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Report

Moving Forward Nursing Home Quality Coalition: Evaluation Findings

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INTRODUCTION

The LeadingAge LTSS Center @UMass Boston led efforts to evaluate the systems, processes, and outcomes of the Moving Forward Nursing Home Coalition effort supported by the John A. Hartford Foundation. The Moving Forward Nursing Home Quality Coalition convened a national network of stakeholders with professional and/or personal experience in long-term care, including academic and applied researchers, nursing home residents, direct care professionals, operators, and administrators, consumer advocates, policymakers, consultants, and other subject matter experts. The coalition focused on advancing seven goals to improve nursing home quality put forth by the National Academies of Sciences, Engineering, and Medicine (NASEM) in an April 2022 report. Coalition work took place over a two-year period, between July 2022 and June 2024.

Seven committees focused on how to best advance and support implementation of the recommendations put forward in the NASEM report. The recommendation content areas included quality of life, staffing, financing, quality measurement and assurance, and technology. On each of the seven committees, two to three co-chairs were recruited to lead action planning efforts. Over the course of the two-year project, the committee members and co-chairs worked to develop, test, and promote nine action plans that addressed the recommendations outlined in the NASEM report. To further focus efforts toward developing specific action plans, committee members with specialized interest and knowledge broke out into nine action planning workgroups. The action plans aimed to improve the way nursing home care is financed, delivered, and regulated.

In addition to the seven committees, a steering committee was formed to provide input and guidance to committee members and co-chairs during the action planning process. The steering committee was made up of a group of twelve national leaders in aging that represented research, resident advocacy, non-profit leadership and governance, long-term care administration, and healthcare.

EVALUATION METHODS

Online Survey

As part of a multifaceted evaluation, the LTSS Center research team created and distributed an online survey to better understand the experiences of individuals involved in one or more of the seven committees. The survey covered the following areas of inquiry:

- Level of involvement in the committee work
- Satisfaction with the coalition as a whole and with the work of individual committees
- Challenges and positive experiences associated with specific committee work
- Perceived feasibility of action plans developed by committees
- Overall experiences with the coalition, including challenges, successes, and recommendations for improving future work

The online survey was distributed to 193 individuals in December 2023. Survey recipients were identified by Moving Forward Coalition staff as having been involved to some degree in the committee work. Online survey recipients included individuals who had limited or short-term involvement in the coalition in addition to those who were consistently involved.

Therefore, results capture the experiences of those who either did not commit significant time to the coalition or who discontinued coalition work for various reasons, as well as those who consistently committed some level of time including those who were heavily involved. The survey was designed to elicit responses about specific processes related to action plan development and therefore was not distributed to steering committee members. The LTSS Center disseminated the survey during Year 2 of the project and following the committees' development of nine action plans; however, survey recipients were asked to report on their experiences throughout the entire two-year period of coalition work. One hundred and seven surveys were submitted, translating into a response rate of 55%. The descriptive analyses conducted by the team are presented in the following sections.

Qualitative Interviews

To gather more in-depth data related to the experience of working with the coalition, the research team conducted interviews with members and co-chairs of the seven committees in addition to members of the steering committee.

Interviews elaborated on the topics addressed in the online survey and were adapted to ask questions relevant to the steering committee. The interviews generally covered the same lines of inquiry:

- Level of involvement in the committee work
- Satisfaction with the coalition as a whole and with the work of individual committees
- Challenges and positive experiences associated with specific committee work
- Perceived feasibility of action plans developed by committees
- Overall experiences with the coalition, including challenges, successes, and recommendations for improving future work

A total of eighteen 30-to-60-minute semi-structured one-on-one interviews were conducted via Zoom between December 2023 and March 2024. In selecting members and co-chairs of the seven committees to participate in the interviews, one co-chair and one currently active member of each of the seven committees were randomly chosen. Although the researchers intended to interview seven co-chairs, scheduling challenges limited the sample to six. In selecting steering committee interview participants, the research team used criterion sampling to identify five members from diverse professional backgrounds. Therefore, a total of thirteen committee members and co-chairs were interviewed, and a total of five steering committee members were interviewed.

To ensure that in-depth information was gathered, interview participants were limited to individuals who were actively involved in the coalition work or in the action planning process. It is important to note that this participant selection process may bias the qualitative findings, as only those who were committed to the coalition work – either recently or long-term – were included in the interviews.

Interview participants represented various industries and professions. Among co-chair participants, three worked in the applied research field with university affiliations, two were clinical care providers with faculty appointments, and one was in a non-profit strategic leadership role.

Among committee member participants, two worked in leadership roles in provider settings, three worked as consumer or direct care professional advocates, and two worked in the research field, both applied and academic. Among steering committee member participants, two worked in consumer advocacy, two worked in leadership roles in provider settings, and one worked in education and research.

ONLINE SURVEY FINDINGS

Committee Involvement

A total of 102 respondents reported being involved in the work of any of the committees on some level. Reasons for non-participation in the committee work were related to time constraints (2) and poor communication among colleagues who volunteered one respondent for the position (1).

One hundred and two respondents identified the committee(s) they were involved in. Compared to the other six committees, the Person-Centeredness, Culture Change, Care Planning, and Quality of Life committee had the highest number of respondents report involvement (34 respondents). The Financing System committee had the lowest number of respondents report involvement (4 respondents; Table 1).

Table 1. Which committee(s) were you involved in?

Committee Name	% (n) of Survey Respondents (N = 102)
Person-Centeredness, Culture Change, Care Planning, and Quality of Life	32 (34)
Staffing and Well-Trained Workforce	14 (15)
Transparency and Accountability of Finances and Ownership	17 (18)
Financing System	4 (4)
System of Quality Assurance	9 (10)
Quality Measurement and Continuous Quality Improvement	14 (15)
Health Information Technology	13 (14)

Ninety respondents reported that they are currently contributing to the work of the committee. Eighty-seven respondents rated their specific level of involvement in the committee work, with an average involvement rating of 3.8 on a scale from 1 to 5 where 1 means "not involved at all" and 5 means "very involved" (see Table 2 below).

Respondents were asked to report when they started their involvement in the committee work. Time involved in the committee work varied, with two respondents reporting starting as early as January 2021 and one respondent reporting starting as recently as January 2024.

Table 2. How involved have you been in the committee work?

Involvement Rating	% (n) of Survey Respondents (N = 87)
1 (Not involved at all)	5 (4)
2	9 (8)
3	26 (23)
4	23 (20)
5 (Very involved)	32 (37)

Satisfaction with Moving Forward Nursing Home Quality Coalition and Individual Committees

Respondents were generally satisfied with the work and process of the Moving Forward Nursing Home Quality Coalition (N=86; Table 3). The average satisfaction rating among all respondents was 4.1 on a scale from 1 to 5, where 1 means "not at all satisfied" and 5 means "very satisfied."

Table 3. How satisfied are you with the Moving Forward Coalition work and process?

Satisfaction Rating	% (n) of Survey Respondents (N = 86)
1 (Not at all satisfied)	2 (2)
2	4 (3)
3	20 (17)
4	30 (26)
5 (Very satisfied)	44 (38)

Average satisfaction ratings differed by committee. Ratings ranged from moderately satisfied (average rating of 3.6) in the Transparency and Accountability of Finances and Ownership Committee to very satisfied (average rating of 5.0) in the Financing System committee (Table 4 below). It is important to note the relatively small sample represented in each committee, given that the committee with the highest satisfaction rating had only four members respond.

Table 4. Ratings of Satisfaction with Coalition Work for Each Committee (N=90)

Committee	Mean Satisfaction Rating
Person-Centeredness, Culture Change, Care Planning, & Quality of Life (n=29)	4.3
Staffing & Well-Trained Workforce (n=12)	3.8
Transparency & Accountability of Finances and Ownership (n=16)	3.6
Financing System (n=4)	5.0
System of Quality Assurance (n=7)	3.9
Quality Measurement & Continuous Quality Improvement (n=12)	4.5
Health Information Technology (n=10)	4.7

Challenges and Positives of Specific Committee Work

Choosing NASEM Recommendations

Committee members were tasked with choosing one to two NASEM recommendations that would guide the development of their action plans.

On average, respondents rated the difficulty of selecting NASEM recommendations with their committee a 3.0 on a scale from 1 to 5, where 1 means "not at all difficult" and 5 means "very difficult." See Table 5 below.

Table 5. How difficult was the process of selecting NASEM recommendations with your committee? (N=58)

NASEM Selection Difficulty Rating	% of Survey Respondents	Number of Survey Respondents
1 (Not difficult at all)	9	5
2	24	14
3	35	20
4	24	14
5 (Very difficult)	9	5

Respondents reported several **challenges associated with selecting NASEM recommendations with their committee** (Table 6). These challenges were generally related to a) tackling large and sometimes overwhelming systemic issues that have historically been difficult to change, b) agreeing upon priorities and navigating competing interests, c) narrowing down goals to focus on, and d) maintaining feasibility to complete the work in the two-year time frame.

Table 6. Challenges Associated with Selecting NASEM Recommendations

Theme	Number of Respondents Citing Theme	Illustrative Quote
Tackling large systemic issues	11	"Moving away from repeating approaches that had been done in the past. The goals in the NASEM report require addressing complexity and [are] not well-suited to the traditional action plan approach. When we search for an easy or quick solution to a complex problem, we risk asking and answering the wrong questions."

Agreeing upon priorities and navigating competing interests	10	"The workforce/staffing committee found it difficult to prioritize a single recommendation for action, given the interconnectedness of staffing/workforce challenges and solutions...and the diverse perspectives represented on the committee, which led to different prioritization assessments among committee members."
Narrowing down goals	7	"[The recommendations] were broad and numerous and it was difficult to select one."
Maintaining feasibility	7	"Working within the constraint of trying to get something meaningful completed within a two-year time frame."

Respondents also discussed **positive experiences associated with selecting NASEM recommendations** (Table 7). These responses generally centered around a) discussion and collaboration with fellow committee members and the process of building consensus, b) commitment to and focus on common goals, c) the potential to inform meaningful nursing home reform, d) learning new information, and e) the benefits of working with Moving Forward leadership staff.

Table 7. Positive Experiences Associated with Selecting NASEM Recommendations

Theme	*Number of Respondents Citing Theme*	*Illustrative Quote*
Collaboration and consensus building	10	"Hearing the perspectives of others, sharing what each of us finds compelling, and finding common ground."
Commitment to common goals	8	"It was energizing for the committee to identify and commit to taking measurable action around the prioritized recommendation."
Potential for meaningful change	6	"That we could effect change or have action come from recommendations and involve so many different experts and stakeholders in the process."

Learning experience	3	"Getting to learn new information about a sector I knew little about – HUD financing."
Leadership staff	2	"I thought Alice and her team did the excellent job of leading in a way that left plenty of room for a healthy process."

Respondents rated low to moderate difficulty when choosing NASEM recommendations across committees. Difficulty was generally reported as low to moderate, with ratings ranging from 2.6 (low difficulty) in the System of Quality Assurance committee to 3.5 (moderate difficulty) in both the Financing System and Quality Measurement and Continuous Quality Improvement committees (see Table 8 below).

Table 8. Difficulty Ratings for Selecting NASEM Recommendations for Each Committee

Committee	Mean NASEM Selection Difficulty Rating
Person-Centeredness, Culture Change, Care Planning, & Quality of Life (n=13)	2.8
Staffing & Well-Trained Workforce (n=12)	3.2
Transparency & Accountability of Finances and Ownership (n=10)	3.0
Financing System (n=2)	3.5
System of Quality Assurance (n=7)	2.6
Quality Measurement & Continuous Quality Improvement (n=10)	3.5
Health Information Technology (n=6)	2.8

Developing Action Plans

The nine action plans listed below were developed across the seven committees. Several committees joined together to work collaboratively on action plans.

1) Addressing Residents' Goals, Preferences, and Priorities
2) Strengthening Resident Councils
3) Improving CNA Wages and Support
4) Expanding CNA Career Pathways
5) Enhancing Surveyor Training on Person-Centered Care
6) Designing a Targeted Nursing Home Recertification Survey
7) Increasing Transparency and Accountability of Ownership Data
8) Developing a Nursing Home HIT Readiness Guide
9) Financing Household Models and Physical Plant Improvement

Most respondents (51%) reported being involved in creating 2 action plans. Thirty-seven percent reported being involved in creating one action plan, and 13% reported being involved in creating three action plans.

A majority of respondents (64%) rated the difficulty of developing their first action plan as a 3 or 4 on a scale from 1 to 5 where 1 means "not difficult at all" and 5 means "very difficult" (Table 9). Only one respondent reported that developing their first action plan was "not difficult at all," and six respondents reported that developing their first action plan was "very difficult." The average difficulty rating across respondents' first action plan was 3.3.

Table 9. How difficult was the process of creating the **first action plan***? (N=56)*

Action Plan 1 Difficulty Rating	% of Survey Respondents	Number of Survey Respondents
1 (Not difficult at all)	2	1
2	23	13
3	34	19
4	30	17
5 (Very difficult)	11	6

Sixty-five percent of respondents rated the difficulty of developing their first action plan as a 3 or 4 on a scale from 1 to 5 where 1 means "not difficult at all" and 5 means "very difficult" (Table 10). No respondents reported that developing their second action plan was "not difficult at all," and five respondents reported that developing their second action plan was "very difficult." The average difficulty rating across respondents' second action plan was 3.5.

Table 10. How difficult was the process of creating the **second action plan***? (N=28)*

Action Plan 2 Difficulty Rating	% of Survey Respondents	Number of Survey Respondents
1 (Not difficult at all)	0	0
2	18	5
3	36	10
4	29	8
5 (Very difficult)	18	5

Difficulty ratings were generally similar (moderately difficult) for each of the action plans and across committees (Table 11). Most ratings were between 3 and 4 on a scale from 1 to 5 where 1 means "not at all difficult" and 5 means "very difficult." Three committees (Transparency and Accountability of Finances and Ownership; Financing System; Health Information Technology) rated their **second action plan as more difficult to develop than their first action plan.**

Table 11. Difficulty Ratings for Creating the First and Second Action Plans For Each Committee

Committee	Mean Action Plan #1 Difficulty Rating (N=60)	Mean Action Plan #2 Difficulty Rating (N=31)
Person-Centeredness, Culture Change, Care Planning, & Quality of Life	3.1 (n=18)	3.1 (n=8)
Staffing & Well-Trained Workforce	3.4 (n=10)	3.3 (n=4)
Transparency & Accountability of Finances and Ownership	3.5 (n=12)	4.3 (n=4)
Financing System	2.3 (n=3)	3.0 (n=2)
System of Quality Assurance	3.2 (n=6)	3.2 (n=6)
Quality Measurement & Continuous Quality Improvement	3.6 (n=7)	3.0 (n=3)
Health Information Technology	3.5 (n=4)	4.0 (n=5)

Note: one respondent rated the difficulty of a second action plan without rating their first action plan. Only eight respondents reported creating a third action plan. Therefore, these ratings were not included in the analysis.

Respondents discussed **challenges associated with developing their first action plan** (Table 12)**.** Some of the challenges experienced during the development of action plans were similar to those experienced while choosing NASEM recommendations. With regard to the first action plan, challenges generally included a) coming to a consensus while balancing many opinions, perspectives and knowledge levels, b) barriers to feasibility, c) limitations in resources, external partners, funding, and time, and d) narrowing down options.

Table 12. Challenges Associated with Developing First Action Plan

Theme	Number of Respondents Citing Theme	Illustrative Quote
Balancing opinions, perspectives, and knowledge levels	13	"Committee members were enthusiastic about making a bold statement with this action plan, but their enthusiasm was not necessarily matched by sufficient understanding of the policy/financing landscape, the steps needed to move this action forward, and the feasibility of doing so. This mismatch hindered the development (and execution) of the action plan."

Barriers to feasibility	10	"We're dealing with multiple constituencies and bureaucracies that move like glaciers when it comes to adopting change."
Limited resources, partners, funding, and time	8	"It's difficult to move work forward when we don't have funding for the actual work, and all the committee members are serving in [a] volunteer capacity."
Narrowing down options	5	"The tension of narrowing the topic *and* finding something that was going to make a difference."

It is important to note that one respondent commented on the larger structure of the coalition, stating that the committee work "feels like the participation has been a group of individuals working towards a project, rather than organizations agreeing to believe in a shared vision of large systemic change. [It] felt more like a task force than a coalition."

Respondents were also asked to describe the **positive facets of developing their first action plan** (Table 13). These included a) thoughtful discussions and collaboration among committee members and between committees, b) learning new information and benefiting from the expertise of committee members, c) the development of deliverables that will make a difference in nursing homes, and d) perceiving the action plan as ambitious in orchestrating change.

Table 13. Positive Facets of Developing First Action Plan

Theme	*Number of Respondents Citing Theme*	*Illustrative Quote*
Thoughtful discussion and collaboration	17	"Working together cooperatively and honing in on a concrete set of actions that we could take and which would meet the objectives and constraints of the project."
Learning experience and expertise	11	"It was eye-opening and educational to see how many different programs are out there. We are all re-creating the wheel."

| Making a difference | 9 | "If enacted, this will make a positive difference in the lives of many, and may reduce administrative burden while also improving care." |
| Ambitious action plan | 3 | "[This is the] first time these types of standards have been attempted." |

Respondents described similar **challenges** (Table 14) **and positives** (Table 15) **associated with creating their second action plan.** Specifically, challenges included a) limitations in time and resources given the short timeline, b) identifying organizations and agencies to partner with, c) coordinating efforts with other committees, and d) narrowing the scope of the action plan.

One participant described the challenge of implementing the action plan across states: *"There are so many differing regulations and programs in place – some states have existing apprenticeships; others don't. They are not portable or accessible across states."*

Table 14. Challenges Associated with Developing Second Action Plan

Theme	*Number of Respondents Citing Theme*	*Illustrative Quote*
Limitations in time and resources	6	"Tight schedule and no funding to pilot test survey modalities."
Identifying partners	5	"We really wanted to more actively involved providers...finding states willing to work with us."
Coordinating efforts with other committees	4	"Potential overlap with other Moving Forward committees and not wanting to duplicate efforts."
Narrowing scope of action plan	3	"You have lots of very well-connected capable cooks in the kitchen who are responsible for creating a meal and recipes from scratch. The brainstorming and idea refinement took some time because of the number of viable options."

Positives included a) collaborating with and learning from other committee members with multiple perspectives, b) ambition and enthusiasm within the committees, and c) accomplishing a feasible and impactful plan.

Table 15. Positive Facets of Developing Second Action Plan

Theme	Number of Respondents Citing Theme	Illustrative Quote
Collaboration and multiple perspectives	7	"Persons from different perspectives (consumers, researchers, providers, technology vendors, etc.) opened my eyes to other approaches."
Ambition and enthusiasm	4	"Great enthusiasm, broad engagement by the LTPAC community, existence of previous research upon which to build."
Feasibility and impact	4	"We talked through several ideas, and as a group kept coming back to a question of 'will that idea actually increase the use of health IT in the nursing home. Many ideas were good, but they would not affect this goal. I think this current one has a chance to influence the use of health IT and, at the same time, demonstrate to the government that we are really working to improve care with health IT – we just need a little help."

Feasibility of Action Plans

Feasibility was identified as one of the core values of the Moving Forward Nursing Home Quality Coalition. Committees were charged with turning their vision for addressing NASEM goals into practical, actionable change. Respondents were asked to rate the **feasibility of each of their action plans** on a scale from 1 to 5 where 1 means "not at all feasible" and 5 means "very feasible." These ratings illustrate committee members' confidence in the ability to translate their action plans into tangible improvements in nursing homes.

The average feasibility rating across respondents' first action plan was 3.6 and 3.5 for the second action plan (Please see tables 16 and 17 below for frequencies of ratings).

*Table 16. How feasible is the **first action plan** to implement? (N=56)*

Action Plan 1 Feasibility Rating	% of Survey Respondents	Number of Survey Respondents
1 (Not at all feasible)	0	0
2	15	8
3	29	16
4	36	20
5 (Very feasible)	22	12

*Table 17. How feasible is the **second action plan** to implement? (N=28)*

Action Plan2 Feasibility Rating	% of Survey Respondents	Number of Survey Respondents
1 (Not at all feasible)	7	2
2	4	1
3	33	9
4	43	12
5 (Very feasible)	14	4

Note: three respondents rated the feasibility of a second action plan without rating the feasibility of their first action plan.

Feasibility ratings were generally similar between action plans and across committees. Most ratings ranged between 3 and 4, on a scale from 1 to 5 where 1 means "not at all feasible" and 5 means "very feasible" (See Table 18 below). All seven committees rated their first action plan as either more feasible or just as feasible as their second action plan.

Table 18. Feasibility Ratings for the First and Second Action Plans for Each Committee

Committee	Mean Action Plan #1 Feasibility Rating (N=58)	Mean Action Plan #2 Feasibility Rating (N=32)
Person-Centeredness, Culture Change, Care Planning, & Quality of Life	4.0 (n=19)	3.8 (n=9)
Staffing & Well-Trained Workforce	3.2 (n=10)	3.0 (n=4)
Transparency & Accountability of Finances and Ownership	3.5 (n=12)	2.8 (n=4)
Financing System	5.0 (n=2)	5.0 (n=2)
System of Quality Assurance	4.0 (n=6)	3.8 (n=5)

Quality Measurement & Continuous Quality Improvement	3.9 (n=7)	3.0 (n=3)
Health Information Technology	4.0 (n=2)	4.0 (n=5)

Note: Only eight respondents reported creating a third action plan. Therefore, these ratings were not included in the analysis.

Overall Coalition Experience

Respondents described their **perceived challenges and successes in the coalition as well as recommendations to improve future coalition work.**

Challenges generally included a) competing responsibilities and motivations achieving consensus, b) achieving the work in a short timeframe, c) skepticism about the ability to enact meaningful change, d) lack of representation or inclusion of residents, providers, or advocates, e) achieving consensus, and f) connecting with external partners, resources, and funding (see Table 19 below).

Table 19. Perceived Challenges of Working in the Coalition

Theme	*Number of Respondents Citing Theme*	*Illustrative Quote*
Competing responsibilities and motivations	14	"It's been difficult for committee members and co-chairs to give the action plans the time that they require, given everyone's voluntary roles and competing time commitments."
Achieving the work in a short timeframe	13	"The timeline has been a challenge. The issues we are tackling are complex and sometimes the external timelines put pressure on workgroups to make decisions more quickly than they are able or lead to decisions that do not feel will lead to deep change."
Lack of meaningful change	11	"I personally have been unclear on how results from a survey of nursing home GPP assessment and incorporation of GPP into care plans will be useful for development of measures. Results were sparse. But it's good to have a fuller picture of how this is (or is not) done now."

Lack of representation or inclusion	11	"There is continued need to center the work using insight from frontline workers at nursing homes such as caregivers, directors of nursing, and administrators." "At the beginning, we had too many external voices with an under-representation of people who actually live in, work in, and operate nursing homes." "As a resident of a nursing home, the complicated subject matter of our committee is sometimes quite dense, and not always easily understood."
Achieving consensus	9	"There are disparate agendas among the coalition members. Some advocates are seeking a punitive approach to nursing homes for the COVID disaster, others believe in mandatory staffing with no additional financial resources. This short-sightedness will not fix the system."
External partners, resources, funding	6	"Change at HUD moves at a glacial pace, and identifying incentives that work at the state level is complicated by the wide variations in state law, procedure, culture, and bureaucracy."

One respondent noted a lack of transparency around decisions made by the coalition, both public-facing and internal:

"The process isn't inclusive of all perspectives. There is little to no interaction with the steering committee and public presentations on behalf of the coalition don't reflect my experiences. Residents are not equipped to participate fully in the committee work but public statements talk about significant resident engagement. Membership on the committee fluctuated without explanation for new members and without balance."

When commenting on the challenge of balancing coalition work with full-time employment, another respondent wrote,

"Several people have come and gone from the work group and many are unable to devote the time to the work beyond just attending meetings, so the 'work-work' falls to a small handful of us. Doing all that work as a volunteer has, I admit, been a struggle for me at times. It is a lot to ask for no compensation – even though the work is important, engaging, and professionally meaningful. It is also challenging to work on enormously complex and long-standing issues and expect that to be 'fixed' in short order. It may be helpful to have work progressing simultaneously on a slower, longer-term 'track' – truly laying a foundation for incremental, durable reform in the decades to come."

Respondents were asked to describe the **overall successes they have experienced while working with the coalition.** Generally, respondents discussed a) the ability to make tangible, meaningful impact on nursing home reform, b) bringing together diverse stakeholders with varied perspectives to work toward a common goal, c) developing new contacts with agencies to help support nursing home improvement, and d) learning from and educating fellow committee members (see Table 20 below).

Table 20. Overall Successes Experienced While Working with the Coalition

Theme	Number of Respondents Citing Theme	Illustrative Quote
Tangible, meaningful impact	26	"I am a nursing home resident. I have been made to feel most welcome and respected by the coalition. My input is valued and appreciated. Apart from being a member of the workforce committee, I am also part of the resident focus group...Here a group of residents has discussed the nine different action plans and additional queries that came from the different committees. This has been turned into a resident recommendation guide, published on the Moving Forward website."
Diverse stakeholders	18	"Getting feedback from a diverse group of stakeholders, collaboration amongst individuals and teams, keeping the work moving even with lots of voices and opinions, continuing to prioritize the values and goals of residents."

New agency contacts	10	"We have been able to make connections with individuals in state agencies and at CMS to work towards a common goal."
Educational experience	9	"[I was] able to educate group members about considerations (opportunities/barriers) they were not aware of. [I was] able to share a clinician's perspective as well as a policy advocate's perspective. [I was] able to impact the direction of the efforts."

Two respondents mentioned the success of the coalition staff in organizing a coordinated effort.

"One of the greatest successes of the coalition that I've seen is bringing together such a diverse group of committed, interested, intelligent, experienced people and organizations. I'm also incredibly impressed with the resident input and feedback we've sought and received. I think having Alice at the helm was a wise choice and great success."

Respondents gave recommendations for how to improve coalition work in the future. These recommendations focused on a) increasing funding for the project and expanding its reach, b) formalizing and streamlining processes and research efforts, c) including more diverse voices, especially those of residents, Black and Indigenous leaders, nursing home staff, and auditors, and d) transparency (see Table 21 below).

Table 21. Recommendations for Improving Future Coalition Work

Theme	Number of Respondents Citing Theme	Illustrative Quote
Funding and expansion	16	"Create funded projects based on the action plans. It is a lot to expect for full time working people to devote many additional hours every week – for a year or more – for meetings and substantive work."

Formalizing and streamlining processes	11	"Develop a more formal process with CMS in particular, but other federal agencies in general (HUD, Labor) to integrate the Moving Forward work with the federal agenda." "It would be ideal if we had a research arm that could help provide the kind of data that could enhance our effort. For example, identification of other models of small homes besides Green House (and research on their effectiveness); average age of nursing facilities by state; percentage of private rooms in existing nursing homes; correlation between number of beds and star rating, and more."
Including more diverse voices	9	"I recommend inviting to the table leaders with disabilities, and Black and Indigenous leaders in the nursing home space." "Involve more people working on the ground in long-term care, [fewer] academics." "More resident, family, and advocate participation."
Transparency	4	"Better explanation of behind-the-scenes development of certain items presented to the committee and opportunity to volunteer to be involved in those decisions."

Two respondents recommended that the coalition should be housed in a neutral site as opposed to an organization representing providers.

"It should be housed in a conflict-free environment. I think the location of the coalition at LeadingAge took away from some of the work that could have been done and the credibility due to the concerns related to the inherent conflict because of their alignment with the industry. Even if everything was done perfectly, it undermines the project and leaves the coalition vulnerable to criticism."

One respondent mentioned that the coalition should consolidate their efforts around fewer issues.

"Bring the coalition more closely together around a subset of issues/priorities to maximize people power and expertise (rather than further fragmenting into discrete projects)."

MAIN TAKEAWAYS: ONLINE SURVEY

1. Many respondents indicated that they had difficulty choosing which NASEM recommendations to focus on, particularly because most were tackling large systemic issues that were not easy to address through this type of process.
2. The highest-ranking positive experience with both the recommendation choices and action plan development was the thoughtful discussions and the collaborative nature of the process. These responses support the consensus building approach that the coalition used in developing concrete actions.
3. The biggest challenge in developing the action plans across the respondents was balancing the opinions, perspectives and knowledge levels of the coalition members. This is not surprising given the diversity of the membership and the goal of creating action steps to move certain recommendations forward. It also suggests that nine action plans were too ambitious for one coalition to tackle.
4. Among the overall challenges working in the coalition, the competing responsibilities and motivations of the coalition members was ranked highest. This finding supports the highest-ranked recommendation for improving the coalition---providing funds to pay the participating coalition members who had to volunteer their time on top of their existing employment demands and other activities. Several respondents noted that the coalition committees were academic in nature and required a lot of time and effort to produce the detailed recommendations and action plans.
5. Among the overall success of the coalition, respondents identified the opportunity to have a tangible, meaningful impact on nursing home reform.

QUALITATIVE INTERVIEW FINDINGS

Findings: Members and Co-Chairs of the Seven Committees

INVOLVEMENT IN THE COALITION

Participants were asked to describe the perceived value they brought to the coalition work. Responses included members' previous experience in applied settings, content expertise, and connections to a professional network. Participants touched on the importance of bringing together a group of members with diverse professional backgrounds, including work as nursing home administrators, academic researchers, applied researchers, direct care professionals, and consumer advocates.

Eight participants mentioned that their applied experience in the nursing home industry were assets to the coalition. Several of these participants described the value of having extensive and varied "boots on the ground" experiences in long-term care settings:

"[I am] someone who has...43 years in the business here. I've run nursing homes that are for-profit, not-for-profit, I've run home care, I've run hospice inpatient, I've run outpatient rehab, inpatient rehab, assisted living, independent living, affordable living...the whole gamut of post-acute services...so, I think I have a really good perspective."

"I'm actually in long-term care. I'm a nurse as well; I work the floor. So I will bring the practicality side, if you will, because we're all about the academic side, which we need to be – I'm a professor – but I'm also the nurse who works the floor. [I can] say 'Oh, hey, wait a minute, that's not how it actually happens...on the floor."

"I bring a unique perspective, skillset, experience, knowledge, to whatever table I come to, because since 1975, I've been immersed in the field of long-term care...[I have] quite a storied career providing long-term care services, working within the state and federal regulations to make sure I was in compliance...I considered it my job to be the buffer between the insanity of the bureaucracies that we had to deal with, and the boots on the ground actually making a difference in peoples' lives and doing the right thing for these human beings."

One participant described how their experience as a direct care professional who transitioned into a leadership role brought value to the committee work:

"As a committee member, I had a very strategic role...I started at the company that I'm at now as a CNA. I had a great experience as a CNA. I've worked as a CNA for years...I had the clinical experience as well as now the leadership experience. So again, my role was very strategic, I think. I understood the importance of elderly's necessities and rights...from being a CNA and going into leadership...I'm speaking from experience and education, not just things I've heard or seen. I've actually done it."

Three committee members and two co-chairs discussed the heavy time commitment required of them when involved in committee work. For several, this time commitment was not fully expected when beginning the committee work:

"I think originally...we thought it was going to be a little bit less. It turned out to be a lot more of a commitment. And now because I've taken on a couple of other projects...I've kind of backed out...to focus on one more. I would say it turned out to be much more of a time commitment...some of the weeks turned out to be about six hours a week..."

"I didn't realize this committee was forever! I thought there was a time frame...I thought maybe it was a simple interview, you know, to get my feedback, and it became...a lifelong ordeal...We currently still meet every other week."

"Some people told me if they knew in the beginning what they know now [about] how much work this is, they wouldn't have signed up...once you're in it, then you just take on more and more... and it seemed like I wouldn't have to do that much work when I talked to Alice initially."

One committee member invited a resident to join the coalition, but the older adult similarly did not expect the significant commitment related to participating in the committee work:

"I started with an elder from my community...[she was] like 'oh my God, I didn't know this was this serious, this would take up much of my time.' She kind of fell by the wayside. But she's still pretty active in the community here, however she's just not as involved in the coalition as she was when we first began."

SATISFACTION WITH COMMITTEE WORK

Committee members and co-chairs described facets that contributed to their satisfaction with committee work. Primarily, participants discussed collaboration, the potential to enact meaningful change, diversity among committee members, leadership from program staff, and the opportunity to learn new content.

Collaboration

Satisfaction with collaboration was mentioned by 12 participants. Participants appreciated the ability to share ideas among individuals with diverse perspectives and backgrounds:

"We started by looking at all five of those recommendations. And just kind of bouncing off of each other...which one do you think is most important? Well yeah, but if we do this, then we're forgetting about this over here. So, the sharing of all of those different perspectives was really energizing and helpful in kind of analyzing, what can we do? Where will we have the most impact?"

In describing collaboration within committees, participants mentioned positive factors related to transparency, the sharing of unique expertise from the long-term care field, and the organic development of individual roles within workgroups:

"The collaboration is dynamic. The synergy is there. And what I appreciate with all of our workgroups from the steering committee to all seven committees, is the transparency. There is no issue in my mind with anyone bringing anything up. We are very open, transparent. We speak our minds, because we have this understanding that...the transparency is what helps us move forward. The collaboration is seamless."

"[My co-chair and I] came from very different backgrounds. He is an educator and a researcher. And so...he has a completely different skillset and knowledge that I didn't' have, and vice versa. So, I think...the two of us together made a good team, because we both had strengths that we brought that complemented each other."

"Among us internally, we learned really early on that we sort of had two paths that were really important to this group. And so the idea that worked best for us was to split up into workgroups. And for us to then really do the hard work of developing these action plans through that workgroup process...I think the fact that we were able to do that, and then let the people that are part of the committee sort of self-select where they best fit within those two worked out really well."

Potential to Enact Meaningful Change

Seven participants discussed their satisfaction with the coalition work translating to actionable change. Some participants expressed satisfaction with accomplishing the task of producing a tangible product:

"I am happy with it. I think it's been effective. I'm excited...I think it'll be a really effective tool in the long run."

"I'm very satisfied because...I'll speak to my workgroup...I think we can say that we have met our task. Our task was to look at how we can do something that really is actionable around [our goal], and we have a plan to make that happen."

"I think we were able to achieve something. And that's why I was willing to donate so much time knowing that I don't have that time for myself. Because I really feel like this is an opportunity."

Other participants identified the potential to improve the lives of nursing home residents as a key measure of satisfaction:

"I feel like we've done so much work...I feel like we can definitely make a difference...I'm very satisfied with our input to better the elders' quality of life. I don't think there could have been a better committee that I could sit on."

Diversity Among Committee Members

Seven participants discussed diversity within committees as a positive facet of the work. Specifically, participants appreciated the inclusion of diverse stakeholders at the table representing multiple sectors and backgrounds:

"Alice was adamant about...[making] sure [the committee] was as diverse as possible. Starting with having the voice of the resident there, that was so important. And...we also wanted to have the voice of the nursing homes as well. But also looking at other people that had really been leaders in the culture change movement...as well as people who had worked at CMS and had worked on this particular issue,[and] people that had worked at the state level...For me, the nice thing about it was we tried to make this committee as diverse as possible to make sure that all voices were heard."

"One of the most amazing parts is the involvement of the nursing home residents. [On] our committee we have two residents and the wife of a third resident...[they] have really helped define how we look at goals, preferences, and priorities."

"We [would] just turn to [the residents] particularly around issues of, 'Is this important? How would you rank it, worth pursuing is this high, medium, or low? Should we do it now, or later?' We're relying absolutely on those folks to tell us what we should be asking, when."

"We have folks on our committee from the for-profit provider association at board level and staff level, also union at high levels and state level work, which is an interesting dynamic that we've navigated just fine. Everybody's sort of just at the table to do the work. As well as consumer advocates, more sort of traditional folks that maybe are aging advocates without a specialty in this sub-area but were very key to part of it. And some academic folks that I was able to lean into to speak from an academic perspective when that was key."

These participants described how the involvement of residents and/or direct care professionals benefited the committee work and were integral to the success of the coalition:

"I was privileged to see the results [of the resident workgroup]...I had been boots on the ground and also was an advocate...our committee chair asked me, 'Does this make sense to you? Does this sound right to you?' I responded, 'every single thing they have said is absolutely on point....that is all true and valid. As cringy as it might make us feel to hear some of the things they're saying, they're right. They're telling the truth."

"Equally as important [as the resident] was the voice of the frontline caregiver, the CNA there. And she was not shy, which was great. Sometimes she would say, 'Okay, well that's great in theory, but in reality, let me tell you what the reality is every day.' I think [she] really helped ground us in our work."

Leadership From Program Staff

Eight participants commented on the leadership competencies of the program staff. Specifically, participants recognized the staff's ability to organize large group efforts, to find valuable assets by tapping into their professional networks, and to communicate effectively:

"Having Alice, Isaac, and Sumire has really made a big difference in how this is handled. They didn't try to micromanage us, but they certainly gave us a structure, even with the action plans...I think from the very beginning they sort of built out the timeline and all the deliverables. There wasn't a lot of second guessing around what we needed to do."

"I'm going to give a lot of credit to Alice and Isaac...they have...the container of all of these wonderful volunteers across the nation who want to participate in the Moving Forward project...Alice will go, 'Hey, I've got a volunteer or a resident who wants to participate. Let's see if they want to be a part of this. And that's what we did."

"The support...was phenomenal. I felt like Sumire, Isaac, and Alice did a great job...I think there's multiple Alices actually, because I don't know how she was on all of the meetings...but they gave good feedback, the notes that we got back...they had [them] transcribed and we got notes to read so that we were kept abreast of everything that was happening. I really liked that. Some days it was overwhelming because it was so much information. They were trying to ensure that there was a good flow of information."

Learning and Personal Growth

Given the diversity represented by committee members and action plan topics, participants praised the ability to learn new content. Three participants described the committee work as an opportunity for education and personal growth:

"I would say that I'm satisfied because I think it's been really very intellectually interesting to learn about this whole new little area that I knew nothing about...starting from a clean slate, that's been really interesting to learn...we're not talking to providers here, we're talking to mortgage people. How do they think about risk? I've enjoyed that very much."

"I liked the process [of action planning] because I learned a lot. We had some DEI experts who were like, 'No, this means that and you wouldn't want to say that because of this. And I felt like I was going to class half the time because I haven't had the opportunity to do that or to interact with people in that way in a few years."

CHALLENGES WITH COMMITTEE WORK

Participants identified three main challenges associated with their involvement in the coalition and individual committees. These included accomplishing work in a limited timeframe, committee member attrition and withdrawal, policy and bureaucratic barriers, and balancing different views and priorities.

Accomplishing Work in a Limited Timeframe

Many participants cited the challenge of accomplishing a significant amount of work in a limited time period. All 13 participants discussed this pressure to achieve committee work goals quickly:

"I wish we had more time. I do feel that it would have been helpful. But you know, it's the constant trade-off we have to deal with in many other projects...what is sufficient to make some kind of degree of consensus and still meet the goals of a grant or contract we have....But something's better than nothing."

"That's the hard part – can we make a difference? Could we have interim steps that could make a difference in two years versus 10 years? That created important but unique challenges in and of itself."

"I think that the timeline of ending in June, having that final date is hard because you're trying to compress so much in."

Additionally, some participants expressed the difficulty associated with pursuing committee work while also balancing other professional obligations:

"I'm already past effort with my work as it is, and then...your have to do service commitments in your own institution in your department, I'm in the leadership of two centers, so it has been coming out of empty. So that's been the hardest part...we were volunteering on top of everything else we're doing, but it was the right thing to do...It's just really, really hard to add when you're already running on empty. And now I added all of this work."

"Reviewing the [action plan] that we came up with...we gave [committee members] a date. Here, everyone, here's the link...we're holding the workgroup members accountable to review and give us any feedback...we may have to nudge some of them because they're busy people and have jobs."

"I think for all of us, maybe we all had kind of full-time jobs doing something else. So, this was not the top priority for us. And when it's not the top priority, and yet we're all saying that for the country, this is the priority...I didn't feel like our intensity and passion matched what was necessary to really get the ball over the goal line."

In order to manage their time and produce a feasible action plan, committee members often needed to limit the scope of their projects. Several participants described the challenges that came with balancing feasibility and ambition:

"Your choice set gets much smaller…is there some low hanging fruit? So, that means if you're going to get something done in two years, whatever you're going to try can't involve congressional approval, it can't involve the White House. It has to involved potentially something…that can be done administratively. And as you're constraining the choice set, there are people who just [are] not interested. And that's natural. That's not to be criticized."

"We were looking for the low hanging fruit. And that's not what we need here…we need to shake the whole tree here. And this is where I felt like we were selling out is that we knew, we've got this many months to do this, we're never going to be able to accomplish that. What can we accomplish? Let's do that. And…I understand that as an approach. But it was just disappointing to me because I thought we had within that group the brains and the experience to make a bigger impact. I felt like we should have been able to make a bigger impact, and I'm disappointed."

"The hardest thing for me was to bring it down to as narrow of a focus as it ended up being because I want to see systems change. And I want to see it now."

Committee Member Attrition and Withdrawal

Participants also noted that over time, some committee members' involvement waned. Six participants reported that their committees experienced attrition or reduced engagement:

"We certainly had folks that…had missed a couple of meetings and just sort of hadn't gotten caught up as to where we were. They sort of would come into a meeting and be like, 'Well, I don't understand this, and when I can't make an informed decision because I don't understand it' I was like, 'Well, we talked about it two weeks ago.' And you're trying to be nice about sort of like, go back and listen to the conversation."

"I think people dropped out. I think people weren't invested and didn't want to give it as much energy as they could. We had a lot of conversations in the advocacy world about it…if you don't show up and you're not present, and you're not that voice, then you're creating that vacuum."

"We tested some of our ideas and found out which ones didn't have legs. Here's what happens when you do that. When a particular idea that you've developed…it doesn't have legs, there's not a lot of support. So you kind of withdraw a little bit…you'll listen to ideas, but you may not be quite as active as at the outset…and that's essentially what happened."

Participants discussed attrition among nursing home residents on the committees, citing reasons such as difficulty understanding technical and complex conversations about the long-term care industry, heavy time commitments, and death:

"I do think that's where we did struggle…there was always an invitation for a nursing home resident to participate on the call. But I do think that…because our work is kind of technical…I feel like we kind of still haven't gotten there yet in connecting the work we're doing back to what residents…care about."

"There was [resident involvement] early on, and then sadly, they passed away. So we never really got back to involving a nursing home resident meaningfully in our committee after that. And I feel bad about that."

Barriers Due to Policy, State and Partner Adoption, and Bureaucracy

Participants identified barriers at the state and federal levels as major challenges during committee work. In both developing action plans and in finding testing sites for such plans, policy and bureaucratic hurdles remained an issue cited by nine participants:

"We had our own set of challenges and continue to in that our topic is a big one in the sense of trying to have an impact around it. There's so much happening around it at a federal and state level...with the federal final rule and our own having to wait for that final rule to be released...knowing that whatever the work we were doing could make sense or not make sense, depending on what the final rule said...so we weren't really in a position to take on a lot just because...we had to kind of react to the policy reality."

"We were looking at a different model of financing...combining Medicare and Medicaid streams into a managed care environment. And we were very excited that we fleshed out what we wanted. And then we went and we talked to the head of [a government organization], and he basically threw cold water on the idea and told us why. So, it was clear to me...we were all volunteers, I was not going to have people spending their time on something that was not going to go anywhere."

"I would say the biggest challenge was finding a state that would work with us, and really having the open lines with CMS to help them understand that what we were doing was not trying to say they were doing a bad job. This was to build upon the work that CMS is doing around quality assurance. In the beginning, we weren't really sure that we were going to be successful, or we were going to find a state that really was willing to say, 'Yes, we're willing to take that extra step and really work with you in collaboration.'"

Differing Views, Visions, and Priorities

Participants described challenges associated with handling multiple – and sometimes opposing – perspectives on committees. Although participants had identified the diversity of perspectives as a reason for their satisfaction in the committee work, managing the views, visions, and priorities among various members also posed a challenge. Six participants discussed this particular challenge.

Agreeing which NASEM recommendations and action plans to focus on was, at times, difficult:

"I actually think that deciding what to do was harder than the action plans. Because that's where people felt like they were giving up something...they came in for this thing, and now they can't do it anymore."

"There was one [committee member] who I think had their own agenda. And wanted to see a certain outcome and didn't get the outcome they wanted. And so has been pretty negative about the overall project because coming in, they had a predetermined outcome they wanted...and they stated at the beginning, they wanted everyone's buy-in, and wanted it to move forward.

I was pretty clear on their first meeting that I disagreed with them. So, I think that they have since decided they weren't going to participate anymore."

One participant maintained that the well-being of the resident should be addressed more explicitly in committee work:

"[I] always focus on making life better for the people that we were serving. And so when I hear providers talk about how, 'Oh, we're so short-staffed, and we can't do this, and we can't do the other [thing], you are talking to somebody who's lived in that reality and has made it work...Doing what the money cruncher says I have to do, and not thinking about the impact that has on peoples' lives...I don't fall for that...and I feel like when you get into a bureaucratic or an academic setting, you lose that sense of urgency because it becomes a thing, a paper exercise, a concept. And you lose the realization that this is peoples' lives."

"There were times when I felt like the lone ranger...we had people who were consultants or providers, we had academia, we had a couple of former CMS-related people that were on the committees. But we didn't have just a straight-out advocate except for me...I vividly recall one person saying, 'We just need to go back to before 1987. Before there were regulations and get back to the basics. And I was horrified."

In defense of nursing home providers and the work of non-profit nursing homes, one participant expressed:

"I did find within Moving Forward that many advocates for elder care have such a strong opinion about that they know what's wrong with the system. And what's wrong with the system, is that owners of nursing homes are greedy, and they're just making all kinds of profits, and the whole staffing shortage thing is just a ploy by ownership to throw people off, so they don't have to have mandatory staffing levels. And I found some of the advocates to be increasingly difficult to work with, because they felt so strongly that even...the not-for-profits have figured out ways to circumvent the system and tap into all kinds of money...It was more like all nursing homes were being painted with the same brush."

FEASIBILITY OF ACTION PLANS

One of the core values proposed by the Moving Forward coalition from the onset of the work was feasibility. Committee members had to consciously decide how meaningful reform could be pursued in ways that are realistic and time-bound. In the interviews, participants were asked to evaluate the perceived feasibility of the action plans they created with their committees. Seven participants expressed that feasibility was explicitly discussed. Whereas some participants were satisfied with the ultimate feasibility of their action plans, other participants felt that their action plans lacked ambition for the sake of maintaining feasibility.

"[Equity] was absolutely discussed as a top value. But I think at the end of the day, and I am very pragmatic about this, we need to pursue equity and balance that with feasibility. Because if we pursue equity at the risk of anything, then we will get nowhere. Feasibility had to drive everything...with whatever is feasible and promotes the greatest equity."

"We agreed that feasibility in a short-term was a very important criterion. And so then with that, we went back to committee members and said, 'Okay, some of these other things we can't change in a year and a half. So, we have to choose things that are lower hanging fruit."

"I would say that I'm satisfied. And I think of all of the potential action plans discussed, it is the most feasible."

"I'm not that satisfied with the ultimate action plan. I felt like it was, you know, watered down. And how feasible is it? I don't think anything has really come of it...we weren't able to really change anything."

OVERALL EXPERIENCE IN THE COALITION

In describing their overall experience in the coalition, participants discussed successes, recommendations for improving future coalition work, and a desire to see efforts continued.

Successes

In addition to the discussion of satisfaction with the committee work addressed above, two participants mentioned that the coalition was an opportunity for growth and pride both personally and professionally:

"When I first started, I'll be honest with you, I was a little bit like, 'Oh my gosh, this is a big responsibility, and can I fulfill it? Because you take a look at all these other experts, and...you start second guessing...But it was this coalition that brought it out of me...I grew as a person professionally...and then personally, more than anything having that confidence...you can do this with the right guidance...this coalition has made us better, it has made us stronger. It has further enhanced our skillset. I have grown listening to all the other experts...that's the beauty...that's what life is all about."

"I'm proud that I was selected. I'm proud to say I was a part of it. And where we landed...the work that people who are so committed to it...and using their expertise, their connections, to move this at the speed that we're moving. I'm just really happy with it. I'm happy that I can be part of it as well and do my part."

Participants also appreciated the inclusion of an ongoing resident workgroup, facilitated by a member of the steering committee. The workgroup allowed committee members to receive feedback from the residents' perspective that informed action plan development:

"And I do think one of the most valuable things that the coalition did was to get the...resident group input...the list of recommendations, concerns, suggestions, and so forth."

"[A steering committee member] has her resident focus group...she solicited their feedback, and that's how we garnered this wonderful information from them. Because this resident council guide, it's for the residents. It's resident driven. So, we need their feedback. We were fortunate to have access to...the resident focus group."

"[We have] 15-20 residents that we meet with monthly that give me their perspective on lots of things, and feedback...I think it's important to bring everything back to [the resident]. I get that buildings, facilities...and CMS can have [ideas about] why things are important, but if we're not understanding and hearing why it's important to the resident, and how it impacts them...and what their perspective on it might be...and also drawing them in and saying 'Well, do we have residents on this group? Were residents on the steering committee? Were there enough of them? Are there three times as many of us as there are them? And who's really making the decisions?"

Desire for Coalition Work to Continue

Eight participants expressed a desire for sustained coalition work into the future. Given the significant time commitment of committee work and the potential to put action plans into practice, participants want the project to expand its reach and impact:

"I do think that we have designed some good action plans that are scratching the surface of where we need to go and what we need to do...I'm hopeful...that we're able to continue the work and expand the work enough to begin to dig down to where we need to get to change the system."

"The topic of the whole Moving Forward Coalition is so big, and we spend...Medicare, Medicaid, $100 billion a year on it...can't we find a couple for foundations to give a couple more million dollars to really commit?...To really do it so that every committee had its own staffer that was like, boom, this is my job...it would really move. That just seems like the money's out there. It's just not very well-allocated."

"If Moving Forward continues, I would continue with it. Because this is so important. It has to be done."

Findings: Steering Committee Members

INVOLVEMENT IN THE STEERING COMMITTEE WORK

To explain their involvement in the steering committee work, participants were asked to describe the role of the steering committee in the context of the larger coalition, and to describe the ways in which they felt their involvement brought value to the work.

Perceived Role of the Steering Committee

Participants were asked to describe what they perceived to be the function of the steering committee in the larger coalition. Generally, participants discussed their role in offering feedback on committee work and connecting the coalition to members of their professional networks. The steering committee was described as a "sounding board" for committee members and program staff, and a key resource for filling gaps and solving challenges:

"We certainly have never been heavy handed, but give plenty of advice back to the different committees...We have lots of opportunities for them to present what they're doing, where they're going, to raise questions, challenges, looking for resources...the development of the action plans, the revision of the action plans, helping them think through what's feasible...I think now, helping Alice and each other find partners in the community who are going to be willing to work with us on the pilot."

"The steering committee helps to guide the work with the committees, provide feedback. A sounding board, help Isaac and Alice as they're formulating things. And help also think about who we might pull into the project. In some ways, acting almost like a board of directors for a non-profit organization."

"There was the group that was wanting to look at housing. There was a lot of discussion about, 'Okay, where? What level? And what agency? How do we get to somebody who has some influence on housing?' I think the steering committee served a really good purpose of helping each committee get the resources and the people they need and help with some of the problem solving."

Perceived Value Brought to the Steering Committee

In discussing the specific value each participant brought to the steering committee, participants mentioned their applied nursing home experience, their ability to bring a distinct perspective to the coalition, and connecting committees with valuable resources.

"[I was] one of the few provider members on the committee, so just giving sort of the provider's slant on it...The other aspect that became probably most important in my role is offering resources...I got a lot of CNAs...and residents to take part in a lot of the committee work...being a provider [and] having that data, that level of access."

"Prior to leading this organization, I was nursing home administrator for more than 20 years, so I think I definitely have not the CEOs perspective only, but I have that boots on the ground perspective coming out of COVID."

Several participants contributed a consumer advocate's voice to the steering committee. One participant described how they were asked to join the committee in order to broaden the involvement of consumer advocates. The inclusion of advocates was described by one as reactionary to feedback about diversifying the steering committee and amplifying residents' voices:

"The invitation was extended to me because my understanding is that after doing work for a little while, they realized there was a recommendation that more advocates be added to the team...the idea was to add someone to the steering committee for the consumer or the resident-focused perspective."

SATISFACTION WITH STEERING COMMITTEE WORK

Steering committee participants highlighted positive facets of their involvement in the coalition. Participants expressed satisfaction with collaboration and communication within the steering committee and the larger coalition, as well as the inclusion of nursing home residents in coalition work.

Collaboration and Communication

One participant described the benefit of working on long-term care reform with diverse stakeholders that they normally would not closely collaborate with:

"Even when you have folks from LeadingAge, typically I'm not sitting on the same side of the table from them. I really enjoy collaborative work. And I believe that it's only by bringing all of the folks who have a role to play in long-term care, including the residents' and families' perspective…it's only through these multidisciplinary approaches that we're going to begin to help fix this."

Another participant complimented the respectful communication that the steering committee practiced, even among members with differing viewpoints or priorities:

"I think the interactions between committee members were always respectful and collegial. Even when there was a lot of disagreement, because…lots of us are on different sides of issues that we were talking about…Everyone was given a chance to raise their voice. I do believe that everyone was really given the opportunity to share their perspective, and that was heard by the rest of the group."

This same participant appreciated the open lines of communication and high level of engagement from program staff:

"I think that Alice and Isaac did a good job of trying to keep me engaged, even between meetings. Alice particularly would reach out and want to talk about different things or get input. So I really did appreciate that."

Resident Involvement

Participants also expressed gratitude for the involvement of nursing home residents in the coalition work. One steering committee member facilitated a workgroup of residents who offer feedback on an ongoing basis and help inform action plan development. This steering committee member described the workgroup:

"We did come up with a group of eight residents, who all do pretty well. They're on Zoom and using the internet all the time, and they provided actually the core of the feedback. I met with them, like every two or three weeks, for a year. They were sort of reluctant in the beginning, but then really got into it and gave good feedback to people…I think they reviewed the resident council guidelines, the measures that were being selected for person centered care, and they actually got into them. They were asked to do one thing, and they said, 'We also have comments about when it's administered, how it's administered, who administers it, how it's explained. So that was great."

In assessing the value of the resident workgroup, a participant said,

"I think that the group did a great job of pulling a resident group together, and [the steering committee members'] work with them and in engaging them. I think that was really fabulous."

CHALLENGES ASSOCIATED WITH STEERING COMMITTEE WORK

Participants addressed several challenges associated with their involvement on the steering committee. Challenges centered on competing priorities and perspectives among steering committee members, the perception of limited opportunities for substantial involvement, difficulty building consensus, and issues around lack of transparency.

Competing Priorities and Perspectives

Participants from both the provider and advocacy settings described an imbalanced representation on the steering committee. Providers expressed that at times, the provider voice was not adequately represented, and that nursing homes were painted in a negative light. Advocates, on the other hand, described the continued need for an amplified resident voice and felt that advocates were not always represented well enough on the steering committee. The following quotes highlight specific challenges experienced by both providers and advocates on the steering committee.

One participant described the sentiment that providers were underrepresented and, in a way, misunderstood, on the steering committee:

"This project is largely nursing home-based. As such, I feel like the voice of the provider has been underrepresented. I think that there's so many people looking at the work from outside of the four walls…the easiest analogy for me to think of in the moment is, people giving me advice on how to be a mother who've never been pregnant. Unless you've worked inside the buildings, you really don't know exactly how that works."

Two participants cautioned against the use of negative language to describe nursing homes, and described the vilification of nursing homes as a challenge that they encountered on the steering committee:

"There was a lot of conversation around the language in a lot of these plans…We've had to be cautious with some of that language. And the reason [is], we're trying to improve a sector. [There are] lots of naysayers, lots of stakeholders…I think they want to see nursing homes completely reconstructed. I don't think that's feasible, practical, or even necessary…We have a sector that's being vilified right now. So, we have to be careful and not throw them further into that fire, especially at this tenuous time post-COVID."

"There are some things that are said from the resident perspective, either by resident representatives or that are in coalition groups…that are just like, solid slam statements. And they're taking this truth and gospel because it exists in some percentage of homes. But it feels very much like a slap in the face, when you're a provider that works your rear end off, that tries to provide quality – does provide quality – and gets discounted."

This participant also raised a concern about challenges direct care professionals may face when involved in steering committee work:

"I think they tried to put one CNA on each group, and I can tell you…the CNA is not going to have much of a voice. I mean, they might respond to this or that, but they're not going to have a voice. As a provider, as an administrator, I don't feel like I had a voice. I can't imagine the CNAs."

In contrast, two participants pushed for increased representation of consumers and advocates and warned of some of the tensions perceived between advocate and provider groups:

"I do think we need to relook at the balance of who's involved and incorporated and ensure that there's a bigger consumer advocate representation on the committee. It should not be provider heavy…the residents should have a similar scope, in terms of the work of the committee, so that it does become more balanced in terms of that work."

"In the beginning, there was a lot of 'I'm not going to join if they're joining,' particularly the consumer and the provider groups who each said, well they don't trust the other ones, so they're not going to be a part of anything that the others are a part of."

Two participants discussed the challenges associated with the resident workgroup. Questions arose around the representativeness of the resident sample, and the findings report from the workgroup was not disseminated.

"How did we pick the sampling from a research perspective of who's going to represent this group? Because it seemed like these were people who really had complaints as opposed to people who have complaints and ways to improve the system that are positive."

One participant expressed frustration with the conversations among steering committee members around provider performance:

"Every conversation that I've been a part of with the steering committee...[the providers say] we don't have what we need. And that's why we do a poor job. I don't have what I need either, I don't hit it out of the ballpark every day. But...I'm effective to some degree. And I'm not hearing that from the other side."

Limited Opportunities for Substantial Involvement

Three participants mentioned that they felt they had few opportunities to be meaningfully involved on the steering committee. These participants expressed that their opinions were not actively sought out, and that they were rarely given the opportunity to offer significant feedback:

"During the committee meetings, there was a lot of reporting out on what the activities were. So there were very brief updates from committee chairs about what was happening. There were not many questions asked of the steering committee in terms of feedback, it was more reporting out. And then we could ask questions. So very rarely were we asked for actual feedback or input."

"Within the last couple of months, somebody said, 'Oh, we need administrators to represent in this group.' So, I said, 'Well, you know, I'm on the steering committee, and I've been licensed for 30 some years...the thing is like, to be almost a year into the project and have people go, 'Oh, you're an administrator, and you're on the steering committee' tells me that that voice isn't really heard. There hasn't been so much an opportunity for that...I do think as an administrator, my administrative voice has not really been used or sought out here."

Other than to provide some direct input to some very specific questions directed to me, I have not had a chance to either contribute or participate in anything that I would describe as substantial."

Difficulty Consensus Building

Three participants discussed the challenge of building consensus in a committee with varied stakeholders from diverse professional backgrounds. Two participants discussed challenges associated with publishing a report of findings from the resident workgroups: whereas one participant expressed that the report was not representative of nursing home residents from five-star nursing homes and should not be disseminated, another participant suggested that the findings were accurate from the residents' perspective.

The issue of consensus building became especially salient when the coalition made public statements, leading steering committee members to question the transparency of the consensus-building process:

"I don't think we came to consensus of what is consensus, and that's because so many different stakeholders come into play...These action plans are summary communications from us to the public...I know in some cases, some members may think, 'Okay, this was toned down too much, which I understand...But again, building that consensus around how we say things as a coalition, and what do we say, who do we say it to?"

For example, staffing mandates...there was this big discussion before we put out a public statement...we're not in a position to be doing statements on the Hill. Are we supposed to be doing that? And how do we decide if we do that or not? Do we decide that by majority vote, by you know, 51%? I don't' feel like it actually really got resolved...you could have this group pass something that zero providers agreed with, because there were so few of us. Everyone else outside of the building decided that this is the statement, this is the way we're going to go. And it represented none of the providers. That's happened multiple times."

"We were all given an opportunity to talk about what it meant to be a coalition. And we talked at length over what percentage of consensus we needed in order to move a position forward. And some of us wanted very high levels of consensus, others were more comfortable with lower levels of consensus...We all voted on what they would be...so we should have followed the process. The fact that one or two members were so quickly able to derail that is what was concerning."

Related to the challenges associated with reaching consensus among steering committee members, two participants described a perceived lack of transparency around decision-making:

"Between Alice and Isaac, they just kind of set the direct and go. So I kind of think I look at two people who are basically running Moving Forward. And deciding if I give Alice feedback, she may decide she acts on it now, acts on it in a week, doesn't act on it. That's up to her."

"There's not real clarity on what the process was for accepting people into the committees or not, but people were saying, well, we'll put you on an expert list, like a subject matter technical expert list, and we'll contact you and bring you into the work of the committees. To my understanding, that's never happened...the people that I know that were put on those lists, have never had any outreach to them."

"The steering committee was formed, but hadn't even had its first meeting yet. And we hadn't really even talked about processes. And yet, Alice was already testifying before a congressional hearing. So, one of my questions was, how did you form testimony? We haven't, as a group, even talked about what this was going to be looking like, and yet you were already providing testimony."

FEASIBILITY OF ACTION PLANS

Participants were asked to comment on the feasibility of the action plans produced by the nine workgroups that formed from the original committees. Participants reacted to the idea that in order to maintain feasibility, action plans had to address "low hanging fruit." For one participant, feasibility of the action plans would depend on the complexity and will of the federal government.

"I do think that the priorities that were selected, and the action plans that were developed, are more of the low-hanging fruit. Are they actually going to make a difference? There's no requirement that they do...follow up...none of the action plans have any element of accountability attached to them."

"Alice said from the beginning, this needs to be something where we're not saying we need 20 years of policy changes or research. What can we do now? So some of the things people were unhappy about...we don't have the capacity to change the reimbursement system in the country. That's just not going to happen. And we're not supposed to be lobbying. So I could say, 'Boy, I wish we could have done more.'...And this is just a drop in the bucket. But we knew it would be from the beginning...but it's what we can do. It will make a difference."

"I'm going to predicate [saying the action plans are feasible] by saying the feasibility is going to come down to the complexity of our federal government...I can't even pretend to know about all the federal layers....I think a lot of them offer practicality...[but] what's the will of the government to do these things? What's the world going to be if or when there's another administration in place?"

MAIN TAKEAWAYS: QUALITATIVE INTERVIEWS

In addition to discussing satisfaction and challenges, participants offered a host of recommendations to improve future coalition work. Main takeaways from interviews with members from the nine action planning committees and from the steering committee are highlighted below as nine key recommendations:

1. Include greater representation from residents and direct care professionals:

    "I think there was a push to have more residents involved. Over the past year...there weren't enough residents involved. I do think it was too industry heavy....There are lots of nursing homes and lots of nursing home representatives...lots and lots f of ombudsmen put their names forward in the beginning, but really, there are only two of us that were involved at the beginning."

    "I do think there could have been more [clinical workers]. There were 'bigger wig' clinical people, like reimbursement directors, DONs, managers, things of that nature, not so much of the get your hands wet or get your hands dirty, such as the CNAs, LPNs, RNs, frontline workers. I do think they could have utilized a little more."

2. Continue to consider equity explicitly in action planning processes:

    "It was talked about from day one, it was never an afterthought. In fact, in long-term care for us, diversity, equity, inclusion, DEI...that's mandatory, not only is it best practice...you ensure the fairness and the care, the accessibility and availability, regardless of the person's ethnic background, religion, their gender role. We were very sensitive to that from day one."

    "I wish there was more explicit attention to equity...we're looking at cultural competency, which gets at equity, but it's not the priority. I think the priority was let's at least get some of these identified. And then I think the next step would be, 'How do we ensure that they are culturally sensitive? How do we ensure that facilities with a lower capacity to meet residents' needs are using them?'"

"I would say that we need to be explicit about equity and transparency. Our action plan has a few words about the need for race, ethnicity, and social needs data to be accessible, but at the end of the day, every one of the NASEM recommendations is trying to address systemic problems that are rooted in deep racial and economic inequities in our healthcare delivery system. It's crucial to be explicit about that when we're advocating for system changes."

3. House the coalition in a neutral organization

   "I do think the coalition being housed at LeadingAge is a disadvantage, because I think it kind of colors the work of the coalition. It questions the decision-making. It's not separate. I think that is a big barrier for even more widespread comfort and inclusion, particularly from the consumer advocacy community."

4. Focus on innovation in long-term care reform and quality improvement

   "Can we get a focus group together? Maybe of all residents from five star facilities...who were very happy, put them in a room and say, 'How can we improve the system?' And they [wouldn't] have a lot of feedback. And we would say, 'Okay, let's dream about the future. And let's think about if you had a magic wand, and you could go and get life even better than you feel right now, what would that look like? To me that's moving forward...instead, we're looking at coffee temperatures, we're looking at staffing mandates, we're looking at these things that are current and not moving forward."

5. Organize in-person work sessions

   "Maybe if we'd been locked together for three days somewhere, we might have been able to achieve a lot at the front end, and then follow up later...I think maybe some working groups and getting people together...there's nothing like the value of being in the same energy space as other people, particularly when you're in a caring profession."

   "On a Zoom meeting, even if you create time for people to have comments, not everybody always wants to the one taking up time on Zoom...live discussions just tend to have a little bit more creative process in my book."

   "This might be a time when I would call for a retreat. We need to have a retreat. Where are we going? What's our identity?"

6. Target fewer projects to have a greater impact

   "I think that focusing on fewer areas as we think forward might be more beneficial in terms of trying to have a bigger impact. If a coalition is going to be really useful and make a big impact in the future, we've got to figure out how to address and tackle the big issues, it can't just be the low hanging fruit."

7. Prove out costs through pilot projects

   "I'm going to point to these local projects, when we could prove it in one state, then I think we could [figure out] financially, if this costs X amount in Georgia, then maybe we could save X amount nationally."

8. Build greater awareness of the coalition's identity

   "From my perspective, based on the action plans, I don't want to create another layer. I'm concerned about what advocacy might look like when you've got so many people on a steering committee and I don't have a sense of cohesive culture within that steering committee...I want to come to the table and I want to hammer out an identity for this organization. I want to hammer out a role for them in terms of all the other players."

   "There's a need to create a greater awareness of what we're talking about in this entire issue...what are we doing? Are we doing pilot projects based on best practices? Are we launching these so that we can engage in academic evaluation to see whether or not these are going to stand?"

9. Create a master plan for long-term care

   "We've got those pillars, and I think that we owe it to the country to come up with a plan. A comprehensive plan, a master plan for long-term care."