

THE PIONEER NETWORK

Transformative Nursing Homes Experience Positive Regulatory, Quality and Financial Outcomes.

BACKGROUND: THE PIONEER NETWORK

The Pioneer Network centers on a mission to improve communication, networking and relationships and to transform the practice and policy of the culture of aging in America. In March of 1997, the founding members met in Rochester, New York to identify common elements and define indicators of change for older adults. The Pioneer Network has grown over the past 10 years and now includes professionals representing organizations from all disciplines of long-term care including nursing homes, regulatory offices, ombudsman, universities and government.

In nursing homes, the type of adaptive technique that the Pioneer Network advocates is commonly referred to as “culture change.” Culture change or deep system change refers to the transformation of nursing homes from an “acute care” medical model to a “person-directed” model. The nursing homes that are proponents of this process state that it commonly refers to techniques associated with person-directed care in areas such as bathing, consistent staffing, eliminating nursing stations, promoting challenging activities and recreation, creating home-like environments, consumer-directed councils, and flexibility in sleep and dining schedules. Each of these areas contains common themes of change such as autonomy in personal choices for the residents, consistent staffing, improved communication between

residents and staff, a less bureaucratic organizational approach, and more “homey” environments.

Clearly, implementation and sustainability of culture change transformations into daily practice is a unique and ongoing process for each organization. However, through collaborations and partnerships, the Pioneer Network is actively investigating common themes in regulatory, quality and financial outcomes associated with culture change transformations. In particular, prohibitive regulation and fear of health and safety citations are often cited as barriers to culture change by providers. While it is an ever present reality that progress in these arenas is essential to moving culture change efforts forward, it is a myth that regulation is a barrier to person-directed transformations in long-term care. In fact, investigations by the Pioneer Network suggest that these homes do achieve equivalent or better regulatory outcomes when compared to non-adopter homes.

A 2007 study used participation in the network as the treatment variable to assess any differences in quality of care (as measured by citations) and financial outcomes between network participants and non-participant nursing homes. The study utilized two methodologies to explore outcomes for 100 early adopter homes participating with the Pioneer Network for a minimum of two years as of 2003 (findings highlighted below).

THE FINDINGS

The first methodology utilized a negative binomial, cross-sectional study analyzing 2003 citations for homes monitored by the Centers for Medicare & Medicaid Services in the 31 states with early adopter participation. The explanatory variable in this model specification represented the number of years that a home has participated in the network (Table 1). In addition, the model controlled for organizational, market and state-level independent variables. To clarify, a negative coefficient for “Years in the Network” indicates that more years in the network results in fewer deficiency citations when compared to non-network homes. In Table 1, the coefficient for years participating in the Pioneer Network is

TABLE 1

Negative Binomial Regression

(Dependent Variable: Number of Health and Life Safety Citations in 2003)

Variables	Coefficient
Years In Pioneer Network	-0.0623**
Type of ownership (For profit=1)	0.1400 ***
Located in a Hospital (Yes=1)	0.2464 ***
Chain Status (Yes=1)	-0.0171
Number of beds	-0.0065***
Census Medicare	0.0004
ADL Index	0.0009 ***
Medicaid Census	0.2212 ***
Average Hourly Wage Rate	0.0009
Total Staff Hours Per Resident Per Day	-0.0522***
Occupancy Percentage	-0.0180***
Herfindahl Index	-0.1213***
Population >65 (in 1000's)	0.0004 ***
Certificate of Need (Yes=1)	-0.1133
Constant	4.9314 ***
N (Pioneer Homes)	100
N (Non Pioneer Homes)	10368
Chi2	4907.67

*p-value ≤ 0.1 **p-value ≤ 0.05 ***p-value ≤ 0.01

negative and significant indicating that network participation resulted in fewer deficiencies for homes participating in the network. The statistical significance of years of participation in the network is persuasive given that Pioneer Network homes represent only a small fraction of the overall sample. Figure 1 also highlights and reinforces this finding by comparing the averages of adopter homes to the entire national sample (all 50 states).

The second analysis utilized propensity score methodology to match early adopter homes participating with the Pioneer Network to analogous non-participant homes. Homes were matched based on multiple characteristics (examples include state, profit type, multi-organization ownership, staffing ratios and case mix). Figure 2 displays the results and indicates that comparable non-adopter homes increased citations from 1996 to 2003 while early adopter homes slightly decreased in this outcome. In addition, homes participating in the Pioneer Network outperformed the control homes in the financial outcomes of per bed net income and improved operating margins (Figures 3 & 4).

FIGURE 1
Average Number of Citations in 2003 – Early Adopter Homes versus the National CMS sample

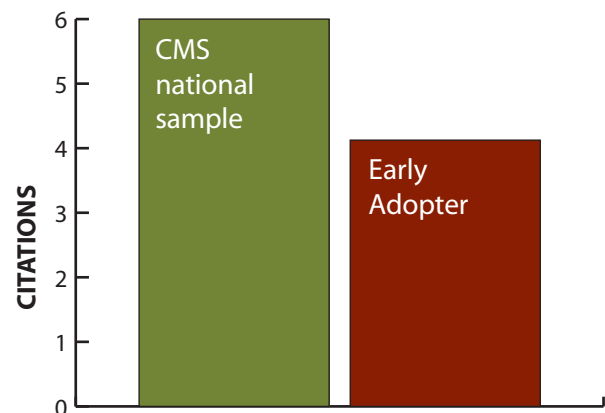


FIGURE 2
Average Change in Citations from 1996 to 2003

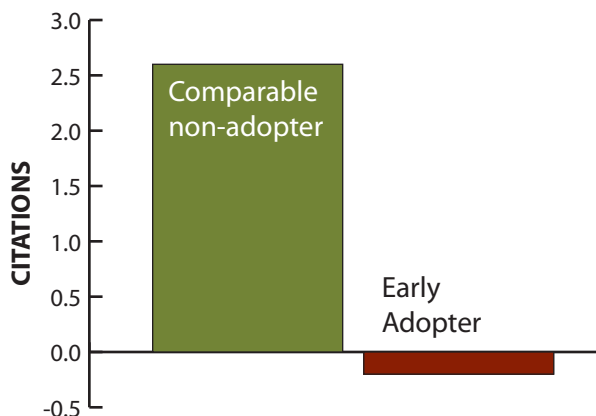


FIGURE 3
Average Change in Per Bed Net Income from 1996 to 2003

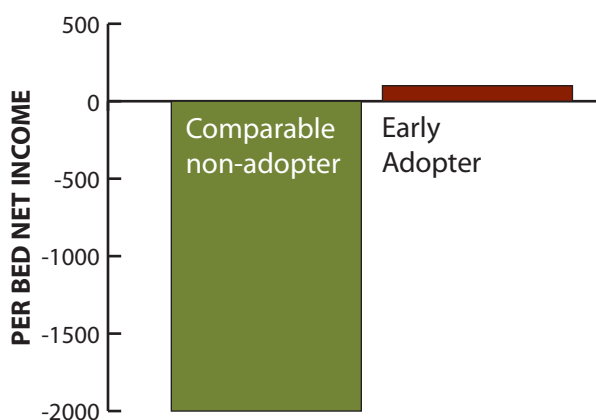
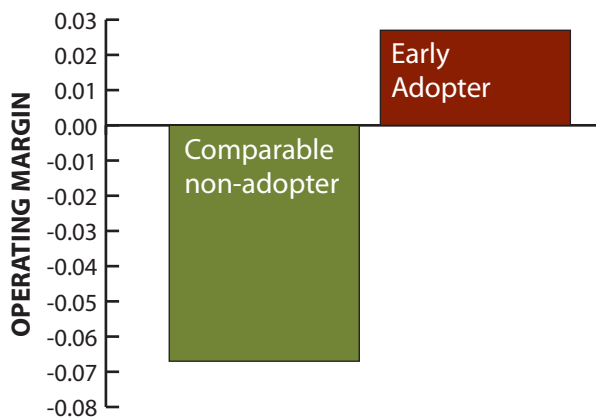


FIGURE 4
Average Change in Operating Margin from 1996 to 2003



IMPLICATIONS

As an unbiased, umbrella organization, Pioneer Network continues to initiate and promote collaborations that result in the integration of person-directed practice into regulatory guidelines while incentivizing and supporting efforts through policy. State support of culture change is instrumental in the adoption and success of person-directed implementation. As the first stage of crucial research on outcomes associated with transformations of early adopter homes in the Pioneer Network, these findings intimate to policymakers that culture change is not counter-intuitive and that regulatory and financial factors are not barriers to implementation. In fact, outcomes in these areas may be improved by person-directed transformations.

Recent discussions between state health regulatory leaders and the Pioneer Network have evidenced strong agreement surrounding the need to support and promote quality of care and quality of life consistent with state regulations and resident autonomy. Pioneer Network is fortunate to have the opportunity to discuss these efforts with state representatives and document many of the innovative efforts occurring at the state level.

In 2009, the Pioneer Network plans to update the findings presented in this brief with current data and an expanded dataset. In addition, it is a priority of the network to have an interactive dialogue with state health regulatory leaders regarding their perspective of *“to what degree is or should the regulatory agency be engaged in their state or nationally, with the individualized, person-directed care efforts.”* Through this discourse, Pioneer Network and the AHFSA organizations can continue to work together in collaboration to better support our elders. This is what the Pioneer Network was created to do—without bias, develop interdisciplinary and transdisciplinary partnerships, collaborations, and networks to advance culture change and person-directed care.



This brief is made possible through support from The Commonwealth Fund. For more information about the Pioneer Network visit: <http://www.pioneernetwork.net/>.