

Behavioral Health Disorder Diagnosis Decreases Access to High-Quality Facilities

Brian Ellis

Post-acute patients diagnosed with a behavioral health disorder are more likely to enter low-quality nursing home facilities and less likely to enter high-quality facilities than those without the diagnosis, according to study results in the *American Journal of Geriatric Psychiatry*.

“[Our findings] demonstrate that access to high-quality nursing home care is more limited for patients with

behavioral health disorders than previously demonstrated,” Helena Temkin-Greener, PhD, study researcher with the University of Rochester School of Medicine and Dentistry in New York, told *Caring*.

Dr. Temkin-Greener said that previous reports suggested nursing homes are reluctant to accept patients with behavioral health disorders. However, only one prior empirical study showed

that patients with severe mental illness were more likely to be admitted to nursing homes that have a higher number of deficiency citations, which is one measure of poorer quality.

“We wanted to expand on this empirical study by including patients with other behavioral health disorders, including depression which is highly prevalent,” she said, “and also by using newer measures of nursing

home quality [i.e., Five-Star metrics] published by the Centers for Medicare & Medicaid Services.”

For the study, the researchers used the national Minimum Data Set as well as information on the patients’ sociodemographics and their functional, cognitive, diagnostic, and therapeutic status. The analysis included 3,920,860 new post-acute Medicare nursing home admissions (65 and older) from December 2011 to November 2014 [*Am J Geriatr Psychiatry* Feb. 28, 2018; doi:10.1016/j.jagp.2018.02.005]. The final sample size was reduced to 2,896,164 participants (78%) from 15,096 facilities due to incomplete records for all necessary covariates.

Dr. Temkin-Greener and her colleagues defined the key independent variables as behavioral health diagnoses — including schizophrenia or psychosis, bipolar disorder, depression or anxiety, personality disorder, and substance abuse — based on the admission assessment. The researchers measured quality for overall and staffing domains using the CMS 5-Star Quality Rating System.

Overall, 43% of admissions had a behavioral health diagnosis. Patients with schizophrenia/psychosis, bipolar or personality disorder, or substance abuse were younger and more likely to be dually eligible for Medicaid and Medicare compared with patients without a behavioral health disorder diagnosis. In a bivariate analysis, they found the patients with a behavioral health diagnosis had an increased likelihood of entering 1-Star facilities and a decreased likelihood of admittance into 5-Star facilities, as measured by both the overall quality and staffing domains.

The researchers noted the distribution of 5-Star facility access during any given year was more favorable for patients without a behavioral health diagnosis than for patients with most behavioral health diagnoses. The one exception was patients with depression/anxiety, who had similar access to quality homes compared with those without any behavioral health diagnosis.

“Patients with behavioral health disorders other than serious mental illness were less likely to be admitted to high quality nursing homes and more likely to be admitted to lowest quality homes,” Dr. Temkin-Greener said. Patients with behavioral health disorders and their families should be made aware that nursing home quality metrics are publicly available and should be consulted when discussing discharge plans to a nursing home. 

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Caring for Consumers

The Role of the Certified Nursing Assistant: Caring on the Front Line

Maureen D. Carland, MA, RN-BSN, NHA, administrator of the Maine Veterans Home-Scarborough, talks about the certified nursing assistant’s role in post-acute and long-term care.

The Certified Nursing Assistant (CNA) plays an important role in the nursing home or other post-acute/long-term care facility. In fact, these caregivers often know their residents better than just about anyone outside of the person’s family. They form a close bond with these individuals, and they often are the first to recognize a condition change — such as loss of appetite, problems sleeping, new or different behaviors, and signs of pain.

The CNA’s role is to provide care to residents and assist them with activities of daily living, such as bathing, dressing, grooming, and toileting. They help to transfer the resident in and out of bed and chairs and help position them to maintain comfort and good skin integrity. They assist the nurse by taking vital signs, monitoring skin condition, and feeding residents. The CNA is always expected to report any condition change or problems to the nurse or other practitioner. CNAs with additional training may also give some medications.

In addition to caring for the residents’ health needs and activities of daily living, the CNA spends much time with the residents doing things like tidying their room, making sure supplies are on hand, and making the bed. This is how the CNAs get to know residents so well and why they are often included in care planning and other meetings. Physicians and other practitioners often seek the CNA’s input when they are trying to find out why someone is agitated, upset, acting out, or experiencing some other behavior change.

To become a CNA an individual must have at least a high school diploma, and then receive further specialized training. This training includes basic nursing principles, as well as caregiving skills such as how to safely lift a person and how to brush a person’s teeth. Many community colleges and vocational/technical schools offer this training. Once they receive their

training, CNAs must pass an exam to prove their competency.

CNAs are extremely valuable members of the care team. The job is physically, emotionally and spiritually demanding, as they become very attached to the people they care for and often are with them near or at the end of life. Most CNAs go into this vocation because they care so much for people and want to serve their residents. Many end up choosing to further their education and go on to become a nurse or other health care professional.

Questions to Ask Your Practitioner

- Who will be providing daily care for my loved one or me? How can I make sure they get to know me?
- What kinds of questions, concerns, complaints, etc. should I share with my loved one’s CNA?
- What kind of assistance is appropriate for my loved one or me to ask of the CNA?

What You Can Do

- Get to know your CNA. Make sure they know about any special needs, concerns, phobias, favorite things, etc.
- Encourage your family members to get to know the CNA as well. These caregivers will be part of your loved one’s or your family at the nursing home.
- Let your practitioner know if you have any needs or problems that the CNA may be able to help you with.

For More Information

- Certified Nursing Assistant Overview: <https://bit.ly/2Pa11UZ/>
- Typical Duties of Certified Nursing Assistants in Nursing Homes: <https://bit.ly/2KXsplQ>
- 5 Responsibilities of CNA Certified Nursing Assistant: <https://bit.ly/2nD8hwa>



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