

The Quality of Care in Nursing Homes in the 21st Century

In 1986, the Institute of Medicine (IOM, now the National Academy of Medicine) completed an evidence-based examination of nursing home quality and issued the landmark report *Improving the Quality of Care in Nursing Homes*. Soon after, Congress enacted the Nursing Home Reform Act as part of the Omnibus Reconciliation Act of 1987 (OBRA 87), after which the Health Care Finance Administration (now CMS) issued comprehensive regulations and survey processes to “ensure that residents of nursing homes receive quality care that will result in their highest practicable physical, mental, and social well-being.”

Over the 34 years since the IOM study, CMS has

- created the five star system,
- issued countless guidance documents and additions to the State Operations Manual,
- established requirements for Payroll Based Journaling,
- issued and revised life safety and emergency prep rules,
- changed the survey process, and
- issued additional regulations and requirements for participation in Medicare and Medicaid.

The original 1988 Conditions of Participation (the overarching regulatory structure for nursing homes) were reissued as Requirements of Participation in 2016, although there was no comprehensive review of the evidence to assure that they had in fact produced the desired outcomes.

Today, the U.S. spends over \$170 billion on nursing home care annually, with extensive regulatory oversight. On March 6, 2019, the Senate Finance Committee held a hearing, “Not Forgotten: Protecting Americans from Abuse and Neglect.” David Grabowski, professor of health care policy at Harvard Medical School, told the Committee at that hearing “in spite of [regulatory, financing, ownership] changes...” many quality issues identified in a 1974 Senate Aging Committee report persist today.

Changes in Health Care, Long Term Services and Supports, and Demographics

When the first set of standards implementing OBRA 87 was put in place, the contexts for policy, financing, program, research, and quality were very different. The ability to understand and measure quality in long-term care settings was in its infancy. Assisted living was nonexistent and continuing care retirement communities (life plan communities) were just getting started. Home and community-based services were newly developed features of long-term services and supports. Public funding for nursing homes was almost entirely via Medicaid. Health care was largely reimbursed via fee for service payments; there was no Medicare post-acute care and no Medicare Advantage program. The U.S. spent \$40 billion on prescription drugs (compared to \$344 billion in 2018). There were no electronic health records, personal computers were just coming on the market, and there was no internet.

In 1987 the average life expectancy in the US was 74. Today it is 79. Ten thousand Americans turn 65 every day. Half of today’s 65 year olds will need some paid long-term care services before they die. By 2030, one in five Americans will be age 65 or older; the fastest growing group will be those over age 85. Marriage and fertility rates have declined, meaning that there will be fewer family caregivers available. Further, people living in nursing homes today have significantly more disabilities than the nursing home population of the 1980s. In 1985, many people in nursing homes did not require assistance with activities of daily living (ADLs), but today, more than 90% of nursing home residents need help (or cuing) with five ADLs and most have multiple chronic conditions.

Nursing Home Quality Today

Some practices that were harmful have been largely eliminated. For instance, 16% of facilities reported using physical restraints on residents as late as 1996; in the third quarter of 2018, although the quality measure specification has changed, less than 0.3% reported using physical restraints with long-stay residents. But this is a very narrow standard to judging quality. Research has identified many dimensions of quality that extend well beyond preventing harmful practices and the observed reductions in avoidable hospitalizations. The understanding of quality has advanced greatly and our ability to measure performance has improved. Furthermore, many innovations have occurred in the delivery of person-centered nursing home care, technology, professional practice, and the health care and long-term care environments.

Despite the three decades of experience and dramatic changes in these care environments, the fundamental approach to promoting quality in nursing homes has not been revisited. Neither the impacts of the regulatory framework created in 1987 nor how approaches to quality assurance might be modernized have been considered. As David Stevenson, associate professor of health policy at the Vanderbilt University School of Medicine, observed, there is a basic “tension concerning the performance and role of nursing home regulatory oversight.” He points out that “advocates seem to have a ‘more is better’ view of nursing home oversight,” while nursing home groups argue that “nursing homes are already one of the most highly regulated and penalized professions,” and thus we have “reached a stalemate.” He has suggested that “the recurring failures of the US nursing home regulatory system and quality of care over many years also beg the question of how we might do better...perhaps considering the limits of regulation or whether alternate strategies might yield better results.”

Statement of Work:

Revisiting how our nation delivers, regulates, and measures the quality of nursing home care is a complex, but essential undertaking. An evaluation by the National Academies of Sciences, Engineering, and Medicine would likely need to address issues such as:

- current regulatory structures and how they link to care outcomes
- consistency of oversight, enforcement, and penalties (see graphic below on inconsistency of average fines)
- current nursing home payment models and whether they support delivery of high-quality care and regulatory compliance
- evidence about which interventions produce high quality care in nursing homes
- the effectiveness of the survey and certification structures and methods, including training of surveyors
- the workforce and competencies needed to deliver high-quality care in nursing homes, and the challenges in ensuring an adequate workforce in nursing homes and survey agencies
- what consumers and family members seek and value in nursing home care
- the meaningfulness of the five star system and whether consumers understand it
- alternative structures, policies, and care models to promote care innovation and assure quality