Reducing the Likelihood of Long-Stay Nursing Facility Placement Through Health Plan–Linked Community Services

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When I mention to people that I work full time in a nursing home, I often see reflected on their faces a measure of the distaste that society has for nursing homes. I suspect tax collectors experience a similar phenomenon. As a geriatrician, I recognize that nursing homes are a necessity for some, but that nursing home placement implies a series of trade-offs of cost and institutional environment versus the provision of complicated and relatively intensive care. Generally this makes us consider the nursing home as a placement of last resort. Although much attention has been paid to factors triggering nursing home placement from the home or hospital, much less attention has been devoted to factors that prevent a short-term, putatively rehabilitative stay in a nursing home from converting to a permanent long-term placement.

Social health maintenance organizations (S/HMO) were an experiment in the provision of extra services to a subset of members of a managed care cohort that were considered to be at highest risk for poor outcome. S/HMOs were intended to parlay a small premium in federal capitation payments to a health maintenance organization (HMO) by using screening instruments to identify a subset at high risk for expensive care and then provide targeted services including care coordination and some long-term care benefits in an attempt to avoid adverse and expensive outcomes.1 One mechanism used by the 4 S/HMOs that until recently remained active was to offer additional home- and community-based services to members of the S/HMO that were eligible for nursing home certification under their state’s criteria.2 Although the Medicare disability-based payment system that funded the remaining S/HMOs after the demonstration project ended in 2004 has been phased out,3 there are still lessons to be learned from this model. In this issue, Thomas et al4 compare the Medicare fee-for-service model that most of us are experienced with to an S/HMO. They found that after controlling for other important factors, enrollment in an S/HMO was associated with a 26% increase in the likelihood that a newly admitted nursing home resident would be successfully discharged to the community within 90 days.

Although precisely which elements of the S/HMO service package were related to this difference are not analyzable from this study, it does provide support to the concept that availability of home- and community-based services can improve the odds that a stay in a nursing home is not a dead end, but rather only a transitional step on the path back home. Combined with the evidence from previous studies suggesting that enrollment in an S/HMO was associated with diminished risk of placement in a nursing home,5 this is very encouraging. The end of federal funding of the S/HMO demonstration projects should not imply that the underlying concept has no merit. This study suggests that efforts to bolster home- and community-based services as health reform goes forward retain the potential to minimize unnecessary long-term placement in nursing homes.

Evidence from the S/HMO programs should be added to other encouraging evidence from the experience with the home- and community-based Program of All-Inclusive Care for the Elderly (PACE) model,6 which was also started as a demonstration project in the mid-1980s. The innovative spirit that contributed to the development of S/HMO and PACE models has not exhausted the permutations of home and community service delivery. The health care reform movement offers an opportunity to explore multiple systems that invest in service delivery where people want it, allowing the most homelike environment possible, against our current model favoring reimbursement for institutional care. Demographic trends make our current course unsustainable. As economic and social forces conspire to make nursing home beds an increasingly scarce resource in many communities, every effort should be supported that keeps these beds available for those who truly need them, while allowing those with the potential to return to a less institutional environment that opportunity.

REFERENCES


