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