THE GREEN HOUSE® Replication Initiative (GHRI)

United States
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Concise Summary: Help us pitch this solution! Provide an explanation within 3-4 short sentences.

A curbside mailbox on a cul-de-sac marks the single-story residence, painted cream with green shutters. A picket fence encloses a yard with BBQ grill, flower beds, & tomato plants. The living room is decorated with a fireplace & easy chairs. The dining room has a table with ample seating for a large family. Cozy aromas of baked bread drift from the neighboring kitchen, easily accessible from the private bedrooms. You
The Green House is a traditional nursing home alternative that facilitates simpler access to care by stripping away the hierarchy of regulations, systems, and procedures. Services are designed and delivered not only with the recipient in mind, but with the recipient as the engaged participant. Older adults have an active role in their lives, and make personal decisions not afforded in conventional nursing homes. Choosing when to bathe and eat certainly provides a convenient way to live.

This model is a de-institutionalized effort that focuses on restoring individuals to a home in the community, while providing the full range of personal care & clinical services expected in a high-quality nursing home. The model differs from the standard nursing home by changing the architecture, organizational configuration, staffing patterns, & philosophy.

The ambiance of a Green House significantly affects the people using the space, elders & staff alike. The model utilizes a universal worker who blends the roles of caregiver & homemaker. Referred to as shahbazims ("powerful falcon" in Farsi), they are Certified Nursing Aides who receive additional training in first aid, cooking, listening, & team building. Reversing the typical nursing home hierarchy, shahbazim manage the household with support from nurses, social workers, etc. They eliminate a chain of command & are empowered with trust.

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The initial Green House pilot project, located in Tupelo, MS, was the subject of a 2-year study funded by the Commonwealth Fund and conducted by Dr. Rosalie Kane & a team from the University of Minnesota. According to the June 2007 Journal of the American Geriatrics Society, statistically significant differences in self-reported dimensions of quality of life favored the Green House homes over comparison groups. Findings
comparing The Green House homes to traditional nursing care settings include: less than 10% staff turnover; higher satisfaction levels reported by residents, family and staff; less decline in late-loss activities of daily living; less prevalence of depression; increased sense of privacy & dignity for elders; more meaningful activity, relationships & food enjoyment.

Additional short term transformations are associated with scale (small residences makes it easy for elders to be mobile), on-site food preparation (appetites are heightened by the sight & smell of food preparation, mitigating weight loss problems & supplement use), and staffing (staff report no transfer-related back injuries).

As the model evolves, GHRI will identify essential Green House features & determine the data elements needed to test & refine the model in relation to its expected outcomes. The development of a consortium of Green House homes has the potential to affect the practices of all nursing homes.

The Green House Project has shown that it’s possible to put a well-argued theoretical concept into practice & further refine its parameters without doing violence to its major principles. As it becomes clear that such a humane form of care is attainable, consumers will demand such care and thereby force the fundamental nursing home industry to change its practices or wither away in the face of other home and community based service options. The change caused by The Green House completely disrupts the established nursing home, as the two are not intended to co-exist.

**Delivery Model**

As a new initiative, The Green House Project’s market penetration remains modest; however, media penetration is especially significant. Although 29 operating Green House homes comprise a small percentage of the 17,000 nursing homes in the industry, the numbers are growing. Since November 2005, 800+ organizations have completed registration forms to express interest in the replication initiative & therefore illustrate potential market penetration.

GHRI embraces much high-level media attention, with special attention given to Bill Thomas, founder of The Green House concept. Thomas has been interviewed by CNN, 48 Hours, Morning Edition, the New York Times, the Washington Post, Newsweek Magazine, Time Magazine, & the CBS Early Show. GHRI also works closely with local media, as each Green House home receives attention in its local press.

Education efforts focus on 6 distinct groups: consumers & advocates, industry, state & federal agencies, the academic community, & related professionals.

Consumers & their advocates play a crucial role in the spread of the model by creating demand. GHRI focuses communication on educating consumers about the model via our website, as well as monthly, 8-hour outreach workshops. 900+ individuals from 300+ organizations have attended an educational workshop.

The provider community & trade associations are the industry level audience. The Green House Project has been featured at the annual American Association of Homes and Services for the Aging conference, the Joint Conference of the American Society on Aging & the National Council on Aging, & the American Health Care Association.

Regulatory dissemination efforts target regulatory agencies, CMS offices, & elected officials. GHRI facilitates joint meetings with a project’s state representatives & care providers to create social change at the regulatory level. A June 1st congressional briefing afforded us the opportunity to discuss the model with 60+ staffers.

**Key Operational Partnerships**

GHRI has had a number of significant partners join to help spread The Green House model. The Robert Wood Johnson Foundation (RWJF) is a tremendous partner and pioneer in helping to launch health care innovations. Their $10 million grant award to NCB Capital Impact has helped spur widespread adoption of The Green House concept. This five-year grant allows The Green House Project team to provide technical assistance and pre-development loans to support organizations that want to establish Green House homes.

In addition, we recently developed a new training relationship with Paraprofessional Healthcare Institute (PHI). Together, we’ll work to strengthen the direct-care workforce in the Green House homes. We believe we can improve job quality through innovative leadership training and client-centered practices.

A third partner is The Eden Alternative, a small non-profit organization changing the culture of long-term care. Based on the core beliefs of our same founder, The Eden Alternative seeks to move away from the top-down bureaucratic approach to management and move decision making closer to the Elder. The Green House model takes the ideas and principles of The Eden Alternative and starts from the ground up to create homes for elders who want to live a rich life.

Lastly, GHRI collaborates with AAHSA (the principal trade association for non-profit, aging services providers) and provides discussion forums for their top leadership and 5300 member organizations.

**Financial Model**

There are two relevant financial models: one is for the replication initiative itself and one is for a Green House nursing home. The initiative itself is currently funded by a grant from the Robert Wood Johnson Foundation, but is increasing its fee revenue through technical assistance/consulting fees and workshop/training fees. By the end of the fifth year of the initiative, we expect to transition to a predominantly fee supported structure.

The Green House nursing home model operates as a business, with revenues from reimbursement sources covering the cost of resident services, overhead, and debt services. All revenues are generally from typical industry payor sources such as Medicaid, Medicare, and private pay residents.

**What is your annual operating budget?**

$2 M

**What are your current sources of revenue? (please list any sources that are foundation grants)**

The Green House is funded by a $10,000,000 grant from the Robert Wood Johnson Foundation. GHRI also generates roughly $5,000 per month
Effectiveness

In June 2007, the 11th Green House campus began operations. Another 20+ organizations are working with The Green House Project to create Green House homes. Projects are in development/operation across 24 states, spanning 5,131 miles from Seward, Alaska to Miami, Florida. 300+ elders and 230+ Shahbazim are currently benefiting from the model.

Measurable impact can be measured in the outcomes of the Rosalie Kane 2-year longitudinal study. Statistically significant differences in self-reported dimensions of quality of life favored the Green House homes over both comparison nursing homes. The quality of care in the Green House homes equaled the comparison homes, while the resident’s change in functional status exceeded the comparison homes. Residents living in The Green House homes had higher quality of life on 9 of the 11 domains than did residents living at the original nursing home. The Green House homes also had a lower incidence of decline in late-loss ADL functioning. The results from this study conclude that The Green House model is a promising model to improve quality of life for nursing home residents, with implications for staff development.

Fundamental changes also occur outside of the actual homes. Connecting on the Hill, a congressional briefing opportunity, welcomed senior staff members & Shahbazim to DC for three days of training & meetings. By including Green House projects in this year’s Connect Program, RWJF created a real awareness about project successes & challenges on Capitol Hill.

Lastly, two states have successfully used the legislative process to obtain a Certificate of Need (CON). Typically, a CON is required to become licensed as a nursing home, & difficult for new organizations to acquire. However, both Massachusetts & Wyoming are examples of two states that have successfully introduced a bill requesting approval to start a pilot Green House project. Other regulatory successes have occurred in AZ, GA, KS, MI, MS, MT, NE, & WA.

Which element of the program proved itself most effective?

The ambiance of a space does not just have an effect on people; innovative design for health care environments has the power to significantly enhance an individual’s health and well-being. Research and qualitative feedback demonstrates the significant impact on elder satisfaction with the transformation of sterile, provider-focused institutions, to warm, person-centered environments. For example, elders who needed assistance with feeding in the nursing home now feed themselves in the Green House. Elders who needed assistance with walkers or wheelchairs now walk in the Green House. Elders on special puree diets now eat real food in the Green House. Elders on psychotropic drugs in the nursing home are now at ease and have decreased dependence on prescription drugs in the Green House. And the stories continue...

“It is getting to the point where we don’t just care about the Elders, they care about us now also. I broke my toe at home today, and when I came in tonight to see everyone, they were all so concerned and trying to find ideas to help fix my toe. One Elder who is very crafty even made me a splint out of Popsicle sticks, and I forgot all about my pain because it felt so good that we have gotten this close in such a short amount of time. My husband can’t believe how I love coming to work now, mostly because it’s just like coming to my second family.”
- Shahbaz

“One of the comments (the Elder) said at one of our house meetings when asked if she was happy here was ‘Honey you don’t know where I came from a cubicle with a curtain. What a dream.’”
- Shahbaz

Application of The Green House model to an institutional setting clearly improves the satisfaction of all consumers. Data from the Green House Project illustrates the possibilities afforded to a health care organization when elders and staff reach their fullest potential, but the aforementioned direct testimonials best illustrate the effectiveness of The Green House.

Number of clients in the last year?

Thanks to several different types of clients, there are several different ways to measure this:

From a training/workshop perspective: From January through June of 2007, 132 organizations have brought 280 participants to attend a GHRI sponsored educational workshop. 5 additional workshops are scheduled for the remainder of the year, with a minimum of 20 participants expected at each session. By the end of the year, it’s reasonable to assume approximately 400 individuals will be trained on the principles and benefits of The Green House model.

From a project perspective: In the past year, 9 Green House projects have opened their doors. 3 additional Green House projects, each with multiple Green House homes, will also open in 2007. These new sites will add clients from various cohorts, such as elders, families, staff, and community members. 11 sites opened their doors in the last 14 months, and 4 more projects will begin operation in 2008.

What is the potential demand?

In a nation with approximately 17,000 nursing homes and 1.8 million licensed nursing home beds, the potential demand for Green House homes is staggering. According to the Census Bureau, the cohort of Americans aged 65 or older will have grown to 55 million in 2020. And, according to the Congressional Budget Office, by 2010 45% of the elderly will require some nursing home care, 33% will spend at least three months in a nursing home, and 9% will spend five years or more there. The aging of the baby boomer generation and longer life expectancies promise to deliver increased demand for nursing services that can be provided with dignity and in a home environment.

Scaling up Strategy

GHRI is currently structured to jump start development of Green House homes nationally and then transition to a self-sustaining, on-going replication center positioned to continue the model’s innovations and assist the large numbers of nursing homes and other organizations that will be willing to adopt a proven model. GHRI will accomplish this by:

1. Investing grant resources to develop the critical platform required for rapid and high quality replication, including trained staff, recruitment materials, development and operation tools, information and data collection systems, and on-going research and evaluation.

2. Providing, through grant funding, intensive assistance to 50 organizations willing to become early adopters of the Green House model and to act as examples, training sites, and advocates for the rapid spread of the model.
3. Transitioning GHRI to a fee-based non-profit center in the fourth and fifth years of the grant as the early grant funded projects reach the end of their technical assistance period. Consulting fees will be charged to organizations interested in developing Green House projects beyond the first 50 projects accepted by GHRI under the grant. The transition will be supported by the grant developed tools and staff capacity, replacing grant funded technical assistance with fee-supported consulting. On-going data collection, training, and quality improvement efforts initiated under the grant will be transitioned to consulting and membership fee structures at the end of the grant period.

**Stage of the initiative:**

0

**Expansion plan:**

GHRI's goal is to transition from a foundation funded, rapid replication program to a self-sustaining, fee based center. The grant work will fund the creation of the critical platform (e.g., recruitment, development, finance, operational, and data collection tools) & develop the credibility needed to launch the center. The center will continue to provide individualized technical assistance to support potential adopters in both their exploration of the feasibility of the Green House and their adoption of the model after the grant period expires. It will also provide continued technical assistance, training, and implementation support to operating replication projects developed under the grant. Finally, the center will support and direct quality assurance & improvement efforts, maintaining the web-based tools, analyzing outcomes, providing interventions, and modifying the model to include needed adjustments and identified innovations. These last activities will be supported through Green House membership dues.

To transition from a grant-funded project, we will continue to build The Green House brand for both consumers and long-term care providers, and experiment with different service packages and pricing modules. In addition, we will take the best lessons from the franchise and consulting industries to confirm our replication strategies.

**Origin of the Initiative**

After graduating from Harvard Medical School, Bill Thomas joined a small-town family practice in NY. He was pleased to assume a booming obstetric practice, yet much less happy to inherit a busy nursing home practice, too. Thomas was annoyed by nursing home frequent phone calls, paperwork hassles, & efforts that were perceived in vain.

After all, what good could one really do for old people?

His future role as a nursing home doctor required Thomas to rethink prejudices and biases. On one hand, the possibility of a nurturing home was a warm and civilized thought. On the other hand, nursing homes were widely perceived as cold and uncaring. Why? Tackling this paradox led Thomas to create a new approach in nursing home care.

**Sustainability**

**What are your two main challenges to finance the growth of your initiative**

The two greatest challenges for financing Green House projects are:

1.) Low Medicaid capital cost reimbursements. Current capital cost reimbursements are often set at a level that finances semi-private rooms. The Green House model is committed to the privacy and dignity of private rooms.

2.) Tight operating margins. The nursing home industry is generally characterized by tight margins, and this is particularly the case for providers that adopt high-quality initiatives while maintaining a substantial percentage of Medicaid-funded residents. Unlike other industries, it is generally not possible to spread fixed costs and improve bottom line margins through volume growth due to the existence of Certificate of Need moratoriums (thus limiting bed growth). Enhanced Medicaid reimbursements for higher quality care would alleviate some of this issue.

The Green House initiative itself may eventually need some working capital financing to finance contract growth.

**How did you hear about this contest and what is your main incentive to participate?**

GHRI was notified by RWJF.

**The Story**

**Do you have an annual financial statement?**

GHRI is part of NCB Capital Impact, a nonprofit corporation. GHRI revenues and expenses are tracked on a departmental basis for separate reporting. We produce a departmental income statement for the GHRI that includes an overhead allocation from the parent organization. We track performance against budget.

**Do you currently have an annual financial statement that tracks profit/loss?**

We produce a departmental income statement for the GHRI that includes an overhead allocation from the parent organization. We track performance against budget.

**Please describe the amount (and/or type) of funding you need to implement your initiative, at year 1 and at year 5.**

In year one, $10,000,000 was required over a five year time period. We are currently engaged in business planning to determine the degree to which GHRI’s current consulting and training activities can be supported by the market.