Reimagining Assisted Living

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Context: Nursing Homes or Assisted Living?

1 = <u>Both</u> photos are <u>assisted living</u>

2 = <u>Both</u> photos are <u>nursing homes</u>

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1 = Left photo is assisted living, right photo is nursing home

2 = Left photo is nursing home, right photo is assisted living

3 = Both photos are assisted living

4 = Both photos are nursing homes

5 = Can't tell from the outside

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What *is* Assisted Living?

- Provide personalized, resident-centered care
- Accommodate preferences and meet needs
- Maximize dignity, respect, autonomy, privacy, independence, choice, safety
- Avoid the visual and procedural characteristics of an institutional setting
- Encourage family and community involvement

Growth 1990 - 2002

- Assisted living beds increased 97%
- Nursing home beds increased 7%

Care setting regulated by states to provide

room and board to four or more residents,

at least two meals a day, around-the-clock

supervision, and help with personal care

to a predominantly adult population

- 28,900 assisted living (AL) communities
- 811,500 residents (51% of all long-term care residents)
- Highly variable (e.g., size, services, staffing, cost)

Definition of Assisted Living

Care setting regulated by states to provide room and board to four or more residents, at least two meals a day, around-the-clock supervision, and help with personal care to a predominantly adult population

What *isn't* Assisted Living?

- Licensed as a nursing home
- Federally regulated

Regulatory Models (1998)

Board and care/institutional model
- Allows shared bedrooms without attached baths
- Doesn't allow nursing home eligible residents / nursing

New housing and services model
- Requires apartment settings
- Can admit/maintain nursing home eligible residents

Service model
- Focuses on the service provider (residence/outside agency)
- Allows existing building codes to address housing structure

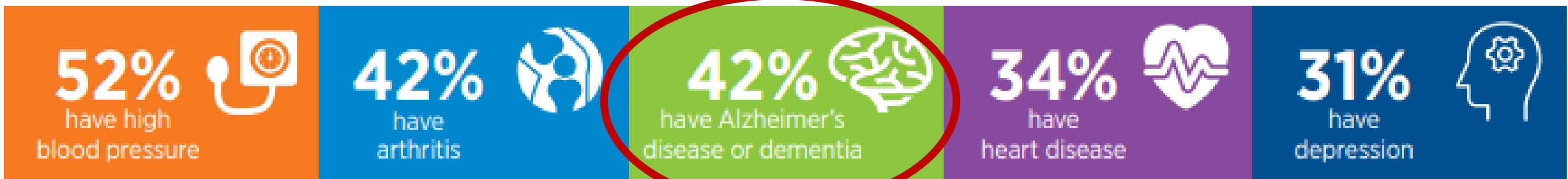## Umbrella model
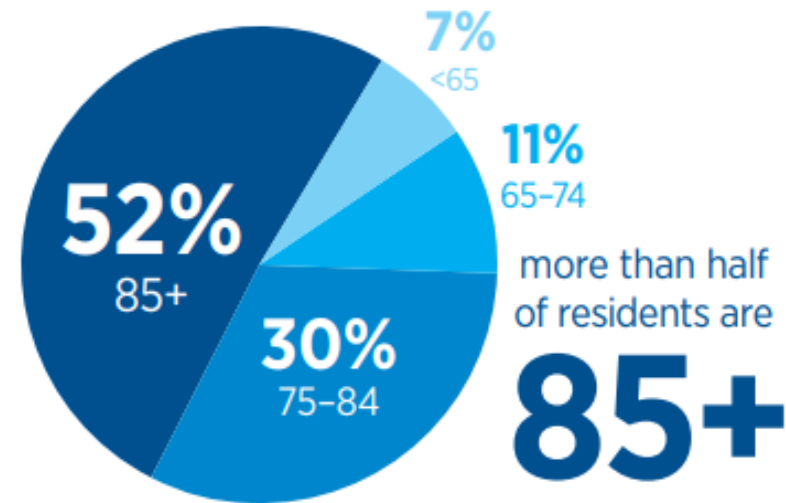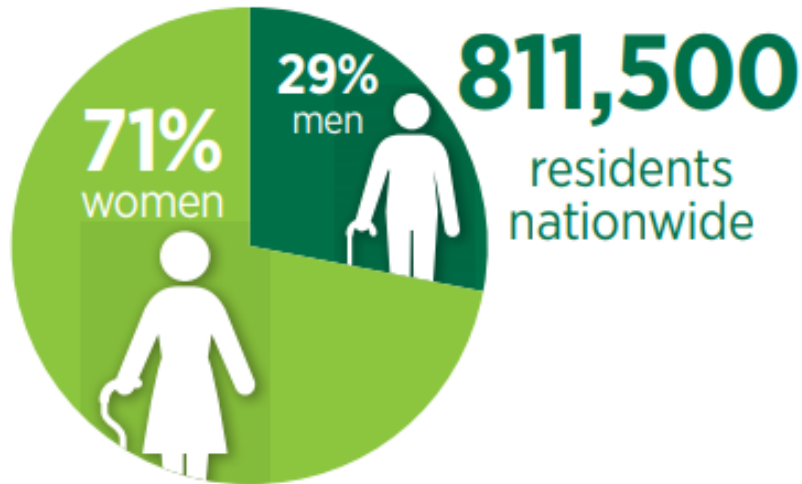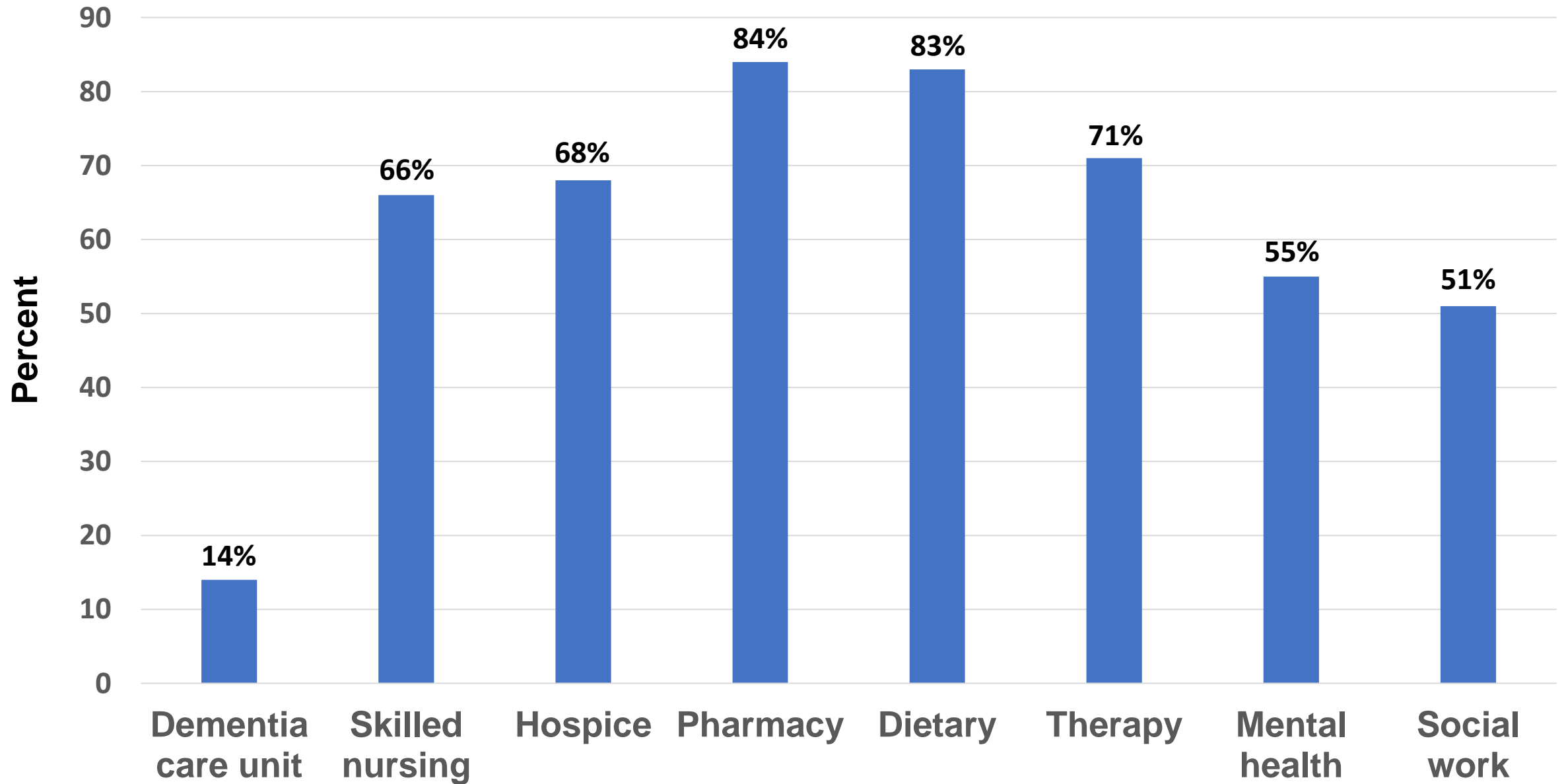- Regulations recognize two or more types of housing and services

Umbrella Model

**TODAY, THERE ARE MORE THAN 182 LICENSE CLASSIFICATIONS
(45 PRIMARY LICENSES, 71 SUBTYPES, 66 DESIGNATIONS)
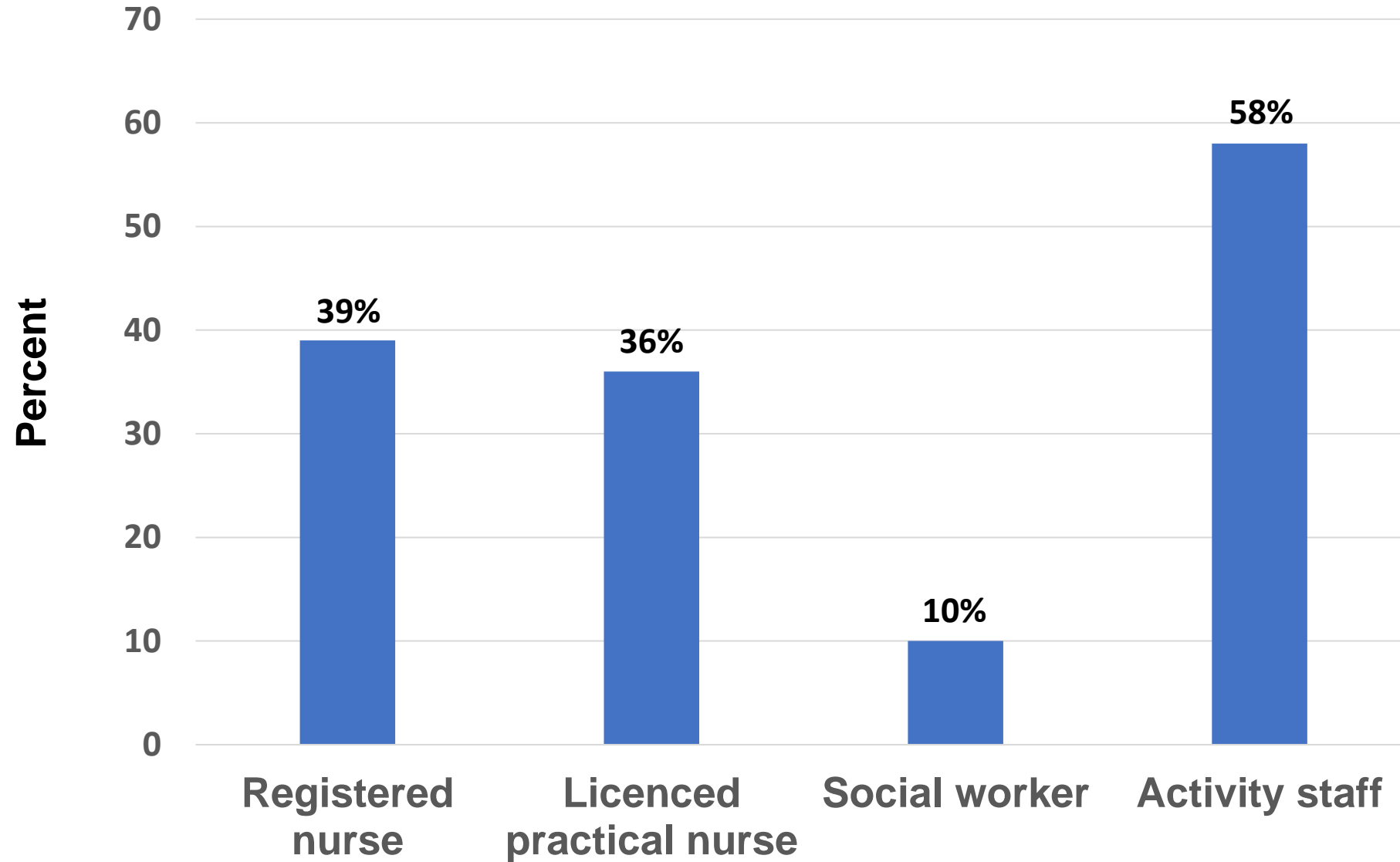THAT CAN BE COMBINED IN 350 DIFFERENT WAYS**

Assisted Living Residents

71% women
29% men

811,500 residents nationwide

7% <65
11% 65–74
52% 85+
30% 75–84

more than half of residents are 85+

64% need help with bathing
57% need help with walking
48% need help with dressing
40% need help with toileting
29% need help with bed transfer
19% need help with eating

52% have high blood pressure
42% have arthritis
42% have Alzheimer's disease or dementia
34% have heart disease
31% have depression

Services (Including Outside Provider)

Staffing

Why Reimagine Assisted Living?

Initial Key Constructs of Assisted Living

Philosophy
Choice, dignity, autonomy, independence, safety

Services
Supportive and responsive care

Residential Environment
Homelike features

QUALITY

Quality
Person-centered care, quality of life
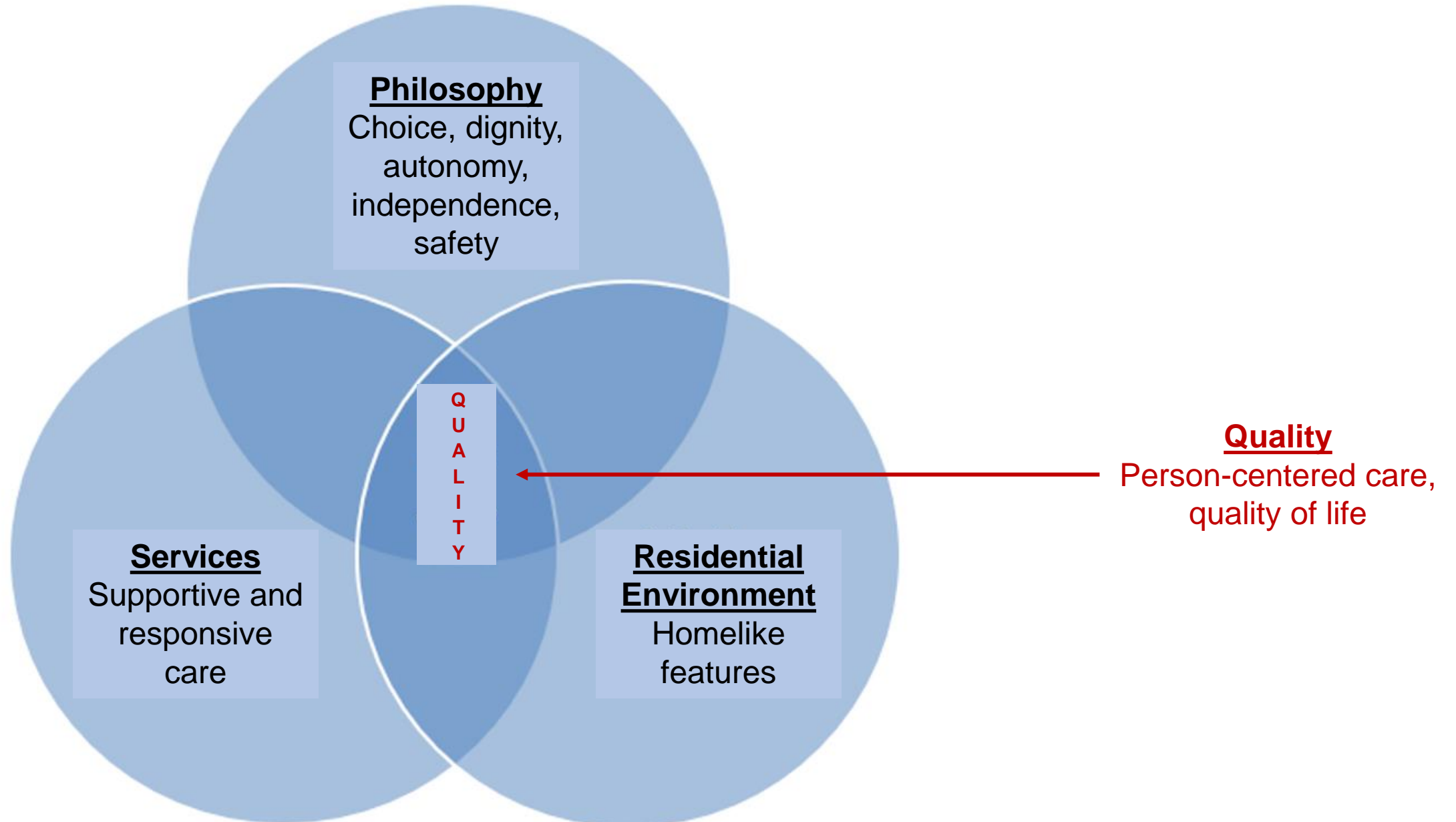
Today's Tensions for Change

Financing
Business model, access

Acuity
Medical, mental, dementia

Regulation
Oversight

QUALITY

Models
Services, housing

Workforce
Challenges, ratios

Quality
Person-centered care, quality of life

Tensions and Potential Solutions

Models of Care

Tension and Potential Solutions: Models of Care

Tension	Potential Solution
Models reflect what developers offer and states regulate ▪ Institutional, housing and services, service ▪ Privacy, service ▪ Resident characteristics (e.g., dementia, mental illness, function) ▪ Other characteristics Leadership may not be aware of nor embrace these models Communities do not usually market themselves based on these models Consumers are not aware of differences	

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Models may not provide desired or necessary services	Decouple services from housing

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Social versus medical model of care	

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Large scale may focus more on the building than on individuals	Focus on person-centeredness
Social versus medical model of care	Put the dichotomy to rest

Tensions and Potential Solutions

Regulation

Tension	Potential Solution
Regulations are flawed/challenging ▪ The regulatory arena is complicated (350 combinations) ▪ Regulations set the floor rather than the ceiling ▪ Some are outdated as new concerns have emerged ▪ Not all reflect the assisted living philosophy (e.g., choice/safety) ▪ Regulations other than those specific to assisted living are relevant to service provision (e.g., Nurse Practice Act) and to promote affordability (e.g., Medicaid waivers)	

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The survey process is disdained	Promote professional approaches to quality improvement ■ Accreditation

Tensions and Potential Solutions

Financing

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Investors and operators have focused on wealthier consumers ■ Median monthly cost is $4300 (range $3000 - $6690) ■ Growth has outpaced other long-term care options and inflation	

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Various business models exist; most communities are for-profit ■ Single owner and operator ■ Provide services and lease real estate	Promote new models that link housing, primary care, care coordination, and financing ■ PACE ■ Medicare Advantage

Tensions and Potential Solutions

Residents

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The vast majority of residents are White and non-Hispanic ▪ Diversity in race, ethnicity, and sexual orientation will increase	

Tension and Potential Solutions: Residents

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Tension and Potential Solutions: Residents

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Resident acuity has increased
 	
■ Chronic illnesses are common
   ■ 25%-50% those of nursing home residents
   ■ One-quarter are hospitalized each year
   ■ Medical care is typically provided off-site
 	
■ Cognitive and mental health needs are notable
   ■ 42% dementia, 31% depression, 11% serious mental illness
   ■ Psychosocial care is insufficient
   ■ Segregated memory care is often ineffective	

Tension and Potential Solutions: Residents

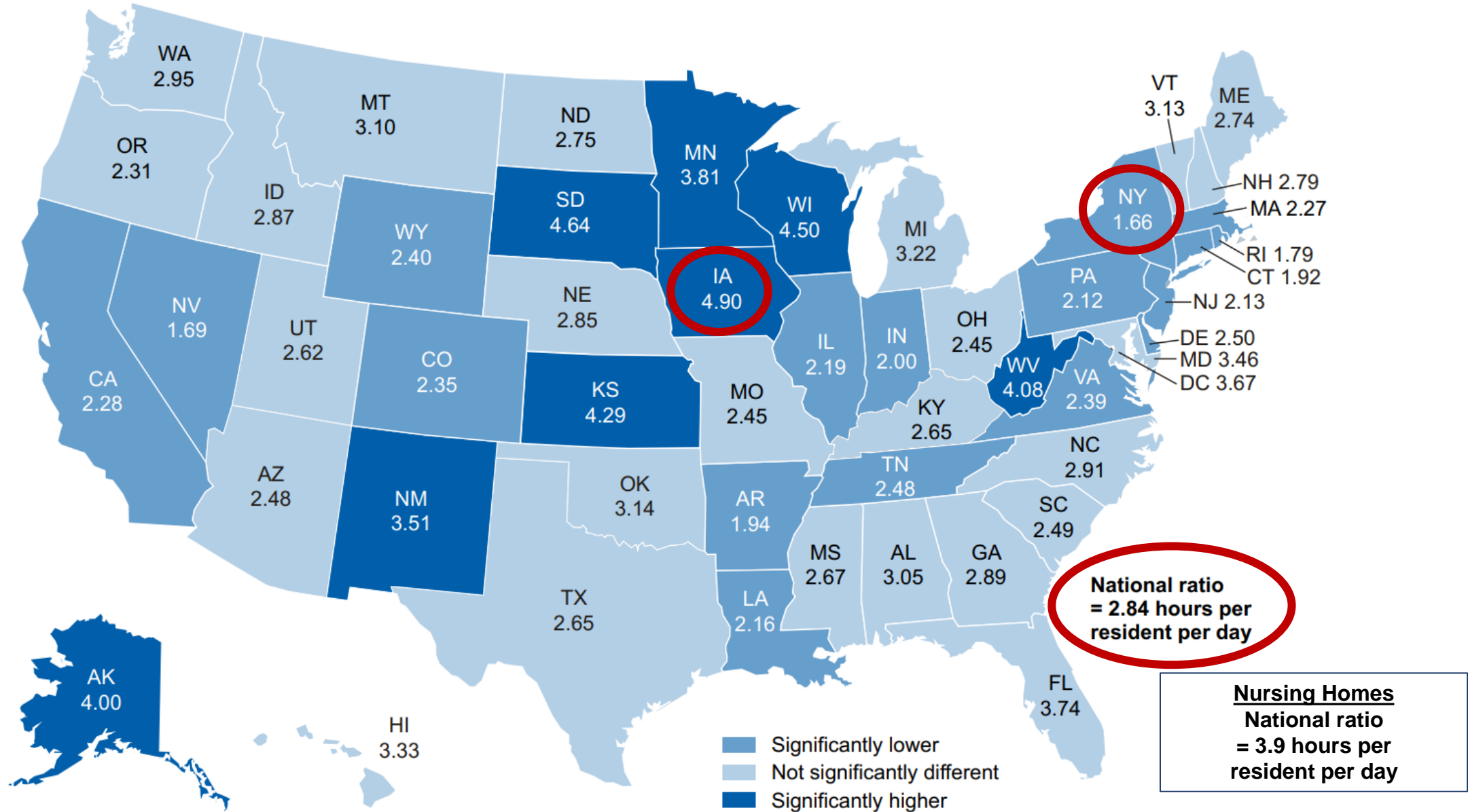| Tension	Potential Solution
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	Allow residents with nursing home level of care needs (regulations and Medicaid)
	
	Provide, coordinate, or integrate health services
	   ▪ Provide care on-site
	   ▪ Develop infrastructure
	   ▪ Modify payment models
	   ▪ Change the mindset about medicalization
	
	Reconsider integration

Tensions and Potential Solutions

Nurse and Direct Care Workforce

Nurse and Aide Staffing (Hours Per Resident Day)

WA 2.95
OR 2.31
MT 3.10
ND 2.75
MN 3.81
WI 4.50
MI 3.22
VT 3.13
ME 2.74
NH 2.79
MA 2.27
NY 1.66
ID 2.87
WY 2.40
SD 4.64
IA 4.90
PA 2.12
RI 1.79
CT 1.92
NJ 2.13
NV 1.69
UT 2.62
NE 2.85
IL 2.19
IN 2.00
OH 2.45
DE 2.50
MD 3.46
DC 3.67
CA 2.28
CO 2.35
KS 4.29
MO 2.45
WV 4.08
VA 2.39
KY 2.65
AZ 2.48
NM 3.51
OK 3.14
AR 1.94
TN 2.48
NC 2.91
SC 2.49
MS 2.67
AL 3.05
GA 2.89
TX 2.65
LA 2.16
FL 3.74
AK 4.00
HI 3.33

National ratio = 2.84 hours per resident per day

Significantly lower
Not significantly different
Significantly higher

Nursing Homes
National ratio = 3.9 hours per resident per day

Tension and Potential Solutions: Nurse/Direct Care Workforce

Tension	Potential Solution
More than 8 in 10 communities have staffing shortages ▪ Low wages, insufficient benefits, poor supervision, strenuous workloads, poorly designed job roles, limited career advancement, stigma ▪ Few evidence-based practices to recruit and retain staff	

Tension and Potential Solutions: Nurse/Direct Care Workforce

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Staffing ratios are variable, often nonspecific, and insufficient ▪ Most common regulation is flexible/as needed ("sufficient") ▪ More than half have a nurse on-site	

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Staff training is variable, often nonspecific, and insufficient - Only 40 states require training; required hours range from 1-80 - Only some states specify training topics	

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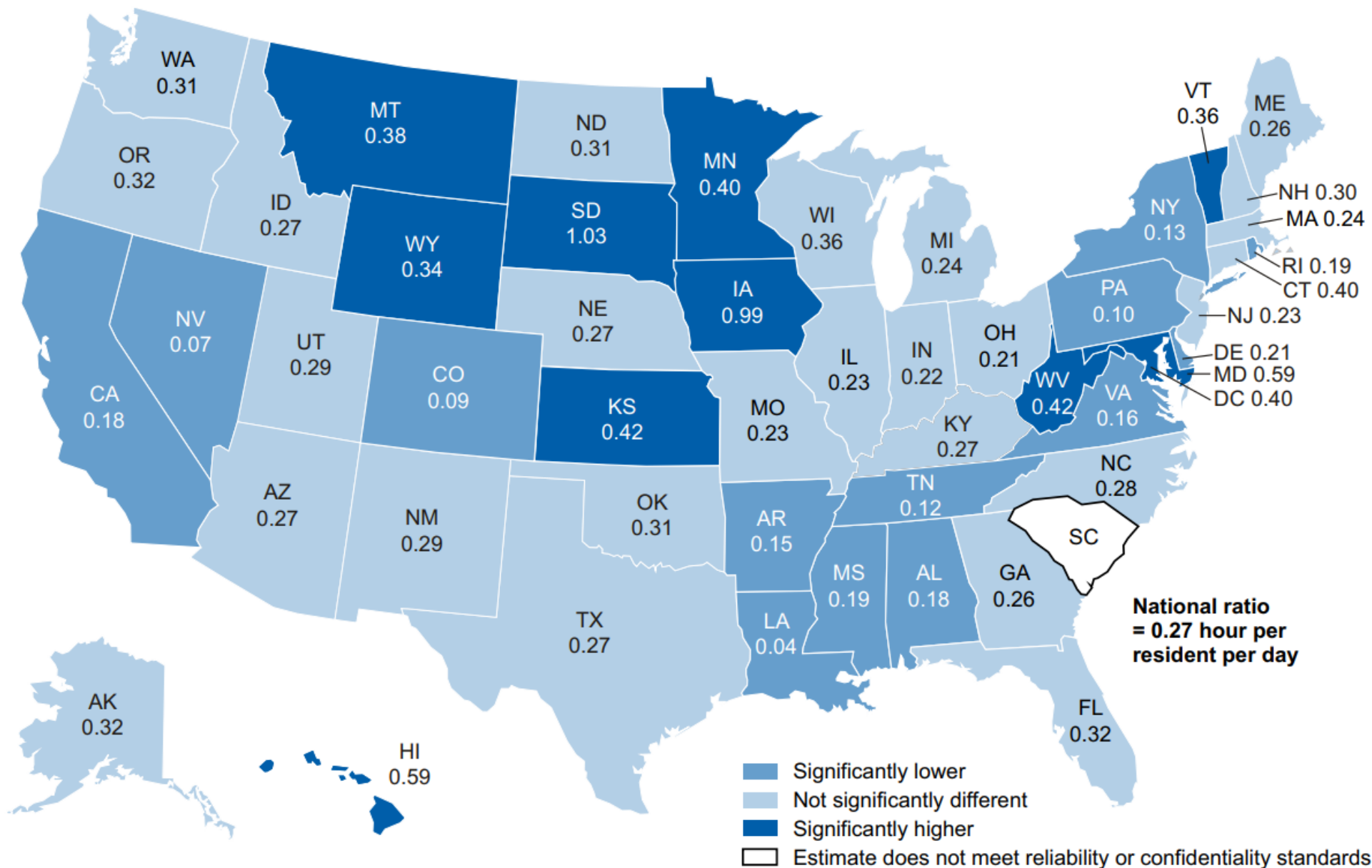| Tension	Potential Solution
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Staff training is variable, often nonspecific, and insufficient ■ Only 40 states require training; required hours range from 1-80 ■ Only some states specify training topics	Make training more rigorous Promote competency-based training

Reimagining Medical Care in Assisted Living

(Supplemental Slides)

Registered Nurse Staffing (Hours Per Resident Day)

WA 0.31
MT 0.38
ND 0.31
MN 0.40
VT 0.36
ME 0.26
OR 0.32
ID 0.27
SD 1.03
WI 0.36
NY 0.13
NH 0.30
MA 0.24
WY 0.34
IA 0.99
MI 0.24
RI 0.19
CT 0.40
NV 0.07
UT 0.29
NE 0.27
IL 0.23
IN 0.22
OH 0.21
PA 0.10
NJ 0.23
CA 0.18
CO 0.09
KS 0.42
MO 0.23
KY 0.27
WV 0.42
VA 0.16
DE 0.21
MD 0.59
DC 0.40
AZ 0.27
NM 0.29
OK 0.31
AR 0.15
TN 0.12
NC 0.28
SC
TX 0.27
MS 0.19
AL 0.18
GA 0.26
LA 0.04
AK 0.32
HI 0.59
FL 0.32

National ratio = 0.27 hour per resident per day

Legend:
- Significantly lower
- Not significantly different
- Significantly higher
- Estimate does not meet reliability or confidentiality standards

Licensed Practical Nurse Staffing (Hours Per Resident Day)

WA

MT 0.17

OR

ID 0.11

ND 0.31

SD 0.51

MN 0.20

WI

VT 0.18

ME 0.09

NH 0.37

MA 0.21

WY 0.23

NE 0.29

IA 1.26

MI 0.13

NY 0.26

RI 0.13

CT 0.11

NV 0.02

UT 0.03

CO 0.12

KS 0.53

MO 0.23

IL 0.34

IN 0.61

OH 0.63

WV 0.44

PA 0.38

NJ 0.32

DE 0.51

MD 0.17

DC 0.48

CA 0.08

KY 0.43

VA 0.29

AZ

NM 0.09

OK 0.32

AR 0.22

TN 0.45

NC

SC

MS 0.44

AL 0.42

GA 0.21

LA 0.07

TX

FL 0.27

AK 0.07

HI

National ratio = 0.20 hour per resident per day

Legend:
- Significantly lower
- Not significantly different
- Significantly higher
- Estimate does not meet reliability or confidentiality standards

Aide Staffing (Hours Per Resident Day)

WA 2.58
MT 2.55
ND 2.13
MN 3.21
VT 2.60
ME 2.39
OR 1.82
ID 2.49
SD 3.09
WI 3.94
MI 2.85
NY 1.27
NH 2.13
MA 1.82
WY 1.83
NE 2.28
IA 2.65
PA 1.64
RI 1.46
CT 1.41
NV 1.59
UT 2.30
CO 2.15
KS 3.35
MO 1.99
IL 1.61
IN 1.18
OH 1.61
WV 3.22
VA 1.94
NJ 1.59
DE 1.78
MD 2.70
DC 2.80
CA 2.02
KY 1.94
NC 2.56
AZ 2.05
NM 3.14
OK 2.51
AR 1.57
TN 1.91
SC 2.10
MS 2.05
AL 2.46
GA 2.43
TX 2.15
LA 2.05
AK 3.62
HI 2.54
FL 3.15

National ratio = 2.37 hours per resident per day

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