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Quality Concerns in Nursing Homes that Serve Large Proportions of Residents with Serious Mental Illness

BACKGROUND

Nursing homes (NH) are a long-term care option for people who require assistance with daily living and care for chronic health conditions. While a significant portion of older adults residing in NHs have dementia, a growing proportion of residents have a serious mental illness (SMI) such as schizophrenia or bipolar disorder. More specifically, previous research has indicated that 40% of NH residents on Medicaid under 65 years-old and 20% over the age of 65 have an SMI diagnosis. According to the American Health Care Association (AHCA), Medicaid payouts rarely cover the full cost of long-term care, even before considering special services for SMI. These conditions potentially lead to a cycle of poorer quality of care and higher staff turnover. The goal of this research was to further understand what factors were associated with a NH having a high proportion of residents with SMI and whether these NHs were of low or high quality.

STUDY METHOD

This study utilized data from the Certification and Survey Provider for Enhanced Reports (CASPER) to identify 14,460 NHs across the continental U.S in 2016. Each NH was defined as either low-SMI or high-SMI by comparing the number of residents with SMI to the number of total residents. Residents were said to have SMI if they had a diagnosis of schizophrenia, schizoaffective disorder, schizophreniform disorder, delusional disorder, psychotic mood disorders, and/or anxiety disorders. Low-SMI NHs were defined as those having no more than 19% of the residents with SMI, while high-SMI NHs were defined as facilities with at least 45% of the residents with SMI.

High-SMI NHs were compared to low-SMI NHs on facility characteristics, resident characteristics, and staffing levels. NH quality ratings were obtained from the 2017 NH Compare data. These quality ratings used were those for health deficiencies, total nurse staffing, registered nurse staffing, quality measures, and overall quality.

FINDINGS

High-SMI NHs were more likely to be for-profit, part of a chain, and smaller in size. They were also more likely to have a dementia special care unit and lower direct-care nurse staffing levels. Additionally, a majority of the residents in high-SMI NHs were reimbursed by Medicaid. Regarding psychotropic and physical restraint use, a greater proportion of residents in high-SMI NHs were given psychotropic medications or physical restraints.

High-SMI NHs were found to be of lower quality in all domains when compared to low-SMI NHs. This held true in all categories except for deficiencies after controlling for facility characteristics, payer-mix, staffing levels, and state differences.

POLICY IMPLICATIONS

Residents with SMI present unique challenges and often require special mental health care in addition to skilled nursing care. Findings from this study indicate that there is an association between high SMI rates and how NHs are funded, organized, and staffed. In particular, high-SMI NHs were found to be more reliant on Medicaid, were for-profit, and had lower staffing levels. These results suggest that having high proportions of residents with SMI in a NH might lead to fewer financial resources and subsequently lower quality of care.

Policymakers first have to understand the nuance that exists within high-SMI NHs. Residents of these NHs are in a higher need of multidisciplinary services including psychopharmacological treatment, non-pharmacological interventions, skilled nursing, and social work. A key underlying limitation to providing all of these services is the low funding that specifically high-SMI NHs rec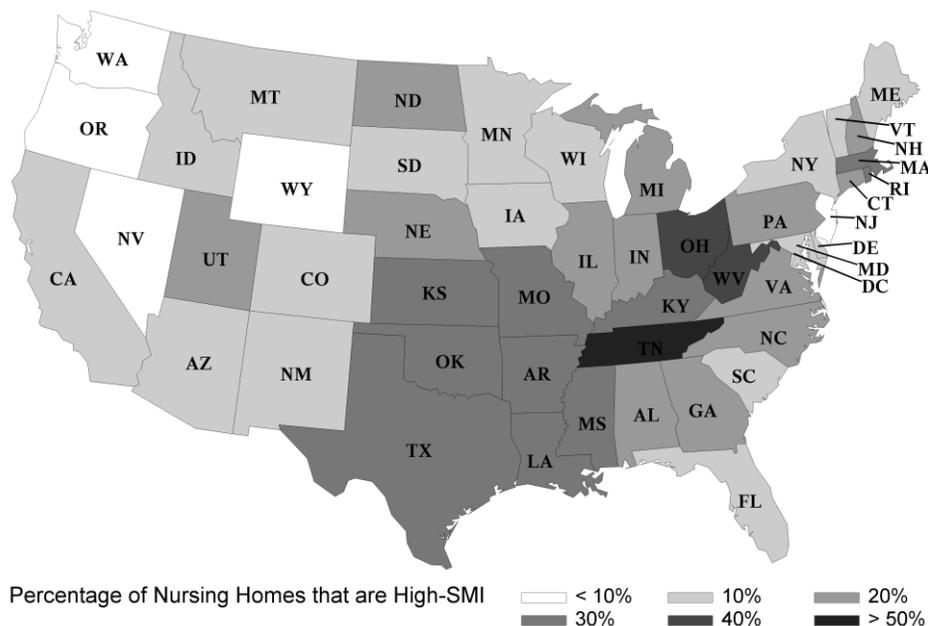eive. Policymakers should push for initiatives to provide higher reimbursement rates in Medicaid-dependent NHs, which may directly impact high-SMI NHs. Additionally, mental health care should be expanded in NHs and screening for mental illness at admission should be standardized.

Original Article

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Distribution of high-SMI nursing homes across the United States, showing the highest rates in Tennessee, Ohio, and West Virginia
Notes: N = 14,460.