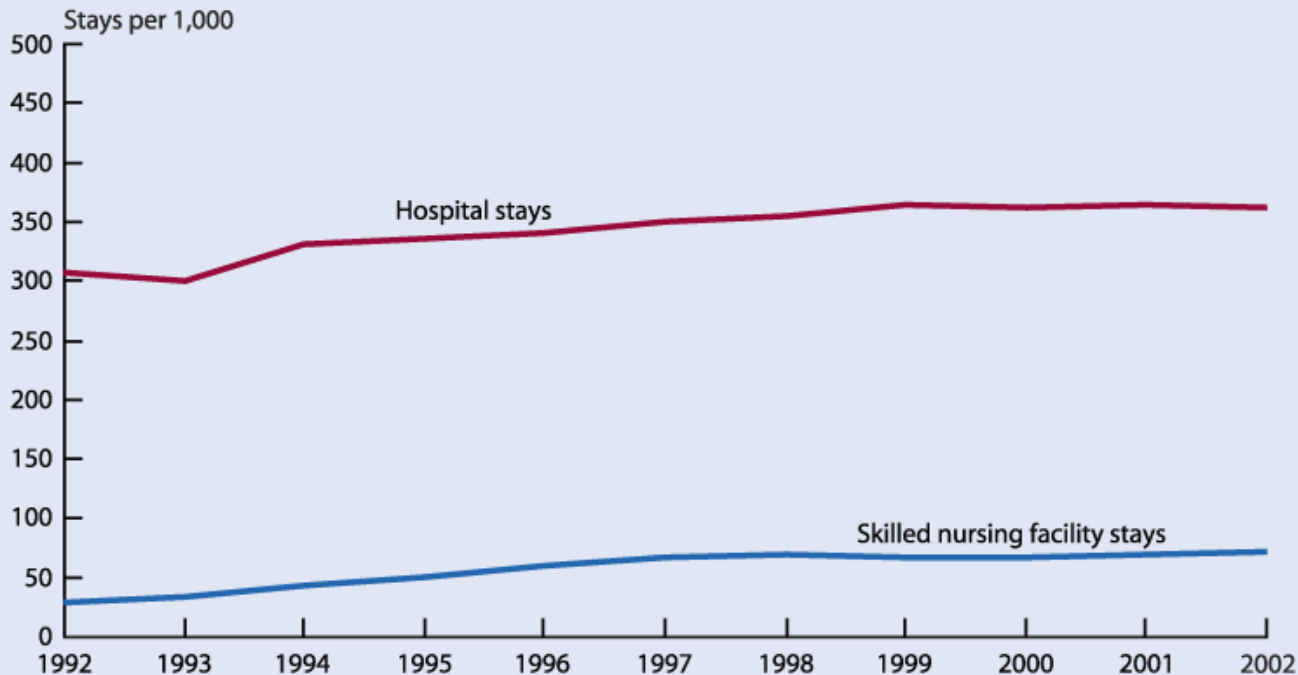


# Predictors of admissions to nursing home

- Rehabilitation post hospital stay
- Female
- Old age
- Absence of potential caregivers
- Low net worth
- Worsening level of functional disability
- Self-reported stroke, diabetes, heart disease, urinary incontinence, fall
- Dementia (mild, moderate or severe)

# Indicator 28 - Use of Health Care Services

**Medicare-covered hospital and skilled nursing facility stays per 1,000 Medicare enrollees age 65 and over in fee-for-service, 1992-2002**



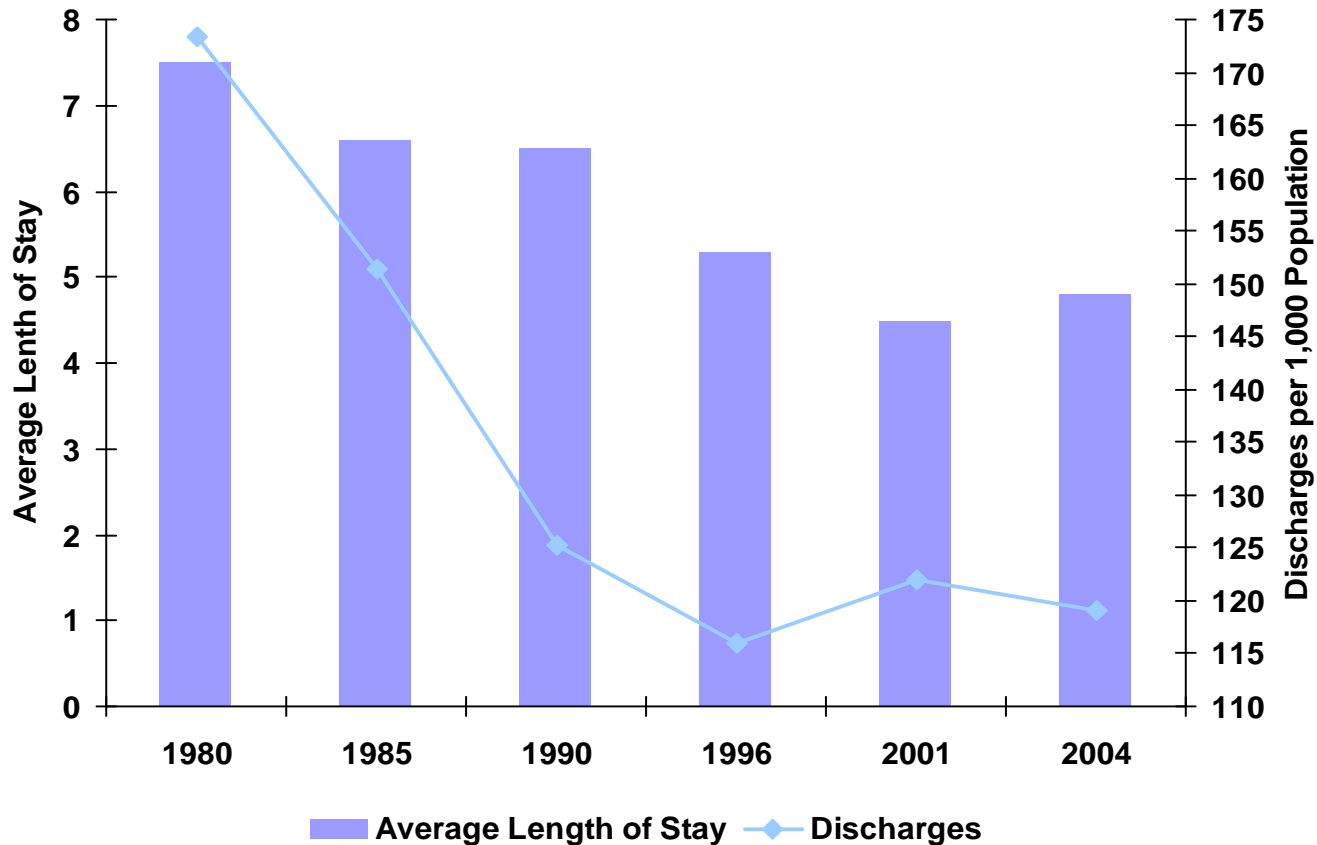
Note: Data are for Medicare enrollees in fee-for-service only. Beginning in 1994, managed care enrollees were excluded from the denominator of all utilization rates because utilization data are not available for them. Prior to 1994, managed care enrollees were included in the denominators; they comprised 7 percent or less of the Medicare population.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare claims and enrollment data.

# Number of Hospital Discharges and Average Length of Stay, 1980-2004

*Hospital discharges and length of stay have generally declined over the last two decades.*



Note: Non-Federal short-stay hospitals.

Source: Center for Disease Control and Prevention, National Center for Health Statistics.

# Lifetime Nursing Home Use, by Decedents Age 25 Years or Over

	<b>Using nursing home</b>	<b>Duration of use (mean)</b>	<b>&lt;1 year</b>
All	27%	2.4 yr	54%
Male	20%	1.9 yr	61%
Female	34%	2.8 yr	49%
Black	14%	1.6 yr	66%
White and other	28%	2.5 yr	33%

# Characteristics of nursing home residents

- Demographics
- Physical status
- Mental Status
- Behavior problems

# Demographics of nursing home residents

- Age 85+ 50%
- White race 88%
- Married 17%



# Selected prevalent diagnoses

Hypertension	41%
Low body mass index (BMI)	35%
Stroke	25%
Heart conditions	43%
Vision difficulties	38%
Arthritis	19%
COPD	15%
Peripheral vascular disease	8%

## Prevalence of dementia in new admissions to 59 Maryland nursing homes, 1992-95

	<b>Dementia</b>	<b>Non-Dementia</b>	<b>Indeterminate</b>
Final Panel Determination	48.2%	31.5%	20.3%
Upper Bound*	53.5%	31.5%	15.0%

\*At least one panelist rated indeterminate as demented

## Distribution of comorbid conditions and physical dependencies by dementia status in 2285 new admissions to 59 Maryland nursing homes, 1992-95

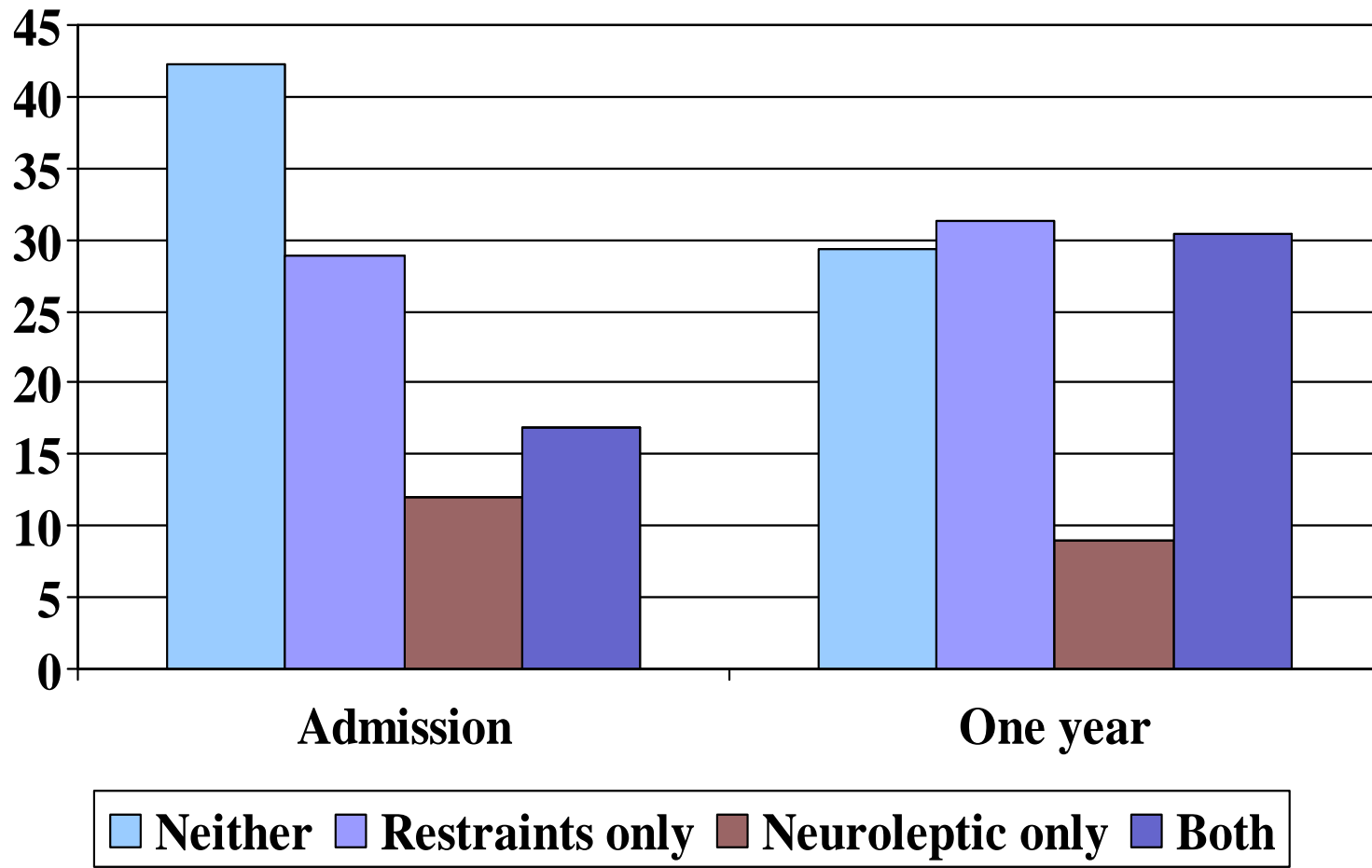
	<b>Dementia</b>	<b>Other*</b>
<b>Medical Comorbidities (history)</b>		
0	7.1%	4.4%
1	18.7%	18.1%
2	27.2%	26.0%
3	22.4%	22.5%
4+	24.8%	29.0%
<b>Physical Functioning (dependence)</b>		
0	2.0%	14.2%
1	8.8%	15.4%
2	6.3%	10.6%
3	10.0%	9.6%
4+	72.8%	50.2%

\*Other includes non-demented and indeterminate cases Magaziner et al., *Gerontologist*, 2000

# Prevalence of Problem Behaviors

<b>Problem Behavior</b>	<b>% Prevalence in No-Neuroleptic Group n=122</b>	<b>% Prevalence in Neuroleptic Group n=79</b>
Wanders	9.8	31.7****
Paces restlessly	11.5	34.2****
Exhibits objectionable behavior	7.4	12.5**
Makes intolerable noises	4.9	21.5****
Interferes with staff	8.2	22.9**
Refuses staff instructions	13.1	25.3*
Hits, bites, scratches	2.5	24.1****
Demands attention	12.3	17.7ns
Is verbally abusive	6.6	12.7ns

# Comparison of Any Use of Restraints and Neuroleptics at Admission and FU



# Medical Care for Nursing Home Residents: Differences by Dementia Status

- Epidemiology of Dementia in a Nursing Home admission cohort
  - N = 2153 residents, from 59 different NHs
- Physician visits, hospitalizations by 90 day intervals from admissions
- Physician contact following fever or infection

# Percent Receiving Medical Care After a Fever

	<b>Total</b>	<b>Dementia</b>	<b>No Dementia</b>	<b>Indeterminate</b>
Fevers	N = 2157	N = 1296	N = 401	N = 460
No visit	63.4%	65.1%	58.9%	62.6%
Doctor visit	22.9%	20.6%	29.9%	23.0%
Emergency Dept	2.4%	2.2%	1.5%	3.5%
Hospital admission	11.4%	12.0%	9.7%	10.9%

Burton, et al., Medical care for nursing home residents: differences by dementia status. J Am Geriatr Soc. 2001;49:142-147

# Percent Receiving Medical Care After an Infection

	<b>Total</b>	<b>Dementia</b>	<b>No Dementia</b>	<b>Indeterminate</b>
Infections	N = 6411	N = 3550	N = 1645	N = 1216
No visit	70.6%	72.8%	67.8%	68.1%
Doctor visit	23.9%	21.8%	27.5%	25.3%
Emergency Dept	2.0%	2.1%	1.5%	2.4%
Hospital admission	3.5%	3.3%	3.3%	4.3%

Burton, et al., Medical care for nursing home residents: differences by dementia status. J Am Geriatr Soc. 2001;49:142-147



## Quality of care issues

- Unnecessary use of restraints and /or neuroleptics
- Incidence of decubitus ulcers
- Staffing patterns
- Resident abuse

## Rate per 100 beds of RNs, LPNs, Nurses' Aides, by rural vs. urban

	<b>RNs</b>	<b>LPNs</b>	<b>Nurse's Aides</b>
Location			
MSA	9.3	12.4	37.8
Non-MSA	5.1	8.0	25.6

From National Nursing Home Survey 1999

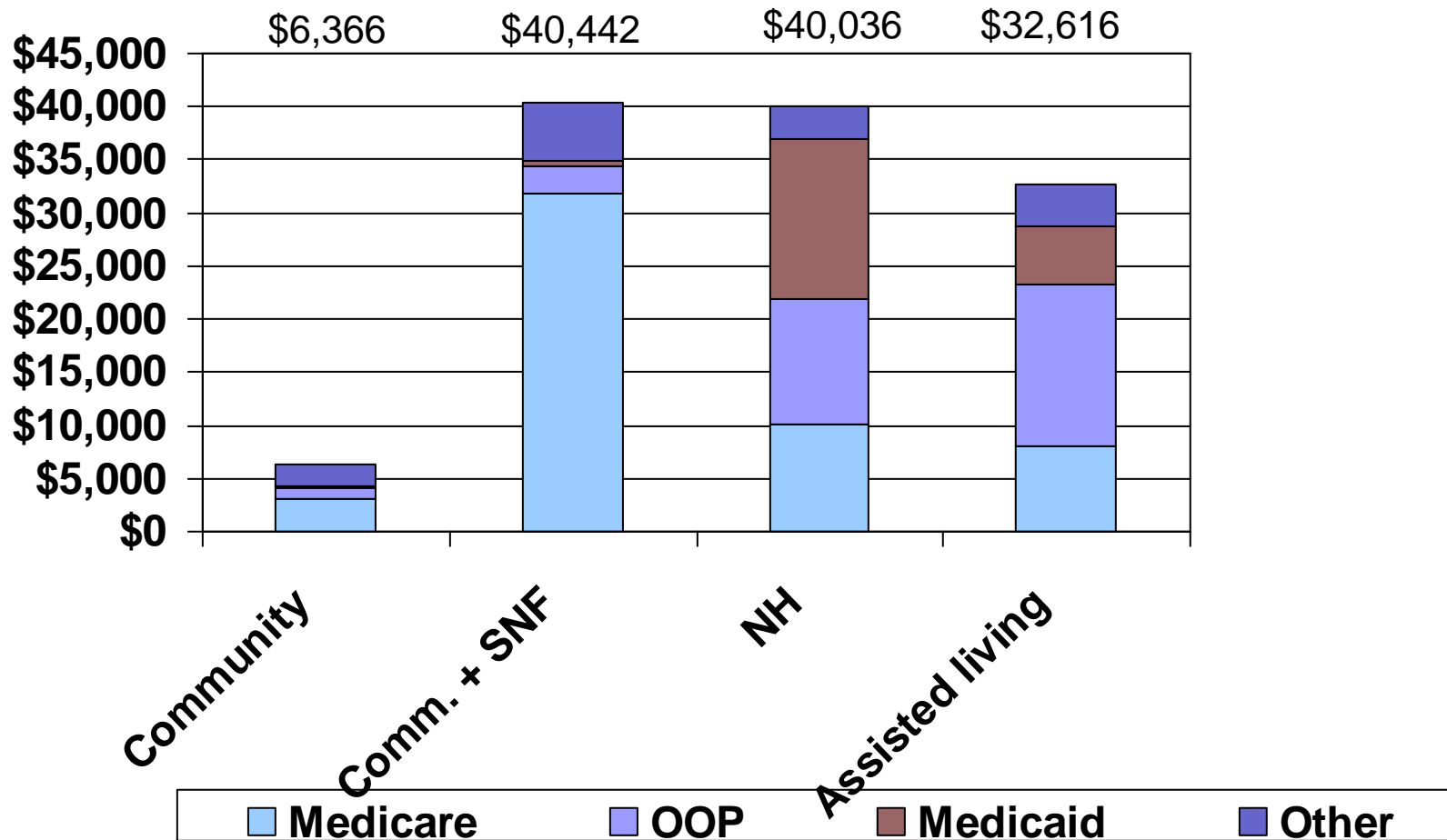
# Payment issues

- Who pays?
- For government payments, how are payment rates set?

# Medicare reimbursement for nursing homes: RUGs methodology

- “Skilled” care vs. long-term care
- Minimum data set (MDS) captures level of need for care
- Translated into “RUGS,” resource utilization groups
- Payment based on level of utilization

# Expenses for beneficiaries in in LTC facilities and community



Adapted from CMS, MCBS, 1999 Cost and Use File

# Maryland's Community Choice Plan

- Move 70,000 older Medicaid beneficiaries into capitated care
- Encourage use of community care rather than nursing home
- Encourage integration of care