A dozen or so years ago, Ted Goins Jr. had his road-to-Damascus moment. A veteran administrator at Lutheran Services Carolinas who had started his career as a nurse assistant, Goins, 55, had gone to a conference to hear Bill Thomas, MD, whom many regard as the chief evangelist of person-centered care. And Thomas talked about dogs.

“I grew up, unfortunately, in the era where you wouldn’t let a dog through the door of a nursing home,” Goins recalls. “They might shed. You were a health facility. We mopped the floors all the time because there might be a hair somewhere on it. And then here was a guy standing up there on stage saying, ‘You should have a dog in the facility.’”

RESIDENT-CENTERED CARE
Goins had always considered himself receptive to the idea of treating residents as he would want to be treated. He had trained more than three decades earlier under a man who “was doing person-centered care before we called it that.” But, hearing Thomas, Goins realized that, for all of his self-supposed open-mindedness, he, too, was bound up in the Old Way of doing things.
“All of a sudden, the light bulb switched on,” Goins says. “I remember thinking, ‘Maybe there’s a different way of looking at this.’”

Goins grabbed Thomas after the speech. “I ended up sitting in the hall, on the floor, with him—just discussing some of the issues,” Goins says.

He went a step further and invited Thomas down to North Carolina. “And he came and spent a day with our board of trustees and senior management staff and just helped ignite the passion,” Goins says.

But it wasn’t until after Thomas had moved on that Goins realized that, while he had been honoring person-centered care with his lips, his heart was still far away from the ideal.

Goins wants you to read his story. Because he thinks that the changes brought on by Thomas’ intervention have helped Lutheran Services not only survive but thrive, even as state and federal funds are drying up and so many providers find themselves staring at the prospect of extinction.

LIKE AN OBSTACLE COURSE

Goins had promised himself that he would incorporate the theory and practice of person-centered care, but he hadn’t realized that he had been harboring his own, stubborn doubts until he heard that one of his company’s maintenance men had solved a seemingly intractable problem.

Employees at one of Lutheran’s homes found themselves flummoxed by how often residents were falling down. True to the principles of person-centered care, all the building’s
workers were invited to a brainstorming session. The answer came from a seemingly unlikely source, Goins says. “And the maintenance man, who normally wouldn’t even be in a meeting like this—this was a nursing issue, not a maintenance issue—said, ‘Well, look at all the stuff in their way,’” Goins says. “There’s a call bell here, there’s an oxygen tube here, there’s a phone cord there—it looks like an obstacle course. Do you realize how many people are tripping over those cords?’”

Having heard the story, Goins couldn’t un-hear it. “Those are the kinds of things that were starting to come out of those meetings,” Goins says of the unexpected wealth of wisdom Lutheran discovered in its front-line workers. “All of a sudden, things made sense. And now it feels like, ‘Why weren’t we doing this all along?’”

He realized that, for all of his talk about patients first, he had been throwing away a pearl richer than his tribe by not seeking out his front-line workers. “The housekeepers spend the most time in the room. So we should be listening to those people,” Goins says. “I started as a nursing assistant, and it was almost like we weren’t allowed to have ideas.”

The road to quality did not end there. But for Goins and Lutheran Services, those first, tentative steps have led to a road of riches. This year, Lutheran Services finds itself in the midst of a five-year plan that will see two buildings remodeled and two brand new buildings opened. (In fact, ribbons have already been cut on three of the buildings.)

Most of the rooms in the redone and new buildings already (or soon will) have private rooms, living rooms, dining rooms, spas, bistros, playgrounds for child visitors, computers (and computer classes), and libraries. There are lavender-scented bathrooms with towel-warming cabinets; residents routinely take twice-yearly trips to Carolina’s beaches (see sidebar, page 32). Even as many providers find themselves collapsing (or barely holding firm), Lutheran Services is expanding. “It seems to me to all come back to that mission, vision, and values,” Goins says. “Because we’ve stayed true to that, we’ve got the reputation with the state, with the Medical Care Commission; they know we do good work. A lot of the not-for-profit groups have gotten out of the nursing home business, if you will. We’ve doubled down.”

It is notorious that correlation doesn’t mean causality. But Goins is convinced that his company’s successes aren’t an accident. And his message is being heard. “We are encouraged and inspired by

Lutheran Services Carolinas is a nonprofit seniors’ health company based in Salisbury, N.C. Its $85 million annual budget pays for some 1,300 employees to bring services to some 1,200 seniors every year in six skilled nursing facilities, one retirement home, and an assisted living community. Of the six SNFs, one rates three stars in CMS’ Five-Star Quality program, three rate four stars, and two rate five. Sixty-five percent of Lutheran’s seniors are Medicaid beneficiaries.

Lutheran also partners with the U.S. Department of Housing and Urban Development to run an adult day care center.

Residents Maxine Casper and Robert Boyd enjoy Trinity Oaks’ Harvest Moon Ball, put on annually by local Catawba College students.
Paying For It

The road to quality doesn’t have to be the road to ruin.

“Even a not-for-profit still has to make a surplus,” says Ted Goins Jr., president and chief executive officer of Lutheran Services Carolinas.

So, how has Lutheran Services managed to rack up quality awards yet still expand even as so many others in the sector are retreating?

“You can’t just invest in staff. You still have to pay the bills,” Goins acknowledges. “We are finding ways to become more efficient. You need to be able to provide a really high level of care by staff that care for the residents. But everything else is best business practices. So we’ve got to be the best purchasers.”

BUSINESS PRACTICES

- Technology. Technology is one key investment, Goins says. Lutheran Services is completely paperless now, after a four-year transition. Staff can make the computers “sing,” but it has also drastically cut down on wasted paperwork hours, as well as having improved Lutheran’s billing system, Goins says.

- Education. But even the continuing training that the company prides itself on can be gotten on the cheap. The company’s vaunted “New Pathways” education system, a kind of hybrid of the Eden Alternative/Wellspring models, costs about $5,000 per year to implement, Lutheran Operations Director Jill Nothstine says.

“We are able to get by on this low figure because we hold our meetings in locations that provide us the space without charge,” Nothstine says.

“Additionally, we try to use speakers that will charge us nominally, or not at all. We also use our own staff whenever appropriate.”

- Donors, grants. It has helped to find donors who are committed to culture change, too, Nothstine says. Lutheran has reaped grants from private and public donors to put in playgrounds, buffet tables, libraries, and even bistros.

There are other opportunities outside the sector, experts say. A Brooklyn nursing home this year won a grant from a musicians’ union for a classical training program.

- Positioning company as community resource. Two years ago, Lutheran Services Carolinas merged with its sister organization, Lutheran Family Services, with its army of social workers and family experts.

“We’re really trying to turn our facilities not just into skilled nursing facilities, but as the true, community services that we already are,” Goins says.

“The feds keep trying to put us in a box—we’re just institutional care. But I wish people could see outside the Beltway, what a great community resource we really are.”

STAFF BUY-IN MAKES IT HAPPEN

Goins admits, in retrospect, that he’d doubted he’d have the money to make the kind of investment that quality required. In fact, the first year Lutheran opened its New Pathways training, “some people were unhappy because there weren’t televisions in every room,” he says. “But it was the best we could afford.”

Any doubts were quickly overcome, Goins recalls. He was walking to his car after a session and saw that two certified nurse assistants were converging on the seminar’s featured speakers.

“I’m watching these two groups collide,” Goins says. “All of a sudden, these two CNAs were hugging the instructor and crying. I’m not making this up. I thought, ‘This is what it’s all about. If they can inspire that kind of passion through a little, old training, we’ve really hit on something big.’”

Ted’s growth,” American Health Care Association (AHCA) President and Chief Executive Officer (CEO) Gov. Mark Parkinson says. “It confirms what our most progressive members have proved: Even in tough times, person-centered care—whether it’s Eden, green houses, or some other alternative, works. It works for the patient, it works for the employees, and it works as a business model.”

POSTCARDS FROM THE APOCALYPSE

In principle, no one disputes those findings, of course.

The question is how to deliver on the promises? So many dispatches from long term care these days read like postcards from the Apocalypse.

“As far as I’m concerned, quality of life is equally important,” Rhode Island Health Care Association President and CEO Virginia Burke says. “But given the regulatory scheme we operate under, it’s really difficult to operate.”

The paradox, Burke says, is that the regulators themselves don’t seem to have learned the difference between lip service and real service.

“The least expensive way to provide care is also the worst way to provide care: the assembly line. If you treat every patient as a widget waiting to be manufactured, then of course the quality isn’t going to be there,” she says.

“Every blow to that funding just jeopardizes that further,” Burke says. “You just can’t go on. I don’t know if anyone’s giving much thought on how to innovate at the moment.”

In late May, the Kaiser Family Foundation crunched the numbers and found that nearly
half of America’s seniors may actually be poorer—because of rising health care costs—than official statistics show. In Rhode Island and 11 other states, the “supplemental” poverty numbers were at least twice as high as official numbers, Kaiser found.

“The supplemental poverty measure indicates that elderly poverty rates overall and at the state level are much higher than indicated by the official poverty measure,” Kaiser researchers said.

“At the national level, this result is largely due to the fact that the supplemental measure deducts health expenses from income, while the official measure does not.”

In one of those 12 poor states, California, public retirees were recently told that their long-term care insurance rates were going to explode by nearly 85 percent. Making matters worse, in 2011, California Gov. Jerry Brown signed legislation that cut Medicaid reimbursement to providers by another 10 percent.

“Our providers are getting reimbursed $86 for every $100 in costs,” California Association of Health Facilities spokeswoman Deborah Pacyna says. “Because the costs are capped, there is no way to recoup that revenue.”

**MANAGED CARE CRISIS**

To make matters worse, more than half of the states are, or will be, moving to managed care to handle the influx of new Medicaid enrollees after President Obama’s Affordable Care Act.

Rhode Island is one of those states heading toward managed care. Burke is not pleased.

“It’s just an extra hand in the process,” she says. “It’s an extra party that needs to be paid for services. Instead of the department just paying the providers, the department is now paying a health plan, which is going to pay the providers. It’s more money away from patient care.”

In June, AHCA issued a set of guiding principles that it hopes will blunt the worst effects of managed care (see box, page 30). Among the top concerns for providers was to make sure that managed care contracts had adequate long-term services and support programs.

The supports “may be expensive in the short term,” AHCA’s Vice President of Medicaid and Long Term Care Policy Mike Cheek said in his report, “but they will provide long-term savings.”

Burke says that culture change—and the investment that comes with it—has to seep beyond providers to regulators.

“Ideally, under culture change, you’d have private rooms,” she says. “But I could never see our state Department of Human Services paying for private rooms. The quality people are never talking to the money people.”

Goins says he understands how tough it is out there and that sometimes talk about quality can seem glib. But for him and Lutheran Services, it’s not a poster slogan: It’s a long-term investment that has paid off. “We have to prove to the public and our regulators that we’re worthy of adequate reimbursement and that it’s important to get what we’re owed.

“And I know that’s a tough one in today’s world. If you’re sitting in a 50-year-old facility in Illinois—and they’ve got a notorious reimbursement rate—then it is hard to look beyond that. You’re just barely surviving, day to day.

“But, then again,” he says, “you have to start somewhere. And you have to be willing to invest in quality. The days of that 120-bed facility that was all semi-private rooms with shared bathrooms is over. That means they’re going to have to invest, or they’ll be out of business.”

**LEAP OF FAITH**

Lutheran Services’ employees will be the first to tell you that committing to qual-
**Medicaid Principles**

A [nticipating the spread of managed care in the sector, the American Health Care Association (AHCA) has issued a series of principles for providers to consider when they work on managed care contracts.

Key to success are managed long term services and supports (MLTSS), AHCA says. Advocates urge providers to focus on the following:

- **Improve access and quality first.**
  - Savings in long term care should come from "care coordination, prevention and wellness, and quality initiatives," AHCA says. "Rate reductions, unnecessary utilization controls, or cumbersome prior authorization processes are not the answer for individuals who need these sorts of supports."

- **Demonstrated experience with services and supports.**
  - With only about 4 percent of people using long term care enrolled in managed care, the managed care marketplace has "limited exposure to and experience in coordinating delivery of LTSS," AHCA says. There should be a "federal readiness review" and federal benchmarks for MLTSS programs.

- **Meaningful opportunities to make educated decisions.**
  - Residents should have the ability to make decisions about enrollment and have an adequate choice of providers, services, and settings.

- **Independent grievances and appeals processes for individuals and providers.**

- **Access to care when people need it—even if it means sending residents outside of managed care networks.**

- **Administrative efficiency and consistency across plans.**

- **Care coordination that produces efficiencies while improving health experiences.**

- **Consideration of all views and perspectives when creating MLTSS programs.**

—Lynn Wagner

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Beachin’ It

There’s a 90-something-year-old man at Trinity Oaks Health and Rehab in Salisbury, N.C., who usually has one question on his mind.

“When are we going to the beach?” the man asks, Trinity Administrator Bill Johnson says.

In most places, the question would be evidence of the ravages of dementia. In Trinity, there’s actually an answer: really soon.

Twice per year, residents, family, and Trinity staffers pack up wheelchairs, coolers, and fishin’ rods and head to the shore.

“It was really just a way for us to get our folks to be able to live normal lives, even though they live in a skilled facility,” Johnson says. “Folks in North Carolina are just used to going to the beach every spring and fall and going fishing.”

Trinity is one of the buildings run by Lutheran Services Carolinas, which has spent the better part of a decade rededicating itself to person-centered care. But, unlike so many activities in nursing homes, Johnson’s semi-annual trips aren’t just the flickering, Platonic shadows of the real thing: Residents sleep in bunks in cabins, enjoy what Carolinians call “low country boils,” take ferry rides, head out to fancy restaurants in Wilmington, and generally have a ball.

“Most people living in a nursing facility don’t get to take a vacation,” Johnson says of his residents. “And they do.”

There are other benefits, Johnson says. That nonagenarian mentioned earlier, having reached the beach, usually has a follow-up request, Johnson says.

“Okay,” the man says, “I need a beer. A cold beer.”

“They like Corona,” Johnson says. “And they like Sam Adams.”

The idea came to Johnson a few years ago when he was on a retreat.

“I just happened to go by there, and I kind of got out and started looking around and I thought, ‘Well, we could do this,’” Johnson says. “I got my staff to start researching and looking into what we could do. Everybody bought in and said, ‘Yeah, let’s try this and see how it goes.’”

The local fire departments offer up beach-friendly wheelchairs; families chip in with money—and cookies, brownies, and other delectables. (“We eat very well,” Johnson says.)

Johnson knew he was taking a huge risk, driving frail seniors four-plus hours for a weekend on the beach. “I was scared to death,” he says. “It’s a big undertaking. I still worry from the time we go until the time we get back.”

The trips, of course, are huge for the seniors. But they’ve also helped staff camaraderie—and made a world of difference for families, Johnson says.

“When you’re working side-by-side with family members and the families see how hard the staff are working to make this work … when your maintenance man is taking people to the bathroom and is helping dress people, that really just builds a team spirit,” he says.

“I think families realize that we’re going above and beyond what’s expected,” he adds. “Anytime I need anything extra, I just pick up the phone, and they say, ‘Yeah, whatever you need.’”

That doesn’t mean there aren’t still major problems with the trip, Johnson says.

“We’ve not had a lot of luck with fishing,” he says. The past four years have yielded a paltry whiting for a resident, Johnson says.

“It was probably about a four- or five-inch fish, but of course we were telling him that by the time he got back to the facility, it would be a foot long,” Johnson says.
with the company for 26 years and has been to at least four of the training seminars. She recalls vividly a discussion on making bath-time more pleasant for residents. She was initially surprised to hear about towel-warming cabinets, lavender scents, and soothing music. “I hadn’t thought about it myself,” she says, “but I wish I had. It’s creating a spa-like atmosphere. Who doesn’t like to go to a spa?”

Meanwhile, House is a regular attendee at staff meetings, where employees aren’t just asked, but encouraged, to speak up about problems they’re seeing. “It really has worked,” House says. “I can’t see working anywhere else.”

Apparently, others agree. According to Lutheran Service’s numbers, the company’s turnover rate is barely above 29 percent, significantly below the national average for long term care.

In a recent survey, 91 percent of the company’s employees said they were satisfied in their jobs. Lutheran Services’ resident satisfaction surveys are even better: 96 percent of residents and families agreed, or strongly agreed, that they were satisfied with their community, and 93 percent would recommend, or strongly recommend, the experience to others.

‘UNIVERSITY’ TO LAUNCH
Not satisfied with the quarterly seminars, Lutheran Service’s is now going digital. By September, the company hopes to launch what it is calling its “University,” Nothstine says.

“It’s going to be an online, kind of one-stop shop for our staff members. It’ll be a place where they can log in and go,” she says. “They’ll have links to our online learning programs. We’ll also have an education calendar, things companywide like medication training or CPR training. What I think is interesting and fun about this setting is we can put links to outside training materials, for our lifts, for our incontinence supplies—any kind of training.”

Goins himself was skeptical about the off-site training. “You know, penny-wise and pound-foolish,” he says.

Because the plain fact is, Goins says, the more staff believed that they were key to effective care, the more they invested themselves personally in resident care; that, in turn, made it easier for Lutheran Services to invest in technology and training more efficiently, to make the employees’ jobs easier. That made it easier for the company to rack up rewards and recognition and get flexibility from regulators. Wash, rinse, repeat.

A CASE IN POINT
Take a small example. Goins, like Nothstine, was a reluctant technocrat and wasn’t thrilled to hear about electronic records. “Because I remember the days when I said, ‘We don’t do technology. We take care of people,’” Goins says.

Remembering the sapient maintenance man, Goins swallowed his misgivings and gave the gadgets a go.

As has happened so often in the past decade, Goins says, he was thrilled to be wrong.

“The [certified nurse assistants] can actually make that thing sing on the walls,” he says of the electronic records system. “If they document it in real time, they’re more likely to get it right. And it’s in a useable format. We are completely paperless in our medical records. The quality of care is better because we know what’s happening with that resident in real time, but also we’re making sure we’re getting paid right.”

And, in melancholy retrospect, Goins says he wishes he’d jumped on electronic records sooner.

“I remember the last 30 minutes of every shift that I worked as a nursing assistant, and it was just going over those huge notebooks about the residents,” he recalls. “It took so much time away from patient care. Plus, I’m not sure that everybody—including me—was as diligent about making sure they were putting information in the book. So you weren’t getting good information, and you were wasting a lot of time to get it.”

So, even as the scenery seems to be collapsing around long term care, how does a provider recommit to quality? “For once, I feel like I have an answer to that,” he says. “And the answer is, get a mentor or a coach right away.”

A great mentor can be found keynoting a convention or cleaning the rooms in your building, Goins says.

“We can all change,” Goins says. “It’s all learnable. You have to start with that mission and then bring people aboard who can support that.” ■