The Problem of Hospital Readmissions

#811
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Objectives

• Demonstrate an increased understanding of the physical and financial impact of a hospital stay
• Identify the driving forces for attention to the cause of hospital readmissions
• Describe the strategies to improve transitions of care and reduce readmissions
Health Care Today

- Medicare benefit
- Concern regarding Medicare dollar
  - Why the concern?
  - Is it that we have been careless?
  - What is the problem?
- The issue is multi-faceted, but basically....
  - Health Care in the United States is pretty good
  - Advances in medicine-- People are living longer!
- Increased age, increased risk for chronic disease

Aging of America

- The number of Americans age 55 and older will almost double between now and 2030
  - from 60 million today (21% of the total US population) to 107.6 million (31 percent of the population) – as the Baby Boomers reach retirement age

(Experience Corps, n.d.)
Aging of America

• The likelihood that an American who reaches the age of 65 will survive to the age of 90 has nearly doubled over the past 40 years – from just 14% of 65-year-olds in 1960 to 25% at present.
• By 2050, 40% of 65-year-olds are likely to reach age 90!

(Experience Corps, n.d.)

Health Stratification of the Population

Level 5: Institutionalized difficult to place

Level 4: 3 + Chronic Diseases

Level 3: Identified Disease State

Level 2: Risk Factors Exist

Level 1: Healthy
What Are Chronic Diseases?

Chronic diseases are noncommunicable illnesses that are prolonged in duration, do not resolve spontaneously, and are rarely cured completely

(Centers for Disease Control and Prevention [CDC], 2011)

Reasons for Increase in Chronic Diseases

- Aging of America
- Advances in treatment of acute disease
- Earlier screening and diagnosis of chronic disease
- Lifestyle factors: sedentary, diet (obesity), smoking, stress

(Suter, et.al., 2008)
Prevalence of Chronic Illness

- More common among older adults
- About 133 million Americans—nearly 1 in 2 adults—live with at least one chronic illness
- More than 75% of health care costs are due to chronic conditions
- Approximately one-fourth of persons living with a chronic illness experience significant limitations in daily activities

(Centers for Disease Control and Prevention [CDC], 2011)

Prevalence of Chronic Illness

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(Anderson, 2010)
Cost Concerns

Three in four dollars spent on health care in the U.S. are for patients with one or more chronic conditions

75%

25%

Total U.S. health spending in 2006 = $2.1 trillion

(Devol & Bedroussian, 2007)

Hospital Challenge
Changing from Acute Care Focus to CCM

- Higher percentage of patient population with chronic diseases complicating things
- Rushed hospital practitioners focused on addressing short term issues/admitting diagnosis
- Staff inadequately trained to engage patients and work collaboratively
- Clinicians are struggling with the patient labeled as “non-compliant”
- Lack of time, processes or reimbursement for care coordination
- Lack of time, processes or reimbursement for follow-up to ensure good daily disease management
- Little or no discussion regarding end-of-life decision making

(Suter, et.al., 2008)
Health System Today: Acute Care System

*NOT Focused on Chronic Problems*

- Budgets are based upon admissions
- Focus has been to decrease length of stay (LOS)
- Increased utilization of hospitalists
- Shrinking reimbursement
- Uninsured/ charity burden on hospitalization / ED visits

(Suter, et.al., 2008)

Challenges of the Chronically Ill

- Multiple co-morbid conditions leading to increased care complexity (75%)
- Multiple medications (unfilled RXs and poor adherence) – greater care complexity
- Multiple physicians and barriers to care coordination among providers
- Gaps in transitions of care
- Patients inadequately trained to manage their illnesses
- Inconsistent evidence-based care
- Patient goals identified too late in the end-of-life trajectory

(Suter, et.al., 2008)
The Impact of Hospitalization

Hospitalization Statistics

- 38% of admissions are over 65
- 49% of total days hospitalized are over 65

Kleinpell, Fletcher, & Jennings, 2008)
Hospitalization Statistics

Primary Causes of Hospitalization for those >65
• Heart Failure
• Coronary Artery Disease
• Pneumonia
• COPD
• Stroke

Most arrive via the Emergency Department

Kleinpell, Fletcher, & Jennings, 2008

Anatomy and Physiology of Bedrest

• Musculoskeletal
• Skin
• Bones
• Pulmonary
• GU
• GI/Nutrition
• Brain

Kleinpell, Fletcher, & Jennings, 2008
Impact of Hospitalization

Bed rest is a Problem

- Musculoskeletal
  - 1.5% loss per day
  - 5% loss per day if >65
  - Impact of loss on strength, balance, flexibility
  - Weakness leads to falls
  - Rapid deconditioning
  - Reconditioning takes much longer than deconditioning

(Hermes, 2010)

Impact of Hospitalization

Bed rest is a Problem

- Skin
  - Direct Pressure (from lying in bed)
    - Capillary pressure
    - ~ 2 hours can lead to some degree of necrosis
  - Moisture, Shearing (friction) further complicate

- Result: 20% of time pressure sores develop

(Hermes, 2010)
Impact of Hospitalization

Bed rest is a Problem

- Bones
  - Loss 50 times faster than normal when on bedrest
  - 1 week in hospital...takes 5 months of normal activity to recover bone loss
  - Can lead to ↑bone fractures
    - Now AND later
    - Impact greater with aging

- Lungs
  - Normal aging process ↓ residual volume P02
  - Formula to assess impact
    - P02=90-(age-60)
    - Bed rest further subtracts ~8%

  Example:
  80 y/o patient
  90-(80-60)=70% P02-8%
  =62%

[Hermes, 2010]
Impact of Hospitalization

*Bed rest is a Problem*

- **Genitourinary**
  - Normal aging: 5-15% incontinent
    - Men: often issues related to BPH
    - Women: atrophy/pelvic floor relaxation
  - When hospitalized, ↓ ability to compensate
  - Incontinence then ↑ to 40-50%

[Hermes, 2010]

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Impact of Hospitalization

*Bed rest is a Problem*

- **GI/Nutrition/Hydration**
  - Normal aging process 25-30% undernourished
    - Albumin levels, Hemoglobin, lymphocyte screening
  - When in hospital, further impact
    - Meal times altered
    - Decreased taste and thirst
    - Estimate 600 cc lost in 1st 24 hours
  - Can result in instability, blood pressure changes

[Hermes, 2010]
Impact of Hospitalization

**Bed rest is a Problem**

- **Brain**
  - Varies in severity
    - Delirium, fluctuations in mood, thinking, attention, confusion
    - Alterations in level of consciousness
- **Causes**
  - ↓ or altered sensory inputs
  - ↓ oxygen perfusion to brain (PO2)
  - Medications

Inpatient staff may not be aware that this is not normal for the patient!

(Hermes, 2010)

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Impact of Hospitalization

**Bed rest is a Problem**

- **Nosocomial Infections**
  - Hospital acquired infections
- **Causes**
  - Devices (ET tubes, IV, NG, catheters)
  - Decreased or inadequate attention to handwashing
  - Increased vulnerability

- **Impact**
  - GU
  - Pulmonary
  - GI

(Hermes, 2010)
Hospital Discharges

- Can be problematic for the patient
  - Are we surprised?
  - Do you know WHY?
- Multiple physicians
- Multiple medications
- No caregiver
- In a hurry to leave
- Ride is waiting for them
- Lack of clarity in instructions/complex instructions
- TOO MUCH information at one time

The Health Care Experience...
The Reality is...

- Health system in US must change
  - Unsustainable in its current form
  - Hospitals are currently designed to address acute care issues
  - Not just one thing wrong with a patient
- The healthcare crisis in America is a **chronic care crisis**
  - Trying to manage chronic care in an acute care system
  - And...its not working

Affordable Care Act—Changing Incentives/Penalties

*We are witnessing a changing health system (and its painful)*

- Efforts underway to control rising costs due to:
  - Readmissions
    - Focus of discussion today
  - End of life expense
  - Fraud and abuse in the system
**Affordable Care Act—Changing Incentives/Penalties**

*We are witnessing a changing health system*

- Medicare Cuts?
  - Not really—F&A initiatives
  - Changing incentives/penalties reimbursement
  - RAC audits have **changed** hospital practice
    - Recovery Audit Contractors
      - Incentivized for $$ penalties
    - Medicare Criteria for admission
    - Observation Units
    - Clinical Decision Units (CDU’s)

**PPACA--Motivation for Change**

*Hospital Readmissions Reduction Program*

- Begins FY 2013
  - Inpatient PPS hospitals penalized for higher than expected readmission rates
  - 30-day readmission, ANY cause
- HF, AMI, Pneumonia
  - Potential for 1% in 2013; 2% in 2014, 3% 2015 and beyond
  - Applies to all Medicare discharges
- 2015: list to expand
  - COPD, elective THA or TKA

(Stone & Hoffman, 2010; CMS, 2013)
Goal: Reduced Hospital Readmissions

Trying to Find a Solution......
Readmissions...not just the cost

- Research on readmissions
- Effect on Individual & Family
  - ↑ need for institutionalization
  - ↑ co-morbidities
  - Death

Emerging Models and Trends

**PPACA—many models being tested**

- Transitional Care Models
  - Coleman and Naylor
- Self-Management Education Interventions
  - Lorig and Wheeler
- Coordinated Care Interventions
  - CMS Demos
- Disease Management
- Patient Centered Medical Home: Dr. Wagner’s Model

(AHRQ, 2012)
Focus on Preventing Readmissions

- Project RED
- Project BOOST
- IHI Readmissions Collaborative
- Project BRIDGE
- Community Care demonstration project
- Chronic Care demonstration project
- Navigator demonstration project
- ACO formation
  - Bundled Post Acute
- Others...

Care Transitions

- Care Transitions
  
  “The movement patients make between healthcare practitioners and settings as their condition and care needs change during the course of chronic or acute illness”
  
  ...Dr. Eric Coleman

- Multiple transitions
  - Critical: Hospital to Home
Transitional Care

Identification of Risk

- BOOST (Better Outcomes for Older Adults)
  - Why are people readmitted?
  - Who gets readmitted?
  - What are the risk factors?
  - Can we address these and reduce the readmission rate?
- BOOST developed as transitional care tool for hospitals
  - Can be useful in home care

(Hansen, n.d.)

BOOST...Why

- 50% never see their doctor prior to being readmitted
- 70% of patients readmitted after surgery
  - Chronic medical condition is cause
- 72% have medication problems
- Heart Failure one of leading causes
  - 37% readmitted for non-HF issues
- Other issues—
  - Lack of understanding related to discharge instructions

(Hansen, n.d.)
**BOOST...Who?**

*What do these patients have in common?*

**The 8 P’s**

1. Problem medications
2. Psychological (stress, depression, mental illness)
3. Principal diagnosis (CA, DM, COPD, HF, CVA)
4. Polypharmacy (on multiple medications)
5. Poor health literacy
6. Patient support lacking
7. Prior hospitalizations
8. Palliative care
9. Not a P...Mary added-- Falls

(Hansen, n.d.)

**BOOST...Goal**

- Identify risk factors prior to discharge
- Incorporate strategies to reduce risk
  - Policy and process development
  - Accountability
  - Improved discharge planning and communication
- Improve transition to next level

(Hansen, n.d.)
Transitional Care

- Hospital to home presents highest risk for readmission
- All transitions are important
- Appropriate level of care
  - Community services
  - Coordination
  - Communication
- Patient choice
- Principles of chronic disease management

End-of-Life Considerations

- Financial Burden
  - 27% of the Medicare budget in final year of life
  - Average payments of about $28,000
- Personal Issue
  - Right to self-determination
  - How do you envision the end of your life? In the ICU?
- Advance Decision Making
  - Who prompts this discussion?

(Shugarman, Lorenz, & Lynn 2005)
Further Thoughts: Wellness

Wellness is an active process through which people become aware of, and make choices toward, a more successful existence.

(National Wellness Institute, n.d.)

Wellness

- Wellness is a conscious, self-directed and evolving process of achieving full potential
- Wellness is multi-dimensional and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment
- Wellness is positive and affirming

(National Wellness Institute, n.d.)
Wellness

Comprised of Six Dimensions—
• Intellectual
• Spiritual
• Emotional
• Physical
• Occupational
• Social

• Other definitions include: financial, environmental, mental and medical
• 2 broad categories: Mental and Physical

(National Wellness Institute, n.d.)

Wellness and Aging

Final Thoughts

How does this pertain to our population and why is this important?

Can a person be chronically ill and advanced in age and still be “well”? 
Thank you!
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References