

Advising the Congress on Medicare issues

### Approaches to bundling post-acute care services

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### Why bundle post-acute care?

- Encourage care coordination between providers
- Encourage more efficient resource use across an episode of care
- Narrow the wide variation in PAC spending

# How does bundling fit into broad payment reforms?

- Improve delivery of PAC while broad reforms are planned
- Focus on episodes is a natural stepping stone to broader reforms
- Analysis of basic bundling options will contribute to better designs
- Improve risk adjustment methods

#### Bundling design decisions

 Type of bundle: Combined inpatient hospital-PAC or PAC-only

Hospital readmissions: Include or exclude

Time period: Short or long

### Methodology

- 30-day and 90-day bundles constructed around a hospital stay
- Risk adjustment: MS-DRGs + CRGs
- Spending measured with Medicare payments, standardized for wages and special payments
- Assume providers will continue to receive FFS payments up to price established for bundle

# Issue 1: Combined inpatient hospital-PAC bundle or PAC-only bundle

Current policy

Hospital

Physician services during hospital stay

PAC provider: SNF HH IRF LTCH

Physician services during post acute care

Readmissions

PAConly bundle Post-acute care only bundle

Readmissions
(may be included in bundle)

Combined hospital-PAC bundle

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Hospital + post acute care bundle

Readmissions
(may be included in bundle)

# Features of combined PAC-hospital and PAC-only bundles

<u>Option</u>	<u>Features</u>
Combined hospital-PAC bundle	<ul> <li>Stronger incentive to coordinate care</li> <li>Step closer to broader reforms</li> <li>Payment may influence whether to refer patients to PAC</li> </ul>
PAC-only bundle	<ul> <li>May not achieve the same levels of care coordination</li> <li>Decision to refer patients to PAC separate from payment</li> </ul>

# Comparing combined hospital-PAC versus PAC-only bundles

- Accuracy: percent of variation in spending explained\*
  - 72% for combined hospital-PAC bundles
  - 26% for PAC-only bundles
- Results reflect
  - Wide variation in PAC spending
  - Risk adjustment methods have not focused on explaining cost differences across PAC
- Decision may hinge on other factors

\*Note: Data are for 30-day bundles that exclude readmissions.

Data are preliminary.

### Issue 2: Options for handling hospital readmissions

- Include in bundle
  - Creates strong incentive to coordinate care
  - Complex to design and administer but paying providers FFS up to a target would sidestep some complexities
- Exclude from bundle
  - Extend readmission policies to PAC providers

## Factors that influence readmission design

- Readmissions are infrequent but costly
- Ability to explain differences in spending increases when readmissions are excluded from bundle

Bundle type	Readmissions <u>included</u>	Readmissions <u>excluded</u>
Combined	67%	72%
PAC-only	22	26



### Issue 3: Bundle length-Features of short bundles

- Services more likely to be related to initial hospital stay
- Lower associated risk may be more manageable by a broader set of providers
- Excludes some PAC use
- May result in higher service provision since providers will be paid separately for services furnished after bundle is over
- Less care is coordinated

### Features of long bundles

- Includes most PAC use
- Likely to include care unrelated to initial hospital stay
- Providers have more flexibility but more risk
- Providers may under-furnish care because risk is extended over longer period
- Transition to broader reforms

### Comparing 30-day and 90-day bundles

- Overlap: The majority of 90-day spending and readmissions occur within first 30 days
- Ability to explain differences in spending is lower for longer bundles

Bundle type	<u>30 days</u>	<u>90 days</u>
Combined	72%	58%
PAC-only	26	23



Data shown are for bundles that exclude readmissions. Data are preliminary.

#### Next steps

- Select bundle options—type, readmissions, and length
- Refine risk adjustment
- Model alternative payments using
  - Distribution of current practice patterns
  - Private plan experience
  - Efficient providers

### Design options for Commissioner discussion

- Type: combined hospital-PAC or PAConly?
- Readmissions: Include or exclude?
- Length: Short or long?