Medically Complex Patients to Benefit from Reimbursement Changes

One of the chief complaints about the new prospective payment system (PPS) for skilled nursing facilities has been its failure to adequately account for respiratory therapy and other so-called “non-therapy ancillar-ies” necessary to care for the more medically complex patients in SNFs and subacute units nationwide. Thanks to the efforts of the AARC and many other health care groups and organizations, the Balanced Budget Refinement Act of 1999 (BBRA) that was signed into law by President Clinton late last year contained several provisions calling for refinements in this area.

An interim increase in per diem payments of 20 percent for 15 Resource Utilization Groups (RUGs) (in effect between April 1 and October 1, 2000) and a proposed rate increase of 5.8 percent for fiscal year 2001 are expected to ease the burden on facilities in this area. More importantly, the BBRA called for the Health Care Financing Administra-

tion (HCFA) to come up with permanent changes to the RUGs system to account for the higher non-therapy ancillary needs of medically complex patients.

Last April, HCFA issued proposed rules on the SNF PPS case-mix classifi-
cation system aimed at adjusting the RUGs to better reflect the needs of these patients. The proposal calls for the addition of 14 new “Rehabilitation and Extensive Services” subcategories, along with the development of a separate “non-therapy ancillary index” to reflect variation of non-therapy ancillary service costs. The index would be applied to all patients in the Clinically Complex category or above. A single non-therapy ancillary index factor would also be applied to each of the lower RUGs categories.

The proposed rules are open for public comment until June 9. HCFA expects to implement the rules by October 1.

Government Report Distorts Quality of SNF Care

A report released last spring by the House Committee on Government Reform paints a distorted picture of the quality of health care being provided in skilled nursing facilities in Illinois and nationally, say health care experts from the American Health Care Association (AHCA). They believe the report, which looked at care in 57 of 290 SNFs in the Chicago metropolitan area, fails to reflect significant industry-wide quality improvements made over the past few years and underscores the shortcomings of the government’s current quality measurement system.

“The bottom line is that the nation’s skilled nursing providers and caregivers are committed to improving the quality of care in their facilities, and that commitment is reflected in significant quality improvement,” says Charles H. Roadman II, MD, president and CEO of the AHCA. Evidence of the effectiveness of providers’ ongoing quality improvement efforts, he says, can be found in a recent study conducted by

“SNF Care” continued on page 2
The AHCA believes that nursing home quality could be further enhanced by a system wherein government inspectors collaborate with facilities and notes that a survey conducted last year by the Washington, DC-based research firm Fabrizio McLaughlin & Associates found that nearly 65 percent of Americans favor a system in which government inspectors work with caregivers to fix problems. Unfortunately, current government rules prohibit such collaboration.

The extent to which the current government inspection system burdens providers and impedes quality is underscored in a report from the Minnesota Senate Health & Family Security Committee, Task Force on Health Care Rules and Regulations. The Task Force, chaired by Sen. Dan Stevens, examined state and federal nursing facility regulations and found that:

- Federal regulations “inhibit the effective delivery of services to residents and impede direct care.” The Task Force attributed this to the massive paperwork burden that facilities must contend with and the “zero tolerance” for errors by nurse assistants.
- While nursing facilities are already overwhelmed by paperwork, they are actually producing more than is needed as a defensive measure against poor survey outcomes.
- Nursing facilities and regulators need to “move away from a hostile enforcement mode and into a quality/outcome-based approach that is tailored to the individual resident.”

Roadman says the AHCA agrees with the Task Force’s conclusions and its call for an inspection process based on outcomes and collaboration, not bureaucracy and hostility. “The difference between the current oversight system and one based on data-driven clinical outcomes is reliability,” he says. He called on members of Congress and the Administration to work with the provider community to build on the industry’s quality improvement successes and create a monitoring system based on objective data and a shared mission of providing quality care to patients. (American Health Care Association) ■

Women Need Information on Long-Term Care Options

When it comes to long-term care, most Americans are ill prepared, unaware of their options, and reluctant to even broach a discussion on the topic. Women, in particular, need more information and guidance on this challenging and daunting concern.

These were among the findings of a unique series of focus groups on women’s perceptions of long-term care. A report on the findings was released earlier this year by the U.S. Department of Health and Human Services’ Administration on Aging (AoA), the National Association of Area Agencies on Aging (N4A), and the National Association of State Units on Aging (NASUA).

The objectives of the focus group research were to raise public awareness about long-term care needs, to understand the similarities and differences among age and ethnic groups, and to give voice to women, minorities, and caregivers. According to the AoA, women constitute 60% of the nearly 35 million Americans age 65 or older, and they comprise approximately 75% of current caregivers.

Ten focus groups probed the perspectives of African American, Asian American, Caucasian, Hispanic, and Native American women. One group in each racial category was comprised of Baby Boomers (ages 40-55); the other of seniors (ages 65 and older). In addition, each group included caregivers and others.

The focus groups confirmed that most people are more comfortable receiving services at home or in the community, where they can maintain some degree of autonomy and independence, rather than going to a nursing home. They also explored the costs for nursing homes in comparison to home care. When the actual cost of nursing homes was revealed...
Coalition to Rate California Nursing Homes

The California HealthCare Foundation is funding a $2.4 million program to evaluate the quality of the state’s nursing homes and distribute the findings to the public. The California Nursing Home Consumer Information System will be developed over the next two years by a coalition consisting of the University of California, San Francisco (UCSF); the University of Wisconsin, Madison; RAND; the UCLA/Borun Center for Gerontological Research; and the California Advocates for Nursing Home Reform (CANHR). A comprehensive report will be released to the public in 2002.

For the public report, researchers at UCSF, the University of Wisconsin, and CANHR will develop two sets of indicators for evaluating nursing home performance. The measures will be developed from a combination of existing state and federal nursing home patient data, facility inspection reports, and individual nursing home characteristics.

The first set of measures will be based on characteristics of the facilities themselves, including:

- The facilities’ appearance and programs
- State and federal inspection results, including identified deficiencies and enforcement actions
- Consumer complaints filed with the state
- Staffing indicators, including staff wage and benefits, staffing levels, and turnover rates

The second set of indicators will measure the quality of care provided to the homes’ residents in the areas of:

- Financial indicators, including facility solvency
- Nutritional and eating
- Physical and cognitive functioning
- Behavioral and emotional patterns
- Skin care
- Psychotropic drug use
- Accidents
- Elimination and incontinence
- Quality of life

(ASNS/ASCN)

Alzheimer’s Disease and Folic Acid

Folic acid, also called folate, has been shown to reduce the risk of disease throughout the lifespan, preventingbirth defects; warding off coronary heart disease, stroke, peripheral vascular disease, and atherosclerosis; and possibly reducing the risk of breast and colon cancer, dementia, and Down syndrome. Now researchers believe it may also help to prevent the brain degeneration that causes Alzheimer’s disease.

In a study of elderly Catholic nuns, low serum folate levels in blood samples collected in 1993 were strongly associated with atrophy of the cerebral cortex in women who had a significant number of Alzheimer lesions in the brain when they died a few years later.

Says Dr. David A. Snowdon, associate professor at the University of Kentucky and director of the Nun Study, “The goal of the Nun Study is to determine the causes of Alzheimer’s disease, other brain diseases, and the mental and physical disability associated with old age. Our recent findings suggest that folic acid . . . may also play an important role in maintaining the integrity of the brain in late life.”

The Nun Study was completed before folic acid fortification became mandatory in the United States, and investigators say it remains to be seen whether folic acid fortification will result in a lower incidence of Alzheimer’s disease. Meanwhile, however, they believe Alzheimer’s disease should be included on the list of potentially diet-related chronic conditions. (ASNS/ASCN)
New Hope for Spinal Cord Injury Patients

A recent study examining the effects of embryonic stem cell therapy in an animal model may offer hope to people paralyzed by spinal cord injuries, say investigators from Washington University School of Medicine in St. Louis, MO.

In the study, 40 rats with injury to the spinal cord were randomized into treatment and non-treatment groups. The rats receiving treatment were injected with roughly one million embryonic stem cells nine days after injury. Beginning at week three, and continuing throughout the study, the treatment group had better use of their hind limbs than the control group.

The most significant aspect of this study is the fact researchers waited nine days before administering the stem cell therapy. Previously, less than 24 hours had been considered the therapeutic window for administering spinal cord treatments in rodents. (American Association of Neurological Surgeons annual meeting)

HalfthePlanet.com

Half of the planet’s population is touched by disabilities in some way, and many believe the Internet is the best way to connect these people with each other for support and other services. Now a new web site, Half thePlanet.com, has been developed by and for people with disabilities to turn those possibilities into a reality.

The disability-focused web site, formerly known as AdaptZ.com, offers everything from e-commerce, editorial content, travel information, and bulletin boards to a news bureau on disability-related topics, a mentor center, and legislators’ voting records. Its information, products, and services are designed to benefit the 150 million Americans and three billion people around the world whose personal and professional lives are affected, directly or indirectly, by disability every day.

In addition to creating a community where people touched by disabilities can connect and exchange information and advice, HalfthePlanet.com is also connecting its partners to this unique audience. Manufacturers, service providers, and non-profit organizations are all collaborating with the Internet-based company to reach and serve the disability community.

Charter sponsors include the Dodge Division of DaimlerChrysler, which has committed to a multi-year sponsorship agreement to be the exclusive automotive sponsor, and barnesandnoble.com, which will be the site’s exclusive online book and music seller. The list of non-profit partners includes the American Association of People with Disabilities, the National Multiple Sclerosis Society, and the American Lung Association.

The company was founded in 1999 by former Universal Studios Senior Vice President David Brenner. (HalfthePlanet.com)

Standing Wheelchairs Benefit Paralysis Victims

Paralysis patients and others who must spend all their waking hours confined to a wheelchair typically end up suffering from an array of debilitating and costly effects, including pressure sores from constant sitting, osteoporosis, recurring urinary tract infections, digestive problems, and low blood pressure. The vast majority of them probably believe that there is no alternative – because they can’t walk, they must sit.

This is not the case. Stand-up wheelchairs have been on the market for more than two decades now, but because Medicare and Medicaid won’t cover these devices, most health professionals don’t recommend them to patients who could benefit from their use. According to Levo AG of Switzerland, a stand-up wheelchair manufacturer that introduced the first such chair in the late 1970s, less than .3 percent of the estimated 1.5 million wheelchairs in use today are standing chairs.

“One of the biggest problems is that Medicaid and Medicare refuse to pay for these chairs,” says Jim Papac, general manager of Levo USA, the US distributor for the wheelchairs. “They claim that they are a convenience, not a necessity.”

Not all patients, however, are willing to accept that answer, and at least one has managed to gain coverage for the chair. After hearing about the technology, Mitch Knauf, a 31-year-old man who was left paralyzed from the waist down during an accidental shooting at age 15, saw the chair at a trade show in Hershey, PA, and requested financial assistance from Medicare to help pay for it. When the government refused, he asked for a face-to-face meeting with a Medicare representative to plead his case.

“I told the guy, ‘Look, I’ve seen this chair. I’ve been in it. I know what it can do for me. I’ve already had my legs taken away from me once. You’re not going to do it again!’ Then there was this long silence, and finally he said: ‘Okay.’”

Levy emphasizes that Mitch is a rare exception. The company notes, however, that there are alternative sources of funding, including private insurance. Each state also offers vocational rehabilitation and independent living financial assistance that might be used for the special chairs, and some state-run assistive technology programs offer grant money and additional resources as well. (Levo USA)
Don’t forget to make your nominations for the 2000 Subacute Specialty Practitioner of the Year. This honor is given to an outstanding practitioner from this section each year at the AARC’s Annual Convention.

The recipient of this award will be determined by the section chair or a selection committee appointed by the chair. Each nominee must be a member of the AARC and a member of the section.

Use the following form to send in your nominations for this important award:

I would like to nominate ____________________________ for Subacute Specialty Practitioner of the Year because

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Nominee: ____________________________

Your Name

Hospital

Hospital

Address

Address

City

State, Zip

Your Name

Phone

Phone

Mail or FAX your nominee to the section chair at the address/number listed on page 2 of this issue.