Oldest Seniors Shift Away From Nursing Homes

Alternatives, such as assisted-living facilities, house about 1 million residents with an average age over 80.

BY JANE ANDERSON
Contributing Writer

Nursing home use by the “oldest old”—or those aged 85 and older—has declined sharply since 1984, according to the Lewin Group. The national health care and human services consulting firm cites less disability, new alternatives to nursing homes, and changes in the pattern of nursing home care for the decline.

In a study released in November, the Lewin Group found that if all older adults (ages 65 and older) had continued to use nursing homes as they did in 1985, 1.95 million older adults would reside in nursing homes today. Instead, just 1.32 million residents ages 65 and older lived in nursing homes in 2004.

At the same time, “the total number of people age 85 and older nearly doubled over the period,” but the number of individuals age 85 and over in nursing homes “remained about the same,” wrote Lisa Alecxih, vice president of the Lewin Group and author of the report. “Nursing Home Use by ‘Oldest Old’ Sharply Declines.” Consequently, the use rate among the oldest old fell from 21.1% in 1985 to 13.9% in 2004, and is likely to drop further, the study found.

The finding reflects a desire of many older adults to continue to live in the community, and also suggests continued change as the Baby Boom generation begins to need long-term care, Ms. Alecxih concluded in her report.

Several factors likely contributed to the decline in use rate, she said. First, age-adjusted disability rates among the elderly declined from 1984 to 1999, although the decline was somewhat less among the oldest old. And, the poverty rate for individuals 85 and older dropped 28%, from 18.7% in 1985 to 13.4% in 2005. The poverty rate for all seniors also dropped about 20%. Changes in Medicare reimbursement have led to more of a focus on postacute stays and shorter custodial stays, resulting in a decline of average length of stay from 2.9 years in 1985 to 2.4 years in 2004, and in median length of stay from 1.7 years to about 1.3 years.

At the same time, alternatives to nursing homes, such as assisted living facilities, continued to develop. They now boast approximately 1 million residents with an average age over 80, said Ms. Alecxih, who leads the group’s Center for Long-Term Care. She also has spent more than 15 years advising federal and state policy makers regarding long-term care financing and elderly health issues.

Many states have tried to reduce the number of Medicaid recipients in nursing homes by providing more home and community-based services. Many states have tried to reduce the number of Medicaid recipients in nursing homes by providing more home and community-based services, while implementing pre-admission screening or single entry point systems in order to divert people away from nursing homes, the report said. With the aging of the Baby Boom generation, the United States will see twice as many older adults in 2030 as in 2006. But if the demand for nursing homes continues to decline at just half the national average over the past 20 years, the use rate among older adults would drop from a projected 3.2% to 2.5% in 2030, Ms. Alecxih said.

That would mean an increase of just 120,000 adults age 65 and older in nursing homes by 2030, Ms. Alecxih wrote. The decline in nursing home use among the “oldest old” may be more related to how states define and regulate nursing homes, according to Brenda Spillman, Ph.D., senior research associate at the Urban Institute’s Health Policy Center.

States have begun licensing other types of long-term care settings and other supportive residential care settings, and some of the more marginal places changed their status to skilled nursing facilities, she said in an interview.

That could mean some institutions now are classified as assisted-living facilities rather than as nursing homes, even though the care provided in them hasn’t changed. “They may not be nursing homes anymore, but Mrs. Jones may be sitting in the same bed in the same room. And, there may be less quality oversight,” said Dr. Spillman.

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