California Association of Long Term Care Medicine

Promoting quality patient care through medical leadership and education

Executive Summary

Introduction

The California Association of Long Term Care Medicine (CALTCM) in collaboration with California Geriatric Education Center (CGEC) is leading a statewide Performance Improvement Education (PIE) initiative to advocate for quality patient-centered healthcare by providing opportunities for performance improvement training and education, with a focus on patient safety. Our goal is to work with key stakeholders who are providers of Long Term Care (LTC) in California to improve patient safety and reduce adverse events that could constitute an immediate jeopardy to the health or safety of a patient.

Background

The U.S. population is aging at a rapid pace. In 2001 the U.S. population over 60 numbered approximately 43 million, and this number is expected to double by 2050. Less well understood, and perhaps even more important, is the recognition that the fastest growing segment of the over 60 population are the "oldest old," those 85 and older. The U.S. Census Bureau projects that the oldest old population could grow from approximately 4 million in 2000 to 19 million by 2050.[1]

California is the most populous state and has more people age 65 and older than any other state in the nation, with dramatic growth predicted to occur by 2030. By 2020 the number of Californian's age 65 and above is projected to double to nearly 6.5 million, with those over age 80 as the fastest growing group. In 2005, approximately 1.5 million Californians used long-term care services; this number is projected to more than double by 2030, and the need for trained professionals to provide continuous quality care for them is more critical now than ever before.

Unfortunately, at a time when the population is aging at an unprecedented rate there are significant shortages in qualified professionals to provide first line care in the long term care (LTC) environment. Direct care workers and registered nursing professionals have high turnover rates across the country. The turnover rate for certified nursing assistants (CNA) has been shown to be related to job satisfaction; however, when CNAs perceive that the overall quality of care being provided in the facility in which they work is high, they have higher job satisfaction. Having a certified medical director (CMD) in a nursing home is an independent predictor of higher quality of care, but unfortunately, the number of physicians willing to care for nursing home residents is diminishing. As the primary care crisis deepens the pool of physicians willing to care for this population is likely to shrink further, and without some type of system-wide intervention these facts do not bode well for LTC.

[1] Rural America, Vol. 17, Issue 3/Fall 2002

CALTCM EXECUTIVE OFFICE
10945 Le Conte Avenue, Suite 2339, Los Angeles, California 90095-1687 · TEL 310.312.0518 · FAX 310.312.0546
EMAIL caltcmoffice@mednet.ucla.edu · WEB www.caltcm.org

Performance Improvement Education

In view of these demographic and workforce realities we assert that the current model of LTC must be improved. Our goal is both to improve patient outcomes, and to decelerate the projected economic impact of providing care to the aging population. The Stanford Center on Longevity report entitled, "New Realities of an Older America" projects that spending on the Medicare and federal Medicaid programs will increase by almost 300% by 2050, from 4.3% of GDP in 2008 to an estimated 12.2% by 2050. We anticipate that changes in the payment mechanisms used by both federal programs and private payers to reimburse hospitals and skilled nursing facilities will drive these historically autonomous providers of care to work more cooperatively, in order to avoid negative quality and financial outcomes. We also believe that in order to decelerate the projected increase in the cost of providing care to the growing senior population, the focus of LTC must shift towards chronic disease management, community and home based services and evidence based institutional care.

We are specifically targeting processes that are of importance in maintaining a high standard of care across the care triad – hospital, nursing home, home. We are currently organizing a group of key stakeholders to work together, to build synergy, and to produce interventions that involve the long-term care team in producing quality improvement processes and projects that can serve as models for widespread quality improvement. These projects will respond directly to specific National Quality Forum (NQF) preventable adverse healthcare events and thereby result in a reduction of violations under California's Health and Safety Code 1280.3. Once we have developed a list of evidence-based practices from other care arenas that can be applied to LTC, we will train teams of nursing home physicians, registered nurses and administrators in the implementation of these processes. CGEC will then provide a select number of teams with technical assistance in the implementation of these processes, as well as assistance with evaluating their efficiency and measuring some patient outcomes.

Benefits to Stakeholders

Through their participation and support of this initiative, public officials will be a part of the development of professional standards for quality. Health plans supporting these efforts will benefit by improving their public image based on improved quality of care and patient outcomes, as well as a slowing of the increase in LTC costs. Nursing homes will improve quality and efficiency, and receive the tangible benefits of less staff turnover, improved CDPH surveys, more physicians and ancillary staff who are attracted to work in the improved environment and a reduction of citations for sustainable quality.

Current PIE Collaborators

The organizations currently involved in this collaborative effort are as mentioned earlier, the California Department of Public Health (CDPH), California Geriatric Education Center (CGEC), as well as the California's Quality Improvement Organization (QIO) known as HSAG, Advancing Excellence's Local Area Networks for Excellence (LANEs), the California Culture Change Coalition, the Consortium for Compassionate Care, California Association of Health Facilities (CAHF)and Aging Services of California, to mention just a few.