

ACADEMIC PRACTICE EXEMPLARS

Senior Care: Making a Difference in Long-Term Care of Older Adults

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ABSTRACT

This article describes the creation of Senior Care, a practice of the University of Missouri Sinclair School of Nursing (MUSSON). Senior Care is a home care agency that specializes in care of frail older adults. Grant funds assisted Senior Care in start up, and the program generated more than \$1.25 million in service revenue during the past fiscal year. More than 300 students, from nursing and other schools across the university, have used Senior Care as a clinical or service-learning site, and it is currently the site of several studies, totaling more than \$3 million in funding. Senior Care is the service component of the MUSSON Aging in Place initiative. The next phase is the completion of Tiger Place, a living community for older adults, built in affiliation with Americare Systems. Senior Care and the Aging in Place initiative provide an excellent example of how nurses can be leaders in health system change.

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By the year 2030, the elderly population will double. This has been referred to as the "2030 problem," and the social and public policy implications of this population change will be dramatic, especially in the areas of long-term care (Knickman & Snell, 2002) and the way nursing is practiced. A window of opportunity exists for nurse leaders to transform the health care system.

Recognizing this need, faculty of the University of Missouri Sinclair School of Nursing (MUSSON) chose gerontology as one of its major areas of emphasis in research, education, and practice. One component of the gerontology emphasis was the establishment of Senior Care, an alternative to traditional institutional placement for long-term care, based on the principles of Aging in Place. In this model, care is designed to support older adults with services that promote independence, dignity, and health. This is accomplished by providing the services and support needed to help older adults live in their home of choice (Marek & Rantz, 2000).

Senior Care is a home care agency that offers care coordination and home health services to older adults. The mission of Senior Care is to be an outstanding, innovative, service-oriented, fiscally sound home care agency that serves as a clinical, service-learning, and research site for the university community. Senior Care is unique in that it offers care in two programs: a licensed, Medicare-certified home health care division and an in-home care division that is a

designated Division of Senior Services provider. In addition, Senior Care provides services on a private-pay basis.

Senior Care's specialty is frail older adults. Unlike traditional home health care, Senior Care admits clients for life. Traditional home health care provides home health services to clients in small intervals. Clients of Senior Care are assigned a nurse care coordinator who both monitors their health during an episode of illness and "checks in" with them routinely to ensure their health care needs are being met. This monitoring helps the nurse care coordinator identify problems at the onset, so more severe problems can be prevented or treated early, minimizing the client's health risk and health care costs.

Using a community approach, Senior Care operates wellness centers in both private and public senior housing. A nurse is available during scheduled hours for senior housing residents to visit at no charge. In senior housing, Senior Care has developed special programs such as medication management, personal care packages, and fall prevention interventions to help residents remain independent in their homes.

Senior Care also provides services to individuals living in their private homes in the local county area. As a Division of Senior Services provider, Senior Care serves clients in the Missouri Care Options (MCO) program. In this program, individuals eligible for nursing homes and Medicaid can choose to remain in their homes with supportive services,

such as nurse monitoring, personal care, and homemaking, rather than moving to a nursing home. Senior Care also provides similar private-pay services to county residents who are not eligible for the MCO program.

One challenge of serving frail older adults is finding clients who need care. Because of the frailty of their health, many older adults have difficulty accessing the health care they need. Senior Care uses wellness centers and other methods of community outreach to find frail older adults in need of care. Since Senior Care opened in March 1999, more than 800 older adults have received its services. The majority (75%) of clients are older than age 75, and several are centenarians. Clients tend to be women (64%), live alone (75%), and have three or four chronic diseases.

The Search for Funding

A grant from the Centers for Medicare and Medicaid Services provided seed money to establish the infrastructure for Senior Care. Funds enabled the purchase of the CareFacts™ Information system and other start-up costs associated with beginning a new business. It took more than a year to complete the application process necessary to be designated as a Medicare-certified home health agency and a Division of Senior Services provider. Both were essential for the agency to become financially viable after grant funding ended. In the past fiscal year (2002-2003), total patient care revenues totaled more than \$1.25 million. Medicare contributes the most, accounting for almost 75% of the revenue produced.

When creating new models of practice, one is often in a "catch-22" situation. For Senior Care, we knew the best way to deliver quality, community-based care was to use one provider who delivered both home health services (e.g., Medicare home health) and in-home services (e.g., Division of Senior Services and private-pay services). However, there is no payment mechanism for community-based nurse care coordination. The current

reimbursement rate for a nurse visit by the Division of Senior Services does not cover the direct costs involved in the actual visit, let alone the indirect care time involved in care coordination. Funding from the Centers for Medicare and Medicaid Services was used to cover the additional cost of care coordination, but it ended December 31, 2002, necessitating an alternative form of reimbursement to continue providing comprehensive services to these clients. During the past 3 years, Senior Care has negotiated with the Division of Senior Services to establish payment for care coordination, which we hope will materialize by fall 2004. Unfortunately, while awaiting this new funding stream, we have had to limit the number of clients whose main source of funding is the Division of Senior Services.

Changing the Rules

There are many approaches to changing the health care system. As we educate future nurses, the effects of regulation and regulatory changes on care must be emphasized. To change the system, one needs to not only determine reimbursement mechanisms but also comply with often archaic regulations. For example, one major frustration in home health care is the dependency on physicians' orders for many services that fall within the scope of nursing practice. Being unafraid to embrace autonomy and take charge of our practice, we have incrementally challenged several regulations that prohibit providing cost-effective care to older adults. Working with legislators, we established Senior Care as one of four Aging in Place sites in the state of Missouri, and we are now participating in a task force to write the regulatory rules for Aging in Place. Because Senior Care is a home health care provider, we provide a useful perspective on what is reasonable to expect from providers. However, as researchers and educators, we also are trying to push the boundaries of traditional care to create more flexible regulations that allow older

adults freedom in choosing the services and settings of their care.

Education

As a department of the MUSSON, education is an important component of Senior Care's vision. We are dedicated to creating meaningful clinical experiences for students in nursing, medicine, and other health professions. Since its opening, Senior Care has provided clinical experiences for more than 300 students. In 2001, the MUSSON was awarded a 3-year American Association of Colleges of Nursing John H. Hartford award for Enhancing Geriatric Undergraduate Education.

A key element of this initiative is the use of Senior Care as a clinical site. During the past 18 months, we have strived to make the clinical experience both interesting and challenging to undergraduate students. Many of the skills used by Senior Care nurses relate to assessment of subtle changes in older adults and care coordination. Because undergraduate students typically value hands-on technical skills and are slow to recognize the importance of other skill sets needed to manage frail older adults, we have initiated several clinical exercises to engage students in comprehensive assessment and planning for their clients. Because our clients are typically on an average of eight medications, one focus area is medication management. Students examine issues of polypharmacy and older adults, looking at environmental, psychosocial, physiological, and health-related behaviors of their assigned clients.

In addition, medical students specializing in family practice participate in clinical conferences and visit their clinic clients with a Senior Care nurse. A team of six graduate students in the School of Business recently conducted a cost analysis of services by product line, and a team of electrical and mechanical engineering students currently is creating a medication compliance assessment device. All of these experiences provides students with opportunities to

use different disciplines to solve the health care issues of frail older adults.

Research

Innovation is a key focus of our practice. We continually strive to identify new and better ways to provide care to older adults. One component of Senior Care's infrastructure that will be used in our research on the effectiveness of the services we deliver is a longitudinal database. These data also will be used to influence health care policy, especially in the area of reimbursement. From the first day of Senior Care's operation, data were collected related to nursing diagnoses, interventions, and outcomes of care delivered. Nurses and therapists use laptop computers to record clinical information at the point of care.

In addition, Senior Care has provided several researchers access to frail, homebound older adults, a population that is difficult to recruit using traditional methods. Examples of research studies currently being conducted through Senior Care are:

- Characteristics of community-dwelling older adults with dementia.
- Elderly, homebound women's intention of reaching help quickly.

- Walking for healthy hearts.
- Clinical and cost outcomes of community-based care coordination.
- Use of the MD.2 Medication Machine in comprehensive medication management.

More than \$3.5 million in grant funds have been obtained to support these projects.

During the past 4 years, MUSSON has established a community-based practice that is the service component of the Aging in Place model. There is also an environmental component to creating Aging in Place settings that support independence for frail older adults. In collaboration with Americare Systems, MUSSON has begun construction on Tiger Place, a senior living community. This building is designed to help older adults remain independent. Nurses, physical therapists, occupational therapists, and specialists in environmental design have participated in the design of the building. In addition, the School of Engineering is working with MUSSON to create assistive devices, such as automatic opening doors and nonintrusive monitoring systems, so older adults can access help quickly when needed. This exciting project brings together the multiple disciplines needed to create long-term care systems for the future.

Conclusion

The nursing profession has much to offer in preparing for the "2030 problem." Creating practice environments that test innovative models of care is essential. We believe projects such as Senior Care and Tiger Place provide opportunities to expose students to creative thinking from multiple perspectives. Only with creative problem solving can we meet the challenges of the aging population. Our goal is to graduate nurses who will transform the health care system both by constantly challenging the status quo and by creating new and better ways to deliver health care. The MUSSON, through the Aging in Place initiative, provides one example of how nurses can be major leaders in this health system change.

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