



*Advising the Congress on Medicare issues*

# Preventing avoidable hospitalizations of long-stay nursing facility residents

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# Context

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- 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

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- 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

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- 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)

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- 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

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- 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

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



# Strategies to reduce hospital use - 1

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- 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

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- 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

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- 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

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- 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

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- 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

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- 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

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- Work to date
- Planned measures