OLDER PATIENTS WITH MENTAL HEALTH CONDITIONS MORE LIKELY THAN WHITES TO END UP IN NURSING HOMES

Christine Kilgore

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The investigators analyzed more than 186,000 older patients (aged 65 and over) using pooled data from the 2007–2010 NHDS (Arch Gerontol Geriatr 2018;78:269–274). The finding that a diagnosis of a mental health condition increased the odds of admission to a nursing home versus returning to the community (odds ratio 1.15 in a multivariate analysis) echoes the prior research enabling, need and facility factors, such as insurance status, other discharge diagnoses, discharges sources, and facility characteristics.

“The public policy trends over the years have been aimed at trying to give individuals freedom as to where they can live and will eventually move to a SNF,” said editorial board member Nina Flanagan, PhD, GNP-BC, APML-BC. “It’s crucial that the Society continue to promote quality care for people with dementia who cannot be cared for at home and will eventually move to a SNF.”

The need to identify and implement new behavioral and environmental care interventions for residents with dementia aligns well with deprescribing, another priority in 2019. Balancing the rights of residents with behavioral health issues — including dementia-related behaviors — with the rights of other residents and staff, will continue to be a sensitive and challenging task, especially given the difficulty of evicting a resident once admitted. Even when residents are assaultive, and even after a held order has expired, it can be very difficult to discharge them (or decline to readmit them) under the revised regulations.

Collaboration

Another theme that kept coming up in responses was collaboration: de-siloing, coordinating care, improving transitions, discussing end-of-life care, and planning for care in advance. While other changes and solutions may be difficult to implement immediately, collaboration is something each one of us can make a priority, a New Year’s resolution worth trying to keep.

And lastly, in the spirit of the holiday magic, when asked what our experts would get, if they could, in a push of a button in 2019, they asked for more accountable, committed staff, more time with patients, and classification of PALTC as a specialty, providing basic care to a specific frail and functionally impaired population in a specialized care setting.

Since we conceived this survey as a conversation starter rather than a comprehensive study, we invite our readers to write (karlsteinberg@MAIL.com) or tweet (#AMDApaltc @Caring4theAges @karlsteinberg #AMApaltc) to us your own problems, solutions, and success stories from your practice. The best stories and solutions will be published.

Black Patients With Mental Health Conditions More Likely Than Whites to End Up in Nursing Homes

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answer,” Dr. Little noted. However, before sharing a study with colleagues, citing it in your own research, or planning to replicate a process or protocol, there are a few elements to consider. “Look at the population being studied. A solid study might be interesting, but it’s not particularly useful for long-term care if the subjects are mostly 50- or even 60-year-olds,” said Dr. Little. She also suggested considering the funding source and what impact this might have for creating bias.

Of course, journals and other publications specific to geriatrics are a good starting point. Dr. Sloane said, “In evaluating the papers we get, I consider if there is a message and potentially relevant information for someone — practitioners, administrators, policy makers, and others — working in the long-term care field.” At the same time, Dr. Gammack noted, “Long-term care is more diverse than ever. Finding studies that match your population and can be translated to your specific facility can be challenging.” However, many good studies, while not specific to nursing homes, do involve very old, frail populations. So, Dr. Gammack noted, “You can look at a particular study and say that it’s close enough to the population you serve to be of value.”

Many studies are useful and can be translated to practice in some capacity; but Dr. Sloane cautioned practitioners not to wait for earth-shaking, headline-grabbing research to get their attention. He noted that “game-changing research is pretty rare” generally and don’t translate very well to this setting. While there are good studies done with large data sets, just because a study is large and involves cross-sectional data sets doesn’t necessarily mean it can or should be translated to a particular long-term care practice setting. Dr. Sloane noted, “Large trials are rare and often disease oriented. Even if the disease is relevant to the long-term care population, these studies often are too complex and don’t translate very well to this setting.”

**The QI Equation**

Quality improvement (QI) is one area where long-term care is ahead of the curve, said Dr. Gammack. “We’ve been doing quality improvement in some capacity for decades. That is what our weekly meetings are all about.” She added that from a publishing standpoint, “We are ahead in terms of volume and the types of articles we’re seeing in this area.”

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— Philip Sloane

Small QI studies and projects are prevalent in PALTc, and not surprisingly so. They require minimal financial investment, they are very focused and customized to the organization, and can be effective with a small cohort. “We can learn a lot from these QI, or outcomes, studies and projects. Facilities are doing much to manage issues and put effective processes in place. Outcome studies can look at the efficacy of these at some level. We can learn from what others have done successfully,” said Barbara Resnick, PhD, CRNP, chair of gerontology at the University of Maryland School of Nursing.

**Tracking Trends**

As the aging population continues to grow and Alzheimer’s disease makes headlines almost daily, there are more dementia-related articles in the literature than ever before, and this trend can be expected to continue. Dr. Sloane said, “The National Institute on Aging, for instance, has been getting funding increases, especially around dementia.” This is very exciting,” Dr. Resnick said, adding, “We aren’t likely to find a cure. But in the next 5-10 years, we hopefully will learn a great deal more about Alzheimer’s and other dementias.”

Dr. Sloane said, “Four times a year, we have a themed issue with articles focused on one topic. We chose frailty for one because we were seeing many articles on this topic.” JAMDA also had special issues on dementia care, quality, and muscle strength/weakness.

“This spring,” Dr. Sloane said, “we would like to focus on post-acute care.” If there is a dearth of research in long-term care, said Dr. Sloane, this gap is more profound in post-acute care. All of the growth in community-based care settings from accountable care organizations to Programs of All-Inclusive Care for the Elderly (PACE) and beyond present a “need for a lot more research, not just on the programs themselves but on the population they serve.”

**Doing Your Part**

One of the greatest challenges is getting providers to let researchers into their facilities. Dr. Resnick said, “We have to participate in the process. This is an important role the Society can play as an organization.” She added, “When we get requests to participate in studies or surveys, we really need to think about it. We have to be part of the process to reap the benefits of the results.” She admitted that there are barriers such as worries about being burdened with additional work and legal/consent issues. However, she suggested that facility leaders can negotiate with researchers about how they are willing to be involved. Ultimately, she said, “Sometimes we need to take this on in the name of greater science. It’s worth the effort in the bigger picture.”

Senior contributing writer Joanne Kaldy is a freelance writer in Harrisburg, PA, and a communications consultant for the Society and other organizations.

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receive long-term care,” said Dr. Kang, an assistant professor in the University of Baltimore’s School of Health and Human Services. “So why are some individuals, especially racial minorities, still not free to receive care [at home or in the community setting]?” And, as suggested by this study, how can policy makers better address the long-term care needs of blacks with mental health conditions?”

Dr. Kang and her colleagues are performing further analyses to look at the impact of specific mental health diagnoses. Prior research into potential racial disparities in nursing home admissions has indicated that a larger share of black individuals are given diagnoses of schizophrenia at admission, whereas a higher proportion of whites receive diagnoses of depression or anxiety disorder. “The prevalence and severity of mental health conditions may help explain the increase in the black segment of the nursing home population,” the investigators noted.

**Source:** Kang YS, Miller NA, Tseng HH, Zhang T. Race and mental health disorders’ impact on older patients’ nursing home admissions upon hospital discharge. Arch Gerontol Geriatr 2018;78:269-274.

Christine Kilgore is a freelance writer in Falls Church, VA.

Further research may explain the increase in the black segment of the nursing home population.