

SNFs ROLL OUT NE

AS THE SKILLED NURSING INDUSTRY ADAPTS TO FOR GUIDANCE IN SURPRISING PLACES AND ARE

It came as little surprise to the skilled nursing facility (SNF) community when in July 2006, Centers for Medicare & Medicaid Services (CMS) Administrator Mark McClellan announced plans to award \$1.75 billion in grants to states to transition Medicaid beneficiaries from facility-based to community-based care. Like the pain in the left arm that hints at cardiac arrest, the writing had been on the wall for several years: The traditional long term care model was on the verge of fundamental change.

The CMS announcement of the grants, which were authorized by the Deficit Reduction Act of 2005 (DRA), was the latest salvo in the ongoing dialogue on the so-called institutional bias pervasive in long term care services today.

Just four months earlier, Health and Human Services Secretary Michael Leavitt had sent a letter to every governor in the nation, outlining how the DRA would “transform long term care from an institutionally based, provider-driven system to a person-centered and consumer-controlled model.” The letter followed years of congressional and public debate on the need for more person-centered long term care.

The Word Is ‘Rebalancing’

The buzzword that has emerged from this ongoing dialogue is rebalancing, and for most people, the word refers to how Medicaid dollars are used to pay for long term care. According to CMS, “Rebalancing is defined as reaching more equitable balance between the proportion of total Medicaid long-term sup-

port expenditures used for institutional services and those used for community-based supports under its state plan and waiver options.”

But what many folks from all perspectives of the long term care system—from administrators, to government, to consumer advocates, to family members—have found is that rebalancing, as the word relates to long term care, is about so much more than just equitable funding.

Stakeholders are redefining the regulatory environment to better balance resident safety with quality of life. They are redesigning their service delivery models to strike the right balance between chronic and short-term, post-acute care. And they are striving to create environments that balance the elements of care that have historically best met patients’ needs with the promise of new and exciting adaptations that will take the industry into the future.

Most significant is the fact that, in an effort to affect true culture change for long term care patients and residents, a newfound camaraderie and collaborative spirit has emerged among providers, regulators, consumers, and advocates alike—all of whom are committed to a new model of care in the 21st century.

A Changing Model

“Within the next 10 or 20 years, we’re going to see a vastly different set of expectations from consumers as to the kind of long term care services they require,” says Rosalie Kane, professor of public health and a faculty member of the Center on Aging at the University of Minnesota. While Kane concedes that there will always remain the need for group



JEFF SMOKLER

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residential settings, the model of care delivered in those settings will need to change.

Of particular and considerably pressing importance will be meeting patients' demands for privacy in long term care facilities. "The idea that a grown adult should have a roommate is ludicrous," Kane says, adding that communal bathrooms also are a thing of the past. "I think that what we will see as the norm in the future is single occupancy, unless by choice."

According to Janice Zalen, senior director of special projects at the American Health Care Association (AHCA), the national trade group's more than 10,000 members already are implementing these kinds of changes—in part because of the regulatory and legislative slant toward community-based care.

"There is definitely a push from the government," Zalen says, although she adds the caveat that, even without that push, providers would be moving in that direction because they recognize the need to serve patients in the most comfortable and appropriate setting.

But it hasn't been easy, Zalen says, especially given the generally negative perception of nursing facilities. That's part of the challenge for long term care providers who are embracing culture change, she says: "Nursing homes really have to make a better effort at showing the wider community why their services are preferable" to other long term care settings.

The key to remaining a vibrant and vital part of the long term care infrastructure is to add depth and breadth to the services offered in facilities, Zalen says.

"If you can make yourselves more into a long term care organization, rather than simply a long term care facility, that's the way you want to go," she advises. Zalen points to Golden Ventures, the result of the merger between Beverly Enterprises and a subsidiary of Pearl Senior Care, as a good example of the industry's proac-



Bishop Wicke Health Center residents thrive under Planetree.

tive response to the home- and community-based care movement.

Taking A Long-range View

Mark Reagan, a lawyer with national health care law firm Hooper, Lundy, and Bookman and chair of AHCA's Legal Committee, seconds the notion that providers need to diversify. "The message is definitely getting through to those providers with a longer view," he says. "They are being confronted with the reality that they will have to revisit their business models and reach some conclusions about how they plan to move forward."

Reagan notes, however, that the degree to which long term care providers are able to do this depends in large part on many factors, like capital, size, and state regulations.

There is a leadership role to play for those long term care providers who are uniquely positioned to transform the model from one that is facility-centered to one that addresses the continuing needs of an aging population, Reagan says. He points to recent diversification strategies at various national long term care organizations as good examples of what others in the industry should be thinking about.

Toledo, Ohio-based Manor Care is one such long term care company that has transcended the SNF-only mentality and has increasingly moved into a full-blown long term care organization. Manor Care's ownership portfolio includes SNFs, retirement centers,

home health agencies, and assisted living facilities. Manor Care also is the nation's third-largest hospice care provider.

Stephen Guillard, Manor Care's executive vice president and chief operating officer, attributes the company's diversification to increas-

ing demand for choice in long term care. Guillard notes that both Manor Care's customers and the company itself benefit from a more thorough suite of services. "We see growing synergies where patients will leave our skilled nursing centers and access our hospice services," he says. "You really need a system that helps patients move between levels of care. We view that as the direction of the future."

In addition to leading the industry in business diversification, Manor Care also is at the forefront of another trend that is in part directly related to government and consumer calls for culture change: repositioning SNFs as short-term, post-acute centers of care.

While Manor Care has worked hard to create an environment that serves seniors' diverse needs, it also has focused a great deal of resources on building its post-acute capabilities so that its SNFs can provide the kind of rehabilitation care historically offered only in hospitals. "The post-acute care continuum is where we as a company are focused," Guillard says. Making this transition has required re-engineering the whole way of doing business, he says, from patient intake, to staffing requirements and training, to the use of new technologies.

As Guillard sees it, the industry has little choice but to respond in the ways Manor Care has. "The chronic long term care population is shrinking. Meanwhile, those chronic care patients that do exist are finding care in other



The 12 Cottages at Brushy Creek use many of the elements of Planetree's care model, including a family-like environment.

locales. It's a totally, totally different business now."

Safety Vs. Quality Of Life

Long term care providers across the country agree that the industry is undergoing a major transformation, and the need for and various responses to culture change are at the center of the shift. It's understandable, then, that many providers that are eager to adopt new ways of providing facility-based long term care are frustrated and even a bit perplexed by state regulations that seem to contradict and impede the government's stated desire for more homelike atmospheres.

The University of Minnesota's Kane is leading a multi-year project to study and publish state SNF regulations, health and life safety codes, and building codes and to assess whether such regulations impede or support culture change in nursing facilities. According to Kane, many state regulations send providers a mixed message. "State regulations are full of materials about how people need to be offered choice—that word is everywhere—but you see stuff that restricts resident choice," she says.

Kane notes that this contradiction is usually related to safety, which, she says, is critical in skilled nursing settings. The trick for regulators, says Kane, is striking the right balance between ensuring safety and providing the best possible quality of life, by creating environments that are more like home.

"We have certainly seen that there

are some regulations on the books that make it harder [for providers] to respond [to culture change]," she says. However, Kane argues that although state regulations might sometimes make the cultural transformation more difficult, they have not kept it from taking place. "Culture change is happening, so that means that regulations have not been a deterrent," she says.

Initial and continuous funding for Kane's nursing facility regulation comparison project comes from the Hulda B. and Maurice L. Rothschild Foundation, a private philanthropy with primary interest in improving the quality of life for elders in long term care environments.

Rob Mayer, executive director of the foundation, agrees that the current regulatory environment—which he says is necessarily focused on "risk avoidance"—has made it harder for SNFs to embrace culture change models as fully as they would like.

"There's no question that the regulatory environment is based on a culture of the '50s and '60s, with an emphasis on safety and risk avoidance," Mayer says. He adds that regulators, providers, and even patients and their families must find middle ground that protects patients without "inadvertently regulating out any quality of life. Most people would agree that the pendulum has swung too far in the direction of safety," he says.

Mayer refers to a Florida statute on bed placement as one example of well-intentioned regulations that were

established to protect nursing facility patients but that have made culture change more difficult.

The statute, which the state legislature has since changed, required that beds in SNFs be placed perpendicular to the wall. The rationale was that caregivers needed access to their patients from both sides of the bed. However, that "sick ward" style of bed placement was outdated and impeded facilities' efforts to create more homelike environments. As Mayer puts it, "It took an act of legislation to push a bed against a wall."

Another regulation that several states have since repealed required that any appliance that gets hot be kept in a locked cabinet. That made it difficult to create individual kitchens that patients had open access to, a central component of culture change. "If your dishwasher is stored in a locked cabinet, it makes it rather difficult to eat in a home-style environment," he says.

Mayer says that one way to address these kinds of regulations, "which really do come from a place of legitimate concern," is to use new technologies. "Technology has advanced significantly to where many of the safety issues can be dealt with in a very effective way," he says, noting that cellular communications have antiquated certain regulations on placement of nurse stations and audible and visual alarms. Today, patient call buttons can alert staff phones, which can scale back the degree to which SNFs must be so facility-centered.

While he believes that technology holds great promise for SNFs trying to usher in culture change, Mayer concedes that such technologies may be cost-prohibitive. “Even were the regulations to be more flexible, there would be a lot of facilities that could not afford the necessary technology,” he says. “A higher reimbursement rate would help everyone across the board.”

A Tree Grows In Long Term Care

The issue of reimbursement is paramount to the culture change debate, according to Susan Frampton, president of Planetree, a Connecticut-based nonprofit organization that has developed its own culture change model for health care facilities and is in the process of adapting its historically hospital-based model for skilled nursing facilities.

“The challenge for long term care providers trying to implement culture change programs is that there is no financial reward or incentive to do it,” she says. “No one is paying more because you deliver better care.”

Planetree, founded in 1978 by a hospital patient, has for years been used in hospitals nationwide to “personalize, humanize, and demystify” the patient experience. Although similar to other more familiar culture change models like the Pioneer Network and the Eden Alternative, Planetree is unique in that it is centered around 10 core components that provide a framework for continuous performance improvement (*see box, below*). The focus on relationships between caregivers and patients is particularly pervasive in Planetree settings, and there is a great emphasis on the “importance of human

touch.” Three years ago, Planetree launched a formal pilot project to bring the model to long term care facilities. United Methodist Homes and its subsidiary, the Long Hill Co., helped Planetree develop Planetree Continuing Care: Creating Relationship-Centered Caring Environments. Although not as familiar to SNF providers as the Pioneer Network and the Eden Alternative—culture change models that began in long term care settings—Planetree Continuing Care is slowly gaining recognition as a model that complements existing culture change efforts.

It is Planetree’s history as a hospital-based culture change model that made Kennett Square, Pa.-based Genesis HealthCare Corp. take notice, according to Irene Fleshner, senior vice president, clinical operations. Like

PLANETREE CONTINUING CARE COMPONENTS

■ *Recognizing the Primary Importance of Human Interactions:* Human beings caring for other human beings, creating caring relationships among all members of the Planetree community, including residents, families, employees, and volunteers.

■ *Enhancing Each Individual’s Life Journey:* A Planetree continuing care community supports personal growth, self-expression, and the fulfillment of individual dreams.

■ *Supporting Independence, Dignity, and Choice:* A Planetree community supports an individual’s autonomy, lifestyle, and interests. Each individual’s routines and preferences determine the pace of care and services.

■ *Incorporating Family, Friends, and Social Support Networks in the Life of the Community:* A Planetree community supports connections to family and friends and encourages their involvement in the life of the community. Individuals are encouraged to maintain and expand their social support networks.

■ *Supporting Spirituality as a Source of Inner Strength:* A Planetree community offers opportunities to strengthen the relationship with one’s faith and inner resources. A variety of programs provide meaningful spiritual support.

■ *Promoting Paths to Well-Being:* A Planetree community provides holistic wellness programs that maintain health and complement Western scientific medical care.

■ *Recognizing the Nutritional and Nurturing Aspects of Food:* Food choices and personalized service, in combination with sound nutrition practices, are a source of pleasure, comfort, and fellowship.

■ *Empowering Individuals Through Information and Education:* A Planetree community provides the information necessary to maximize physical, mental, emotional, and financial well-being. A continuous quality improvement process engages the entire Planetree community in working together to solve problems and exceed quality standards.

■ *Offering Meaningful Arts, Activities, and Entertainment:* Planetree recognizes that people need opportunities for camaraderie, laughter, and creativity. A Planetree community responds to individual interests and allows for spontaneity.

■ *Providing an Environment Conducive to Quality Living:* Planetree recognizes the influence that the continuing care living environment has on health and wellness. The design incorporates residential décor, natural light, and access to nature.

Source: The Planetree Continuing Care Components were developed by United Methodist Homes, based in Shelton, Conn., in collaboration with Planetree.

ManorCare and many other large, national nursing facility operators, Genesis has invested resources into building its post-acute, short-term-stay business. As the company sought ways to make those short stays seem less institutional—and therefore more appealing to potential patients than hospitals and other SNFs with less progressive cultures—adapting culture change models like of Planetree for long term care settings seemed plausible.

“It’s been very helpful to use aspects of Planetree to provide us guidance since, by nature, hospitals are short-stay facilities,” Fleshner says. Since they have implemented elements of Planetree and other culture change models into their facilities, Genesis has begun to see an increase in customer satisfaction scores, she says. “It hasn’t been easy to do but absolutely worth the effort.”

Quality Measures Improve

Heidi Gil, executive director of Wesley Village, a United Methodist Homes community that includes assisted living, rehabilitation, and a 120-bed skilled nursing facility called Bishop Wicke Health Center in Shelton, Conn., certainly agrees that the effort to bring Planetree onto her campus has been worth it.

Since implementing Planetree Continuing Care in 2003, Bishop Wicke Health Center has seen impressive results in measures of quality, and Gil attributes the improvement to Planetree. Using CMS’ Advancing Excellence measures of pressure ulcers, use of restraints, incidence of untreated depression, and the percent of patients reporting pain, Bishop Wicke has demonstrated considerable improvement in all four areas. Between 2003 and 2006, the percent of patients with restraints declined 84 percent and averaged just 1.7 percent of the population, compared to the 5.9 percent national average. Over the same period of time, the percentage of patients with high-risk pressure ulcers declined by 44 percent, the percentage with depression declined by 33 percent, and the percentage of patients with moderate to severe pain declined by 100 percent and averaged 0 percent, compared with the national average of 6.5 percent.

“We didn’t want Planetree to be something that we got to when we had time, so we started using Planetree as a framework toward the performance improvement process,” Gil says. And the effects reach further than performance improvement. Bishop Wicke also has seen staffing benefits since implementing the continuing care model. Specifically, not one certified nurse assistant (CNA) voluntarily left the facility in 2006. Meanwhile, AHCA estimates that the national annual turnover rate for CNAs is 71 percent.

Gil has been so impressed with the Planetree results that she is spearheading a nationwide effort to educate long term care providers on the Planetree continuing care

model, for which she is the continuing care specialist. Gil is planning the second annual long term care summit, which will be held in July in Greenville, S.C.

Featured at the summit will be a tour of the Cottages at Brushy Creek—a new skilled nursing facility owned by the Greenville Health System that uses many of the elements of Planetree’s continuing care model. The cottages—there are 12 in total—are 12-bedroom, 12-bathroom homes, complete with kitchens, living rooms, dining rooms, sun-rooms, salons, and even spas. Each cottage has a dedicated staff that works just with the residents living in that specific cottage. Two of the cottages are intended for short-term rehabilitation patients, while the remaining 10 are outfitted for chronic care residents.

“This is the best thing I have ever done,” says Administrator Les Parks. “As people age, they lose companions. At the Cottages at Brushy Creek, we believe that you never lose the need for companionship,” Parks says.

The cottages, which open this month, replace the 88-bed Roger Huntington Nursing Center.

Parks says he has become a true believer in the importance of culture change and that he thinks other providers will follow suit. Parks also dismisses the notion that implementing major culture change is far too expensive for the typical SNF provider to take on.

“You can do this without spending more money for the same number of beds,” he says. He attributes this in part to the fact that residential construction is less expensive than commercial construction. “Materials and labor are cheaper. At the end of the day, it’s a wash,” Parks says, adding that the \$172 per day private-pay rate at the new facility will be less than the rate at neighboring SNFs in traditional settings.

Regulators See The Light

As surprising as it may seem that Parks’ facility will offer much more for less, it also may shock some battle-worn providers to know that the most effective advocates for the culture change Parks is bringing to Greenville’s health care system have been state regulators.

“They are our biggest supporters,” Parks says, adding that he has collaborated with his state survey and certification agency for the entire four years the project has taken. “We included our regulators every step of the way. We would run our thinking process by them and get their input early on.” Culture change elements that Parks was able to implement by partnering with his regulators include the creation of a universal worker stipulation and the modification of regulations that required two-way locks on patients’ doors.

“We worked hard to find better ways to balance safety with privacy and the comforts of home, and I think we’ve done that,” Parks says.

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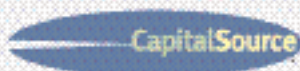
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Genesis' Fleshner reports similar collaboration with state and federal regulators. "Culture change is giving us something where we can find common ground," she says, adding, "The federal regulations are not an issue for what we're trying to do. [The Omnibus Reconciliation Act of 1987] was written in the spirit of culture change. It's some state regulations that are a little outdated."

But there is a newfound desire to update those regulations and make them more complementary of what many providers are trying to do with culture change, according to Kane.

"As we look across the states at all of the various regulations, we're finding that the regulatory pendulum may have moved to a supportive mode," she says, adding, "We have gone through times where the regulatory apparatus is geared toward making good legal cases, and there are other times when it is more collaborative. I think we're in a collaborative mode." ■

JEFF SMOKLER is a writer living in Chattanooga, Tenn.

For More Information

- For more information on Planetree: www.Planetree.org.
- For more information on the University of Minnesota regulation comparison project, go to www.hpm.umn.edu/nhregsplus/hulda_b_&_maurice_1_rothschild_foundation.htm.
- For more information on the Long Hill Co., a subsidiary of United Methodist Homes that provides consulting services on Planetree's Continuing Care model, go to www.umh.org/consult_mngmt_service.htm.
- To register for Planetree's Continuing Care Summit July 17-18, go to www.planetree.org/forms1/continuing-care-registration.htm or call Donna Geraghty at (203) 732-1364.



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"When we combined all this with some usability problems our users were having and our need to maintain and implement software upgrades for all these different systems, we were definitely ready for a new solution," explains Craig Ater, Senior VP, Finance, Heritage Enterprises.

POINTCLICKCARE WINS ON USABILITY

Based on a consultant's recommendation that they implement a single, new system that integrates clinical and billing functionality, Heritage chose PointClickCare (PCC) as best suited to their needs and well planned out for the work they need to do. The selection committee felt that the PCC screens

were logically laid out and all linked up, and it was easy for users to find the places in the MDS they wanted to go.

"It was also a mandatory requirement that we choose a hosted, Internet-based solution," says Ater. "We never even entertained hosting our own solution again after all the maintenance and support problems we had with our previous systems."

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In addition to eliminating the maintenance and support burden associated with locally installed software, the hosted PCC solution solved problems Heritage had integrating with third-party suppliers and systems. Instead of having to re-key resident therapy data provided by their therapy services provider, for example, it can now be electronically uploaded from the therapy firm's system directly into PCC.

"By eliminating virtually all re-keying of data from various sources, PointClickCare eliminates manual, error-prone tasks that weren't adding a lot of value to our business, claims Ater, who concludes by saying that, "Throughout this whole project, the PCC team has acted more like a partner than a supplier – it's been a 'breath of fresh air.'"

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