

Module 6 - Managing Chronic Disease - Long Term Care

☰ Tags	Weekly Modules
▼ Status	Completed

Learning Objectives

1. Discuss who would qualify for care in a Hospital, Rehabilitation Facility, Skilled Nursing Facility, Nursing Home – custodial only, Hospice and Home Care
2. Discuss who pays for Long Term Care
3. Discuss the On Loc (PACE program)
4. Discuss money follows the person and Medical Homes

Managing Chronic Disease – Long-term care



Source: iStock

In this module we are going to discuss long-term care in the United States.

▼ **Let's first think about who would need long-term care? Who do you think would need to live in a long-term care facility?**

Elderly people, people who are disabled, people who cannot care for themselves any longer.

I want to start by looking at the Universal Declaration of Human Rights Article 25. It states:

“Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”

(Universal Declaration of Human Rights, n.d., p. 1).

So, how are we doing in the United States, in terms of ensuring that all have the standard of living outlined in the Declaration of Human Rights?

We are not doing very well, and this became especially clear during the Pandemic.

How is the right to security ensured when a person has a disability and what are some of the current long-term care issues when a person has a disability?

The first issue is finding a residence that allows for quality of life. The second is obtaining and paying for care. And the last is obtaining preventative and/or maintenance care.

Let's begin by learning about what kinds of care are available for people with long-term health care needs.

Hospital Care: Acute

Acute care hospitals provide comprehensive medical management for acute conditions or

exacerbations of chronic conditions. Let's say, for example, that you are diagnosed with asthma. If you suffer an asthma attack that you are not able to manage yourself and you

become increasingly short of breath, then you would go to an acute care hospital where they would help stabilize your breathing. If you develop chest pain, you would go to an acute care hospital, and they would evaluate you and determine if you were having a heart attack.

Rehabilitation Facility

Rehabilitation facilities **provide complex medical management and/or intensive rehabilitation services**. In order for a patient to be able to go to a rehabilitation facility **they MUST be able to tolerate a minimum of 3 hours of therapy (physical, occupational and/or speech) per day**.

One type of patient that might go to a rehabilitation facility is **someone who has had a stroke**. Initially, this patient would go to an acute care hospital until they are medically stable. Once they are stable, the staff at the hospital assesses if the patient is able to return home. They may not be able to return home if they cannot climb the necessary number of stairs to get into their house or they will have difficulty getting on and off the toilet. If such a patient is able to tolerate 3 hours of therapy per day then they can go to a rehabilitation facility. **The goal of a rehabilitation facility is for the patient to be able to return home.**

Medicare will pay for a patient's care in a rehabilitation facility.

Skilled Nursing Facility (SNF)

A Skilled Nursing Facility **provides skilled nursing and rehabilitative services**. Within an SNF, there are typically two levels of care.

The first level is skilled nursing. This is for patients who may not be able to withstand 3 hours of therapy per day but who still need therapy because there is a possibility they

will be able to return home. Skilled nursing **may include the administering of intravenous antibiotics, wound care, etc.**

Medicare will cover up to 100 days in a SNF for skilled care.

The second level is maintenance (or custodial) care.

Medicare does NOT cover this.

Maintenance (custodial) care assists individuals with the activities of daily living that they are not able to complete on their own. Examples of this include feeding oneself, toileting, showering/bathing, meal preparation, etc. **Patients must pay for this care themselves.**

Nursing Home

Nursing homes **only provide custodial care**. Patients in nursing homes are most likely on a **functional maintenance program**. Certified nursing aides will assist them with walking to the bathroom, toileting, showering, dressing, eating, etc. **This is unskilled care and is not covered by Medicare. People must pay for this care themselves.**

Hospice

Hospice care is covered by Medicare if a doctor certifies that a patient is terminally ill and has less than 6 months to live. Care is provided by a Medicare participating hospice.

So, what is covered for hospice care?

1. Intermittent nursing care, physical therapy, occupational therapy and speech therapy.
2. Doctors' services
3. Medications including outpatient drugs for pain relief
4. Home health aide/homemaker
5. Medical social services
6. Medical supplies
7. Counseling

There are some significant gaps in coverage. In the last 6 months of a person's life most people will need some form of 24-hour care. **Medicare only covers intermittent care and that means the patient will need to pay for additional care.**

It is important to remember that this care is for those who wish to remain at home. There are also hospice facilities where they provide 24-hour care and this is covered by Medicare.

Home Health

Home health is when health care providers come to your home to provide care to you.

Three conditions must be met for Medicare to cover home health:

1. The patient needs intermittent skilled nursing, physical therapy, occupational therapy and/or speech therapy.
2. The patient is homebound – leaving the home constitutes a major effort; the patient is only able to leave home infrequently and for a short time or to get medical care.
3. The physician must also certify that there is a reasonable expectation significant functional improvement will result from treatment.

Home health agencies will send to a patient's home part-time or intermittent skilled nursing care, physical therapy, occupational therapy, speech therapy, medical social services, medical supplies and some durable medical equipment.

The home health care system does not provide help to people with long-term care needs. Medicare reimbursement is based on an episode of illness model and the home care agency is paid a lump sum of money for 60 days of care.

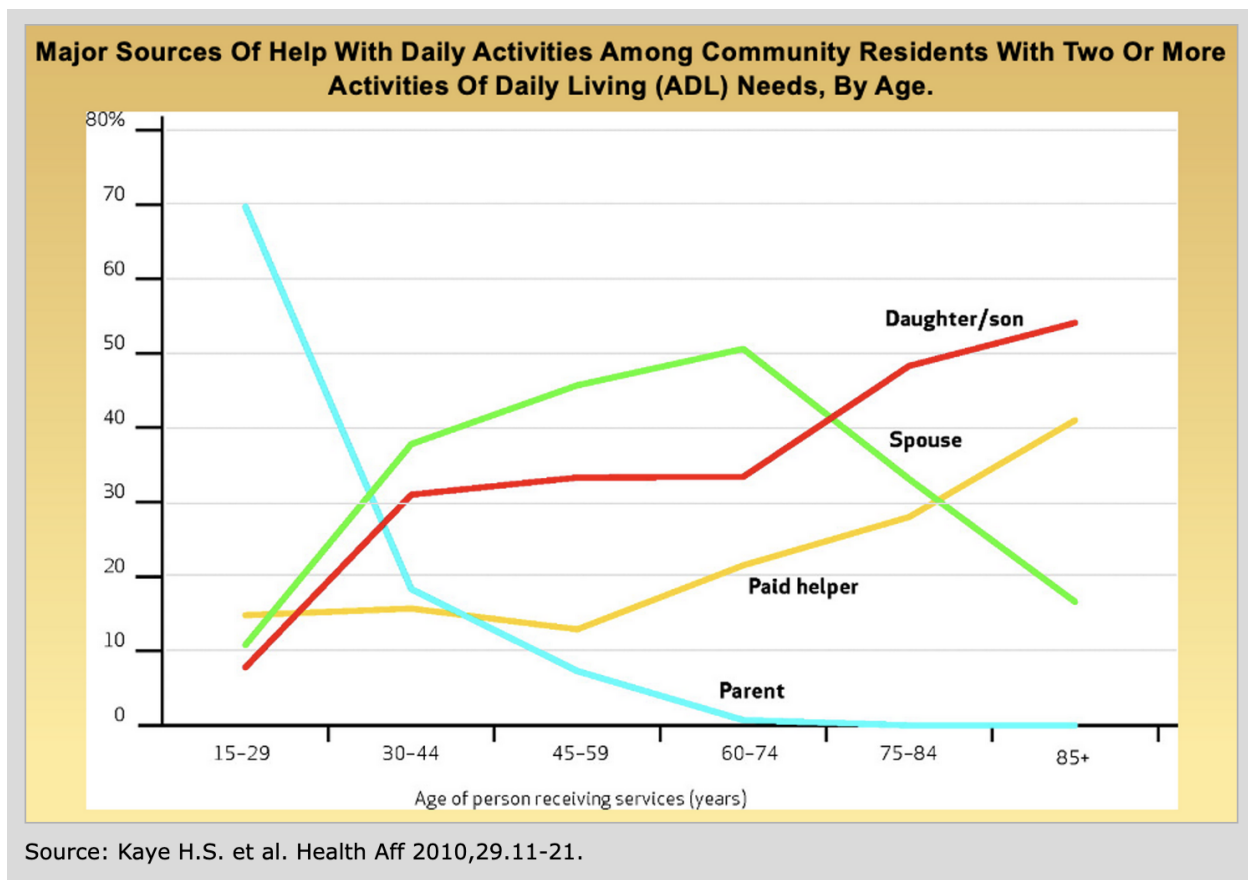
The weakness of the home health care system is that there can be a mismatch between high tech needs of a patient and inadequate skill of home care personnel.

Who Provides Long-term care?

So now let's think about who provides long-term care (LTC)?

1. The first source is **informal caregivers in a home setting**. In 2015 there were 44 million unpaid family caregivers.
2. The second source is **community-based long-term care**. This takes place in either the home or in a community setting, and includes home care, adult day care, home-delivered meals and mental health programs.
3. The last source is **nursing homes**. Nursing homes are defined as an institutional setting.

Now let's look at who helps an individual with their activities of daily living when they are not able to care for themselves.



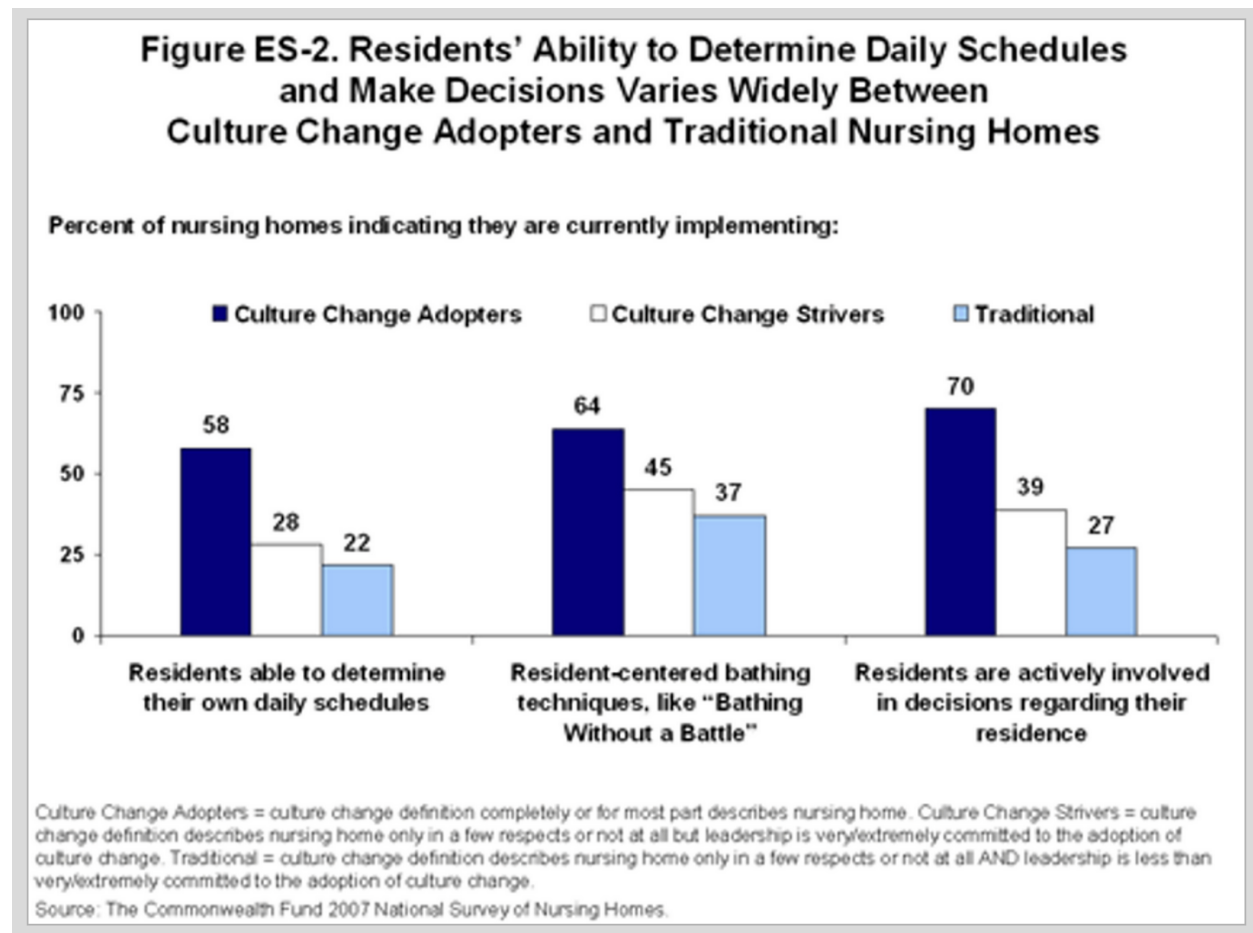
So, what you see here is that when you are younger your parents provide your care. As you get older, your parents are no longer able to provide you with the care that you need so you increasingly rely on your son/daughter, spouse or paid help. This graph also shows that sometime after age 65, people are less likely to rely on their spouse. Please remember that this is the case when the person stays home for their care.

Nursing homes are a place to live

The Omnibus Reconciliation Act of 1987 set standards for nursing home care and created an enforcement system to ensure that care is provided 24 hours per day to its residents.

What is important to keep in mind is that care varies widely based on the nursing home that you are in. The average resident is in their 80s. In addition, 65% have a cognitive impairment and 93% have restricted mobility.

Residents of nursing homes have been asking for control over their daily schedules. What does that mean? I want you to think about the decisions you were able to make for yourself this morning. Did you take a shower? Did you wash your hair? Did you have coffee/tea when you wanted it? Did you brush your teeth right after you ate? These are all decisions that residents of nursing homes may not be able to make on their own. For some, their breakfast might be delivered at 7:00am. What if you like to eat your breakfast at 10:00am, not 7:00am?




The graph above shows how some facilities are changing to take residents preferences into consideration.

What are some other options that seniors are turning to?

88-year-old retires and lives on cruise ship

An estimated 24 million people are expected to take cruises this year. One report showed more than a quarter of them are age 60 or older, and more than one-fifth are retired. For many of those

 <https://youtu.be/-dWFKp-bJtk>



As you saw in the video above, Mama Lee is living on a cruise ship. Yes, this is very costly. Remember though, she never has to grocery shop, cook, clean, etc. And she certainly is not lonely.

Below, please see an example of an assisted living facility in Newton, MA: [Assisted living, Scandinavian style](#) (start watching from 2:20)

LTC Costs

Now let's talk about paying for long-term care.

Medicare will NOT pay for long-term care as it is considered custodial only care.

Individuals can purchase long-term care insurance, but these policies have very high deductibles and typically do not cover all the services a person needs.

Now please take this [cost of care survey](#). Research your zip code or the zip code at BU (02215) and see what the costs are for long-term care in home, through assisted living,

and at a nursing home facility. If you search multiple zip codes, you can see how much cost varies by geographic region.

What are some ways we could improve long-term care?

Improving LTC

Let's look at some ways we could improve long-term care.

First, we can **develop a social insurance program**. The basic principle is making small payments when you are well and saving money against sickness, unemployment, and retirement. The Pepper Commission in 1990 recommended that the country expand Medicare (a social insurance plan for hospital care/outpatient care for elders) to cover long-term care. This could be publicly funded through increased social security contributions. It would help cover services that help people stay independent (e.g., in home help with activities of daily living) not covered by Medicare. As some of you may know, legislators have not been able to pass this. The main challenge to getting this passed is funding it.

Next would be to **expand comprehensive acute and long-term care organizations modeled on On Lok**. Please take a minute and watch a short video on On Lok.

A Day in the Life at On Lok Lifeways

Find out how On Lok Lifeways gave Rose Haw everything she did not expect from a healthcare plan.

 <https://youtu.be/moEPmhiMCWQ>



The **community-based comprehensive care model began in the 1970s in California** and is called the **On Lok model**. This has been expanded and is now called the **Program of All-inclusive Care for the Elderly (PACE)**. This is financed by capitation—it is a blend of Medicare and Medicaid payments. They provide comprehensive cost-effective care to people 55 and older who qualify for nursing home care. This program minimizes costs through fewer acute care hospitalizations for residents.

On Lok (now PACE) provides services year round. The elders that use On Lok (PACE) services have an average of 7 medical conditions such as arthritis, diabetes, cerebral vascular disease, Alzheimer's disease, hypertension, and stroke. Elders have an average of 4 areas of dependency in activities of daily living such as bathing, walking, transferring, grooming, dressing, toileting, and eating.

So where are we now with the ACA?

The Supreme Court preserved several initiatives that support disabled and older adults to live in their homes.

We have two main programs:

1. Community first choice option – assists states with the costs of in-home programs for people who could otherwise be institutionalized.
2. Balancing initiative program – increases federal matching Medicaid funds in states with less coverage for home and community services.

As of 2014, husbands and wives can keep more of their assets if a spouse must spend down their assets to then be able to utilize Medicaid.

In summary, you can see that long-term care in the United States is very complex. Trying to pass legislative reform has been very difficult due to the issue of funding.

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