Integrating Policy and Physiology Towards Optimal Hospital Discharge – We Can Do It!

Toni Miles, M.D., Ph.D.
June 11, 2015
Objectives: 
*Policy* is the primary focus:

- Review the *Medicare Home Health Care* benefit.
- Review physiological characteristics of persons newly discharged from the hospital.
- Discuss *person centered hospital discharge*, where practice meets policy.

First, we must discuss: 
‘*Medicaid expansion and hospital discharge.*’
The United States Health Care System

Sites for care are shown on the right side in blue boxes.
Before ACA / Obamacare:

Medicaid financed hospital care for the uninsured.

After ACA:

Everyone must have insurance.

To help with purchases, premium supplement dollars are provided.

To keep cost low, ACA uses $$$ hospital received for uninsured care.

Uninsured $$$ for hospitals gone by 2019.

Bottom line:
Hospital closures are common in states that do not expand.
Home health care is a Medicare benefit supporting persons at hospital discharge.

Can we shop for local providers of home health care?

Yes!

http://www.medicare.gov/homehealthcompare
Home health care:
How can I pick the agency that is best for me?

http://www.medicare.gov/homehealthcompare

<table>
<thead>
<tr>
<th>Quality</th>
<th>Patient Satisfaction with team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily activities</td>
<td>Professionalism of the team?</td>
</tr>
<tr>
<td>Pain and treating symptoms</td>
<td>Communication skills?</td>
</tr>
<tr>
<td>Treating wounds and preventing pressure sores</td>
<td>Discussions of pain and home safety?</td>
</tr>
<tr>
<td>Preventing harm</td>
<td>Rating of overall care</td>
</tr>
<tr>
<td>Preventing unplanned hospital care</td>
<td>Recommend to friends and family</td>
</tr>
</tbody>
</table>
Persons newly discharged from the hospital can be defined by 4 big Ideas

- Functional compromise
- Common needs
- Illness specific needs
**Newly discharged persons:**

**3 groups**

<table>
<thead>
<tr>
<th>Discharge Site</th>
<th>Physiology / Activity</th>
<th>Likelihood for unplanned readmission</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GoGo</strong></td>
<td>Home or Rehab, Slightly diminished / As tolerated</td>
<td>Low probability</td>
</tr>
<tr>
<td><strong>SlowGo</strong></td>
<td>Home, Rehab, Assisted living, Diminished / IADL Assistance, Nearby caregiver if no cognitive issues</td>
<td>Medication or accident related</td>
</tr>
<tr>
<td><strong>NoGo</strong></td>
<td>Assisted Living or Long term care, Major systems depleted / ADL assists, Caregiver in resident</td>
<td>Likely without caregiver support</td>
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</table>

*Adapted from HJ Cohen model.*
Person centered hospital discharge planning

- Review
- Review
- Discuss
Ambulatory Care Sensitive Conditions: Conditions that respond to timely and effective care in the outpatient (ambulatory) setting. ACSC's are used as Prevention Quality Indicators, and can assist in evaluating quality or use of primary health care.

Percent of ACSC Discharges Formula = \( \frac{\text{The number of ACSC's discharges}}{\text{The total number of discharges}} \times 100 \)
**Ambulatory Care Sensitive Conditions:** Conditions that respond to timely and effective care in the outpatient (ambulatory) setting. ACSC's are used as Prevention Quality Indicators, and can assist in evaluating quality or use of primary health care.

Percent of ACSC Discharges Formula = [The number of ACSC's discharges / The total number of discharges] * 100

<table>
<thead>
<tr>
<th>CHRONIC CONDITIONS</th>
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<tbody>
<tr>
<td>Angina [411.1, 411.8, 413]</td>
</tr>
<tr>
<td>Asthma [493]</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease [466.0*, 491, 492, 494, 496] *Includes acute bronchitis (466.0) only with secondary diagnosis of 491, 492, 494, 496</td>
</tr>
<tr>
<td>Congestive Heart Failure [402.01, 402.11, 402.91, 428, 518.4]</td>
</tr>
<tr>
<td>Diabetes with ketoacidosis or hyperosmolar coma or other coma [250.1-250.33]</td>
</tr>
<tr>
<td>Diabetes with other specified or unspecified complications [250.8-250.93]</td>
</tr>
<tr>
<td>Diabetes mellitus without mention of complications or unspecified hypoglycemia [250-250.04]</td>
</tr>
<tr>
<td>Grand Mal &amp; Other Epileptic Conditions [345]</td>
</tr>
<tr>
<td>Hypertension [401.0, 401.9, 402.00, 402.10, 402.90]</td>
</tr>
<tr>
<td>Tuberculosis (Non-Pulmonary) [012-018]</td>
</tr>
<tr>
<td>Pulmonary Tuberculosis [011]</td>
</tr>
</tbody>
</table>
Instructions: 
Take 10 minutes to answer the following questions

1. Have you or someone you know been unable to obtain timely or appropriate health care?

2. Has someone you know needed the support of Medicaid to pay maternity expenses?

3. Have you or someone you know ever had a job that did not offer health insurance?

4. Have you or someone you know apply for bankruptcy because of excess medical bills?
Big Ideas.

*Policy* is a complex word.

*It* can create and resolve health care access barriers.

In the U.S., access to health care is defined by marketplace *policy*.
Policy is a complex word.

It has different meanings:

Some think of it as a *rule*.  
*‘It’s the way we do things here.’*

Some think of it as *strategy*.  
*‘What if…?’*

In this session, *policy* is a suggestion, a strategy, a basis for making law.
Policy can both create and resolve health care barriers.

Examples:
1. Current gender differences in access to Medicaid
2. Medicare desegregation of U.S. hospitals
Access to health care is defined by insurance marketplace policy.

Public versus private.

Public Health Insurance Plans
- Indian Health Service
- Medicaid
- Medicare
- VA*

Private Plans
- Catastrophic: High deductions
- Cadillac: No deductions
- Traditional: Co-pay, deductions

6/9/2015
Big Idea.

Without the voice of the consumer, there is no quality care.

Missing voices?

Adults with complex medical conditions.

Primary language is not English.
Case: Health care quality and disparities.
Quality improvement and ACA

Readings:


Miles TP (2012) Quality, Disparity, and ACA Title III. Chapter 3 in Health Reform and Disparities. ABC-CLIO.

Also Purdue Center for Lifespan and Aging Conference 2012: https://www.youtube.com/watch?v=WfXOeqo0o24
Safety: Asians/Pacific Islanders and Hispanics are more likely to die from complications in hospital care than whites and blacks.

Deaths per 1,000 discharges with complications of care in hospitalization, 2003

Note: Complications of care include postoperative pneumonia, urinary tract infection, and blood clot in the leg.
Note: Estimates are adjusted by age, gender, age–gender interactions, comorbidities, and DRG clusters.
Sick in America: Experiences with Quality of Health Care - Part 2

In the past 12 months, when dealing with your own medical problem, was there ever a time when any of the following things happened? (Among those who had a serious illness, medical condition, injury or disability requiring a lot of medical care or who had been hospitalized overnight in the past 12 months, n=516)

- The doctor or other health professional recommended to you was not accepting new patients or taking your insurance or Medicare
  - 16%

- You did not have access to the latest medical technology
  - 16%

- You were tested or treated for something you thought was unnecessary
  - 15%

- You had to redo a test or procedure because the doctor didn’t have the earlier test results
  - 15%

- You could not get an appointment or referral to see a specialist you thought you needed
  - 14%

- You believe you were given the wrong diagnosis, treatment, or test
  - 13%

Sick in America: Experiences with Health Care Professionals When Dealing with Own Medical Problem, Part 2

In the past 12 months, was there ever a time when dealing with doctors, nurses or other health care professionals about your own medical problem when any of the following things happened? (Among those who had a serious illness, medical condition, injury or disability requiring a lot of medical care or who had been hospitalized overnight in the past 12 months, n=516)

You had to see multiple medical professionals, and no one doctor understood or kept track of all the different aspects of your medical issues and treatments

- 23%

A doctor, nurse or other health professional did not treat you with dignity and respect or did not listen to your concerns

- 21%

A doctor, nurse or other health professional did not describe the choices and trade-offs of possible tests or treatments

- 21%

You were not treated as well as other patients because of your health insurance situation

- 15%

Sick in America: 
Experiences with Quality of Health Care - Part 1

In the past 12 months, when dealing with your own medical problem, was there ever a time when any of the following things happened? (Among those who had a serious illness, medical condition, injury or disability requiring a lot of medical care or who had been hospitalized overnight in the past 12 months, n=516)

You had to wait for an appointment with a doctor longer than you thought reasonable 
35%

You had to bring an X-ray, MRI, or other type of test result with you to a doctor’s appointment 
28%

You saw a health care professional who did not have all of your relevant medical information 
24%

You had to wait for test results longer than you thought reasonable 
20%

You did not get all the tests you thought you should 
18%

You did not get a treatment or test because your insurer wouldn’t pay for it 
18%

The Affordable Care Act: Maternity care
Example: Gaps in Maternity care (MC)

Not all employer-sponsored plans offer MC benefit.

No prior federal legislation required MC. Not Title VII of the Civil Rights Act in 1978; Not HIPAA in 1996.

Only 18 states mandate MC with many caveats.

70% of reproductive age women obtain health care through employer sponsored plans! (Source: KFF.ORG)
# Affordable Care Act: Maternity Care Policies

<table>
<thead>
<tr>
<th>Old Barrier</th>
<th>New Benefit(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage for Pre-natal care and delivery.</td>
<td><strong>Section 1302</strong>: MC is an essential benefit</td>
</tr>
<tr>
<td></td>
<td><strong>Section 1501</strong>: Individual mandate</td>
</tr>
<tr>
<td></td>
<td><strong>Section 1558</strong>: Essential benefits required for all private markets</td>
</tr>
<tr>
<td>Limited or non-existent post-partum care.</td>
<td><strong>Section 2951</strong>: Demonstration projects for maternal, infant, and early childhood home visiting programs.</td>
</tr>
<tr>
<td>Delayed access to Medicaid supported maternal care.</td>
<td><strong>Title II</strong>: Presumptive eligibility; Least minimum coverage; Eligible mandatory mandatory individuals; Premium assistance for employer-sponsored insurance; Coverage for former foster care children; FMAP provisions to increase federal monies to states;</td>
</tr>
</tbody>
</table>

**Bottom line**: After 2014, all qualified insurance plans required to include maternity care as an essential benefit.
The Affordable Care Act:
Mental and physical health care parity
Wellstone-Domenici (W-D)/Affordable Care Act (ACA): Policies to improve access

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<thead>
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<th>Old Barrier</th>
<th>New Benefit(s)</th>
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<tbody>
<tr>
<td>Limited number and intensity of treatment</td>
<td><strong>W-D</strong>: Parity with medical treatment</td>
</tr>
<tr>
<td>Coverage for Mental Health and Substance Abuse.</td>
<td><strong>ACA / Section 1302</strong>: Essential benefit</td>
</tr>
<tr>
<td></td>
<td><strong>ACA/Section 1501</strong>: Individual mandate</td>
</tr>
<tr>
<td></td>
<td><strong>ACA/Section 1558</strong>: Benefit provision for markets.</td>
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<tr>
<td>Delayed access to Medicaid supported mental health treatment.</td>
<td><strong>W-D</strong>: Mental health essential benefit in Medicaid managed care.</td>
</tr>
<tr>
<td></td>
<td><strong>ACA/Title II</strong>: Mental health benefit in all Medicaid care</td>
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<td>(Least minimum coverage); Presumptive eligibility;</td>
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<td></td>
<td>Premium assistance for employer-sponsored insurance;</td>
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<td>Coverage for former foster care children;</td>
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Medicaid eligibility for unemployed adult single men remains a problem.
## Two New Laws: Mental health and substance abuse.

<table>
<thead>
<tr>
<th>Wellstone-Domenici Mental Health Parity Act of 2008 (MHP)</th>
<th>Patient Protection and Affordable Care Act of 2010 (ACA)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target:</strong> Large employer insurance plans, Medicaid Managed Care Plans (Passport!).</td>
<td><strong>Target:</strong> All insurance plans sold in the exchanges.</td>
</tr>
<tr>
<td><strong>Law:</strong> Regulates Inpatient, Outpatient, and Emergency care, plus Prescriptions.</td>
<td>Same as MHP. Now mental health and substance abuse care is an <em>essential</em> benefit.</td>
</tr>
<tr>
<td><strong>Effective:</strong> October 3, 2009.</td>
<td><strong>Effective:</strong> 2014</td>
</tr>
<tr>
<td><strong>What it does:</strong> Mental and physical illness treatment are now on par.</td>
<td><strong>What it does:</strong> Mental health and substance abuse care is an <em>essential</em> benefit.</td>
</tr>
<tr>
<td><strong>What it doesn’t:</strong> No mental health care mandate. Does not apply to individual or small employer plans (&lt;50 workers).</td>
<td><strong>What it doesn’t:</strong> Coverage for unemployed is spotty. There will still be portions of the population that will not be able to purchase health insurance.</td>
</tr>
</tbody>
</table>

Source: www.kff.org
Summary: Mental Health Care and the Weeds of health care reform

- Mental health care is now on par with physical health care in employer-sponsored plans and in Medicaid Managed Care plans.
- If someone says it's not, then advocates need to work for enforcement of existing statutes.
- Statutes in Title III of ACA link patient satisfaction with payment reform.
- Advocates can use these data to advance the quality of mental health and substance abuse care. Patient satisfaction with inpatient care can be found for other hospitals at: http://www.hospitalcompare.gov
Leadership in the 21\textsuperscript{st} century

\textbf{The leadership performance model:}
This model requires an understanding of the circumstances, the context, and a self-awareness of being and acting.

This model can help guide your actions as you train.

\textbf{Source:} ‘The science of leading yourself: a missing piece in the health care transformation puzzle’ W. Souba; Open J Leadership, \url{http://dx.doi.org/10.4236/0jl.2013.23006}
Understanding the Effect of Medicaid Expansion Decisions in the South

JAMA 2014; doi:10.1001/jama.2014.7077
NOTE: Totals do not sum to 100% due to rounding.

SOURCE: KCMU/Urban Institute analysis of 2013 and 2012 ASEC Supplements to the CPS.
Larger context for Chronic Disease Care: Status of Medicaid Expansion Decisions in the South as of April 2014

Implementing the Medicaid Expansion in 2014 (6 States, including DC)

Not Moving Forward at this Time (11 States)

Regional Distribution of Uninsured Adults in the Coverage Gap, 2014

- Texas: 22%
- Florida: 16%
- Georgia: 8%
- NC: 6%
- LA: 5%
- SC: 4%
- Other Southern States: 16%
- Midwest: 11%
- Northeast: 6%
- West: 4%

South: 79% (3.8 Million)

Total: 4.8 Million Adults in the Coverage Gap

NOTE: Excludes undocumented immigrants. Totals may not sum due to rounding.
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Q&A (with a view of the Gulf!)