



New CRP Track: Post Acute Care for Complex Adults Program (PACCAP)

Webinar - August 2, 2019

Executive Overview

- ▶ **PACCAP: New CRP track could start January 1, 2020**
 - ▶ CRP tracks are convened by hospitals; participation is voluntary
 - ▶ Hospital determines potential care partners and if/how to share resources
 - ▶ PACCAP is designed to allow hospitals to share resources with Skilled Nursing Facilities (SNFs) and Home Health Agencies (HHAs)
- ▶ **Hospital proposed concept under auspices of Secretary Neall's workgroup on Hard to Place Patients**
 - ▶ PACCAP can help to address barriers to timely discharge, reduce avoidable utilization and facilitate care in more appropriate settings
 - ▶ The cost of these interventions will come from the hospital's GBR
- ▶ **CRP calendar required State to submit draft Implementation Protocol to CMS by June 30 for consideration of January 2020 start**
 - ✓ Draft PACCAP Implementation Protocol submitted to CMMI June 28
 - ▶ Level of hospital interest will determine final recommendation

Executive Overview, cont.

- ▶ To the extent this flexibility is needed before some hospitals move forward with such hospital-PAC collaboration, we want to provide that flexibility using Medicare waivers under CRP
- ▶ Even if some hospitals currently do this, then getting credit and putting these activities on CMMI's radar screen will provide evidence of collaboration
- ▶ As with other CRP tracks, could promote further opportunities and conversations around cross-continuum collaboration to improve quality and reduce costs, which is the true intent of the Maryland Model

Problem

- ▶ Patients with complex conditions or who need additional care supports for discharge to occur often remain in the hospital beyond when it is still medically necessary
 - ▶ SNFs and HHAs do not accept these patients since it is uneconomical for them to provide care management staff or additional resources for these patients.
 - ▶ This does not count as a readmission but is still an unnecessary hospitalization, since they could be treated in another setting.
- ▶ These untimely discharges can lead to extreme lengths of stay, potential quality detriments and deteriorating patient satisfaction
- ▶ This problem is particularly acute for beneficiaries with, e.g.,:
 - ▶ Exacerbated dementia/delirium
 - ▶ Bariatric conditions
 - ▶ Advanced wound care needs

Purpose of PACCAP

- ▶ **PACCAP will allow hospitals to share resources with SNFs/HHAs to facilitate complex patient discharge**
 - ▶ The Care Redesign Program includes waivers that would allow hospitals to share resources that would otherwise be prohibited by fraud and abuse laws
 - ▶ Incentive payments and shared savings are not included in PACCAP
- ▶ **PACCAP is not designed to address any other regulator issues for post-acute care providers or complex patients**

Care Redesign Interventions

- ▶ Hospitals will choose which interventions to implement as part of their program under PACCAP
- ▶ Initially, PACCAP will focus on the Hospital-SNF/HHA relationship, but may expand to other post-acute care settings as appropriate
- ▶ The interventions may include:
 - ▶ Deploying nurses and other care management supports in order to round with patients
 - ▶ Creating clinical care pathways with the SNF/HHA staff
 - ▶ Coordinating discharge planning and care management with hospital based care teams
 - ▶ Provision of therapy services, as appropriate, in SNFs/HHAs
 - ▶ Provision of resources, such as bariatric equipment, to SNFs

Intervention Resources

- ▶ The hospital may provide intervention resources to help the SNF/HHAs implement their care redesign interventions
- ▶ Intervention resources will take one of two forms:
 - ▶ Nursing & support staff (FTEs) – Hospitals will provide clinical staff to the SNFs/HHAs to both help implement the clinical care model and create care coordination linkages
 - ▶ Infrastructure support – Hospitals will provide physical resources to help implement their care pathways. For example, the hospital may provide a bed that is low to the ground for a patient identified as a fall risk
- ▶ Per CRP requirements, hospitals will be required to record the type of resources and the time that those resources are made available to the SNFs/HHAs

Design and Regulatory Details

- ▶ PACCAP would begin January 1, 2020
- ▶ Existing CRP Fraud & Abuse waivers are adequate to allow sharing of resources (e.g., clinical staff, infrastructure)
 - ▶ No additional waivers requested for CY 2020
- ▶ No incentive payments for CY 2020
- ▶ SNFs and Home Health Agencies (HHAs) are the only potential Care Partners for CY 2020

Request for Letters of Intent

- ▶ Hospitals that are interested in participating in PACCAP should submit a letter of intent to hscrc.care-transformation@maryland.gov no later than Friday, August 9th, 2019
- ▶ HSCRC will determine whether to proceed with the submission to CMMI based on the level of expressed interest in PACCAP

Questions for hospitals

- ▶ Are hospitals interested in providing resources to post-acute care providers in order to address complex patients' needs?
 - ▶ Can sitters currently be deployed to post-acute care providers?
 - ▶ Do these partnerships already exist?
- ▶ Are the Fraud & Abuse laws the primary regulatory obstacle to forming effective partnerships with post-acute care providers?
 - ▶ What other issues exist that prevent hospitals from partnering with post-acute care providers?
 - ▶ Do those issues prevent effective partnerships regardless of the Fraud & Abuse laws?
- ▶ Would hospitals be interested in PACCAP if other regulatory flexibilities were provided?

Q&A and Open Discussion

