

Long-Term Care Home Ownership and Quality of Care

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Observational Evidence of For-Profit Delivery and Inferior Nursing Home Care: When Is There Enough Evidence for Policy Change?

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Our Question

- Does the type of ownership affect the quality of care in long-term care homes
 - Private for profit
 - Private not for profit (charity owned)
 - Public

Bradford Hill Criteria to Establish Causality

Plausibility: The cause-and-effect interpretation of an association should fit with the known facts of the natural history and biology of the disease.

Temporality: A necessary criterion for a causal association is that the exposure must precede the outcome.

Experiment: Causation is more likely if evidence is based on randomized experiments.

Biological gradient or dose-response: The likelihood of a causal association is increased if a dose-response curve can be demonstrated.

Coherence: A causal conclusion should not contradict present substantive knowledge.

Analogy: For analogous exposures and outcomes, an effect has already been shown.

Consistency: A relationship is observed repeatedly, prospectively and retrospectively, in different populations.

Strength of the association: Strong associations are more likely to be causal than weak associations.

Specificity: If an association is limited to specific groups with a particular environmental exposure or is greatly increased in these groups, then the case for a causal association is strengthened.

Plausibility

- For profit homes have lower level of staffing
 - Higher levels of staffing are associated with higher quality of care (reduced resident time in bed, improved feeding assistance, incontinence care, exercise and repositioning)
- For profit homes have a lower threshold for transferring acutely ill residents to acute care facilities
 - Avoids the higher costs associated with caring for acutely ill patients
- Not for profit and publicly owned homes can become charitable foundations
 - Better positioned to mobilize volunteers and solicit donations for equipment

Temporality

- Nursing homes converting to for profit ownership show a subsequent decline in some quality measures
- Nursing homes converting from for profit to not for profit generally exhibit improvement before and after conversion

Experiment

- Research in the US has used a method that mimics randomization of people into for profit versus not for profit homes
 - Inferior outcomes for mobility, pain and function measures among the for profit residents
 - Researchers did not believe that the results could be explained by unmeasured differences in the case mix

Dose-Response Effect

- 952 for profit homes in California divided into 4 categories from lowest to highest profit group
 - Highest profit group had significantly more total deficiencies than second-highest profit group
 - Highest profit group had significant more serious deficiencies than homes in the other three profit groups

Coherence, Analogy and Consistency

- For profit services in other sectors deliver inferior quality of care
 - Hemodialysis centres, Health Maintenance Organizations, daycare centres
- Canadian, Israeli and Australian studies have all found inferior care in for profit homes compared to not for profit and public homes

Strength of the Association

- Differences reported in observational studies associated with for profit status have generally not been large but that is expected in studies of health care interventions

Specificity

- Criterion is most relevant when dealing with biomedical question rather than a health policy one
- However, strongest evidence about quality comes from the association between for profit status and lower staffing levels
 - Staff costs are the ones most likely to affect profit levels

Conclusion

- Some of the Bradford Hill criteria for causation are met whereas for others it is not clear
- Precautionary principle
 - When there is uncertainty but credible evidence of potentially significant harm adopt a policy of minimizing harm
 - Nursing home populations are highly vulnerable
- Resist transferring ownership from not for profit/public to for profit
- For new homes support building public and not for profit ones
- If public money is spent caring for people in for profit homes
 - Should be spent on mandated minimum direct care staffing levels with no discretion for money to be redirected
 - Improved financial transparency in how public resources are spent
 - Adopt cost controls on administration