

Chapter 19: Extended Care Improvements

Thanks to 'Greatest Generation,' Destiny of Leadership & Innovation

Demographics, prominently including what has been called America's "Greatest Generation," made VA's destiny as a world leader in geriatrics and extended care inescapable; the high cost and limited quality of life inherent in institutional nursing home care made an innovative approach to this responsibility inevitable.

The projected peak in the number of elderly veterans (most of whom served during World War II) will occur during the first decade of this century, approximately 20 years in advance of that occurrence (peak number of older citizens) in the general U.S. population. VA health care therefore has been at the forefront of caring for older patients, identifying and developing treatments for age-related conditions, and studying the aging process itself. The number of Veterans over 85 years of age triples from 380,000 today to 1.2 million by 2010.

Just over two decades ago, forecasts concerning the growing number of older veterans first caused political leaders and medical planners alike to look ahead to the year 2000 with trepidation.¹ With the number of veterans age 75 and older expected to exceed three million by the Millennium, there was growing anxiety about VA's ability to increase nursing home capacity sufficiently to accommodate eligible veterans. In response to these concerns, VA began developing innovative approaches to providing extended care. The Millennium has come and gone, and at the time this CARES Plan was published, the number of veterans age 75 and older had just exceeded 4 million. VA extended care workload data indicate that the nursing home care program has been strained, but it has not collapsed; veterans' needs have been met in traditional settings – in VA's three nursing home programs (VA, contract community, and State Home), and in increasingly innovative, non-institutional settings.

National CARES Forecasts for Nursing Home Care

Today, eligibility for nursing home care is prescribed by statute and is increasingly reserved by policy for the highest priority veterans. The Millennium Health Care and Benefits Act for Veterans, passed into law in 1999, defines eligibility for long-term care and provides for a continuum of non-institutional extended care as part of the basic benefits package for VA enrollees.

One of VHA's strategic objectives in extended care is to provide treatment in the least restrictive setting. Further, VA is exploring ways to avoid institutionalization, by supporting successful aging in Veterans own homes and communities. VHA nursing home programs provide post-acute rehabilitation enabling veterans to return to the community and home. Rehabilitation programs are more costly than community based nursing homes but increase the efficiency of acute care programs by permitting timely and safe discharge after acute care. Rehabilitation programs provide a critical step in the continuum of care that can ultimately result in a veteran being able to return to their

¹ *The Aging Veteran: Present and Future Medical Needs*; VA Response to PL 94-581, Section 117(a), March, 1980., p. II

home environment. In addition, there is long-term nursing home care that is maintenance-oriented, typically prescribed when the veteran can no longer remain in the community or home. However, nursing home care is not only costly, it can impair family relationships and reduce the overall quality of life. As a result, the population requiring nursing home care must be carefully selected after other alternative delivery settings are ruled out. Technology and skills exist in today's health care delivery system to meet a substantial portion of extended care needs in non-institutional settings.

VHA encourages the use of non-institutional extended care services such as Adult Day Health Care, Assisted Living and other home care alternatives in all circumstances other than those in which institutionalization is unavoidable.

Forecasting Model Requires Revision, But Space Conditions Addressed

The current nursing home model does not adequately address the following important considerations:

1. How will improvements in the health status of the elderly impact long-term care?
2. How will trends in the use of alternatives to Nursing Home care impact-projected demand for Nursing Home care?
3. How can the use of home health care be substituted for institutional care?

The model is being revised to provide improved projections for the next strategic planning cycle that will remove the bias towards the use of nursing home care over non-institutional alternatives. Since the model could not adequately reflect current and emerging practices in extended care, no planning initiatives were developed based on future workload gaps identified in this program area.

Although planning initiatives were not identified for Nursing Homes, VISNs were encouraged to submit capital investment proposals in their CARES Market Plans to address poor space conditions. While this chapter only discusses VA capital improvements, the overall supply of nursing home beds will be addressed during the next strategic planning cycle, so State Veterans Nursing Home beds and community nursing home beds will be included.

Nursing Home Capital Improvements

Capital improvements submitted by VISNs in their CARES Market Plans to remedy space deficiencies are summarized in Table 19.1. While investments will not be submitted for implementation until bed need forecasts are available, the following table provides information regarding the current assessment of space needs and their resolution.

CARES planning guidance recommended that space with a Condition Score less than 3.0 be considered for renovation. Condition Scores were derived from the Space and Functional Surveys conducted at each VHA facility during the baseline data collection phase of CARES (Appendix O). The surveys quantify the general condition and functionality of the space, resulting in a combined weighted average Condition Score for

layout, code compliance, handicap accessibility, and patient privacy. Scores range from a high quality score of 5.0 to a low quality score of 1.0. The majority of Intermediate/Nursing Home Care capital investments in the CARES Market Plans are proposed based on low Condition Scores.

Table 19.1 Summary Nursing Home Care Investments FY 2002 – FY 2022

Type of Investment	Number of Facilities	Activation Years	Square Footage	Total Cost in Current \$
New Construction	12	2004-2012	854,267 SF	\$191,595,461
Convert Vacant Space	1	2003	15,100 SF	\$1,933,361
Renovations	24	2005-2016	747,548 SF	\$57,391,534
Enhanced Use Lease	1	2004	95,000 SF	Not Available
Total	38	2003 - 2016	1,711,915 SF	\$250,920,356

New Construction

New construction nursing home investments are proposed at the following facilities:

- VISN 03-St. Albans
- VISN 03-Castle Point
- VISN 05-Perry Point
- VISN 06-Beckley
- VISN 10-Cleveland-Wade Park
- VISN 19-Denver
- VISN 20-American Lake
- VISN 20-Walla Walla²
- VISN 21-Menlo Park
- VISN 22-Las Vegas
- VISN 22-West Los Angeles
- VISN 23-Des Moines

The majority of the new construction proposed replaces existing nursing home beds at facilities with low Condition Scores where complete replacement was less costly than renovation.

Renovation of Current Space

Of the 24 facilities with nursing home renovation improvements submitted in the VISN CARES Market Plans, nine currently have Condition Scores below 3.0 (renovation recommended), six facilities have Condition Scores between 3.0 and 4.0 and nine have Condition Scores greater than 4.0. Renovations of space with scores greater than 3.0 include seismic corrections and changes in functionality of existing space for a new or growing program. Programs for specialized geriatric psychiatric care, such as Alzheimer’s Units, often require adaptation to the normal nursing home care setting.

² Under review for realignment.

Enhanced Use Lease

One enhanced use lease proposal is included in VISN 11 for replacement nursing home beds at Illiana HCS (Danville), due to poor quality space.

Convert Vacant Space

VAMC Clarksburg in VISN 4 has recently converted most of its vacant space for additional nursing home capacity.