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

MHA – Massachusetts Health & Hospital Association

February 5, 2025 | 10:30am - 12pm

# Recognizing the Issue

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# What is a Stuck Patient?

[Article headlines highlighting issue of “stuck” patients in hospitals]

# 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

[Diagram of influx of patients entering hospitals and moving through to rehabilitative and community-based care]

# Measure the Issue

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# Monthly Hospital Throughput Surveys

Number of Patients Awaiting Discharge to Post-Acute Settings

Western – 101

Central – 190

Northeast – 153

Metro Boston – 1594

Southeast – 135

October 2024 Data:

2173 Awaiting Discharge Statewide

1115 to SNF

90 to LTACH

242 to IRF

726 to Home Health

(39 Hospitals Reporting)

# Patient Throughput: Acute to Post-Acute Care

[Excerpt from MHA Throughput Survey Report]

***See all reports at mhalink.org/throughputreports***

# 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 2024 Throughput Data: Long Stays

[Bar graphs showing majority of stays lasting 7-13 days]

# October 2024 Throughput Data: Bed Demand

[Data table]

# October 2024 Throughput Data: LTC Challenges

[Data table]

# Race & Ethnicity of Patients Awaiting Discharge

[Bar graphs showing race and ethnicity data]

# Throughput Data: Insurance Composition

[Graphic showing insurance providers for patients awaiting discharge to SNFs]

# Health Policy Commission Data

[Graphic depicting persistent emergency department boarding and post-acute discharge challenges, contributing to capacity constraints]

# Identifying the Causes

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# Challenges to Discharging Patients to SNFs, IRFs, and LTACHs

[Bar graph depicting common challenges]

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

[Bar graph depicting common challenges]

# 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

Due to lack of staffing available, **there were a total of 190 unstaffed licensed beds** at post-acute hospitals in Massachusetts.

# Temporary Staffing

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

[Graphic depicting 89% increase from Pre-Pandemic AHW to Post-Pandemic AHW]

# Temporary Staffing

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

[Graphic depicting 1012.6% increase FY19 to FY22]

# Post-Acute Discharge Challenge

[Graphic depicting Massachusetts’ post-acute care employment remains significantly below pre-pandemic levels, lagging in the U.S.]

# 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 6th, 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 Rehab 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 five days to support discharge planning.

Nursing Facilities

* Extended admission hours to accept patients Monday through Saturday from 9am 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 strength 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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