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

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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

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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

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Strategies to reduce unnecessary hospital use

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

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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	10th percentile	50th percentile	90th 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.

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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

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

Measure	Average	10th percentile	50th percentile	90th 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

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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 90th : 10th percentile	Low variation states 90th :10th percentile	High variation states 90th : 10th 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

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Discussion

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

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