

Long-Term Care Survey Alert

Trends: Revisit Your Service Mix to Stay in Tune With a New LTC Landscape

Putting this issue on the back burner can diminish your business over the longer haul.

If you're looking for confirmation of a healthcare trend likely to affect your facility, look no farther than Section Q of the MDS 3.0.

CMS made substantial changes to Section Q to better support the person's right to choice and their ability to obtain information about receiving support and services in the community, said **John Sorensen**, project officer for the Money Follows the Person Rebalancing Demonstration, in an MDS 3.0 webinar for surveyor training.

Section Q requires nursing facilities to refer residents who are interested in returning to the community -- and have the ability to do so -- to designated local contact agencies that can help them pursue that goal.

Rena Shephard, RN, RAC-CT, MHA, C-NE, sees a continuing trend toward people moving to the lowest possible appropriate level of care. And the Section Q return to the community referral "is certainly going to play a part in it," adds Shephard, president and CEO of RRS Healthcare Consulting Inc. in San Diego, and founding chair and executive editor for the American Association of Nurse Assessment Coordinators.

Consider Ways to Diversify

Shephard notes that some years ago she did a research paper looking at "money follows the person" and the trend toward moving people out of nursing homes. And she concluded then that "nursing home providers needed to wake up sooner rather than later in understanding what would happen to their census." That way, they can develop a vision of what their future mission might entail if a lot of their residents "flow to a lower level of care," she says.

As for diversification options: Palliative care is a good fit for long-term care facilities, observes **Fran Fowler**, a post-acute expert and principal of Fowler Healthcare Affiliates in Atlanta, Ga. "Some nursing home organizations could even develop their own PACE programs in certain markets." (PACE stands for Program of All-inclusive Care for the Elderly.)

Fowler notes that the federal government has had wonderful success with the PACE program for the dual eligible (Medicare-Medicaid) population.

"The PACE program has shown that it can cut down on hospital and emergency department use -- and keep people in the community longer by using a very extensive day program with medical services wrapped around it," Fowler explains. Sometimes PACE program participants go into nursing homes for short stays, such as for rehab. "And they may go in for six months before they die rather than for three years," which is the length of time long-term care recipients tend to live in nursing homes, she notes.

Focus on Reducing Rehospitalization, Higher Acuity Patients

The top diversification strategy that Fowler recommends looking at now, however, is reducing hospital readmissions. "You want to be the SNF with the lowest [hospital] readmission rate."

Real-world example: Providence St. Joseph Care Center has employed a full-time adult nurse practitioner and a medical doctor quarter-time, says **Sally Denton, RN**, executive director/administrator of the center in Spokane, Wash. Both of the practitioners are hospitalists, adds Denton, noting that the nursing facility is part of a multiprovider system that includes two hospitals.

St. Joseph's made the model change primarily to reduce hospital readmissions and ED transfers, Denton relays. But the facility's ability to manage higher acuity patients also proved to be a boon.

St. Joseph Care Center now takes patients with mechanical hearts, wound vacs, TPN, and multiple IV antibiotics. The nursing facility doesn't accept patients with vents but will take someone with a fairly well-established tracheostomy, Denton says. "We are a place in the community where people with mechanical hearts can go to transition to the community," she reports. "The patients can go home if they have a 24/7 caregiver in case of equipment malfunction."

Denton estimates that about 25 percent of its patients are higher acuity. She notes that the facility has contracts with numerous Medicare Advantage plans and private managed care plans to take care of the higher acuity patients.

2 More Potential Opportunities

Providing adult day services for people with medical care needs represents another diversification opportunity, in Fowler's view. She observes that currently most day programs offered by nursing homes focus on people with cognitive impairment.

Facilities can also tap into the physician home visit market and have NPs do home visits with the physician also visiting the patients at designated intervals, Fowler suggests.

Still Room for Nursing Home LTC

While Fowler foresees more competition in the future for long-term care facility services due to community-based options, she predicts that market will still undergo some growth. That's because some Baby Boomers will require facility care if they don't qualify for community services or have family to take care of them, she points out. "Also, people do reach a certain point where they can't be managed as an outpatient or in a day program."

Case in point: Seventy-five percent of Providence St. Joseph Care Center's current long-term residents require care to the point that they cannot leave the facility, says Denton. "They either require too much assistance with ADLs -- or they have unstable diabetes and full-time tube feedings." Others have "a lot of mental health issues to the extent it would be too difficult [and too expensive] to have caregivers manage their care 24/7." The facility also cares for people who are quadriplegic.

"The government wants to move people into the community because it's cheaper," Denton opines. "But unless you have a team of providers (dietitian, nursing, restorative, etc.)" and can provide care on a shift basis, that approach "isn't going to work in many cases." For example, "we have people who need constant care to prevent skin breakdown."