

Nursing Home Quality of Care in Appalachia

A Final Report Prepared for:

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Statement of the Problem and Project Goals:

Despite comprising nearly 10% of the nation's nursing home population, little is known about the quality of care provided by nursing homes located in rural Appalachia. However, anecdotal evidences suggests that the economic disadvantages associated with the Appalachian region may lead to higher concentrations of certain structural and organizational attributes previously shown to affect nursing home quality. This study sought to examine empirically whether nursing homes located in Appalachia differ in the number of deficiency citations received in comparison with nursing homes located elsewhere, and to explore the extent to which factors other than quality of care determine nursing home survey outcomes.

Study Findings:

Findings suggest that, on average, Appalachian nursing homes served resident populations with higher ADL impairment levels, had a larger proportion of residents whose stays were reimbursed by Medicaid, and a lower proportion of residents who paid privately for their care. Facilities located in Appalachia also were more likely to be hospital-based, reflecting hospital swing-bed policies in rural areas, and were less likely to offer specialty beds designated for the care of residents with Alzheimer's disease. Although important differences in operational and organizational characteristics were found, which have been identified elsewhere as potential indicators of poor quality of nursing home care, findings suggested that these did not necessarily lead to higher deficiency citation rates in Appalachia. Rather, findings indicated that facilities whose resident populations have higher levels of ADL impairment, have a greater proportion of Medicaid reimbursed stays, and a smaller proportion of privately paid days received more deficiencies than did otherwise similar facilities, holding other factors constant. Additionally, after adjusting for other factors, a clear pattern of fewer deficiencies emerges across the Appalachian region that cannot be fully unexplained by either urban-rural or quality of care differences in the region, suggesting most likely that other, unexplained but regionally distributed factors are contributing to the number and type of deficiencies received by nursing home facilities.

Study Recommendations:

Study findings suggest that wide and unexplained variation exists in the number and type of deficiency citations issued to nursing homes located within and outside of the Appalachia region. Although uncontrolled differences in population case-mix may account for some of the variation

in deficiency citation issuance, given the size of the population studied and the regional boundaries explored, it is unlikely that lack of adequate risk-adjustment fully explains the variations reported. Thus, the findings presented in this study indicate that before the implications and outcomes of regional differences in nursing home quality of care can be understood and subsequently addressed, effort is needed to first investigate the extent to which regional differences in the survey process itself systematically affect conclusions about nursing home quality of care performance.

Study Dissemination:

Preliminary findings from this study were presented at the 58th Annual Meeting of the Gerontological Society of America. Orlando, FL, November, 2005, in a poster session entitled, 'Appalachian Nursing Homes: Doing More with Less?'. A manuscript has been submitted for consideration to the Journal of Rural Health as of May 25, 2006. A working paper is submitted along with this final report to the Regional Research Institute.