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Flying Blind: Patient Choice of Post-Acute Care Provider & Hospital Accountability

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Background

- Post-acute care (PAC) often necessary following a hospital stay
- Since Affordable Care Act implementation, hospitals more responsible for PAC (financial penalties for rehospitalizations)
- Rehospitalizations from skilled nursing facilities (SNFs) lower when hospitals discharge to a selection of fewer SNFs, but referring to fewer SNFs may restrict patients' choice



Background

- Hospital discharge planners (DPs) are key stakeholders in the SNF placement process
- Research is limited, but home health case managers do not provide quality information or make recommendations, but only provide lists of facility names and contact information



Background

- Lack of guidance may be result of misinterpretation of “patient choice” statutes
- Statutes only require hospitals to provide patients with a list of facilities in their area—designed to protect patients’ rights
- Little is known about how patients make decisions about which SNF to select and the role that DPs play in patients’ selections



Research Objective

- To explore how patients requiring PAC make decisions about which SNF to select and the role that hospital DPs play in patients' selections



Methods

- Site visits to 8 US markets
- Selected 2 hospitals and 3 or 4 SNFs that received referrals from those hospitals in each market
- Interviewed ~20 staff from each market
- Interviewed 98 patients who had just been admitted for SNF care



Methods

- Asked DPs:
 - Basics of organization (number of DPs, how duties are split, how policies are communicated)
 - Relationships with preferred SNFs
 - Hypothetical discharge-planning scenario
 - Patient factors that influence planning
 - Access to/use of PAC provider quality data
 - Programs to improve transitions
 - Programs to reduce readmissions



Methods

- Asked patients:
 - Hospital stay
 - Previous SNF experience
 - Transition from hospital to SNF
 - How SNF decision was made
 - Who was involved in SNF decision (family, friends, hospital staff)
 - What information was used and how it was gathered
 - If would choose a different facility
 - Knowledge of local facilities
 - How would make long-term selection



Methods

- Used interview summaries to quantify:
 - Patients involved in SNF selection
 - Patients who reported receiving quality info
 - Patients who had previous stays in the same SNF
 - Patients who would have gone elsewhere had it been recommended



Methods

- Responses from DPs and patients also qualitatively coded to identify underlying concepts and themes



Results: Overview

- Of 77 patients who reported being involved in SNF selection, 57 received only a list of SNFs
- 10 didn't receive lists because they already knew where they wanted to go; in all cases a SNF where they had previously been
- 35 of the 98 patients reported previous stays at the same SNF



Results Overview

- 4 patients reported receiving SNF quality data from DPs
- DPs reported not furnishing patients with data, but providing only lists of SNFs
- DPs stated that patient choice statutes precluded them from providing any information beyond SNF addresses



Results Overview

- Because the only “data” patients were given were addresses, patients often selected the SNF nearest their home and/or returned to a SNF where they had previously been
- 73 patients said they would have traveled further if a better nursing facility had been recommended



Results: Patients Received Only a List

- 57 patients reported receiving only a list of SNFs:
 - *I got a two-page list of different facilities that I could go to. It, basically it was the name, the address, and a phone number.*
 - *Well there were, there's like a hundred of them. It's all the facilities in the area.*



Results: Patients Received Only a List

- DPs also reported providing only lists of SNFs:
 - *So right now how it works is everybody gets a list with all of the local SNFs on it and everybody can choose.*
 - *We hand them the list. The patients usually do it based on location or preference but we try absolutely not to sway it. In fact, we do have a form that the patients do sign with their choice.*



Results: Patient Choice Statutes

- Hospital staff stated they had been told that patient choice statutes precluded them from providing any information beyond SNF addresses:
 - *Our legal experts have said that we're not able to do that [provide recommendations or data] outside of any sort of Medicare innovation programs, and because they're, they are very concerned about the requirement for the patient to feel that they have choice in where they go post-discharge.*
 - *CMS requires patient choice so we literally had a whole list of everything that's within whatever the radius is that the family's looking for is provided to them.*



Results: Patient Choice

- DPs stated that they thought providing quality data or recommendations would influence choice, so they don't do it:
 - *At this time, it is because we're very, very much into patient choice. You can look [quality data] up online or you can find that type of information.*
 - *Now to be compliant with conditions of participation, which of course we want to be, we're going to offer patients' choice, we're going to have the entire list of providers as we always have... we're not endorsing, which is also part of the conditions of participation, but we're not endorsing any facilities.*



Results: Role of Location

- Because the only “data” patients were given were addresses, patients often simply selected the SNF nearest their home:
 - *Well, they gave me a sheet with about 50 on there, but I looked for ones that were in my area so I wouldn't have to drive so far and this is the closest one that had an opening.*
 - *Well, first we kind of looked at the ones that were closer to our home, where we lived because you know you don't want to have to drive an hour to get to a place either so we looked at those first.*



Results: Role of Prior Experience

- 35 patients reported previous stays at the same SNF:
 - *There is a comfort in knowing certain, ya know, elements versus fear with the unknown. So that's why I came here.*
 - *I thought, well why would I start all over again. I mean, I hoped I knew the people. I thought it would be the same physical and occupational therapy. It isn't.*



Conclusions

- Patients are making SNF selections without help or guidance of DPs, instead relying on limited information: addresses and previous experience
- Belief that patient choice statutes preclude the sharing of quality data about SNFs means that patients' choices are not based on quality data



Implications for Policy and Practice

- Focus on providing “choice” at expense of providing information does a disservice to patients and hospitals
- Future research should investigate how DPs may be interpreting these statutes, and how such interpretations may be influencing patient outcomes
- Hospitals must consider how DPs can engage patients in decision-making while still adhering to “patient choice” requirements
- CMS must clarify what is meant by “patient choice” and allow hospitals to steer patients to better quality PAC settings



Thank You

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