

Key Players Assess State Of Long

In an era of vastly expanded options, staffing, funding, and oversight remain critical to sustainable, high-quality care.

For many people—and for many different reasons—1987 was an unforgettable year. Its events and milestones helped shape an entire decade, and even today, 20 years later, those events still evoke the kind of immediate nostalgia that takes people right back to where they were, what they were doing, and how they responded.

It was the year that President Ronald Reagan made his historic visit to Berlin, Germany, and declared to Soviet Premier Mikhail Gorbachev that he must “tear down” the Berlin Wall. It was the year of Baby Jessica—the little girl who fell into and spent two days in a small well in Midland, Texas—and the nation watched as she was miraculously rescued.

Long Term Care’s Milestone

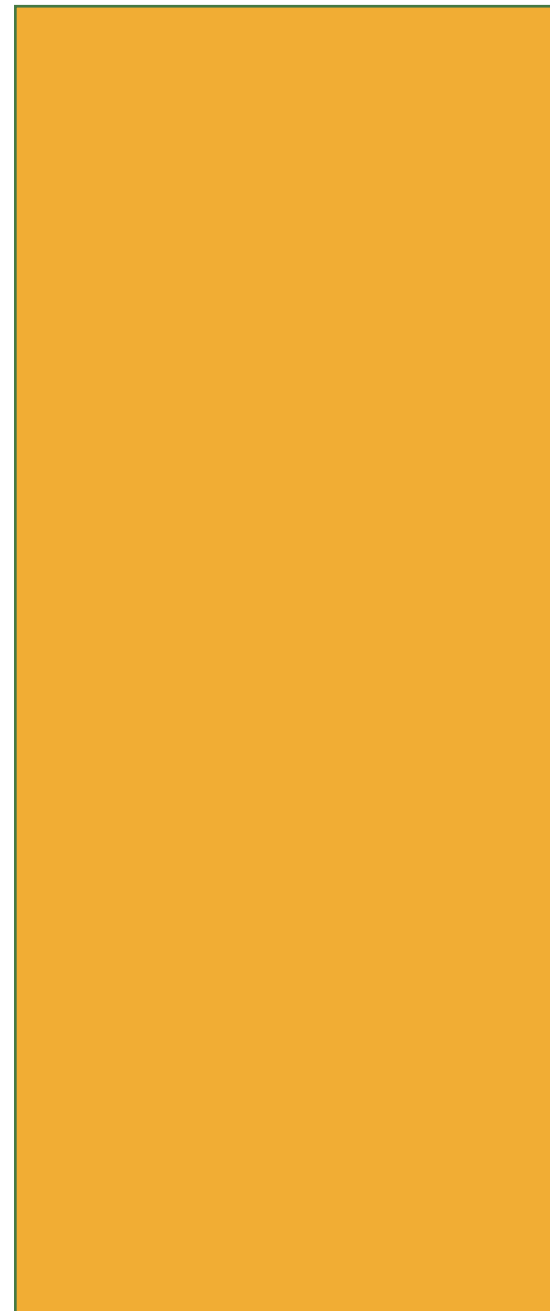
While these events certainly captivated the country, there was another

milestone in 1987 that was nearer and dearer to the hearts of long term care stakeholders, from providers, to residents, to caregivers, to consumer advocates: the enactment of the Omnibus Budget Reconciliation Act (OBRA), which included the groundbreaking Federal Nursing Home Reform Act.

OBRA, among other things, revised care requirements that nursing facilities had to meet in order to participate in Medicare and Medicaid, modified the survey process for gauging compliance with federal standards, and introduced new sanctions and procedures for facilities that failed to meet those standards.

And it changed everything.

But change has time and again proven necessary and even advantageous. And as the eventual demolition of the Berlin Wall did in Germany, OBRA ushered in a complex new era of promise, opportunity,



Jeff Smokler

Term Care

and, yes, great challenges. Although long term care is vastly different today than it was 20 years ago, many elements of—and impediments to—care delivery remain the same. To further explore the factors affecting care delivery today, *Provider* magazine used the 20th anniversary of OBRA to take the opportunity to convene a group of dynamic individuals who collectively have spent more than 200 years working to improve services for those who are frail, elderly, and have disabilities. The participants represented various stakeholders—providers, consumers, politicians, and regulators, to name a few—and subsequently had differing views.

The Common Purpose

What became apparent from the discussion, however, was that regardless

of where one sits in the dialogue, there is much agreement on the state of long term care today, the reasons for that current state, and what it will take to achieve the future desired state of care delivery. Across the board, participants said that staffing and funding were critical elements to creating the optimal long term care environment. Many respondents also questioned the effectiveness of the current survey methodologies and whether enforcement of regulations—not to mention the right kind of enforcement—is taking place.

But what was loud and clear, even more than the agreement on the fundamental issues, was the participants' shared passion for and commitment to a sustainable, high-quality long term care delivery system that fulfills the promise our nation has made to its

seniors. It's fitting that the stakeholders share similar goals, because ultimately their successes and failures will be shared as well. Prosperity in long term care is intrinsically linked to the delivery of optimal care, regardless of where one sits in the system.

According to Barbara Frank, one of the consumer advocates who helped shape the regulations that ultimately became OBRA, it is this shared destiny that provides the best hope for progress.

"We're in a period of great frustration on everybody's part...and we were in a similar period of frustration in the mid '80s. And really, we have the best chance for [significant quality improvement] if we do as we did then—harness our collective frustration into constructive collaboration."

And so the discussion continues.

Dialogue Participants



Card

Christi Card, RN, NHA, is corporate compliance and quality officer for UHS-Pruitt Corp., Toccoa, Ga. Card co-chairs the American Health

Quality Committee and is a member of many more such quality groups, including Advancing Excellence National Campaign Technical Assistance and Results Workgroups.

Toby Edelman, M Ed, JD, is a senior policy attorney in the Washington, D.C., office of the Center for Medicare Advocacy. From 1977 through 1999 she was a staff attorney with the National Senior Citizens Law Center in Washington, D.C., where she was involved in the development and drafting of the Federal Nursing Home Reform Law of 1987.

Toni Fatone is executive vice president of the Connecticut Association of Health Care Facilities, which represents more than 23,000 frail, elderly, and disabled citizens of Connecticut. Fatone also is president of the American Society of Health Care Association Executives.

Barbara Frank is co-founder of B&F Consulting, which currently is working with Quality Partners of Rhode Island on initiatives that integrate clinical improvement, workforce retention, and individualized care. In 1987, Frank spearheaded a broad coalition of organizations that translated the recommendations from an Institute of Medicine report on nursing facility care into what eventually would become the Federal Nursing Home Reform Law.

Charlene Harrington, PhD, RN, FAAN, is a professor of sociology in the Department of Social and



Harrington

Behavioral Sciences at the University of California-San Francisco and is associate director of its John A. Hartford Center of Geriatric Nursing

Excellence. Harrington recently testified before the Senate Special Committee on Aging on the progress of the Federal Nursing Home Reform Act.

Alice Hedt is executive director of the National Citizens Coalition for Nursing Home Reform (NCCNHR). Earlier, Hedt headed NCCNHR's national long term care ombudsman resource center. She has a 25-plus year career in long term care as a state ombudsman and as an adult day care provider.

How has the long term care landscape changed over the past 20 years?

Bruce Yarwood: Today, there's more of everything—more patients, more complex medical conditions, more regulations, and more paperwork. Perhaps the only thing there's less of is resources.

Sen. Herb Kohl: It's clear that within the realm of long term care there are many more choices available today, both residential and home-based, as compared to 20 years ago. I am very pleased to see this expansion of options and am hopeful that this trend will continue, as I expect it will.

Toby Edelman: The demand for “non-institutional” options has become

official public policy. Federal and state governments see home- and community-based care, including assisted living, as a cheaper alternative to care in a nursing facility.

Bonnie Kantor: Organizations are seeking new ways to “create home” for long-stay residents while still providing skilled care to an increasingly medically complex population of short-stay residents. As nursing homes navigate this often contradictory environment, it's clear that the old institutional approach to care is not what anybody wants. Person-directed principles of care are gaining traction, and we are building a solid evidence base showing how person-directed practices lead to reduced staff turnover and better quality of life and quality of care for resi-

dents. Now we must find creative ways to incentivize and implement such proven practices on a much broader scale to fully realize the potential of OBRA.

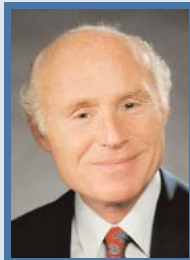
Alice Hedt: Innovative and inspired providers are transforming the concept of individualized care in OBRA '87 to a new concept of “resident-directed care” that recognizes not only the right of residents to direct their care but also the importance of the well-being and involvement of their paid caregivers.

Toni Fatone: Twenty years ago a stay in a nursing home was the last stop on life's journey. Today we are caring for 80+-year-olds coming in after getting a new hip or a new knee, in need of some high-quality rehab. We make them well, get them back on their feet,



Kantor

Bonnie Kantor, ScD, is executive director of the Pioneer Network, a national organization that advocates and facilitates deep system change and transformation in the culture of aging in America. Formerly, Kantor was affiliated with the Ohio State University Medical Center, where she served as director of the office of geriatrics and gerontology and where she developed the university's Interdisciplinary Specialization in Aging program.



Kohl

Sen. Herb Kohl (D-Wis.) is chairman of the Senate Special Committee on Aging. Under his leadership, the

committee has closely monitored nursing facility quality and safety. Kohl has long championed legislation that would mandate federal criminal background checks for nursing facility employees.



Scully

Tom Scully is senior counsel in the legal firm Alston & Bird's Washington, D.C., office with his practice focusing on health care regulatory and legislative matters.

Prior to joining the firm, Scully served as administrator of the Centers for Medicare & Medicaid Services (CMS) from 2001 to 2003, during which time he implemented CMS' National Nursing Home Quality Initiative.

Rep. Henry Waxman (D-Calif.) is chairman of the House Oversight



Waxman

and Government Reform Committee and sits on the health subcommittee of the House Energy and Commerce panel. Waxman, a staunch advocate

for nursing facility quality, was an original sponsor of the Federal Nursing Home Reform Act of 1987.



Yarwood

Bruce Yarwood is president and chief executive officer of the American Health Care Association, representing nearly 11,000 for- and not-for-profit nursing facilities,

assisted living residences, and facilities for the care of people with developmental disabilities.

and they are going home in record numbers.

Did OBRA accomplish what it set out to do?

Barbara Frank: It's a work in progress. Sometimes we forget how much has changed since OBRA '87 was enacted. We now have a national standard for "the highest practicable physical, mental, and psychosocial well-being of each resident," which put psychosocial well-being on the map, focused on

appropriate enforcement. Almost all facilities lack sufficient numbers of well-trained, well-supervised staff to provide needed care to residents. And so few meaningful federal enforcement actions are actually implemented that compliance with the Reform Law appears optional and voluntary.

Kohl: Though the enforcement of some of these standards was slow to start, OBRA '87 has improved nursing home care without question. Twenty years after its passage, many of the law's goals have been fulfilled—though

come obstacles that impact the delivery of service to our residents.

Fatone: Yes for the most part. But OBRA has not kept pace with the changes we have seen in terms of our residents and what they want in terms of their health care and social needs.

How would you characterize nursing facility quality today?

Tom Scully: The information is better, the transparency is better, but the funding structure is still a mess—and you can't really fix quality without the right financial incentives—period.

Edelman: Nursing home quality is mixed. Some facilities are clearly working hard to implement the promise of the 1987 Reform Law. But many other facilities appear uninterested in providing good care to residents.

Kohl: Many of the nation's 15,000+ nursing homes today are providing excellent care. That said, nearly 20 percent still get away with providing poor care that harms, or can harm, residents. These are the facilities that deserve special scrutiny by the Special Committee on Aging.

Hedt: There is great disparity in nursing home care, resulting in the public being wary of all nursing homes. On one hand, inspired providers are joining the Pioneer Movement to change the culture of nursing homes and to create resident-centered environments. On the other hand, poor-performing facilities abound. The recent GAO [Government Accountability Office] report on enforcement found that facilities with "yo-yo" compliance are alive and well across the country.

Waxman: Nursing home quality has improved dramatically as a result of the OBRA '87 law. But we have a lot of work left to do. The federal government must retain a commitment to enforcement and compliance, we must make sure that nursing homes are adequately staffed, and we must make sure



While the quality of nursing home care has improved dramatically since 1987, there is still much work to be done.

each individual resident, and raised the standard so that people are expected to attain or maintain their well-being. In addition, across the country now we have baseline standards for nurse aide training, resident assessment and care planning, residents' rights, quality of life, limitations on restraint use, and social work and activities services. These are just a few examples. While these practices existed in pockets across the country, they are now the law of the land.

Yarwood: Yes, and no. Twenty years ago, OBRA ushered in an era of change in our approach to patient care. Congress' mandate was clear. Our profession took Congress' direction and ran with it. That said, I think we are far from the ideal of a resident-centered, outcome-oriented, consistent system of oversight as OBRA '87 intended. In its place, we have an oversight system that measures quality and success by the level of fines levied and the violations tallied rather than by patients' and residents' quality of care and quality of life.

Edelman: The key obstacles to realization of the Reform Law's full promise are inadequate staffing and lack of

a minority of homes are still not meeting these standards, and this is worthy of our concern. It may be that enforcement should be strengthened, and we need to look at some new ideas to accomplish this.

Hedt: It has accomplished some of what it set out to do. Any disappointments have been caused by weak enforcement, not by the law itself.

Kantor: Yes and no. It resulted in important improvements in quality, particularly in the area of restraint reduction. It also very clearly laid out the foundational principles on which much later pioneering work was based. OBRA contains the first principles of culture change.

Rep. Henry Waxman: While in many ways the quality of nursing home care has improved dramatically since 1987, there is still much work to be done. Abuse, neglect, inadequate conditions, and improper care continue to occur too often in nursing homes.

Christi Card: Yes and no. The survey and enforcement process [enacted in OBRA] has created inconsistencies in the way nursing homes are surveyed and sanctioned across the country. As a result, the industry has had to over-

that nursing homes receive the funding they need to improve the quality of care.

Card: Improving everyday and not adequately recognized! This is related to the lack of consistent and quantifiable quality measures that all stakeholders understand and measure quality consistently and uniformly against. The majority of providers are truly in the industry to make a difference in the lives of those to which we provide services. These providers are eager to learn from the experiences of the past as well as the expectations of all stakeholders in the future. Providers are adapting to the changing demands of our consumers, which will continue to result in improving the quality of care and life to those we serve.

What could be done to take nursing facility quality to the next level?

Frank: We need to work on a few parallel tracks, all equally important. First, we need to provide adequate funding to support sufficient staffing in nursing homes. Let's face it—our current fiscal policies contribute to turnover and short-staffing. Second, we need clear direction and accountability for how the money is spent so that it does indeed support staffing levels and wages and benefits. Third, we need to provide concrete education to practitioners to support them in learning new ways of managing staff and new ways of organizing care delivery. And lastly, we need an honest conversation about rote standards of practice that undermine individuality.

Yarwood: We know far more about quality, and we have better tools to measure it today than we did 20 years ago. So, we need to intelligently change the regulatory process to allow and encourage us to use what we have learned—to place quality over process, care over procedure, and most importantly, to put patients and their care at

the center of what we measure and why.

I think the most significant thing we could do to take nursing facility quality to the next level is to shift from our current site-specific post-acute payment system to one that is a diagnostic-condition-based system. That way we can ensure that patients get the most appropriate care in the most appropriate setting.

Kohl: One of my priorities in the improvement of nursing home quality is to make sure that the nursing home

which nursing homes to avoid, perhaps market forces can work to shut those facilities down.

Scully: Measure everything—including staffing—and put it in the newspaper and on billboards. I did it at CMS, and I thought it helped. It has since been dropped. Nursing staff and owners are proud and competitive—and that type of public information drives change and better care. It is good for everyone. But you also need MONEY! More money for Medicare post-acute care has significantly improved access



More money for Medicare post-acute care has significantly improved access and the quality of that product.

workforce is the safest and the best it can be. I recently introduced legislation to establish a nationwide system of background checks for workers in long term care facilities. The state of Michigan has successfully organized a streamlined, cost-effective system of background checks that combined several state registries with the state criminal background check and an FBI check. During the past year alone, Michigan prevented more than 3,000 people with criminal and/or abusive histories from working in the long term care industry. Their user-friendly program is producing impressive results, and it is time to expand it nationwide.

I also believe that informed consumers can provide powerful persuasion to those who operate long term care facilities. I am highly interested in improving the public information about the quality of nursing homes. When consumers look at the CMS [Centers for Medicare & Medicaid Services] Nursing Home Compare Web site, they should be able to tell immediately which facilities are providing good care and which are providing substandard care. If people know

and the quality of that product. Scanty spending in Medicaid chronic care makes those problems much tougher to solve. Measure performance, publicize performance—and pay more for better performance.

Kantor: There is a school of thought that says that if we give consumers more information about long term care settings the rest will take care of itself. Having informed consumers is necessary but not sufficient. We need to consider nursing homes in an ecological context—how they operate in “communities of care support” that involve others working in assisted living and home- and community-based care as well as in the acute hospital and physician communities. To date, culture change has been mostly about changing practices in organizational units, but we're beginning to work on anchoring the principles and practices within local geographic communities and linking them with educational resources in the area.

We also must begin considering how a nursing home undergoing transformational change fits with other efforts to create “elder-friendly” livable communities. Where is the crossroads of

the new spirit of civic engagement in later life and culture change? That's where we will find the energy to take nursing home quality to the next level.

Waxman: The first thing we need is better enforcement and compliance, along with adequate resources to meet existing standards.

Fatone: The need for skilled care will never go away until we can stop the aging process—so we will always need a skilled care setting. It will just have to look, feel, and deliver services in a much different manner than it has for

way of evaluating nursing facilities and undermine the public regulatory system. Voluntary initiatives have not succeeded on their own in improving care for residents; they are not a substitute for implementing the Nursing Home Reform Law.

Hedt: NCCNHR's board of directors voted last year to participate in what the industry has called the successor to Quality First, the Advancing Excellence in America's Nursing Homes campaign. The campaign has given NCCNHR and its network

Waxman: Although I believe there are no substitutes for the federal government's enforcement and compliance efforts, I'm pleased to see the industry working on their own approaches to improving nursing home quality.

Card: Quality First was an instrumental first step and foundation in bringing to the attention of all providers across the country the importance of quality. What I like about Quality First is how the Seven Core Principles promote an environment that recognizes the needs of all



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the last 40+ years. What shape that will be is still being determined and will continue to evolve as the baby boomers work through the long term health care system.

What is your opinion of Quality First—the skilled nursing facility industry's nationwide voluntary quality improvement initiative?

Frank: Every effort to come together and improve care is important. Quality First has led to the Advancing Excellence campaign, which, importantly, focuses on raising the outcomes among the poorest performers. Also, the campaign focuses on staff retention and on consistent assignment, two areas that are essential to achieving quality improvements. The quality improvement process, and the efforts to support peer sharing, are crucial to improving care in this field.

Edelman: Quality First is another initiative in a line of similar industry initiatives, which create an alternative

across the country an opportunity to work with providers to improve their performance in three critical clinical areas (restraints, pressure sores, and pain) and also to adopt two important workforce goals, addressing turnover rates and implementing consistent assignment programs to ensure that nursing staff are able to work on a daily basis with residents they know. More than a third of participating nursing homes are addressing the workforce goals, which we believe can make a real, immediate difference in residents' lives. The campaign can also significantly improve quality of care and quality of life if nursing homes choose to participate fully in implementing total quality management practices.

Harrington: This quality voluntary program has little hope of making any lasting changes unless the nursing homes participating are willing to increase staffing levels to those recommended in the Abt report for CMS in 2001 and to reduce turnover rates for nursing home staff.

stakeholders. It supports that quality is not contained in one area of the nursing home, but that quality is interwoven in all areas of the nursing home, from financial operations to clinical outcomes to workforce excellence.

In regard to delivering quality care, what are the biggest obstacles facing the nursing facility industry today?

Frank: Inadequate staffing. We cannot have quality care without adequate staffing. We will not have adequate staffing without paying people a wage they can live on and benefits to care for themselves and their families. Economics are only part of it. We also need management practices that value staff.

Hedt: We know from the 2000 and 2001 government studies on the appropriateness of nurse staffing ratios that more than 90 percent of nursing homes do not have enough nursing staff, and that without enough staff,

they not only cannot give good care but they also cannot avoid harming their residents. Without question, then, we have to deal with the critical understaffing in most nursing homes.

Harrington: Nursing home care will not be improved until nursing homes have more staff and more registered nurses providing care. When nursing homes have higher staffing levels, this reduces the turnover rates. High turnover rates result in lower staffing levels, quality of care problems, and poor continuity of care.

adequate funding; the lack of and/or inability to recruit, hire and maintain competent employees; and meeting the demands of a higher skill level of the populations we serve.

Are skilled nursing facilities adequately regulated?

Fatone: A better question is: Are skilled nursing facilities being accurately regulated? There is so much subjectiveness and variability from surveyor to surveyor let alone from state to state. This

against facilities that continually slip in and out of compliance, and I have expressed concern to CMS that this is not happening.

Kantor: Yes and no. The existing regulations are good. It's the enforcement that's inconsistent. There is valuable work being done now to revisit interpretive guidelines and examine how state survey agencies can facilitate plans of correction that are more reflective of deep systems change and actual implementation by hands-on caregivers. Regulations are not a barrier



Yarwood: The three biggest obstacles the nursing home profession faces are financing, oversight, and workforce issues. The profession requires stable funding to sustain quality gains and an improved oversight system that addresses quality of care, quality of life, and is fair and consistent, and a loyal, well-trained workforce to deliver quality care at the bedside.

Scully: Money, money, money. The focus is there throughout the sector. The issue is chronic care for Medicaid patients, and you get what you pay for. Can the facilities always do better? Sure. But it is a tough place to operate.

Kantor: Training and education at all levels. Nurses, physicians, direct care workers, and social workers are not being exposed to person-directed care practices and principles in their training. We must do a better job creating opportunities for people to learn in innovative settings and to create a set of core competencies so that such practices become the norm rather than the exception.

Gard: The top three obstacles are

variability undermines the integrity of the process.

Frank: It seems like we're still missing the mark in the regulation of nursing homes. The system seems to set quality of life and quality of care at odds with each other when in fact they go hand in hand. Regulations seem somehow to push the system toward routines instead of supporting individualization.

Edelman: With the exception of nurse staffing standards, the regulatory standards of care are generally sufficient. But these standards are inadequately enforced.

Kohl: Myriad challenges are facing the state inspection agencies charged with overseeing nursing homes. Surveyors do the tough work of visiting facilities, documenting the conditions and deficiencies they find, and recommending sanctions. However, GAO recently reported that many of these fines and sanctions are never levied, even when inspectors find violations that leave residents suffering. Regulators must take swifter action

er to culture change. The biggest barrier is attitudinal, and a failure to recognize that while it takes resources to introduce and sustain change, there is a significant return on investment to be realized for organizations that commit to the process over the long haul.

Harrington: Nursing homes should have minimum staffing standards imposed to ensure that residents receive the care that they need. Medicare developed a complex and elaborate prospective payment system [PPS] in 1998, with little financial accountability. Nursing homes do not need to ensure that the amount of staff and therapy time is equal to the amount that is allocated under the Medicare rates. This is also the case in many states under Medicaid payment rules. After the adoption of Medicare PPS, RN staffing levels declined by 25 percent, and poor quality of nursing home care increased. One approach to make nursing homes more financially accountable under Medicare and Medicaid PPS systems is to establish cost centers. Medicaid and Medicare

should determine prospectively the amount of funds allocated for each of these cost centers.

Card: No. There is much inconsistency in the survey process between states and regions. There is wide variation on translating the interpretive guidelines. Punitive enforcement lacks the effectiveness in implementing change than it was thought to originally have. The appeal processes appear designed to discourage providers from taking these steps of rights due to the cost and time involved.

biggest concerns today is that people are going into assisted living facilities that are not adequately regulated by the states or overseen at all by federal regulators, even when the federal government is paying for the care of some residents.

Kantor: No. Creating new federal regulations for assisted living would be complicated by the fact that there are diverse interpretations of what constitutes “assisted living” state by state. While some may argue that such diversity is precisely why federal regu-

that makes oversight of assisted living much more possible. We’ve already heard Senate Aging Committee staff say it will examine assisted living during this Congress—and that’s before you factor in recent negative media coverage in major newspapers on assisted living.

As we continue our support for state-level regulation, NCAL [the National Center for Assisted Living] is preparing for a debate about federal regulation of assisted living. By getting ready for the debate now, we can better assure that assisted living providers are at the table and can help shape any future federal oversight system of assisted living. The worst outcome for assisted living would be a heavy-handed, OBRA-like regulatory system like what we have for nursing homes. That is what we are working to avoid.



Assisted living has revolutionized care for middle- and upper-income seniors—and I would not mess with that.

Should assisted living facilities be federally regulated?

Scully: I think not. One of the reasons that capital has flowed so quickly to them, and that so many quality facilities have been built, is that they are not regulated, nor do they have their prices fixed by federal or state governments. Debt and equity investors are much happier to build private-pay facilities. That has revolutionized care for middle- and upper-income seniors—and I would not mess with that.

Edelman: Yes, for two reasons. First, there is already a considerable amount of federal money paying for assisted living through Medicaid home- and community-based waivers, and that amount is rapidly increasing each year. Second, states have not been effective in establishing and enforcing meaningful standards of care for this increasingly frail population.

Hedt: Assisted living facilities and other long term care providers that receive funding from Medicare or Medicaid should absolutely be federally regulated. One of NCCNHR’s

lations are needed, the existing array of assisted living options would make uniform enforcement nearly impossible and stifle new creative ways to serve elders and persons with disabilities in whatever setting they prefer to call home.

Frank: To the extent that assisted living facilities have residents who are vulnerable and whose care and services are in need of oversight, they should have that oversight. However, any regulations should preserve the flexibility, independence, and individuality for residents that is the hallmark of assisted living.

Harrington: Yes for the same reasons that nursing homes need regulation. Staffing standards and regular quality monitoring is needed.

Waxman: I think this is a new and potentially important area for congressional oversight. I’ve seen disturbing reports about problems with assisted living facilities, and I believe that these reports deserve further investigation.

Yarwood: Even though most states do a good job of regulating assisted living, there’s increasing pressure for federal regulation. We have a new, Democratically controlled Congress

How would you like to see nursing facility regulations evolve over the next 20 years?

Frank: A greater focus on the integration of quality of life and quality of care.

Yarwood: Providing quality care for seniors and people with disabilities depends on having a collaborative relationship among providers, government, consumers, and the other long term care stakeholders. We are working together to create a culture of cooperation focused on improving the quality of care and quality of life for our patients, residents, and staff. I would hope that over the next 20 years we see some of the things that are included in the Long Term Care Quality & Modernization Act of 2006 introduced by Sens. Gordon Smith [R-Ore.] and Blanche Lincoln [D-Ark.] that puts forth some of the most important regulatory reform concepts of the past 20 years.

Fatone: To really provide the best care possible to residents the regulatory system should share best practices

with facilities. Regulators are in the best position to partner with us in training and sharing of best practices and data to support the best practices out there to ensure the absolute best care is being delivered in every facility across the country. Imagine the impact that would have on overall quality care across the country.

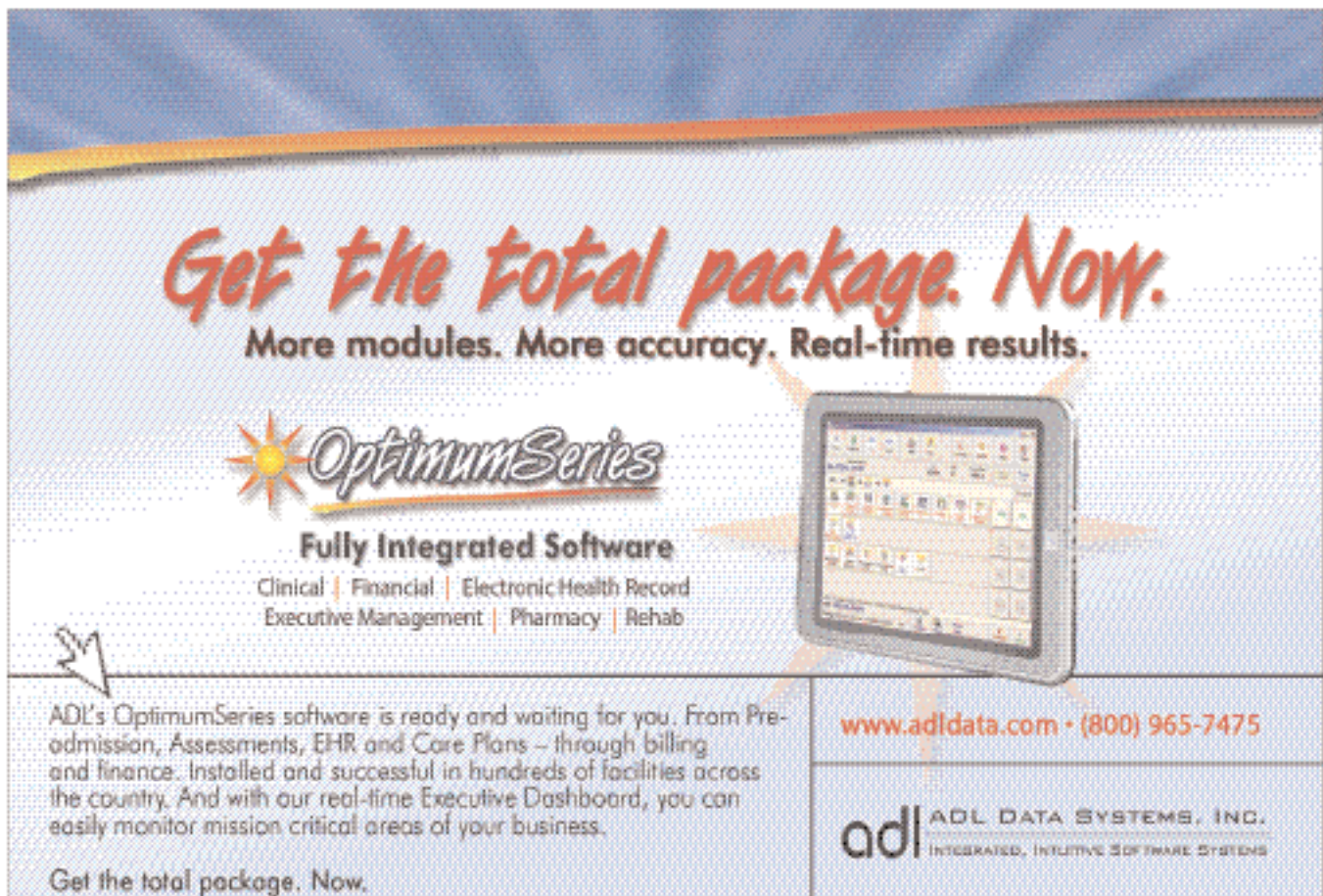
Kantor: In 20 years the first generation of household models will be a quarter-century old—and be home to the first wave of the baby boom generation. The regulations need to evolve to facilitate more creative household options and co-housing opportunities. What regulatory polices are needed to sustain a workforce to meet the increased demand for services? What will it look like to have 70-year-old baby boomers themselves providing services in an increasingly diverse workforce?

Waxman: Nursing home regulations must continue to adapt to new research and changing circumstances. Gaps in the regulations—such as the lack of adequate staffing standards—must be filled. And stronger regulations must be coupled with adequate funding and commitment to compliance and enforcement from CMS and from state regulators.

Card: I would envision the survey process being a partnership and collaborative approach with the provider versus a punitive approach. Survey and enforcement activities should be standardized with utilization of consistent and quantifiable measures that focus on quality processes and outcomes. Focus and oversight activities should be toward the poor-performing facilities, allowing methods of assistance in improving quality efforts found deficient.

Kohl: Strong enforcement must remain a priority. Where enforcement is shown to have gaps, these absolutely have to be addressed by CMS, the states and, if necessary, through additional federal legislation. There is no reason that facilities providing poor care should remain in the business of caring for very frail and vulnerable people. At the same time, as quality assurance mechanisms improve, as measurements of performance become more sophisticated, and as reporting based on clinical outcomes becomes more widespread, regulations should reflect these changes. We want to identify homes with substandard practices and put a stop to poor care, but we also want to recognize excellent homes for what they do right. ■

Jeff Smokler is a writer living in Chattanooga, Tenn.



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