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# Transitions from Acute Care to Post-Acute Care (TACPAC) Task Force

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**February 5, 2025**

**10:30am - 12pm**

# Recognizing the Issue

# What is a Stuck Patient?

**The Boston Globe**  
Serving our community since 1872  
THURSDAY, FEBRUARY 8, 2024

## Patients ready to go — but where?

Staff shortages limit openings at nursing homes, rehabs

By Felice J. Freyer, Adam Piore, and Travis Andersen  
GLOBE STAFF

Hospitals in Eastern Massachusetts are experiencing extreme levels of gridlock, with ever larger numbers of patients who are ready to be discharged stuck in inpatient wards because there are no openings at nursing homes and rehabilitation centers.

ing, though not unprecedented, situation, the state Department of Public Health last week designated hospitals in Greater Boston and north of the city as "Tier 3." That now brings all of Eastern Massachusetts into Tier 3, following a similar designation a year ago for Southeastern Massachusetts and Cape Cod after a fire shut Brockton Hospital.

A Tier 3 designation, under a

hospitals to a "high risk" of capacity problems; it requires them to meet more frequently with health officials, and to more closely coordinate patient transfers to balance the load among the hospitals.

"Importantly, this change will not result in service reductions," said a health department spokesperson. "We continue to work closely with our hospital

### Healey nominates ex-partner to SJC seat

Governor says Wolohojian is the most qualified

### Patients waiting for hospital discharge to post-acute setting

Number of patients as reported by Massachusetts hospitals responding to a survey

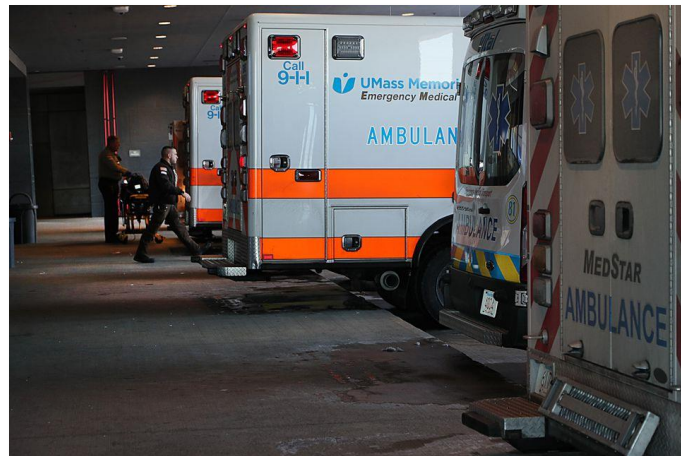
Month	Number of Patients
Jan 2022	600
Feb 2022	700
Mar 2022	800
Apr 2022	900
May 2022	1000
Jun 2022	1100
Jul 2022	1000
Aug 2022	900
Sep 2022	800
Oct 2022	700
Nov 2022	600
Dec 2022	700
Jan 2023	1000

SOURCE: Massachusetts Health and Hospital Association

**15% of medical surgical beds in Massachusetts are occupied by patients who don't need them**

**Hundreds of people are waiting in Mass. hospitals for nursing home beds**

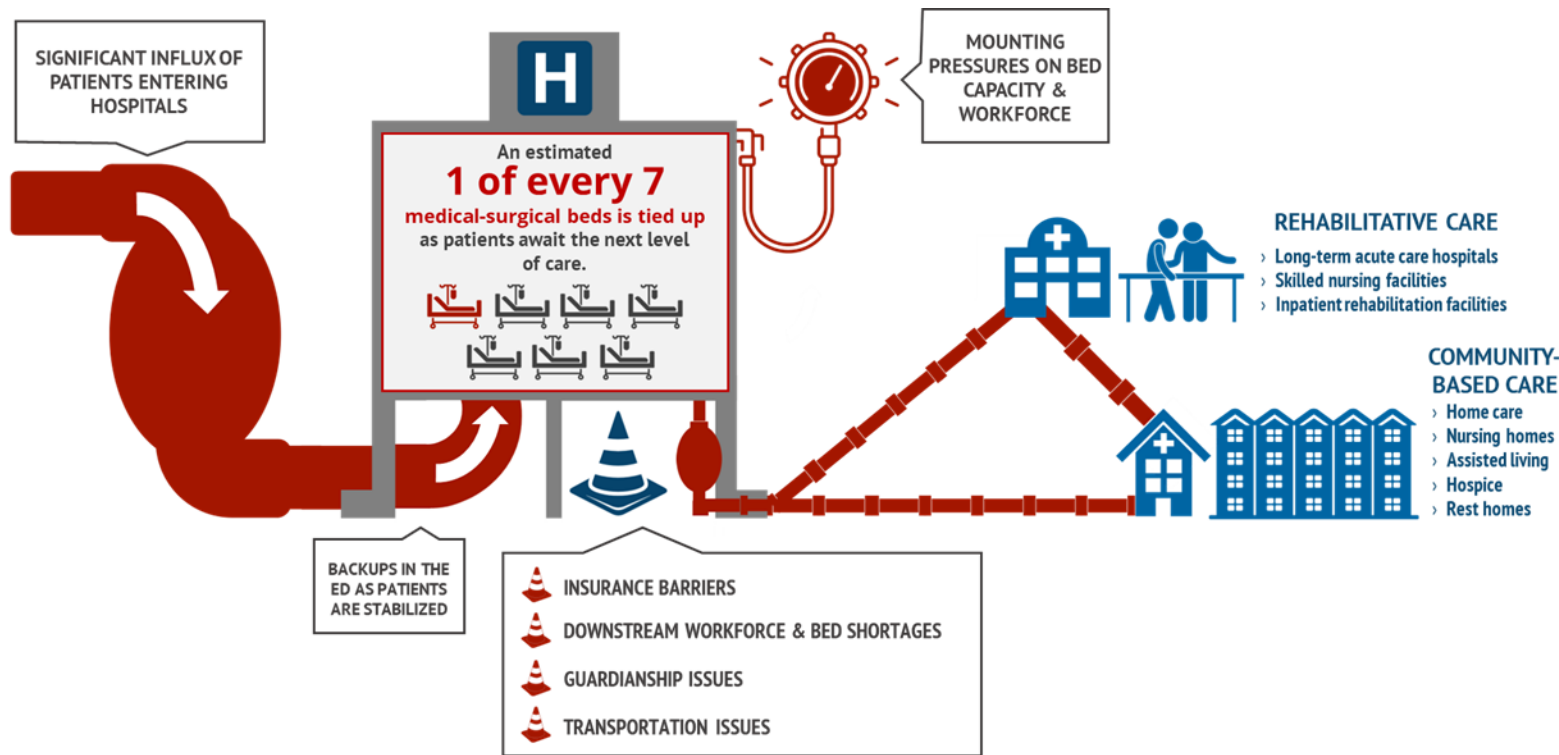
**Over a thousand patients have been 'stuck' in hospital beds as discharge problems persist**



# Why are Patients Stuck?

- › On any given day, 2,000+ patients are “stuck” in Massachusetts hospital beds because they cannot access the post-acute care placement they need.
- › **Consequences:**
  - › The patient does not get the specialized care they need.
  - › Acute care beds are tied up for other patients in need, worsening wait times and access challenges.
  - › Massachusetts hospitals are devoting **more than \$400 million annually** to care for patients who are occupying beds while awaiting placement at the next level of care.

# A Clogged System: Keeping Patients Moving Through Their Care Journey



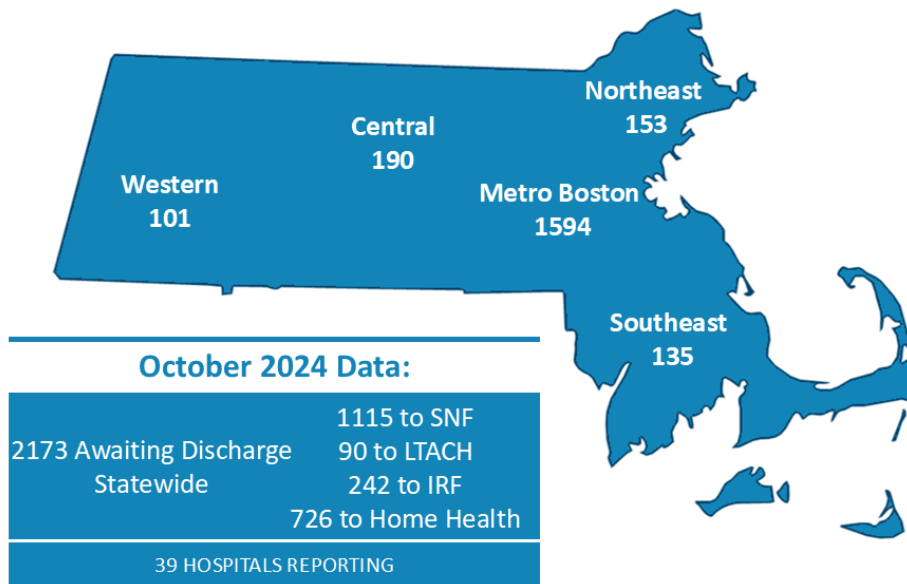
# Measuring the Issue



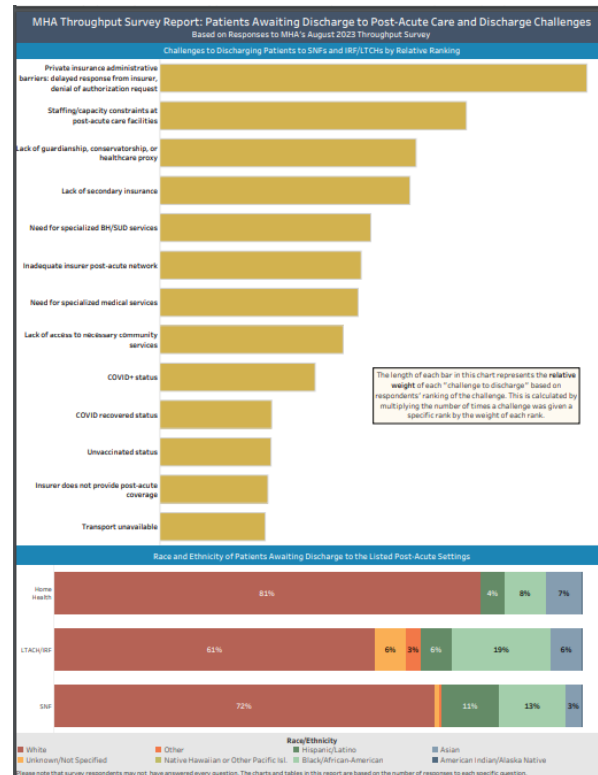
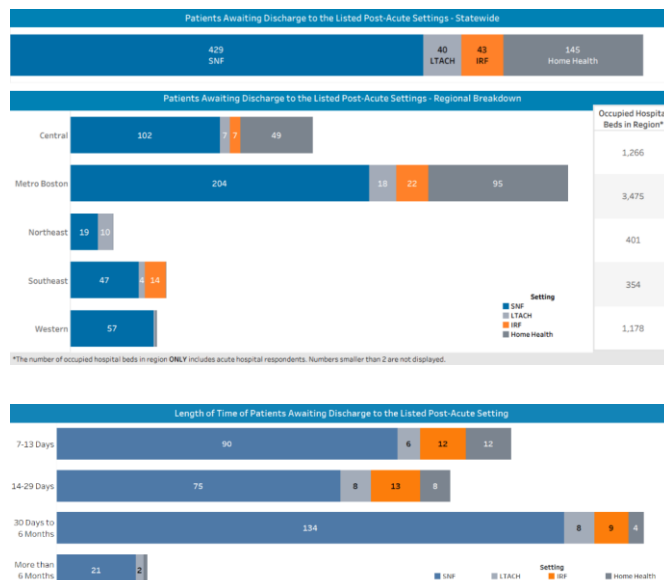
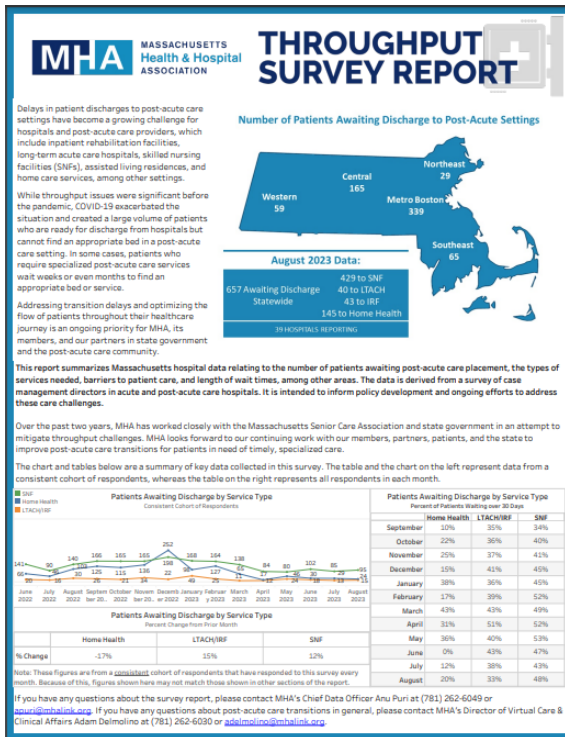
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# Monthly Hospital Throughput Surveys

## Number of Patients Awaiting Discharge to Post-Acute Settings



# Patient Throughput: Acute to Post-Acute Care

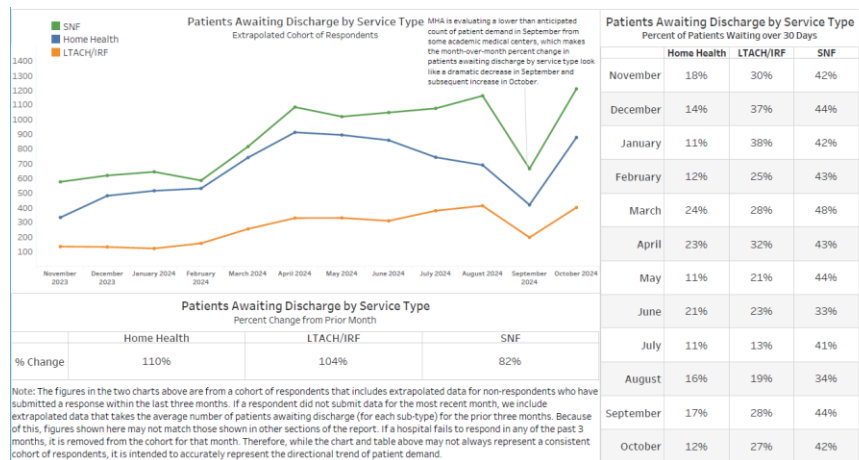




# October 2024 Throughput Data

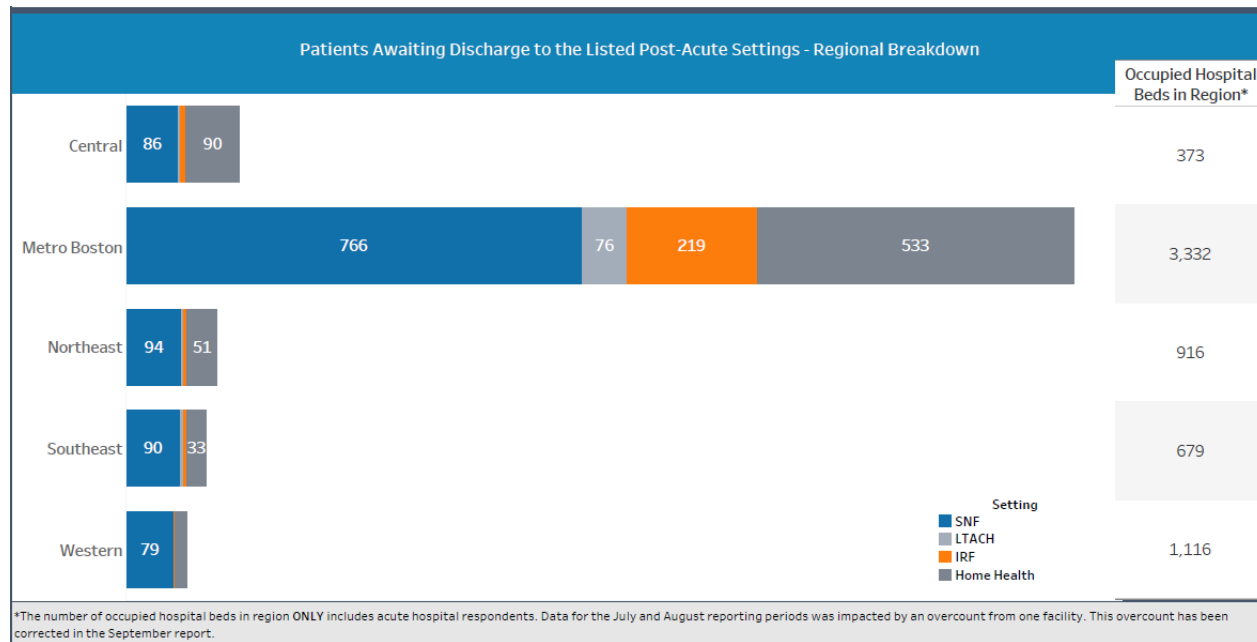
Our data indicates that:

- On a month-to-month basis, 40% of patients who are awaiting discharge to skilled nursing facilities are waiting 30 days or more.

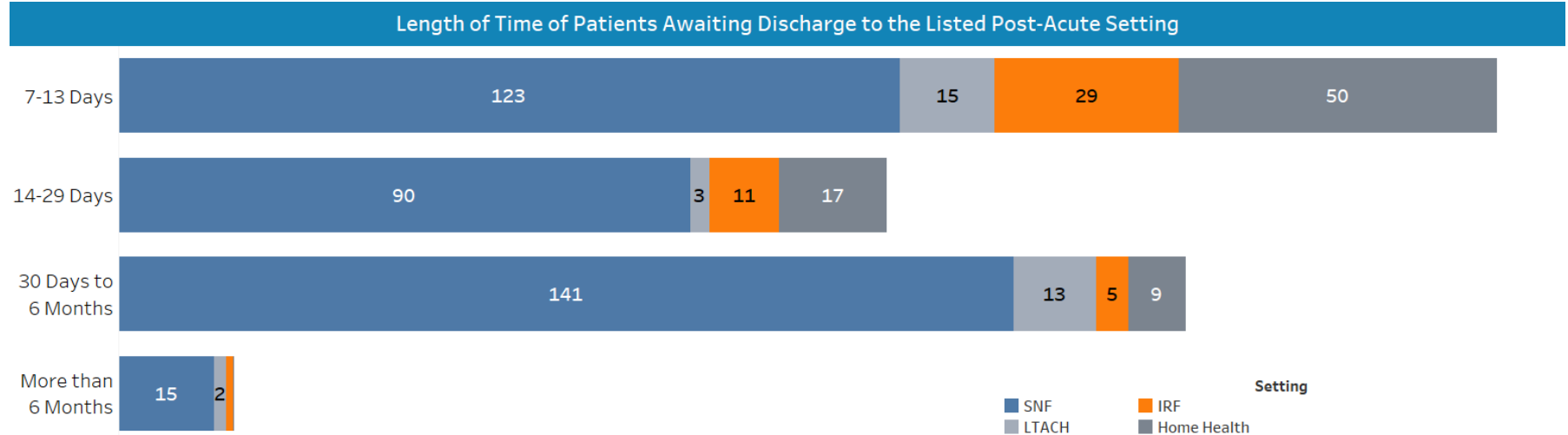


# October 2024 Throughput Data: Regionally

- In Metropolitan Boston region alone, more than 700 patients are awaiting discharge to skilled nursing facilities. And more than 500 patients are awaiting discharge to home care services.



# October Throughput Data: Long Stays



# October Throughput Data: Bed Demand

## MHA Throughput Survey Report: Patients Awaiting Discharge to Post-Acute Care and Discharge Challenges

Based on Responses to MHA's October 2024 Throughput Survey

### Bed Type Needs for Patients Awaiting Discharge to SNFs

Bed Requirement/Care Need	Central	Metro Boston	Northeast	Southeast	Western	Statewide
Short-Term Rehabilitation Beds	59	604	69	56	23	811
Long-Term Care Beds	6	138	25	34	56	259
Dementia	7	24	3	16	17	67
Geri-Psych Bed	0	19	2	5	6	32
Alcohol Use Disorder/Substance Use Disorder Bed	0	12	0	4	6	22
Tracheostomy and Percutaneous Endoscopy Gastronomy	2	10	3	6	3	24
Methadone Coordination	0	8	0	3	0	11
Bariatric Concerns	0	2	0	1	3	6
Alzheimer's/Dementia in Locked Unit for Female	3	11	2	12	7	35
Alzheimer's/Dementia in Locked Unit for Male	3	11	1	4	7	26

### Special Requirements for Patients Awaiting Discharge to the Listed Post-Acute Settings

	Home Health	SNF	IRF	LTACH
1-to-1 Supervision	2	46	0	4
Discharging Out of State	54	54	45	12

### Additional Details on Patients Awaiting Discharge

Number of Delayed Discharges due to Non-Availability of Transportation	Longest Waiting Period for Patient Awaiting Discharge due to Non-Availability of Transportation	Number of Delayed Discharges due to Lack of Reimbursement for Outpatient Hemodialysis
25	25 Hours	7

Range of wait time for patients awaiting discharge due to non-availability of transportation: 2 hours to 25 hours

# October Throughput Data: LTC Challenges

Challenges for Patients Awaiting Long Term Care Beds in Skilled Nursing Facilities

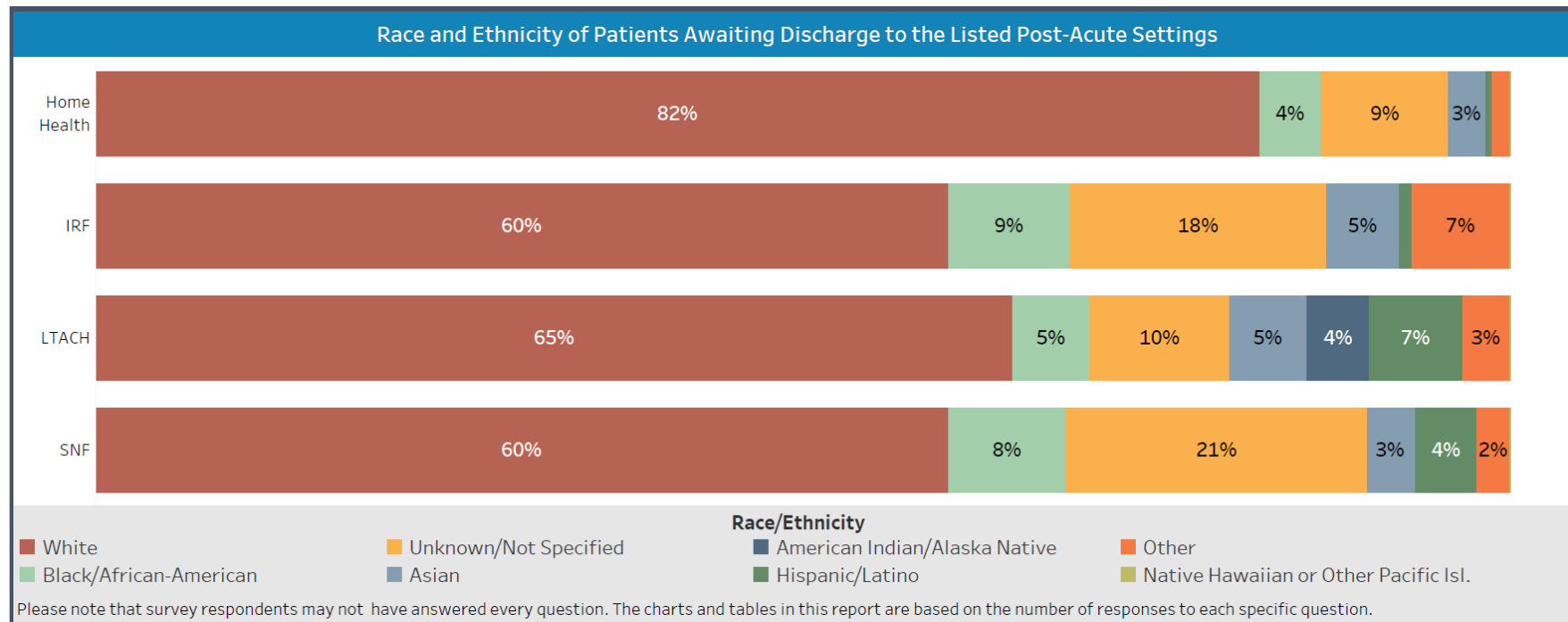
	Central	Metro Boston	Northeast	Southeast	Western	Acute	Post-Acute	Statewide
Traumatic Brain Injury	0	1	1	0	2	4	0	4
Acquired Brain Injury	1	4	1	1	1	8	0	8
Outpatient Hemodialysis (HD)	0	51	1	0	0	52	0	52
Tracheostomy (Trache)	0	4	0	1	0	5	0	5
Trache and HD	0	5	1	0	0	6	0	6
Percutaneous Endoscopy Gastronomy (PEG)	0	7	0	1	1	9	0	9
Trache and PEG	0	10	2	2	1	15	0	15
Dementia Care Diagnosis	1	21	3	16	14	55	0	55
Behavioral Health Diagnosis	0	9	0	4	5	18	0	18
Other Neurocognitive Challenges	0	2	0	1	1	4	0	4
Awaiting Conservatorship	1	6	0	8	4	19	0	19
Awaiting Guardianship	2	15	2	5	6	30	0	30
Awaiting Guardianship Expansion	0	6	1	1	1	9	0	9
No Identifiable Conservatorship	1	2	0	0	2	5	0	5
No Identifiable Guardianship	2	2	1	0	1	6	0	6

Patients Awaiting Long-Term Care Beds in Skilled Nursing Facilities with Pending MassHealth Long-Term Care Applications

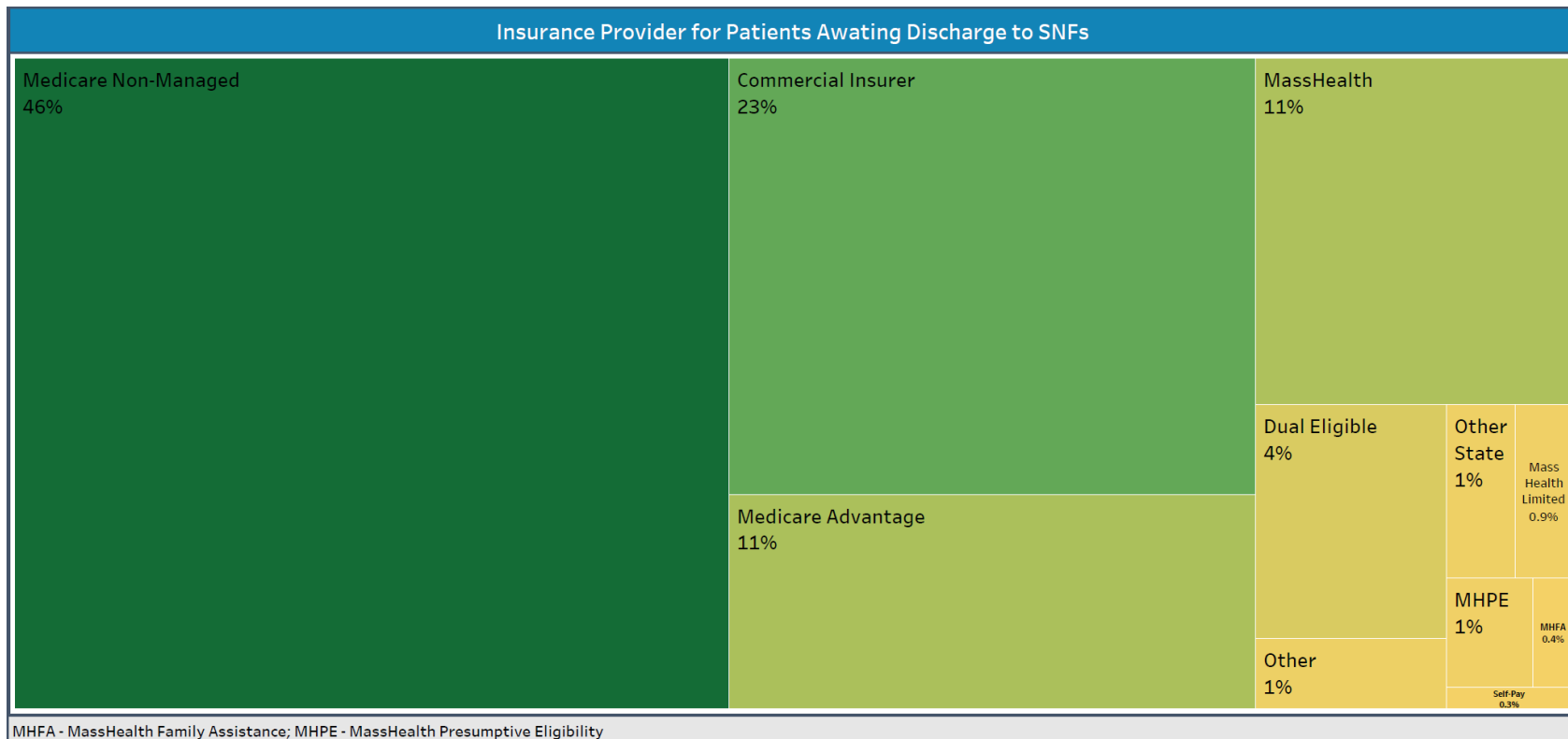
	Central	Metro Boston	Northeast	Southeast	Western	Statewide
Patients Awaiting MassHealth LTC Application Approval	2	18	2	4	6	32
Patients Awaiting MassHealth LTC Application Completion	5	13	8	12	19	57

Please note that survey respondents may not have answered every question. The charts and tables in this report are based on the number of responses to each specific question.

# Race & Ethnicity of Patients Awaiting Discharge



# Throughput Data: Insurance Composition



# Health Policy Commission Data

#CTH24

**Hospitals face persistent emergency department boarding and post-acute discharge challenges, contributing to capacity constraints.**



**48%**

of patients in the ED for mental health reasons stayed for longer than 12 hours.

**9%** (937) of hospitalized patients in 2023 had been in the hospital for more than 30 days.

- **3 of the 5** most common conditions were mental health-related.



**2%** (199) of hospitalized patients in 2023 had been in the hospital for more than 120 days.



***Both of these rates are more than double what they were in 2017.***

Sources: Long-stay patients data from HPC analysis of CHIA's hospital inpatient discharge database, based on hospitalized patients on April 1 of each year from 2017 to 2023.



# Identifying the Causes

# Challenges to Discharging Patients to SNFs, IRFs, LTACHs



# Challenges to Discharging Patients to SNFs, IRFs, LTACHs (continued)



# The Workforce Challenge



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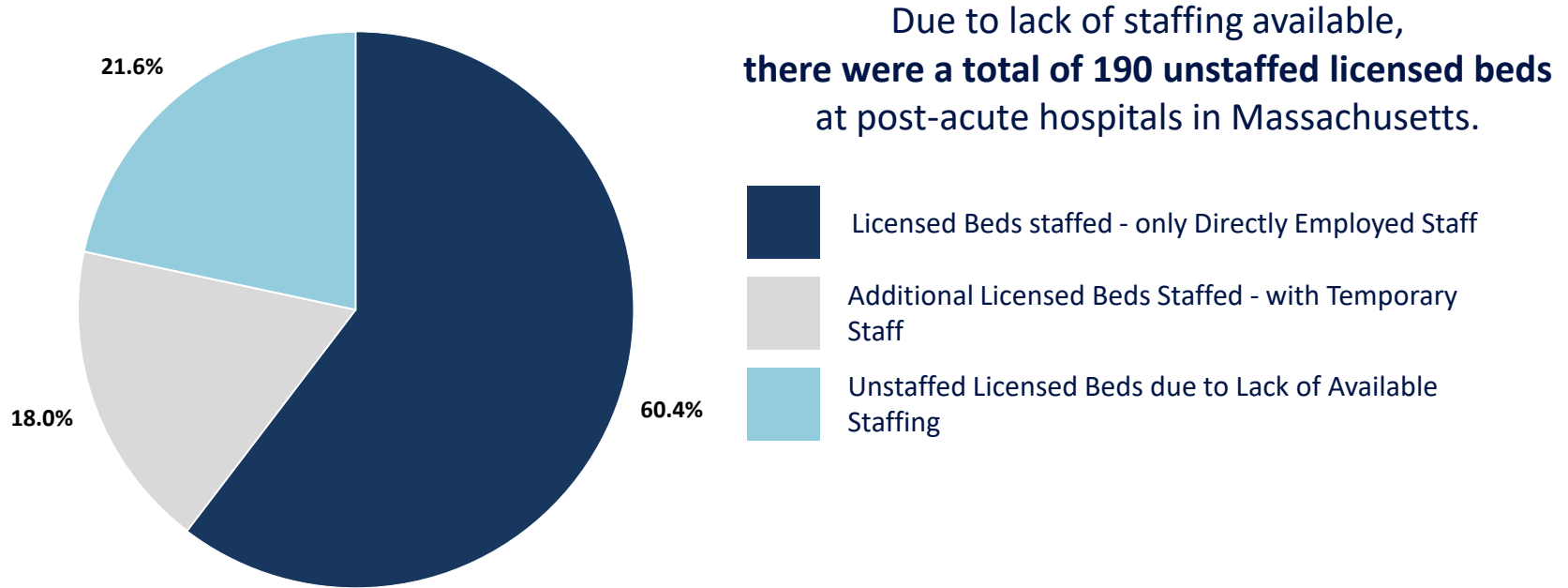
# Workforce Challenges for Post-Acute Hospitals

## Key Facts:

- In FY22, the aggregate vacancy rate for positions in surveyed Massachusetts post-acute care hospitals was 9.4%.
- In FY22, the change in the average hourly wage for employees in post-acute care hospitals increased by 10.4% between FY19 and FY22.

# Temporary Staffing in Post-Acute Facilities

*Licensed Beds – FY23*



# Temporary Staffing

*Average Hourly Wage (AHW) for Temporary RNs at Post-Acute Hospitals*

**89% increase from Pre-Pandemic  
AHW to Post-Pandemic AHW**

\$63

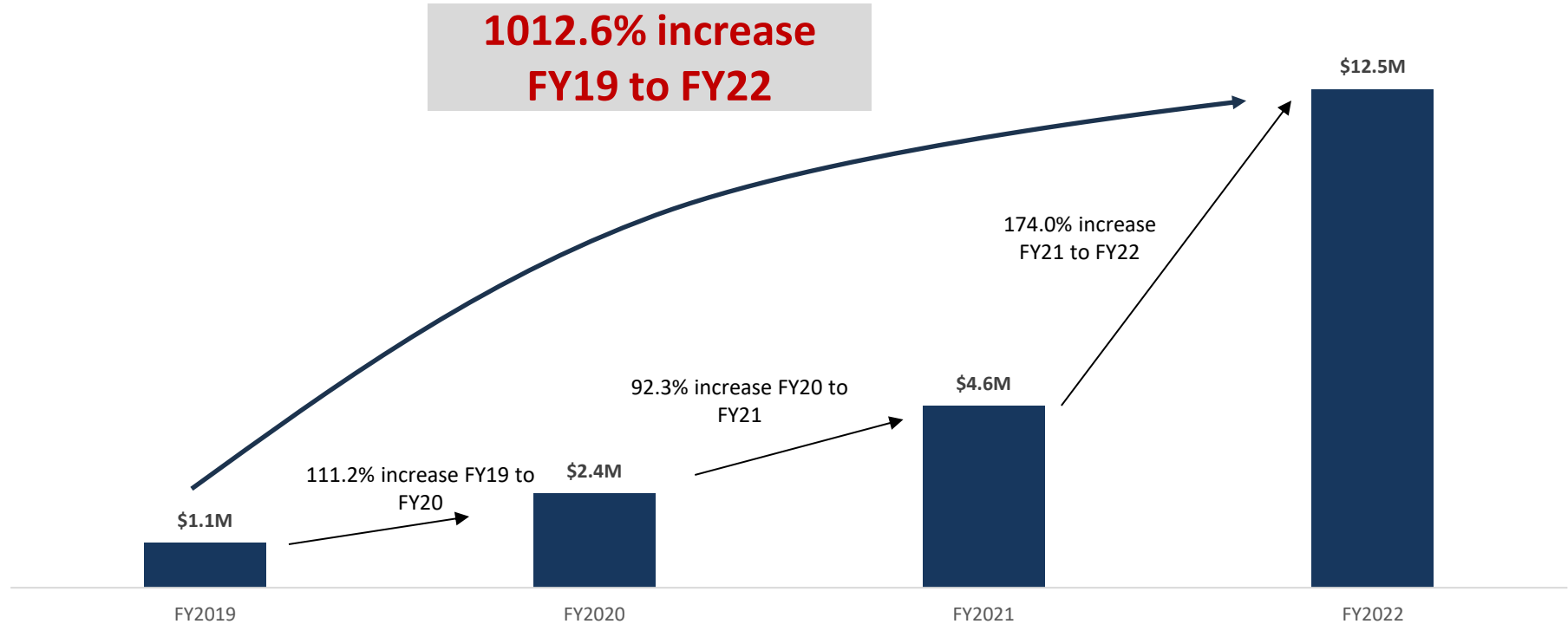
\$119

■ AHW as of September 30th 2019 (pre-pandemic)

■ AHW from October 1, 2022

# Temporary Staffing

*Total Expenditure on All Contract Labor at Post-Acute Hospitals; FY2019 - FY2022*



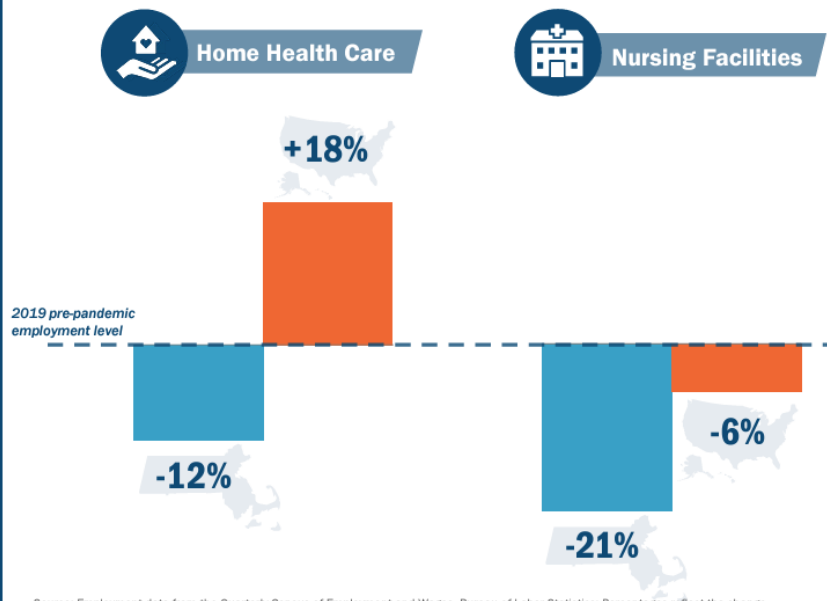


# Post-Acute Care Discharge Challenge

#CTH24

**Massachusetts' post-acute care employment remains significantly below pre-pandemic levels, lagging the U.S.**

Change in Employment Levels in Home Health Care and Nursing Facilities in Massachusetts and the U.S. in 2024 Compared to 2019



Source: Employment data from the Quarterly Census of Employment and Wages, Bureau of Labor Statistics; Percentages reflect the change from Q1 2019 to Q1 2024. Includes all workers.

# Addressing the Issue



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# Chapter 197 of the Acts of 2024:

## An Act to Improve Quality & Oversight of Long-Term Care

Passed the Legislature on August 29 and signed by Governor Healey on September 6<sup>th</sup>, the new law puts in place additional oversight of long-term care, puts in place:

- protections for the LGBTQ+ residents,
- makes permanent the COVID flexibility that **allows assisted living residences to offer certain basic health services**; and
- requires the licensure of **small house nursing homes**.

The law also:

- Establishes a two-year pilot program that requires GIC plans, MassHealth and commercial insurers licensed in Massachusetts **to approve or deny requests for prior authorization for post-acute care services by the next business day** following receipt by the payer of all necessary information to establish the medical necessity of the requested **post-acute care services (home care, SNF care, post-acute hospital care)**.

# Chapter 197 of the Acts of 2024:

## An Act to Improve Quality & Oversight of Long-Term Care

- Instructs MassHealth to **establish a skilled nursing facility rate add-on program for bariatric patient care** and a rate add-on program for **1-on-1 staffing of at-risk residents requiring 24-hour monitoring and supervision for their safety and the safety of other residents and staff.**
- Directs the Division of Insurance to develop and implement a **uniform prior authorization form** for the admission of patients from an acute care hospital to post-acute care settings to be used by all insurers, including MassHealth;
- Directs DPH to create a program for the **certification, training, and oversight of certified medication aides to administer medications to long-term care patients**, subject to oversight from nurses or physicians;
- Requires DPH to study and report, by July 31, 2025, on the **feasibility of having qualified professional guardians give informed medical consent for indigent persons and whether such guardians would reduce hospital discharge issues.**

# Chapter 197 of the Acts of 2024:

## An Act to Improve Quality & Oversight of Long-Term Care

- Requires MassHealth to study reducing the time applicants spend at acute-care hospitals awaiting long-term care eligibility determinations. The study will consider **improvements to the eligibility determination process; establishing a rebuttable presumption of eligibility; guaranteeing payment for long-term care services for up to one year; and expanding the undue hardship waiver criteria.**
- Creates a fund to **recruit and retain a dedicated long-term care workforce**, including grants to develop new Certified Nursing Assistants (CNAs), career ladder grants for direct care workers to train to become Licensed Practical Nurses (LPNs), along with leadership and supervisory training for nursing home leaders.
- Establishes a **no interest or forgivable capital loan program to off-set certain capital costs, including the development of specialized care units**, and to fund other capital improvements at nursing homes.

# Enhanced Short-Term Rehabilitation Program

The Executive Office of Health and Human Services (EOHHS) and Department of Public Health (DPH) implemented a temporary program that added **short-term rehabilitation capacity in all regions of Massachusetts.**

**GOAL:** Support patient care transitions and **reduce the number of patients who are medically ready for hospital discharge but are not able to be transferred due to capacity constraints at SNFs and to help transition them back to the community.**



- 2 skilled nursing facilities in each of the 5 Emergency Medical Service (EMS) regions of the state were provided with **additional, state-contracted nursing teams to augment existing SNF staffing.**
- The SNFs were required to accept all hospital referrals for patients that require short-term rehabilitation skilled nursing services as a requirement of participating and receiving state-funded nursing staff.
- Thousands of discharges were supported through this program

# Voluntary Strategies to Address Capacity

## Voluntary Waiver of Prior Authorization by Insurers

- Applied to admissions from acutes to sub-acute facilities and rehab facilities
- Did not apply to long-term or custodial admissions
- Plans were still able to conduct retrospective and concurrent reviews
- Hospitals and post-acutes were expected to notify plans about inpatient admissions for which post-acute care is anticipated within 24 hours of the admission and to provide updates, at a minimum, every 5 days to support discharge planning

## Nursing Facilities

- Extended admission hours to accept patients Monday through Saturday from 9 am to 7pm at a minimum and continued capacity-building efforts to accommodate admissions 24/7

## Hospitals

- Commenced discharge planning as early in the day as possible
- Acute Care Hospitals were also asked to staff to their licensed bed capacity

# Hospital to Home Partnership Program

- \$4.5 million in ARPA funds for **hospitals and Aging Services Access Points (ASAPs) to build partnerships to strengthen communication and coordination with community partners.**
- Hospital and ASAP partners will work together by **embedding ASAPs in the hospital discharge teams** to assist in transitions directly to home and community-based settings after discharge, with appropriate services and supports.
- ASAP awardees use these funds to hire dedicated personnel, to work in partnership with the hospital and other regional partners to connect patients and their families to resources and services in their own communities.
- **15 partnerships in place throughout the state. Funding is running out, however.**



# Healthcare Proxy Completion

## A Simple Step: A Call for Long-Term Healthcare Planning



# Thank You!

## Don't Hesitate to Reach Out:

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