New Regulations on Resident Centered Care

Michael Lepore, PhD
Senior Health Policy & Health Services Researcher
Aging, Disability, & Long-Term Care
RTI International
Adjunct Assistant Professor of Health Services, Policy & Practice
Center for Gerontology & Healthcare Research
Brown University

What do you mean by “resident centered care”?

“We already provide resident centered care”

What do we mean by “resident centered care”?

What do we mean?

• Overlapping concepts and a flood of definitions
  – Resident centered care
  – Person centered care
  – Patient centered care
  – Client centered care
  – Individualized care
  – Person directed care
  – Family centered care

Contextual Differences

“Delivery of healthcare has evolved from person-centered care to family-centered care... in Thai culture, you cannot separate the patient from the family.”

Chiang Mai University Faculty of Nursing in Thailand, Personal communication

Federal Regulatory Definition

CMS Definition

Person-centered care means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives

(CMS (2016). Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities. Final rule. Federal register, 81(192), 68688.)
## Overview

- Resident-centered subparts of new regulations
  - Comprehensive person-centered care planning (§483.21) *New Section*
  - Resident rights (§483.10)
  - Quality of life (§483.24)
- Implementation timeline
- Challenges, strategies and outcomes

### Comprehensive Person-Centered Care Planning (§483.21)

- 3 key components
  - Baseline person-centered care plan within 48 hours of admission
  - Nurse aide and food services staff on care plan team
  - Discharge planning for resident goals and post discharge care
### Comprehensive Person-Centered Care Planning (§483.21)

- Baseline person-centered care plan within 48 hours of admission
  - “We are requiring facilities to develop and implement a baseline care plan for each resident, within 48 hours of their admission, which includes the instructions needed to provide effective and person-centered care that meets professional standards of quality care.”

- Nurse aide and food services staff on care plan team
  - “We are adding a nurse aide and a member of the food and nutrition services staff to the required members of the interdisciplinary team that develops the comprehensive care plan.”

- Discharge planning for resident goals and post discharge care
  - “We are requiring that facilities develop and implement a discharge planning process that focuses on the resident’s discharge goals and prepares residents to be active partners in post discharge care, in effective transitions, and in the reduction of factors leading to preventable re-admissions.”
§483.21 Summary

- Baseline person-centered care plan within 48 hours of admission
  - “We are requiring facilities to develop and implement a baseline care plan for each resident, within 48 hours of their admission, which includes the instructions needed to provide effective and person-centered care that meets professional standards of quality care.”

- Nurse aide and food services staff on care plan team
  - “We are adding a nurse aide and a member of the food and nutrition services staff to the required members of the interdisciplinary team that develops the comprehensive care plan.”

- Discharge planning for resident goals and post discharge care
  - “We are requiring that facilities develop and implement a discharge planning process that focuses on the resident’s discharge goals and prepares residents to be active partners in post discharge care, in effective transitions, and in the reduction of factors leading to preventable re-admissions.”

Quality of Life (§483.25)

- 1 main component
  - To support quality of life, provide care in accordance with the comprehensive person-centered care plan

- 2 key requirements
### Quality of Life (§483.25)

- To support quality of life, provide care in accordance with the comprehensive person-centered care plan
  
  - “Based on the comprehensive assessment of a resident, we are requiring facilities to ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents’ choices.”

### Quality of Life (§483.25)

- To support quality of life, provide care in accordance with the comprehensive person-centered care plan
  
  - “We are requiring that each resident receive and the facility provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident’s comprehensive assessment and plan of care.”

### §483.25 Summary

- To support quality of life, provide care in accordance with the comprehensive person-centered care plan
  
  - “Based on the comprehensive assessment of a resident, we are requiring facilities to ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents’ choices.”
  
  - “We are requiring that each resident receive and the facility provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident’s comprehensive assessment and plan of care.”
Resident Rights (§483.10)

- 10 key provisions
  1. be informed of his or her total health status, including medical conditions
  2. be informed in advance of the risks and benefits of proposed care, including treatment and treatment alternatives or treatment options
  3. request, refuse and/or discontinue treatment, including participating in or refusing to participate in experimental research
  4. formulate advance directives
  5. participate in the care planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care
  6. receive the services and items included in the plan of care
  7. be informed of and to participate in, his or her care and treatment, including the right to be informed, in advance, of the care to be furnished and the disciplines that will furnish care
  8. participate in the development of his or her comprehensive care plan
  9. self-administer medication if the interdisciplinary team has determined that doing so would be clinically appropriate
  10. these rights cannot be construed as a right to receive medical care that is not medically necessary or appropriate

Implementation Timeline
Implementation Timeline

- The rule becomes effective in 3 phases
  - Phase 1: November 28, 2016
  - Phase 2: November 28, 2017
  - Phase 3: November 28, 2019

- § 483.21 Comprehensive person-centered care planning (Phase 1)
  - except:
    - (a) Baseline care plan (Phase 2)
    - (b)(3)(ii) Trauma informed care (Phase 3) [Interpretive Guidelines forthcoming]

- § 483.24 Quality of life (Phase 1)

- § 483.10 Resident rights (Phase 1) except:
  - (g)(4)(ii)–(v) Providing contact information for the following (Phase 2)
    - State and local advocacy organizations
    - Medicare and Medicaid eligibility information
    - Aging and Disability Resources Center
    - Medicaid Fraud Control Unit

Barriers and Challenges to Comprehensive Person-Centered Care Planning

- Time
  - It takes time to get to know a person, to integrate the person’s goals in care planning and to iteratively revise care plans as the person’s needs and preferences change
  - Limited time is available for these care planning activities

- Training
  - Many—perhaps most—long-term care staff are not trained in communication approaches that would facilitate engaging residents in care planning

- Documentation
  - The structure of nursing documentation—especially the tendency for care planning forms to require limited psychosocial detail—can be an obstacle

1Børøsund et al (2014). Nurses’ experiences of using an interactive tailored patient assessment tool... International Journal of Medical Informatics, 83(7), e23-e34.
2Savundranayagam (2014). Missed opportunities for person-centered communication... International Psychogeriatrics, 26(04), 645-655.
Nursing Home Administrator

“[A]fter we said we were turning the switch and going towards more resident centered care... the challenge I kept hearing from the staff was, “I thought we were getting more help.”

Shield, Looze, Tyler, Looze, Miller (2014). Why and how do nursing homes implement culture change practices?... Journal of Applied Gerontology, 33(6), 737–763

Barriers and Challenges

- **View of medical professionals**
  - In some communities it is common to view medical professionals as authoritative, which can hinder individuals from taking an active role in planning their care
- **Perceptions of one’s appropriate role**
  - Individuals’ beliefs about their appropriate role (e.g., passive versus active) and their functional and cognitive capacity can affect their motivation, willingness, and ability to engage in care planning
- **Cognitive capacity**
  - Dementia is among the most prevalent diseases among long-term care residents and most forms of dementia are characterized by global cognitive deterioration
  - In addition to memory loss, language expression and comprehension can be severely impaired, along with the ability to determine goals or carry through with plans to achieve goals


Strategies for Comprehensive Person-Centered Care Planning
Strategies

- Information to learn about residents and integrate in care planning
  - Health status and prognosis¹
  - Goals, preferences, needs, values, and priorities, particularly as these pertain to daily life²
  - Personal history and significant life stories³
  - Social networks⁴
  - Beliefs about what will help promote recovery or optimize well-being⁵
  - Extent to which resident wants to engage in care planning⁶


Strategies

- Iteratively revise care plans as residents’ needs and preferences change
  - Involve residents in reassessing their care plans over time
  - Regularly ask individuals what is working and what is not working¹
  - “If preferences change within short periods of time, strategies are needed to assess preferences more frequently; if residents report consistent preferences, less frequent assessments may be appropriate.”²


Potential Outcomes of Comprehensive Person-Centered Care Planning
Individual Outcomes

- **Beneficial individual outcomes**
  - Improved health\(^1\)
  - Improved care outcomes\(^2\)
  - More holistic considerations of the individual’s health needs\(^3\)
  - Improvements in ADL performance\(^4\)
  - Asking residents about their preferences helps them feel validated, comforted, and able to make choices\(^5\)
  - Personal control has long been known to contribute to health and well-being as we age\(^6\)

\(^3\) Alakeson (2013). The individual as service integrator... J of Integrated Care, 21(4), 188-197.

Staff Outcomes

- **Promote staff sense of purpose**
  - Engaging in person-centered conversations addressing what is important to residents can promote a sense of purpose among staff who provide care for people with dementia


Summary
Summary

- Regulatory definition: Person-centered care means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.
- Select subparts of new regulations:
  - Comprehensive resident-centered care planning (§483.21) *New Section*
  - Resident rights (§483.16)
  - Quality of life (§483.24)
- Challenges include limited time and training, documentation formats, etc.
- Strategies include identifying key information and updating info over time.
- Beneficial outcomes have been identified for residents and staff.

Limitations

- Presentation focused on select resident-centered regulations.
- Other regulations were not reviewed, including other new sections:
  - e.g., Training Requirements (§ 483.95) "New Section"
  - e.g., Compliance and Ethics Program (§ 483.85) "New Section"
- Providers are encouraged to review regulations in their entirety:
  - [https://www.federalregister.gov/agencies/centers-for-medicare-medicaid-services](https://www.federalregister.gov/agencies/centers-for-medicare-medicaid-services)

Contact Information

Michael Lepore
Senior Health Policy and Health Services Researcher
RTI International
mlepore@rti.org
Adjunct Assistant Professor of Health Services, Policy & Practice
Brown University
michael_lepore@brown.edu