

Position paper: Long term care services in the US need support and improvement

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The nation's system of long-term services and support faces many challenges and needs improvement in order to adequately care for an increasing number of older adults, says the American College of

Physicians (ACP) in a new position paper published today in the *Annals of Internal Medicine*, "Long-Term Services and Supports for Older Adults: A Position Paper From the American College of Physicians." The paper details recommendations about how to reform and improve the long-term services and support (LTSS) sector so that care is high quality, accessible, equitable, and affordable.

"Similar to many other aspects of health care, the COVID-19 pandemic highlighted some of the challenges facing LTSS in our country," said Ryan D. Mire, MD, FACP, president, ACP. "We saw the devastating effect the virus had on residents in nursing homes, both because of their age and the higher risk associated with congregate living situations. We also saw the pandemic greatly exacerbate staffing shortages in these facilities. We need to ensure that the U.S. has a high-functioning LTSS system that is ready to meet increased demand and deal with potential future pandemics or other events that threaten the patients who depend on these services."

LTSS can be delivered in nursing homes or other institutional settings, but they are also delivered to patients who reside in their own homes. They include assistance with everyday tasks like bathing, eating, dressing, and other activities of daily living so that the individual can maintain or improve their quality of life. Accessing LTSS can be extremely expensive, depending on the level of care an individual needs, and financial coverage of these services is complex and fragmented. ACP believes that the LTSS sector must be strengthened to ensure that patients can maintain quality of life, while also retaining their financial stability as they age.

Specifically, ACP recommends:

- A multipronged public–private sector approach to reforming LTSS financing. That should include a publicly funded, universal

catastrophic LTSS insurance program, as well as policies to make private long-term care insurance affordable, accessible, and viable. We also need to improve access to home and community-based services.

- Addressing shortages in the workforce for the LTSS sector through comprehensive training, pay increases, benefit packages, and opportunities for career advancement and growth. We also need policies designed to assist unpaid caregivers through respite care, training, and reimbursement.
- Evidence-based interventions to assure and improve the quality of LTSS across settings. We need robust monitoring, enforcement of quality reporting and improvement requirements; federal minimum nurse staffing levels for nursing homes; expanded quality and [safety information](#) for consumers; research and implementation of emerging alternatives to institutional care; and models to better integrate [medical care](#) and LTSS.
- Research into the effect of ownership status on the LTSS sector, including quality of care, staff and patient safety, costs, and staffing ratios. Nursing homes and other LTSS providers should be required to disclose comprehensive ownership and cost information, including private equity investment and related data.
- Funding, assistance, and staff support for nursing homes and other LTSS organizations to develop and implement [emergency preparedness](#) plans to ensure the safety of patients and staff.

"The population over age 65 is projected to increase by over 15 million between 2020 and 2030, and these individuals will need a system of LTSS they can rely on," concluded Dr. Mire. "We need to make improvements to the system so that it is able to meet the challenges it faces today and provide [older adults](#) with the additional services and support that will be needed in the future."

More information: Ryan Crowley et al, Long-Term Services and

Supports for Older Adults: A Position Paper From the American College of Physicians, *Annals of Internal Medicine* (2022). [DOI: 10.7326/M22-0864](#)

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