

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

UHF Difficult Decisions Report Series

- 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 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

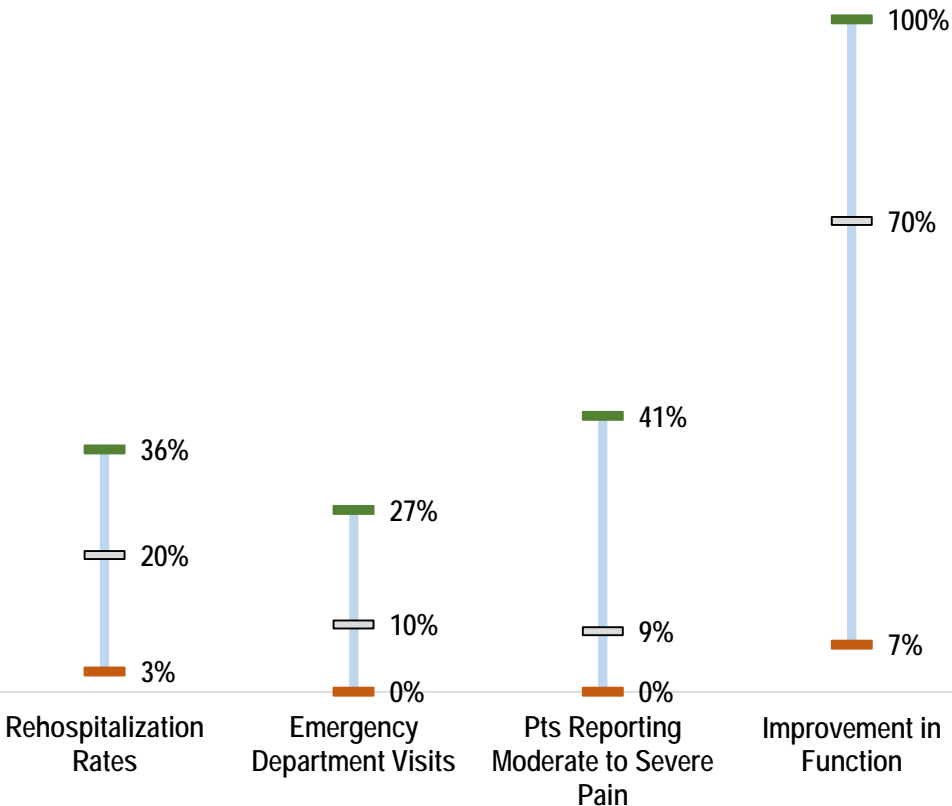
Context Setting for PAC

- 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

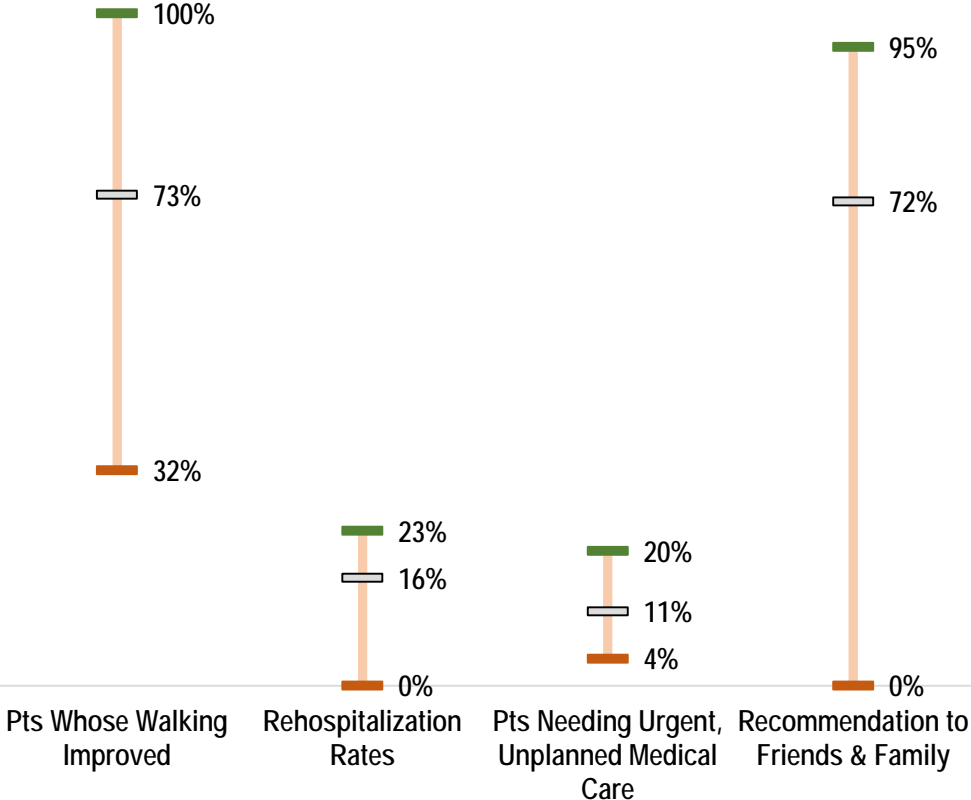
Performance Ranges of NYS SNFs on Selected Short-Stay Measures

— High — Low — NYS Mean



Performance Ranges of Certified Home Health Agencies on Selected Quality Measures

— High — Low — NYS Mean



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

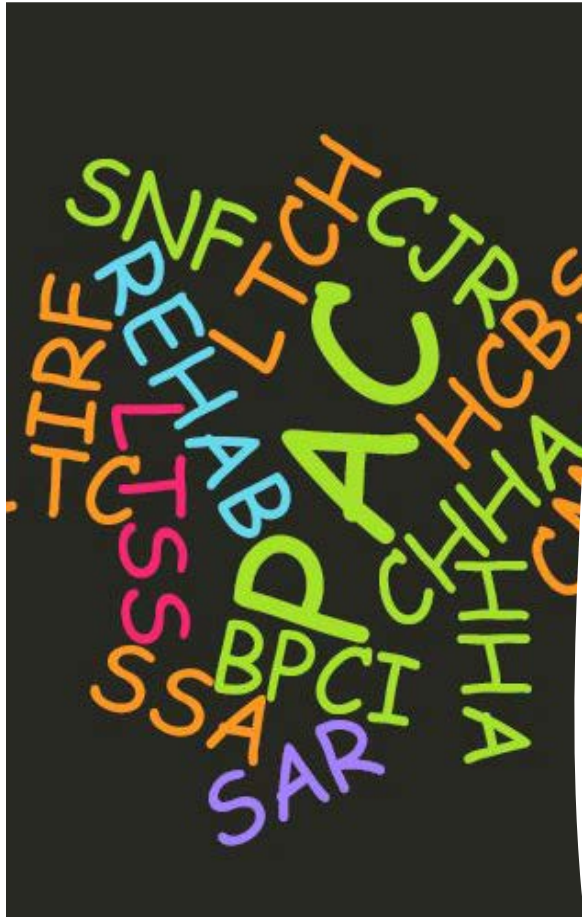
Individual Constraints

- 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

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Outdated Information	Word of mouth recommendations may not be based on recent experience

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

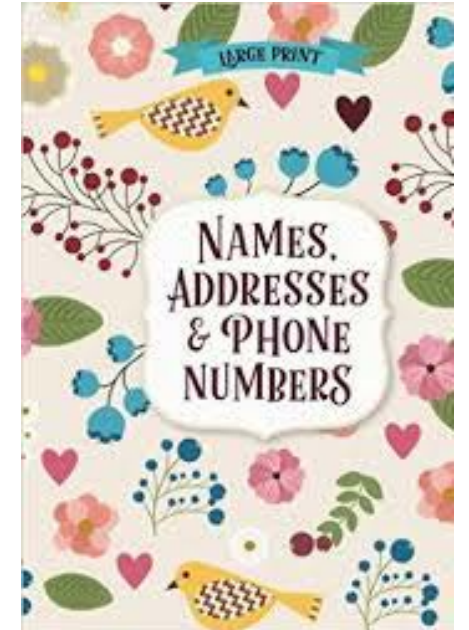
Discharge Planning Today

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

