In Brief: National Academy of Science's Nursing Home Report

On April 6, 2022, the Committee on the Quality of Care in Nursing Homes – as part of the National Academy of Sciences – published "The national imperative to improve nursing home quality: Honoring our commitment to residents, families, and staff". This 600 page document evaluates the state of nursing home care in the United States and provides suggestions to improve the quality of care. The full document is available here. We have provided a brief summary of the document below – for more detailed analysis and other breakdowns of the document, check out the following links:

Report Release Webinar: This video from the Academy discusses the findings and recommendations of their new report.

A Broken System: New Proposals to Overhaul Nursing Homes Laid Out in Landmark Report: This article from Skilled Nursing News provides context and commentary on key report findings.

Major report says nursing home care, funding system need overhaul: This article from PBS discusses the report.

Report: nursing home quality of care declining, action and research needed: this article from MedCity News discusses the report.

National Academy of Sciences' Nursing Home Report Continues the Drumbeat for Reform: this article from the Center for Medicare Advocacy summarizes the report.

The committee, which conducted its work over two years, reached seven overarching conclusions about the state of nursing home care. Essentially, nursing homes are currently inefficient and unsustainable. They suffer from a lack of investment and oversight and immediate action is needed to change this.

The State of Nursing Home Care:

1. "The way in which the United States finances, delivers, and regulates care in nursing home settings is ineffective, inefficient, fragmented, and unsustainable." (Page 2)
2. "Immediate action to initiate fundamental change is necessary." (Page 2)
3. Key players who work with nursing homes need to make a clear, shared commitment to care for nursing home residents. (Page 3)
4. Quality improvement strategies should not make disparities among residents worse. (Page 3)
5. "High quality research is needed to advance the quality of care in nursing homes." (Page 3)
6. Nursing homes have suffered from underinvestment and poor resource allocation. (Page 3)
7. "[All] relevant federal agencies need to be granted the authority and resources from the U.S. Congress to implement the recommendations of this report." (Page 4).

They then identified seven goals to change nursing home care. Within these goals, they provide multiple strategies for achieving them.

Strategies for Change:

First, nursing homes need personalized and fair care that focuses on quality of care and life. They recommend that facilities and individuals plan for care in advance. They also call for research into new care models, and updates to make nursing homes more home-like.

Changes also need to be made to staffing and compensation. Nursing home staff need both increased pay and increased standards. Further, nursing homes should implement strategies to provide specialist care in house.

To continuously get better, we need more performance measures, and strategies to improve our results. Nursing homes should complete the switch to electronic health records. They need greater access to and use of health information technology. Through better data collection and storage, nursing home outcomes can be tracked. This will improve quality of care for patients and improve our ability to track outcomes.

It is also vital that we update our quality assurance mechanisms. State agencies need the resources to meet their responsibilities; we need increased funding for the Long Term Care Ombudsman Program. Finally, enforcement of existing regulations should be made a priority.

How do we fund these strategies and to ensure that residents receive proper care? One strategy for this funding is to ensure that Medicaid provides adequate payments and to move towards federal coverage of care. Additionally, more research is needed into alternative payment models.

There is much work to do to improve the state of our nursing homes. While many changes were implemented the last time this report was published - in 1986 - there remain gaps in care. We are hopeful that - after a global pandemic that has spotlighted these gaps - more changes will be made following this publication.

<p style="text-align:center">List of Goals and Strategies</p>

Goal 1: *"Deliver comprehensive, person centered*, equitable care that ensures the health, quality of life, and safety of nursing home residents; promotes resident autonomy; and manages risks."*	
Care Planning	
Strategy 1A	• Use structured, shared decision-making methods to determine resident care preferences. • "Documentation, review, and evaluation of the resident's care plan and its implementation."
Models of Care	
Strategy 1B	• Research the most effective models of care. • Prioritize models that increase community and decrease disparities. • Evaluate innovations.
Emergency Preparedness and Response	
Strategies 1C and 1D	• "Reinforcement and clarification of the emergency support functions of the National Response Framework;" • Formalize relationships between nursing homes and local, county, and state-level communities and organizations. • Represent nursing homes in disaster planning. • "Ready access to personal protective equipment (PPE)." • Enforce existing regulations. • Include emergency planning measures in Care Compare (a tool to compare care options).
Physical Environment	
Strategy 1D	• Create incentives to update nursing homes and make them more home-like. • Ensure updates include private rooms and bathrooms. • "Allowing flexibility to address a range of resident care and rehabilitation needs."

*Person-centered care places significant focus on the values and preferences of individuals rather than a "one size fits all" approach.

Goal 2: *Ensure a well-prepared, empowered, and appropriately compensated workforce.*	
Compensation	
Strategy 2A	• Ensure wages and benefits are competitive.

Staffing Standards and Expertise	
Strategy 2B	Require each nursing home to have: • an RN on site 24 hours a day, 7 days a week. • a Full-time social worker • an infection prevention and control specialist
Strategy 2C	• Research best practices on direct-care staffing and • "update regulatory requirements based on findings from this research."
Strategy 2D	• Have experts such as social workers, advanced practice registered nurses (APRNs), psychologists, psychiatrists, pharmacists and others as employees or consultants. • create incentives, including Medicare billing and reimbursement, for hiring social workers and APRNs
Empowerment of Certified Nursing Assistants (CNAs)	
Strategy 2E	• "Career advancement opportunities and peer mentoring; • free entry-level training and continuing education; • coverage of time for completing education and training programs; • expansion of the role of the CNA; and • new models of care that take greater advantage of the role of the CNA as a member of the interdisciplinary team."
Education and Training	
Strategy 2F	• Education and competency requirements for nursing home administration and directors; • increased training for CNAs; • pathways to achieve baseline requirements for current staff; and • inclusion of geriatric, long-term, and palliative care in education programs.
Strategy 2G	• "Annual continuing education for all nursing home staff;" • diversity, equity, and inclusion training; • "resources and training for family caregivers; and • participation of chosen family as part of the caregiving team (in the manner and to the extent desired)."
Data Collection and Research	
Strategy 2H	Regularly collect data about: • demographic information of nursing home administration; • training and staffing of various experts (i.e. social workers, physicians, APRNs) • staffing of contract and temporary employees.
Strategy 2I	• Research on barriers to staffing; and • "collection of gender, ethnicity, and race-related outcomes of job quality indicators."

Goal 3: Increase Transparency and Accountability of Finances, operations, and ownership	
Strategy 3A and 3B	• Collect publicly available, facility-level data about nursing home finances and operations;

	• develop a searchable database that makes data easy to access and use; • ensure that data is searchable by owner (i.e. one owner of multiple nursing homes); • evaluate and track quality of care; and • assess various ownership models.

Goal 4: Create a more rational and robust financing system	
Strategy 4A	• Move towards a federal long-term care benefit.
Ensuring Adequacy of Medicaid Payments	
Strategy 4B	• Ensure that Medicaid (and federal) payments are enough to cover nursing home care.
Paying for Direct Care Services	
Strategy 4C	• "[Designate] a specific percentage Medicare and Medicaid payments for direct-care services for nursing home residents."
Value Based Payment for Nursing Home Care	
Strategy 4D	• "Extend the existing bundled payment initiatives to all conditions;" and • hold hospitals accountable for outcomes.
Strategy 4E	• Research alternate payment models for long-term care. For example: • "Use of global capitated budgets; • Making care provider organizations or health plans accountable for the total costs of care; • Inclusion of post-acute and hospice care in the capitated rate; and • Tying payments to broad-based quality metrics."

Goal 5: Design a more effective and responsive system of quality assurance	
State Surveys and Centers for Medicaid and Medicare Services (CMS) Oversight	
Strategy 5A	• Ensure that state agencies have the capacity to meet their responsibilities, including investigation of complaints and enforcement; • update oversight performance metrics; and • using existing enforcement strategies with states that consistently fall short.
Strategy 5B	Develop strategies to improve quality assurance, including: • enhanced monitoring of performance; • more oversight over poor-performing facilities; • less oversight for high performing facilities, where safe; and • enforcement beyond monetary penalties.
The Long Term Care Ombudsman Program	
Strategy 5C	"Increased funding for the Long-Term Care Ombudsman Program to: • Hire additional paid staff; • Train staff and volunteers;

	• Bolster programmatic infrastructure; • Make data on programs and activities publicly available; • Develop metrics to document the effectiveness of the programs; and • Eliminate cross-state variation in capacity." • Increased collaboration.
Quality Assurance, Transparency, and Accountability	
Strategy 5D	• "Implement strengthened oversight across facilities with a common owner; and • deny licensure and imposing enforcement actions on owners with a pattern of poor-quality care across facilities."
Certificate of Need Regulations and Construction Moratoria	
Strategy 5E	Eliminate certificate-of-need requirements and construction bans.

Goal 6: Expand and Enhance Quality Measurement and Continuous Quality Improvement	
Quality Measurement	
Strategies 6A and 6B	"Addition of measures to Care Compare related to: • Resident and family experience; and • Weekend staffing and staff turnover by role." • Make staffing measures worth more; • measure quality across facilities; • improve the validity of the data; and • improve the effectiveness of each measure.
Strategy 6C	Add new measure to Care Compare for: • "Palliative care and end-of-life care; • Implementation of the resident's care plan; • Receipt of care that aligns with resident's goals, and the attainment of those goals; • Staff well-being and satisfaction; • Psychosocial and behavioral health;" and • measures of health infrastructure.
Health Equity	
Strategy 6D	• Develop an overarching health equity strategy for nursing homes; • develop measures to identify disparities; • develop national report card that includes these disparities; • develop interventions and policies that take culture in to account; and • develop strategies to prioritize action around these disparities.
Quality Improvement	
Strategy 6E	Develop technical assistance programs at the state level that include: • data standards to help with comparisons; • accountability around the effectiveness of services; • "coordination with state surveyors and ombudsmen; and

	• partnerships with relevant academic institutions of higher education."

Goal 7: Adopt Health Information Technology in all nursing homes	
Strategy 7A	• Provide financial incentives for adopting electronic health records.
Strategy 7B	• Develop measures of HIT adoption; and • report perceptions of useability.
Strategy 7C	• Provide training in core HIT competencies for nursing home staff.
Strategy 7D	• Study HIT use, disparities, and innovation.