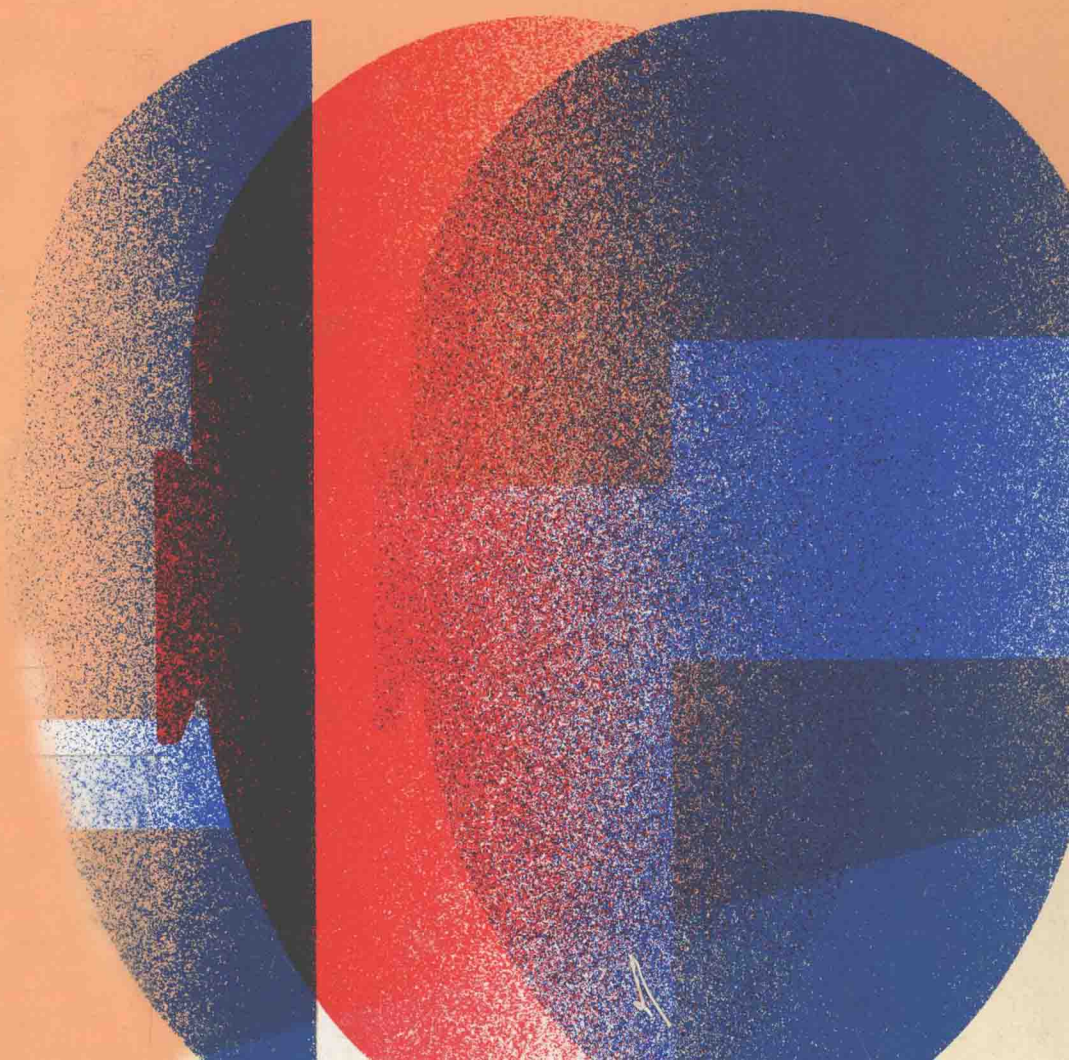
Theodore H. Koff

Long-Term Care

An Approach to Serving the Frail Elderly

Little, Brown
Series
On Gerontology



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An Approach to Serving the Frail Elderly

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Foreword to Series

Where is it? In each of the billions of cells in our bodies? Or in our minds? Then, again, perhaps it is something that happens *between* people. Ought we not also to take a look at the marketplace as well? And at the values expressed through our cultural institutions? Undoubtedly, the answer certainly lies in all of these factors—and others. The phenomenon of aging takes place within our bodies, in our minds, between ourselves and others, and as culturally defined patterns.

Burgeoning as the field is, the study and analysis of aging is deserving of an integrated spectrum approach. Now, Little, Brown offers such a perspective, one designed to respond to the diversity and complexity of the subject matter and to individualized instructional needs. The Little, Brown Series on Gerontology provides a series of succinct and readable books that encompass a wide variety of topics and concerns. Each volume, written by a highly qualified gerontologist, will provide a degree of precision and specificity not available in a general text whose coverage, expertise, and interest level cannot help but be uneven. While the scope of the gerontology series is indeed broad, individual volumes provide accurate, up-to-date presentations unmatched in the literature of gerontology.

The Little, Brown Series on Gerontology:

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With the Little, Brown Series on Gerontology now becoming available, instructors can select the exact mix of texts most desirable for their individual courses. Practitioners and other professionals will also find the foundations necessary to remain abreast of their own particular areas. No doubt students, too, will respond to the knowledge and enthusiasm of gerontologists writing about those topics they know and care most about.

Little, Brown and the editors are pleased to provide a series that not only looks at conceptual and theoretical questions but squarely addresses the most critical and applied concerns of the 1980s. Knowledge without action is unacceptable. The reverse is no better.

As the list of volumes makes clear, some books focus primarily on research and theoretical concerns, others on the applied; by this two-sided approach they draw upon the most significant and dependable thinking available. It is hoped that they will serve as a wellspring for developments in years to come.

Preface

In the past, life for the long-term care provider was reasonably calm. Many of the earlier care programs were offered within the walls of an institution, with standards of care and programs reflecting the uniqueness of each institution. Payments most often were made by the resident and his or her family, with some support from the state government. I will not attempt to place a calendar date on this era of long-term care administration, preferring to call it simply the "good ole days."

But wonderful as the "good ole days" may have been, the current realities of increasing numbers of older people—especially old-old people—changing family make-up, political and economic conditions, and the state of the art require that long-term care chart a new course.

While the future of that new course is still uncertain, a whole new range of services, both institutional and noninstitutional, is envisioned. Major changes in the organization and delivery of services have occurred and will continue to evolve, especially in the area of government involvement.

Although the service requirements for people in need of long-term care have changed, caring, understanding, empathy, and competence remain essential characteristics of providers of care. It is insufficient merely to observe the dictum to do no harm. Long-term care must do good.

It is the intent of this book to help you relate the history of

long-term care to a new concept in which services are developed and coordinated to respond to the ever growing needs of people living with the disabling complications of chronic illness. This is my view of what long-term care can become.

As I reminisce about the preparation of this manuscript, I wish to express a deep sense of appreciation to the many colleagues who provided valuable assistance by stimulating ideas, searching the literature, providing critical reviews, editing, and typing: Nancy Alexander, Kristine Bursac, Katherine Hoffman, Cyndi Jerald, Barbara Klijian, Marian Lupu, Deborah Monahan, Steven Rousso, Barbara Sears, Sue Shock Roderick, Dorrell-Jo MacWhinnie, and Wanda Ward.

I especially appreciate the many students who nurtured these ideas through listening, challenging, and reacting. They provided the continuing forum from which these ideas were developed.

Finally, I dedicate this book to my three children, Louis, Susan, and David, who in their dedication to me inspire my efforts to do good.

T.H.K.

Contents

Foreword to Series ix

Preface xi

1 Introduction: What Is Long-Term Care? 1

Defining the Terms 1

The Basics of a Comprehensive Care System 4

Some Cross-National Comparisons 7

Summary 10

2 Long-Term Care: Its Emergence and Development 11

Family Support Systems 12

The Impact of Demographic Changes on Family and Long-Term Care 15

Alternatives to Institutional Care 18

Long-Term Care As a Concept 21

Assessment of Needs 23

The Role of the Health Systems Agency and Licensing Issues 25

Who Is to Lead? 27

Some Policy Issues 28

Summary 32

3 The Components of Long-Term Care: A Historical Review 33

Attitudes Toward Aging 33

Approaches to Treatment and Care 37
Institutional Care 38
Rehabilitation 40
Home Health Services 41
Adult Day Health Services 44
Senior Centers 47
Congregate Housing 48
Nutrition Services 49
The Continuum of Long-Term Care 51

The Challenge to Long-Term Care 52

Policy Issues 54

Summary 55

4 Defining the Components of Long-Term Care 56

Some Statistics on the Frail Elderly 57

Services in the Continuum 58
Core Services 58
The Integrated Home and Service Center Model 59
The Congregate Service Model 60
The Home Care Model 62
The Institutional Care Model 63
Administration 64

Summary 65

5 Organization of the Long-Term Care System 67

The Environment of Long-Term Care 67

Administering the System 69

Major Units in the Core System 71
Information, Outreach, and Referral 72
Assessment 73
Case Management 76
Providing Access to Services 77
Data Systems 78

Funding 82
Protective Services 89

Advocacy 91

Summary 94

6 The Management of Human Resources 95

Attitudes Toward Aging and Illness 96

Multidisciplinary Teams 99
Staff Development 100
A Caring Philosophy 103

Summary 106

7 A System Responsive to Need 108

The Search for Dignified, Efficient Care 108

Rationing 109

Evaluating Quality 111
Ethics 113
Patients' Rights 114
Area Agency on Aging 115
Health Systems Agency 115
Professional Standards Review Organization 116
Peer Review 117
Professional Organizations 117
Staff Availability 117
Patient Assessment and Case Management 118
Financing 118

Research 119
Licensing and Regulation 119

Summary 120

8 A Healthier Future: Many Happy Returns 121

Appendix A
Significant Legislation Related
to Long-Term Care 127

Appendix B
Significant Long-Term Care Program
Development Dates in the United States 130

References 132

Index 140

Chapter 1

Introduction: What Is Long-Term Care?

The rapidly changing approaches and attitudes to care of the chronically ill reflect shifts in the issues and central concepts of the entire field of long-term care. As attitudes change, so does the terminology that describes them. Students of long-term care need both guidebook and glossary to help orient them in this rapidly changing and expanding field.

Defining the Terms

In the early 1980s, long-term care refers to a "continuum of interrelated health and social services." It encompasses both institutional and noninstitutional services and requires coordination of public policies, funding, and case management to provide appropriate options for service to individuals whose needs inevitably change over time. Long-term care is intended to provide the individual user with choices among a variety of services, used singly or in combination, that will minimize the disabilities of chronic illness, support as independent a life-style as is practical, and prevent further complications of chronic health conditions.

Long-term care in its broadest interpretation should also encompass the education and training of providers of services, the preventive services that help avert chronic illness, and the basic research that seeks to circumvent the illnesses so often associated with the later years.

Providers and consumers of long-term care of the aging

are often uncertain of the exact meaning of such concepts as *skilled nursing care, homes for the aged, progressive care, continuum of care, extended care, campus of care, geriatric center, alternatives to institutional care, channeling agencies, case management, day care,* and so on. The proliferation of designations for various sorts of supportive institutions and agencies reflects a rush to get to too many places in too short a time. If responses to the increasing needs of an ever expanding segment of the nation's population are to be effective and economically feasible, it is essential that more order and better organization be brought to the provision of services to the elderly. Only when that has been accomplished can we hope to achieve enough unanimity about definitions within the field to be able to talk about long-term care without continual references to a glossary.

The changing names and concepts used to describe care for chronically ill older people have varied with changing systems of health delivery (e.g., *campus of care, continuum of care*), increased sophistication of the services delivered (e.g., rehabilitation and life rescue methods), the increased number of older people in society, and encompass ideas and programs from other related areas. Specific federal programs, especially those providing funds for institutional, skilled, and intermediate care, have contributed to shifting approaches and terminology. For example, concern about overexpending federal and state dollars in Medicare and Medicaid programs prompted the search for alternatives to institutional care, on the assumption that such alternatives would be less costly and therefore preferable. Thus, a new thrust in programming and research was identified and became a part of the long term care system. Programs were developed to provide new non-institutional care which met the needs of the older person adding new scope to the definition of long-term care.

Sherwood (1975) has defined a person receiving long-term care as "someone who has reached, either suddenly or gradually, a state of collapse or deterioration in human behavioral functioning which requires prolonged service from at least one other human being." These services may focus on rehabilitation, maintenance, and/or delay of further deterioration, and they include some on enhancing the quality of life.

Kaufman (1980) says that long-term care services "are geared toward helping the recipients successfully master the activities required for daily living while improving their personal satisfaction and the quality of their lives. The scope and range of this assistance is as varied as the needs of the persons served and may include such diverse services as sophisticated medical support to treat life-threatening, chronic health conditions and assistance with the daily needs of food, shelter, companionship, and supervision. Persons needing long-term care services may require care that can be

defined as 'total' care or may only need assistance with those aspects of daily living that they are not able to handle for themselves."

Our understanding of what long-term care is, what it does, how it does it, and whom it serves is complicated by varieties of definitions and historical references that associated the idea of long-term care solely with institutional care. Additionally, there is what Kerschner and Cote (1979) call "deficiencies in terminology descriptive of the needs for care and services." The absence of standard nomenclature or a taxonomy of terms commonly used in long-term care results in misconceptions about the services and those to be served, and complicates the development of consistent public policies.

The definitions given below for key terms and concepts have been followed throughout the book. These definitions will clarify the long-term care continuum as it is presented here.

Chronic illness refers to either physical or mental illness or to a disability caused by disease that persists over a long period of time.

Long-term care consists of those services designed to provide diagnostic, preventive, therapeutic, rehabilitative, supportive, and maintenance services for individuals of all age groups who have chronic physical and/or mental impairments, in a variety of institutional and noninstitutional health care settings, including the home, with the goal of promoting the optimum level of physical, social, and psychological functioning.

Long-term care programs must focus upon appropriate planning and use of all resources (medical, social, financial, rehabilitative, and supportive) needed by individuals who have continuing care needs (National Conference on Social Welfare, 1977). Services should be multidisciplinary, calling upon the resources of the related health and social services to meet the disparate needs of the chronically ill.

Continuum is defined as a close union of related parts of a service system, including services offered at home, in nonresidential service centers, in housing programs, and in institutional facilities.

A *long-term care facility* is defined to mean any skilled nursing facility or intermediate care facility as defined by the Social Security Act, sheltered or personal care or congregate care facility.

Single point of entry refers to an organizational concept of access for any available service in the long-term care system. The single point of entry may in fact be located at any of several different physical locations such as a nursing home or social service agency. The single point of entry is the sole route of entry into the system, and therefore may be controlled to insure appropriate assessment of needs and assignment of services.

Case Management is a process of coordinating services for the elderly. It provides access to the entire services system and ensures the coordinated delivery of multiple services to individual clients. Basic to case management is an initial broad-based assessment of the client's needs. In addition, the case management process involves ensuring that a service plan which considers all available service solutions is written, that the client is actually connected to service, and that the progress of the client is re-examined at regular intervals.

The Basics of a Comprehensive Care System

The Older Americans Act, especially the amendments enacted in 1978 and continued through 1981, reinforced the current emphasis on a comprehensive long-term care system and the coordination of institutional and noninstitutional services into a rational service delivery system. Title III of the amendments states its purpose as:

> . . . to encourage and assist state and local agencies to concentrate resources in order to develop greater capacity and foster the development of comprehensive and coordinated services systems to serve older individuals by entering into new cooperative arrangements in each state with state and local agencies, and with the providers of social services, including nutrition services and multipurpose senior centers, for the planning for the provision of social services, nutrition services, and multipurpose senior centers, in order to
> 1. secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services;
> 2. remove individual and social barriers to economic and personal independence for older individuals; and
> 3. provide a continuum of cae for the vulnerable elderly.

The act later defines a "comprehensive and coordinated system" to mean "a system for providing all necessary social services," including nutrition services, in a manner designed to:

> 1. facilitate accessibility to, and utilization of, all social services and nutrition services provided within the geographic area served by such system by any public or private agency or organization;
> 2. develop and make the most efficient use of social services and nutrition services in meeting the needs of older individuals; and
> 3. use available resources efficiently and with a minimum of duplications.