Person-Centered Care:
Reforming Services and Bringing Older Citizens Back to the Heart of Society

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Thank you Senator Casey, Chairman Kohl, Ranking Member Smith, and other members of the Committee for the opportunity to appear before you today and share with you one successful approach to person-centered care; THE GREEN HOUSE® Model.

I would like to begin by asking each of you to picture a time you were in a nursing home. What did you see? How did you feel? Did you sense the elders were living lives of meaning and hope? Or were there elders sitting idle for long stretches of time with little to do, waiting for the next meal or friendly face to come along? In nursing homes, we ask people to live private lives in public places.

Now, wipe away that scene. Picture elders waking up when they choose, to a breakfast of their choice, made fresh and hot just for them. They spend their day according to their choices and preferences, with staff who know them very well. Their family and friends are welcome and feel comfortable visiting a place that is truly mom's, dad's, or grandma's home. Person-directed care is about creating a place where people live life on their own terms, with dignity and control. The Green House® Model is a powerful example of person-centered care in action, of creating private places for private lives.

I Model Overview

The Green House® model de-institutionalizes nursing homes and reinvents them with the goal of restoring elders to a place they consider home. It combines small houses with the full range of personal care and clinical services needed by elders typically served in skilled nursing facilities. Green House® homes are licensed as nursing homes, but totally transform the elder care experience in a home that is small, warm

and private. The program creates an intentional community to support the most positive elderhood and work life possible. To achieve these goals, the model changes the architecture, organizational structure, and the philosophy of care.

The Green House® model was created by Dr. William Thomas, from who you just heard. The replication of The Green House model is being spearheaded by a team at NCB Capital Impact with generous financial and technical assistance from The Robert Wood Johnson Foundation. NCB Capital Impact is a not-for-profit, mission- driven organization providing innovative assistance and services to low and middle income communities, in the areas of healthcare, affordable housing, and education. The Robert Wood Johnson Foundation is the nation's largest philanthropy dedicated to improving health and helping Americans get the care they need. This team works hand-in-hand with long-term care providers and other community-based organizations to bring Green House® homes to communities across the country.

The Robert Wood Johnson Foundation has provided support for this replication effort, with the goal of developing Green House® homes in at least 50 communities.

The Green House model is a fully integrated approach to transforming the way long-term care is provided. It calls upon an organization to transform 3 areas simultaneously:

- The philosophy of care
- The architecture & physical environment
- The organizational structure, including the workforce

The Green House approach is about much more than building small, residential-style homes. The elements of philosophy and structure are at least as important as architecture, if not more so, in creating an environment that truly supports person-directed care and an empowered workforce.

The Philosophy of Person-Directed Care

The Green House home is a place where the elders have the ability, the power, and the support to make decisions about their own lives. This reframes the view of aging from one limited to declines and losses to one of wellness and potential.

The Green House philosophy is consistent with the central tenets of person-centered care and calls on long-term care providers to create an atmosphere that offers dignity, autonomy, and privacy for daily lives.

Added to these core values is the idea of creating a relaxed environment of "knowing" between elders and staff. Knowing is a critical component in The Green House model's ability to improve quality of care and quality of life. When you know someone, you can better understand and meet their individual needs. You can be a friend and companion. Each Green House® home is designed to foster an intentional community that creates 'knowing' relationships and provides a meaningful and therapeutic community in balance with autonomy and privacy.

Architecture and Physical Environment

The Green House home is a small, flexible environment, typically of 10 elders, organized around the central common area called the hearth. The hearth includes the kitchen, living area and dining area in an open plan and is intended to support intentional community and strong relationships. This home is able to truly align the physical spaces with the mission of person-directed care and to make the home a tool that supports elders to live lives with dignity and control.

A core feature of The Green House home is a private bedroom and bath for each elder, to provide sanctuary and privacy.

The open kitchen becomes a hub for elder and staff activity and normal social life. The aroma of fresh, home-cooked food stimulates appetite and makes meals comfortable and familiar again.

The homes are self-contained and the design supports an intensive level of care and services by being small and accessible. Current technology is incorporated in communication systems and ceiling-track lifts to create 'smart' homes. The design creates a therapeutic environment, encouraging self-reliance through short distances and a safe environment for elders.

Organizational Redesign

The third area of transformation in the Green House model is the organizational structure. The model reorganizes staff and flattens the hierarchy of the traditional organization. It is an empowered workforce model, where direct care staff, called Shahbazim, are recognized as the most critical staff members in the daily life of the elder. The Shahbazim are certified nursing assistants, expert in providing personal care and services, but also in managing and executing all of the tasks of running the household – cooking, housekeeping, laundry – and are the primary group of individuals facilitating the elders' frequent and continuing opportunities for engagement in pursuits and activities of interest. The Shahbazim are universal workers taking responsibility for cooking, housekeeping, activities, as well as personal care in partnership with elders. You will hear much more about the role of the Shahbaz from Edna Hess on the next panel.

Each house functions independently, with consistent and separate Shahbazim staffing. They function in self-managed work teams, reporting to the Guide, a position typically assumed by the nursing home administrator. The Guide acts primarily in a coaching and mentoring role, facilitating the team to effectively make decisions and solve problems.

The team holds its own regular meetings to make decisions and resolve issues, develops its own schedules, with each person accountable to the other members of the team in the event of a need for a change in schedule, and is responsible to the

Guide, both individually and collectively, for managing the household and caring for the elders in accord with organizational standards, expectations and constraints.

The organization's clinical staff forms the Clinical Support Team. Nurses from the team meet the clinical needs of the elders (1 – 1.2 hours total per elder per day) in partnership with the Shahbazim (4 hours per elder per day), for a total of 5.2 direct care staffing hours per elder per day. The remaining clinical professionals visit the house on a routine basis and as required by the needs of the elders.

The Sage - a new role in The Green House model - is an elder community volunteer who provides his or her guidance and wisdom to the team to help them grow and develop their team capacity and skills.

The model shifts to one that in many ways is more like Home Care than institutional care, with the elders at the heart of their home and making decisions about their lives.

II Tracking Successes of Person-centered Care in The Green House® Model

Currently there are 41 Green House® homes on 15 campuses in 10 states, with another 12 homes due to open by then end of this year. There are 120 additional houses in planning on 19 campuses, expanding Green House homes to 22 states. In time, the model in expected to spread to all 50 states. One indicator of success is the future plans of many of the current sites to build additional Green House® homes.

Rosalie Kane, Ph.D. of the University of Minnesota conducted an independent evaluation of the first Green House® homes, developed by Mississippi Methodist Senior Services in Tupelo, MS.

A 2-year longitudinal study compared elders living in the first 4 Green House® homes with elders in traditional nursing home care and found significant improvements for the elders in Green House® homes in the areas of privacy, dignity, autonomy,

enjoyment of food, relationships, emotional well-being, feeling safer and meaningful engagement. These are very important areas that the model was designed to address and we were excited to see improvements since we have been working for many years to improve these aspects of life in a nursing home without a great deal of success.

Just as important, areas of clinical care improved as well. This was an added benefit and one we believe is attributable to the smaller environment where staff know and understand the elders much better. Areas of improvement included greater independence in functional areas defined as "late-loss activities of daily living" (ie., bed mobility, transfer, eating and toileting), less depression, and fewer elders who were bedfast or had little or no daily activity. These successes illustrate improvement in major domains of quality of life and quality of care that translate into better lives and care.

Workforce Outcomes

Universal workers in self-managed work teams are a very efficient way to deliver care and services. This approach to care delivery supports the Shahbaz to organize work logically without navigating many departments and systems. Nursing homes have groaned under the weight of complex silos and systems, resulting in costs wasted in bureaucracy and redundancy. This has been an expensive mode of delivering care with many resources going into non-care related activities.

Specific successes related to The Green House workforce include:

1. Significant decreases in staff turnover are consistently reported by Green House® homes. In a field where turnover of direct care workers averages 71% this is a critical finding. Serious attention is needed to the issue of job quality and satisfaction if we are to have a sufficient workforce ready to care for a rapidly aging nation. The stabilization of staff in Green House® homes reflects the higher staff satisfaction reported by Shahbazim, nurses and other clinical support team members.

2. Just as important is the development of close, knowing relationships that grow out of this model**.** The Shahbazim and nurses get to know and understand elders well, which results in more immediate recognition of small, but potentially significant, changes in health status. The potential for minimizing acute health problems and avoiding expensive hospitalizations adds to the benefits of a person-centered model of care.

The Robert Wood Johnson Foundation is currently funding research to measure these outcomes as well as the efficacy of the Nurse/ Shahbaz relationship related to clinical outcomes, and a work flow analysis examining the universal worker model of care delivery. Results from these studies will be available early in 2009.

Regulation and Policy

The big question asked by providers and the public is: can a person-directed care model be fully realized within existing federal and state nursing home regulations?" There are currently Green House® projects open or in development in 22 states. Each open Green House® home has met the building codes, life safety and clinical care system requirements to operate as a licensed nursing home within their state.

The Centers for Medicare and Medicaid Services (CMS) carefully reviewed both the structural and programmatic elements of the model and in a letter to Congress last year stated it found no barriers to certification of homes developed under The Green House model as skilled nursing facilities. The letter also indicated that innovations like Green House more fully implement the Nursing Home Reform provisions of the Omnibus Reconciliation Act of 1987, from which CMS nursing home regulations are derived. I have attached a copy of a letter and ask that it be included in the record with my written testimony.

Financial Viability

Information on the financial viability of this model is emerging as open projects track operating and capital costs over time. The good news is that it is viable for 15 organizations across the country and many of those providers are building more homes and campuses. Success to date means significant fund raising to off-set capital costs and limiting Medicaid funded residents particularly in lower reimbursing Medicaid states. Some providers with good direct-care staffing levels have found operating costs to be comparable to their traditional nursing home operations.

However, The Green House model's operations require slightly more direct care staff than the industry average. According to data available on CMS' Medicare Compare website, the national average nursing home staffing for Certified Nursing Assistants and licensed nurses (including those in administrative roles) is just under 3.5 hours per resident per day. By contrast, The Green House model calls on organizations to provide a combined total of direct care licensed nursing (*exclusive* of administrative nursing time) and Shahbazim time of 5 – 5.2 hours per elder, per day.

This is appropriate because the Green House model's staffing is at the level that research has shown is required for positive outcomes. With positive outcomes, other costs may be saved in clinical care and acute care areas. To extend these benefits to the majority of Medicaid funded nursing home residents, some changes will be required or it will not be possible for the majority of providers. Issues like Medicaid reimbursement rates, debt load and the capital expense of constructing new homes impact the ability of a provider to build successful Green House® homes. Economies of scale—where several homes can share costs and systems—are also critical to the model.

III Identifying the Challenges Ahead

The Green House® Project and the Robert Wood Johnson Foundation are committed to making a person-centered model of care, specifically The Green House homes,

available to those of all income groups needing skilled nursing care. This necessarily requires Medicaid reimbursement rates that adequately support a consumer-driven, humane model of care. Medicaid rates range from an average rate of $100 in Illinois to over $225 in New York in 2006. Currently, Green House® homes are serving elders receiving Medicaid funding only in states with higher reimbursement rates.

An additional challenge is the capital costs for building new buildings. In the 1960's the Hill Burton Act provided funding for building many of the nursing homes that exist today. The capital costs were significantly defrayed so that only the operating costs needed to be covered for the nursing home to be viable. Today, many state Medicaid reimbursement rates cover only a small percentage of the actual capital costs of constructing a new skilled nursing facility. This problem is even more acute for Green House® providers due to the model's focus on private rooms and home-like common areas as important features of improved quality of life.

IV Recommendations for Policymakers

To move person-centered care forward, action on the federal, state and local levels is needed. We recommend that policymakers consider the following:

1. Form a national workgroup including providers, consumers, elders and regulators to make recommendations to streamline the process for developing and operating Green House® homes and other innovative models that support person-centered care. Specifically charge the workgroup to explore the creation of a skilled nursing license category or allowance to provide for locating Green House homes individually or in pairs in residential neighborhoods. This license would need to allow multiple homes (each with full-time nursing available on site) that are physically distant from one another, to operate under one license to achieve economies of scale. This will truly support elders to stay integrated within their own multi-generational neighborhoods. People do better when they stay connected and indentified with their own community.

2. Incentivize providers to build new models through public support of capital costs, including tax credit equity programs, targeted grants, and interest rate reductions. These mechanisms should help generate equity investments in innovative skilled nursing models while also reducing debt service costs.

3. Work with states to enhance Medicaid reimbursement rates for true person-centered models of care, by supporting fast-track review processes for state plan amendments that relate to payment rate changes for Green House® providers.

In Closing

We are only beginning to understand how far we can go in challenging the status quo in nursing homes. For too long, most of us have accepted that good care in nursing homes meant keeping our elders clean, dry, and fed. If the clinical outcomes were pretty good, we said that was the best that we could achieve.

But we now know that we can do a lot better. And life is better today in 41 Green House homes for 430 elders. We hope that you will support our efforts – and the efforts of others developing truly person-centered care models – to create places in every community across the country where our elders can live life on their own terms, with dignity and control.

We hope that you will take the opportunity to come and visit a Green House® home and see for yourself the difference it is making in the lives of its elders and staff.

Senator Casey, Chairman Kohl and Ranking Member Smith, thank you again for holding this very important hearing and for the opportunity to testify before you today. I look forward to answering any of your questions.