

News Currents

In Brief

Workforce Commission Issues First Report

Group Releases Draft Of Recommendations

Solving the shortage of licensed nurses and certified nurse assistants (CNAs) in long term care will require the profession to spearhead the establishment of new collaborative initiatives on the local, state, and national levels, according to a draft report from the National Commission on Nursing Workforce for Long-Term Care.

The commission's draft was unveiled at the American Health Care Association/National Center for Assisted Living annual convention, held recently in Miami Beach.

The commission was established by AHCA some 18 months ago to examine practical solutions for attracting and retaining registered nurses, licensed practical nurses, and CNAs in the long term care profession. The draft report provides a glimpse into the commission's final report, which will be released in January 2005.

The report's authors contend that long term care providers and organizations must be the driving force behind new workforce initiatives, noting that without that leadership, "the other necessary partners will not focus their attention in this area."

To that end, the commission recommends that long term care providers establish new partnerships with their counterparts in the education, nursing, workforce, and quality-of-care communities. Currently, according to the commission's draft report, almost 96,000 full time equivalent nursing and CNA positions remain unfilled in the

nation's skilled nursing facilities (SNFs).

Recommendations in the draft report are offered in three principle categories: those to be carried out by long term care providers, the role of state and local governments, and the federal government's role in solving SNF workforce shortages. Partnerships among these groups must include both the private and government sectors.

Among the recommendations aimed at providers is that they create a better work environment by offering health and child-care benefits to their employees.

The commission also called on providers to include more mentoring and coaching by supervisory nurses and to reassess work cultures that are too hierarchical and may not allow nurses and CNAs to feel sufficiently invested in the caregiving process.

As for state and local initiatives, the commission recommends the establishment of statewide or metropolitan-area long term care nursing workforce groups that can develop workforce solutions.

On a national basis, the commission recommends that the long term care community establish better relations with various federal agencies that are responsible for long term care nursing programs. One recommendation is to work with the Centers for Medicare & Medicaid Services on developing a policy that would use a portion of Medicaid funds to support state and local nursing workforce initiatives.

Co-Chairs Named For New Quality Commission

The National Quality Forum, a private, not-for-profit health care quality improvement organization, has named former Nebraska Sen. Bob Kerrey and former House Speaker Newt Gingrich as co-chairs of the newly formed National Commission for Quality Long term Care (NCQLTC).

While NCQLTC was devised as part of the Quality First initiative, it will remain independent and autonomous of Quality First, which is a joint venture among the American Health Care Association/National Center for Assisted Living, the Alliance for Quality Long Term Care, and the American Association of Homes and Services for the Aging.

The scope of NCQLTC's mandate includes five principle goals:

- To recommend national goals and objectives for quality improvement;
- To report on long term care quality indicators and measures, judge improvement efforts, and assess stakeholders' commitment to improving;
- To provide a forum for public dialogue on quality and quality improvement among long term care stakeholders;
- To review quality-related policy proposals and facilitate accountability and public confidence in long term care; and
- To recommend a national policy agenda for quality improvement.

—David Zuckerman

Another recommendation is to have long term care providers work directly with the Department of Labor's Employment and Training Administration to focus on health care workforce issues.

—Lisa Gelhaus

Battle Lines Drawn On 75% Rule

SNFs, Rehabilitation Hospitals Debate Enactment Of Bill

Operators of rehabilitation hospitals and skilled nursing facilities (SNFs) are engaged in a battle over whether a new rule that would redistribute an estimated \$5.7 billion in Medicare reimbursement for inpatient rehabilitation services should be allowed to go into effect in 2005.

Hospital-based facilities are concerned the new rule will force them to either discontinue services or close. SNF organizations say that not implementing the rule will cost taxpayers more money.

Medicare currently pays an average rate of \$320 per day for rehabilitation services provided in SNFs and an average of \$850 per day for services provided in inpatient rehabilitation facilities. Under the new payment rule, facilities applying for the higher reimbursement would have to show that during the prior year, 75 percent of their patients were being treated for one of 12 conditions, including amputation, brain injury, burns, congenital deformity, femur fracture, multiple traumas, neurological disorder, spinal-cord injury, stroke, or three types of arthritis-related ailments.

Facilities not meeting this 75 percent threshold would be disqualified from receiving the higher reimbursement. According to the Centers for Medicare & Medicaid Services (CMS), the new rule seeks to provide services to beneficiaries in the most appropriate and cost-effective setting. The rule is structured to phase in the 75 percent criteria over a three-year period. Facilities applying for the higher reimbursement rate would need to meet 50 percent of the criteria in the first year, 60 percent in the second year, 65 percent in the third year, and the full 75 percent thereafter.

While SNF operators favor installa-

tion of the 75 percent rule—which would likely steer more Medicare rehab patients into their facilities—there are moves afoot in both the House and Senate to attach a moratorium on the rule to all fiscal year (FY) 2005 appropriations bills.

Operators of inpatient rehabilitation facilities—who will likely lose Medicare dollars under the new rule—favor the moratorium.

The American Health Care Association (AHCA) is among those groups lobbying against the moratorium.

“Suspension of the so-called 75 percent rule, according to federal government data, could cost the Medicare program as much as \$370 million per year, because a high proportion of low-acuity patients are receiving care in a rehab hospital setting,” says AHCA President and Chief Executive Officer Hal Daub.

According to CMS estimates, aggregate payments to these facilities in FY 2005 are projected to be \$5.7 billion, up 5.6 percent from a projected \$5.4 billion in FY 2004.

CMS also estimates that there will be approximately 483,000 Medicare admissions to Medicare-certified inpatient rehabilitation facilities around the country in FY 2005. From a total of 1,220 facilities, 215 are freestanding and 1,005 facilities are special units in acute care hospitals. About 10 percent are situated in rural areas.

—Lisa Gelhaus

Chies, Van Dyk Re-elected As Chairs

The American Health Care Association/National Center for Assisted Living (AHCA/NCAL) House of Delegates—meeting last month at the association's annual convention in Miami



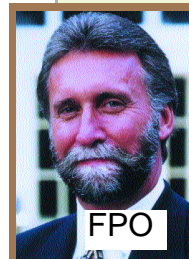
Chies

Beach—re-elected Steven Chies, senior vice president of Benedictine Health System, Coon Rapids, Minn., as 2004-2005 chair. He previously chaired AHCA's policy, advocacy, and legislative committees as well as its Long Term Care Reform Task Group. He is a past president of

Care Providers of Minnesota, a state affiliate of AHCA.

Other officers re-elected by the AHCA/NCAL membership include Angelo Rotella, Smithfield, R.I., first vice chair; John Elliot, Charleston, W.Va., secretary; and G. Michael McDaniel, West Des Moines, Iowa, treasurer.

Members re-elected to national office as vice chairs include Robert Van Dyk, Ridgewood, N.J., assisted living vice chair; Robert Wilson, Ft. Collins, Colo., independent owner vice chair; Solanges Vivens, Washington, D.C., nonproprietary vice chair; Mike Bibo, Galesburg, Ill.,



Van Dyk

MR/DD residential services vice chair; and Howie Groff, Bloomington, Minn., regional multifacility vice chair. Edward Kunz, Louisville, Ky., was elected as national multifacility vice chair.

Robert Van Dyk, president and CEO of Van Dyk Healthcare, has been re-elected chair of NCAL. Also re-elected were Ted Greenberg of California, vice chair, and Van Moore of Oregon, secretary. Marj Shell of Indiana was elected treasurer.

—David Zuckerman

Skylights May Help People With Alzheimer's

Skylights may dramatically improve the lives of people with Alzheimer's or other forms of dementia—or so a team of researchers conducting a study at an Oregon facility hope to show.

The idea for the study arose from earlier research showing that natural light can significantly improve the moods of depressed individuals and other research indicating that long term care patients often aren't exposed to enough natural light.

Researchers from the University of North Carolina at Chapel Hill (UNC) and Oregon Health & Science University (OHSU) have joined forces to see if natural light can similarly improve the quality of life for people with dementia.

In fact, early stages of dementia can sometimes be difficult to distinguish from depression because the two conditions have many of the same symptoms. "Symptoms such as social withdrawal, apathy, loss of initiative, and poor self-care are common" in both depression and dementia, says Susan Hickman, OHSU's principal investigator for the study. And research has shown that people with depression benefit from being exposed to natural light. In addition, many individuals have both dementia and depression, says Hickman.

Natural light affects humans in some very basic ways, researchers have shown. "We know that we gauge our own body rhythms based on sunlight and darkness," Philip Sloane, MD, head of the UNC team, told reporters.

Twenty-four residents of Rosewood Specialty Care for the Memory Impaired in Hillsboro, Ore., are participating in the study. Researchers are comparing the effects of artificial light provided by high-intensity fluorescent fixtures versus natural light streaming in through four new skylights.

Preliminary findings are unlikely to be published before the summer of 2005, but Rosewood's Administrator Jennifer Edimon says that the patients' moods have been improving ever since the skylights were installed.

"When we first started doing the skylights, patients who had been in rooms started to come out and were doing things like flipping through books, which they either weren't able to do or didn't want to do before," says Edimon.

But the skylights bring more than just natural light into the facility; sometimes they seem to bring the outdoors indoors. "When it rains, you can hear the rain, and the patients can look up and see outside," she says.

—Kathleen Vickery