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What Characteristics of Nursing Homes Are Most Valued by Consumers? A Discrete Choice Experiment with Residents and Family Members

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A B S T R A C T

Objectives: To generate a scoring algorithm weighted on the preferences of consumers for assessing the quality of care in nursing homes (i.e., aged care homes or institutions) in six key domains. **Methods:** A discrete choice experiment was undertaken with residents of nursing homes (n = 126) or family member proxies (n = 416) in cases where severe cognitive impairment precluded resident participation. Analysis was undertaken using conditional and mixed logit regression models to determine preferences for potential attributes. **Results:** The findings indicate that all six attributes investigated were statistically significant factors for participants. Feeling at home in the resident's own room was the most important characteristic to both residents and family members. Care staff being able to spend enough time with residents, feeling at home in shared spaces, and staff being very flexible in care routines were also characteristics identified as important for both groups. The results of the Swait-Louviere test rejected the null hypothesis that the estimated parameters between residents and family members were the same, indicating that data from these two groups could not be pooled to generate a single weighted scoring algorithm for the Consumer Choice Index-Six Dimension instrument. Preferences were therefore encapsulated to generate scoring algorithms specific to residents and family members. **Conclusions:** This study provides important insights into the characteristics of nursing home care that are most valued by consumers. The Consumer Choice Index-Six Dimension instrument may be usefully applied in the evaluation, planning, and design of future services.

Keywords: aged care, discrete choice experiment, nursing homes, outcome measure, person-centered care, preferences, value.

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Introduction

Long-term care costs remain a significant source of public expenditure, varying from 0.2% to 3% of the gross domestic product in member countries of the Organisation for Economic Co-operation and Development. Despite growth in home care services in most countries in the last decade, institutionally based care (such as nursing homes) accounts for the greatest proportion of aged care sector costs, typically representing 60% to 80% of total aged care expenditures [1,2]. Personal contributions through "out-of-pocket" expenses are a significant contribution to total care costs, accounting for more than 30% of total spending in many countries [1,3]. Long-term care refers to care undertaken with the aim of maintaining well-being and independence of people living with functional and cognitive impairments and can encompass care undertaken in a person's own home, in a group living setting, or in institutions [1]. Terms for facilities of this nature, however, differ across countries (e.g., residential aged care facility, skilled nursing facility, nursing home, and aged care home). Nevertheless, the term "nursing home" appears to be the most consistently used term across countries to refer to this type of care [4]. With the aging of the population in Australia and internationally, there is increasing demand for accommodation and care services. Rising consumer expectations coupled with changes to the financing and structure of the sector in many countries have created an urgent need to develop a systematic and transparent mechanism for evaluating the effectiveness in meeting expected outcomes from the consumer perspective in nursing homes.

One potential powerful mechanism for assessing the effectiveness of nursing home services is to measure and value the quality of care provided from the perspective of the consumer (residents and family members) [5]. Donabedian [6] proposed a theoretical framework for indicators of quality of care including

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structures (i.e., organizational characteristics associated with provision of care), processes (i.e., tasks undertaken with or for the resident), and outcomes (i.e., the desired states the care is aiming to achieve). Although many definitions of the quality of care exist, traditionally in this context they have usually incorporated quality indicators of medical/clinical care, levels of psychosocial support, and fulfillment of the resident's basic rights including dignity, autonomy, and privacy [5]. To date, the predominant concepts of quality of care in this context have been based on assessments provided by health professionals and/or aged care staff and have not strongly incorporated the views and preferences of consumers [5,7]. Concerns have been raised that such indicators produce a focus on paper compliance rather than promoting care processes and activities that enhance the resident's well-being and quality of life (QOL) [8]. As such, it has been found that structural and clinical care–focused measures are not generally well correlated with improvement in QOL for residents [8], further compounding the negative effect of institutional structures on residents. This study uses a different approach to the measurement of quality of care in nursing homes through a focus on measuring performance against criteria that have been identified a priori as important to consumers. Standardized methods exist for incorporating changes in QOL into evaluations of the clinical and economic impact of services, through the use of the quality-adjusted life-year, which adjusts life-years gained by a measurement of the quality of those years [9]. This is usually through the use of generic preference-based health-related QOL instruments, which combine measurement of the health status of the individual with an "off-the-shelf" weighted scoring algorithm that indicates the desirability of that particular health state to members of the general population [10]. This has been considered appropriate for evaluating the effectiveness of health care interventions in countries where there is significant subsidy and funding of health care by governments ultimately using tax revenue from citizens [11]. Nevertheless, several concerns exist regarding the application of such measures in evaluating social care interventions, such as nursing home care for older people [12]. First, generic QOL and health status measures (such as the EuroQol five-dimensional questionnaire and the six-dimensional health state short form), with their focus on mobility and function, are unlikely to be adequately sensitive to measure changes in people's health states that can realistically occur with improvements to social care and are of value to the recipient [12]. In addition, there are questions of the appropriateness of using opinions of the general population as the basis of scoring the "value" or "benefit" of changes from a social care intervention, because many may not have interacted with these services or have direct experience of the types of limitations and functional problems that necessitate this care [13]. The increasing trend for users to contribute directly to the cost of their care services, as governments struggle to balance the increasing demand for services with aging populations, calls into question the appropriateness of using general population judgments of the value of these services [1]. Therefore, there is a growing need to incorporate the preferences of people using nursing home services themselves into formal evaluations of service quality and effectiveness.

There are few empirical studies of the preferences of older adults for nursing home services that can be used to generate an understanding of the value of different characteristics to the consumer [14]. The studies that exist have been predominantly focused on preferences for service inclusions in insurance schemes, or community-based versus nursing home services [14–18], and have often been conducted with members of the general population, rather than with frail older adults who have direct experience of receiving these care services [15,16,19,20]. Without a suitable instrument for empirically evaluating the effectiveness of innovations in nursing home care from a consumer perspective, quality improvement initiatives in this sector are missing an important component. Such an instrument will also facilitate decision making by providing a quantitative mechanism for maximizing the effectiveness and cost-effectiveness of innovations in nursing home care from the perspective of consumers. The Consumer Choice Index-Six Dimension (CCI-6D) instrument was designed to fill this gap in measuring and valuing the quality of nursing home care from the perspective of consumers.

The CCI-6D comprises a descriptive system developed through a multistage process, including a comprehensive literature review, an in-depth qualitative study with people living with dementia and their family members (n = 41), and consultation with stakeholder groups, including a group of informal carers, clinicians, health service researchers, and representatives from aged care providers [21]. This multistage process has been recommended as best practice for sourcing attributes for inclusion in stated preference studies [22]. The final attributes and levels included reflected the level of time care staff spent with residents, homeliness of shared spaces, homeliness of room setup, access to outside and gardens, frequency of meaningful activities, and flexibility with care routines (see Ref. [23] for the instrument descriptive system). The aim of this study was to generate a weighted scoring algorithm for the CCI-6D for the measurement and valuation of the quality in nursing homes from the perspective of consumers.

Methods

Methodological Framework

To generate a weighted scoring algorithm, two key methodological questions arise: 1) Whose values should be used? and 2) Which technique should be used to elicit these values? For the first question, potential sources of values include clinical and/or aged care staff involved in the care of residents, members of the general population, or people using the service themselves [24]. For the reasons outlined previously, this study sought to incorporate consumers as the main source of values for the CCI-6D instrument, including residents and their family member carers. We have included family members as proxy participants when cognitive impairment precluded direct resident consent and participation. Family members often act as formal decision makers in cases where the decline in cognitive ability of the individual themselves necessitates support for decision making in health, care, and financial matters. Family members are often highly involved in choosing appropriate nursing homes and in supporting the ongoing care of residents [25,26].

The second key methodological question is which technique to use to elicit values for the CCI-6D instrument. Discrete choice experiments (DCEs) potentially have an advantage over other stated preference approaches for the elicitation of values in this context, including standard gamble and time trade-off, because they are framed in a less abstract way [27]. Participants are asked to make choices between alternative scenarios (in this case, reflecting characteristics of alternative nursing homes) and asked to indicate which scenario they would prefer. This type of choice situation is more reflective of how the selection of a nursing home is likely to be made in the real world [28,29]. DCEs are particularly applicable to valuing characteristics of a social service [30]. We therefore opted to use a DCE approach to measure quality in this context from the perspective of the consumer.

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