Post-Acute Care Decision-Making

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Difficult Decisions about Post-Acute Care: Project Aims

To examine how decisions about post-acute care (PAC) are made during hospital discharge planning, especially when care in a skilled nursing facility (SNF) is needed.

To better understand the complex factors that can influence those decisions, with a special focus on communication and information sharing among providers, patients, and families.

To identify strategies for improving communication, practices, and policies that could better support more informed decision-making.
Methods

**Information Scan** – reviewed literature, regulatory framework, quality measures on websites, innovative tools, best practices for filling gaps in decision support

**Expert Interviews** (27) – with researchers, advisors, stakeholders, policymakers, innovators, and others

**Patient and Family Caregiver Discussion Groups and Interviews** – with 17 people who had experienced discharge planning for PAC in a SNF

**Meetings with leaders and frontline staff** involved in discharge planning for PAC - **8 hospitals** in the NY metro area; **phone interviews** with administrators at **5 SNFs** in the NY metro area
1. Difficult Decisions About Post-Acute Care and Why They Matter

2. The Illusion of Choice: Why Decisions About Post-Acute Care Are Difficult for Patients and Family Caregivers

3. Health Care Provider Perspectives on Discharge Planning: From Hospital to Skilled Nursing Facility

4. Pathways to Progress on Difficult Decisions in Post-Acute Care

Free downloads available at:
https://uhfnyc.org/initiatives/post-acute-care/

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Why Decisions about PAC Should Matter to Patients

• **Quality varies** among PAC providers. Patients who receive care from lower quality providers have a higher risk of complications and worse outcomes, contributing to rising costs, including out-of-pocket costs.

• **Choosing carefully** can mean the difference between full recovery, cycling in and out of facilities, becoming a nursing home resident, or early death.

• Right patient, right setting, right time essential to high-quality care.
Dynamic Health Care Environment

Demand for PAC likely to grow with population aging and increased burden of chronic disease

Continued pressures to reduce length-of-stay and costs

Shift in care delivery out of hospitals into home- and community-based services

Emerging Trends:

• Value-based payment models pushing provider alignment
• More emphasis on care continuity and coordination
• NYS health systems forming PAC networks
• Continued spread of HIT, new tech solutions and tools emerging to predict PAC needs and match services to patients
Context Setting for PAC

• PAC providers serve vulnerable populations

• Settings and providers are siloed

• High volume, high cost services; evidence lacking on what settings work best for which patients

• Although provider supply large enough in many areas of NYS to offer a range of choices, a host of factors can constrain choice of settings and providers

• Onus on patients/families to research, evaluate, select a provider until 11/29/19

• Difficult for patients and families to identify best options and make informed decisions
Quality Varies among PAC Providers in NYS

Performance Ranges of NYS SNFs on Selected Short-Stay Measures

- High  Low  NYS Mean

Rehospitalization Rates
- 36%  20%  3%

Emergency Department Visits
- 27%  10%  0%

Pts Reporting Moderate to Severe Pain
- 41%  9%  0%

Imagery in Function
- 100%  70%  7%

Performance Ranges of Certified Home Health Agencies on Selected Quality Measures

- High  Low  NYS Mean

Pts Whose Walking Improved
- 23%  16%  0%

Rehospitalization Rates
- 32%  100%  100%

Pts Needing Urgent, Unplanned Medical Care
- 20%  4%  0%

Recommendation to Friends & Family
- 95%  73%  70%
Factors That Can Affect Choice of a PAC Provider

External Constraints
- Type of insurance coverage and benefit design
- Interpretations of medical necessity
- Supply and capabilities of providers and community-based services and supports
- PAC admission criteria, referral patterns and relationships

Individual Constraints
- Medical – e.g., need for specialized services, cognitive problems
- Social – e.g., age, availability of social support

Legal Constraints
- Federal statutes and regulations: Social Security Act, IMPACT Act, Final Rule, Medicare Conditions of Participation, Anti-kickback Statute
- State statutes and regulations: CARE Act, NYCRR Title 10
Factors Important to Patients and Family Caregivers

Location
- Convenient for family/friends; some willing to go further for specific services

Intensity and Availability of Services & Staffing
- Frequency of physical therapy; availability of specialized services – e.g., ventilator, specific disease supports (e.g. ALS), on-site dialysis; sufficient staffing

Ongoing Care
- For patients who won’t return home, is the PAC setting appropriate for an eventual transition from subacute to LTC?

Finances
- Is the PAC facility in-network? Will the facility take patients with expensive medication needs?
## Barriers to Informed Decision Making

<table>
<thead>
<tr>
<th>How Options Are Presented</th>
<th>There’s no standard way from one place (sometimes person) to the next</th>
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</thead>
<tbody>
<tr>
<td>Limits of “Choice”</td>
<td>Participants said: given a “list of options”; “sent to rehab”; took “first available bed”</td>
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<tr>
<td>Limited Guidance</td>
<td>Families told to visit facilities, but don’t have guidance on what to look for; few knew about NHC or NYS HealthProfiles for nursing homes</td>
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<tr>
<td>Rushed Decision-Making</td>
<td>“Discharge imminent” – usually 3 days but sometimes only one – not much time to “shop” carefully</td>
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<tr>
<td>Focus on Acute Needs</td>
<td>Presence of chronic conditions may complicate rehab and next care transition</td>
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<tr>
<td>Outdated Information</td>
<td>Word of mouth recommendations may not be based on recent experience</td>
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Patient and Family Perspectives on Available Information

Language

• Online info and reviews often only in English

Computer Literacy

• Many relied on younger family members or friends to help with research and to translate information, citing language and computer literacy barriers

Marketing v. Information

• Websites were largely promotional and lacked specifics on services, activities, staffing

Understanding Quality Measures

• Some patients and families who did use websites like Nursing Home Compare found quality ratings unhelpful because they didn’t seem relevant to their needs

Timeliness

• Consumer review sites like Yelp, Facebook, Google user-reviews, were seen as helpful because they described people’s real, recent experiences
Discharge Planning Today

Medicare beneficiaries:
• Right to choose among participating providers and to be safeguarded from referrals influenced by remuneration
• They and their family or designees have the right to be involved in discussions about the need for PAC and in planning for discharge, and to be prepared for post-discharge care

Hospitals:
• Must supply lists of local Medicare/Medicaid-participating SNFs and home health agencies (HHA) to patients when PAC services are indicated
• May not specify or otherwise limit eligible providers available to the patient and must disclose financial interests in any HHA or SNF to which a patient is referred
• Must respect patient preferences and involve patients and family caregivers/supporters in discharge planning
• May refer patients to the CMS Compare websites or official state websites for more info about PAC providers and help patients find or interpret quality-related information
Discharge Planning as of 11/29/19: Final Rule - Hospital Requirements

- Discharge planning process and plan must focus on patient goals and preferences and include the patient and caregiver as active partners.
- Must supply lists of local Medicare/Medicaid-participating PAC providers based on patient geography and indicate in-network providers, if known and applicable.
- Must not specify or otherwise limit qualified providers available to the patient and must disclose financial interests in any PAC provider.
- Must, when possible, respect patient’s or representative’s care goals and treatment preferences.
- Must assist patients and caregivers in selecting a PAC provider by using and sharing quality and resource use measures relevant to patient goals and treatment preferences.
- Should use the CMS Compare websites, as well as other websites and knowledge of local providers to counsel patients.
- Must document in the electronic health record information and assistance provided.
- Subregulatory guidance forthcoming.
Pathway to Progress?

• Most patients and family caregivers want hospital staff to assist them with decisions about where to go for PAC

• New federal regulations require hospitals to use quality information and assist patients and caregivers

• Will existing law and regulations that guarantee Medicare beneficiaries choice and limit hospitals from recommending specific providers remain a barrier? Will there be other unintended consequences?

• Will Final Rule requirements provide the meaningful information and decision support that most patients and families seek?

• Other Strategies:
  • Bring information to the bedside
  • Use a shared decision-making approach
  • Tell patients and families what to expect from PAC services
Beware of Gaps in the Bridge from Acute to PAC