

State *Of the* State Survey

*Through Rose Colored
Glasses: Public Perceptions
of Nursing Home Quality*

By:

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Briefing Paper No. 2002-52

Series Editor: Amy J. Baumer

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Series Editor:

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ABOUT THIS REPORT

The purpose of this paper is to illustrate the public view regarding Michigan nursing homes over the past five years. The paper focuses on perceptions related to quality, state regulation and ethical standards with comparisons to national data. These ratings are discussed within the context of clinical case mix and quality assurance. Before discussing the ratings, the authors provide a brief overview on the background of this issue.

BACKGROUND

As in the rest of the United States, Michigan's population is rapidly aging. Based on 2000 U.S. Census Bureau statistics, 12.4 percent of the state population is over age 65, a figure that is expected to match Florida's current senior population (18 percent) within the next two decades (U.S. Census Bureau 2000). The projected number of aged Michigianians will place unprecedented demands on long-term care services. Already, Medicaid expenditures for these services represent a substantial cost to the State. The highest cost is related to nursing home care, which represents two-thirds of the state Medicaid budget; over \$1.2 billion annually.

The Michigan nursing home industry is comprised of 456 skilled nursing facilities with roughly 52,000 residents. The growth in the number of licensed nursing home beds during the last 20 years has not kept pace with the growth in the elderly population. On average, Michigan has significantly fewer beds per 1,000 elderly (65 years and older) than the rest of the United States (41.3 beds per 1,000 in Michigan and 52.2 beds per 1,000 in the United States in 1999). Michigan's nursing home bed capacity differs even more significantly from other Great Lakes states (Illinois, Indiana, Minnesota, Ohio and Wisconsin), which had 73.4 nursing home beds per 1,000 elderly in 1999 (National Center for Health Statistics 2001; Martin et al. 2001).¹

In 1998, Michigan spent \$250 per capita on all (private and public) nursing home care, roughly three-quarters of the national average of \$325 and only about two-thirds of the \$387 average per capita spending of other Great Lakes states (Martin et al. 2001). Although aggregate per capita spending on nursing home care is well below the national average, Medicaid spending on nursing home patients is significantly above national and regional averages: \$175 per capita in Michigan versus \$150 in the US and \$163 in the other Great Lakes states (Burwell, Eiken, and Sredl 2002).

Michigan also offers a more limited array of community based long-term care services than other states. Even before recent cutbacks in Michigan's Medicaid

waiver program for home and community based long-term care, Michigan had only 1.5 waiver slots per thousand, compared to 2.5 per thousand in the US and 3.0 in the other Great Lakes states. Michigan was spending only \$25 per capita on Medicaid Waiver services, compared to \$39 per capita in the US and \$46 per capita in the other Great Lakes states (Eiken and Burwell 2002).

Excess demand for Medicaid nursing home beds drives up the cost per bed but does not result in competition to improve quality of care because Medicaid recipients lack community-based long-term care alternatives.

THE SURVEY

Survey and Sample Design

This report is based on the 26th State of the State Survey (SOSS-26) conducted by Michigan State University's Institute for Public Policy and Social Research via telephone between May 21 and July 17, 2002. This survey involved a total of 933 Michigan adults. The longitudinal analysis presented here provides comparisons to SOSS-13 (fall 1997, n=971) and SOSS-18 (summer 1999, n=950).² The overall sampling error is 3.2 percent. All of the statistical relationships in this report fall beyond the range of sampling error.

The sample was designed to provide representative information for residents from major regions of the state: Southeast Michigan, Southwest Michigan, Central Michigan (west and east), Northern Lower Michigan, and the Upper Peninsula. (See attached information sheet for a list of the counties included in each region.) The data reported here are weighted to be representative of Michigan's adult population with telephone service.

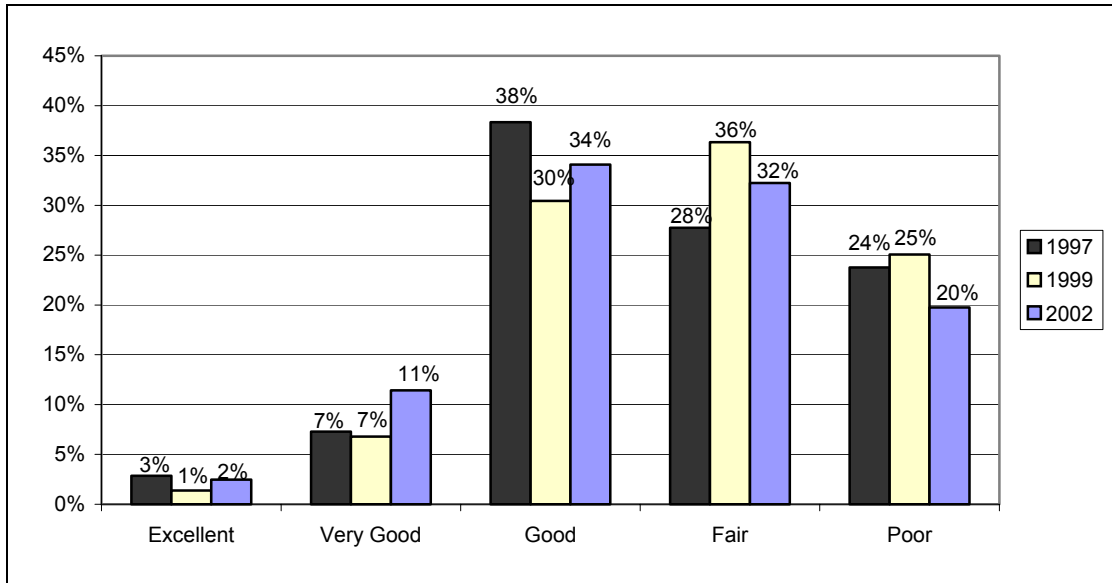
KEY FINDINGS

Quality Ratings

- **Public perceptions of nursing home quality are unfavorable.** Only 13 percent of Michiganians in 2002 viewed nursing homes as “excellent” or “very good.”³ While 34 percent provided an average rating of “good,” the remaining half of the sample believed the quality was “fair” or “poor” (figure 1). Public perceptions regarding nursing home quality have fluctuated little over time. As seen in Figure 1, the percentage of Michigan citizens who believed that nursing home quality was “excellent,” “very good” or “good,” decreased from 1997 to 1999, but then increased in 2002; the proportion of those believing quality was “fair” or “poor” increased during the first two year period but then decreased during the second three-year period.
- **Gender and age affect satisfaction with nursing home quality.** Females were significantly more dissatisfied than males, with 60 percent rating nursing

homes as “poor” or “fair” compared to less than 50 percent of males in the survey. Additionally, persons under age 65 were much more likely to rate nursing home quality as “fair” or “poor” (56 percent) compared to individuals 65 years and older (49 percent).

Figure 1. Michigan 1997-2002 Perceptions on Nursing Home Quality

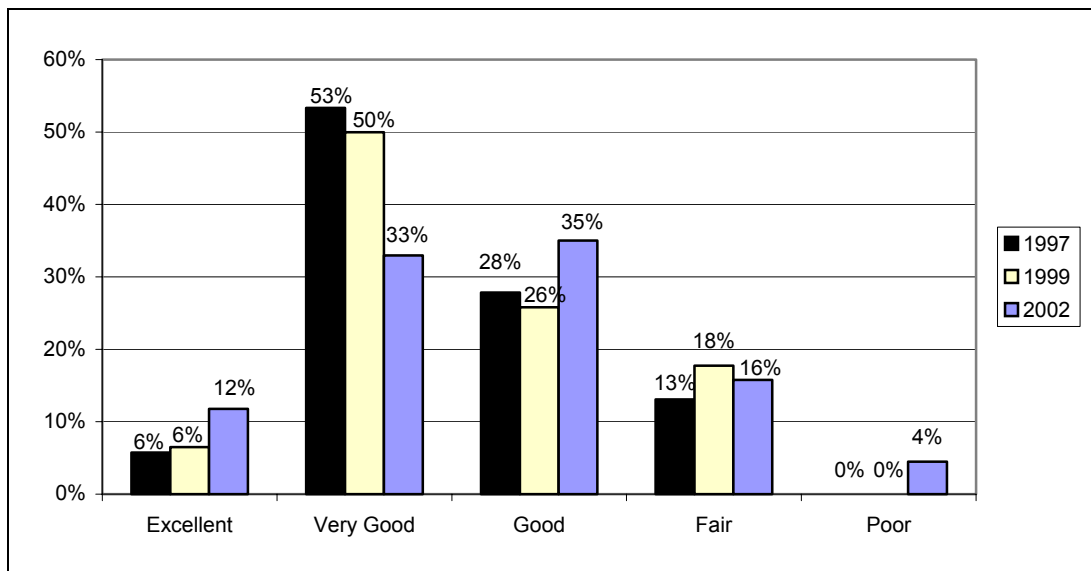


(Source: Institute for Public Policy and Social Research at Michigan State University, State of the State Survey-13, (SOSS-13) fall 1997, n=971; SOSS-18 summer 1999, n=950; SOSS-26, summer 2002, n=933)

- Current rates of nursing home satisfaction in Michigan are similar to ratings nationwide.** A 2001 national survey sponsored by the News Hour with Jim Lehrer, the Kaiser Family Foundation and Harvard University. The survey was conducted between April and June 2001. It asked “Do you think [nursing homes/hospitals/assisted living facilities] are doing a good job or a bad job in serving health care consumers.” Some 34 percent said that nursing homes were doing a good job, but 35 percent thought they were doing badly. In contrast, 67 percent said that hospitals were doing well, and only 17 percent that hospitals were doing a bad job. Assisted living facilities were thought to be doing a good job by 50 percent of respondents while only 16 percent thought assisted living facilities were doing badly. Thus, among those who have an opinion, the perception of nursing homes is about equally divided. Uncertainty was high regarding both nursing homes and assisted living facilities, with roughly one-third responding either “don’t know” or with a mixed assessment (The News Hour with Jim Lehrer et al. 2001).
- Quality ratings for Michigan nursing homes are significantly below ratings for hospitals.** Over the three surveys, more than half of Michiganders rated nursing home quality as “fair” or “poor,” compared to hospitals that were

rated “fair” or “poor” less than 20 percent of the time (figure 2). While hospital ratings declined and nursing home rating improved in the most recent survey, the differences in quality perceptions between hospitals and nursing homes continue to be significant. Assisted living facilities are viewed more positively than nursing homes, but less positively than hospitals.

Figure 2. Michigan 1997-2002 Perceptions on Quality in Michigan Hospitals

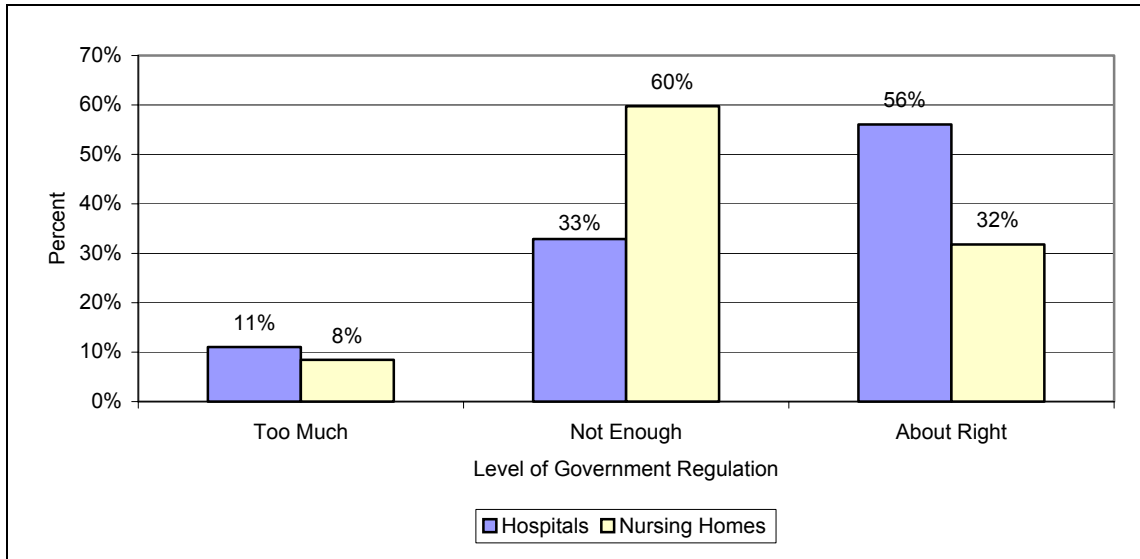


(Source: Institute for Public Policy and Social Research at Michigan State University, State of the State Survey-13, (SOSS-13) fall 1997, n=971; SOSS-18 summer 1999, n=950; SOSS-26, summer 2002, n=933)

The Government’s Role in Quality Assurance

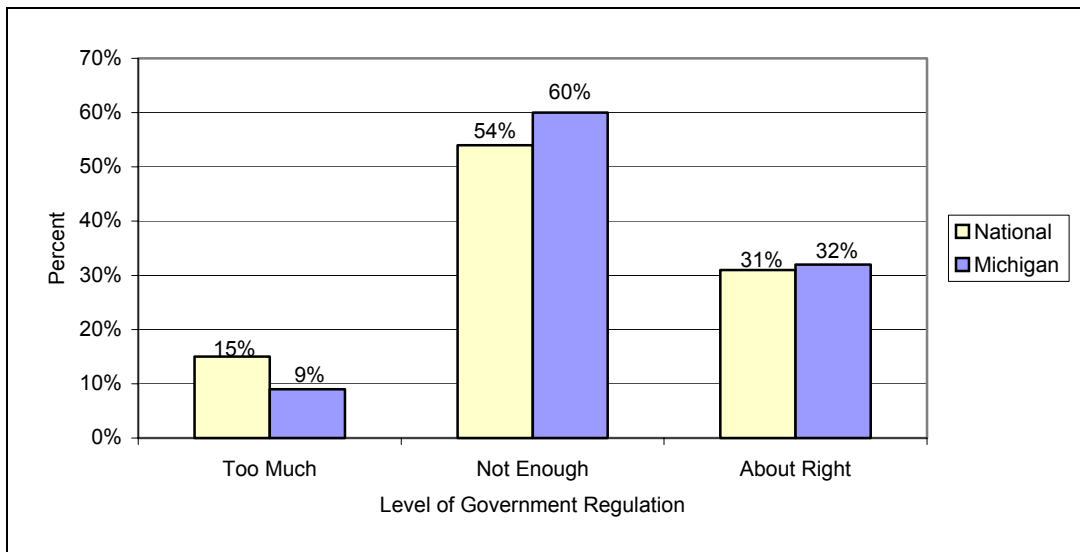
- **Most Michiganders felt that there was not enough regulation of nursing homes.** Some 60 percent of Michiganders thought that the government’s role in regulating nursing homes should be stepped up (figure 3).
- **Attitudes differ regarding government regulation of nursing homes and hospitals.** More than half of Michiganders thought that the level of government regulation of hospitals was about right, nearly twice as many as thought that the level of regulation of nursing homes was about right (figure 3).
- **Michigan attitudes are slightly more favorable to government regulation of nursing homes than the rest of nation.** Some 60 percent of Michigan respondents felt not enough regulation existed, while 54 percent in the national survey felt this way. Similarly, only 9 percent in Michigan thought that there was too much regulation while 15 percent in the nation felt this way.

Figure 3. Michigan 2002 Perceptions on Level of Government Regulation of Michigan Hospitals and Nursing Homes



(Source: Institute for Public Policy and Social Research at Michigan State University, State of the State Survey-26, summer 2002, n=933.)

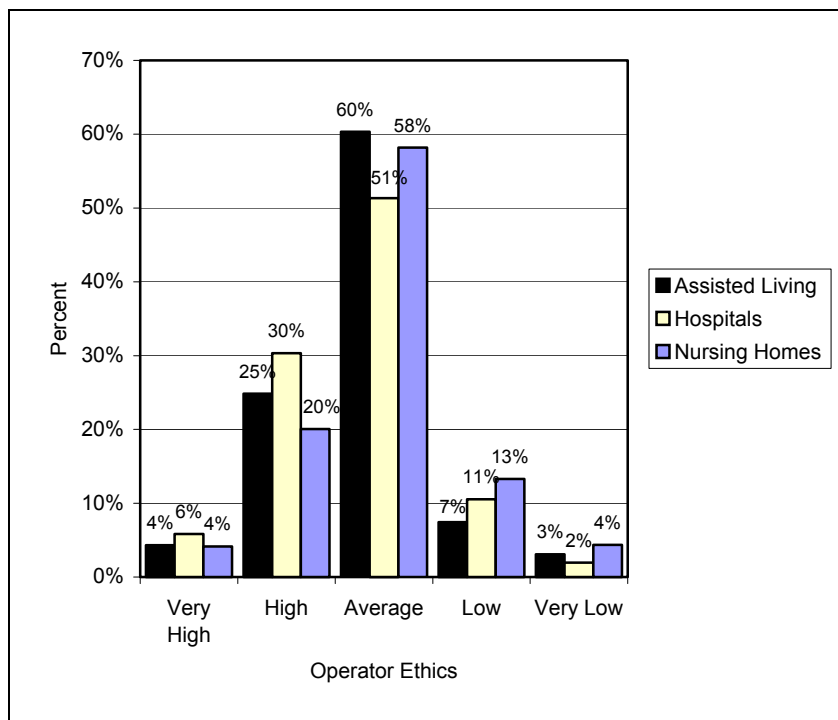
Figure 4. National 2001 and Michigan 2002 Perceptions on Level of Government Regulation Nursing Homes



(Source: The News Hour with Jim Lehrer et al. 2001; Institute for Public Policy and Social Research at Michigan State University, State of the State Survey-26, summer 2002, n=933.)

- Perceived ethics and honesty of assisted living and nursing home operators and hospital administrators differ.** Respondents were asked to rate the honesty and ethical standards of assisted living and nursing home operators and hospital administrators as “very high,” “high,” “average,” “low” or “very low.” Nursing home operators were rated lowest, with 17 percent giving nursing home operators a “low” or “very low” rating in comparison to 8 percent for assisted living. Hospital administrators were rated the most positively, with 36 percent of Michigianians viewing their ethics and honesty as “high” or “very high.” Slightly less than one-quarter of Michigianians reported similar views of nursing home administrators (figure 5).

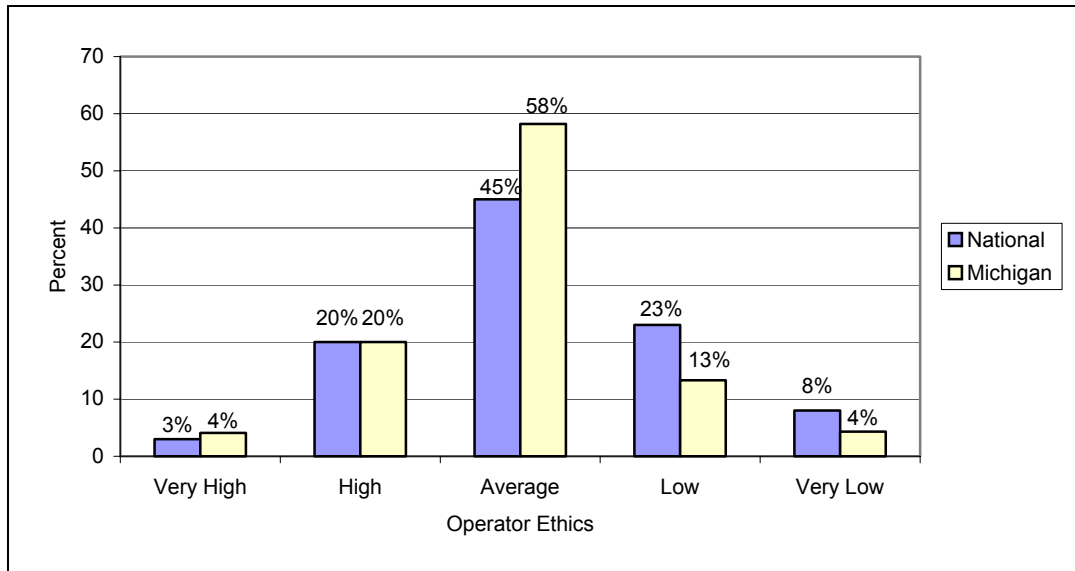
Figure 5. Michigan 2002 Perceived Ethics and Honesty of Assisted Living, Nursing Home Operators and Hospital Administrators



(Source: Institute for Public Policy and Social Research at Michigan State University, State of the State Survey-26, summer 2002, n=933.)

- Compared to national data, Michigianians are less likely to negatively regard ethics and honesty of nursing home operators.** In a national poll conducted in November 1999 by The Gallup Organization, Americans rated the ethics and honesty of nursing home operators as low or very low 31 percent of the time (The Gallup Organization 1999), while Michigianians gave this rating nearly half as often (17 percent of the time). However, Michigianians in 2002 were no more likely than the nation to rate the ethics and honesty of nursing home operators as “high” or “very high” (figure 6).

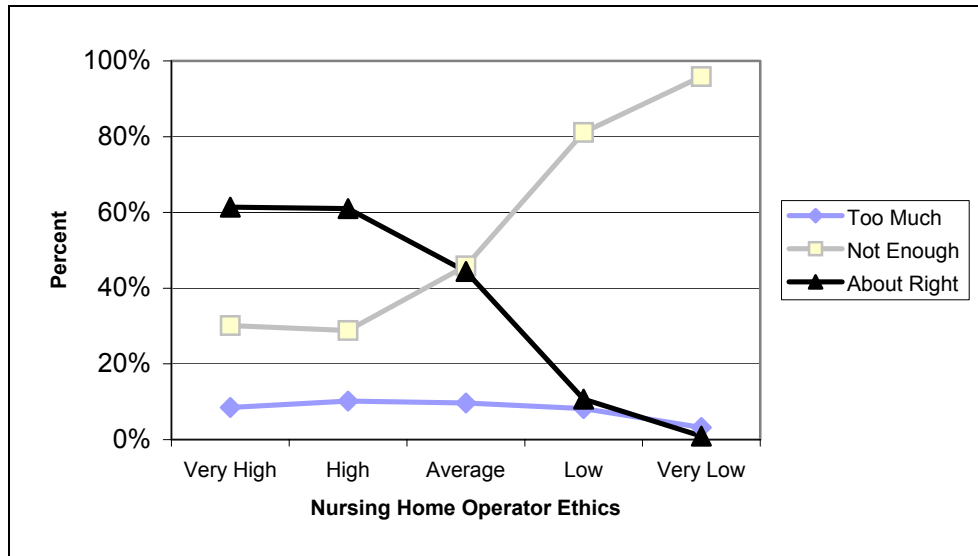
Figure 6. National 1999 and Michigan 2002 Perceptions on Nursing Home Operator Ethics



(Source: The Gallup Organization Honesty/Ethics Poll, 1999; Institute for Public Policy and Social Research at Michigan State University, State of the State Survey-26, summer 2002, n=933)

- **Michigan resident attitudes about the ethics and honesty of nursing home operators are closely tied to the perceived need for government regulation.** Michiganders who rate the ethics and honesty of nursing home operators as “low” or “very low” were much more likely to favor more government regulation of nursing homes (figure 7). Women and those with more liberal political ideologies were more likely to favor greater regulation instead of maintaining the current level.

Figure 7. Michigan 2002 Perceptions Regulation as a Function of Perceived Nursing Home Operator Ethics



(Source: Institute for Public Policy and Social Research at Michigan State University, State of the State Survey-26, summer 2002, n=933.)

OTHER MEASURES

Other quantitative measures of Michigan’s nursing homes are also available. For example, the State of Michigan administers a nursing home inspection program as part of its responsibilities to the federal government under Medicaid. In 1999, Michigan’s nursing home quality assurance program was identified as being ineffective by the U.S. Government Accounting Office (GAO), principally for failing to follow-up on serious deficiencies after they were identified (U.S. GAO 1999).

Additionally, the Federal Government makes nursing home inspection data available on its Nursing Home Compare website (<http://www.medicare.gov/nhcompare/home.asp>). According to September 2002 data, Michigan nursing homes averaged 11 health deficiencies per home compared to seven in the United States. In addition, Michigan nursing home staffing levels, a critical element for ensuring good quality, were slightly below the national average (table 1). On average, there are roughly 14 more residents in Michigan nursing homes.

This is the case despite the fact that the level of disability in Michigan’s nursing home population is lower than other states. Using the Nursing Home Compare website, it appears that Michigan nursing homes have a slightly less disabled case mix in all areas except for bowel and bladder incontinence and unplanned weight gain/loss in which they are equal to that of averages for the United States (table 2).

Table 1. Average Nursing Staff Hours⁴

	Number of Residents	RN Hours Per Resident Per Day	LPN/LVN Hours Per Res. Per Day	CNA Hours Per Res. Per Day	Nursing Staff Hours Per Res. Per Day
United States	82.3	0.9	0.8	2.4	4.1
Michigan	96	0.7	0.7	2.4	3.8

(Source: Centers for Medicare and Medicaid Services, Nursing Home Compare 2002.)

Table 2. Resident Characteristics Averages in Michigan and the United States

	Michigan	United States
Very Dependent In Eating	16%	19%
Bedfast	3%	6%
Restricted Joint Motion	27%	29%
Bowel & Bladder Incontinence	59%	59%
Unplanned Weight Gain/Loss	8%	8%
Physical Restraints	7%	9%
Pressure (Bed) Sores	9%	10%
Behavioral Symptoms	28%	30%

(Source: Centers for Medicare and Medicaid Services, Nursing Home Compare 2002.)

CONCLUSIONS

Examining data over the past five years, the Michigan public has consistently viewed nursing homes less than positively. Although one-third of the quality ratings are average (“good”), at least half remain quite negative, citing quality as “fair” or “poor.” While it is unclear how much of public perceptions are based on objective information, there are quantitative data to suggest that Michigan nursing homes offer less quality compared to other states. Given the rapidly aging population, and information on how nursing homes compare to those across the nation, it appears that public opinion may actually underestimate the seriousness of the current situation.

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ENDNOTES

1. Most of the expenditure data reported in this section were collected and analyzed by Professor John Goddeeris of the MSU Department of Economics.

2. For more information on SOSS-13 see: Mickus, Maureen A. and Andrew J. Hogan. 1998. "Michigan Nursing Homes: Are We Paying the Price for not Paying the Price?" State of the State Survey Briefing Paper No. 98-39 (June). Institute for Public Policy and Social Research. Michigan State University. East Lansing, Mich. Available on World Wide Web: <http://ippsr.msu.edu/Publications/bp9839.pdf>.

For more information on SOSS-18, see: Mickus, Maureen A. and Andrew J. Hogan 2000. "Michigan's Sore Thumb: Regional Variations in Public Perceptions of Nursing Home Reform." State of the State Survey Briefing Paper No. 00-46 (January). Institute for Public Policy and Social Research. Michigan State University. East Lansing, Mich. Available on World Wide Web: <http://ippsr.msu.edu/Publications/bp0046.pdf>.

3. Respondents were not asked whether they had any first-hand experience with nursing homes.

4. Hours per resident per day is the average daily work (in hours) given by the entire group of nurses.

ABOUT SOSS

The State of the State Survey (SOSS) is a statewide survey conducted by the Office for Survey Research at Michigan State University's Institute for Public Policy and Social Research (IPPSR). Administered quarterly, SOSS provides current information about citizen opinions on critical issues such as education, the environment, health care, crime, victimization and family violence, giving and philanthropy, governmental institutions, and specific community concerns.

SOSS surveys are based on stratified random samples of adults age 18 and older living in Michigan. The sample strata are based on the regions, as detailed below, established by Michigan State University Extension, with one exception: Detroit City is treated as a separate region. The data sets include "weights" to adjust the data so that they are representative of the adult population of Michigan. More information about SOSS, including codebooks and methodological reports for each round, are available online at www.ippsr.msu.edu/SOSS.

Regional Categories

Detroit:	City of Detroit
East Central:	Arenac, Bay, Clare, Clinton, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Shiawassee, Tuscola
Northern L.P.:	Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Missaukee, Montmorency, Ogemaw, Otsego, Oscoda, Presque Isle, Roscommon, Wexford
Southeast:	Genesee, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne (excluding Detroit)
Southwest:	Berrien, Branch, Calhoun, Cass, Eaton, Hillsdale, Ingham, Jackson, Kalamazoo, St. Joseph, Van Buren
U.P.:	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft
West Central:	Allegan, Barry, Ionia, Kent, Lake, Manistee, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa

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