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Engagement: Delivering a PEAK performance

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Delivering a PEAK performance

Center on Aging improves Kansas nursing home care

By Beth Bohn

The Leonardville Nursing Home in Leonardville, Kansas, has achieved sustained person-centered care home status through the PEAK 2.0 program offered by the Kansas Department of Aging and Disability Services and developed and operated by the Center on Aging at Kansas State University. Above: A Leonardville Nursing Home resident, left, meets with Gayle Doll, center, director of the Center on Aging, and Laci Cornelison, PEAK 2.0 director. Center and far right: Cornelison and Doll spend time with residents of the Leonardville Nursing Home.

The Center on Aging at Kansas State University is proving that Kansas nursing home and long-term care facilities in PEAK condition are delivering better care to their residents.

PEAK stands for Promoting Excellent Alternatives in Kansas and is the first-ever Medicaid pay-for-performance incentive program for person-centered care. The program launched in 2002 by the Center on Aging under a contract with the Kansas Department for Aging and Disability Services and is now called PEAK 2.0.

“Nursing homes have been notoriously known as places that nobody wants to go,” said Laci Cornelison, director of PEAK 2.0 and a research associate with the Center on Aging. “Part of that is feeling like a person loses all of their autonomy and rights when they become a nursing home resident. The K-State Center on Aging PEAK program is really about helping homes change their service models so that they can be individualized to each person, and that the homes can provide services around what each resident wants.”

Under PEAK 2.0, K-State is helping homes in Olathe, Topeka and all around Kansas engage in system changes to support person-centered care or demonstrate implementation of person-centered care to receive financial incentives through Medicaid reimbursements from the state of Kansas.

PEAK 2.0 also is the first program able to measure the quality of nursing home care at various levels of person-centered care adoption, said Gayle Doll, director of the Center on Aging. Doll has been involved with PEAK almost from its start.

“Before PEAK 2.0, a single home could be found to be doing a nice job overall, but that really couldn’t be used for comparison purposes,” Doll said. “PEAK 2.0 changed that by creating a structured program, standard definitions of care and a rigorous evaluation process.”



PEAK 2.0 data shows person-centered care is having positive effects on nursing home residents.

“What we’re finding is that satisfaction increases in homes that have fully adopted person-centered care,” Cornelison said. “We’re finding that pressure ulcers are going down, that urinary tract infections are going down and that depression rates go down.”

Results are more variable but show promise for PEAK 2.0 homes and their incidences of incontinence, antipsychotic use and vaccinations for influenza and pneumonia, as well.

“The data reveals that the PEAK 2.0 program creates a significant impact on the health and satisfaction of residents who live in PEAK participant homes,” Doll said. “These results demonstrate that Kansas has implemented one of the most effective and impactful pay-for-performance programs in the U.S.”

The Center on Aging is responsible for oversight, evaluation, assessment and related paperwork of PEAK 2.0. Cornelison, as full-time director, oversees two K-State graduate students who work on the program and five consultants who travel to the nursing homes and help with evaluations. Doll is co-principal investigator on PEAK. Environment and aging expert Migette Kaup, a professor of apparel, textiles, and interior design at K-State, is co-principal investigator.

When nursing homes enroll in the PEAK 2.0 program, they take an assessment to see where they are in terms of providing person-centered care and are given access to a number of resources, including training,

on-site visits, Zoom meetings, web resources and more. The Center on Aging evaluates homes on their progress in PEAK 2.0 using a variety of quality measures. The data also is used to measure nursing homes enrolled in the program against homes that aren’t enrolled.

Cornelison and Doll are optimistic that the clinical proof the Center on Aging has collected will show lawmakers and state government leaders that the program is a success and worth continued funding.

“PEAK is unique to any other state,” Cornelison said. “Our website publishes homes that are engaged in the program and homes that are engaged in those upper levels. It’s important to get this information out to consumers as it can be really valuable in helping them select a nursing home or long-term care facility.”

PEAK 2.0 is just one way the Center on Aging seeks to make life better for the elderly. Doll has earned national attention for her research on sexuality and aging, sexual expression in long-term care settings and the impact of ageism on sexual well-being. Another center project studied an all-day kindergarten classroom at a Kansas nursing home where residents took part in classroom activities. 

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Watch a video about the PEAK 2.0 program.

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