



Health Care Opinion Leaders' Views on the Future of Long-Term Care

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ABSTRACT: The 15th Commonwealth Fund/*Modern Healthcare* Health Care Opinion Leaders Survey asked a diverse group of experts for their perspectives on the future of long-term care in the United States. Four of five of the experts surveyed believe that it is important or very important to secure adequate financing of long-term care, improve quality of long-term care facilities, and develop a health care workforce that is sufficient in size and skill to provide long-term care. Adding a long-term care benefit to Medicare, financed by a premium, is favored by nearly four of five respondents. Over two-thirds (69%) say it is important or very important for presidential candidates' health reform plans to address quality and financing of long-term care.

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Overview

Over the next quarter-century, the number of adults age 65 or older is estimated to double—from 35 million to 71 million—creating accelerating demands on the U.S. health care system.¹ With the aging of the baby boom generation, the increasing life expectancy of Americans, and spending on long-term care for the elderly projected to more than double over the next 30 years,² there is ample reason to be concerned about how the nation will provide its aging population with high-quality care and a good quality of life—and, equally important, how it will finance that care.

The latest Commonwealth Fund/*Modern Healthcare* Health Care Opinion Leader Survey asked about the most urgent challenges facing long-term care and potential strategies for addressing them. Experts in sectors as diverse as academia, health care delivery, health industry, business, labor, consumer advocacy, and government agreed that the three most urgent challenges facing long-term care are securing adequate financing, improving the quality of care in long-term care facilities, and developing a health care workforce that is sufficient in size and skill to provide long-term care. The majority of opinion leaders also

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agreed that payment for long-term care should primarily be a shared responsibility between individuals and the government; in fact, nearly four of five (79%) support adding a long-term care benefit to Medicare, financed by a premium. Moreover, experts agreed that payment incentives would be the most effective strategy for improving the quality of home health services and the care delivered in nursing homes and assisted-living facilities.

THE HEALTH CARE OPINION LEADERS SURVEY

The Commonwealth Fund and *Modern Healthcare* commissioned Harris Interactive to solicit the perspectives of a diverse panel of health care experts on issues related to the delivery, financing, and quality of long-term care. *The survey*—the 15th in a continuing series of health care opinion leader surveys—was conducted online within the United States between June 2 and June 30, 2008, among 1,078 leaders in health policy and innovators in health care delivery and finance. (See box on page 10 for complete study methodology.)

Leading Challenges Facing Long-Term Care

Long-term care is an important but often neglected part of the health care system. It accounts for more than 10 percent of all national health expenditures, or upwards of \$200 billion. Two-thirds of long-term care

expenditures are financed by public programs, primarily Medicaid and Medicare.³ As the population ages, the share of health spending accounted for by the long-term care sector will grow, placing increasing demands on government budgets.

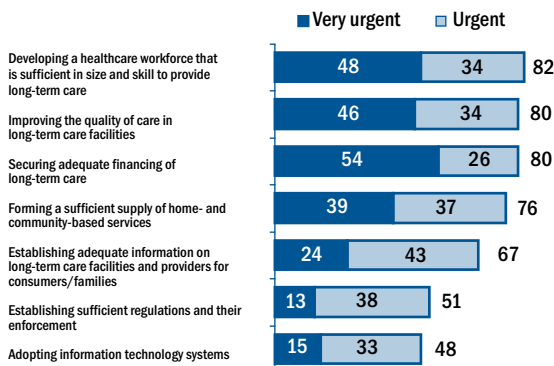
Not surprisingly, four of five respondents to the survey said it is urgent or very urgent to secure adequate financing (80%), develop a health care workforce that is sufficient in size and skills to provide long-term care (82%), and improve the quality of long-term care facilities (80%) (Figure 1). Three-fourths think that forming a sufficient supply of home- and community-based services is urgent or very urgent (76%). Two-thirds think establishing information on long-term care facilities and providers for consumers and families is urgent or very urgent. About half agree that establishing sufficient regulations and enforcing them (51%) and adopting information technology systems (48%) are urgent challenges.

Who Should Pay for the Long-Term Care Needs of Americans?

Much has been made of projections that show Medicare and Medicaid consuming an ever-greater share of the federal budget and the nation’s gross domestic product. But simply shifting costs onto older Americans will not make the financial problem disap-

Figure 1. Policymakers Cite an Adequate Workforce, Improving Quality, and Securing Adequate Financing as the Most Urgent Challenges Facing Long-Term Care

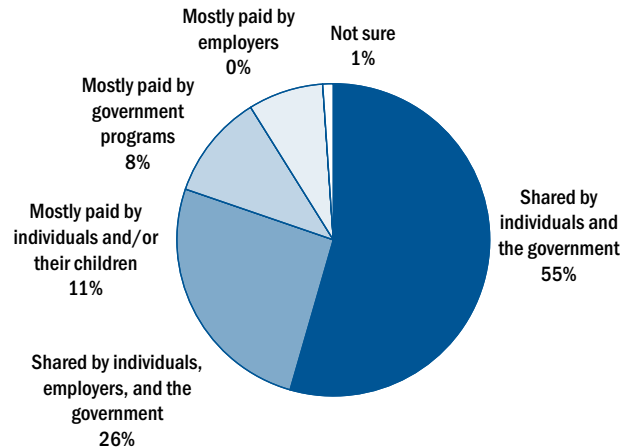
“In your opinion, how urgent are the following challenges facing long-term care for policymakers and health care leaders to address?”



Source: Commonwealth Fund Health Care Opinion Leaders Survey, June 2008.

Figure 2. More Than Half of Opinion Leaders Say Long-Term Care Costs Should Be Shared by Individuals and the Government

“Whom do you think should pay for long-term care? Costs for long-term care should be...”



Source: Commonwealth Fund Health Care Opinion Leaders Survey, June 2008.

pear. Few individuals have sufficient savings to pay for long-term care if they were to become unable to care for themselves, and insurance for long-term care is still quite limited.

Opinion leaders overwhelmingly agree that individuals and their families should not shoulder all the responsibility for paying for long-term care (Figure 2). Instead, the most-endorsed approach among leaders from all sectors is that government and individuals should share the responsibility for paying for long-term care (55%). A minority (26%) of panelists indicated that employers, together with individuals and the government, should share the responsibility for paying for long-term care.

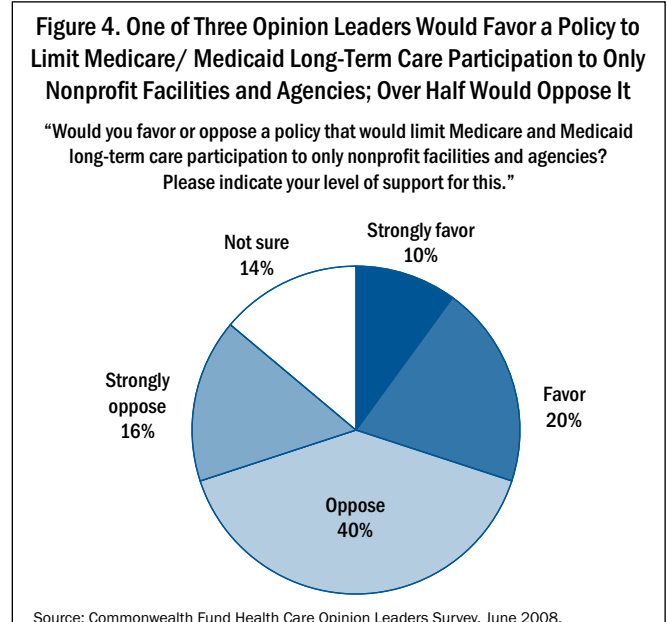
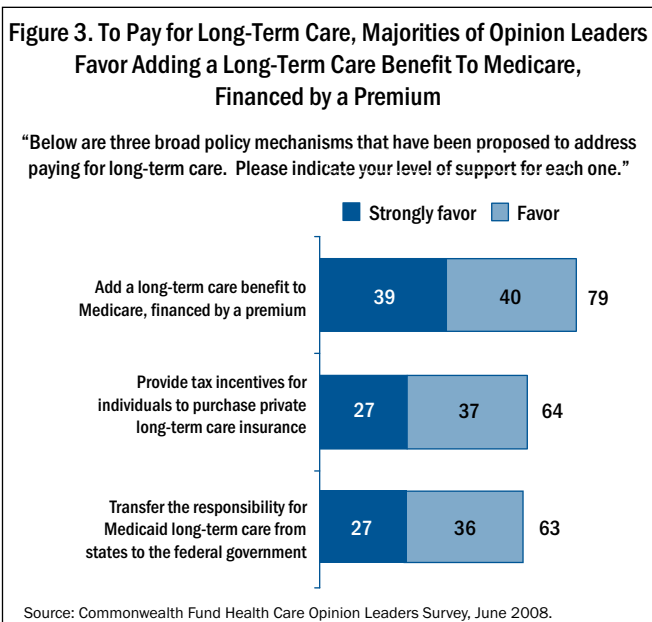
While many nations have turned their attention to their aging populations and have established systems for financing long-term care, the United States has taken little action to address the issue. We asked opinion leaders to weigh in on alternative approaches for paying for the country's long-term care needs, as well as on policy strategies for controlling the growing cost of long-term care (Figure 3).

Overall, respondents favor adding a long-term care insurance benefit to Medicare, financed by a premium (79%). Fewer respondents, though still a strong majority, favor providing tax incentives for individuals to purchase private long-term care insurance (64%). At the same time, an overwhelming majority of

opinion leaders—nine of 10—feel that the long-term care insurance industry needs strong regulation (91%) (Table 1).

Among the other options, transferring responsibility for Medicaid long-term care from states to the federal government was supported by three of five respondents (63%). Although respondents from the business sector, health insurance, and other health care industries were least supportive of this option, over half (55%) were nevertheless in favor of making such a change. Leaders in academia, research, government, labor, and consumer advocacy were among those most opposed to a policy that would provide tax incentives for individuals to purchase private long-term care insurance; three of 10 leaders in health care delivery also opposed this approach (Table 2).

A majority of long-term care providers are for-profit entities. Recent congressional hearings have raised questions about practices within the for-profit sector that undermine quality and value of care provided.⁴ When we asked opinion leaders what they thought of a policy that would limit Medicare and Medicaid long-term care participation to only non-profit facilities and agencies, only one of three had a favorable opinion, while over half opposed or strongly opposed such a shift in policy (Figure 4). Still, 14 percent of respondents were not sure whether to support or oppose this strategy, suggesting that there is uncer-



tainty about the possible ramifications of such a measure on access to needed long-term care services.

The Quality of Long-Term Care

Since the federal nursing home reform law went into effect in 1987, the quality of care in nursing homes across the country has improved significantly. In particular, the use of physical restraints by nursing home staff has dropped considerably.⁵ Still, serious concerns about the quality of long-term care remain.

Opinion leaders were asked to share their thoughts on the effectiveness of a number of approaches that might ensure the delivery of higher-quality care by home health providers, nursing homes, and assisted-living facilities. From a list of policy strategies, nearly three-fourths of leaders (74%) agreed that using payment incentives to improve quality—such as earmarked rate enhancements to improve staffing levels, decrease turnover rates, or restrict use of temporary agency staff—would be the most effective approach (Figure 5). Six of 10 respondents (61%) also said that expanding the public availability of information on the quality and price of nursing home and home health care would prove effective. Over half of respondents (56%) said that having a full-time physician or nurse practitioner on site at nursing homes would be an effective strategy for improving long-term care.

Most experts, however, expressed doubt about the potential effectiveness of voluntary quality assurance and improvement efforts in which nursing homes select problem areas and set their own improvement targets. Still, there are significant voluntary efforts now under way that have shown promise. One notable example is the Advancing Excellence in America’s Nursing Homes campaign, a high-level public–private partnership that is helping nursing homes meet specific performance targets. So far, 44 percent of nursing homes—nearly 7,000 homes—have joined the campaign. Compared to non-participating facilities, first-year data show greater improvements in the clinical goal areas selected by participating nursing homes.⁶

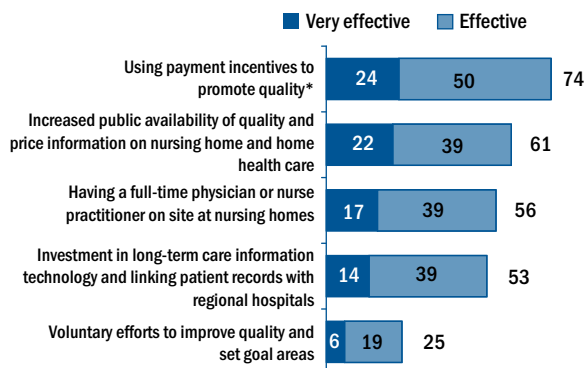
Help for Consumers and Families

The need for long-term care sometimes comes with little warning. It can be precipitated by a stroke or other health calamity, as well as by the sudden loss of a family caregiver. But even when families have time to prepare, they often have little information to help them weigh the suitability of alternatives. Having a guide to point the way is viewed as an effective strategy for helping people make informed long-term care choices.

The survey asked respondents to evaluate the effectiveness of various strategies that would help people make informed choices when navigating the long-

Figure 5. Using Payment Incentives to Promote Quality Perceived to Be Most Effective Potential Strategy for Improving Long-Term Care

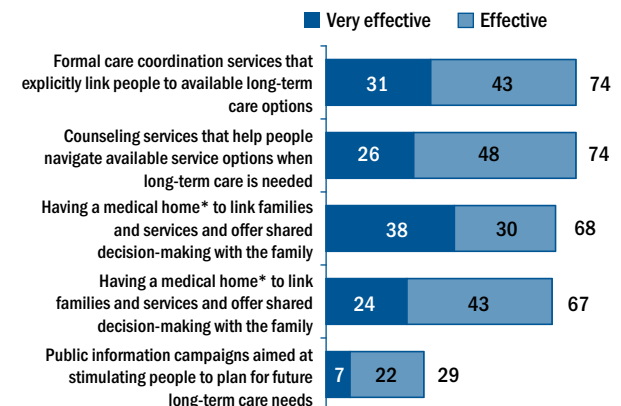
“How effective do you think each of the following strategies would be in assuring and improving high quality of care in home health, nursing homes, and assisted-living arrangements?”



*Such as earmarked rate enhancements to improve staffing levels, decrease turnover rates, or limit use of agency staff.
Source: Commonwealth Fund Health Care Opinion Leaders Survey, June 2008.

Figure 6. Consumers and Families Need Assistance in Making Informed Choices About Long-Term Care

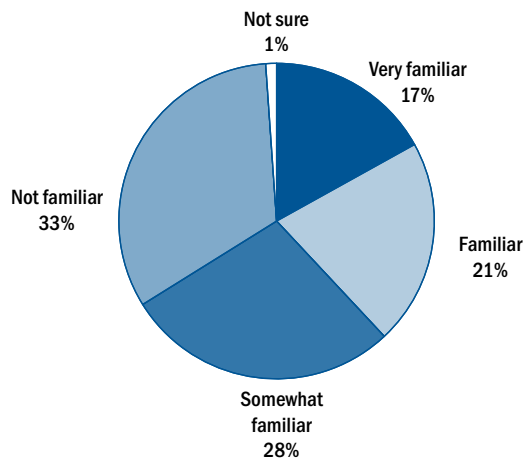
“How effective do you think each of the following strategies would be in helping people make informed choices when navigating the long-term care system?”



*“Medical home” is defined as a patient-centered primary care practice that is designed to offer accessible, continuous, and coordinated care.
Source: Commonwealth Fund Health Care Opinion Leaders Survey, June 2008.

Figure 7. Majorities of Opinion Leaders Are at Least Somewhat Familiar with Culture Change and the Resident-Centered Care Movement

"A growing movement, known as 'culture change' or 'resident-centered care,' is working to deinstitutionalize long-term care and radically transform the nursing home environment. In a culture change model, seniors enjoy much of the privacy and choice they would experience if they were still living in their own home. Nursing home residents are given greater control over their daily lives (e.g., daily schedules, food choices, other decisions) and there is a living environment that is designed to be a home rather than an institution. How familiar are you with the culture change or resident-centered care movement in nursing homes?"



Source: Commonwealth Fund Health Care Opinion Leaders Survey, June 2008.

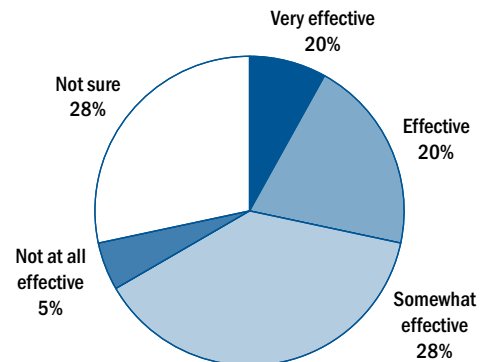
term care system. Nearly three-fourths of health care opinion leaders (74%) thought that formal care coordination services that explicitly link people to appropriate long-term care options would be effective or very effective (Figure 6). A similar proportion thought that counseling services that help people navigate available service options when long-term care is needed would be effective.

In addition, more than two-thirds (68%) of health care opinions leaders think that having a "medical home"—defined as a patient-centered primary care practice designed to offer accessible, continuous, and coordinated care—would be effective in linking families to services and helping families with long-term care decision-making. To be effective medical homes, however, physician practices would themselves need better information and access to resources within their community than is currently generally available.

Few leaders saw general public-information campaigns as an effective strategy for helping people make choices either for themselves or for relatives. More than likely, this lack of support reflects a consen-

Figure 8. Nearly One of Three Opinion Leaders Familiar with Culture Change Believe It Has Been Effective in Improving the Quality of Care in Nursing Homes

"How effective has the 'culture change' or 'resident-centered care' movement been in improving the quality of care in nursing homes?*"



*Asked of those familiar with culture change/resident-centered care.
Source: Commonwealth Fund Health Care Opinion Leaders Survey, June 2008.

sus that ad campaigns cannot adequately address the complex issues involved in such crucial family decisions.

The Culture Change Movement

Over the last decade, a growing movement within the nursing home industry known as "culture change" has been seeking to radically transform the nursing home experience. In nursing homes that adopt the principles of culture change, residents are given greater control over their daily lives, and nurse's aides—the frontline workers responsible for day-to-day, hands-on care—are given greater autonomy to care for residents. In addition, the physical and organizational structure of such facilities has been designed to feel more like a home than an institution.

Survey participants were asked about their familiarity with the culture change movement and what effect, if any, culture change has had on nursing home quality. Over a third of respondents said they were familiar with the culture change movement, while another 28 percent were somewhat familiar (Figure 7). One-third of opinion leaders were not familiar with the movement. Among leaders who were at least somewhat familiar with culture change, about one of three (28%) said it has been effective in its goal of improving the quality of care in nursing homes, and another 38 percent indicate it has been somewhat effective (Figure 8). Of those who were at least some-

what familiar with this movement, 28 percent were not sure whether it has had any impact on nursing home performance.

These findings suggest that evidence about the benefits of implementing culture change and resident-centered care need to be more widely disseminated. Findings from The Commonwealth Fund's National Survey of Nursing Homes show that in facilities that incorporate some aspects of culture change, substantial benefits accrue to residents and to nursing homes themselves in the form of better staff retention, higher occupancy rates, better competitive position, and improved operational costs.⁷ As awareness of these and other advantages grows, it is likely that many more nursing homes will begin to make the changes in human resource management, physical environment, and care delivery that are the hallmarks of resident-centered care.

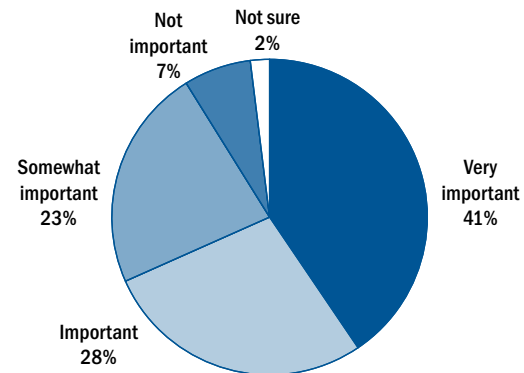
THE NEED FOR NATIONAL LEADERSHIP

Not since the days when Florida congressman Claude Pepper championed the interests of the elderly has the issue of long-term care policy risen to the level of a public priority.⁸ Yet, seven of 10 (69%) opinion leaders agreed that the presidential candidates should address in their health reform plans the quality and financing of long-term care (Figure 9). If real progress is to be made in securing financing and improving quality, long-term care must be made a focus of national policy debate.

The Commonwealth Fund Commission on a High Performance Health System has documented the need for action to improve both the quality and efficiency of long-term care. Its 2008 National Scorecard on U.S. Health System Performance found that quality of care and transitions in care between nursing homes and hospitals are highly variable across states and across nursing homes.⁹ For example, the proportion of long-stay nursing home residents who are hospitalized ranges from 12 to 27 percent in the bottom and top 10 percent of states, respectively, with a national average of 19 percent. Potentially avoidable hospitalizations not only lead to higher health care costs, but they also

Figure 9. Opinion Leaders Believe It Is Important That the Health Reform Plans of the Presidential Candidates Address Quality and Financing of Long-Term Care

"Thinking about the health reform plans of the presidential candidates, how important is it that their plans address the quality and financing of long-term care?"



Source: Commonwealth Fund Health Care Opinion Leaders Survey, June 2008.

can have serious detrimental effects on the physical and mental well-being of frail elderly adults.

Quality is also highly variable across geographic regions. In the top tenth of states, the rate of pressure sores among high-risk nursing home residents averages 7 percent, compared with 17 percent within the bottom tenth. And the use of physical restraints ranged from 2 percent of all residents in the top tenth of states to 12 percent in the bottom tenth, with a national average of 6 percent.

Increasing nursing homes' retention of trained and qualified certified nurse's aides is an effective strategy for improving the quality of resident care. Currently, turnover rates are high, ranging from 38 percent of aides in the top-performing group of states to 119 percent in the worst-performing group, with an average of 71 percent.¹⁰ Working on ways to improve job satisfaction and creating incentives for nursing homes to retain their qualified staff are ways to reduce turnover and improve care.

As Hubert Humphrey famously said, "The moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those in the shadows of life—the sick, the needy, and

the handicapped.”¹¹ Guaranteeing that all Americans have access to high-quality long-term care when they require it must become a top priority of the nation, as must raising the performance of the long-term care system overall. If we fail to plan now for the long-term care needs of our aging population, we run the risk that we will run out of alternatives for ensuring a good quality of life at the end of life.

NOTES

¹ U.S. Census Bureau, 2004, “U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin,” <http://www.census.gov/ipc/www/usinterimproj/>.

² D. G. Stevenson, “Planning for the Future: Long-term Care and the 2008 Election,” *New England Journal of Medicine*, May 2008 358(19):1985–87.

³ M. J. Koren, *Caring for an Aging America*, Invited Testimony: U.S. House of Representatives Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Hearing on Health Care Access and the Aging of America, Feb. 15, 2007.

⁴ U.S. House of Representatives Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Hearing on Health Care Access and the Aging of America, Feb. 15, 2007.

⁵ A. Shih, D. M. Dewar, and T. Hartman, “Medicare’s Quality Improvement Organization Program Value in Nursing Homes,” *Health Care Financing Review*, Spring 2007 28(3):109–16.

⁶ M. J. Koren, *Caring for an Aging America*.

⁷ M. M. Doty, M. J. Koren, and E. L. Sturla, *Culture Change in Nursing Homes: How Far Have We Come? Findings From The Commonwealth Fund 2007 National Survey of Nursing Homes* (New York: The Commonwealth Fund, May 2008).

⁸ D. Durenberger, *The U.S. Long Term Care System: Ripe for Reform*, commentary, The Commonwealth Fund, Dec. 29, 2005.

⁹ The Commonwealth Fund Commission on a High Performance Health System, *Why Not the Best? Results from a National Scorecard on U.S. Health System Performance, 2008* (New York: The Commonwealth Fund, July 2008).

¹⁰ M. J. Koren, *Caring for an Aging America* (accompanying chartpack); The Commonwealth Fund Commission on a High Performance Health System, *Why Not the Best?*

¹¹ From his remarks dedicating the Hubert H. Humphrey Building (the headquarters of the U.S. Department of Health and Human Services) in Washington, D.C., Nov. 1, 1977. Hubert H. Humphrey Quote Page, <http://home.att.net/~howington/hhh.html>.

Table 1.

SUPPORT FOR STRONGER REGULATION OF LONG-TERM CARE INSURANCE INDUSTRY

“Long-term care insurance has come under scrutiny for failing to deliver needed coverage. For example, protracted approval processes, denial of payments for services already received, and other problems weaken public confidence in purchasing coverage. One proposal is to have stronger regulation of the long-term care insurance industry in light of alleged abuses.

Please indicate your level of support for this proposal.”

	Total (n=196)	Academic/ Research Institution (n=101)	Health Care Delivery (n=42)	Business/ Insurance/Other Health Care Industry (n=53)	Government/ Labor/ Consumer Advocacy (n=33)
	%	%	%	%	%
Strongly favor	45	46	45	43	48
Favor	46	46	43	45	42
Oppose	3	1	5	8	3
Strongly oppose	1	2	---	---	---
Not sure	3	4	5	2	3

Base: 196 respondents.

Note: Percentages may not add up to 100 percent due to rounding or no response.

Table 2.

SUPPORT FOR POLICY MECHANISMS TO ADDRESS PAYING FOR LONG-TERM CARE

“Below are three broad policy mechanisms that have been proposed to address paying for long-term care. Please indicate your level of support for each one.”

		Total (n=196)	Academic/ Research Inst. (n=101)	Health Care Delivery (n=42)	Business/ Insurance/ Other Health Care Industry (n=53)	Government/ Labor/ Consumer Advocacy (n=33)
		%	%	%	%	%
	Strongly favor/ Favor (Net)	79	79	78	81	81
Add a long-term care benefit to Medicare, financed by a premium	Strongly favor	39	39	38	43	45
	Favor	40	40	40	38	36
	Oppose	7	6	7	8	3
	Strongly oppose	8	8	7	9	9
	Not sure	5	7	5	2	6
	Strongly favor/ Favor (Net)	64	61	62	72	54
Provide tax incentives for individuals to purchase private long-term care insurance	Strongly favor	27	26	26	42	18
	Favor	37	35	36	30	36
	Oppose	25	27	24	19	36
	Strongly oppose	5	7	5	4	3
	Not sure	4	4	5	2	3
	Strongly favor/ Favor (Net)	63	64	60	55	72
Transfer the responsibility for Medicaid long-term care from states to the federal government	Strongly favor	27	32	36	17	24
	Favor	36	32	24	38	48
	Oppose	20	19	29	28	18
	Strongly oppose	4	5	2	6	-
	Not sure	12	12	10	9	6

Base: 196 respondents.

Note: Percentages may not add up to 100 percent due to rounding or no response.

ABOUT THE HEALTH CARE OPINION LEADERS SURVEY

The Health Care Opinion Leaders Survey was conducted online by Harris Interactive on behalf of The Commonwealth Fund among 196 U.S. opinion leaders in health policy and innovators in health care delivery and finance between June 2, 2008, and June 30, 2008. Harris Interactive sent out individual e-mail invitations to the entire panel containing a password-protected link, and a total of four reminder e-mails were sent to those who had not responded. No weighting was applied to these results.

The initial sample for this survey was developed using a two-step process. The Commonwealth Fund and Harris Interactive jointly identified a number of experts across different professional sectors with a range of perspectives based on their affiliations and involvement in various organizations. Harris Interactive then conducted an online survey with these experts, asking them to nominate others within and outside their own fields whom they consider to be leaders and innovators in health care. Based on the result of the survey and after careful review by Harris Interactive, The Commonwealth Fund, and a selected group of health care experts, the sample for this poll was created. The final list included 1,246 individuals.

In 2006, The Commonwealth Fund and Harris Interactive joined forces with *Modern Healthcare* to add new members to the panel. The Commonwealth Fund and Harris Interactive were able to gain access to *Modern Healthcare*'s database of readers. The Commonwealth Fund, Harris Interactive, and *Modern Healthcare* identified readers in the database that were considered to be opinion leaders and invited them to participate in the survey. This list included 1,467 people. At the end of 2006, The Commonwealth Fund and Harris Interactive removed those panelists who did not respond to any previous surveys. In 2007 recruitment for the panel continued, with *Modern Healthcare* recruiting individuals through their *Daily Dose* newsletter. In addition, Harris Interactive continued to recruit leaders by asking current panelists to nominate other leaders. The final panel size for the Health Care Delivery System Reform survey included 1,078 leaders.

With a pure probability sample of 196 adults (*for a response rate of 18%*), one could say with a 95 percent probability that the overall results have a sampling error of ± 7.0 percentage points. However, that does not take into account other sources of error. This online survey is not based on a probability sample and therefore no theoretical sampling error can be calculated.

The data in this brief are descriptive in nature. It represents the opinions of the health care opinion leaders interviewed and is not projectable to the universe of health care opinion leaders.

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