

Hospital and SNF use by Medicare beneficiaries who reside in nursing facilities

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Outline of today's presentation

- Context
- Initiatives and strategies to reduce hospital use by long-stay nursing facility (NF) residents
- Measures
 - Hospital use
 - Skilled nursing facility use
- Considerations for future policy

Context

- A majority of long-stay NF residents are dual-eligible beneficiaries
- Unnecessary hospitalizations of NF residents:
 - Expose Medicare beneficiaries to several health risks
 - Increase Medicare spending
 - Could indicate a program integrity issue
- A substantial percentage of hospital admissions from NFs may be avoidable

Medicare beneficiaries residing in nursing facilities

- Nursing facilities typically provide both skilled nursing (post-acute care) and long-stay nursing services
- Skilled nursing facility (SNF)
 - “Short” stays: ≤ 100 days
 - Medicare-covered stay
 - Typically discharged to community
 - SNF readmission measures exist
- NF
 - “Long” stays: > 100 days
 - Mostly dual-eligible beneficiaries
 - Typically not discharged to community

Background on initiatives to reduce unnecessary hospital use

- Conducted interviews to learn about the strategies employed by facilities to reduce hospital admissions of long-stay NF residents
- Initiatives to reduce unnecessary hospital use for long-stay NF residents
 - Reduce Avoidable Hospitalization among Nursing Facility Residents
 - Optum's CarePlus Model

Strategies to reduce unnecessary hospital use

- Increased staff communication
- Staff training
- Medication review
- Advanced care planning
- Telehealth
 - Reported barriers include:
 - Workflow
 - Volume
 - Cost

Risk-adjusted rates of hospital use per 1,000 long-stay NF resident days

- Relatively low rates of hospital use; but wide variation across facilities
- Risk adjustment based on: age, function, and comorbidity

Measure	10 th percentile	50 th percentile	90 th percentile	Ratio 90:10 percentile
All-cause hospital admission	1.0	1.6	2.3	2.3
Potentially avoidable hospital admission	0.4	0.7	1.2	3.1
All-cause ED visit and observation stay	0.8	1.7	3.1	3.7

Note: Data are preliminary and subject to change.

Source: Preliminary Providigm analysis of 1.4 million long-stay nursing facility residents using data from fiscal years 2013 and 2014.

Characteristics of NFs with high rates of hospital use

- Facilities with hospital admission rates at or above the 90th percentile were more likely to be:
 - For-profit
 - Rural
 - Smaller
- Facility characteristics affecting the rates of hospital use:
 - Frequency of physician or other health professional visits
 - Access to on-site x-ray services

Risk-adjusted rates of SNF per 1,000 long-stay NF resident days

Measure	Average	10 th percentile	50 th percentile	90 th percentile	Ratio 90:10 percentile
Long-stay resident SNF days	76	16	53	169	10.6

Note: Data are preliminary and subject to change.

Source: Preliminary Providigm analysis of 1.4 million long-stay nursing facility residents using data from fiscal years 2013 and 2014.

- Facilities at or above the 90th percentile were more likely to be:
 - For-profit
 - Free-standing
- Facilities at or above the 99th percentile were more likely to be located in three states and were for-profit

Inter-state variation

- About a two-fold variation across measures
- Two-fold variation suggests that state-level policies and geographic differences in practice patterns may explain some of this variation

Measure	National average rate	Average of bottom 5 states (lowest rates)	Average of top 5 states (highest rates)	Ratio of states with the highest to lowest rates
All-cause hospital admission	1.6	1.2	2.0	1.7
Potentially avoidable hospital admission	0.8	0.5	1.0	2.0
All-cause ED visit and observation stay	1.9	1.3	2.7	2.1
Long-stay resident SNF days	76.3	46.9	104.5	2.2

Note:

Data are preliminary and subject to change.

Source:

Preliminary Providigm analysis of 1.4 million long-stay nursing facility residents using data from fiscal years 2013 and 2014.

Intra-state variation

- Consistent variation in hospital admission rates within states relative to national level
- Large variation in SNF use within individual states

Measure	National average 90 th : 10 th percentile	Low variation states 90 th :10 th percentile	High variation states 90 th : 10 th percentile
All-cause hospital admission	2.3	1.8	3.0
Potentially avoidable hospital admission	3.1	2.2	4.3
All-cause ED visit and observation stay	3.7	2.5	5.4
Long-stay resident SNF days	10.6	4.4	27.5

Note: Data are preliminary and subject to change.

Source: Preliminary Providigm analysis of 1.4 million long-stay nursing facility residents using data from fiscal years 2013 and 2014.

Considerations for future policy for long-stay NF residents

- Develop measures of
 - Hospital use
 - SNF use
- Report rates to providers and beneficiaries
- Consider expanding Medicare's SNF value-based purchasing program (requires Congressional action)
- Consider targeting the facilities with aberrant patterns of hospital and/or SNF use through CMS' program integrity programs

Discussion

- Feedback on draft June chapter
 - New material
 - Considerations for policy
- Next steps

