

LONG TERM CARE (LTC) E- NEWSLETTER – October 2014: Volume 12, Number 9

The [LTC E-Newsletter](#) is a monthly electronic newsletter of the [Long Term Care Community Coalition](#).
 Note to Readers: To go directly to an article, click on its page number in the Table of Contents. Once you are at the article, click on any underlined text for a link to more information or to send a message in “Spotlight on Advocacy.”

Follow us on Twitter at twitter.com/LTCconsumer.

Please Join Us as an Attendee or Sponsor
- LTCCC’s Annual Event -
 Honoring
Mary Jane Koren, M.D.
 October 22, 2014 6-8pm
 Alzheimer’s Association, NYC
 Email sara@ltccc.org or go to
<http://ltccc.org/news/sixthannualevent.shtml> for tickets or more information.

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[Federal Agency Releases State Snapshots on Health Care Quality Across Nation](#)

Which states are showing the most improvement in the quality of health care they deliver to patients and access to services they provide? The U.S. Agency for Healthcare Research & Quality (AHRQ) seeks to answer that question with charts on the strengths, weaknesses and “opportunities for improvement” in each state and the District of Columbia. *State Snapshots* data can be analyzed by type of care, treatment setting, clinical condition, insurance status, race and income.

The information on the many different quality measures (QMs) is searchable in a variety of ways and is provided in a context that shows the measures in terms of “achievable benchmarks.” For example, for the QM “[Hospice patients who received the right amount of medicine for pain](#),” the benchmark is that 95.9% of hospice patients will have received the right amount of medicine for pain. AHRQ’s data indicate that 94.9% of hospice patients *actually* received the right amount of medicine for pain. This is one percent (1%) below the benchmark and, thus, is considered as having achieved the benchmark (since AHRQ identifies achievement as reaching 90% or higher of the benchmark rate).

[Editor’s Note: The benchmark should not be confused with what is either good or appropriate. For instance, here one might expect that all individuals (100%) who are patients in hospice are receiving appropriate medicine to relieve their pain, since that is, from our perspective, the fundamental purpose of hospice. In addition, it is important to note that, under AHRQ’s 90% threshold, hospice providers could be *neglecting* to provide appropriate pain medication to 13.7% of their patients and still be considered as having achieved the benchmark rate. This is a particularly important consideration when looking at other QMs or the performance of individual states on the QMs, which will vary from national rates.]

A few key findings from the data relating to nursing home care:

- [Long-stay nursing home residents with pressure sores](#): Results were *57% off* of the benchmark.
- [Low-risk, long-stay nursing home residents with loss of control of bowels or bladder](#): Results were *32% off* of the benchmark.
- [Long-stay nursing home residents with moderate to severe pain](#): Results were *73% off* of the benchmark.
- [Short-stay nursing home residents with pressure sores](#): Results were *45% off* of the benchmark for all residents and *94% off* of the benchmark set for those 85 and older.
- [Long-stay nursing home residents who were physically restrained](#): Results were *253% off* of the benchmark.

Note these are national findings; as noted above, the website allows for search by individual state performance and other criteria. [<http://nhqrnet.ahr.q.gov/inhqrdr/state/select>]

[The NY Times Runs Report & Room for Debate: Finding Humane Care at the End of Life](#)

On September 25, *The New York Times* ran a report, [Fighting to Honor a Father's Last Wish: To Die at Home](#), which detailed the struggles of a man who wanted to die at home but was forced into a nursing home. The report includes a graphic, Care at Life's End, with data from the Journal of the American Medical Association showing that, "[i]n their last days, older patients are increasingly likely to be shuttled among hospitals, nursing homes and hospices in pursuit of Medicare and Medicaid coverage. Ultimately, most die in an institution, rather than at home."

The [Room for Debate](#) feature, part of The Times' opinion section, presented brief essays by six individuals (including LTCCC's executive director, Richard Mollot; David Gifford from the [American Healthcare Association](#) and Carol Rodat from [PHI](#)) debating Finding Humane Care at the End of Life. These essays provided different perspectives and insights on how to overcome the problems and challenges that the subject of the *Times*' report, and so many others, face when they need care in the last years or months of their lives.

[<http://www.nytimes.com/roomfordebate/2014/09/25/finding-humane-care-at-the-end-of-life>]

[Measuring the Costs and Savings of Aging in Place](#)

The fall 2014 issue of [Evidence Matters](#), from the [US Department of Housing & Urban Development](#) (HUD), includes several articles on "aging in place." Aging in place refers to the concept of delaying (or avoiding altogether) institutional placement as one becomes older and develops needs for long term care services and supports. The majority of people prefer to stay in their home and for services to come to them, rather than the other way around.

This issue includes information and discussion on:

- Evidence suggesting that programs that support aging in place may yield cost savings for families, government, and health systems.
- The need for more extensive research to better account for all costs involved, because existing evidence often relies on small-scale case studies.
- How aging in place has been shown to have health and emotional benefits over institutional care.

[<http://www.huduser.org/portal/periodicals/em/fall13/highlight2.html>]

United States of America Sues Nursing Home Owners and Operators and Their Manager for Materially Substandard or Worthless Services to Residents

On September 2, 2014, the United States district office in northern California sued owners, operators and management for two nursing homes in California. The suit alleges that Medicare and Medicaid beneficiaries in their nursing homes were provided “materially substandard or worthless services” for which the nursing homes billed Medicare and Medicaid. According to the US Department of Justice press release, “...the complaint alleges that between 2007 and 2012, defendants persistently and severely overmedicated elderly and vulnerable residents of the nursing homes.”

The full complaint for the case, US v. The Arba Group, et. al., is available at http://www.justice.gov/usao/can/news/2014/2014_09_02_nursinghome.sued.press.html.

U.S. Centers for Disease Control Releases Two Data Briefs on Adult Day Services

The Long-Term Care Statistics Branch at the National Center for Health Statistics announces the web release of Data Brief #164, entitled *Differences in Adult Day Services Center Participant Characteristics by Center Ownership : United States, 2012* and Data Brief #165, entitled *Differences in Adult Day Services Center Characteristics by Center Ownership: United States, 2012*.

[Data Brief #164](#) presents national estimates on selected characteristics of adult day services center participants and compares participants in for-profit and nonprofit centers.

Key Findings:

- In 2012, more than one-third of participants in adult day services centers were younger than 65. A higher percentage of participants in nonprofit centers than in for-profit centers were younger than 65.
- About one-half of participants in adult day services centers were non-Hispanic white persons. A higher percentage of participants in for-profit centers than in nonprofit centers were Hispanic or were non-Hispanic and of a race other than black or white.
- Almost one-third of adult day services center participants had Alzheimer’s disease or other dementias, and about one-quarter had a developmental disability. A lower percentage of participants in for-profit than in nonprofit centers had Alzheimer’s disease or other dementias or a developmental disability.

[Data Brief #165](#) presents national estimates on selected characteristics of adult day services centers and compares for-profit and nonprofit centers.

Key Findings:

- In 2012, 40% of the 4,800 adult day services centers were for-profit entities, serving nearly one-half of the 272,300 center participants.

- About 60% of adult day services centers used a standardized tool to screen for cognitive impairment, and about 20% used a standardized tool for depression screening. A greater percentage of for-profit than nonprofit centers used these tools.
- More than one-half of adult day services centers provided skilled nursing, therapeutic, and social work services, while less than one-half of centers provided mental health, pharmacy, and dental services. With the exception of social work services, a greater percentage of for-profit than nonprofit centers provided these services.
- Almost all adult day services centers provided daily transportation to and from the center.

Both data briefs have supplementary state web tables that are posted on the NSLTCP website and are available from: http://www.cdc.gov/nchs/nsltcp/nsltcp_products.htm .

[<http://www.cdc.gov/nchs/nsltcp.htm>]

[LTCCC Files Submission to the United Nations Human Rights Review of the United States](#)

On September 15, 2014, LTCCC filed a submission for the United Nation's Universal Periodic Review of the United States on the widespread use of antipsychotic drugs as chemical restraints of residents with Alzheimer's Disease and other dementia in U.S. nursing homes. The submission raises concerns relating to cruel, inhuman and degrading treatment; abuse and neglect of vulnerable populations (both nursing home residents in general and elderly individuals with Alzheimer's Disease or other dementia in particular); and denial of the rights to be informed of and consent to treatment.

[<http://www.nursinghome411.org/?articleid=10085>]

[Join Us on October 22nd for LTCCC's Annual Event!](#)

LTCCC will be holding its annual event from 6-8pm on October 22, 2014 at the Alzheimer's Association in New York City. We are proud to be honoring Dr. Mary Jane Koren for her dedication to improving long term care and her support of initiatives to improve care for the frail elderly and disabled at The Commonwealth Fund, The Fan Fox & Leslie R. Samuels Foundation and the NY State Department of Health (among her many contributions to the field).

Last year was our most successful event ever! Please help us continue the momentum by joining us as an attendee, event sponsor or by advertising in our Event Program. For more information [click here](#) or contact Sara Rosenberg by email at sara@ltccc.org or phone 212-385-0355.

[We're on the Web!](#)

www.ltccc.org: Our main website, with access to all of our issues, policy briefs and research.

www.assisted-living411.org: For information on assisted living, including consumer issues and policies.

www.nursinghome411.org: For information on developments in nursing home care, regulation and policy issues.

LTCCC Links of Interest

[View](#) the latest enforcement actions against nursing homes in New York State.

[Read](#) the latest edition of LTCCC's quarterly newsletter, *The Monitor*.

LTCCC's dedicated [webpage on antipsychotic drugs and dementia care](#).

LTCCC Reports & Resources

NEW! [Improving Nursing Home Care: Consumer Priorities for CMS](#)

(Policy brief of the Coalition for Quality Care, written by LTCCC's executive director, Richard Mollot)

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