

NCB Capital Impact & The Green House Model

The Value, Cost, & Sustainability of Deep Culture Change

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THE GREEN HOUSE PROJECT

caring homes for meaningful livesSM

NCB Capital Impact

- **Mission:** NCB Capital Impact helps people and communities reach their highest potential at every stage of life.
- **Focus:** People with low-incomes
- **Strategy:** Partner with states, providers, and communities to develop and replicate innovations providing control and resources to people with low-incomes
- **Tools:** Non-traditional lending and technical assistance
- **Program Areas:** Education, housing, primary care, long-term care
- www.ncbcapitalimpact.org



We did the best we could with what we knew.
And when we knew better, we did better.

Maya Angelou



Green House Beliefs

- Nursing homes are a necessary service
- Very good people live and work in nursing homes
- Nursing homes can deliver good quality clinical care with current practices
- Can not deliver good quality of life or jobs
- We have everything we need today - the knowledge, talent, and resources
- Half measures are not sufficient nor sustainable



Green House Transformation

- Radical transformation within current nursing home regulatory and reimbursement structures
- Simultaneously changes:
 - Philosophy of care
 - Architecture
 - Organizational structure
- Weaves changes together into a fabric stronger than the individual threads
- Simultaneous change allows new efficiencies
- Full transformation delivers good lives and good jobs
- Full transformation key to sustaining change and capturing long-term market advantage



Philosophy

- Meaningful lives require control, being well known, and reciprocal relationships
- Control requires a real home in which decisions are placed with the elders and the staff who know them best
- Supporting real control requires flexible operations that can respond to individual preferences
- Allowing people to become well known and engage in reciprocal relationships requires small homes with intensive and consistent staffing
- Real homes must resemble what is familiar as a home in the local culture



Architecture

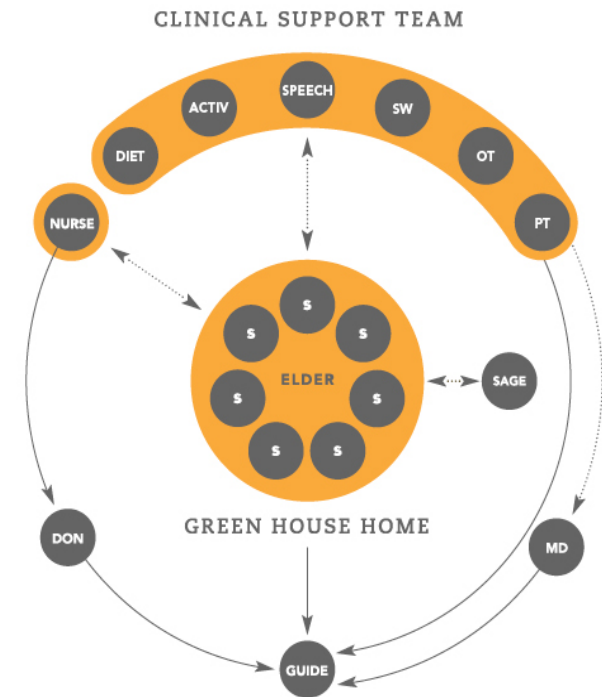
Green House homes and site designed to be similar to the housing in the community:

- Single family style in rural and suburban areas
- Low-rise, garden apartment style in dense suburban and low-rise urban areas
- High-rise in dense urban areas



Organizational Structure

- Staffed by a versatile staff position providing direct care, house keeping, laundry, cooking, and enrichment
- Direct care staff work in self-managed teams
- Versatile position allows direct care staff flexibility to reorganize continuously to meet elder's individual preferences and needs
- Desegregated staffing puts time in the house - allowing meaningful relationships between staff and elders to develop
- Guide facilitates collaboration between all care and clinical partners
- All staff extensively trained in philosophy, principles, practices, coaching and self-management skills



Value - Research Outcomes

Three Questions:

- Do elders, staff, and family really like it better?
- If it is really a home, can the care be as good?
- If it is really better, doesn't it have to cost more?



Satisfaction

Rosalie Kane, et al
Journal of the American Geriatric Society, 2007

- Improvements in elders' quality of life
- Improvements in elders' quality of care
- Improvements in staff quality of life
- Improvements in family quality of life



Nursing Care

Barbara Bowers et al, 2009

“...if anything, the nursing care is better [in a Green House home] than in a conventional nursing facility. ‘Things don't get overlooked at a Green House, as they might be in a nursing home, where caregivers don't work so closely with each other. If an elder stumbles at a Green House, every caregiver knows it and starts watching that person’”



Nursing Care

Siobhan Sharkey et al, *Journal of the American Geriatrics Society*, 2010 & Unpublished 2012

- **Less ADL Decline:** Elders retained capacity in activities of daily living longer
- **More Care:** 24 mins more direct care compared to traditional nursing homes
- **More Relationships:** 4X more one-to-one engagement between staff and elders
- **Same Acuity:** Same mix of acuity as traditional nursing homes
- **Pressure Ulcers:** In-house acquired pressure ulcers
- GH homes 0%, traditional units 4.2%
- **Hospitalizations:** 30% to 75% fewer hospitalizations than national average
- **Medicare/Medicaid Savings:** Potentially \$1.4K - \$2.3k per elder per year



Costs

Jenkins et al, *Senior Housing and Care Journal*, 2011

Revenue

- Occupancy increases:
 - GH homes average 96% in 2009 and climbing
 - National average 89% and falling
- Private pay occupancy increases:
 - GH homes increased private pay days by 24% between 2007-2009
 - Nationally, NHs lost 5% private pay days in same period












Costs

Expenses

- Over all FTEs and operating costs equal
- GHP median operating costs within ¾% of national median (+\$1.49/day)
- GHP average operating costs are between the 50th-60th percentile of NH costs nationally
- Case studies: 1.3% lower to 2% higher overall staffing costs – including 5% Green House project wage increase for CNAs



Costs - Core Labor Hours

	Traditional Nursing Home	Green House Home
 <p><i>Indirect Care</i></p>	 <p>1 Hour 21 Minutes</p>	 <p>1 Hour</p>
 <p><i>Dietary</i></p>	 <p>1 Hour 12 Minutes</p>	 <p>1 Hour 1 Minute</p>
 <p><i>Direct Care</i></p>	 <p>1 Hour 58 Minutes</p>	 <p>2 Hours 22 Minutes</p>

Traditional



4 Hours, 31 Minutes

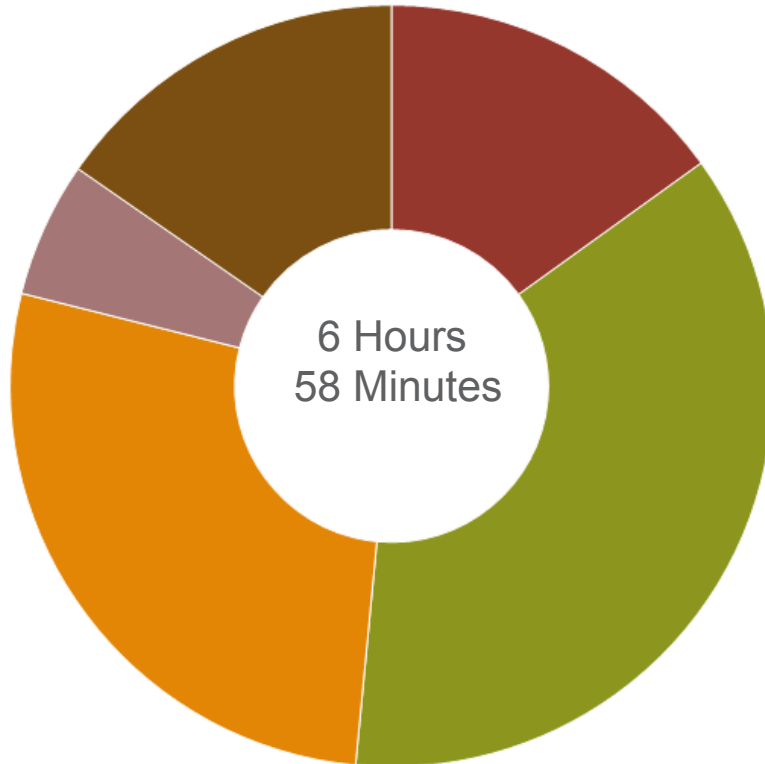
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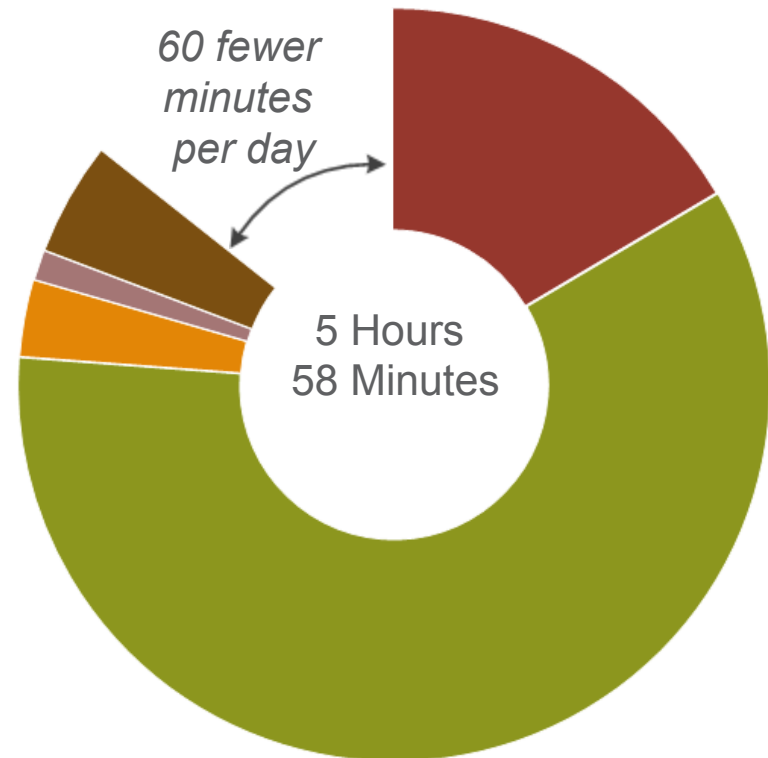
4 Hours, 23 Minutes

Costs - Total Time Per Resident Day

Traditional Nursing Home



Green House Home



- Licensed Nursing
- CNA / Shabaz
- Laundry, Housekeeping, Dietary
- Activities, Dietician, Education
- Admin, Clinical Lead

Capital Costs

Capital Costs

- Low end of costs for of deep culture change models - including all private rooms and baths
- SF: GHP preferred: 550-650 SF/ resident,
- Household and neighborhood models average between 596-654 SF/resident
- Small house, non -GHP: 794 SF/resident
- Compared to traditional models with all private rooms (350SF/resident), GH homes (650 SF/resident) capital costs likely add \$8.69/day



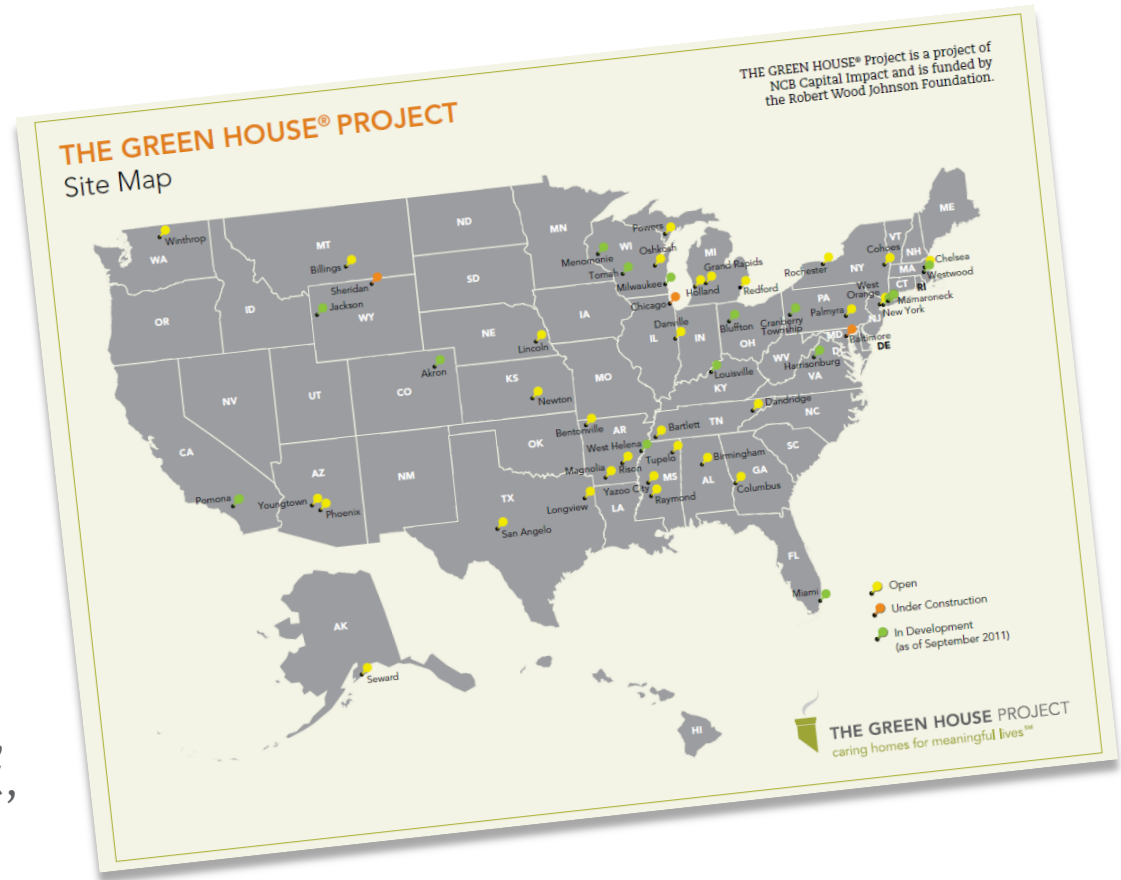
Momentum

Operating

- 131 homes
- On 32 campuses
- In 21 states (AK, AL, AR, AZ, GA, IL, KS, MA, MD, MI, MS, MT, NE, NJ, NY, PA, TN, TX, WA, WI, WY)

In Development

- 150 homes
- On 28 campuses
- In 11 additional states (CA, CO, FL, IA, KY, ME, MN, NC, NM, OH, VA)



State Policy Implications

- Nursing Homes will remain important element of long-term care system
- Medicare and Medicaid changes likely to focus on cost containment and shared savings
- States will benefit by assisting nursing home providers transform care models
- States can partner with CMS to test new models through CMS Center for Innovation grants, State Plan Amendments, and waivers
- Updates to state regulations, focused lending programs, and demonstrations can assist transformation by lowering costs
- The Green House Project is funded to assist states to craft policy approaches that facilitate the spread of Green House homes

