



Foundation for
Healthy Communities

Barriers to People Receiving the Right Care

July 20, 2016

Executive Summary

This report identifies barriers to people receiving the right care at the right time throughout New Hampshire. Hospital patients who were medically cleared to be discharged from the hospital but are unable to do so is a problem identified by patients, families and health providers. The inability of the health care system to integrate care across sites of care was a key barrier identified in a 2008 landmark article that examined how to improve care, improve the health of populations and reduce per capital costs -The Triple Aim.¹ This report indicates that social determinants of health, such as housing and transportation, contribute to significant financial and human costs for people unable to leave an acute care hospital.

Key findings:

- There were 343 people who were medically cleared to leave the hospital but unable to do so during a 3-month period from January 1, to March 31, 2016 , in 22 of the 26 community hospitals in New Hampshire that participated in the survey.
- Fifty percent of the people were age 65 or older in the survey. The primary insurance was Medicare for 54% of the people. Most people (85%) were New Hampshire residents.

Major barriers to a timely discharge, identified as a percentage of the 343 people in the study were:

- 69% Unable to access a place to live with supportive care
- 40% Unable to access needed mental health care
- 36% Difficulty with Medicaid application process or under-insured
- 20% Persons lacks decision-making capacity and needs a guardian

¹ "The Triple Aim: Care, Health and Cost". Berwick, D., Nolan, T. and Whittington, J. Health Affairs, Vol. 27, No. 3, pp 759-769.

- The average number of additional days that a person spent in the hospital after being medically ready for discharge was 19 days. There were 43 people or 12% who experienced delays of over 40 days.
- The 343 people in this study stayed a total of 6,661 additional patient days in an acute care setting while no longer needing acute care services. The average daily cost for an acute care bed in a New Hampshire hospital in 2014 was \$2,635/day according to the New Hampshire Hospital Association. The barriers for these 343 people generated additional acute care expenditures of \$17.5 million in the 3-month period for people with non-acute care needs.

Methodology

The 26 acute care hospitals were invited to submit several data elements regarding people who were medically cleared for discharge but unable to be discharged during the three month period from January 1 to March 31, 2016. The data collection instrument was developed in consultation with the New Hampshire Hospitals' Case Management Directors Work Group and is in Appendix A.

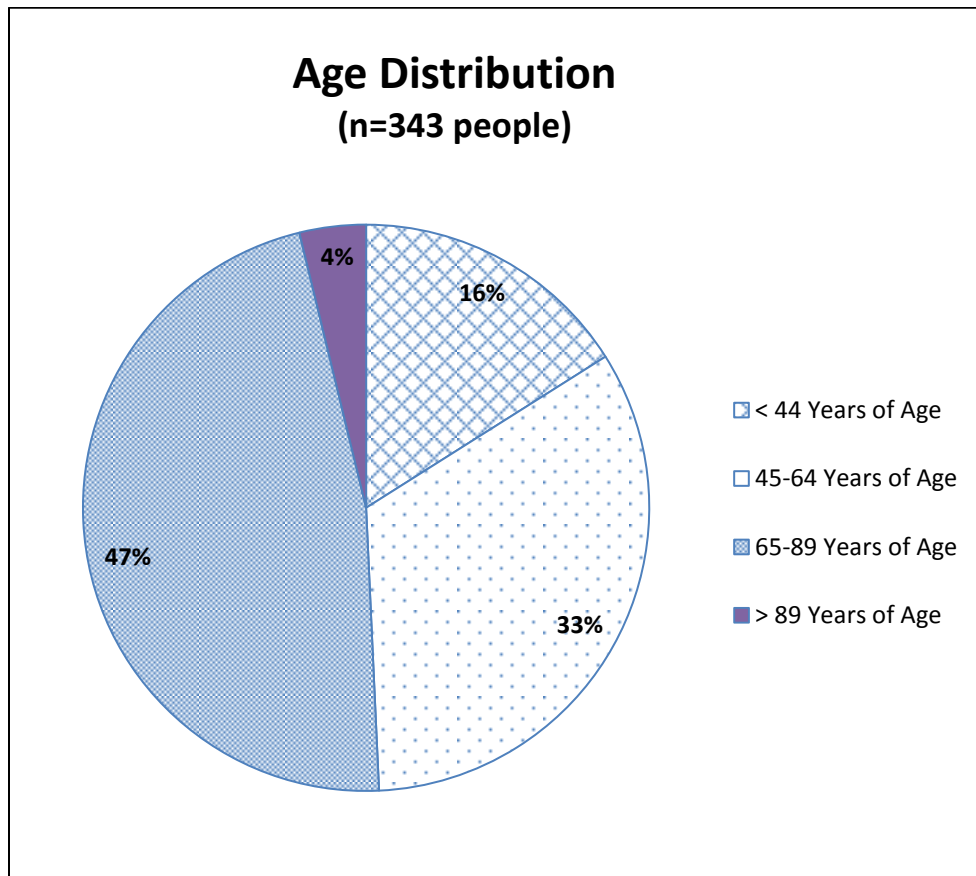
Twenty-two of the 26 acute care hospitals in the state participated in data collection. Ten of New Hampshire's 13 smaller Critical Access Hospitals located in rural communities participated, and all of the 13 larger hospitals are represented in the report. Dartmouth-Hitchcock Medical Center in Lebanon, the state's largest hospital and only tertiary care facility, represents the majority (27%) of the people in the study. A list of the participating hospitals is located in Appendix A.

Findings

Age Distribution of People Experiencing Barriers

Half of the people unable to leave the hospital were age 65 years or older with 47% ages 65-89 years old and 4% age 90 or older. One third of the people were between the ages 45-64 years old. People age 44 or younger were 16% of the sample.

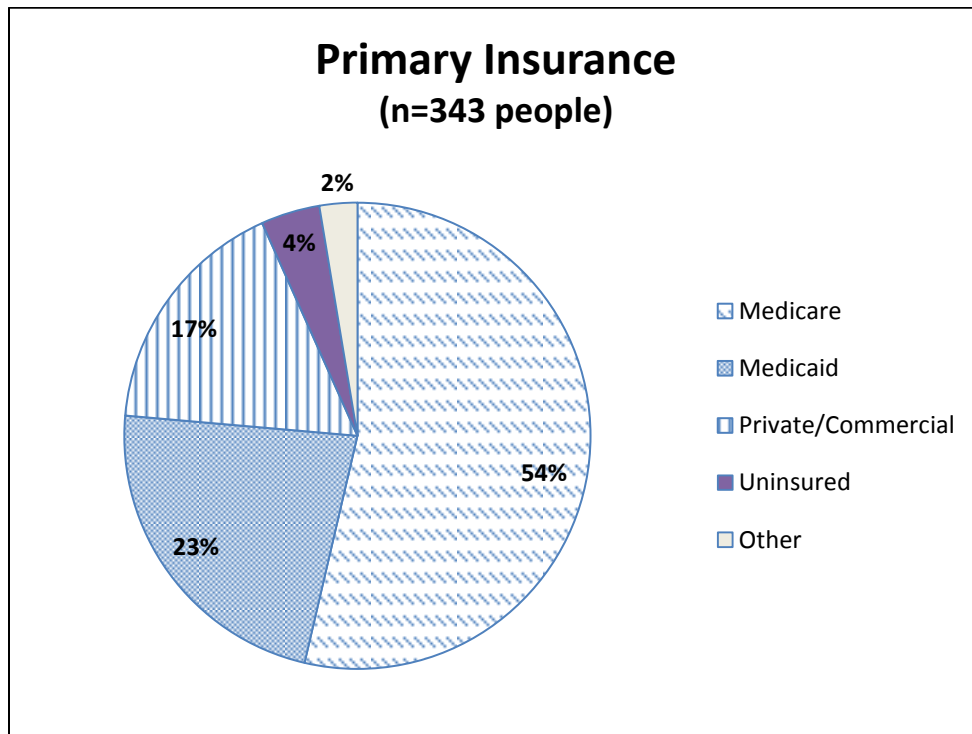
Figure 1



Insurance

Figure 2 identifies Medicare as the primary medical insurer for most people (54%) in the study. Medicaid was the next largest (23%) source of insurance coverage, followed by private/commercial insurance (17%), uninsured (4%), and 'other' (2%).

Figure 2



Primary Residence

A majority (85%) of the people in the sample have their primary residence in New Hampshire, while the remainder were from the three border states (Vermont, Maine and Massachusetts).

Figure 3

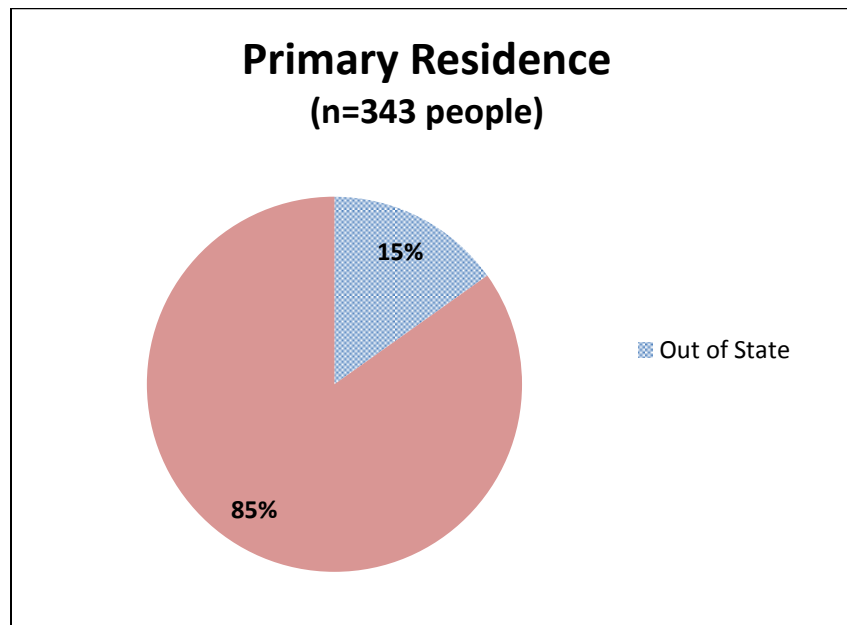
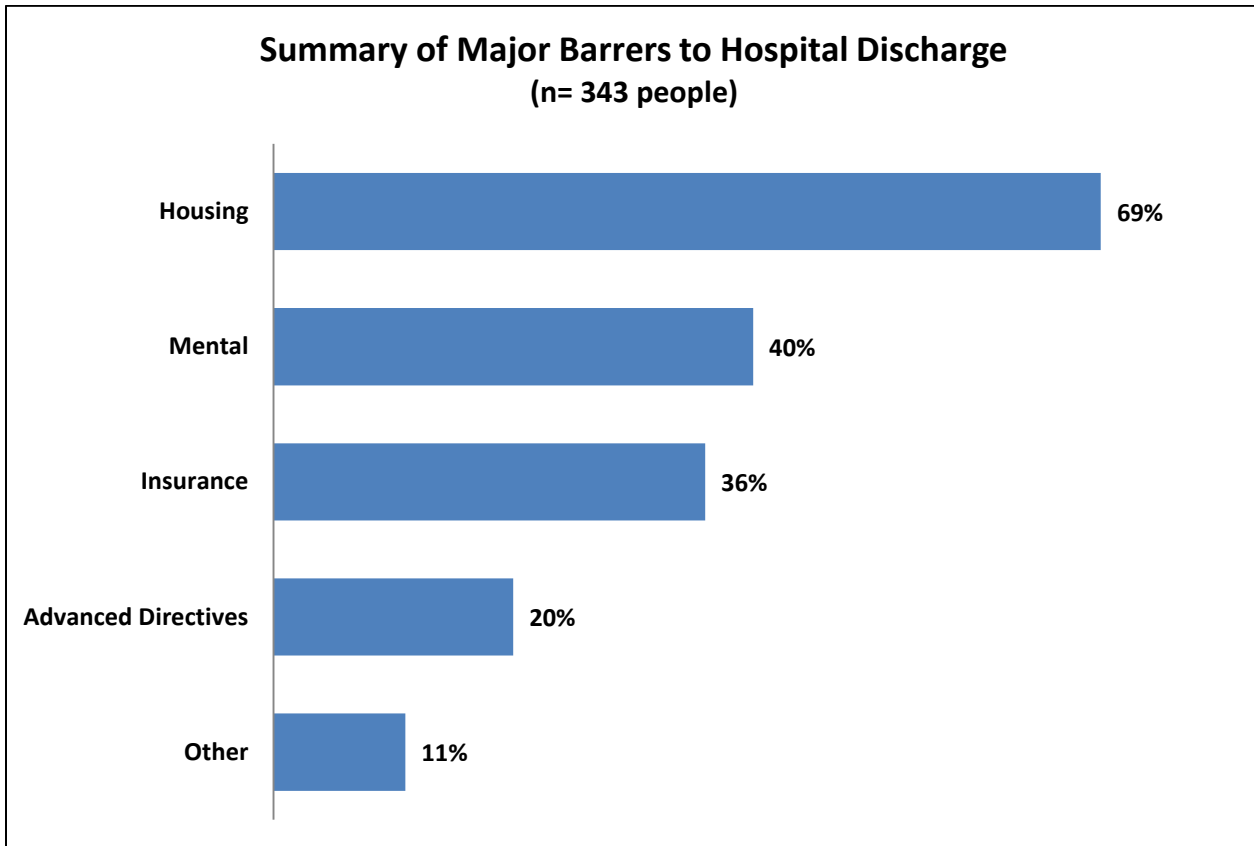


Figure 4



Discussion of Findings

A person in an acute care hospital waiting to be transferred to the right care setting or discharged to their home, may not have the opportunity to experience a greater level of independence and receive the type support available in a less acute care setting that could maximize their well-being. They may also occupy a bed that is critically needed by a person with acute health care needs, resulting in that person being diverted to a different hospital in another community far from their home.

A summary of major barriers preventing people who are medically cleared to leave the acute care hospital are identified in Figure 4. Hospitals responding to the survey were permitted to identify more specific factors within the four major categories of barriers: place to live with supportive care; need mental health care; difficulty with Medicaid application process; and people who lack decision-making capacity and need a guardian. Those findings are identified in Figures 5-9.

Unnecessary Days Spent in the Hospital

People in this study spent a total of 6,661 additional days in the hospital, when acute care was no longer medically necessary. The average number of days people spent in the hospital, beyond the date when medically cleared for discharge, was 19.8 days. There were 43 people (12%) who stayed over 40 additional days.

The cost of care in an acute care setting is very high in comparison to other settings that provide less intensive, supportive medical care. The average cost for an acute care stay in a New Hampshire hospital in 2014 was \$2,635/day according to the New Hampshire Hospital Association. The barriers for these 343 people resulted in approximately **\$17.5 million in additional acute care hospital expenditures** for people with non-acute medical care needs. This study only focuses on a three month period so the true magnitude of the number of people experiencing barriers and the overall costs are likely to be much higher.

Figure 5

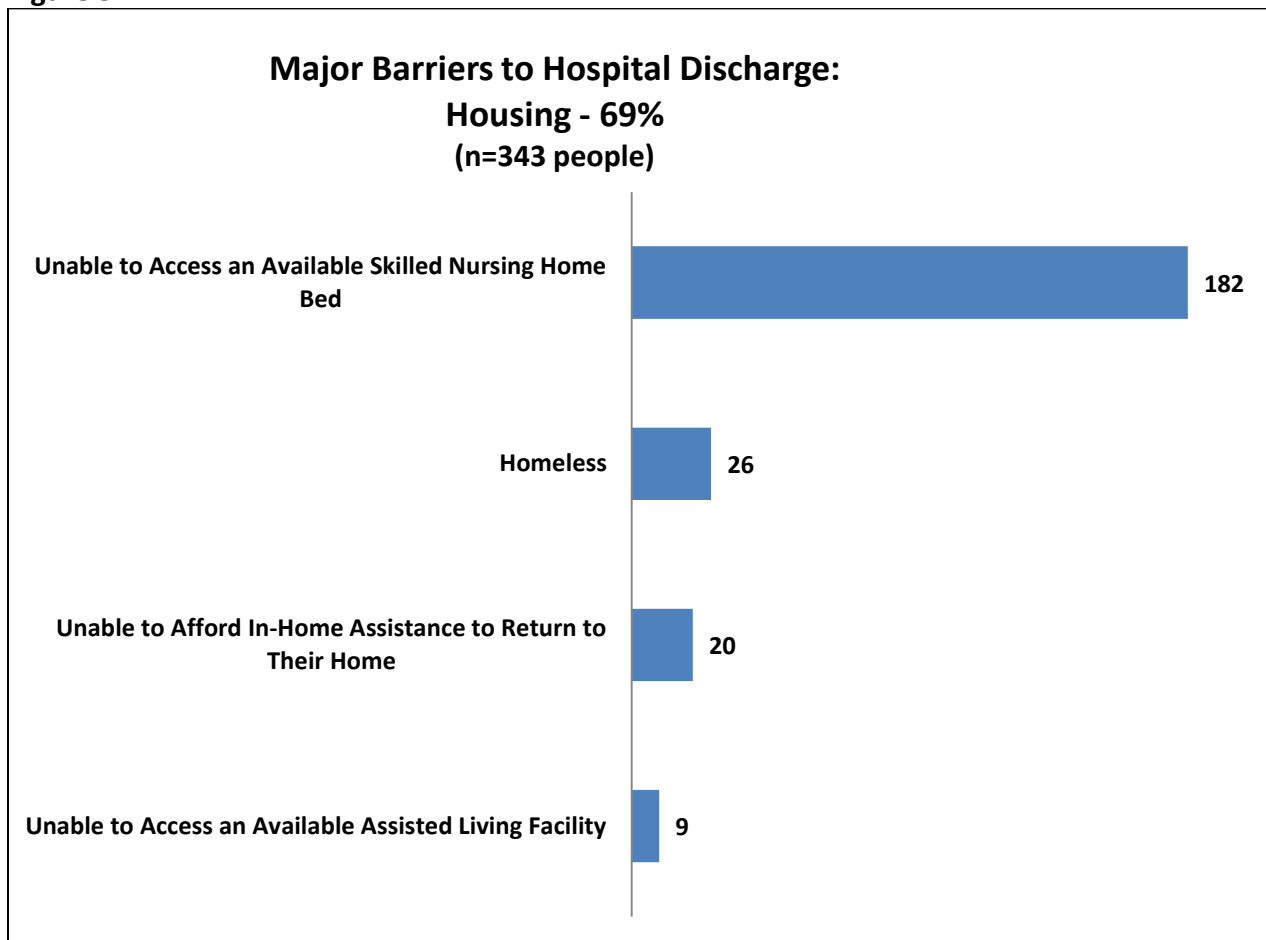


Figure 6

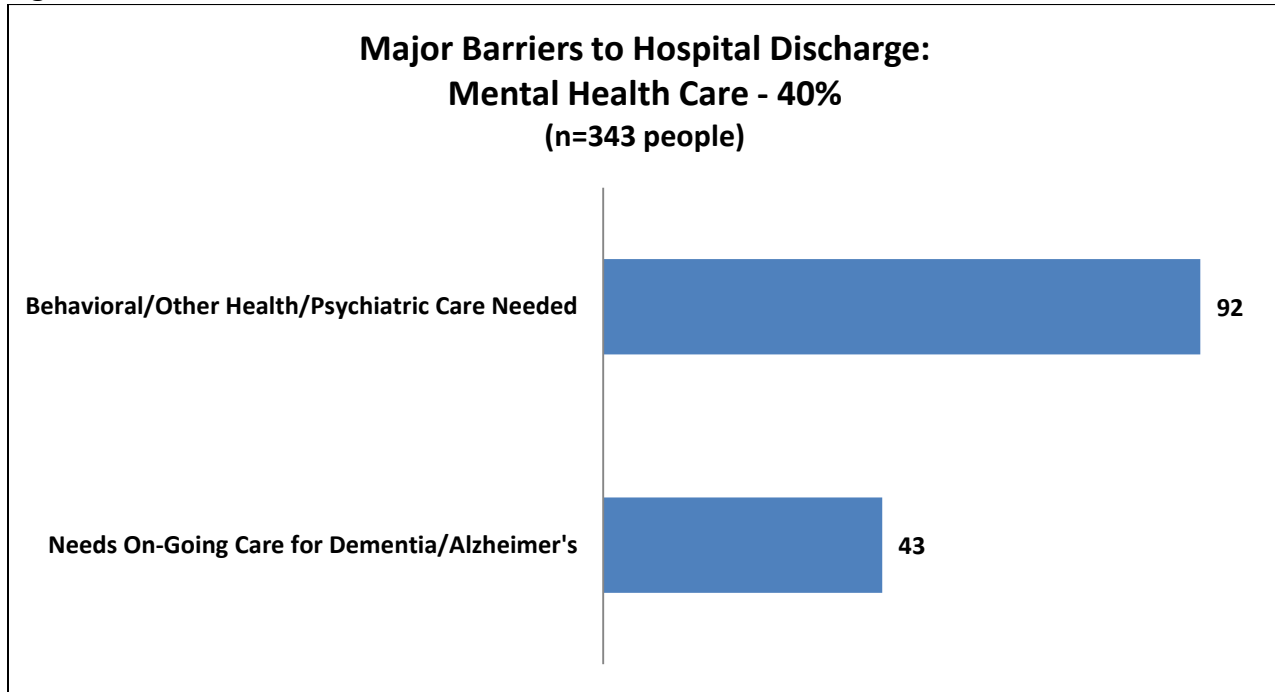


Figure 7

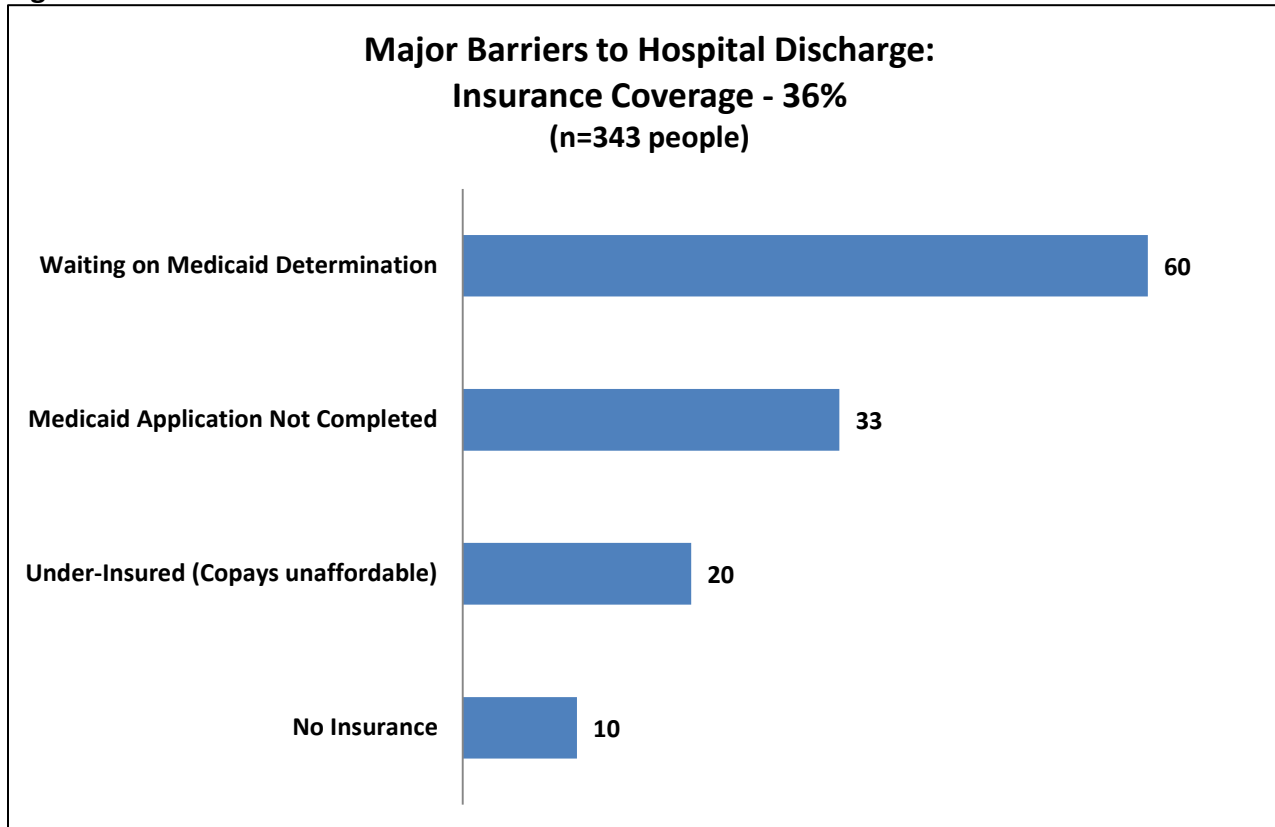


Figure 8

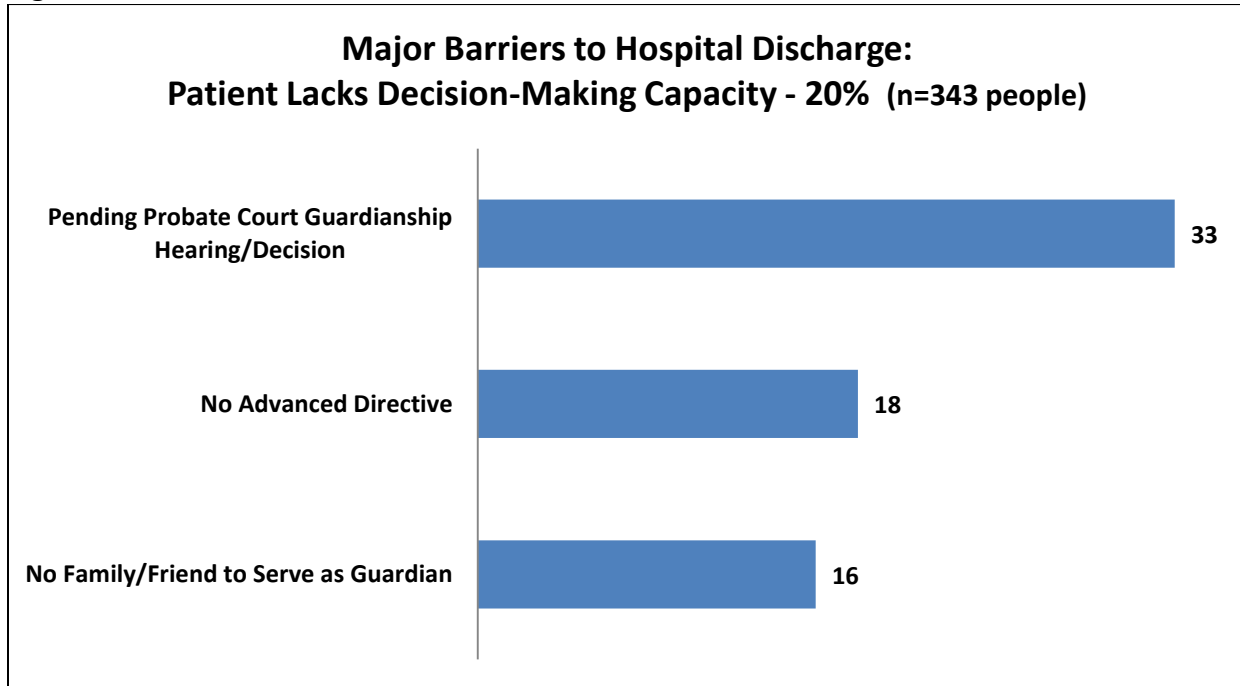
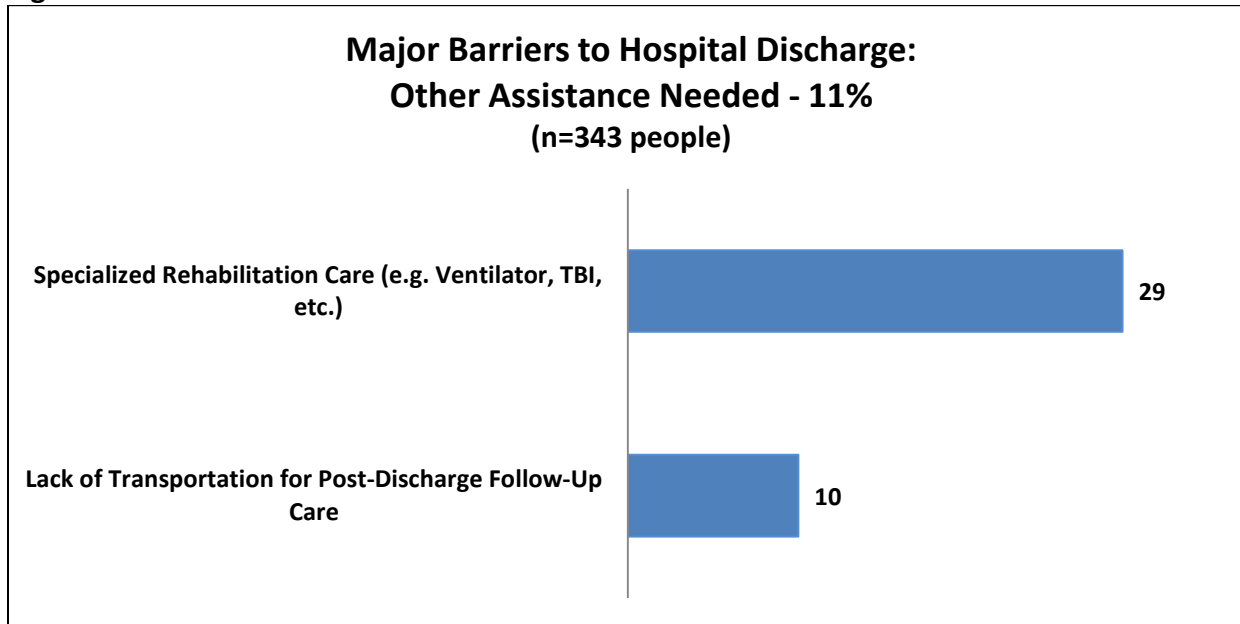


Figure 9



The Foundation for Healthy Communities is an organization in New Hampshire with a mission to improve health and health care in communities through education and partnerships that engage individuals and organizations. Learn more about us at www.healthynh.com

Appendix A. List of Participating Hospitals

Alice Peck Day Memorial Hospital, Lebanon	Dartmouth Hitchcock Medical Center, Lebanon
Androscoggin Valley Hospital, Berlin	
Catholic Medical Center, Manchester	Parkland Medical Center, Derry
Cheshire Medical Center, Keene	Portsmouth Regional Hospital
Concord Hospital	Southern New Hampshire Medical Center, Nashua
Cottage Hospital, Woodsville	Speare Memorial Hospital, Plymouth
Elliot Hospital, Manchester	Upper Connecticut Valley Hospital, Colebrook
Exeter Hospital	
Franklin Regional Hospital	Valley Regional Hospital, Claremont
Frisbie Memorial Hospital, Rochester	Weeks Medical Center, Lancaster
Huggins Hospital, Wolfeboro	Wentworth-Douglass Hospital, Dover
Lakes Region General Hospital, Laconia	
Littleton Regional Hospital	

Patients with Barriers to Discharge

Objective: Document the problem of each patient who was/is medically ready for discharge from an acute care hospital in New Hampshire but unable to leave because of barriers to a safe discharge.

Time Frame: In the 3 months (January 1, 2016 to March 31, 2016), identify any patient in an Acute Inpatient, Distinct Part Unit or Swing Bed who was/is medically ready for discharge but unable to leave when they were medically cleared for discharge.

Patient #: Please number each patient sequentially for the purpose of this survey.
Please do not provide any patient identifiable information such as Medical Record Number, DOB or SSN.

Patients with Barriers to Discharge

*** 1. Contact Information:**

Name

Email

Phone

*** 2. Hospital Name:**

3. Patient Number:

Remember you will complete one survey for each qualifying patient.

Other Patient Number

*** 4. Patient Age:**

- < 44 Years of Age
- 45-64 Years of Age
- 65-89 Years of Age
- > 89 Years of Age

*** 5. Patient Primary Residence:**

- State of New Hampshire
- Out of State

*** 6. Primary Insurance:**

*** 7. Is the patient currently still awaiting discharge?**

- Yes
- No

*** 8. Enter the number of days the patient remained/remains in the hospital after they were cleared for discharge.**

Example:

A.) If the patient was cleared for discharge on 1/1/2016 but was not actually discharged until 1/15/2016, the appropriate response would be "14".

B.) For the patient who has been cleared but has not yet been discharged, enter the number of days from admissions to March 31, 2016.

For questions 9-12 below, please select 1 Major Barrier in each category. If none of the barriers are applicable, use the text space below to explain the patient's situation.

*** 9. Category: Patient Lacks Decision-Making Capacity**

Major
Barrier

- No Advanced Directive
- No Family/Friend to Serve as Guardian
- Pending Probate Court Guardianship Hearing/Decision

Other Patient Lacks Decision-Making Capacity Major Barrier

*** 10. Category: Insurance**

Major
Barrier

- Medicaid Application Not Completed
- Waiting on Medicaid Determination
- No Insurance
- Under-Insured (Copays unaffordable)

Other Insurance Barrier

*** 11. Category: Housing**

Major
Barrier

- Unable to Access an Available Skilled Nursing Home Bed
- Unable to Afford In-Home Assistance to Return to Their Home
- Unable to Access an Available Assisted Living Facility
- Homeless

Other Housing Major Barrier

*** 12. Assistance Needed**

	Major Barrier
Needs On-Going Care for Dementia/Alzheimers	<input type="radio"/>
Other Health/Behavioral/Psychiatric Care Needed	<input type="radio"/>
Specialized Rehabilitation Care (e.g Ventilator, TBI, etc.)	<input type="radio"/>
Lack of Transportation for Post-Discharge Follow-Up Care	<input type="radio"/>

Other Assistance Needed Major Barrier

Thank you!