

Strategic Recommendations for Higher Quality Nursing Home Care in the United States: The NASEM Report

The National Academies of Sciences, Engineering, and Medicine (NASEM) convened a committee in Fall 2020 to address the quality of nursing home care with three specific tasks: (1) examine how our nation delivers, regulates, finances, and measures the quality of nursing home care; (2) delineate a framework and general principles for improving the quality of care in nursing homes; and (3) consider the impact of the coronavirus disease 2019 (COVID-19) pandemic on nursing home care. The Committee comprised 17 members, including six nurses. Over a period of 18 months, the Committee held numerous meetings, including public forums with key stakeholders, conducted extensive reviews of the evidence, and produced a report with seven goals along with recommendations specific to those goals. The complete report is available in print and online (NASEM, 2022).

The following discussion describes the seven goals, which address Tasks 1 and 2. With regard to Task 3, the Committee's conclusion was that the COVID-19 pandemic made evident the long-standing deficiencies in nursing home care in the United States. As a family caregiver stated in her testimony to the committee, "The pandemic has lifted the veil on what has been an invisible social ill for decades."

The pandemic resulted in high rates of mortality for residents and staff and shed light on each area described in the Committee's recommendations.

ADDRESSING DISPARITIES IN NURSING HOMES

The Committee recognized the systemic inequities that have perpetuated disparities among staff and residents in the nursing home setting for far too long and the multifaceted nature in which these inequities exist (Sloane et al., 2021). To this end, the Committee deemed it important to thread issues of equity throughout the report as opposed to limiting its discussion to just a single chapter. Indeed, in the opening statement of the report, equity is highlighted at the forefront within the Committee's vision that residents of nursing homes receive care in a safe environment that honors their values and preferences, addresses goals of care, promotes equity, and assesses benefits and risks of care and treatments. In its totality, the report emphasizes the need to ensure all older adults are treated equitably and receive high-quality care regardless of their race, ethnicity, geographic location, socioeconomic status, diagnosis, culture, level of disability, or sexual orientation. A number of recommendations were developed that speak to this overarching goal and are summarized below:

- Identify care preferences and implement and monitor corresponding care plans.
- Improve working conditions and environment for all nursing home workers (e.g., staffing, training, compensation and benefits, opportunities, empowerment, treatment).
- Increase access to quality long-term care through development of a federal benefit.
- Ensure nursing homes are accountable for total cost of care and care delivery through alternative payment models.
- Offer ongoing diversity, equity, and inclusion training for all staff that includes cultural sensitivity and humility with respect to institutional factors, such as biases (e.g., hiring, pay, and promotion practices), cultural factors (e.g., discrimination, microaggressions), and interpersonal factors (e.g., racial biases).
- Prioritize models that reduce disparities and strengthen connections to the community and broader health care systems.
- Develop a health equity strategy for nursing homes that includes defining, measuring, evaluating, and intervening on disparities in nursing home care.

The report emphasizes that “extreme care needs to be taken to ensure that quality-improvement initiatives are implemented using strategies that do not exacerbate disparities in resource allocation, quality of care, or resident outcomes (including racial and ethnic disparities), which are all too common in nursing home settings.” (NASEM, 2021, p. 3).

RECOMMENDATIONS AND GOALS

Goals 1 and 2: Comprehensive Care/Workforce

The Committee’s first goal is to deliver comprehensive, person-centered, equitable care that ensures residents’ health, quality of life, and safety; promotes autonomy; and manages risk. Although person-centered care is foundational to the basic requirements specified in existing federal regulations, such care is not yet a reality for many nursing home residents.

To achieve this goal, care plans should include resident preferences assessed regularly and systematically. The care plan should focus on care needs, emphasizing psychosocial, cultural/spiritual, and behavioral care as well as medical/physical care. Initiatives that assist nursing homes in responding to emergencies and natural disasters are needed to strengthen nursing home preparedness to protect residents and staff, and to emphasize inclusion and preparation in any public health response. Finally, physical environments should enforce quality of life through the creation of smaller, home-like settings of care that support more opportunities for social connection and engagement, strong infection control practices, and connection to clinical staff.

The second goal is to ensure a well-prepared, empowered, and appropriately compensated workforce. Workers in nursing homes, particularly nurses and certified nursing assistants (CNAs), are often underappreciated, undercompensated, and underpre-

pared for their roles in providing increasingly complex care. To address this reality, successful recruiting and retaining of a high-quality workforce depends on competitive wages and benefits (including health insurance, childcare, and sick pay) for all nursing home workers, and career advancement programs for CNAs and entry level workers.

In addition, the immediate implementation of higher staffing standards in nursing homes is necessary to respond to the complex care needs of nursing home residents. A greater number of professionals, such as advanced practice RNs, qualified social workers, physicians, and others, should be used in the delivery of care, including complicated medical, behavioral health, and psychosocial care.

Finally, education and training requirements for a variety of staff are inadequate or nonexistent. National standards for minimum education and competency requirements are necessary to advance the nursing home workforce. In addition, annual continuing education for staff and resources and training for family caregivers are minimal resources required to keep staff current with best practices, which are important to transforming working conditions and environments.

Goals 3 and 4: Transparency/Accountability/Finance

As policymakers seek to reform nursing home care, an essential component of these efforts will be having greater transparency of nursing home finances, operations, and ownership. Such transparency will be especially important in facilitating accountability for care and in refining related approaches to payment and oversight. In addition to improving the completeness and usability of data on ownership and related party transactions, the Centers for Medicare & Medicaid Services (CMS) should make information about the care provided by common ownership and management companies easier to monitor and assess for payers, regulators, and consumers.

Beyond acknowledging the importance of ownership and financial ties in shaping residents’ care, the Committee recognized the broader need for a more rational and robust approach to financing. The current system is highly fragmented across payers and settings of care, contributing to inefficient, poor-quality care. Moreover, absence of universal coverage and a corresponding reliance on Medicaid for long-term care coverage is detrimental to access and health equity and impedes greater integration of acute and long-term care services. To begin addressing these shortcomings, the Committee recommends moving toward consideration of a federal long-term care benefit through the design, implementation, and evaluation of state programs prior to national implementation.

Recognizing the longer time horizon and political uncertainty of a federal long-term care benefit, the Committee recommended several steps to realign payment incentives in the current system toward greater value and quality. First, the Committee recommended using detailed financial information from providers to ensure that payments are adequate and sufficiently directed to resident care. Second, the Committee recommended that payment approaches be more oriented toward value-based arrangements for Medicare-financed post-acute care (e.g., extending bundled payment initiatives to all conditions and holding hospitals accountable for spending and outcomes) and for Medicaid-financed long-term nursing home care. Given limited evidence regarding the design and implementation of alternative payment models for long-term nursing home care, the Committee recommended exploring their use through demonstration projects, separate from the bundled payment initiatives for post-acute care. Across these initiatives, it will be essential to tie payments with the enhanced quality metrics outlined in the report.

Goals 5 and 6: Quality Assurance/ Quality Measurement/ Quality Improvement

The focus of Goal 5 is to establish a better system of oversight and design a more effective and responsive system of quality assurance. Oversight is primarily provided by state agencies responsible for nursing home regulation and compliance with state and federal regulations set forth by the CMS. There is also a federal system of oversight that routinely follows behind state surveyors to assure standards are being met. The Committee outlines recommendations to this complex oversight system, meshed between state and federal agencies.

The Committee recognized state survey agencies may not have adequate capacity (surveyors) or resources to fulfill all their responsibilities, so recommendations include provision of adequate resources to states from the CMS, handling consumer complaints more responsively, and consistent enforcement of regulations when states regularly fall short of expected standards. In addition, increasing oversight of poor performing facilities, modified oversight for high performing facilities, enforcement that addresses patterns of poor performing nursing homes with common ownership, increasing funding for the Ombudsman Program, and elimination of certificate of need are also recommended.

Expansion and enhancement of quality measurement and continuous quality improvement is the focus of Goal 6. The CMS reports many measures of nursing home quality on their Care Compare website for consumers, providers, and regulators to use. However, a key measure is missing—the perspectives of residents and families about their satisfaction and experience receiving care in the nursing home. All other areas of health care measure consumer satisfaction and experience. The Committee recommends the Consumer Assessment of Healthcare Providers and Systems (CAHPS) measure be collected and reported on Care Compare.

Other measures recommended include quality performance of facilities that share a common owner or management, improving the five-star composite rating, adding measures of palliative care, assessing staff satisfaction, and promoting psychosocial and behavioral health. To assist all nursing homes with quality improvement and evidence-based best practices, the Committee recommends that funds be allocated to state governments for grants to develop and operate state-based, non-profit, confidential technical assistance programs that have consistent focus on improving care and operations.

Goal 7: Technology

Goal 7 is the adoption of health information technology (HIT) in all nursing homes. Under the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, meaningful use was created to support HIT implementation, including certified electronic health records (EHRs) in hospitals, acute care, and ambulatory services. Nursing homes were not part of this legislation, which created missed opportunities for improving quality, safety, efficiency, and coordination of care that HIT influences. Subsequently, federal policy was implemented to stimulate interest in using EHRs in nursing homes. In 2014, the Medicare Post-Acute Care Transformation Act required standardized assessments to be used by long-term care settings, which was proposed to motivate interest in using EHRs. Then in 2015, the Medicare Access and CHIP Reauthorization (MACRA) Act was enacted to promote interoperability, or the seamless and secure access, exchange, and use of electronic health information, and to advance patient access to health information. The 21st Century Cures Act of 2016 contained provisions designed to accelerate the effective use of HIT to promote interoperability to support better access to health care information for all stakeholders. However, even with these na-

tional policies, many nursing homes continue to lag behind other sectors in HIT adoption and EHR use.

Nursing homes that have not implemented EHRs continue to rely on inefficient paper-based, rather than electronic, exchange of health information. The urgency of the need for accurate, efficient exchange of health information has been underscored by the COVID-19 pandemic and its devastating effect on nursing home residents. Within Goal 7 there are five sub-recommendations made by the Committee that address means to achieve the goal of adopting HIT in all nursing homes:

- Identify pathways to provide financial incentives to nursing homes for certified EHR adoption.
- Develop and report measures of HIT adoption and interoperability.
- Measure and report nursing home staff, resident, and family perceptions of HIT usability.
- Develop and initiate implementation of training in core HIT competencies for nursing home leadership and staff.
- Implement rigorous evaluation studies of HIT use, disparities in HIT adoption and use, innovative HIT applications, and assessment of perceptions of HIT usability.

OVERARCHING CONCLUSIONS

The Committee provided seven overarching conclusions from the report:

- The way in which the United States finances, delivers, and regulates care in nursing home settings is ineffective, inefficient, fragmented, and unsustainable.
- Immediate action to initiate fundamental change is necessary.
- Stakeholders need to make clear a shared commitment to the care of nursing home residents.
- Stakeholders must ensure that quality improvement initiatives are implemented using strategies that do not exacerbate disparities in resource allocation, quality of care, or resident outcomes.

- High-quality research is needed to advance the quality of care in nursing homes.
- The nursing home sector has suffered for many decades from underinvestment in ensuring the quality of care and lack of accountability for how resources are allocated.
- All relevant federal agencies need to be granted the authority and resources from the U.S. Congress to implement the recommendations of this report.

Adopting and implementing the recommendations of the report will require more than funding, organizational commitment, education, and changing health policy—it will require moral courage. The recommended approach is bold, but possible. Nurses must be leaders in the interdisciplinary efforts to achieve the vision of improved care.

REFERENCES

- National Academies of Sciences, Engineering, and Medicine. (2022). *The national imperative to improve nursing home quality: Honoring our commitment to residents, families, and staff*. The National Academies Press. <https://doi.org/10.17226/26526>.
- Sloane, P. D., Yearby, R., Konetzka, R. T., Li, Y., Esinoza, R., & Zimmerman, S. (2021). Addressing systemic racism in nursing homes: A time for action. *Journal of the American Medical Directors Association*, 22(4), 886–892. <https://doi.org/10.1016/j.jamda.2021.02.023>

Gregory L. Alexander, PhD, RN, FAAN, FACMI, FIASHI

Helen Young CUPHSONAA Professor
Columbia University School of Nursing
New York, New York

Jasmine Travers, PhD, RN

Assistant Professor
Rory Meyers College of Nursing
New York University
New York, New York

Colleen Galambos, PhD, LCSW, LCSW-C, ACSW, FGSA

Helen Bader Endowed Chair in
Applied Gerontology and Professor
University of Wisconsin–Milwaukee
Milwaukee, Wisconsin

Marilyn Rantz, PhD, RN, FAAN

Curators' Professor Emerita
University of Missouri
Sinclair School of Nursing
Columbia, Missouri

Betty Ferrell, PhD, RN, FAAN

Professor
City of Hope National Medical Center
Division of Nursing Research and Education
Duarte, California

David Stevenson, PhD

Professor
Department of Health Policy
Vanderbilt University School of Medicine
Nashville, Tennessee

Disclosure: The authors have disclosed no potential conflicts of interest, financial or otherwise.

Note: This guest editorial also appears in *Research in Gerontological Nursing* (vol. 15, issue 6).

doi:10.3928/00989134-20221003-01