



Midterm Report: Discharge Incentive Payment Program

November 2022 – January 2023

Discharge Incentive Payment Program (DIPP) Summary

- 412 DIPP applications approved (November 2022 – January 2023)
- Of the DIPP facilities there are:
 - 2 Mental Health AFHs
 - 3 Office of Developmental Disabilities Services (ODDS) Group Homes
 - 3 ODDS AFHs
- **Where did we hope to be at this point in the program?**
 - Did we deplete the fund in phase 1?

Demographics: DIPP Round 1 & Round 2

	Phase 1	Round 2
	January – March 2022 (n=264)	November 2022 – January 2023 (n=412)
Race	90% White 3% Black/African American 2% or less Asian, American Indiana/Alaska Native, Latinx/Hispanic, Native Hawaiian/Pacific Islander, Ukrainian, Other	91% White 3% American Indian/Alaska Native 2% or less Asian, Black/African American, Latinx/Hispanic, Mix Race, Native Hawaiian and/or Pacific Islander, Other
Gender	50% Female 49% Male 1% Unknown	54% Female 46% Male 1% Other
Payer Type	52% Medicaid 44% Private Pay 4% Other*	47% Medicaid 50% Private Pay 3% Other*
Pre-hospital or (S)NF	Houseless Home (S)NF AFH ALF/RCF	7% 57% 17% 0% 1%
Passed Away after admitted	31%	18%

Questions to Consider:

- Is this equitable?
 - How can we define equity?
- What does the individual needing the DIPP look like?
- What else do we need to know to understand program impact?
- Is the Medicaid demographic a proxy we can use for DIPP consumers?
- What else do we want to know about DIPP demographics?

5% (20) of DIPP Consumers were Voluntary or Involuntary Move Outs

Voluntary Move Out Reasons

- 7 moved out to go live with family or back home
- 2 went back to the hospital
- Moved due to location of the facility
- Decided to go back to former care setting
- 3 had no reason listed

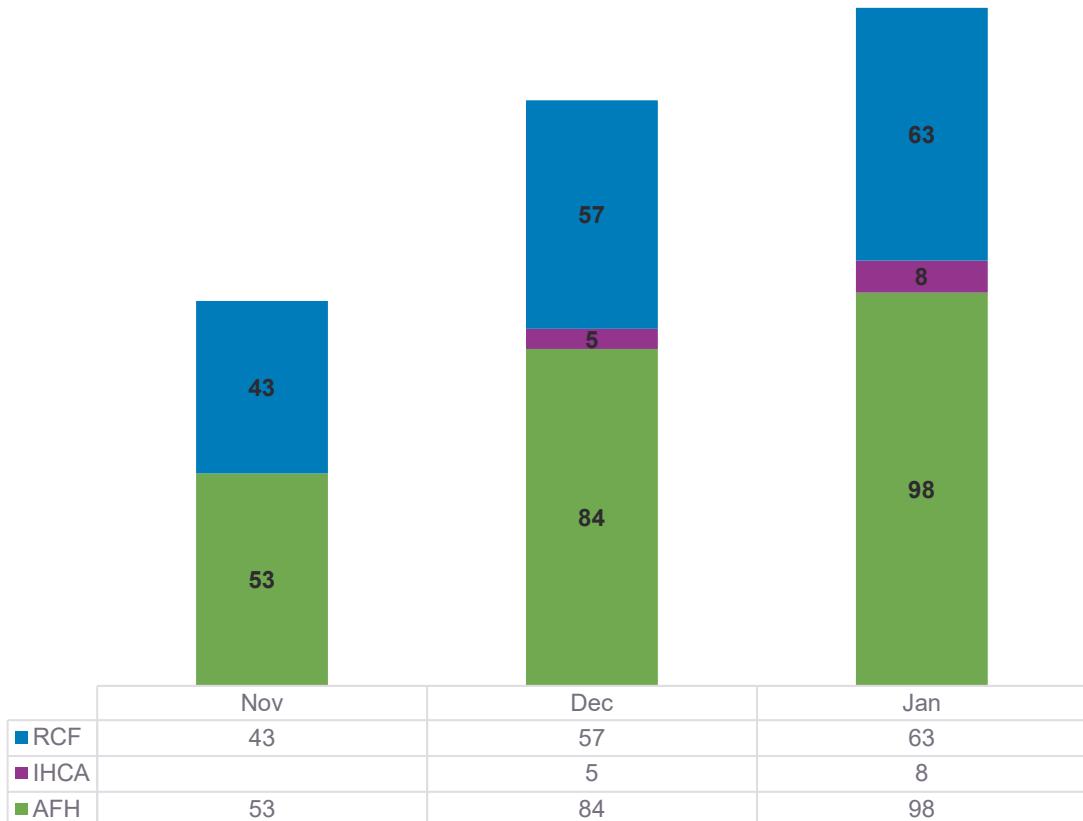
Involuntary Move Out Reasons

- Danger to self/others
- Medically complex care needs
- Unstable or unpredictable medical condition
- Resident sent to hospital after fall
- Developed aspiration pneumonia

How has location of accepting facility type changed over time?

- Total breakdown of Setting Type by January 31, 2023
 - 13 IHCA
 - 163 RCF
 - 236 to AFH
- 4% of 106 unique IHCA have used the DIPP

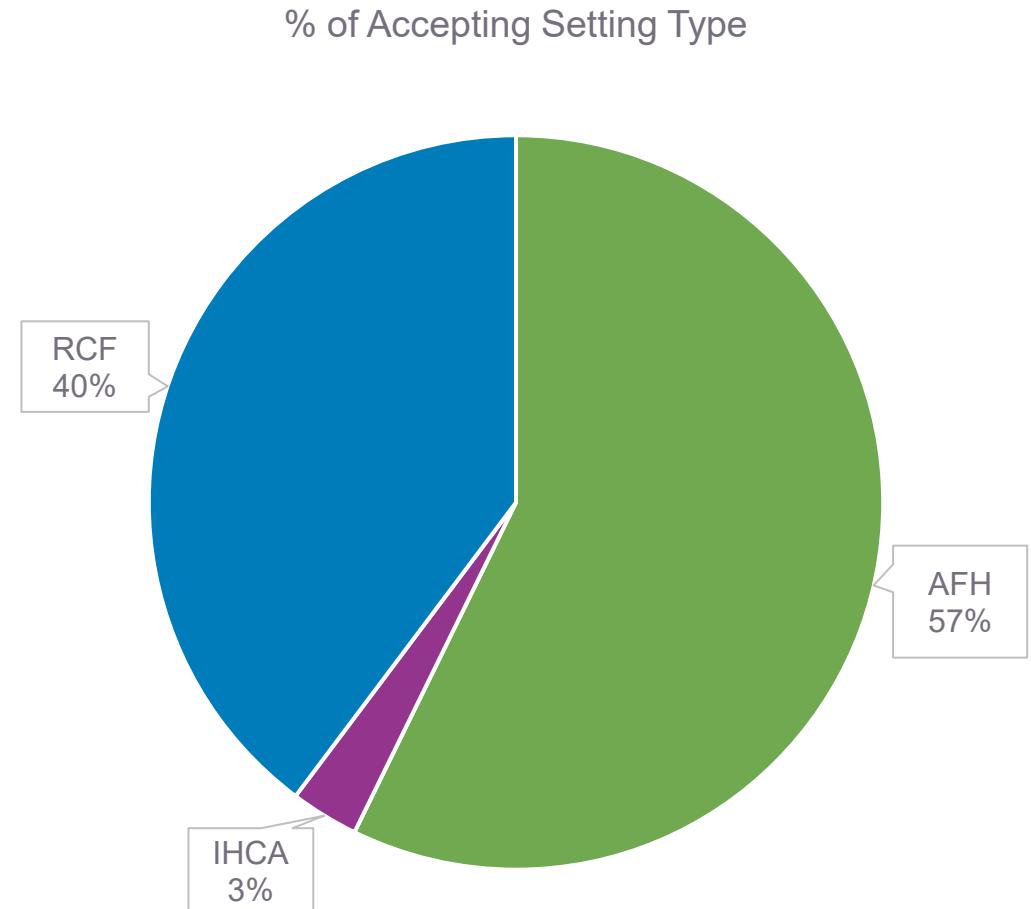
of Accepting Facility Type Month over Month



Source: Discharge Incentive Payment Program Tracker, accessed February 14, 2023.

Receiving DIPP Settings – Adult Foster Homes, RCF, and In Home Care Agencies

- 57% or 236 of DIPP are going to Adult Foster Homes (AFH),
- 40% or 163 to RCF, and
- 3% 13 to IHCA



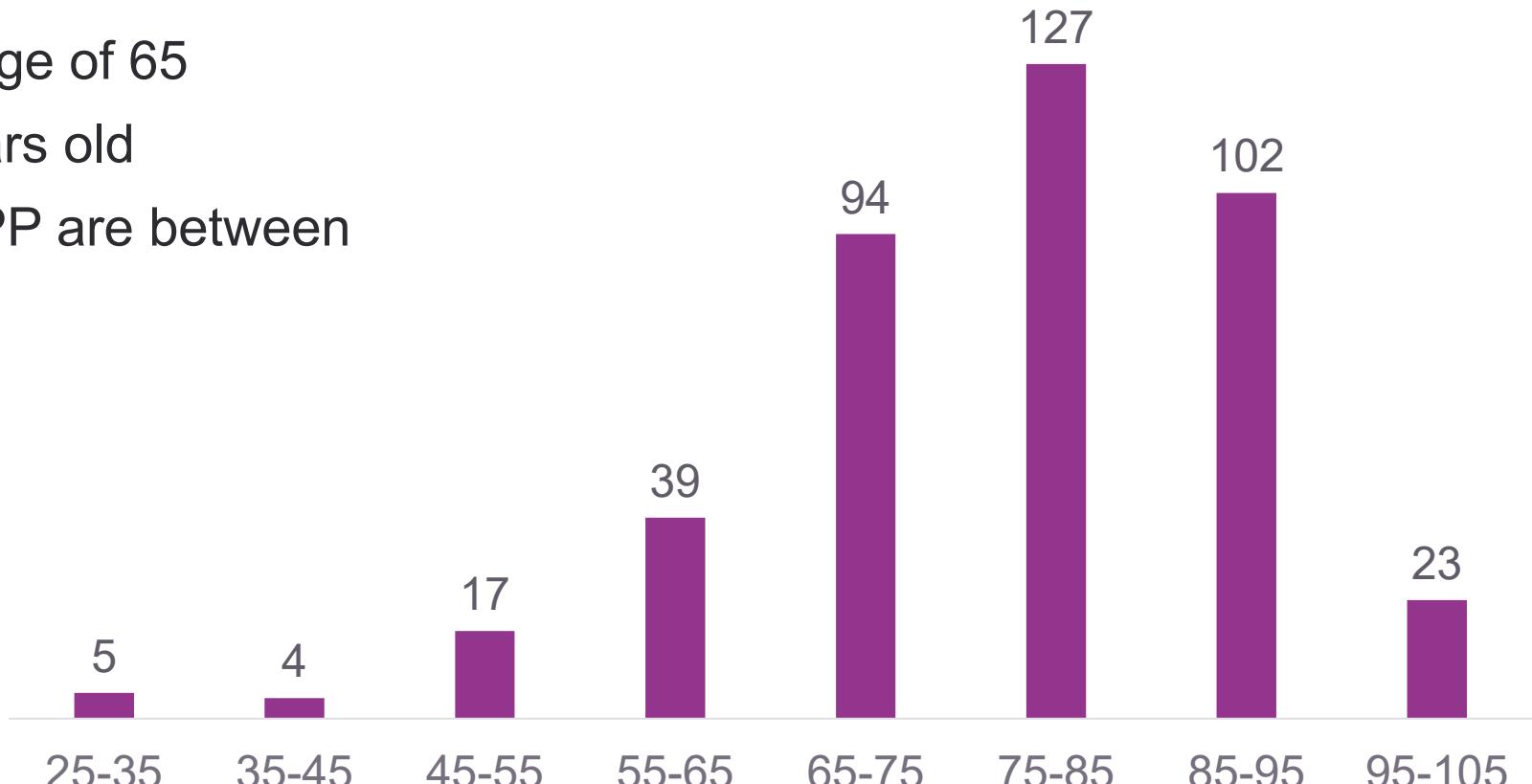
Source: Discharge Incentive Payment Program Tracker, accessed February 14, 2023.

Aging and People with Disabilities Division

Age of DIPP Consumers

- 77 is the mean age of the individuals approved for DIPP
- 26 (6%) are under the age of 65
- 23 (6%) are over 95 years old
- 79% of all approved DIPP are between the ages of 65-95

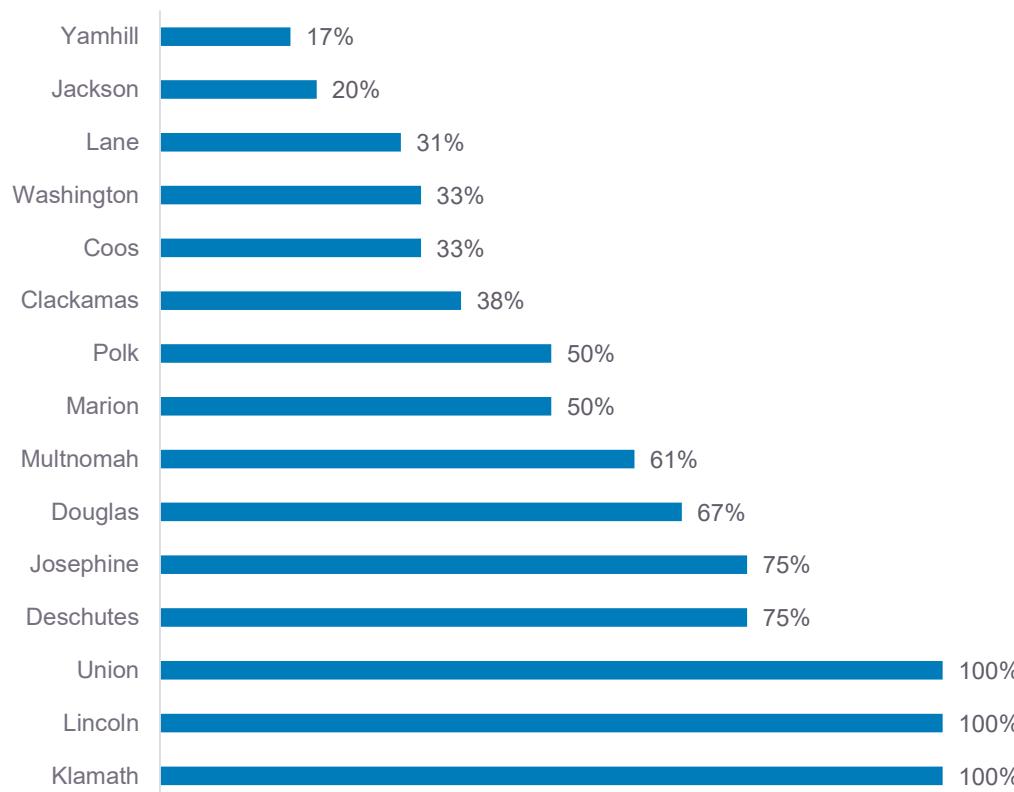
Total Approved DIPP by Age



Source: Discharge Incentive Payment Program Tracker, accessed February 14, 2023.

Nursing Facilities (NF) by County

% of NFs by Counties using DIPP



of NFs by Counties not using DIPP

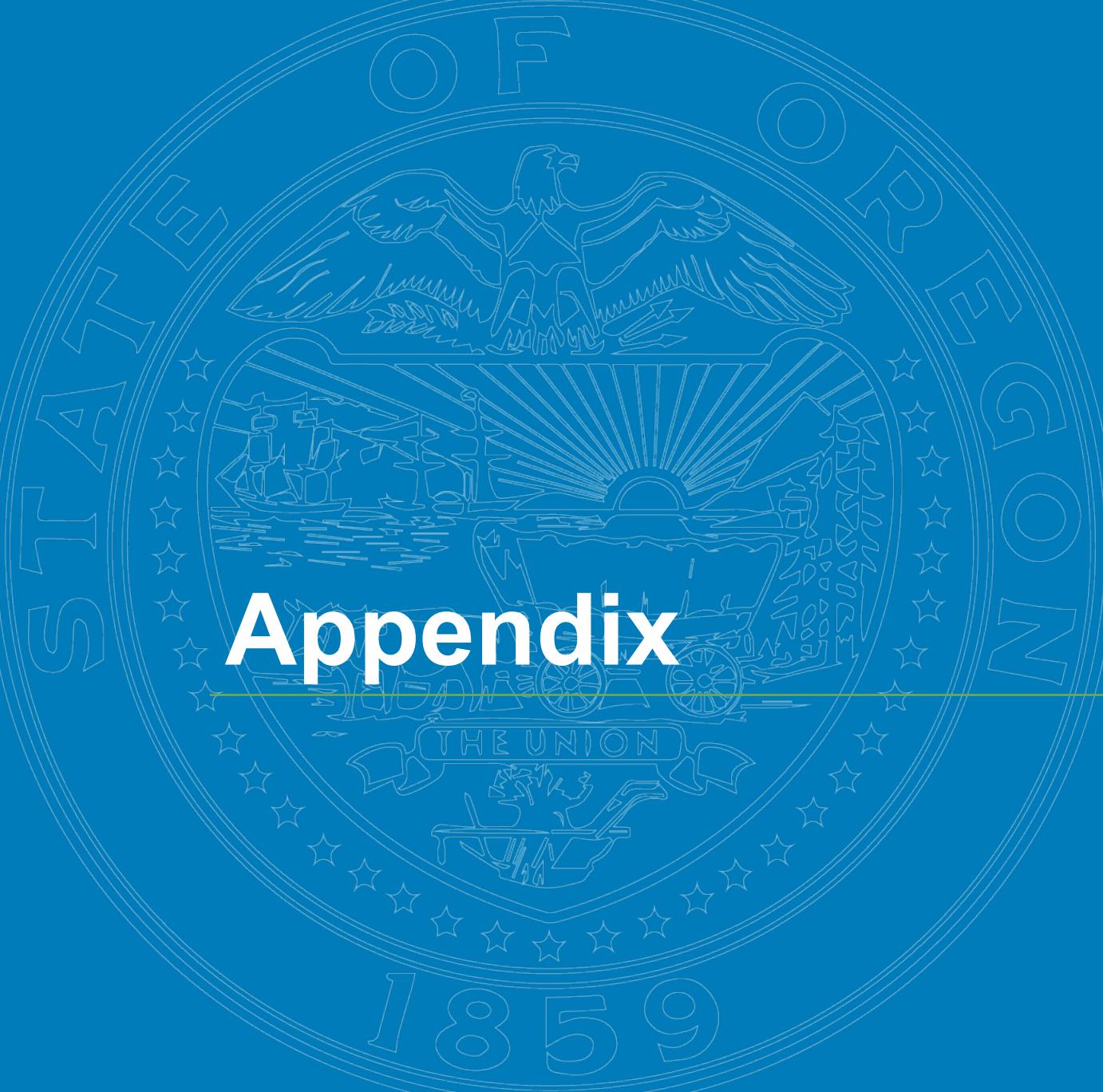
County	# of NF Facilities
Linn	5
Umatilla	3
Wasco	3
Columbia	2
Benton	1
Clatsop	1
Crook	1
Curry	1
Grant	1
Hood River	1
Jefferson	1
Lake	1
Malheur	1
Tillamook	1

Who are the referring hospital groups?

- 312 approvals from Referring Hospitals (Nov 2022 – Jan 2023)
 - 76% of all approvals were from hospitals
- **Providence** has 80 (25%) of all hospital DIPP approved referrals

Hospital Group	Total	Percent
Providence	80	25.32%
Asante	38	12.18%
Salem Health	38	12.18%
No Management Company	34	10.90%
Legacy	26	8.33%
Kaiser	25	8.01%
St Charles	18	5.77%
Samaritan	15	4.81%
OHSU	15	4.81%
PeaceHealth	8	2.56%
Adventist Health	8	2.56%
St Alphonsus	5	1.60%
VA	3	0.96%
Grand Total	313	100.00%

Source: Discharge Incentive Payment Program Tracker, accessed February 14, 2023.



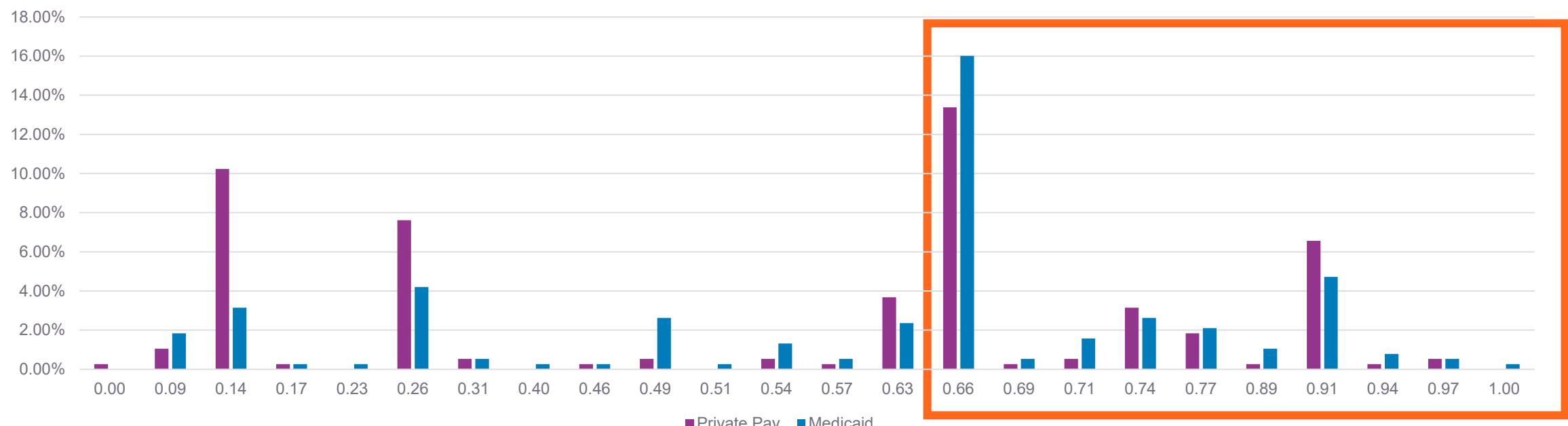
Appendix



Payor and the Social Vulnerability Index

- Medicaid and Private Pay consumers are found across the entire spectrum of the Social Vulnerability Index (SVI)
- More than half of payors are found at or above .66 SVI where 30% of payors are Medicaid and 27% are private pay
- 30% of all payers are from the same .66 SVI

Medicaid vs. Private Pay based on Referring Hospitals' and Nursing Facilities' SVI



Source: Discharge Incentive Payment Program Tracker, accessed February 14, 2023.

Aging and People with Disabilities Division

Denials in November - January

Denied Reasons	NA	Did not reapply	Did not yet reapply	Reapplied	Grand Total
Form not completed		6	15	5	26
Wrong form used		4	2	7	13
Program had not yet started	3	4			7
Individual not discharging from hospital or SNF/NF		4		2	6
Too soon to request 2nd payment		1	3	1	5
Provider is out-of-state				1	4
IHCA-individual not receiving enough hours		3			3
Erroneous information provided		1	1		2
Discharging facility does not qualify for program		2			2
No valid Part One request; can't approve Part Two		1		1	2
Discharged from Emergency Room		1			1
Individual left within 90 day as needs not met		1			1
Grand Total	3	28	21	17	72

Non-clinical reasons for Discharge Delay

(as written by hospital)

- Patient not medication compliant,
- Court upholding guardianship,
- Patient struggle to engage
- Medicaid pending
- Couldn't go back to independent living
- Guardianship/Placement
- Couldn't go back to her previous living
- Facility wouldn't take her due to need of Hoyer lift
- Age and being houseless

Source: Discharge Incentive Payment Program Tracker, accessed February 14, 2023.

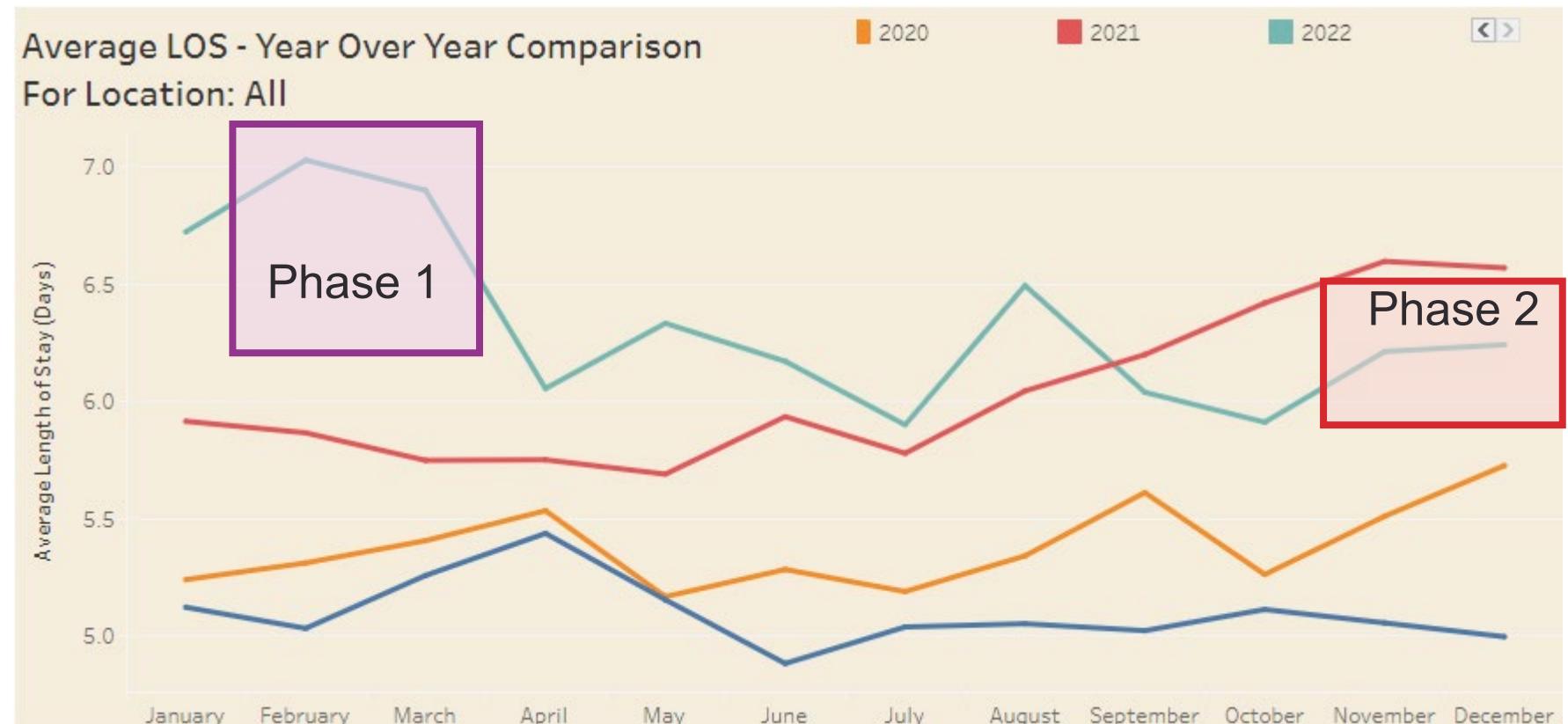
Clinical Reasons for Discharge Delay

(as written by facility)

- AMS and UTI
- Behaviors
- Wounds, Level of Care,
- Cognition concerns
- Was receiving PT for generalized weakness, is also diabetic and on insulin
- Was not stable to live in the community
- Unstable Health Condition
- Treated for UTI
- Needed Rehabilitation
- Traumatic Brain Injury
- Waiting on xray to rule out hip fracture
- Needs physical therapy
- Needs placement post surgery
- Radiation Treatment
- Ongoing rehab and therapy
- Nasal Cannula
- Medical Issues
- Low O2 Levels
- Lithium Toxicity
- Hands on ADL needs
- Needs BH Support
- Needs gero psych care
- For client's medical treatment
- Finances and Recovery from Surgery
- Fall, dementia, malnutrition, weakness
- Defining goals of care with consumer
- COVID then Pneumonia while at hospital
- 2 COVID infections
- COVID diagnosis, large hematoma
- Complicated wounds and transfers
- Care Changes/Needed More Care
- Cancer and Blood Transfusion
- Complex case discharge to LTC
- Chest pain; aortic valve stenosis; hypotension
- Anoxic brain injury, need recovery time
- Patient needed more PT and OT
- Weakness from UTI
- COVID which prolonged OT/PT services
- Surgery
- Fall
- Fracture healed, not receiving PT/OT
- Had stroke
- Patient needed more PT and OT
- Orthopedic surgery, fracture of right femur

Providence Hospital Review of Average LOS of Discharges

- Unclear of impact based on same data used by Dr. Moreno from Providence during DIPP Phase 1



Source: Providence Hospital data screenshot, received December 2022.

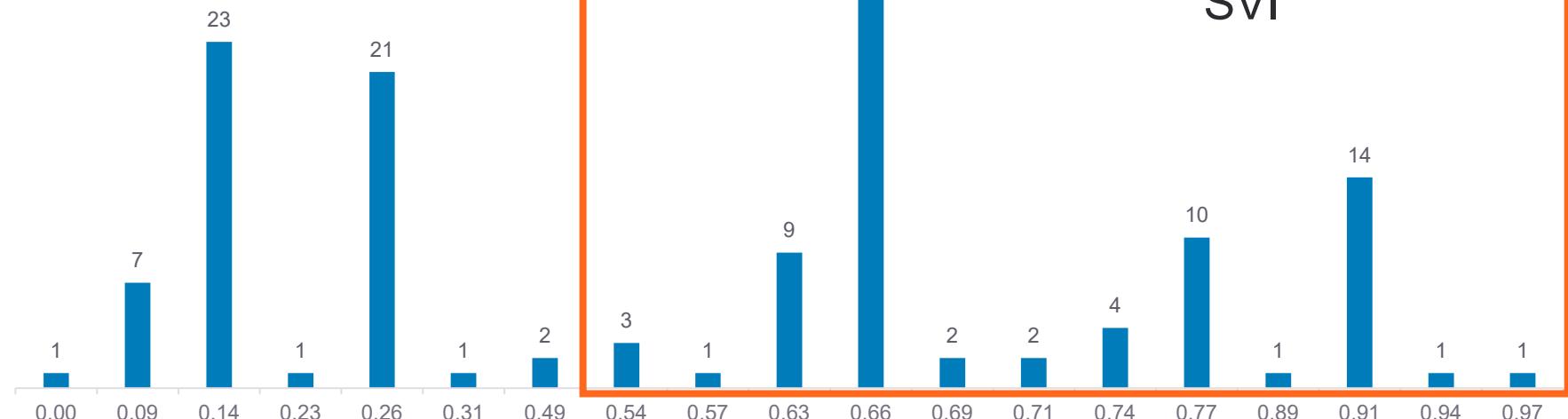


Reference: November Analysis

Discharging Facility Characteristics

How vulnerable are the counties from referring Hospitals and Nursing Facilities?

- 61% of referrals (down from 68% in November) are in or above the 50% percentile for social vulnerability (SVI)
- 16 facilities (up from 7 in November) are in the 90% percentile for SVI
- Continue monitoring mean reduction in SVI as program continues



Source: Discharge Incentive Payment Program Tracker, accessed November 30, 2022; Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index 2020 Database Oregon. https://www.atsdr.cdc.gov/placeandhealth/svi/data_documentation_download.html. Accessed on November 30, 2022.

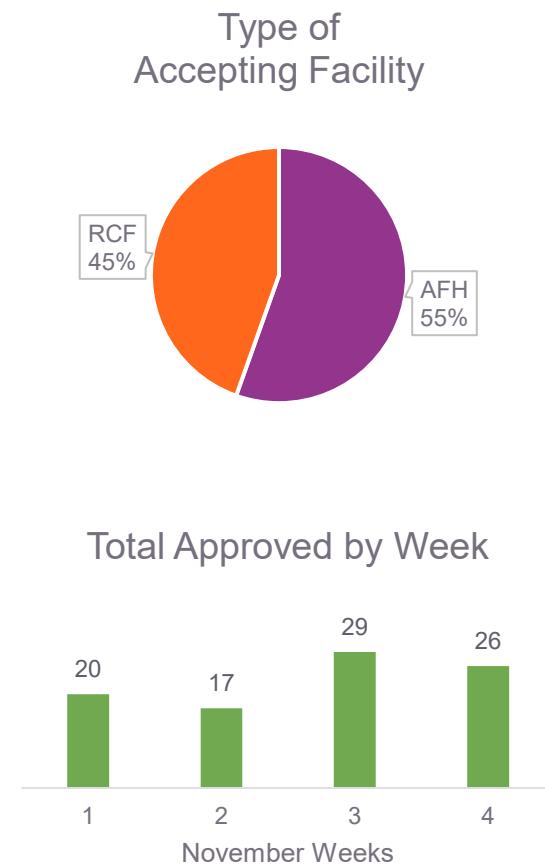
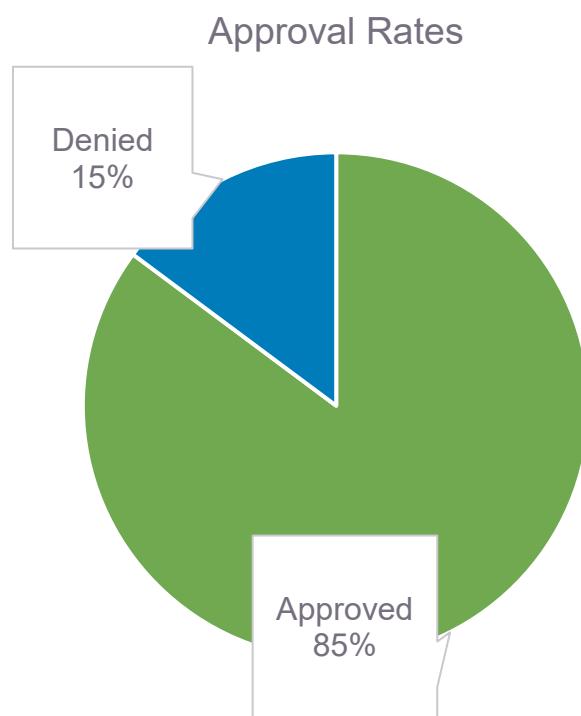
Medicaid Payer Vs Private Payer Demographics (Nov 2022)

- The majority of Medicaid and Private Payers are White
- 16% of Medicaid Payers are Houseless before entering the hospital or nursing facility compared to Private Payers who none are Houseless
- 14% of Medicaid Payers are starting Hospice compared to 44% of Private Payers
- The top county and region for referrals for both payer types is the same: Multnomah and Region 1 with 50% of Medicaid Payers and 68% of Private Payers in Region 1

	Medicaid Payer	Private Payer
Approved (Rate)	44 (47%)	41 (44%)
Race	93% White 3% American Indian/Alaska Native 2% Asian 2% Latinx/Hispanic	95% White 3% Asian 2% Black/African American
Gender	50% Female 48% Male 2% Unknown	56% Female 44% Male
Pre-hospital or (S)NF	Houseless 16% Home 57% (S)NF 0% AFH 9% ALF/RCF 11%	0% 61% 10% 3% 24%
Top 2 Counties	1. Multnomah (20) 2. Josephine (4)	1. Multnomah (14) 2. Clackamas (10)
Top 2 Regions	1. Region 1 (50%) 2. Region 3 (16%)	1. Region 1 (68%) 2. Region 2 (10%)
Starting Hospice	14%	44%
Passed Away after admitted	2	4

Source: Discharge Incentive Payment Program Tracker, accessed November 30, 2022

DIPP Applicants and Individual Demographics



- **Demographics of Approved for November (92)**

- 95% White (1% American Indian/Alaska Native, 2% Asian, 1% Black/African American, 1% Latinx/Hispanic)
- 53% Female, 45% Male
- 8% are Houseless
- 46% Medicaid, 45% Private Pay, 4.35% Other, 1% Elderplace, 1% Allcare Pace, 1% Care Fund
- Largest number of applicants are from Multnomah County (38% (35) of approved DIPP)
- 29% are starting Hospice

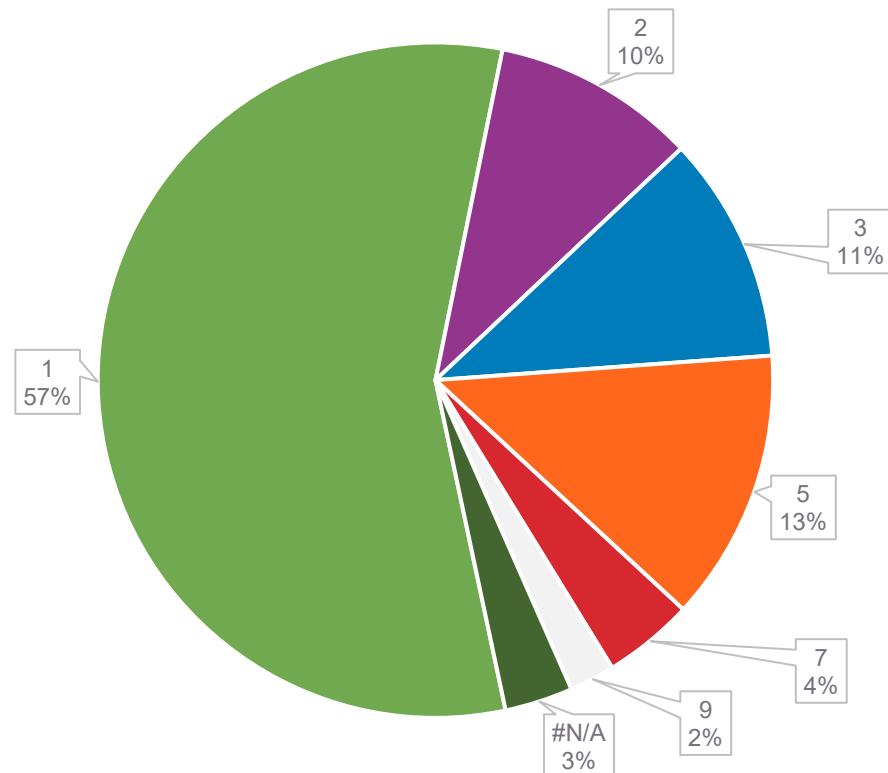
- **Denial reasons for November (16)**

- OHA providing follow-up support to facilities for denials that occurred because of:
 - Approved form not used; Form not completed; Erroneous information provider; Program has/had not yet started; Too soon to request 2nd payment
- Other denial reasons:
 - Individual not discharging from hospital or (S)NF
 - Provider is out-of-state

Source: Discharge Incentive Payment Program Tracker, accessed November 30, 2022

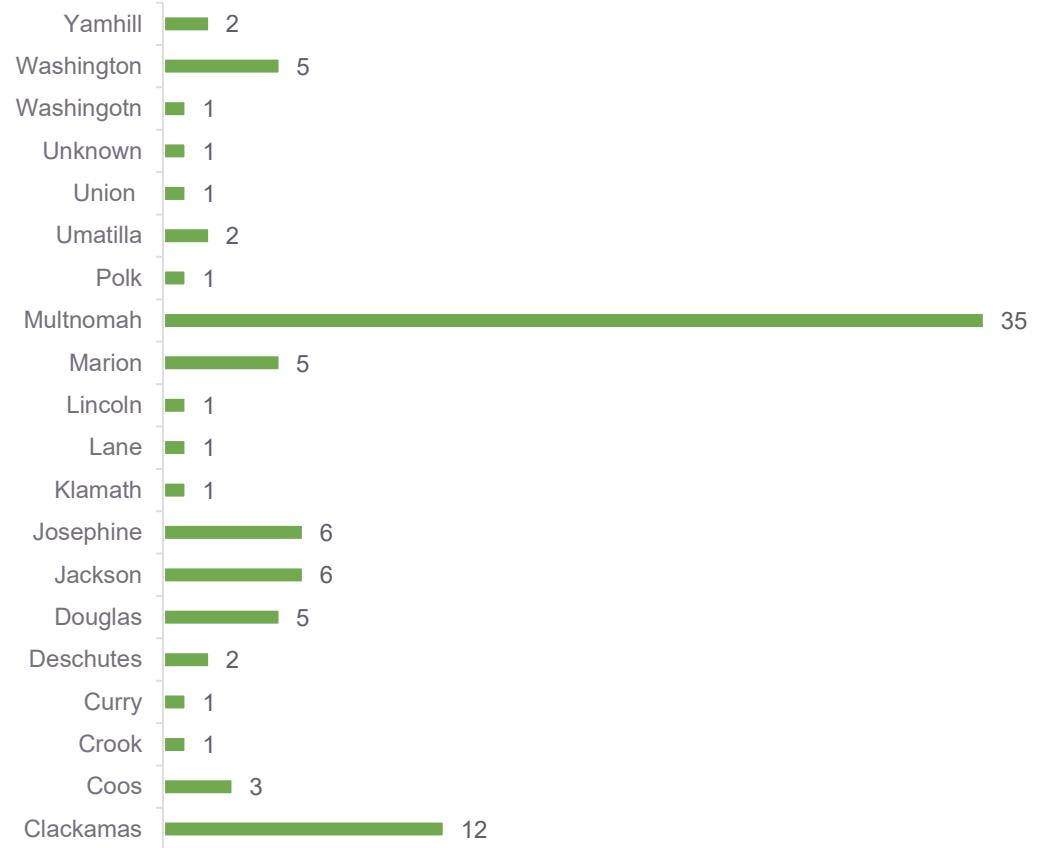
Discharging Facilities (Nov 2022)

Referring Hospital/(S)NF Region



Source: Discharge Incentive Payment Program Tracker, accessed November 30, 2022

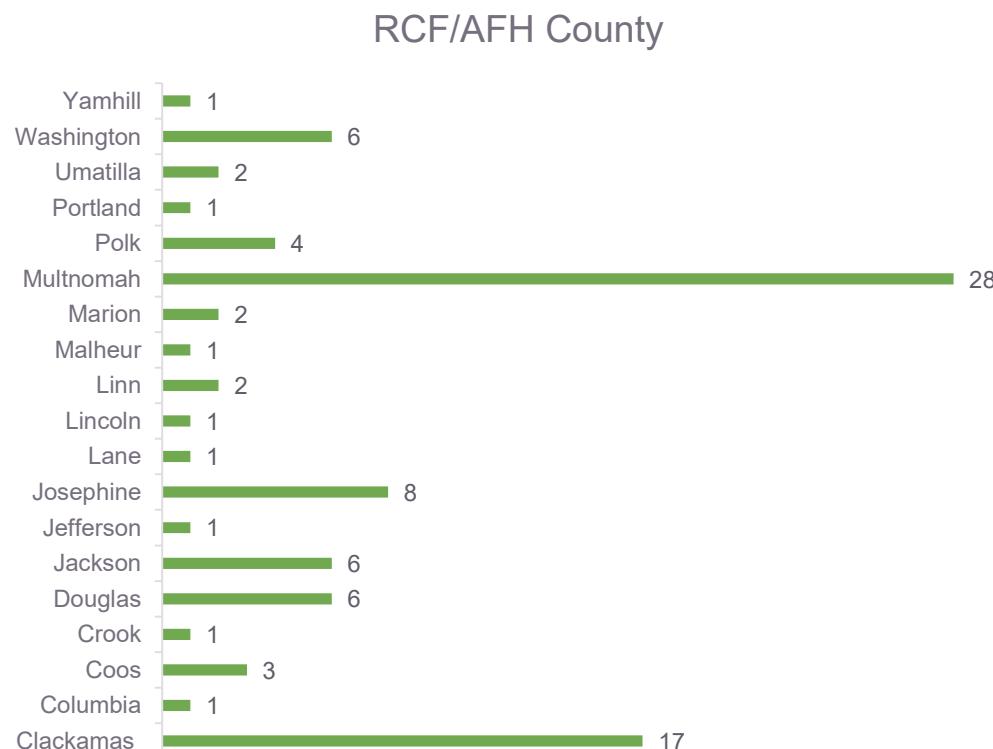
Referring Hospital/(S)NF County



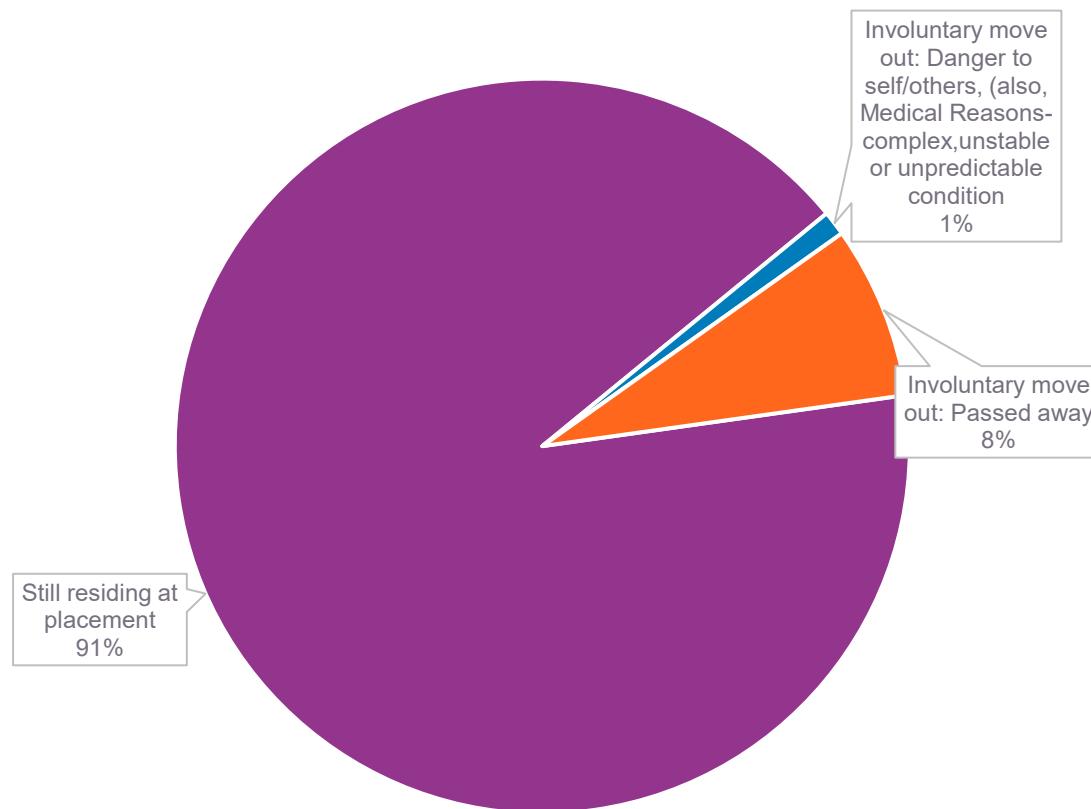
Source: Discharge Incentive Payment Program Tracker, accessed November 30, 2022

Since admittance...

- 91% of placements are still residing in the RCF/AFH
- Majority of placements are in Multnomah and Clackamas counties

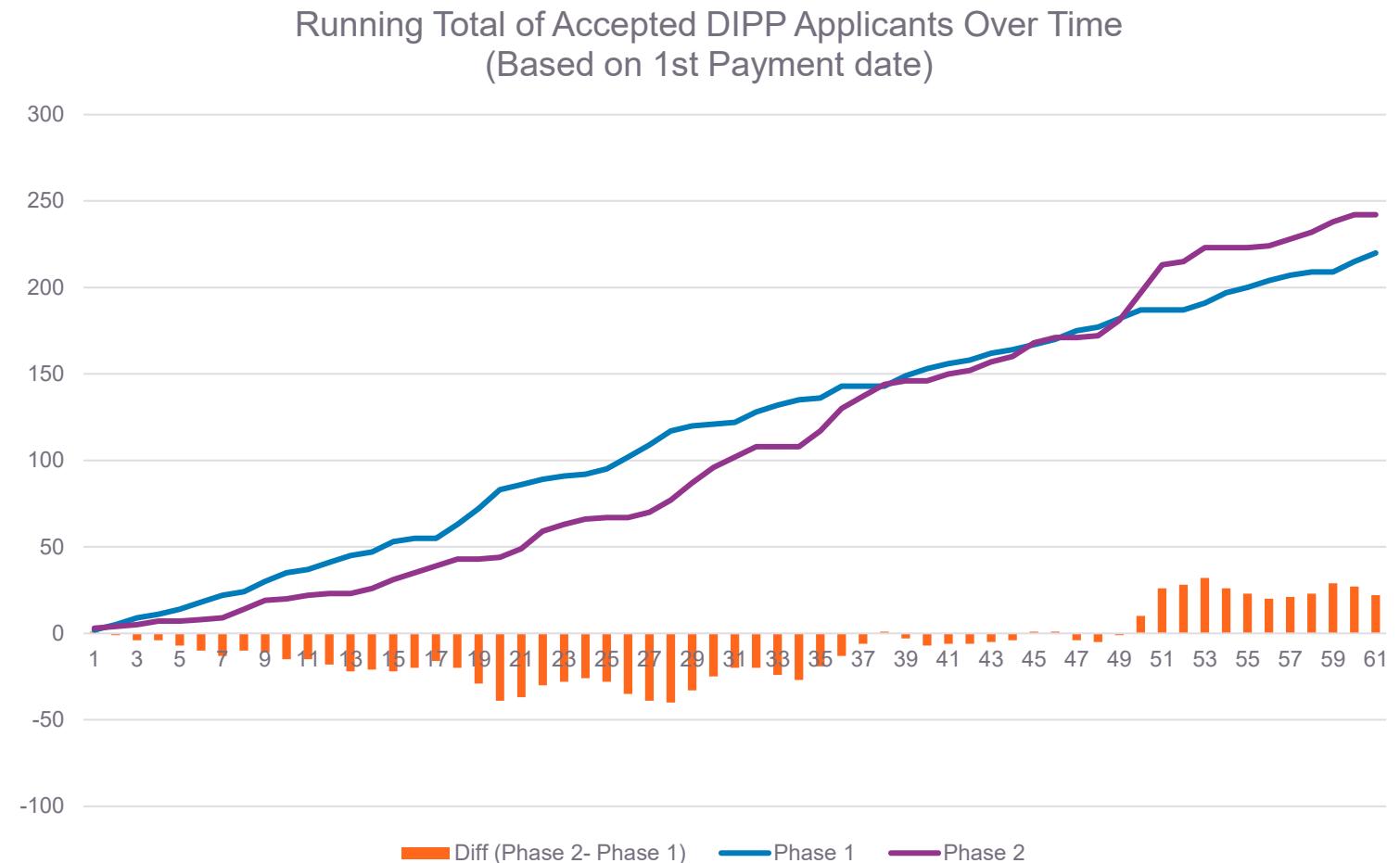


Admitted Status as of November 30, 2022



Running Total of Accepted DIPP Applicants Over Time Phase 1 & Phase 2

- 242 total DIPP approvals (Nov – Dec 2022)
- While lagging in uptake by recipients during the first 30 days, by Day 49, Phase 2 approved DIPP exceed that of Phase 1
- **Where did we hope to be at this point in the program?**
 - **Did we deplete the fund in phase 1?**



Source: Discharge Incentive Payment Program Tracker, accessed December 31, 2022

Aging and People with Disabilities Division



DIPP Logic Model

Results to Achieve

DIPP Logic Model and Indicators

Input	Activity	Outputs	Outcomes	Impact
Discharge incentive programming payments available	Discharge incentives are vetted for equity and provided to facilities to decompress hospitals	<p>Equitable spread of resources to facilities</p> <p>Facility has hired more staff to care for higher acuity admissions</p> <p>Placements made from discharge incentive program</p> <p>Improves placement of patients to appropriate facility/location</p>	<p>Equity of discharged patients is improved</p> <p>Increased number of higher acuity patients receive care</p> <p>Hospitals and skilled nursing facilities are decompressed</p> <p>Reduced risk of displacement of patients</p>	APD population receive equitable and appropriate care
<ul style="list-style-type: none"> Incentive Payments Total Funds available 	<ul style="list-style-type: none"> # of total incentives approved (1st and 2nd payments completed) # of facility (by type) admit from hospital/(S)NF # of facilities submitting incentive payment form #1 # of facilities submitting incentive payment form #1 and not eligible # of approved payment #1 # of facilities submitting incentive payment form #2 # of facilities submitting incentive payment form #2 and not eligible # of approved payment #2 # of total denials 	<ul style="list-style-type: none"> # of individuals discharged from an admitted status # of facilities receiving incentive payments from other programs during the same time frame # of patients within service provider level #1-13 	<ul style="list-style-type: none"> Reasons for delays Average Length of stay at hospital/Days # of hospitals and (S)NF where patients are coming from # of payer (Medicaid/type of payer) # of hospice at time of admission # of patients who were sent to hospice within 90 days # of involuntary move out or notice of termination # of discharged who passed away within 90 days # of patients by race/ethnicity # of patients stayed at facility for 90 days # of readmissions to hospitals or (S)NF 	<ul style="list-style-type: none"> % of incentives provided based on race/ethnicity # Medicaid patients % of incentives provided to houseless patients