# Group Overview and Top Three Priorities
## Official 2005 White House Conference on Aging Forum
## Hosted by the North Carolina Governor's Advisory Council on Aging
## Holiday Inn Brownstone Hotel, Raleigh
## May 18, 2005, 9 am – 2 pm

Please complete the following summary page and the sheet identifying the group's overall top three priorities. You may send any supporting documentation. ***Return this information to Julie Bell, NC Division of Aging and Adult Services, 2101 Mail Service Center, Raleigh, NC 27699-2101 or to Julie.Bell@ncmail.net by*** **April 15, 2005.**

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| **Name of the Organization:** | Friends of Residents in Long Term Care |
| **Contact Information:** | 883-C Washington Street<br>Raleigh, NC 27605 |
| **Date(s) of group session(s) being reported on:** | Priorities completed by FOR-LTC Executive Committee |
| **Total number in attendance:** | 5 |
| **Number attending the group session(s) from each of the following categories (please check all that may apply):** | Consumers: _____ Family Caregivers: _____ Providers: _____<br>Professional Associations: _____ Trade Associations:_____<br>Advocates:__X___ Government:_____ LTC Facilities: _____<br>Academia: _____ Media: _____ Baby Boomers: _____<br>Other: _____ |
| **Any additional information of importance:** | Friends of Residents is a North Carolina 501(c)(3) membership organization of individuals and associations committed to improving the quality of life for over 70,000 North Carolina citizens in long term care. Our work covers many aspects of long term care in various settings: nursing homes, assisted living facilities, adult care homes, family care homes, multi-unit housing with services, continuing care retirement communities and home and community services |

## Policy Issue: Enlarging The Numbers of an Experienced, Competent and Caring Direct-Care Workforce in Long Term Care Settings

### Importance of Issue/Why chosen:

North Carolina and the nation are now only six years away from the beginning of the elderly boom—when those in that prominent 1946-1964 birth-bubble of the population pipeline begin celebrating their 65th birthday. The worrisome, looming question is what will happen when the youngest survivors of the birth-bubble will be congratulated for attaining their 85th birthday? By mid-century, the size of the population aged 85 and older is expected to exceed 21 million persons, all of whom will be far more likely than in their earlier years to be disabled to the extent that they will depend upon others for their care. Our present day struggling and striving with direct-caregiver issues is occurring during a mere doubling of the age 85 and older numbers—from three to six million persons between the years of recent-memory 1990 to close-at-hand 2010. The extent of care related to a population group of 21 million needs to raise far more than eyebrows in a state of wonder.

The demographic expectation related to a care gap is bleak—a drop in the ratio of "traditional" direct care workers per person age 85 and older from 16.1 workers in the year 2000 to 5.7 workers in the year 2040. A change in the economy won't solve the situation. Problematic vacancy and turn-over rates of direct-care workers persist during both low and high unemployment rates. Recent initiatives taken to strengthen the direct-care workforce, promising as they seem to be, are merely in their infancy. What is witnessed and applauded today will need far more nurturing if these steps are to reach a necessarily vigorous full stride.

### Possible barriers to change:

Strained budgets—especially shortfalls in states and persistent federal deficits—will hobble or paralyze direct-care workforce pilot projects. Shifting public support responsibilities over to a predominant dependence for financing by corporate or private funding is unlikely to assure widespread dissemination of even successful workforce efforts, let alone significantly support further refined trial approaches.

### Proposed Solutions/Implementation Strategies:

- Adopt a self-interest awareness campaign so an aging population, policy-makers and employers will acknowledge and then act upon investment strategies to attract and retain a competent and compassionate direct-care workforce.

- Help direct-care workers acquire negotiation skills to obtain better wages and benefits and gain an understanding of the need to spend their money on health insurance coverage.

- Give priority advocacy and funding attention to health insurance coverage for all direct-care workers, including serious consideration of mandated high deductible policies that will support a mix of real insurance and pre-paid health expenses.

- Provide incentives to encourage the use of proven, quality, employer-based training approaches for new employees and also to promote further professional development opportunities that can retain a quality direct-care workforce.

**Policy Issue:** **Improving Quality of Care in Long Term Care Settings**

**Importance of Issue/Why chosen:**

Given the extensive and continual long term care quality of care problems surfacing in recent years, it is naive not to believe that the demographic imperative of the elderly boom will further stress the nation's systems of long term care. It is unwise not to question the extent that regulation and oversight will be strong and responsive to assure quality care. With scant evidence of broadly applied solutions to quality of care issues, it is imprudent not to foster the evolution of new models of care.

**Possible barriers to change:**

The availability of adequate public financing, particularly from Medicaid and Medicare, is questionable, given the budgetary priority placed on reducing costs. Entrenched interests grasping onto traditional models of care tend to counter defensively any activity that promotes change. Public support for placing priority on assuring quality of care is weakened by a lack of awareness about a coherent national or state policy for long term care.

**Proposed Solutions/Implementation Strategies:**

- Fully implement and enforce the federal Nursing Home Reform Law of 1987 to assure that residents of nursing facilities receive high quality of care, high quality of life, full respect for their rights, and recognition of their individual needs and preferences.

- Enact legislation to assure that residents of other facility-based long-term care settings, such as assisted living and board and care residences, receive high quality of care, high quality of life, full respect for their rights, and recognition of their individual needs and preferences.

- Explore options other than a traditional medical model by promoting new models of care such as Eden Alternative, Regenerative Community, Consumer Directed Care, and the Pioneer Movement.

- Establish fact-based minimum staffing requirements for all facility-base care settings sufficient to meet resident's needs.

- Adopt a national system of rated licenses to provide consumers with information about the performance of residential long term care providers and give them realistic expectations of the different thresholds of services.

- Enact changes in federal laws to allow release of national criminal background information to any long term care provider receiving Medicaid or Medicare funding.

**Policy Issue: Protecting Long-Term Care Consumers' Rights to Civil Justice**

**Importance of Issue/Why Chosen:**

Nursing home residents, who are among the most frequent and vulnerable victims of negligence in healthcare institutions, will lose their right to equitable treatment if proposed medical malpractice reforms are enacted.

Non-economic damages are the only compensation most nursing home residents receive. A recent study found that 80 percent of nursing home awards are for non-economic damages for residents' pain and suffering because most residents do not have earned income to replace. Most are elderly and many have dementia or Alzheimer's disease. More than half die before the case ends.

Regrettably, neglect and abuse are commonplace in the nursing home industry. *The GAO's chief healthcare investigator recently told the Senate Finance Committee that over 300,000 elderly and disabled residents lived in chronically deficient nursing homes where they were "at risk of harm due to woefully deficient care." He said residents suffered serious harm or died "when physicians' orders were ignored, when residents were allowed to deteriorate due to malnutrition or dehydration without any intervention, or because bedsores went undiagnosed or were not treated properly."

If the courts did not rule in residents' favor, many nursing homes would get away with neglect and abuse. Often, the courts are the only branch of government that holds nursing homes accountable. Government studies have repeatedly shown that state inspection agencies fail frequently to cite or penalize facilities for harming residents, even when they find serious injuries; moreover, many serious problems are never cited at all.

Civil suits have helped to improve nursing home care. In its February 14, 2005, issue, the insurance trade journal, *National Underwriter*, said nursing homes are safer and provide better care because of the threat of lawsuits. They cited better nurse staffing ratios, installation of sprinklers, and background checks on new employees as measures taken by facilities to avoid civil suits.

**Possible barriers to change:** The current political climate supports limiting liability for medical providers. The public is convinced that in general, rather than in isolated instances, jury awards are excessive. There is widespread inattention to and apathy about abusive situations in nursing homes and other long term care providers.

**Proposed solution:** Focus tort reform on issues associated with medical malpractice insurance and identification of medical practices with bad records of care. Recognize the unfair adverse impact on frail elderly and disabled adults of limiting jury awards for non-economic damages. Bear in mind that trial attorneys don't make awards—juries do; and courts already have the tools necessary to adjust or set aside verdicts in judicial review when they are deemed to be excessive or inequitable.

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