Course Learning Outcomes for Unit VI

Upon completion of this unit, students should be able to:

1. Describe the development, modes, and recent innovations in long-term care in America.
2. Explain mental and behavioral health issues in America and how to reduce barriers to access for care.
3. Describe the interaction and overlap of long-term care and mental health care in America.
4. Explain better community and Hospice services that result in better utilization by families at time of need.
5. Discuss career opportunities for health care administrators in the long-term care and mental health care fields.

Reading Assignment

Chapter 8: Long-Term Care
Chapter 9: Mental Health Services

Unit Lesson

Alternatives in Long-Term Care

Fifty years ago in America, if a patient was admitted to a medical facility, that facility was probably one of three types: (1) a hospital, (2) a nursing home, or (3) a mental health facility. And when patients were admitted to one of these facilities, they were generally there for an extended period of time.

The typical Average Length Of Stay (ALOS) in U.S. hospitals in the 1960s was 10 to 12 days. Patients were often admitted to the hospital to work-up their presenting complaints. The entire diagnostic process was completed as an inpatient. If surgery was required, the patient would stay in the hospital for the surgery and the recovery period. Many patients would be in the hospital for three to four weeks or longer. By comparison, the American Hospital Association reports that the national ALOS in U.S. hospitals for 2009, the most recent data available, is five days. Many patients are admitted and discharged within three days. Clearly some important things have changed.

Innovation has always been a characteristic of American medicine, no doubt about that, but few people could have predicted the extent of innovation that has taken place in U.S. health care, especially since the 1980s, which was when all the rules changed for how hospitals were paid for their services. The year 1983 saw the introduction of the Medicare Prospective Payment System (PPS) and the widely discussed Diagnosis-Related Groups (DRGs), which determine how modern U.S. hospitals are paid for each patient.

Prior to 1983, hospitals were paid on a cost-plus basis, meaning that each year’s reimbursement from Medicare was based upon the prior year’s actual costs plus a small margin. Unfortunately, we have all learned what happens when we are not responsible for keeping expenditures under control—they tend to climb way up. That happened in the hospital world as well. The DRGs changed everything, putting hospitals at risk of not keeping up with their expenditures by requiring them to keep their costs lower than Medicare’s newly established reimbursement rate for each patient diagnosis. Now hospitals are given a fixed Medicare payment, per patient per discharge diagnosis, and they are much more careful with their spending. They also try to get patients out of the hospital just as quickly as possible.
So, you will not be finding patients in the hospital for any extended period of time today, but you will find them in some pretty interesting places, most of which did not exist 50 years ago. Here is an important point: every one of these facilities needs a CEO or administrator, as well as several layers of managers. That is why career opportunities in health care leadership are booming these days.

**Long-Term Acute Care Hospitals (LTACHs)**

With such short hospital stays, patients are often too medically unstable to go directly home or to a nursing home. That is where the role of the LTACH comes in. Patients come to a LTACH for several weeks, sometimes a few months, until they are stable enough to transition on to the next level of recovery at home or at a nursing home. ALOS for an LTACH patient is 25 to 30 days as compared to the four or five days seen in typical community hospitals. However, the level of care in a LTACH is far higher than in a nursing home. LTACHs are capable of providing cardiac monitoring, intravenous administration, blood administration, advanced respiratory care, and even mechanical ventilation (respirators). In the nursing home, physician visits are typically just once per month. In the LTACH, doctors visit the patients daily, as required in any hospital. LTACH facilities are reimbursed via a different mechanism than community hospitals, permitting the much longer length of stay.

**Skilled Nursing Facilities (SNFs)**

SNFs have been around for some time now, and your local nursing home probably falls into this category, presuming that it meets certain criteria. An SNF is a Medicare- and/or Medicaid-certified facility engaged primarily in providing skilled nursing care and rehabilitation services. The facility must be able to provide 24-hour and 365-day services for residents. Presently, about 1.5 million Americans reside in SNFs. There must be a physician Medical Director, Licensed Nursing Home Administrator, Director of Nursing, and at least one Registered Nurse on duty at all times. Much of the actual work in SNFs is done by Licensed Practical Nurses and Certified Nurse Aides.

In terms of your career planning, in 2006 the National Association of Boards of Examiners of Long-term Care Administrators announced a new uniform set of rules for interstate licensure. This is a great thing for health care leaders because it permits mobility for administrators from state to state. SNF administration is definitely a career to consider with the Baby Boomers reaching Medicare age right now. Salaries are good, and the need for workers is huge and growing.

**Assisted-Living Facilities**

For patients who do not require skilled nursing services but need more support than they can get in their own homes, assisted-living may be the way to go. Assisted-living is a program that provides daily meals, supportive services, and 24-hour oversight for patients who need some help with activities of daily living. With the Age Wave hitting right now, assisted-living is expected to be a huge growth industry. The best estimate is that already one million Americans are living in such facilities, and that number will likely reach two million as the Baby Boomers continue to age. Again, each facility will need an administrator, and with assisted-living, you may choose to own the facility as well as manage it. Some hospital managers, at a certain point in their careers, opt for a simpler life owning and managing an assisted-living facility.

**Respite Care**

Family caregivers who care for an elderly or disabled person at home undergo enormous physical and emotional demands. Respite care is a temporary form of care that gives families a badly needed break. Respite care may be provided in hospitals or SNFs, but it tends be short term in nature (days or weeks, not months). The family brings the patient to the respite program, pays directly for services on a daily basis, and can go on vacation or just enjoy some private time while knowing that their loved one is in good hands. Sometimes the patient also enjoys a change of environment for a short time, and then everyone is refreshed and ready to resume the at home care arrangement.

**Adult Day Care**

Adult day care is another very popular program with families. It allows seniors to stay in their homes longer and avoid nursing home placement until it is truly necessary. Often there are family members who can help an elderly person each evening, through the night, and on weekends, but the family may collectively decide
that it is not safe for the elderly person to be alone while everyone else is away at work or school. The patient can be brought to adult day care, where nursing and support personnel are available until the work day ends and the family can resume care. This is a very successful program and a win-win for family and providers.

**Aging in Place**

Aging in place combines the efforts of home nursing services, home care aides, homemaker services (housekeeping), 24-hour emergency response, and other services to keep the patient in his or her home for as long as safely possible. A very successful program called Program for All-Inclusive Care for the Elderly (PACE) has demonstrated that aging in place can work and can safely keep patients at home.

In short, many positive things are happening in American long-term care, and the timing is certainly right. As the Baby Boomers age, we will all be as busy as we could possibly want to be taking care of them. Since they will only be in the hospital for a short time, we will be caring for them in many other settings.

**Mental Health Services**

Mental health services in America are provided in a diversity of settings, and there is a definite trend in making such services ambulatory. Hospitals still have a role in patient care, especially governmental hospitals such as state managed facilities, but the emphasis is on getting individuals with mental health challenges back into the community where they can be productive and have more rewarding lives. Some years ago the universal approach to mental illness was to simply lock patients up in a psychiatric hospital, where they might spend an entire lifetime of seclusion. Today there is much belief among mental health professionals that their patients do better overall when they are not confined to an inpatient setting. Much more effective pharmacologic treatment of mental illness has supported this approach.

Of course all of this must be balanced against the risk to the public and to the patients themselves. Sadly, there are many recent examples of individuals with mental health problems who wound up taking the lives of others, and sometimes themselves as well, during a psychiatric crisis, including some of the tragic events on college campuses, in high schools, in government offices, and elsewhere. Difficult decisions are made every day by mental health providers about which kind of care is best, and safest, for each patient. And providers are not always 100% accurate in those decisions.

Below is a summary of who provides mental health care in America:

- Psychiatrists: These are licensed physicians who specialize in psychiatry and have special skills in prescribing psychotropic medications.
- Psychologists: These are non-physician, Ph.D. level therapists who specialize in behavioral management and psychoanalysis. They do not prescribe medications.
- Social Workers: These are Master's degree level therapists who specialize in family, marital, career, and other types of counseling. They do not prescribe medications.

Payment for mental health care remains a major problem. Many patients lack coverage for such services, and managed care organizations may deny such services, even when ordered by a physician.

Overall, many professionals in this field would say that mental health care in America is currently fragmented, poorly funded, and has a long way to go before truly meeting the needs of our communities.

**Notes:** Remember to be working steadily on your MAP. This is Unit VI of the course already, and your MAP should be moving from draft to final form very soon. Let your professor help as you pull your learning from this course together and apply it in wrapping up the details of your MAP.

**Suggested Reading**

Click [here](#) to access a PDF of the Chapter 8 Presentation.

Click [here](#) to access a PDF of the Chapter 9 Presentation.
Learning Activities (Non-Graded)

Article Review

For this assignment, choose a peer-reviewed article to review. Use the databases within the CSU Online Library, or use another source that contains peer-reviewed articles. The topics to be reviewed are “Long-Term Healthcare” or “Mental Healthcare.” The purpose of this assignment is for you to practice reviewing articles that contribute to the industry. The authors of these articles are researchers and professionals who have shared or experimented with ideas that demonstrate potential to improve the industry. As a professional in the industry, it is in your best interest to review the literature and trends. This provides you with the opportunity to read about what was successful and how it was accomplished. Plus, it allows you to analyze what was unsuccessful, how you can improve it, or at least how you can avoid repeating the mistakes of others. Use these skills to contribute to Research Papers and other scholarly writings. If you have not already, hopefully, you will contribute to the industry by publishing an article and sharing with your community of peers.

As you read the article you choose for this assignment, consider the following questions: How could the topic of this article apply to your personal or professional life? How could it apply to an organization you have observed?

The article you choose must meet the following requirements:

- Be peer reviewed
- Relate to “Long-Term Healthcare” or “Mental Healthcare”
- Be at least ten pages in length

The writing you submit must meet the following requirements:

- Be at least two pages in length
- Identify the main topic/question
- Identify the author’s intended audience
- Summarize the article for page one
- Think critically about the article and how it applies to this course for page two

Format your Article Review using APA Style. Use your own words, and include citations and references as needed to avoid plagiarism.

Non-Graded Learning Activities are provided to aid students in their course of study. You do not have to submit them. If you have questions contact your instructor for further guidance and information.

Key Terms

1. Adult day care
2. Aging in place
3. Assisted living
4. Assisted Living Federation of America (ALFA)
5. Continuing Care Retirement Community (CCRC)
6. Family Medical Leave Act (FMLA)
7. Geropsychiatric unit
8. Hospice
9. Long-Term Care Insurance (LTCI)
10. National Alliance for the Mentally Ill (NAMI)
11. National Association of Long Term Care Administrator Boards (NAB)
12. National Institute of Mental Health (NIMH)
13. Ombudsman
14. Palliative
15. Respite
16. Skilled Nursing Facility (SNF)