How are Senior Care Organizations Responding to the Affordable Care Act?

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Introduction

- The Affordable Care Act (ACA) was enacted with the goals of:
  - improving the health of older adults
  - enhancing the care experience, and
  - being more efficient with sparse resources
- This research project aims to identify changes and analyze the effect of the ACA and the development of Accountable Care Organizations (ACOs) on the long-term care industry

Rationale

- There is not a lot of information available on how senior care organizations have been responding to these changes
- Senior care leaders are reconsidering how they can best meet the needs of patients and residents in this new environment
- It is beneficial to understand the types of service delivery changes being made, what partnerships senior care organizations are developing, how data is being collected and used, and what leadership skills are most necessary to help navigate this changing landscape

Methods

- An initial literature search was conducted last spring, followed by an informal survey of several senior care administrators at the American College of Health Care Administrators (ACHCA)
- This fall, following a forum presentation by several senior care leaders involved with ACA-driven organizational changes, researchers, in consultation with an expert advisory panel, began to develop an exploratory survey
- A survey was developed by the research team, and data was collected by practicum students from their leadership teams at 54 long-term care organizations, across eight states

Analysis and Initial Results

Demographics

Changes Since the ACA

Rationally, the data suggests that since the ACA many organizations have made changes in the way they measure, track, and deliver the experience of care.

- It appears there is growing importance of several different skill sets - this information should be shared with the National Association of Long Term Care Administrators (NAB), especially as they craft their new Health Services Executive (HSE) initiative

- Changes in length of stay and acuity were interesting to observe, and were counterintuitive
- The data suggests that the implementation of the ACA has had a positive influence on the relationships between long-term care communities and hospitals

Conclusions

Research Opportunities

- Further explore the necessary new skill sets reported by conducting a follow-up assessment directly with facility administrators guided by this effort
- Link data found through this project to corresponding Certification and Survey Provider Enhanced Reports (CASPER) data to further examine additional relationships, including length of stay and acuity
- Conduct a study with a sample including a larger number of facilities participating in ACOs, to increase the statistical power

Trends Related to ACO Involvement

- Slightly higher short-term care resident population
- Seemed more inclined to be using performance score cards
- Slightly higher occupancy reported by organizations
- Even greater positive relationships with hospitals
- Self-reported slightly higher operating margins
- Minnesota-based organizations reported greater involvement than other participants

*Due to sample size, statistical differences were difficult to detect, yet the data still shows some interesting aggregate differences between participating and non-participating organizational profiles

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