

News

Nursing Facilities Reduce Hospitalizations Without Increasing Mortality, Study Finds

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The Centers for Medicare & Medicaid Services (CMS) Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents Phase One evaluation last October showed reductions in all four utilization categories (all-cause hospitalizations, potentially avoidable hospitalizations, all-cause emergency department [ED] visits, and potentially avoidable ED visits).

The October 1, 2018 issue of the journal *Health Affairs* includes an [article](#) based on research by RTI International (RTI), the Initiative's independent evaluator, on the Initiative's effect on mortality rates among nursing facility residents during Phase One. RTI found that “nursing facilities participating in the initiative managed to reduce hospitalizations among their residents without raising mortality.”

New York–Reducing Avoidable Hospitalizations (NY–RAH)—which is sponsored by GNYHA Foundation, in partnership with the Icahn School of Medicine at Mount Sinai—was one of seven projects across the US that participated in Phase One of the Initiative (2012–16). Phase One interventions focused on improving long-stay nursing facility residents' care by providing additional nursing staff to support clinical care or education, and by introducing other quality improvement tools. NY–RAH was selected as one of six projects to continue participating in Phase Two, which began in October 2016. Phase Two enables participating facilities and practitioners to use new payment incentives through Medicare Part B to manage specific resident conditions in the nursing facility.

RTI annually evaluates the Initiative to measure the impact of each state project on the utilization, cost, and quality associated with the care of its nursing facilities' long-stay residents. RTI compares each participating project to a comparison group in its state comprising facilities with similar characteristics to the nursing homes participating in that state's project.

RTI also examined all-cause mortality rates for long-stay residents at nursing facilities in the seven states that participated in the Initiative from 2014 to 2016. RTI's research sought to determine

whether the favorable effects on reducing hospitalizations and costs evidenced in its Phase One evaluation were accompanied by unintended consequences on the residents' well-being, such as higher rates of mortality. While the results were not statistically significant, RTI found that "the Initiative's effects on mortality were small—ranging from a reduction of 0.8 percentage points to an increase of 1.5 percentage points," suggesting there is no evidence of an Initiative effect on mortality. NY-RAH exhibited the greatest reduction in mortality rates, with an estimated effect on its mortality rate of -0.8 percentage points. RTI hopes its study can inform further studies and potentially lead to the same success for nursing facilities that did not participate in the Initiative.

For more information on the NY-RAH project and Phase One evaluation, please visit www.nyrah.org.

Contacts

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