Raising the Bar for Physicians Practicing in Nursing Homes: The Path to Sustainable Improvement

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Why Care?

- The changing NH landscape
- The physician workforce
- Implications for quality of care
- Next steps

The Changing NH Landscape

- Increasing frailty
- Workforce shortages
- Quality concerns

NH Residents are Frail with Multimorbidity (National Academies of Science, Engineering and Medicine 2022)

- Chronic conditions
  - Severe cognitive impairment 37%
  - Moderate cognitive impairment 25%
  - Significant mental health disorder 65-91%
  - Depression 43-53%
  - Diabetes 32%
  - Heart disease 38%
  - Pain 33%

NH Residents are Frail with Multimorbidity (National Academies of Science, Engineering and Medicine 2022)

- Requiring assistance in ADLs
  - Bathing 96.7%
  - Dressing 92.7%
  - Toileting 89.3%
  - Walking or locomotion 92%
  - Transferring from bed. 86.8%
  - Eating 59.9%

Centrality of the Workforce in the Provision of High Quality Nursing Home Care

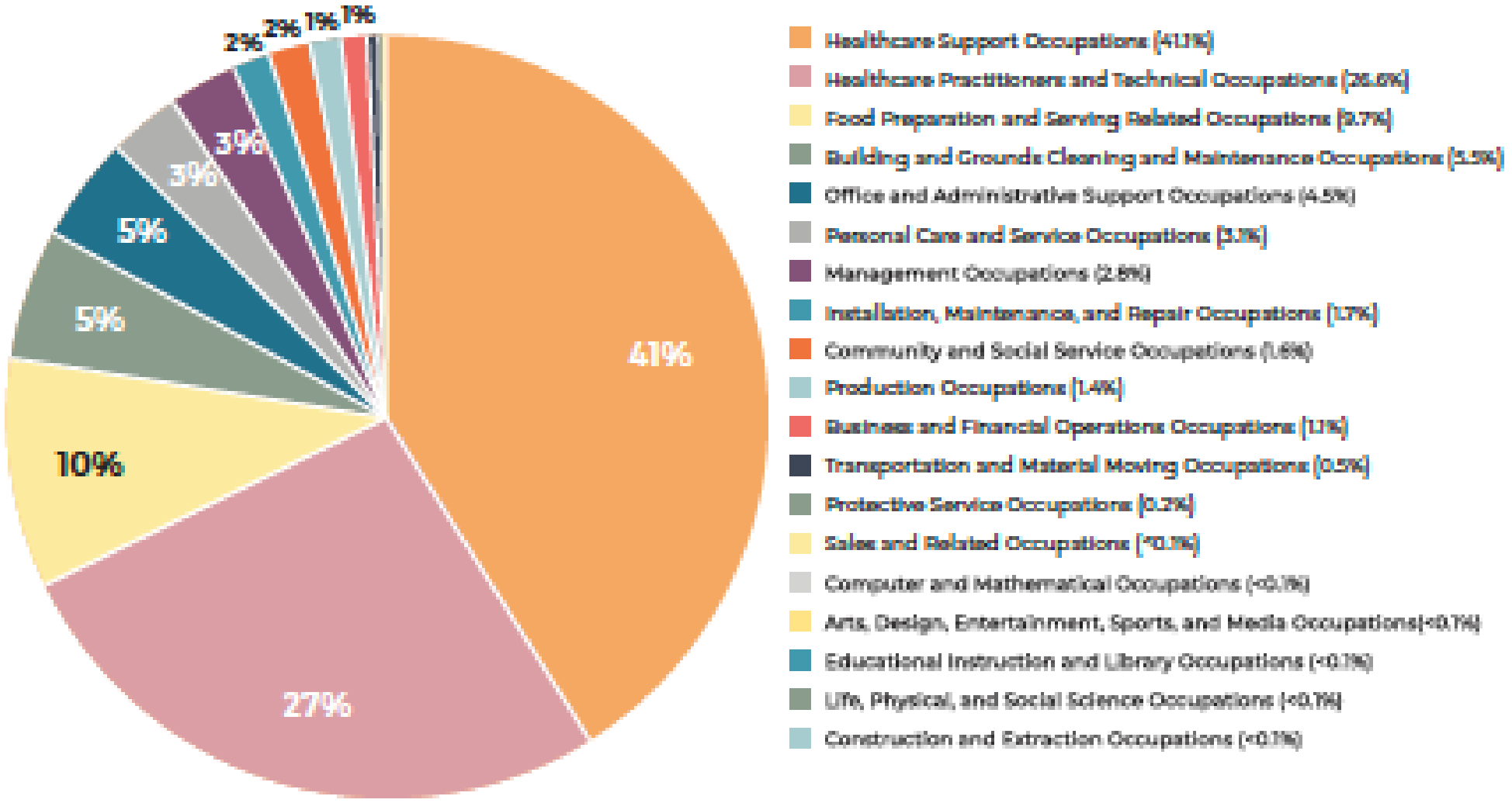
- Registered nurses
- Licensed practical nurses
- Certified nursing assistants
- Therapists
- Social Workers
- Administrators

Nurse Staffing

Rate limiting in the care equation

Generally accepted that higher nurse to resident ratios (HPRD) and higher nurse competency levels enhance quality

Biden Administration has promised higher nurse staffing level mandates despite critical workforce shortages


41%
27%
10%
5%
5%
3%
3%
2%
2%
1%
1%
Healthcare Support Occupations (41.1%)
Healthcare Practitioners and Technical Occupations (26.6%)
Food Preparation and Serving Related Occupations (9.7%)
Building and Grounds Cleaning and Maintenance Occupations (5.5%)
Office and Administrative Support Occupations (4.5%)
Personal Care and Service Occupations (3.1%)
Management Occupations (2.8%)
Installation, Maintenance, and Repair Occupations (1.7%)
Community and Social Service Occupations (1.6%)
Production Occupations (1.4%)
Business and Financial Operations Occupations (1.1%)
Transportation and Material Moving Occupations (0.5%)
Protective Service Occupations (0.2%)
Sales and Related Occupations (<0.1%)
Computer and Mathematical Occupations (<0.1%)
Arts, Design, Entertainment, Sports, and Media Occupations (<0.1%)
Educational Instruction and Library Occupations (<0.1%)
Life, Physical, and Social Science Occupations (<0.1%)
Construction and Extraction Occupations (<0.1%)

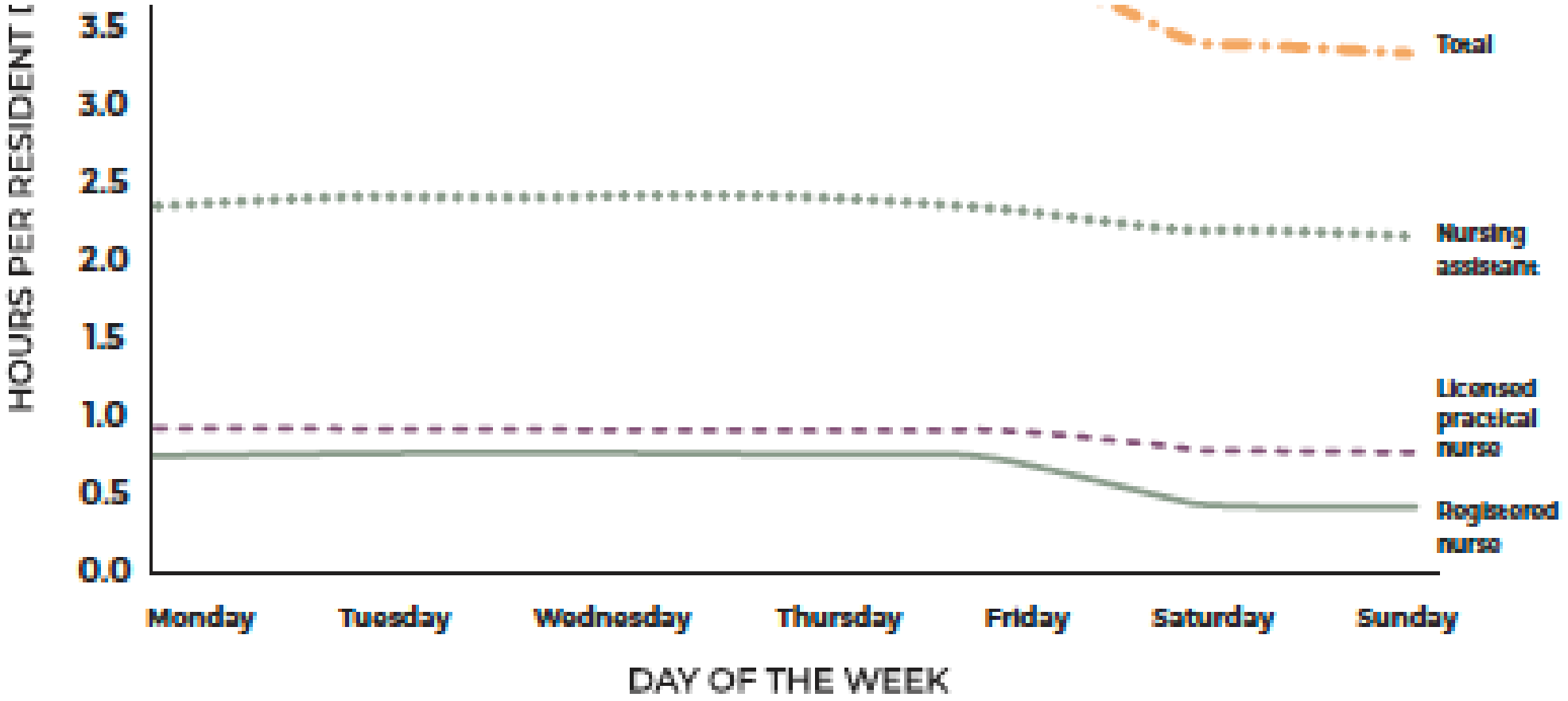
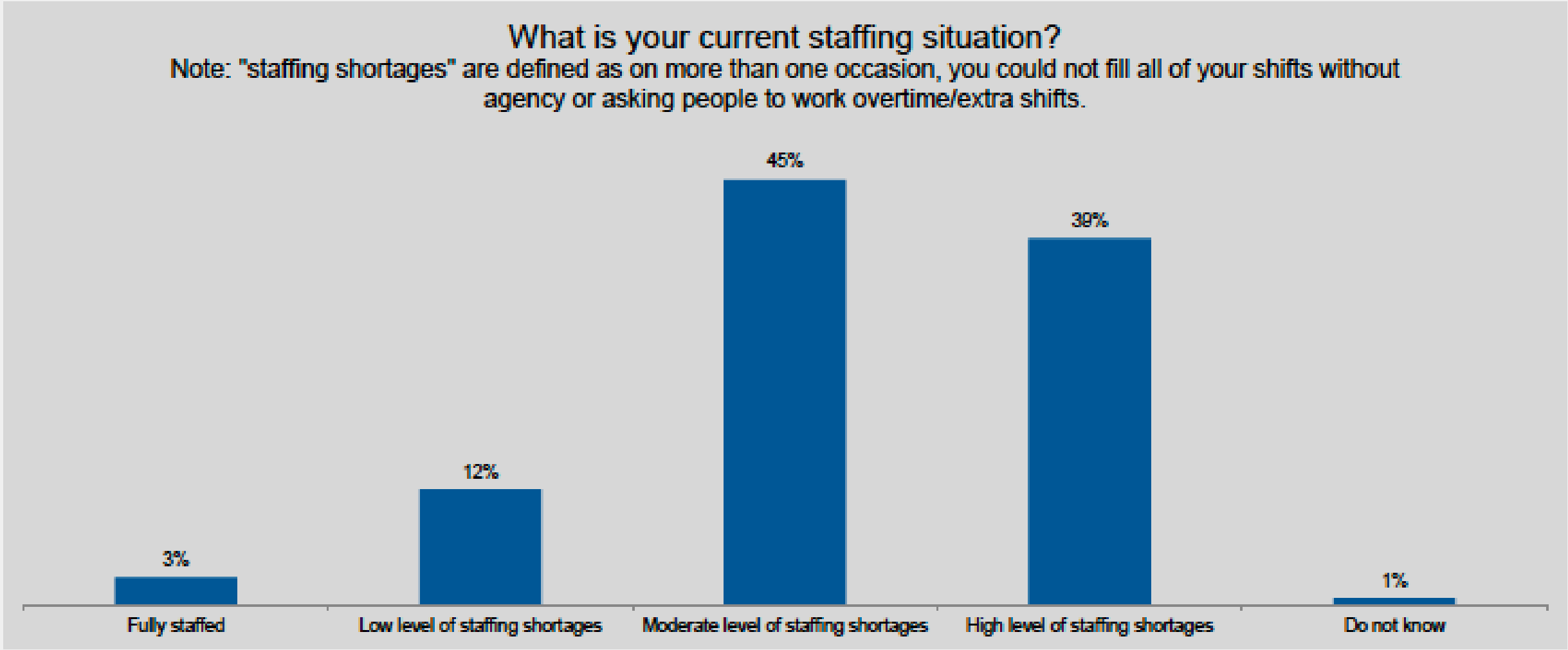


FIGURE 5-2 Average adjusted nursing home staffing by nurse type and day of week.
SOURCE: GAO, 2021.

AHCA
AMERICAN HEALTH CARE ASSOCIATION

84% of nursing homes facing moderate to high levels of staffing shortages



Source: American Health Care Association Survey of 524 Nursing Home Providers, December 7-16, 2022

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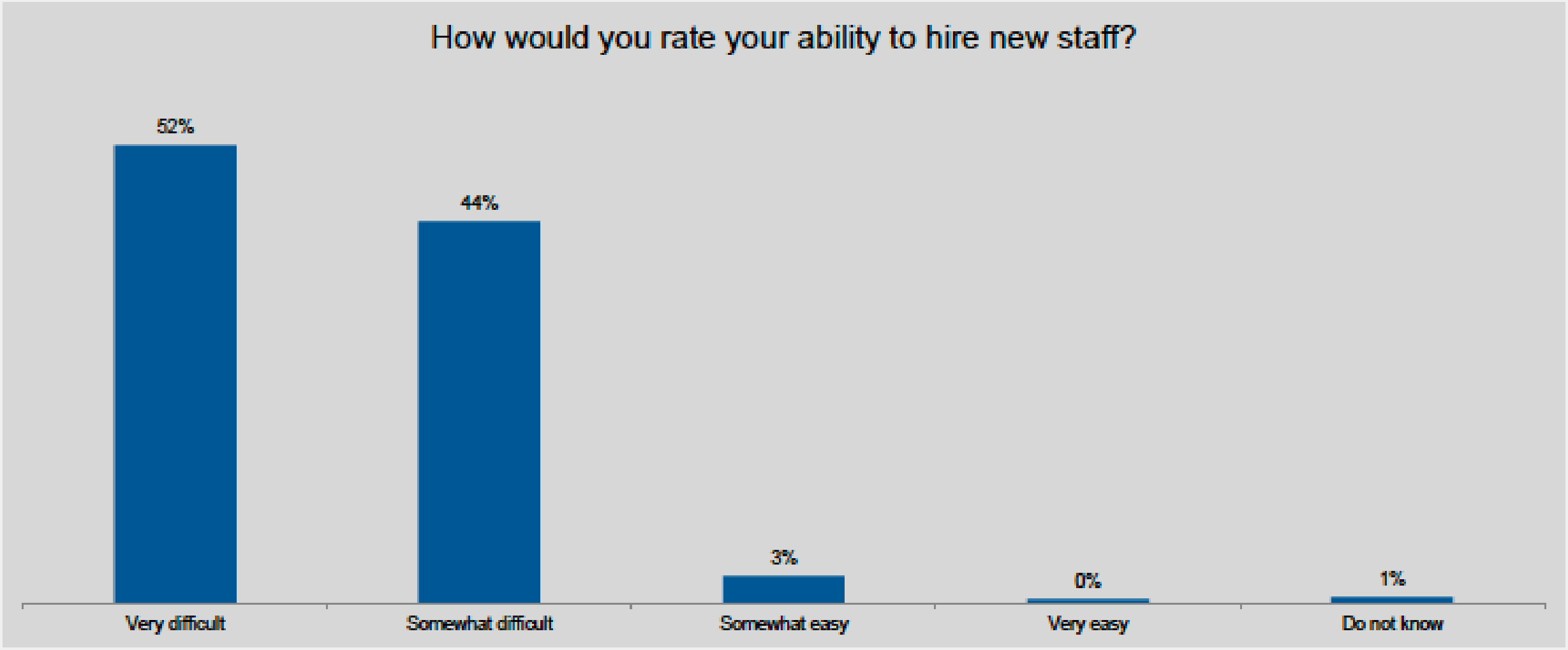
96% of nursing homes are experiencing difficulty hiring staff



Source: American Health Care Association Survey of 524 Nursing Home Providers, December 7-16, 2022

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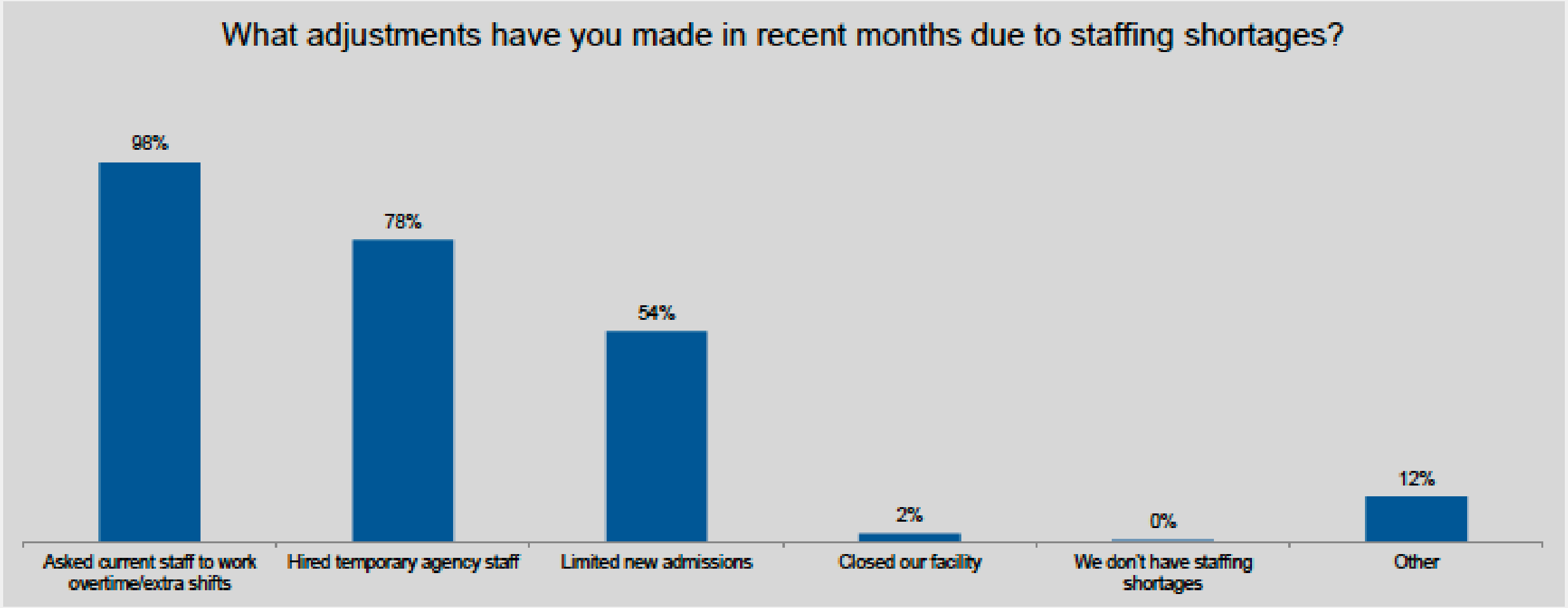
AMERICAN HEALTH CARE ASSOCIATION

More than half of nursing homes are having to limit new admissions due to staffing shortages.



Source: American Health Care Association Survey of 524 Nursing Home Providers, December 7-16, 2022

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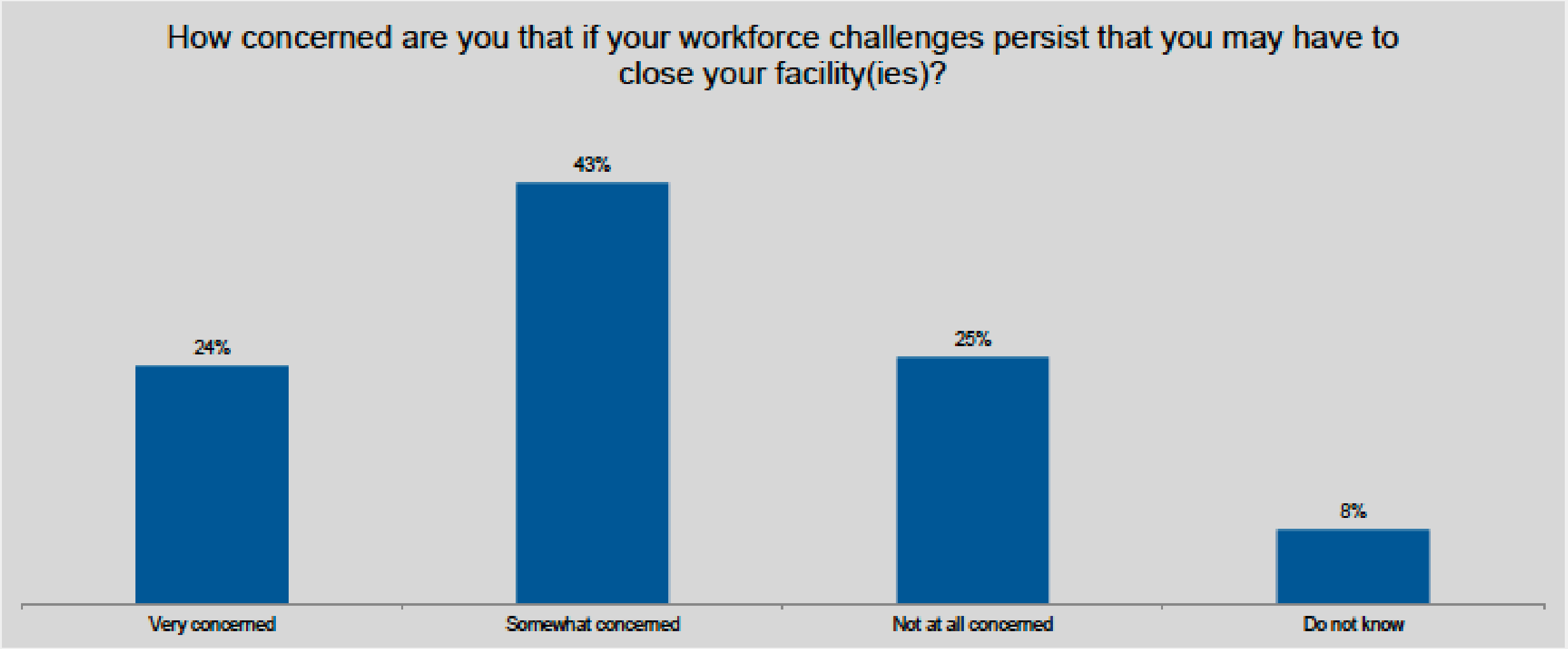
More than two-thirds of nursing homes are concerned about having to close their facilities over staffing woes.



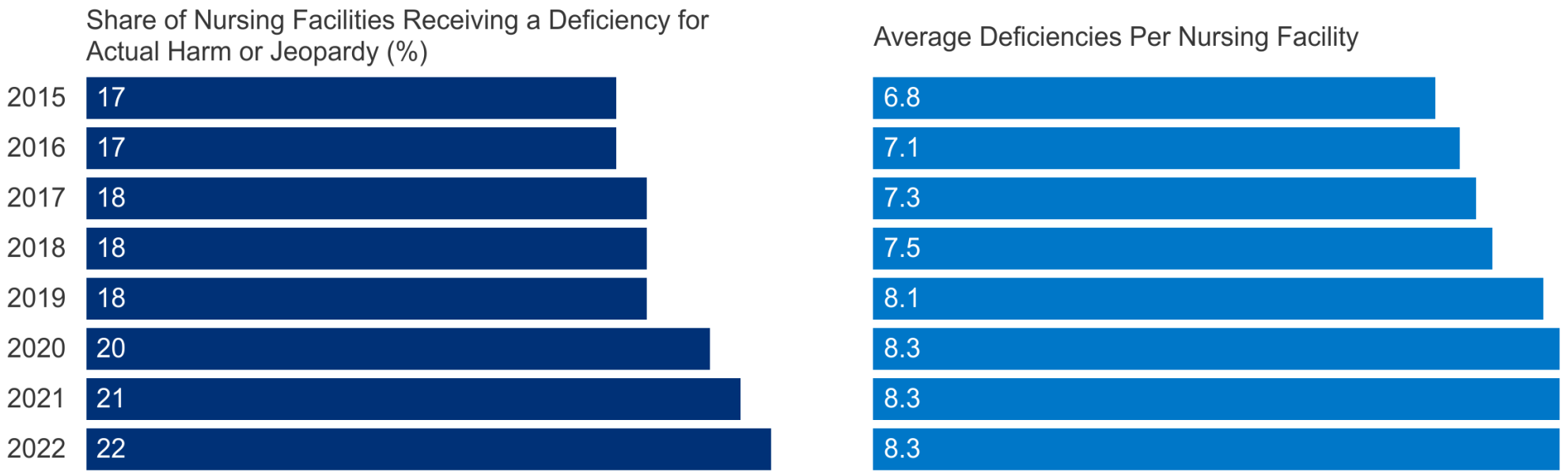
Source: American Health Care Association Survey of 524 Nursing Home Providers, December 7-16, 2022

Persistent Quality of Care Issues

- Background:
  - Federal regulations mandate periodic surveys of NH facilities
  - Surveyors look for deviations from standards based on a number of publicly reported quality measures (e.g prevalence of pain; pressure ulcers; depressive symptoms; functional loss;
  - Deficiencies that are found can impact star ratings and ultimately reimbursement

Figure 2

Deficiencies In Certified Nursing Facilities, 2015-2022



SOURCE: KFF analysis of Nursing Home Compare, 2015-2022

KFF

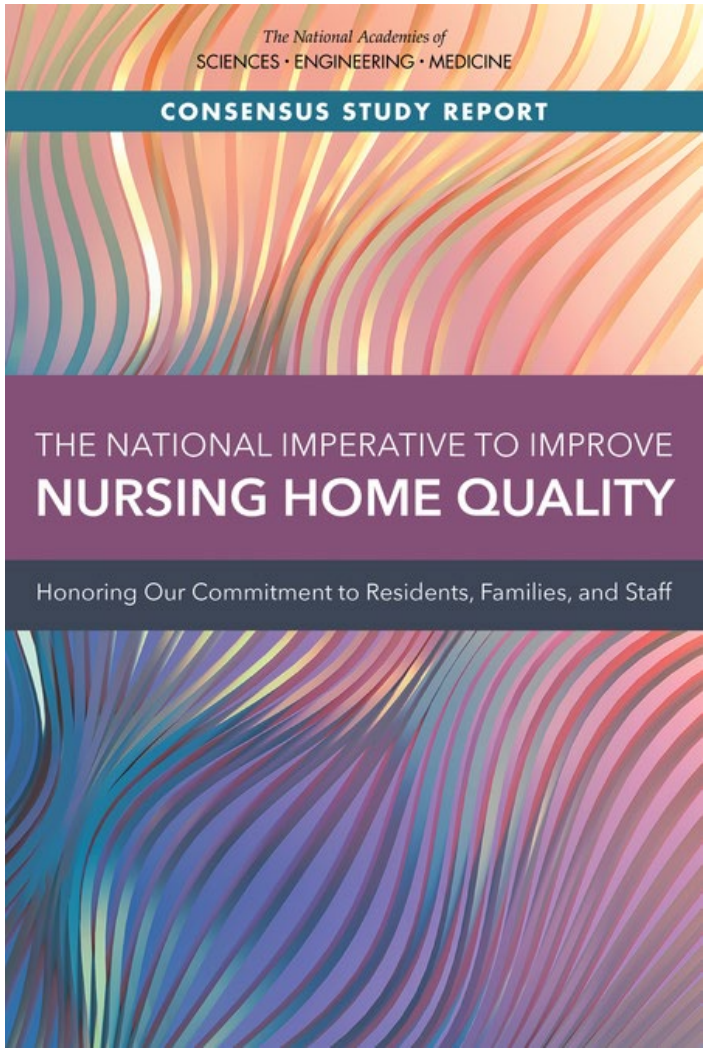
TABLE 8-1 Numbers and Prioritization of Complaints, 2011–2018

	2011	2015	2016	2018
Total number of complaints	47,279	62,790	66,077	71,602
Number of complaints per 1,000 nursing home residents	32.7	44.9	47.3	52.3
Percentage of complaints prioritized as immediate jeopardy	6%	8.5%	9%	7%
Percentage of complaints prioritized as high priority	49.1%	50.6%	50%	47%

SOURCE: OIG, 2020a.

No Shortage of Recommendations to Improve Quality

- Nursing Home Reform Act OBRA ’86
- Institute of Medicine reports
- Inspector General reports
- National Academies of Science, Engineering and Medicine Report
  - The National Imperative to Improve Nursing Home Quality (2022)


The National Academies of
SCIENCES • ENGINEERING • MEDICINE
CONSENSUS STUDY REPORT
THE NATIONAL IMPERATIVE TO IMPROVE
NURSING HOME QUALITY
Honoring Our Commitment to Residents, Families, and Staff

Physician Role Underappreciated

- National Imperative to Improve NH Quality (2022)
  - Legislative and regulatory mandates define the role of both the medical director and attending physician
  - Physicians manage the delivery of all resident care from admission to discharge or transfer to acute hospital
  - F-tag 841 specific to the medical director
  - Pages devoted to physician:
    - 2/605

The Dangerfield Effect

- Physicians are often an afterthought
  - Generally absent from policy discussions impacting NHs
  - Low priority with CMS (no federal repository that lists medical directors/attendings)
  - Variable and often suboptimal medical practice in NHs (e.g. Covid)
  - Limited research regarding impact of physicians on quality
  - Physician practice often unaccounted for in provider outcome studies

Physician Practice Characteristics Influencing Nurse Practitioner and Physician Assistant Care in Nursing Homes: A Scoping Review (JAMDA 24(2023): 599-608)

- Physicians, NPs and PAs are key to the effective delivery of medical care in nursing homes
- Although several studies have reported on the relationship between care delivered by a given discipline and specific clinical outcomes, the mediating effect of physician practice characteristics is unknown.
- Review of 1878 studies yielded 16 that met eligibility criteria
  - More than 1 NP or PA involved
  - NH must be 100 beds or greater
  - Quantifiable clinical outcomes reported

Physician Practice Characteristics Influencing Nurse Practitioner and Physician Assistant Care in Nursing Homes: A Scoping Review (JAMDA 24(2023): 599-608)

- Study designs were generally retrospective and quasi-experimental in nature (no RCTs identified)
- In no report was the type of physician practice characterized and no physician practice variables were adjusted for with regard to outcomes
  - Physician practice variables included number of physicians, total practice case load, case mix
  - The nature of the collaborative practice between NP/PA and physician was infrequently specified

Raising the Bar

- Establish practice and accountability standards for physicians to ensure consistent and high-quality medical care
  - Special recognition or specialty designation for NH physicians is a necessary first step in establishing and promulgating standards of care
  - Such recognition must be attainable for physicians currently practicing in PA-LTC

Physicians Practicing in Nursing Homes

SNFist vs non-SNFists

The Characteristics of Physicians Who Primarily Practice in Nursing Homes (JAMDA 22 (2021): 468-473)

- 20% national sample of beneficiaries 2014-2017
  - Only 12.5% of physicians who billed Medicare had any claims for NH visits
  - SNFists (90% or more E&M visits in the NH) accounted for 1.1% of all physicians but billed for 32.3% of all NH E&M visits
  - SNFists vs non-NH physicians more likely:
    - To be over 70 yrs old (14.6% vs 7.2%) and female (37.9% vs30.2%)
    - To be in primary care (69.9% vs 26.8%)
    - To be foreign trained (36.3% vs 24.6%)
    - To be in solo practice (22.2% vs 13.3%)

Skilled Nursing Home Physician Specialists

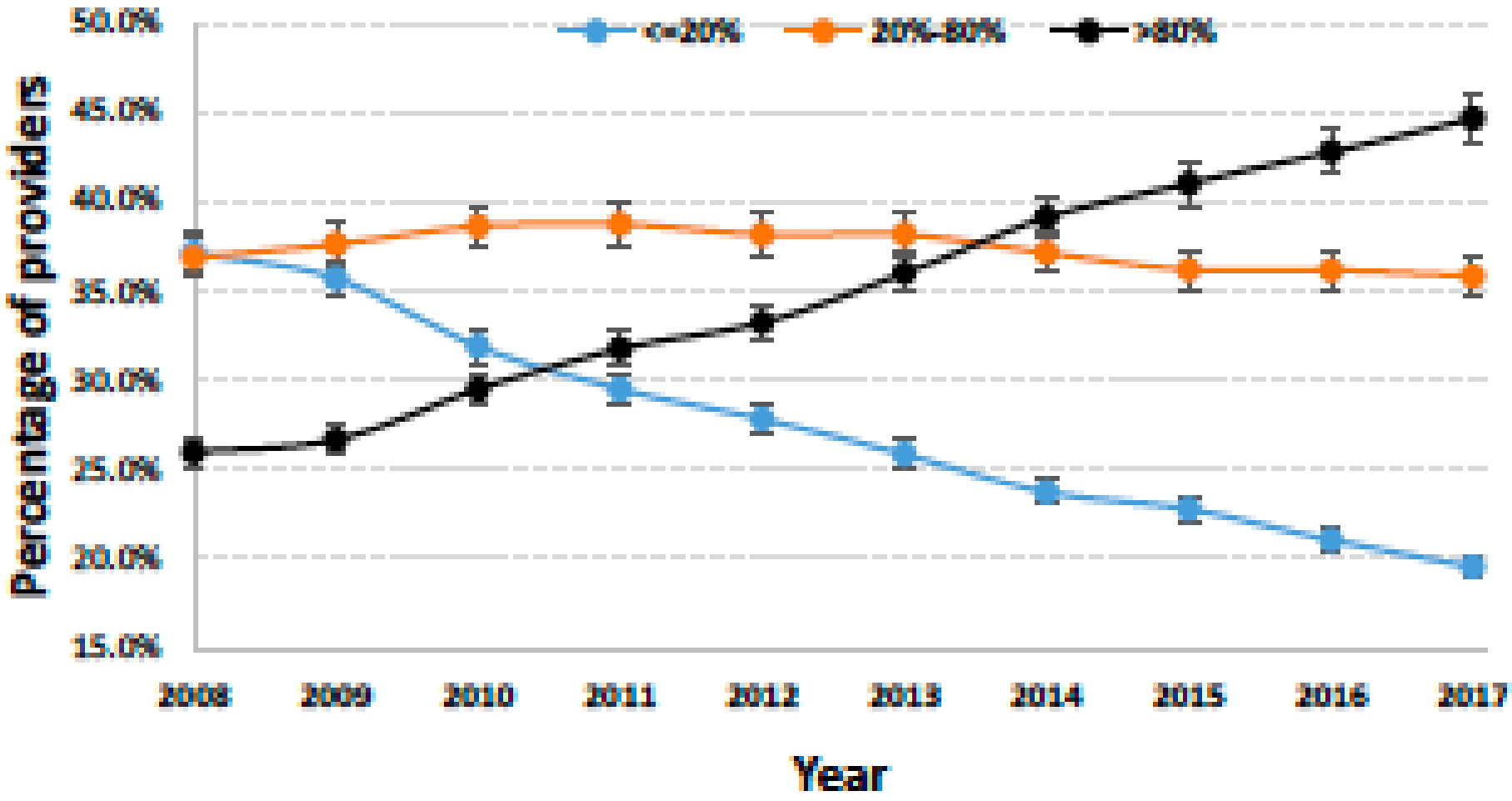
- An average of 45% of NH residents are seen by a provider who works full time seeing NH residents (JAMDA 22 (2021): 2534-2539)
- Evidence of enhanced quality (Gerontologist 61 (2021): 595-604)
  - Decreased rehospitalization rates
  - More visits on-site
  - Increase in successful discharge to community
  - Better management of medications (i.e. antipsychotics; potentially harmful medications
  - Unclear Medicare cost savings

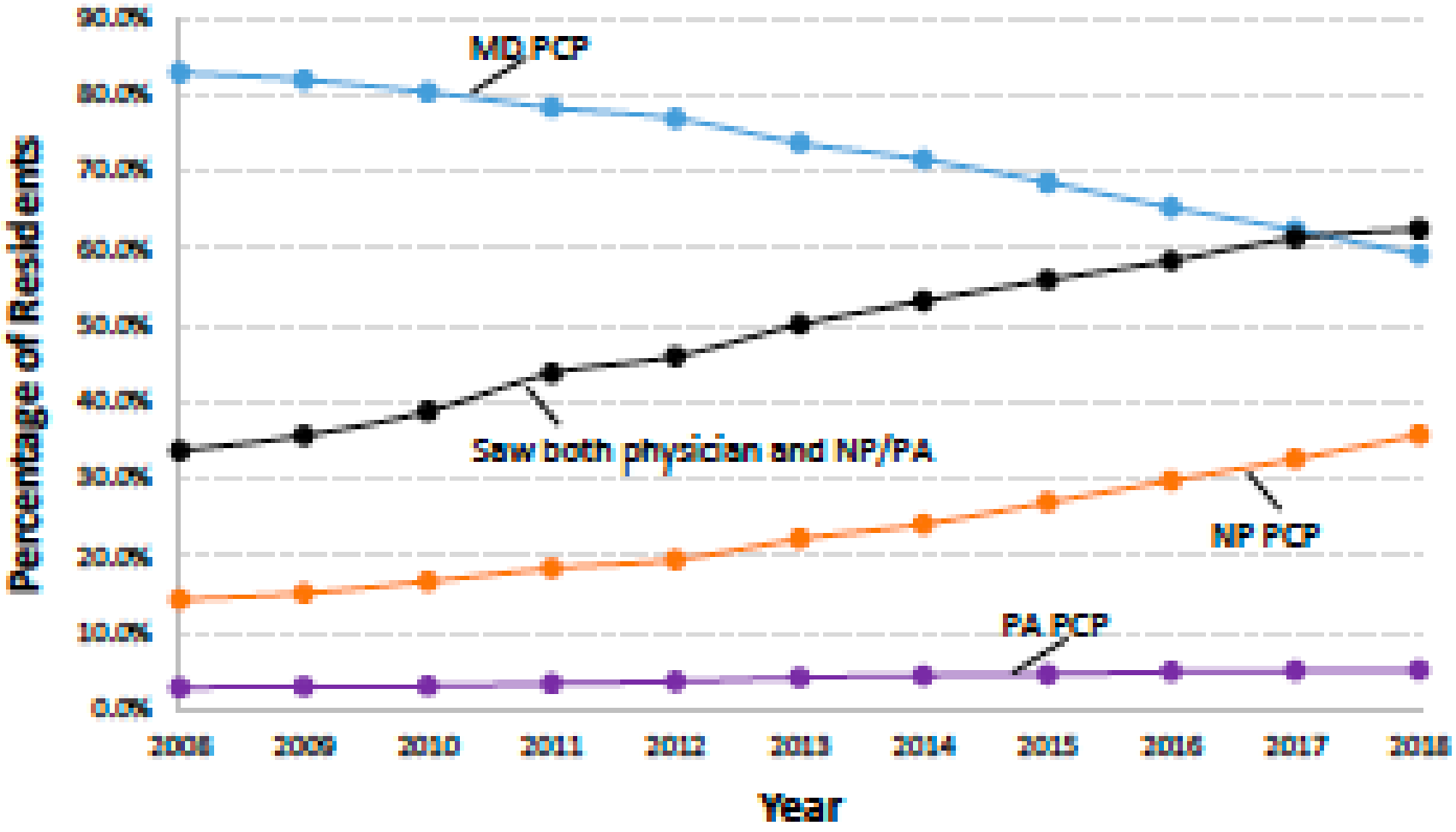
Table 1

The Number of Physician, NP, and PA Nursing Home Providers in 2008 and 2017, Stratified by the Percentage of Their Total Effort Spent in Nursing Homes

PCP Discipline	Effort in Nursing Home					
	≤20%		21%-80%		>80%	
	2008, n (%)	2017, n (%)	2008, n (%)	2017, n (%)	2008, n (%)	2017, n (%)
Physician	21,549 (95.08)	8420 (83.48)	6630 (87.70)	5569 (72.98)	1572 (40.62)	2469 (32.71)
NP	687 (3.03)	1116 (11.06)	719 (9.51)	1749 (22.94)	1986 (51.32)	4479 (59.33)
PA	429 (1.89)	550 (5.45)	211 (2.79)	313 (4.11)	312 (8.06)	601 (7.96)

The percentage of physicians, NPs, and PAs among all providers is given in parentheses.


50.0%
45.0%
40.0%
35.0%
30.0%
25.0%
20.0%
15.0%
Percentage of providers
<=20%
20%-80%
>80%
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
Year


90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Percentage of Residents
MD PCP
Saw both physician and NP/PA
NP PCP
PA PCP
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
Year

Aren’t SNFists De Facto Specialists?

- The definition of SNFist is currently based only on percent of practice devoted to NH care-a single component of commitment
  - Is only one measure of commitment
  - Does not measure competence, engagement or medical staff organizational model (NP/PA; teams) which have been linked to quality
- SNFist’s care outcomes are generally positive but mixed

Are there Lessons from the Netherlands?

- 1960s: Dutch government enacted reforms that provided for funding of all NHs allowing for full time employment of medical providers (primarily general practitioners and internal medicine consultants)
- 1972: The Dutch Association of NH Physicians was founded
  - Educational programs for NH physicians were developed based on the commonly held belief that the current training was insufficient given the complexities of NH care
  - A similar rationale guided the development of the AMDA attending physician competencies almost 10 years ago

Lessons from the Netherlands

- Efforts by the Dutch Association of NH physicians eventually led to the establishment of a NH specialty in 1989
- Medical resident initially trained for 2 years which was extended to 3 years in 2006
  - Residency training programs are formalized and funded by the Dutch government

Lessons from the Netherlands

- NH physicians in the Netherlands have been increasingly utilized as consultants for complex frail older adults living in the community, frequently with dementia.
- Applicability of the Dutch model in the US is unlikely given current lack of advocacy from professional organizations
- No studies comparing outcomes pre/post NH specialists
  - Hospitalization rates for NH residents in the last year of life in the US are more than double that seen in the Netherlands

Are Geriatricians the Answer?

Only 6.5% of SNFists specialize in geriatrics

The Paradoxical Decline of Geriatric Medicine as a Profession

Gurwitz, J. *JAMA* August 4, 2023. doi:10.1001/jama.2023.11110

Decline in board certified geriatricians from 10,200 in 2000 to 7413 in 2022 despite an aging population	• Retirement; Failure to recertify every 10 yrs
Fewer trainees in the pipeline	• In 2022 only 177/411 fellowship positions were filled- the lowest percentage across 71 specialities of medicine
Few fellowship trained geriatricians pursue NIA funding	• Over the past 3 years only 2 geriatricians were among the 33 recipients of Beeson scholarships

The Decline of Geriatrics as a Profession

- Disappearance of support for geriatric programs (i.e. Hartford and Reynolds Foundations)
- Inconsistent geriatric training requirements in medical schools and residencies
- Relatively poor compensation
  - Median salary of geriatricians 9% lower than general internists and 14% below hospitalists
- Ageism among students and residents

Moving Forward

- Making a case for specialty recognition requires evidence that specialists deliver superior care-a function of competency
- Most outcome measures, many of which are MDS based, are important and informative but only paint part of the picture
- Outcomes such as antipsychotic use or rehospitalization rates are driven more by system level factors vs individual provider practice

National Academy of Medicine Priorities

"Preparing for Better Health for an Aging Population" (nam.edu/VitalDirections)

- Physician and nurse training in all settings where older adults receive care, including nursing homes, assisted-living facilities, and patients' homes.
- Demonstration of competence in the care of older adults as a criterion for all licensure, certification, and maintenance of certification for health care professionals.
- Enhanced reimbursement for clinical services delivered by practitioners who have a certification of special expertise in geriatrics

Time Out-Charting a Path for Improving Performance Measurement MacLean et al. NEJM 378;1757-61. 2018)

- “The next generation of performance measurement should not be limited by the use of easy-to-obtain (e.g., administrative) data or function as a stand alone, retrospective exercise. Instead, it should be fully integrated into care delivery, where it would effectively and efficiently address the most pressing performance gaps and direct quality improvement.”

Provider Specific Quality Measures (In Development)

Table 2. Corresponding Definitions of Final QMs

QM Name in Figure 2	Corresponding Statement
PCP noticed dementia (QM_3-1)	IF a nursing home resident (NHR) is admitted with a diagnosis of dementia, did the PCP notice the dementia?
Dementia prognosis/symptoms recorded (QM_3-5)	IF a NHR is admitted with a diagnosis of dementia, were either prognosis & behavioural symptoms recorded?
QM_5-2: Safety/behaviour recorded	IF a NHR has cognitive impairment, was safety or behavioural symptoms recorded within 30 days?
PCP performed basic falls history (QM_19)	IF a NHR falls, THEN, in the 30 days after that fall, the PCP should either perform a basic fall history or document that this represents an ongoing problem that has been evaluated.
Fall examination documented (QM_20)	IF a NHR has had a fall, THEN in the 30 days after the fall, there should be documentation of a fall examination or document that this represents an ongoing problem that has been evaluated.
Pain assessment completed (QM_28-1)	IF an individual is admitted to a NH, was a quantitative or qualitative pain assessment completed within 30 days?
Efficacy & side effects of opioid assessed (QM_32)	IF a NHR is started on new opioid therapy for persistent pain, was efficacy and side effects assessed within 7 days?
ED/hospital outcome recorded (QM_70-7day)	If a NHR was treated in the emergency department or admitted to the hospital, was there documentation by the PCP of the outcome within 7 days of the patient's return?
Vision, hearing & dentition assessed (QM_77)	Was an assessment of vision, hearing, and dentition completed or acknowledged within 30 days of admission?
Assessment within 7 days (QM_81-7day)	For all admissions, what % initiated an assessment within 7 days?
History & physical within 14 days (QM_5)	For all admissions, what % completed an admission History & Physical within 14 days of admission?
Discussed goals of care (QM_93)	If an individual is admitted to a NH, what % had a discussion on goals of care or an acknowledgement within 6 weeks (42 days)?

Specialty Recognition in the US

- Formally recognizing NH medical providers with a proven skill set and commitment can drive change similar to that seen in the Netherlands
- Demonstrating the “value add” of the PA-LTC specialist, based on both quality and cost, would convince NH facilities to preferentially associate with such specialists
- Ideally, government policy would shift, and demand specialty coverage given compelling evidence
    - Requirement for certification of all NH medical directors in California

Specialty Recognition-Challenges

- Hospitalists, starting with a pilot in 2010, were granted focused recognition by the American Board of Internal Medicine
  - Focused recognition was chosen over specialty given lack of a hospitalist –based residency or fellowship in hospital medicine
- Could a similar paradigm apply to PA-LTC Medicine?
  - Unfortunately, only 12% of hospitalists currently seek focused recognition thus calling into question its perceived value
  - Given smaller number of NH providers, focused recognition does not appear to be a viable option

Specialty Recognition

- A more pragmatic approach may be for the Society of Post-Acute and Long-Term Care Medicine to establish credentials for physicians practicing in NHs
  - Track record in establishing credentials for NH medical directors (CMD) through the American Board of Post-Acute and Long-Term Care Medicine (ABPLM)
  - Core skills and activities of NH attending physicians that mirror the AMDA competencies have already been outlined by Morton et. al (JAMDA 2021, 22:1778-83)

Call to Action

- A concerted effort is needed to adopt a special credential for PA-LTC physicians through the ABPLM
- Such a credential will serve as a validation of specialized knowledge and practice expertise
- Parallel efforts must establish that such competence translates into meaningful quality differences
  - Establishing practice standards will inform optimum physician staffing ratios and medical staff organizational models