



Advising the Congress on Medicare issues

Preventing avoidable hospitalizations of long-stay nursing facility residents

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Context

- Care coordination for beneficiaries who reside in nursing facilities (NFs) is frequently lacking
- A substantial percentage of hospital admissions from NFs may be avoidable
- Potentially avoidable hospitalizations of NF residents:
 - Expose beneficiaries to several health risks
 - Increase Medicare spending
- Medicare's hospital readmission reduction program has increased awareness of hospital use across NFs



Outline of today's presentation

- Increasingly competitive NF environment
- Initiatives and strategies to reduce hospital use by NF residents
- Themes from interviews
- Outcomes to date
- Next steps




Competitive NF environment

- NFs rely on hospital referrals
- Hospitals are developing partnerships with certain NFs for referral purposes in response to the hospital readmission reduction program
- NFs with lower readmission and admission rates can better market themselves as high-quality



Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents (RAH-NFR)

- Phase I began in 2012 and will end this fall
 - The Center for Medicare and Medicaid Innovation (CMMI) provides funding to seven coordinating groups to provide staff training, technical support, and education to about 140 NFs
 - Some coordinating groups use advanced practice nurses to provide clinical care
- Phase II begins this fall and will test a three-part payment model
 - A new payment to facilities to provide treatment of qualifying conditions
 - An increased payment to clinicians to evaluate and treat acute changes in condition in the facility
 - A new payment to providers to conduct care coordination



Other initiatives to reduce hospital use

- Optum's CarePlus model
 - Provides on-site advanced practice nurse support
 - Pays facilities when treating acute illness
- Program of All-Inclusive Care for the Elderly (PACE)
 - Provides daily monitoring and observation to detect any changes in patient's conditions
- Independent adoption of strategies to reduce hospital use



Interviews

- Conducted ten interviews
 - NF administrators and directors
 - Providers
 - Convening organizations
- Geographically diverse
- Representing several initiatives and strategies



Strategies to reduce hospital use - 1

- Staff communication and training
 - Establish new processes to facilitate better communication among facility staff and between facility staff and clinicians
 - A majority of interviewees use standardized forms to communicate with clinicians and other caregivers
 - Improve skills of staff providing direct care to residents
 - Focus on improving a specific clinical skill, such as IV insertion or fall prevention
 - Training staff to recognize the signs and symptoms of deteriorating health status
 - Using guides for patient evaluation



Strategies to reduce hospital use - 2

- Medication review
 - Ensure the patient receives appropriate medications
- Advance care planning
 - Documenting end-of-life preferences
- Telemedicine
 - Extends availability of an advanced practice nurse in facility
 - Less frequently used



Keys to success: Communication, leadership and staff involvement

- Communication with clinical providers
 - Adopt new communication strategies
 - Involve all levels of staff
 - Use tools to encourage consistency
- Leadership and staff involvement
 - Leadership publicly support initiative and prioritize training
 - Strong communication between leadership and staff



Keys to success: Staff training, managing staff turnover, communication with families

- Staff training and education
 - Chart reviews
 - Role play
- Managing staff turnover
 - Staff empowerment
 - Preparation for turnover
- Communication with resident's family members



Outcomes to date

- RAH-NFR initiative has mixed results
 - Decrease in hospital admissions within both the participating facilities and comparator groups
 - Increases and decreases found in emergency department use
 - Reduction in Medicare spending for all-cause hospitalizations; but not across total Medicare expenditures
- PACE and Optum CarePlus enrollees have fewer hospital admissions
 - No program savings
- Some analyses indicate reductions in hospital use in facilities without additional funding
 - Difficult to assess without a measure



Next steps

- Monitor evaluations from Phase II of the RAH-NFR initiative
- Develop risk-adjusted measures of potentially avoidable hospital use
 - Potentially-avoidable hospitalizations
 - All-cause ED and observation visits
 - SNF use by long-term residents
- Present findings next month
- Include in a June report chapter



Discussion

- Work to date
- Planned measures