

# **The Live Oak Project**

*A Pioneer Network and Live Oak Institute Call to Action*

**The COVID-19 Pandemic Reveals Structural, Operational and Reimbursement Failures that Necessitate a Fundamental Reimagining of the Long-Term Care System.**

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**Nearly 50 percent of the people who died of COVID-19 in the United States were in long-term care settings.<sup>1</sup> The system failed. It's time for the nursing home system to be redesigned and transformed from bottom to top and inside out.**

### **The Live Oak Project Vision**

*Every great initiative begins with the vision of what we have set out to achieve. This is our vision for the prize upon which we will keep our eyes.*

*Each person receiving Medicaid who meets the criteria for nursing homes will have the right to choose from a variety of different types of care settings. Long-term care homes will be life-affirming communities where people can live out the narrative of their lives with joy and meaning, even as they encounter loss of capacity and the imminence of death; where people come for rehabilitation from a medical event and go home with not just their bodies but their spirits regenerated; where each person has a private room and ample common space to socialize even when physical distancing is required.*

*Direct care partners will receive equitable compensation and have a career ladder and opportunities for professional advancement; managers on all levels will become servant leaders, empowering everyone to work together to fulfill their potential for well-being and excellent service.*

*Government will provide realistic funding so each home is a well-run, person-centered community; regulation is both part of a collaborative learning process and actually delicensures chronically underperforming operations; and new business models provide a countervailing aspiration where profits are earned for the benefit of its residents, staff and community as well as its investors.*

*The very culture of long-term care is transformed to render obsolete the ageism, racism, sexism, ableism and virtually every other -ism that permeates the long-term care system so young people can look forward to engaging their elders in welcoming environments and the fear of old age begins to be tempered by hope.*

### **Enough Already!**

In our worst nightmare, we never dreamed of the devastation of the tens of thousands of the most vulnerable people in America who died in nursing homes during the pandemic. For the sake of their memories and the people who died risking their lives to

<sup>1</sup> Although people over 65 account for 16 percent of the US population, they account for 80 percent of the COVID-19 deaths in the US. Nearly half of all Covid-19 deaths have been in long-term care facilities. (Kaiser Family Foundation [www.kff.org](http://www.kff.org))

serve them, we have a sense of urgency to seize the opportunity brought on by this moment.

Pioneer Network, its Council of Elders and Live Oak Institute have launched the Live Oak Project to structure, organize, and facilitate a campaign to fundamentally transform elder-care homes and the very culture that permeates them.

The whole milieu of long-term care is peppered with innovation from intentional communities for elders to government funded, all inclusive, care models to naturally occurring retirement communities to home and community-based programs. We are focusing on federally funded programs that provide care to the most vulnerable and frail people. We anticipate that there will be a huge rippling benefit to the rest of the long-term care milieu as our initiative gains momentum.

The common denominator among people in our network has been our commitment to imagine and provide an alternative to the institutional culture of long-term care homes by cultivating a dynamic culture that nourishes rather than diminishes the life force. For more than 50 years, we have been generating values-driven bright spots of transformation in all dimensions of long-term care. Research has demonstrated the positive impact of the culture we have been evoking, applying, and proliferating on resident and work life, professional practice, and cost benefit. Yet many providers in the United States remain wedded to an institutional culture that is dehumanizing. All we have accomplished up to now is not enough.

### *The System Resists Change*

The system itself is a behemoth that resists widespread and deep systems change. This is due in part to the fact that federal and state governments have underfunded Medicaid, the primary payment source for the vast majority of nursing home residents, and in some states, other options for Medicaid nursing home eligible people. Regulations are unevenly enforced and have set up an adversarial paradigm that is counterproductive to good management and good care. As a result, the intent and mandate of the visionary Nursing Home Reform Act of 1987 which assures quality of life and quality of care for each person, was never realized.

Moreover, the business culture that determines what happens in institutional long-term care settings is risk averse and often not grounded in the needs and preferences of the individual. Poor care that promotes dependency, boredom and isolation can be found among proprietary, nonprofit, and government-run homes. Workers—who have the greatest contact with residents—are underpaid and undervalued, often needing to work several jobs to make ends meet. At the very heart of the matter, the people for whom

the whole long-term care enterprise exists—the actual consumers—are too often crowded together in mentally and physically unhealthy environments that breed epidemics, anxiety, and depression. Quality of life is perceived as a luxury that often falls through the cracks of a dysfunctional system and is usually the first thing cut in times of financial challenges.

### *Transformation Is Required*

We are not talking about throwing out the baby with the bath water. Nor are we interested in fragmented fixes to a failed system. Despite the already pervasive antipathy to nursing homes exacerbated by the COVID-19 crisis, there will always be a need for congregate long-term care. However, every institutional setting in which people are crammed together, and the entire system through which they are operated, regulated, and paid for, needs to be transformed.

From the collective imagination of all who will answer our clarion call, we will determine how to equitably finance the construction or major remodeling of institutional settings. We will create investment models that bring into alignment capital and equitable outcomes. Working collaboratively, all the stakeholder communities will reimagine how government agencies can function with flexibility and mutual accountability. Roles, responsibilities, and organizational practices within each home will be reoriented so that each person experiences optimal mind, body, and spiritual well-being.

### **Prime Directives and Mission of the Live Oak Project**

Taken together, our Prime Directives are our North Star that never lets us stray from our mission.

- Our First Directive: Long-term care settings will be healing environments, and true homes for the people who live there.
- Our Second Directive: The entire long-term care system will be realigned to actualize our First Directive.

The mission of the Live Oak Project is to cultivate the revolution that transforms all dimensions of the long-term care system while simultaneously helping to ensure that each person currently in a home is not harmed and has a voice and choice in the decisions that impact one's life.

With our Prime Directives driving our thinking and our actions, such interdependent components as legislation, regulation, reimbursement, organizational culture, physical

and environmental design, models for financing and ownership, labor-management relations, and stakeholder participation will be reimagined, tested, and operationalized. Our mission cannot be achieved piecemeal. In the end, all of the components will synergize into a cost-effective, life-promoting, long-term care system.

Together we will generate a “Marshall Plan” to galvanize the national will to realize the Live Oak Project Vision, Prime Directives, and Mission.

### **Our Launch Plan**

At this point in the development of the unparalleled, integrated campaign to transform a whole sector of society, our initial focus is on outreach to create the Live Oak Project Corps for Change which will be the epicenters of transformation. We have organized the Corps around five Hubs which taken together will realize our vision.

The Five Hubs and Corps are:

#### *The Long-Term Care Community*

- Re-envision Management;
- Workforce and Professional Pathways;
- Remuneration;
- Technology;
- Diversity and Multiculturalism;
- Person Centered.

#### *Public Policy and Legislation*

- Reimbursement;
- Regulatory Process;
- Tax code modification.

#### *Research and Education*

- Medical, Clinical;
- Leadership;
- Incubators for Prototypes;
- Evaluation and Learning.

#### *Environment and Architecture*

- Redesign Buildings.

#### *Capitalization and Investment*

- Values Driven Models.

Each Corps will be a collaborative matrix for community development, continued learning, strategizing and action to accomplish our mission. The Corps will be in continuous communication so that our efforts are integrated and coordinated.

### *Our Big Immediate Need*

Our big need is for help with building the platform for the social network and communications system that weaves the movement together by promoting strategic and interpersonal relationships, sharing our stories and updates from each Corps, and support for our learning and personal growth.

### **Strategic Approach**

Our strategy is simple. The end follows the means. We will strive for consistency between our shared values, our actions and our intended outcomes. Our approach as the servant leaders of the process cannot be too prescriptive. By constantly endeavoring to connect our actions to our vision, we will learn together to be fluid, organic and synergistic masters of change.

Our strategic approach is based on what we have been learning in the 21st century about how ideas go viral, information is organized and shared, and how change happens. We have presented a vision, a rationale, a mission, and a work plan for how to begin the journey.

Now, we are seeking to free the genie of possibility from the bottle. People for whom this vision resonates will bring their hearts, wisdom, expertise and resources to the appropriate Live Oak Project Corps and will spread the word into many quarters, both known and unanticipated. Each Corps will become an epicenter of change engaging people from such key communities as elders, government agencies, consumer advocates, provider, labor and professional organizations. These engaged people will channel the message and the possibilities back and forth from their Corps to their colleagues. Corps will communicate with one another. Road maps and detailed plans for achieving our mission will begin to emerge.

Our capacity to generate momentum will synergize when we build the platform for our interactive network. A multidimensional, vision-driven movement such as this can only grow organically. It is our intention to provide the framework and seed the culture that will enable us to accomplish our mission.

### **Join Us in Seizing the Moment**

The current system, from what goes on in Washington to what happens in a resident's room, is an intersection of all the unresolved ills of society. The worst aspects of the culture of long-term care homes have been shaped and influenced by ageism, racism, sexism, ableism and virtually every other “-ism” that separates us and diminishes each of us. The learning derived from the process of systemic transformation will impact all aspects of American life. Achieving our mission will not only be good for each person who lives and works in a home and their family members, it will nurture the resurgence of the *can-do* spirit of America.

The combination of the devastating impact of COVID-19 on people in long-term care homes coupled with the booming aging demographic will finally fuel profound systems changes that have eluded and frustrated previous efforts at piecemeal reform.

Join us so that no one among us will say, “I would rather die than live there.” America desperately needs proof that our system of human services, care, and support of elders can be made to work effectively and with loving care.

Together we can do this. Join us in seizing this moment!

**Want to share your interest with us? We invite you to respond to the [Live Oak Project Recruitment Survey](#).**

## **Attachment**

### **Live Oak Project Underlying Values and Principles**

Congruence between action and our fundamental beliefs is the cultural bedrock upon which we will build our movement. Below are the Live Oak Project Guiding Principles and the Pioneer Network Values and Principles which are our moral compass.

#### ***Live Oak Project Guiding Principles***

- The culture that drives the transformation of the system is person centered, cultivates community, and empowers each person and each group of stakeholders.
- Each person who lives in a care setting, whether long or short term, is known as a whole person, who is still growing, still learning, still with potential, with physical, mental, emotional, spiritual and relationship needs.
- Each person in a long-term care setting is entitled to the full range of human rights, including simple pleasures, risk taking in everyday life, and a voice and choice in the decisions that impact one's life.
- The physical environment of each care setting supports at-homeness by providing private rooms, plenty of spacious common areas, healthy air quality, natural light, and easy access to outdoors.
- The system of reimbursement is sufficiently funded to assure high quality care and a meaningful life for each resident or short-stay patient.
- The management culture within each care setting and each government agency engaged with long-term care moves from a hierarchical top-down culture to one that is collaborative, transparent, and learning based.
- The regulatory system approaches long-term care settings that pursue excellence as partners in quality, and aggressively enforces the full extent of the law with those that are chronically poor performing.
- Direct care workers are professionals: well trained; equitably compensated; valued for what they know and can contribute; related to with dignity and respect; and have a career ladder.

### ***Pioneer Network Values and Principles***

- Know each person
- Each person can and does make a difference
- Relationship is the fundamental building block of a transformed culture
- Respond to spirit, as well as mind and body
- Risk taking is a normal part of life
- Put person before task
- All elders are entitled to self-determination wherever they live
- Community is the antidote to institutionalization
- Do unto others as you would have them do unto you
- Promote the growth and development of all
- Shape and use the potential of the environment in all its aspects: physical, organizational, psycho/social/spiritual
- Practice self-examination, searching for new creativity and opportunities for doing better
- Recognize that culture change and transformation are not destinations but a journey, always a work in progress