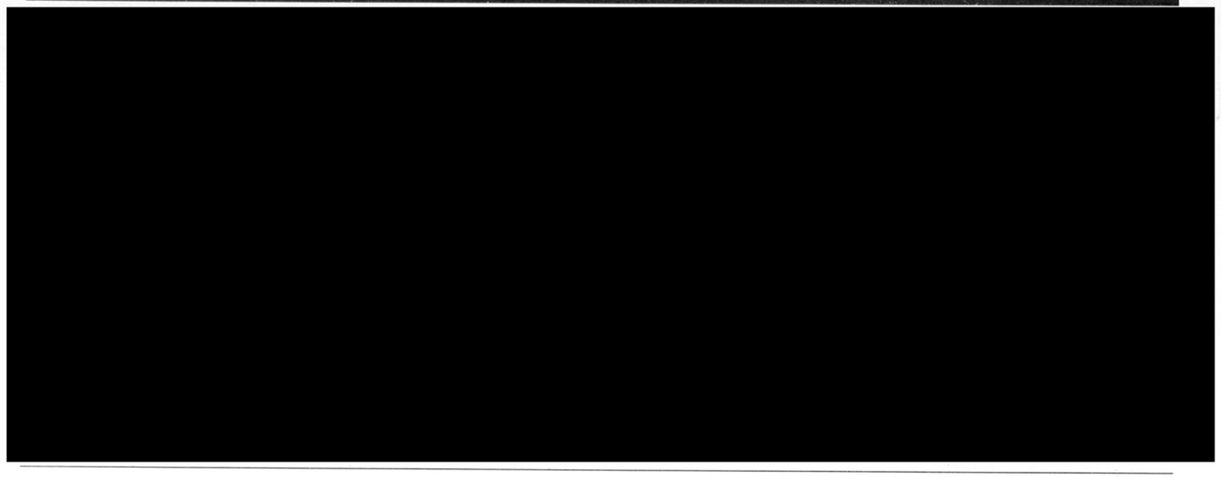

Admired N.H. Nursing Home Official Dies at 52

By Herb Weiss

Colleagues and friends of Vivienne Wisdom, executive director of the New Hampshire Health Care Association, were shocked by her sudden death on July 7 at Georgetown University Hospital in Washington, D.C.

Over her 24–year career, Wisdom, who worked closely with NCCNHR, held a variety of key positions in the nursing home industry. Those who knew her will remember her zest for life, her sense of humor, warmth and caring.

From 1971 to 1983, Wisdom served as executive director for the Vermont Health Care Association. In 1983, she became national director of government relations for the Hillhaven Corporation, a position she held until 1986. She served as executive director of the New Hampshire Health Care Association between 1986 and 1995, when she located to Washington, D.C., to begin a consulting practice.

In the early 1990s, Wisdom quickly established herself as a leading advocate and national authority on eliminating physical and chemical restraints in nursing facilities. As head of the New Hampshire Health Care Association, by 1993 she successfully motivated member nursing facilities to achieve the lowest use of restraints in the United States, the lowest number of deficiencies per facility, and the highest number of deficiency–free facilities.

"She was a very, very bright light and is to be celebrated for giving so much to consumers, to the industry, and to the state of New Hampshire," NCCNHR's Sarah Greene Burger said.

A seasoned lecturer, Wisdom spoke on the importance of removing restraints to provider and consumer groups and to colleges and universities. Serving as an adjunct faculty member at the University of New Hampshire from 1989 to 1995, Wisdom gave her students both the provider and consumer perspectives on patient care issues.

She worked closely with Dartmouth College Center to assist researchers in developing ways to enhance physician involvement in nursing facilities. Wisdom also assisted in the development of a satellite practical nursing education program that received national acclaim.

In lieu of flowers, donations can be sent to: The Vivienne Wisdom Scholarship Fund, New Hampshire Health Care Association, 125 Airport Rd., Concord, NH 03301.

Herb Weiss is a free–lance writer living in Providence, R.I.

Philadelphia Advocate Retires

Bernice Soffer, executive director of Philadelphia's Coalition of Advocates for the Rights of the Infirm Elderly (CARIE), one of the country's foremost senior citizen groups, has retired.

Her departure caps nearly two decades of what Soffer called working to "professionalize, legitimize, and, when necessary, re–define advocacy."

Soffer joined CARIE following the ordeal of finding the right nursing home for her mother. "The passion from that experience is what fueled my interest in CARIE and has remained my guiding principle to this day," Soffer said.

During her tenure, CARIE grew from a donated office run by several Volunteers in Service to America (VISTA) volunteers to an organization with 22 staff, an ombudsman program, and numerous notable projects, including an internationally recognized abuse–prevention training program [*QCA*, Dec. '93, p.6].

"There are not very many groups in the country that specialize in looking after people in institutional care, and hardly any like CARIE," NCCNHR executive director Elma Holder told the *Philadelphia Inquirer*. "This is a very vulnerable group, and CARIE and [Soffer] have always been there for them."

Holder paid tribute to her long–time friend at a banquet, where Soffer received proclamations from the governor, the mayor of Philadelphia, and the Penn. state legislature.

Assuming CARIE's helm will be Diane Menio, Soffer's assistant director for the past six years.

Contact CARIE (215) 545–5729.

Therapy Costs, from p. 10

standard for "reasonableness" fails to curb overbilling. A sampling of five contractors showed that more than half of the claims received for occupational and speech therapy from 1988 to 1993 exceeded $172—of which residents paid 20 percent in copayments, or $34.46. Assuming this was the standard billing unit—15 minutes—the hourly rate for these claims neared $688.

'Benchmarks' Lacking

Aside from limiting Medicare reimbursement for physical therapy, HCFA has not set appropriate "benchmarks" for reasonable costs. "Medicare rules," the report says, "do little more than warn providers and contractors to be 'prudent buyers' of therapy services and to base their decisions about reasonableness on market forces."

In fact, existing rules discourage nursing facilities from "shopping around" for the best therapy rates, in part by paying for a portion of providers' overhead costs. If 10 percent of a facility's costs are Medicare–related, it can charge 10 percent of its allowable overhead expenses to Medicare. Thus, the higher the Medicare–related payments to rehabilitation agencies, the more Medicare business the facility can claim—and the bigger the reimbursement and taxpayer burden.

According to the report, Medicare also picks up hefty tabs stemming from "surging therapists' salaries" and "multilayered, multi–state" rehabilitation companies with whom nursing facilities contract—often at incredible rates—to deliver and manage care.

Billing abuses by both facilities and rehabilitation companies have triggered a growing number of complaints from beneficiaries and their families about unnecessary or unprovided services, prompting numerous federal investigations.

One inquiry involved a company linked to more than 130 providers—nursing homes, therapy agencies and billing companies spread over some 21 states. The company was the subject of many complaints from residents in Fla., Ga., Ark., and Kan. The investigation probed a range of alleged fraudulent practices, including routine inflation of service charges. In a typical case, Medicare was billed $8,415—of which over $4,580 reflected charges added by the therapy company's billing services for submitting the claim.

Improve Vs. Maintain

Last April, an article by HCFA administrator Bruce Vladeck in the *Journal of the American Medical Association* about medically unnecessary therapy services in nursing homes caused an uproar in the advocacy community. Advocates expressed concern that the piece contradicted a major premise of the Nursing Home Reform Act by insinuating that therapy is suitable solely if it will improve a resident's condition and not simply maintain it.

In his defense, Vladeck told advocates that he did not intend to create "a standard of medical improvement," but rather sought to "put physicians on notice about egregious instances of program abuse."

For more information about the report (GAO/HEHS–95–23), call Edwin P. Stropko, assistant director, Health Financing and Policy Issues, (202) 512–7108.

New Report Examines Mental Health Services' 'Forgotten Constituency'

By Herbert P. Weiss, NHA

The principal authors of a new report on mental health in nursing homes charge that cutbacks in Medicare and the block granting of Medicaid will have a disproportionately large impact on the funding of mental health treatments.

The report, *Achieving Mental Health of Nursing Home Residents: Overcoming Barriers to Mental Health Care,* which this writer helped prepare, calls mentally ill residents long term care's "forgotten constituency."

According to Nancy Emerson Lombardo, one of the new report's authors, mental health experts worry that the situation for mentally impaired elders may worsen if proposals are passed by the 104th Congress to drastically cut Medicare, dismantle the Medicaid program and repeal the Nursing Home Reform Act.

'Big Battle'

Lombardo emphasized in an interview that, given present efforts in Washington to reduce Medicare and Medicaid spending, "It will take a big battle to restore mental health funding even to the inadequate levels of a few years ago, let alone bring it up to par with payments for treating other medical problems."

She said that adding to the difficulties facing mental health advocates is evidence that many managed care programs taking over Medicare benefits for elders have greatly reduced mental health services.

Nancy Emerson Lombardo

She and other mental health advocates hope the report will bolster their efforts in Washington. It notes that reductions are coming at a time when we are learning more and more about the effectiveness of mental health treatments.

Evidence has mounted in recent years, some from federal investigators, that physical illnesses of people, especially frail elders, cannot be treated separately from mental illnesses. The report quotes a 1982 Government Accounting Office report that stated, "Left undiagnosed and untreated, mentally ill residents have limited prospects for improvement, and their overall conditions may decline more rapidly and ultimately place greater demands on the health care system."

Achieving Mental Health... is being published this spring by the nonprofit Hebrew Rehabilitation Center for Aged's (HRCA) Research and Training Institute in Boston, in conjunction with the Mental Health Policy Resource Center (MHPRC) in Washington, D.C. It is based on a 1993 invitational conference that brought together more than 130 experts in mental health and aging. [NCCNHR participated in the conference and was among the groups that cosponsored the event.] Besides being released as an HRCA issue brief, the 50-page paper will be simultaneously published in the *Journal of Mental Health and Aging* (N.Y.: Springer Publishing Company). The findings were presented at the American Society on Aging's 42nd Annual Meeting in Anaheim, Calif., in March.

The report enumerates a variety of obstacles to the provision of appropriate mental health services. These include a shortage of mental health professionals trained in geriatrics; lack of in-service training in nursing homes to teach facility staff to treat behavioral and functional consequences of mental illness or dementia; and inadequate Medicaid and Medicare payments and reimbursement rules that do not reflect the relative costs of preferred treatments.

Model Programs

The report notes that, in spite of these hurdles, model mental health programs do exist in some nursing homes; they are funded by an array of federal and state agencies, nonprofit foundations and even by some of the facilities themselves, drawing upon nonfederal funds. The issue brief recommends that such programs be identified, cost-benefits calculated and the results widely disseminated to nursing homes for replication.

However, mental health experts involved in the issue brief agree that progress is slow and good mental health care in nursing homes is still the exception rather than the rule.

Recommendations

Key recommendations in the report include:

- Additional funding for research, staff training, and consumer education initiatives.
- Improved Medicare and Medicaid reimbursement to pay for psychiatrists to train nursing home staff members in mental health services.
- The "unbundling," or separating, of mental health services from nursing home per diem rates, so that funding intended for such assistance cannot be buried in lump-sum reimbursements for care and forgotten.
- Full implementation of all federal nursing home reform mandates passed in 1987 and 1989, such as those requiring training for nursing home staff and strictly limiting the use of psychotropic drugs and physical restraints with residents.
- Increasing the percentage of mental health services paid for by Medicare and

See Mental Health, p. 7

Quality of Life: Moving Beyond Band-Aids

An informational packet from NCCNHR encourages advocates to focus on the basics for answers to securing mental health and quality living. The packet — *Beyond Band-Aids: Mental Health Services for Residents In Long-Term Care Facilities, A Focus on Quality of Life* — is a collection of classic and current articles, some written by residents themselves. These articles describe how humane treatment, common sense, and best practices can move residents toward achieving mental health.

The 120-page packet was compiled and shared by NCCNHR for the 1993 invitational conference, Overcoming Barriers to Mental Health Care. The cost, including shipping and handling, is $15, less 10 percent for NCCNHR members. **Contact NCCNHR's Clearinghouse.**

Open Symposium

The Health Care Financing Administration will host a full-day **Quality of Life Symposium** July 11 at its Woodlawn, Md., headquarters.

Six nationally prominent researchers will present their best ideas for future directions for HCFA to take in helping facilities improve their quality of life and assess facility performance in meeting quality-of-life requirements. The conference is open to the interested public. Seating is limited. **Contact Karen Schoeneman at (410) 786-6855.**

Mental Health, from p. 6

other federal and private insurance to match that paid for other medical services.

Redirecting Funds

Further, the report recommends that reimbursement incentives be redirected to recognize behavioral methods and deemphasize "medication-only" treatment.

The report's authors added that Washington has failed to recognize cost-effective but humane alternatives to wholesale budget cuts.

For example, given the current anti-regulatory mood in Congress, report cards for consumers can be one solution to assist family members in choosing a nursing home that provides adequate mental health training to its staff, said another of the report's authors, Gail K. Robinson, deputy director of the MHPRC.

She suggested, "With such ratings, consumers and their families can be more selective in choosing a nursing home that provides better quality mental health care. Moreover, facilities could use the ratings to identify their weaknesses and correct them."

According to Lombardo, there are less costly ways to improve mental health services than obtaining psychiatric specialists care for most residents. For example, she said, "The facility's in-service training budget could easily be used to bring in experts to teach staff how to care for residents with mental illness or behavioral problems." This redirection of funds would allow specialists to serve as trainers and troubleshooters, rather than as consultants for individual residents.

Lombardo also called on nursing home administrators to support simple changes in their in-service training philosophies: "Administrators must realize that the actions of every staff member in their facilities affect the mental health of residents, either positively or negatively. Therefore, every person should attend training on mental and behavioral issues."

To order *Achieving Mental Health of Nursing Home Residents: Overcoming Barriers to Mental Health Care,* by Nancy Emerson Lombardo, Barry S. Fogel, Gail K. Robinson, and Herbert P. Weiss, contact the HRCA Research and Training Institute (617) 325-8000, ext. 391.

Herb Weiss, a certified nursing home administrator, is a Providence, R.I.-based writer. His article is reprinted from *Aging Today,* March/April 1996, by permission of The American Society on Aging, San Francisco, Calif.

Deemed Status, from p. 1

exempted nursing homes. Advocates, however, contend that earlier versions of the amendment would have affected nursing homes.

The final bill extends deemed status to providers, including home health agencies, who can show "their accreditation assures compliance with all Medicare requirements." It exempts nursing and renal dialysis facilities and durable medical equipment suppliers.

Advocates have long stressed that accrediting bodies lack authority to investigate complaints or take enforcement action. And, because facilities pay accrediting bodies to decide whether a provider is in compliance, deemed status raises serious conflict-of-interest and accountability issues.

Nevertheless, the budget bill directs the Secretary of Health and Human Services to study the cost effectiveness of expanding deemed status and allowing survey agencies to focus their resources on troubled facilities. Congress also instructed the Secretary to report on "innovative regulatory and non-regulatory incentives" to ensure consistent quality services for residents.

Contact Lori Owen at NCCNHR.