

The Basis For Improving and Reforming Long-term Care
A series by Steven Levenson, MD, CMD

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EXECUTIVE SUMMARY

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This four-part series (with Part 4 divided into two segments) has been written to analyze and try to give direction to the efforts to try to improve and reform long-term care. The citations for these articles, which have appeared in the Journal of the American Medical Directors Association (JAMDA), are as follows:

- 1) Levenson SA. The basis for improving and reforming long-term care, Part 1: The foundation. *J Am Med Dir Assoc* 2009; 10: 459–465.
- 2) Levenson SA. The basis for improving and reforming long-term care, Part 2: Clinical problem solving and evidence-based care. *J Am Med Dir Assoc* 2009; 10: 520–529.
- 3) Levenson SA. The basis for improving and reforming long-term care. Part 3: Essential elements for quality care. *J Am Med Dir Assoc* 2009; 10: 597–606.
- 4a) Levenson SA. The basis for improving and reforming long-term care. Part 4: Identifying meaningful improvement approaches (Segment 1). Levenson SA. *J Am Med Dir Assoc* 2010; 11: 84–91.
- 4b) Levenson SA. The basis for improving and reforming long-term care. Part 4: Identifying meaningful improvement approaches (Segment 2). *J Am Med Dir Assoc* 2010; 11: 161-170.

Supported by detailed discussion and numerous references, this series has presented in depth the following key points:

- There have been longstanding efforts to reform nursing home care
- Despite progress, problems and concerns persist
- Current approaches to improvement and reform may be part of the problem
- Genuine reform requires a comprehensive, biologically sound strategy
- Improvement and reform require competent clinical problem solving and decision making
- Everyone involved in care must apply evidence-based care correctly and consistently
- There are ways to identify genuine expertise among those who provide, manage, and oversee long-term care
- Meaningful improvement strategies could be implemented promptly
- There are key components of a comprehensive reform strategy

Longstanding efforts to reform nursing home care

For several decades, there have been efforts to “reform” nursing homes. After more than 3 decades of such efforts, and despite evidence of improvement in many facets of care, there are still many issues.

Problems and concerns persist

Despite the reform efforts, calls for additional reform continue unabated. To date, no tactic or approach has succeeded nationwide in consistently facilitating good performance or correcting poor performance. Despite some significant improvements, the overall public, political, and health professional perception of nursing homes is often still negative.

Therefore, we might ask just what has been accomplished to date, and whether it is on the right track. It is unclear whether these efforts are based on understanding root causes of quality defects.

Current approaches may be part of the problem

Presently, a potpourri of approaches and a push to “fix” the problem have overshadowed efforts to correctly define the problems and identify their diverse causes. Ultimately, we must assess whether the efforts to improve nursing home care quality are consistent with critical elements needed to provide desirable care.

Understanding must precede action. Before we can reform nursing homes, we must understand what needs to be reformed. Many people are trying to educate and inform nursing homes and their staff, practitioners, and management about what to do and not do, and how to do it. But only some of that advice is sound. Only some of the current efforts to try to improve nursing home quality and to measure it are on target. Many of the measures used to assess the quality of performance have limited value in guiding overall quality improvement.

Genuine reform requires a comprehensive, biologically sound strategy

True reform of health care—including long-term care—requires a strategy. A key part of that strategy is that the care must conform to some universal and enduring biological and philosophical principles. These key principles relate to improving attributes of care quality; especially (but not limited to) whether care is safe, effective, efficient, and person-centered. Otherwise, alleged reform is likely to be a misnomer and an illusion.

These ideas have implications for nursing homes as well as the disciplines and individuals who provide care. There are also broad implications for public policy—including initiatives to oversee and improve the care—and for evaluating the relevance and effectiveness of those efforts.

Improvement and reform require competent clinical problem solving and decision making

Clinical problem-solving and decision-making activities are occurring continually in all long-term care facilities. But only some facilities and their staff and practitioners do them well.

Clinical problem solving and decision making processes are the means to enable safe, effective, efficient, and person-centered care that reflects key principles discussed in the initial article in this series. The techniques used in clinical decision-making and problem-solving activities are not unique to health care. The care delivery process is the means for applying these principles to deliver care.

Evidence-based care must be applied correctly and consistently by all disciplines

There is much talk about applying “evidence-based care” in all settings, including the nursing home. However, the term is widely misunderstood and only sometimes applied properly. True evidence-based care requires combining scientific evidence with sufficiently detailed evidence about the individual patient.

There are ways to identify genuine expertise

There are ways to identify characteristics of “experts” in long-term care, regardless of discipline, as well as factors that distinguish levels of expertise. Experts have the skill and judgment to apply knowledge effectively to individual patient situations. Based on these criteria, only some of the claims to expertise in caring for, advising about, or overseeing long-term care residents and patients are warranted.

Meaningful improvement strategies could be implemented promptly

Ultimately, relatively uncomplicated and inexpensive strategies have the potential to bring dramatic progress. Despite the challenges of the current environment, these proposed strategies could potentially be applied with little delay and immediate benefits.

There are key components of a comprehensive reform strategy

We may identify five key elements of care processes and practices that can help attain multiple desirable quality objectives. Based on this, a number of key strategies can tie reform efforts together.

There needs to be more willingness to rethink the issues and reconsider current approaches. Initiatives and proposals to improve and reform long-term care must support and/or promote critical elements such as the care delivery process and clinical problem solving and decision making activities. It is necessary to critically scrutinize and modify the conventional wisdom and to suppress “political correctness” that continues to inhibit vital critical inquiry and dialogue that are needed to define issues correctly and make additional progress.

It is important to rethink the research effort as a force for meaningful change, including the questions being asked and the scope of answers being sought. A shift to overcoming implementation challenges is needed.

It is essential to address issues of jurisdiction (the apparent “ownership” of assessment and decision making over patient problems or body parts) and reductionism (the excessive management of symptoms and problems without proper context) that result in fragmented and problematic care.

Issues of knowledge and skill also need to be addressed, with greater emphasis on key generic and technical competencies of staff and practitioners, in addition to factual knowledge. Ultimately, vast improvement is needed in applying care principles and practices, independent of regulatory sources.

Reimbursement needs to be revamped so that it helps promote care that is consistent with human biology and other key concepts. At present, it is often inconsistent with these critical realities, and thus it tends to promote biologically unsound and unnecessary or inappropriate

care.

Finally, improving long-term care will require a coordinated societal effort. All social institutions and health care settings need to address their own shortcomings and contribute constructively in order to improve and reform nursing homes and health care generally. It is not helpful to scapegoat nursing homes for what are effectively far more universal problems of care, practice, and performance.

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KEY TOPICS COVERED IN THE SERIES

Part 1: The Biological Foundation (September, 2009)

- *What is good and less desirable about current efforts to improve and reform long-term care?*
- *Why are there still concerns about nursing home care despite longstanding improvement efforts?*
- *What is the place of health care, including medical care, in long-term care?*
- *What key concepts influence the provision of desirable, competent care?*
- *What is needed for biologically sound care?*
- *What is the care delivery process and how is it consistent with these key biological principles?*
- *How can efforts to improve nursing home care be more effective?*

Part 2: Clinical Problem Solving and Evidence-Based Care (October, 2009)

- *How do clinical problem solving and decision making processes support competent care and affect resident / patient outcomes?*
- *How do capable clinicians effectively solve problems and make decisions?*
- *What is evidence-based care?*
- *Why is competent cause identification (including diagnosis) vital to attain desired outcomes?*
- *What common mistakes are made in cause identification and how can these be avoided?*
- *What is the meaning of “clinical judgment” and how should it be exercised effectively?*
- *What constitutes “expertise” in long-term care and how can genuine experts be identified?*

Part 3: Essential Elements For Quality Care (November, 2009)

- *What distinguishes more or less capable nursing homes?*
- *What are the essential elements of high quality care?*
- *What approaches are essential to help attain “person-centered care?”*
- *How can nursing homes apply evidence-based care?*
- *What are the components of an effective care delivery process?*
- *How, and to what extent, does regulatory compliance relate to high quality care?*
- *How do facilities identify and oversee the qualifications of staff and practitioners who are providing care?*
- *What is management’s key role in the success of a nursing home’s care delivery process and, ultimately, the quality of its care?*

Part 4: Identifying Meaningful Improvement

- *What is the current state of nursing home care, and how could it be improved further?*
- *What are the pros and cons of current and proposed efforts to improve and reform long-term care?*
- *What are key criteria for meaningful approaches to improving and reforming nursing home care?*
- *Why does much of the conventional wisdom need to be critically scrutinized, laid bare, and changed?*

- *How is “political correctness” continuing to inhibit vital critical inquiry and dialogue that are needed to define issues correctly and make further progress?*
- *How does the research effort need to be reconsidered in order to be a valuable force for meaningful change?*
- *What are the key approaches recommended to improve and reform long-term care?*
- *How do “jurisdiction” and “reductionism” result in fragmented and problematic care, and why and how do they need to be addressed?*
- *Why and how is it important to reconsider notions of competency and expertise?*
- *Why and how do current approaches to measuring and trying to improve quality and performance need to be revamped, so they will address critical root causes?*
- *How and why does reimbursement for care need to be revamped to promote biologically sound care?*
- *What do other social institutions and segments of the health care system need to do in order to contribute constructively to improving and reforming nursing homes and health care generally?*