POLICY BRIEF
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Medical Barriers to Nursing Home Care for Rural Residents

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Key Findings

- Interviews with 23 rural discharge planners revealed that complex care needs, behavioral health/psychiatric disorders, dementia, and obesity pose the biggest medical challenges to nursing home placement for rural residents.
- Of those challenges, behavioral health/psychiatric disorders were the most commonly cited barrier to finding timely, appropriate nursing home care.
- Respondents' suggestions to address challenges included:
  - increased funding for staff, training, and equipment;
  - additional nursing home beds;
  - easing administrative burdens associated with placement; and
  - changing Medicare's three-night hospital inpatient stay requirement.

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Purpose

Rural residents with complex medical care needs (including behavioral health problems, obesity, and dementia) may face barriers when seeking placement in a nursing home, especially as rural areas have larger populations of older adults, higher disability rates, and greater health care workforce shortages than urban areas. This brief describes those barriers and identifies potential policy strategies to overcome them.

Background and Policy Context

As the U.S. population ages and the total number of people with disabilities increases,[1] the need for long-term care is growing.[2] However, supply has not kept pace with demand for long-term care, including nursing home care,[3] particularly for those with the most complex and labor-intensive medical conditions, including obesity, dementia, and behavioral health problems. The challenge of meeting care needs is especially acute in rural areas, where the population is aging at a faster rate than the rest of the country and where nursing homes are sparser.

As long-term care increasingly moves toward home- and community-based settings, nursing homes are serving increasingly medically complex residents. However, there is wide variation in use of home and community-based services by state and rural residents are more likely than their urban counterparts to continue to rely on nursing home care.[4] Meanwhile, nursing homes have the authority to turn down referrals if they do not have room for a new resident or if they feel that they cannot appropriately meet an individual's needs.[5-6] For rural residents, this could result in significant barriers to finding a nursing home that can address their needs and will accept them.

Common conditions of older adulthood that increase medical needs in nursing home care include obesity, dementia, and behavioral health needs, as they require specialized equipment, staffing, training, and services. Meanwhile, programs like the "National Partnership to Improve Dementia Care in Nursing Homes",[7] led by the Centers for Medicare & Medicaid Services (CMS), have goals of reducing the use of antipsychotic medication in long-stay nursing home residents,

requiring nursing homes to revise their practices toward nonpharmacological interventions while caring for an increasingly complex resident population.

Little is known about how specific medical conditions present challenges to nursing home admission (both short-stay and long-stay) after hospital discharge for rural residents. This brief addresses that gap by presenting findings from interviews with rural hospital discharge planners about the medical conditions that present the biggest challenges in finding nursing home placement and suggesting potential policy strategies for reducing placement barriers related to medical needs.

Approach

For this study, we conducted semi-structured telephone interviews with 23 rural hospital discharge planners from five states (Georgia, Idaho, Minnesota, Pennsylvania, and Wisconsin), with at least one state per census region. Discharge planners were identified in one of three ways: by their state Flex program coordinator, by another discharge planner in the sample, or, in the case of Wisconsin, through the Rural Wisconsin Health Cooperative. In each case, discharge planners were presented an invitation to participate, and agreed to do so on a voluntary basis. We conducted multiple interviews per state. Twenty-two of the discharge planners worked in a Critical Access Hospital, and one worked in a rural Prospective Payment System (PPS) hospital. The professional backgrounds of the discharge planners included both nursing and social work. The interviews lasted approximately 20-30 minutes each.

We asked the discharge planners which medical condition presents the biggest challenges to finding nursing home placements. Additionally, using our a priori assumptions based on the literature, we asked what challenges they face when they are trying to place someone with behavioral health or psychiatric disorders, dementia, and obesity. We also asked the discharge planners to recommend policy and programmatic changes that might address some of the challenges they face.

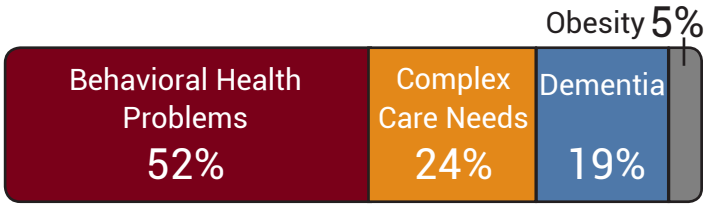
We used content analysis techniques to identify common themes across interview responses.

Results

Most Challenging Medical Conditions for Nursing Home Placement

The discharge planners were asked what medical condition caused the greatest challenges in finding nursing home placement for rural residents. Their answers could be classified into four categories: behavioral/psychiatric disorders, complex care needs, dementia, and obesity (Figure 1).

Figure 1. Most challenging medical conditions for nursing home placement (N=23 discharge planners)



Behavioral/psychiatric conditions was the most commonly cited category, with more than half of respondents indicating this as the greatest challenge for nursing home placement. Five discharge planners cited complex care needs as the biggest challenge they face. These included patients needing wound care, feeding tubes, IV antibiotics, dialysis, or with tracheostomies. In each case, discharge planners cited the reluctance of nursing homes to take these patients because of the requisite time-intensive staffing needs. Examples of these challenges are provided at right.

Two discharge planners did not name a primary medical condition that caused the most challenges; instead, one cited "medical non-compliance" as the biggest medi-

Discharge Planners on Complex Care Challenges

"A lot of our facilities don't have 24-hour RN coverage, so they won't take somebody who needs to have an antibiotic three or four times a day." – WI

"If they're on extensive medication or need for IVs every eight hours or they have wound care – those are the biggest issues." – MN

"There's not one nursing home in town or in a 30-mile radius that will accept TPN [total parenteral nutrition]. We found one swing-bed facility that will take it and I believe that swing bed is in the process, right now, of being shut down." – GA

"If somebody needs to have a very expensive antibiotic, like Daptomycin, nursing homes won't touch them." – WI

cal issue and the other cited issues related to patients seeking care only during a crisis rather than receiving timely, appropriate preventive and maintenance care. In both cases, these discharge planners perceived the most challenging medical issues as being a lack of routine care that make exacerbate chronic conditions, leading to the need for nursing home care that may have otherwise been prevented.

Discharge planners were then asked about specific challenges they face in finding nursing home placement for patients with behavioral health or psychiatric disorders, dementia, and obesity, as well as potential interventions to help address some of these challenges.

Behavioral Health / Psychiatric Disorders

More than half of the discharge planners we interviewed ranked behavioral health and psychiatric disorders as the most challenging medical condition for finding nursing home placements. Some discharge planners specified that patients with psychiatric disorders are especially difficult to place in nursing homes if they also have dementia. Examples are provided at right. Specific barriers to finding nursing home placement for these patients included:

- Shortage of staff with training and skills in mental health.
- Lack of nursing home beds specifically designated for geriatric psychiatric care.
- Nursing home reluctance to take anyone who is a safety risk, either to themselves or others.
- Medication issues: the hospital needing to get patients regulated on appropriate medications and then, sometimes, being asked by nursing homes to get patients off anti-psychotic medications before they can be admitted to the nursing home. (This may be in response to the CMS National Partnership to Improve Dementia Care in Nursing Homes.)
- Administrative hurdles. Discharge planners in three states (ID, PA, and WI) talked about bureaucratic hurdles they face in getting nursing home placements approved for psychiatric patients by the state and/or county, which slows down the discharge and placement processes.
- Difficulty finding appropriate placement for patients younger than 65 who have long-term care needs related to psychiatric problems.

Dementia

Nearly one-fifth of the discharge planners rated dementia as the most challenging condition when finding nursing home placement. Some of those discharge planners specified that dementia is only challenging when combined with behavioral problems, such as violent and agitated behaviors and risk of elopement. However, some discharge planners stated that dementia in any form poses significant challenges to finding appropriate and accessible nursing home care. See right for examples of these challenges. Specific barriers included:

- Scarcity of rural nursing homes with secured memory care units.
- Difficulty finding a good "fit" within nursing home

Discharge Planners on Behavioral Health and Psychiatric Disorder Challenges

"Nursing homes have to really watch how many drugs they can give their people who have behaviors, so they really don't want them." – MN

"If it's somebody who is a high-risk patient that really makes it hard – or has a psychological issue, it's extremely difficult to get placed." – PA

"Those tend to be difficult cases. They're in limbo. They're not well enough to be by themselves and they're not lost enough to be in a psych facility." – GA

Discharge Planners on Dementia Challenges

"Usually it's convincing the families that the best unit for them is secure. We do see a lot of dementia and Alzheimer's." – PA

"It depends on if they have psychotropic medications on board and how significant those medications are. There are some nursing homes that feel like they're going to get dinged by the state if they feel like they're on medications and they shouldn't be, so that whole pharmacological viewpoint is difficult for some of my facilities." – MN

"If people have dementia and they're not able to care for themselves, but they're otherwise physically healthy, that's probably the most difficult placement." – ID

memory care units. For example, one discharge planner cited difficulties finding a placement for a male patient with dementia when the local nursing home had only female residents in their memory care unit. (While nursing home residents are not required to be separated by sex, this can be an issue when there are shared rooms and/or when the nursing home is concerned with overall social composition of their population.)
- Shortage of nursing home workforce at all levels to work with residents with dementia.
- Regulating and tapering-down medications. Nursing homes are restricted in the medications their residents can receive, making them hesitant to accept a patient on heavy medication regimens (e.g., medications requiring frequent administration and careful monitoring and/or anti-psychotic medications) for dementia or psychiatric issues.
- Problems getting Medicare payment for short-term nursing home stays because of the three-day inpatient stay requirement. (Medicare does not cover nursing home care when a patient has not had a qualifying three-day inpatient stay, excluding any days spent in observation status.)

Obesity

Among the 13 discharge planners who said that obesity poses a challenge to nursing home placements, specific barriers included:
- Nursing home weight limits. The discharge planners most commonly cited nursing home weight limits of 350 pounds and stated that patients weighing more than that are more difficult to place in nursing homes. (Weight limits are put in place because of equipment restrictions and to protect worker safety.) Discharge planners also shared frustration that nursing homes are not always transparent about what weight they are willing to accept.
- Lack of bariatric equipment and physical barriers, such as narrow hallways and doorways, both at the hospital and at nursing homes.
- Difficulty finding accessible transportation to move patients from a hospital to the admitting nursing home.
- Financial and staffing issues for nursing homes. Discharge planners mentioned perceived concerns from nursing homes about the cost of buying and renting bariatric equipment and having additional staff time for those residents, because it takes longer to get them up, dressed, and transferred.
- Longer wait times for nursing home transfer, while nursing homes get appropriate equipment.

The text box provides examples of quotes from discharge planners about the challenge of placing rural residents with obesity. Ten of the 23 discharge planners said that obesity has not presented a barrier for them, either because their local nursing home(s) were well-equipped to provide bariatric care or they had not had a morbidly obese patient.

Discharge Planners on Obesity Challenges

"There is slower rehab potential, so there's going to be a greater length of time where they're not seeing that upward moving motion, so the possibility of stopping coverage happens a little bit more, and there's less reimbursement to the facility with folks that are bariatric." – WI

"We have what we call the trifecta: if they are obese, on a ventilator, and on Medicaid, it's impossible [to find a nursing home that will take them.]" – PA

"Bariatrics is a big problem. A big problem. A lot of folks won't take people who are very heavy. There are extra costs of the equipment that they don't get reimbursed for." - WI

Discussion & Implications

Overall, the discharge planners we interviewed shared multiple challenges that they face related to patients' medical conditions. The medical condition category that was most problematic for nursing home placements was behavioral health and psychiatric problems, followed by complex care needs, dementia, and obesity. For each of these conditions, discharge planners faced challenges finding a nursing home with available, appropriate beds; sufficiently trained staff; and all necessary equipment. Discharge planners also faced bureaucratic hurdles in getting state approval for placement, especially for psychiatric patients.

Obesity, dementia, complex care, and behavioral health/psychiatric disorders pose particular barriers to rural nursing home placement.[8] Providing care to obese

patients and patients with complex care needs requires a range of specialized and expensive equipment and physical infrastructure; additionally, obese patients generally require more intensive staffing to receive the same level of care as normal-weight residents.[6,9] Reducing barriers to rural nursing home care for people with obesity and complex care needs may require increased funding for nursing homes to provide this care, increased staffing levels, and standardized, transparent information about weight limits of nursing homes.

Providing care to patients with dementia is associated with increased burden on staff[8] and increased training and regulatory requirements for facilities.[10] The discharge planners who we interviewed identified the need for additional memory care units and more long-term care staff trained in dementia issues. Similarly, providing high-quality care to nursing home residents with behavioral health problems requires adequate staffing and training, yet there is evidence that rural nursing homes are currently ill equipped to manage mental and behavioral health disorders.[11] Given the current attention being paid to community needs assessments and the role of states in financing health services, it may be appropriate for state departments of health and human services and state offices of rural health to collaborate to design projects to fund equipment, staff training, or specialized units to address some of these needs.

Across all four medical conditions the discharge planners identified as particularly challenging, policy and programmatic interventions to address these barriers might include additional training requirements for nursing home staff, evaluating administrative processes for approving nursing home placement at the state and county level, addressing concerns with the Medicare three-night hospital inpatient stay requirement to qualify for Medicare payment for nursing home care, increased funding for appropriate nursing home staff and equipment, and increased nursing home beds, especially in secured units to serve rural residents with behavioral health problems and/or dementia.

As the U.S. is aging, and rural America is aging at an even faster rate, issues related to long-term care will only become more complicated. The discharge planners we talked with in these interviews highlighted several complex barriers they face to finding appropriate and timely nursing home admission for rural residents. Policy-makers should consider their concerns and recommendations carefully. ■

References

1. US Census. Nearly 1 in 5 people have a disability in the U.S., Census Bureau Reports. 2012; Available at: http://bit.ly/1yfsJ2k
2. The Scan Foundation. Growing demand for long-term care in the U.S. (Updated). Fact Sheet. 2012; Available at: http://bit.ly/2oQjvwp
3. Kaye HS, Harrington C, LaPlante MP. Long-term care: who gets it, who provides it, who pays, and how much? *Health Affairs*, 2010;29(1):11-21.
4. Coburn AF, Griffin E, Thayer D, Croll Z, Ziller EC. Are rural older adults benefiting from increased state spending on Medicaid home and community-based services? Maine Rural Health Research Center Research & Policy Brief, 2016;PB-65.
5. Varney S. Rising obesity rates put strain on nursing homes. *New York Times*, Dec. 14, 2015.
6. Felix HC, Bradway C, Miller E, Heivly A, Fleshner I, Powell LS. Obese nursing home residents: a call to research action. *J Am Geriatr Soc*, 2010; 58(6): 1196-1197.
7. Centers for Medicare & Medicaid Services. National Partnership to Improve Dementia Care in Nursing Homes. 2016; Available at: http://go.cms.gov/1LcsSMJ
8. Bradway C, DiResta J, Fleshner I, Polomano RC. Obesity in nursing homes: a critical review. *J Am Geriatr* Soc, 2008; 56(8):1528-1535.
9. Rotkoff N. Care of the morbidly obese patient in a long-term care facility. *Geriatric Nursing*, 1999; 20(6): 309-313.
10. Lazer K. Dementia care lacks oversight in Mass., data show. *Boston Globe*. Feb. 9, 2015
11. Tailbot J, Coburn A. Mental health services in rural long-term care: challenges and opportunities for improvement. Maine Rural Health Research Center Research & Policy Brief, 2013.

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