



Potentially Avoidable Hospitalizations among Dual Eligible Beneficiaries in Medicaid Home and Community-Based Services Waivers

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Disclaimer

This presentation is based on *Cost Drivers for Dually Eligible Beneficiaries: Potentially Avoidable Hospitalizations from Nursing Facility, Skilled Nursing Facility and Home and Community-Based Services Waiver Programs: Final Task 2 Report*.

<https://www.cms.gov/reports/downloads/costdriverstask2.pdf>.

Additional tables including non-HCBS community dual eligible beneficiaries available upon request from ewalsh@rti.org

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Introduction

- Fragmentation between health care and long-term care leads to poor quality and high costs
- Long-term care policy focus on demedicalization, in part to promote consumer empowerment
- Little attention to acute care use among home care users
- Most research focuses on nursing home population rather than population in community
- Reducing potentially avoidable hospitalizations (PAH) to improve clinical care and reduce costs

Who are HCBS waiver beneficiaries?

- Medicaid beneficiaries, including those dually eligible for Medicare and Medicaid
- Need nursing home level of care
- Waivers allow States to provide wide range of home and community-based services
- Policy focus on their need for long-term services and supports in the community
- At particular risk for PAH due to their underlying medical conditions and potential complications related to their impairments

What constitutes a potentially avoidable hospitalization?

- Hospitalization either preventable or treatable as an outpatient if identified early enough with appropriate clinical resources
- Previous studies focused on ambulatory care sensitive conditions in the general population on nursing home population
- Previous studies of the nursing home population produce estimate of potentially avoidable hospitalizations that range from 23-60% of hospitalizations.

Research questions

- What are the rates of total and potentially avoidable hospitalizations among home care users?
- What are the costs associated with potentially avoidable hospitalizations?
- What factors are associated with potentially avoidable hospitalization rates?

Study methods

- Convened clinical panel to select PAH conditions
- People dually eligible for Medicare and Medicaid in 2005 who participated in Medicaid home and community-based services (HCBS) waivers (elderly and physically disabled waivers, not ID/DD waivers)
- Merged Medicare and Medicaid claims data, selecting specific ICD-9 codes, and information on Medicaid policy variables and measures of area supply/demand for health services
- Definition of costs limited to hospitalization costs

Potentially avoidable hospitalization conditions

Applied to all settings

- COPD, asthma
- Congestive heart failure
- Constipation, impaction
- Dehydration
- Hypertension
- Poor glycemic control
- Seizures
- Urinary tract infection
- Weight loss and malnutrition

Nursing home only

- Altered mental status, acute confusion, delirium
- Anemia
- Diarrhea, gastroenteritis, C. Difficile
- Falls/trauma
- Pneumonia
- Psychosis, agitation, organic brain syndrome
- Skin ulcers, cellulitis

Total and potentially avoidable hospitalizations and costs among Medicare and Medicaid dual eligible beneficiaries, 2005

Service Use	Total Hospitalizations	Potentially Avoidable Hospitalizations
Total Sample (5.6 million)	2,691,000	700,000
Hospital Costs	\$27.520 billion	\$5.597 billion
Beneficiaries Receiving Medicaid HCBS Waiver Services (374,000)	267,900	69,000
Hospital Costs	\$2.507 billion	\$.463 billion

Source: Walsh et al., 2010.

Total and potentially avoidable hospitalizations among nursing home and Medicaid HCBS waiver Medicare and Medicaid dual eligible beneficiaries, 2005

Service Use	Potentially Avoidable Hospitalization Rate (per 1,000 person-years)	Percentage of Hospitalizations that are Potentially Avoidable
Beneficiaries Receiving Medicare Skilled Nursing Facility Services	942	42
Beneficiaries Receiving Medicaid Nursing Facility Services	338	47
Beneficiaries Receiving Medicaid HCBS Waiver Services (full list)	408	42
Beneficiaries Receiving Medicaid HCBS Waiver Services (short list)	250	26

Source: Walsh et al., 2010.

Characteristics of Potentially Avoidable Hospitalizations Among Dual Eligible Medicaid HCBS Waiver Beneficiaries, 2005

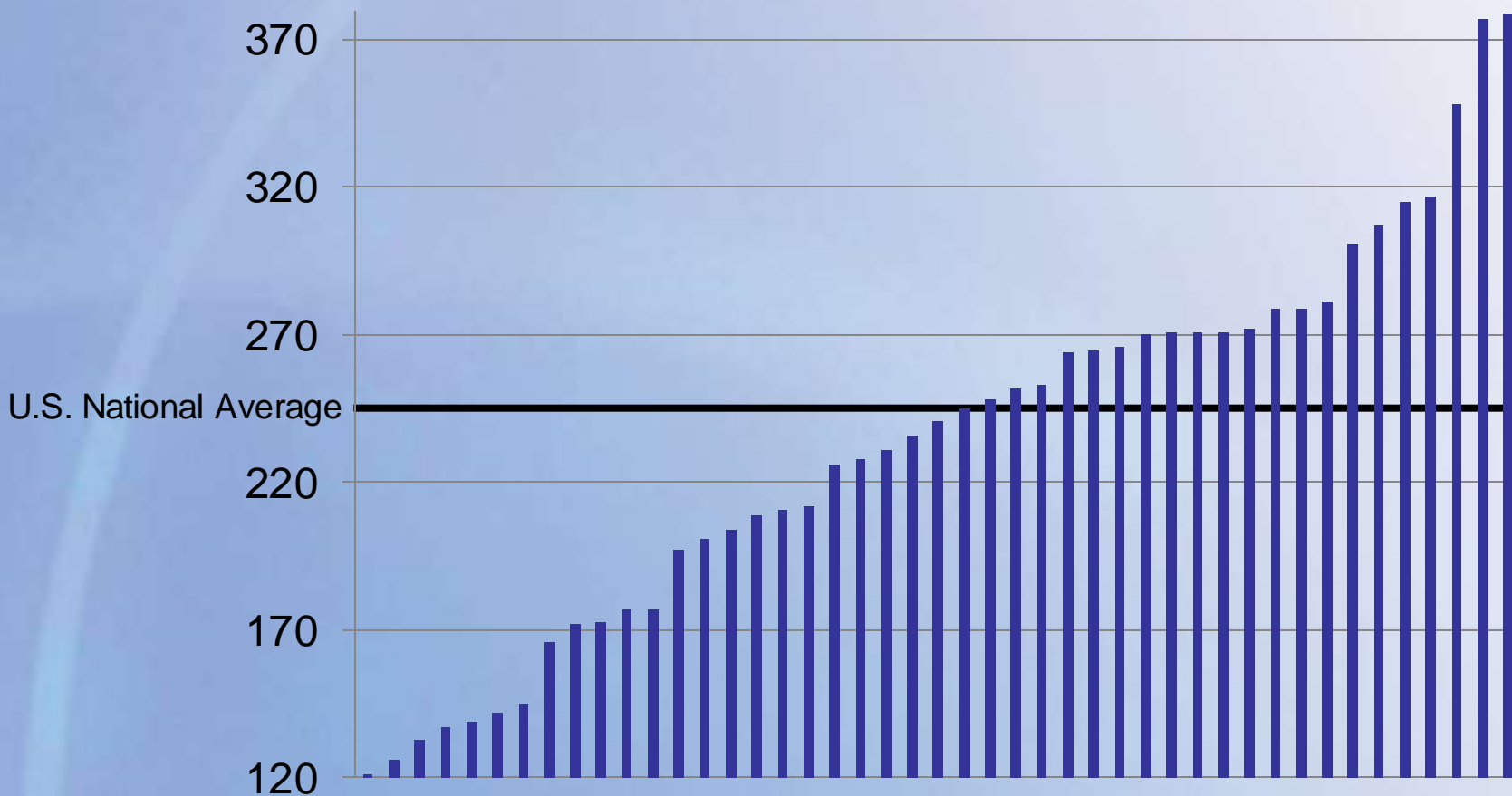
Characteristic	Value
Total hospitalizations	267,862
Potentially avoidable hospitalizations	68,625
Average length of stay (days)	5.5
Average Medicare cost for potentially avoidable hospitalization	\$6,415
Average Medicaid cost for potentially avoidable hospitalization	\$325
Estimated hospital cost of potentially avoidable hospitalizations	\$463,000,000

Source: Walsh et al., 2010.

PAH among HCBS Waiver Dual Eligibles, by Diagnosis

All	100.0
COPD, asthma	23.6
Congestive heart failure	33.0
Constipation, impaction	2.0
Dehydration	18.4
Hypertension	1.0
Poor glycemic control	2.0
Seizures	3.6
Urinary tract infection	15.7
Weight loss and malnutrition	0.7

Potentially avoidable hospitalizations rate per 1,000 person years among dual eligible Medicaid HCBS waiver beneficiaries, by State, 2005



Multivariate results in HCBS waiver population

- Factors increasing risk of PAH
 - Black, other race
 - Population age 75+/total population
 - Mean number of chronic conditions
 - Medically needy
- Factors decreasing risk of PAH
 - Increasing age
 - Hispanic
 - HCBS spending as % of total LTC spending
 - State-plan coverage of personal care option

Conclusions

- Policy initiatives to demedicalize long-term care and to increase consumer control neglected medical care needs of people with severe disabilities
- Dual eligible home care users have high rates of hospitalizations and potentially avoidable hospitalizations

Conclusions (cont.)

- Using broad definition, waiver beneficiaries had a higher rate of potentially avoidable hospitalizations than Medicaid nursing home residents
- Little incentive for Medicaid to address these problems because costs of hospitalizations borne by Medicare, not Medicaid

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