Chapter 10
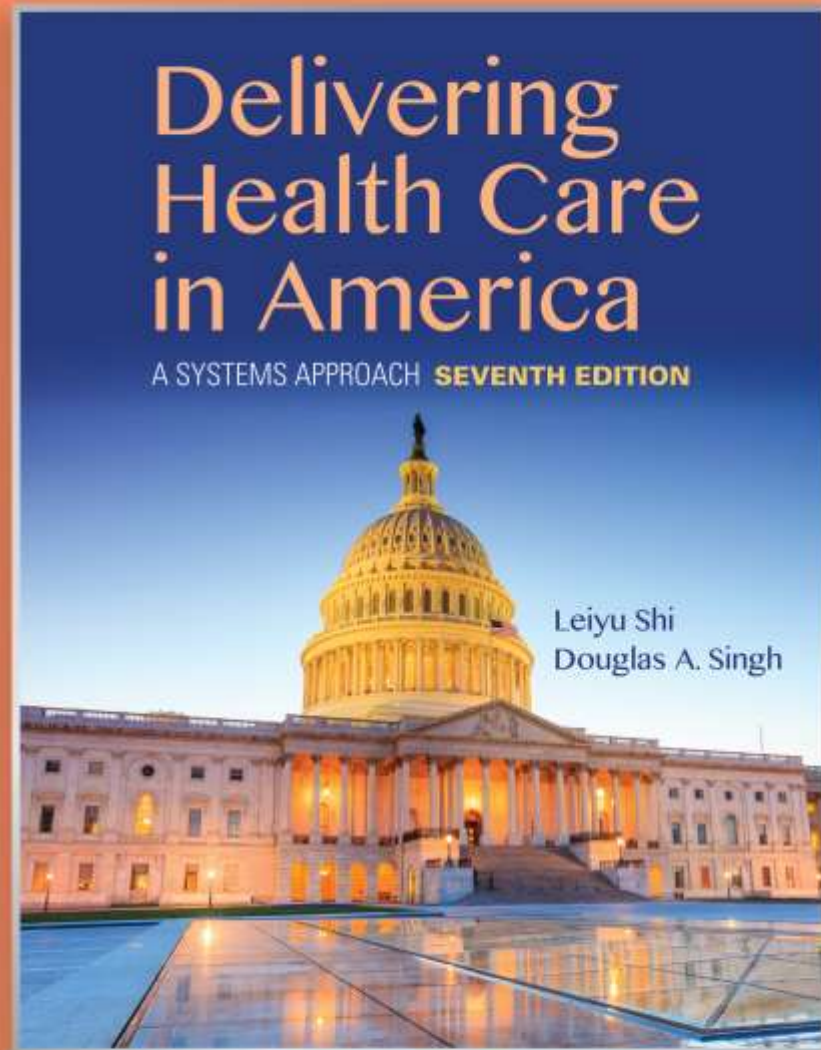
Long-Term Care

Learning Objectives

- Concept and features of long-term care (LTC)

- Discuss the various types of LTC services

- Describe who needs long-term care and why

- Home- and community-based LTC services, and who pays

Learning Objectives

- LTC institutions and levels of services provided

- Specialized LTC facilities and continuing care retirement communities

- Institutional trends, utilization, and costs

- Explore the aspects of private LTC insurance

Introduction

- Long-term care (LTC) is a complex subsystem.
- Numerous sources of financing.
- Community-based services.
  - More economical and preferred by older people
- Individuals may require LTC from functional deficits arising from chronic conditions.

Figure 10-1: People with multiple chronic conditions are more likely to have activity limitations.
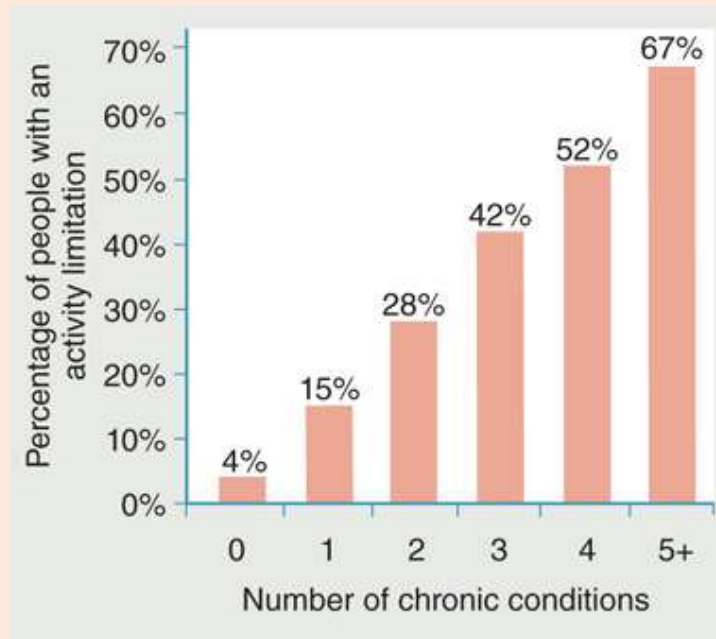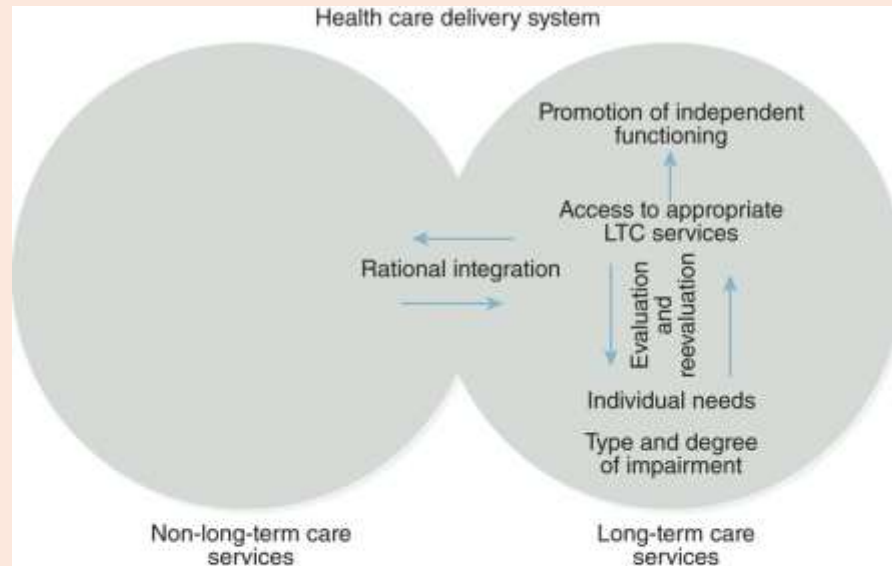
Introduction

- Cognitive impairment may lead to functional decline.
- Two indicators assess functional limitations
  - Activities of daily living (ADLs) scale
  - Instrumental activities of daily living (IADLs)

Nature of Long-Term Care

- Variety of services
- Individualized services
- Well-coordinated total care
- Maintenance of residual function
- Extended period of care

Figure 10-3: Key characteristics of a well-designed long-term care system.

Health care delivery system

Promotion of independent functioning

Access to appropriate LTC services

Rational integration

Evaluation and reevaluation

Individual needs

Type and degree of impairment

Non-long-term care services

Long-term care services

KEY CHARACTERISTICS

1. The LTC system is rationally integrated with the rest of the health care delivery system. This rational integration facilitates easy access to services between the two components of the health care delivery system.
2. Appropriate placement of the patient within the LTC system is based on an assessment of individual needs. For example, individual needs determine whether and when institutionalization may be necessary.
3. The LTC system accommodates changes in individual needs by providing access to appropriate LTC services as determined by a reevaluation of needs.
4. LTC services are designed to compensate for existing impairment and have the objective of promoting independence to the extent possible.

Nature of Long-Term Care

- Holistic care
- Quality of life
  - Loss of self-worth accompanies disability.
  - Patients remain in LTC settings for long periods.
- Use of current technology
  - Personal emergency response system (PERS)
- Use of evidence-based practices
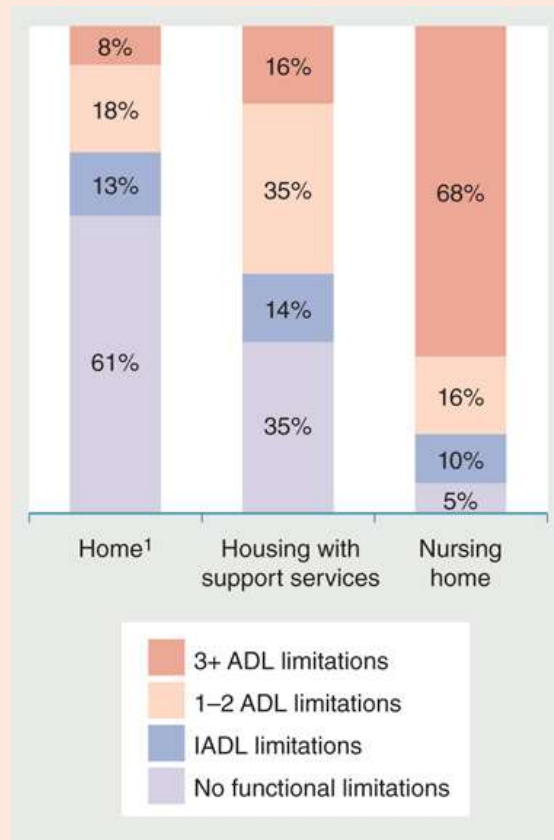
Long-Term Care Services

- Medical care, nursing, and rehabilitation
- Mental health services and dementia care
  - Caring for dementia patients is a major focus in LTC.
- Social support
- Preventive and therapeutic long-term care
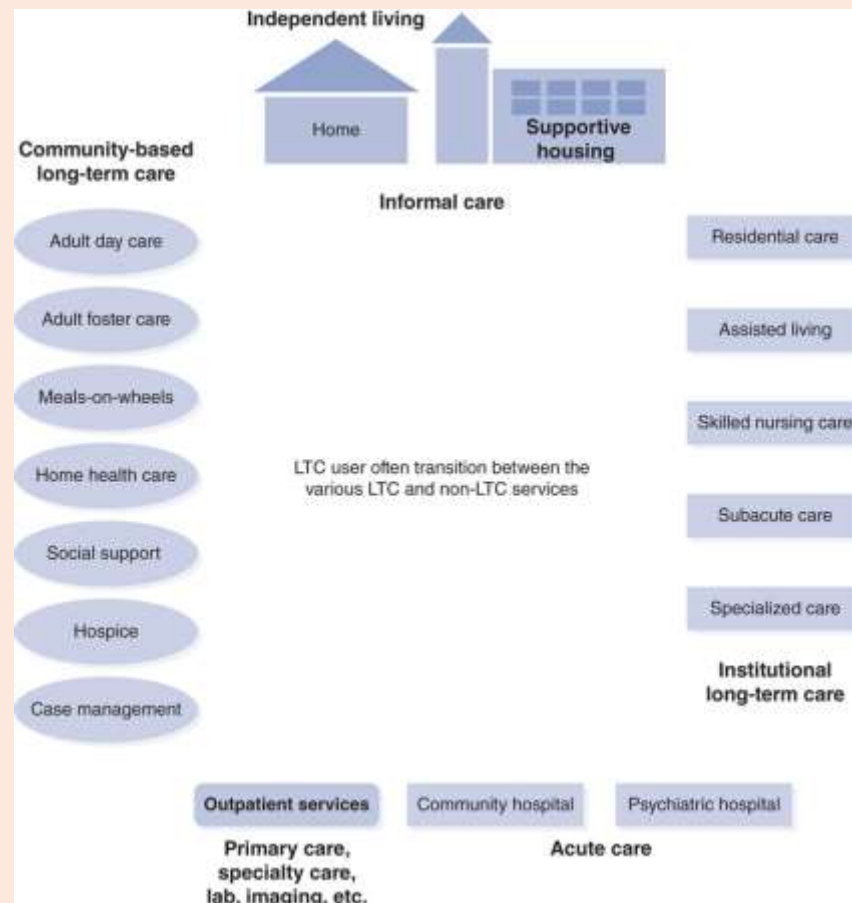- Informal and formal care

- Respite care

- Community-based and institutional services

- Housing

  – Private and public housing

- End-of-life care

Figure 10-2: Medicare enrollees age 65 and older with functional limitations according to where they live, 2009.

Figure 10-4: Range of services for those in need of long-term care.

Users of Long-Term Care

- 50% of LTC users are younger than age 65.
  - Developmental disability (DD)
  - Intellectual disability (ID)
  - Patients with HIV/AIDS

Figure 10-5: Users of long-term care by age group.
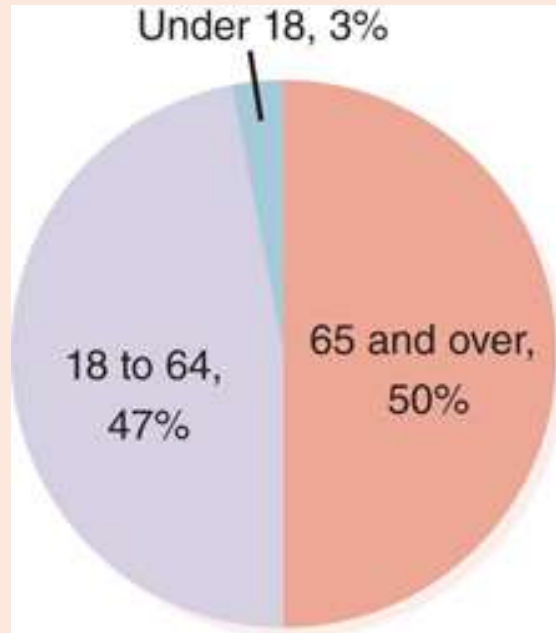
Data from Iglehart, J.K. 2016. Future of long-term care and the expanding role of Medicaid managed care. New England Journal of Medicine 374: 182–187.

Level of Care Continuum

- Personal care
  - Paraprofessionals
- Custodial care
- Restorative care
- Skilled nursing care
  - Rehabilitation is an important component.

Level of Care Continuum

- Four categories of subacute care services
  1. Extensive care
  2. Special
  3. Clinically complex care
  4. Intensive rehabilitation

Home- and Community-Based Services
(1 of 4)

- Home health care

- Adult day care
  - Medicaid provides funding.

- Adult foster care

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Home- and Community-Based Services

Figure 10-6 Most frequently provided services to home health patients.

Figure 10-7 Sources of payment for home health care, 2014.
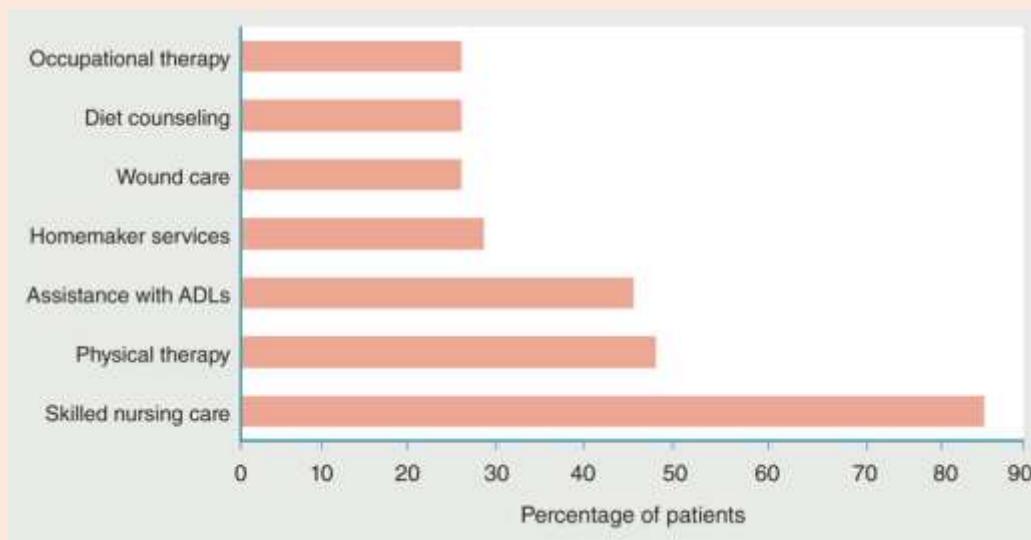
Data from Jones, A. L., et al. 2012. Characteristics and use of home health care by men and women aged 65 and over. National health statistics reports, No. 52. Hyattsville, MD: National Center for Health Statistics.
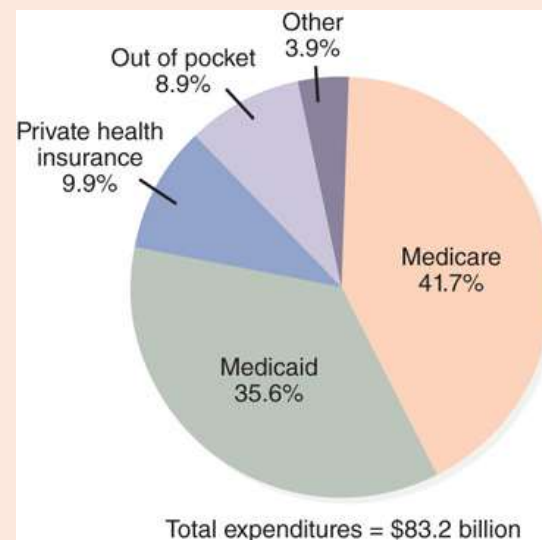
Data from National Center for Health Statistics. 2016. Health, United States, 2015. Hyattsville, MD: U.S. Department of Health and Human Services. p. 298.

Home- and Community-Based Services

- Senior centers
- Home-delivered and congregate meals
  - Elderly nutrition program (ENP)
  - Meals-on-wheels
- Homemaker services
- Continuing care at home

Home- and Community-Based Services

- Case management
  - Brokerage model
  - Managed care/integrated model
- Recent policies related to community-based services
  - Money follows the person
  - Community first choice

Institutional Long-Term Care Continuum

- Residential and personal care facilities
- Assisted living facilities
- Skilled nursing facilities
- Subacute care facilities—three main locations
  - Long-term care hospitals (LTCHs)
  - Hospital transitional care units certified as SNFs
  - Freestanding nursing homes

Specialized Care Facilities

- Intermediate care facilities for individuals with intellectual disabilities
  - Most patients have disabilities in addition to ID
- Alzheimer's facilities

Continuing Care Retirement Communities

- Three common types of CCRC contracts
  - Life care or extended contract
  - Modified contract
  - Fee-for-service contract

Institutional Trends, Utilization, and Costs

- Community-based services and assisted living absorbed much of the nursing home care.

- Rising cost of institutional care.

- Five nursing home chains operate more than 9% of U.S. nursing homes.

Table 10-1: Trends in Number of Long-Term Care Facilities, Beds/Resident Capacity, and Prices, Selected Years

Type of Facility	Number of Facilities	Total Bed Capacity	Beds per 1,000 Population	Occupancy Rate	Average Length of Stay (Days)	Average Price (Annual)
Nursing homes						
2010	15,004	1,667,900	41.4	83.3%	188	$67,525[1]
2015	15,219	1,678,200	35.1	81.5%	180	$80,300[1]
Hospital-based skilled nursing facilities						
2009	930 (13.2% of hospitals)			74.5%	145.0	
2014	681 (9.5% of hospitals)			71.8%	160.4	
Assisted living facilities						
2010	15,781	779,700 (2011)				$38,220[2]
2015	15,836	789,800				$43,200[2]

Data from Genworth Financial, Inc. 2010. Genworth 2010 cost of care survey. Richmond, VA: Author; Genworth Financial, Inc. 2015. Genworth 2015 cost of care survey. Richmond, VA: Author; Sanofi-Aventis. 2016. Managed care digest series: Public payer digest, 2016. Bridgewater, NJ: Author.

Insurance for Long-Term Care

- Medicare does not cover most LTC services.

- Medicaid requires spending one's assets to poverty levels to qualify.

- Public policy created few incentives to spur LTC insurance growth.

- ACA did little to address the LTC dilemma.

Summary

- Need for LTC increases
  - Due to severe chronic condition, multiple illnesses, or cognitive impairment
- LTC includes
  - Medical care, nursing, rehabilitation, social support, and mental health care
  - Housing alternatives and end-of-life care

Summary

- Nursing homes require
  - SNF certification to admit Medicare patients
  - NF certification to admit Medicaid patients
- Industry has become more competitive.
- Medicaid and Medicare expenditures for LTC will be unsustainable in the long term.