

LONG-TERM CARE

QUALITY Facing the Challenges of an Aging Population

As our population ages, and the need for long-term care services grows, issues surrounding the quality of care, as well as the quality of life, will become increasingly important. In the last few decades, the concept of quality has expanded beyond traditional medical and nursing services to include activities affecting the cognitive and emotional wellbeing of elderly patients, such as treatment for depression or the use of advance directives.

Although quality has begun to improve, the aging of our population and other issues discussed in this Issue Focus will further strain our already fragmented system of long-term care. Based on a recent GIH Issue Dialogue, this Issue Focus explores ways in which grantmakers can partner with policymakers, health care professionals, advocacy groups, and patients and their families to improve the quality of long-term care.

THE ISSUES

➤ **More elderly living longer with chronic disease –** The number and proportion of elderly is growing rapidly, and the aging of the baby boomers will accelerate this growth. Longevity is also on the rise, meaning that more elderly are living longer with the chronic illnesses and disabling conditions that contribute to the need for long-term care services. Stroke, Alzheimer's disease, incontinence, and the loss of hearing, sight, and mobility are common reasons why the elderly need assistance with the activities of daily life.

The number of elderly in the U.S. steadily increased throughout the 20th century. In 1900 there were approximately 3.1 million people over the age of 65 in the U.S. Today, there are over 35 million elderly (Friedland and Summer 1999).

➤ **Greater demand for a range of long-term care settings –** The need for long-term care services will increase as the population ages, as will the demand for services provided in a variety of settings. Services – including health care, personal, and custodial, paid or unpaid – are currently

delivered in home, community-based, or residential care settings. The setting in which services are delivered, however, depends on the needs and preferences of the elderly individual, on the availability of informal support, and the source of payment (Stone 2000).

Recent research has revealed that today's elderly seek long-term care in settings other than nursing homes. In a comparison of 1985 and 1995 National Nursing Home Survey data, researchers found that the average length of stay for residents had declined, and that substantially more nursing home beds were occupied by residents receiving Medicare-financed postacute care. These findings reflect Medicare financing and policy changes that expanded postacute short-term nursing home stays, and allowed more elderly to receive Medicare-financed long-term care in non-nursing home settings.

➤ **Better preparation and retention of health care workers –** The quality and availability of health care workers, both professional and paraprofessional, are key to improving the quality of long-term care. Workforce training and staff retention are among the most important issues facing long-term care providers. Nurses' aides, for example, receive limited training that tends to vary across states. In fact, the federal government requires just 75 hours of training for nurses' aides working in Medicare and Medicaid-certified nursing homes and home health agencies.

Staff retention is a serious issue. Paraprofessional health care workers have low wage and benefit levels. The average hourly wage for nurses' aides is just \$7.46, and 29 percent have no health care insurance. These workers are also at risk for work-related injuries and emotional stress. Such factors contribute to high staff turnover rates in long-term care settings.

The U.S. Department of Health and Human Services estimates an annual turnover rate of between 70 percent and 100 percent in nursing homes and between 40 percent and 60 percent in home health care agencies (Wilner 1999).

► **Affordability of long-term care services** – The substantial long-term care expenses of the elderly are financed through a patchwork of public and private sources, including Medicare, Medicaid, out of pocket, and private insurance. Low levels of Medicare and private insurance coverage for long-term care leaves individual patients and Medicaid to cover the bulk of long-term care expenditures.

Of the \$115 billion spent on long-term care in 1997, 66 percent was financed by Medicaid and out-of-pocket spending, compared to just 20 percent financed by Medicare and 14 percent by private insurance and other payers (Niefeld et al. 1999).

WHAT GRANTMAKERS CAN DO

GIH's recently convened Issue Dialogue highlighted opportunities for grantmakers to influence long-term care by supporting the private sector, government, and consumer groups in their efforts to monitor, evaluate, and improve quality. Examples of these activities include:

- Funding research on issues related to the service provision or quality measurement. For example, The Commonwealth Fund is supporting the evaluation of a

resident-centered care approach implemented by a coalition of nursing homes in Wisconsin for replication. The Fund is also supporting an analysis of the relationship between nursing home resident characteristics and indicators of quality care.

- Supporting training and education programs for health care workers. Through a grant to California State University at Long Beach, the Archstone Foundation is supporting the development of a master's curriculum and certification program for professionals working within the long-term care continuum.
- Funding programs that advocate on behalf of elderly patients and their families. The Fan Fox and Leslie R. Samuels Foundation, Inc. is supporting the development of a consumer guide to nursing homes and a state government task force to develop and implement strategies for improving communication about end-of-life care in nursing homes.

This *Issue Focus* is based on the GIH Issue Dialogue, "Long-Term Care Quality: Facing the Challenges of An Aging Population," held on June 15, 2000. A report will be available in the fall.

REFERENCES

Friedland, Robert, and Laura Summer, *Demography Is Not Destiny* (Washington, DC: National Academy on an Aging Society, January 1999).

Niefeld, Marlene, Ellen O'Brien, Judith Feder, *Policy Brief: Long-Term Care: Medicaid's Role and Challenges* (New York, NY: Kaiser Commission on Medicaid and the Uninsured, November 1999).

Stone, Robyn I., "Long-Term Care for the Disabled Elderly: Current Policy, Emerging Trends and Implications for the 21st Century," *The Milbank Quarterly*, special Electronic Article, January 2000 <www.milbank.org/sea/html>

Wilner, Mary Ann, "On the Front Lines of Health Care," *Health Progress*, January-February 1999.

RESOURCES

INTERNET: DATA ON LONG-TERM CARE

American Association of Homes and Services for the Aging
www.aahsa.org

American Health Care Association
www.ahca.org

REPORTS: QUALITY IN LONG-TERM CARE

Davis, Carolyne, and Frank Sloane, *Nursing staff in Hospitals and Nursing Homes: Is It Adequate?* (Washington, DC: National Academy Press, 1996).

Donaldson, Molla S., ed., *Measuring the Quality of Health Care* (Washington, DC: National Academy Press, 1999).

United States General Accounting Office, "Nursing Homes: Additional Steps Needed to Strengthen Enforcement of Federal Quality Standards," Report to the Chairman and Ranking Minority Member, Special Committee on Aging, U.S. Senate, March 1999.

United States General Accounting Office, "Nursing Homes: Complaint Investigation Process Often Inadequate to Protect Residents," Report to the Chairman and Ranking Minority Member, Special Committee on Aging, U.S. Senate, March 1999.

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