



# Midterm Report: Discharge Incentive Payment Program

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*November 2022 – January 2023*

# Discharge Incentive Payment Program (DIPP) Summary

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

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## 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

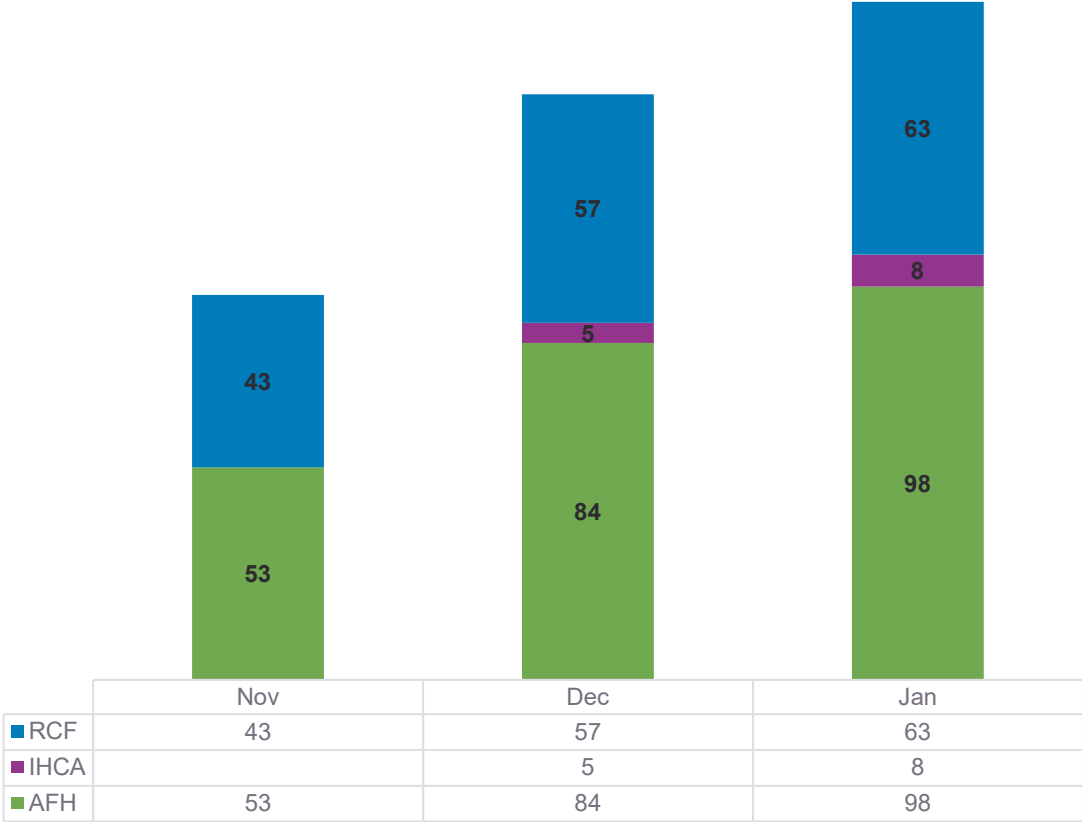
## Involuntary Move Out Reasons

- 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's
  - 163 RCF's
  - 236 to AFH's
- 4% of 106 unique IHCA's have used the DIPP

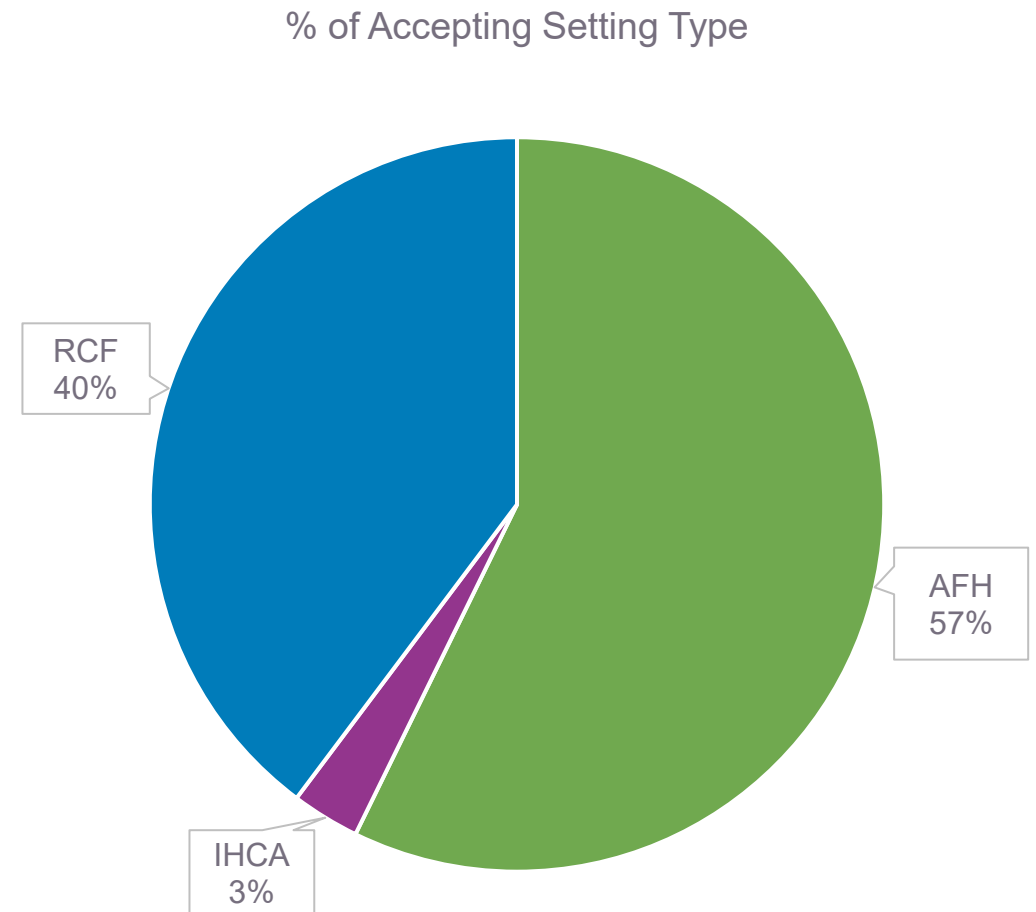
# of Accepting Facility Type Month over Month



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

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

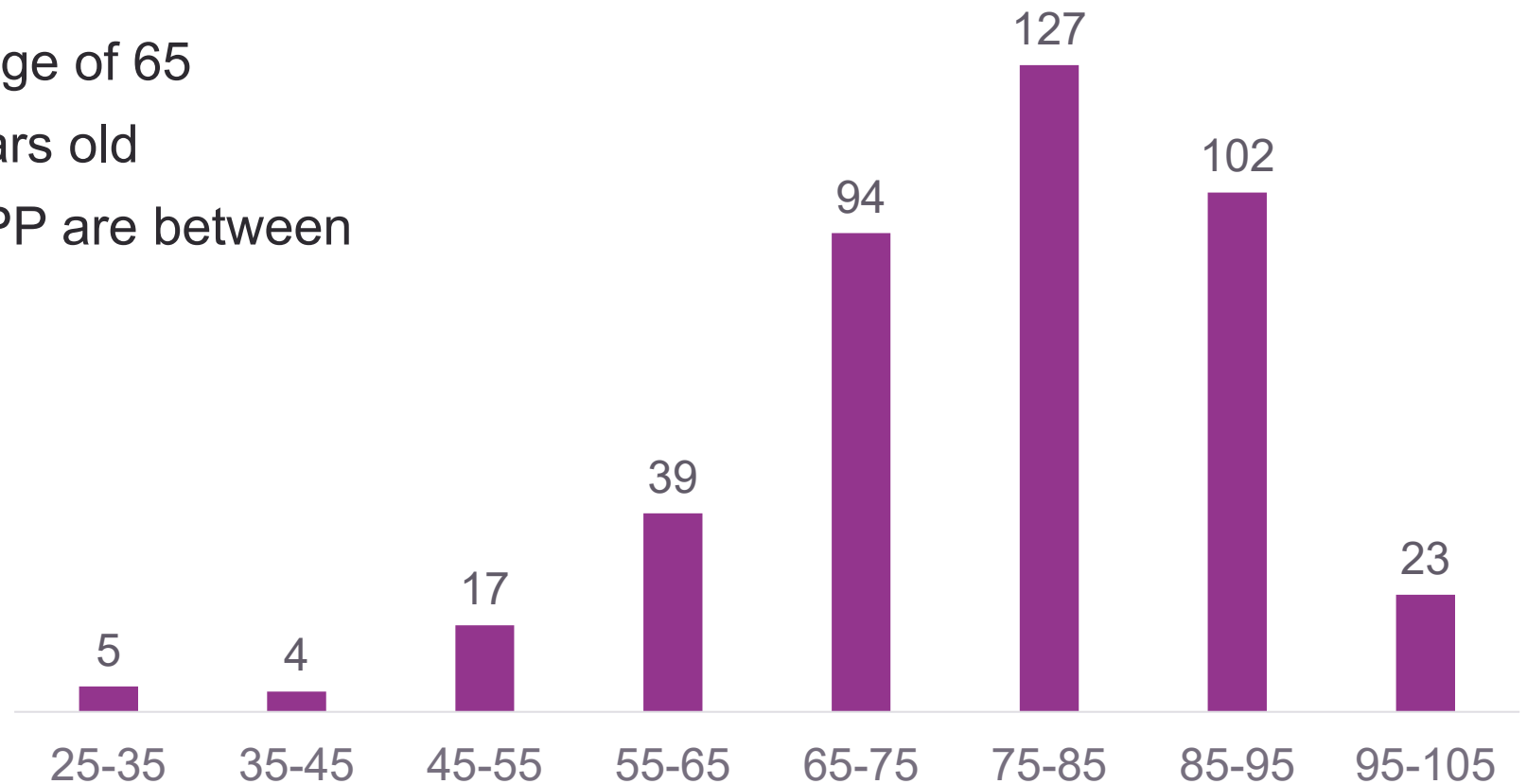
- 57% or 236 of DIPP are going to Adult Foster Homes (AFH),
- 40% or 163 to RCF, and
- 3% 13 to IHCA



# 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

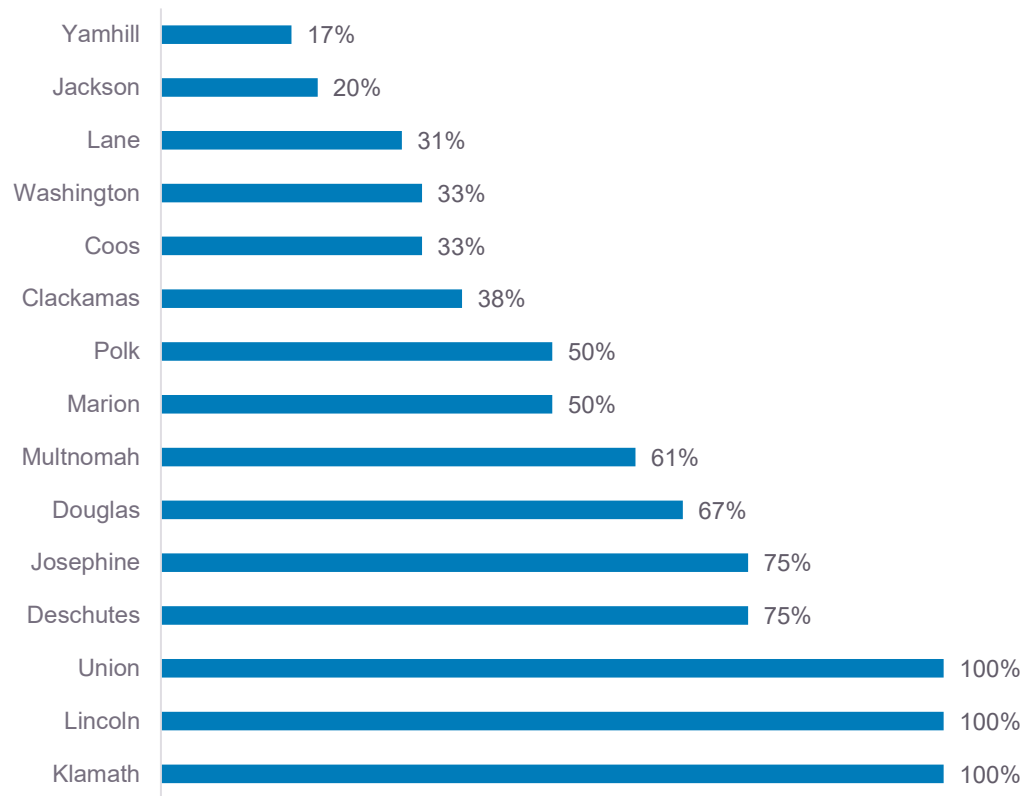
Total Approved DIPP by Age



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%          |
| <b>Grand Total</b>    | <b>313</b> | <b>100.00%</b> |



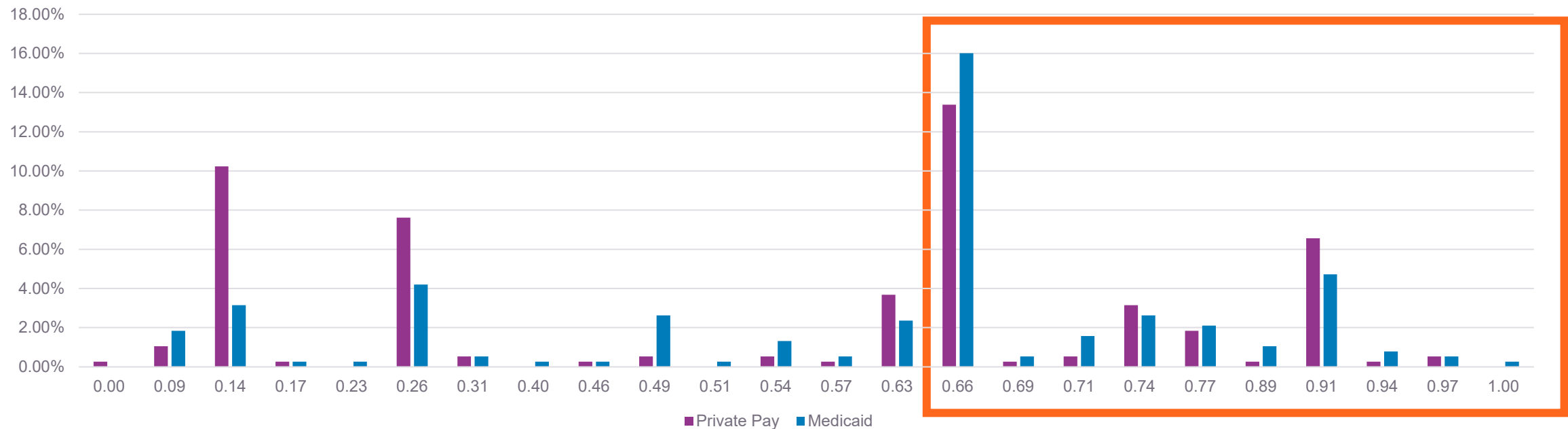
# Appendix

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# 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



# 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           |
| <b>Grand Total</b>                                 | <b>3</b> | <b>28</b>       | <b>21</b>           | <b>17</b> | <b>72</b>   |

# Non-clinical reasons for Discharge Delay

(as written by hospital)

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- 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

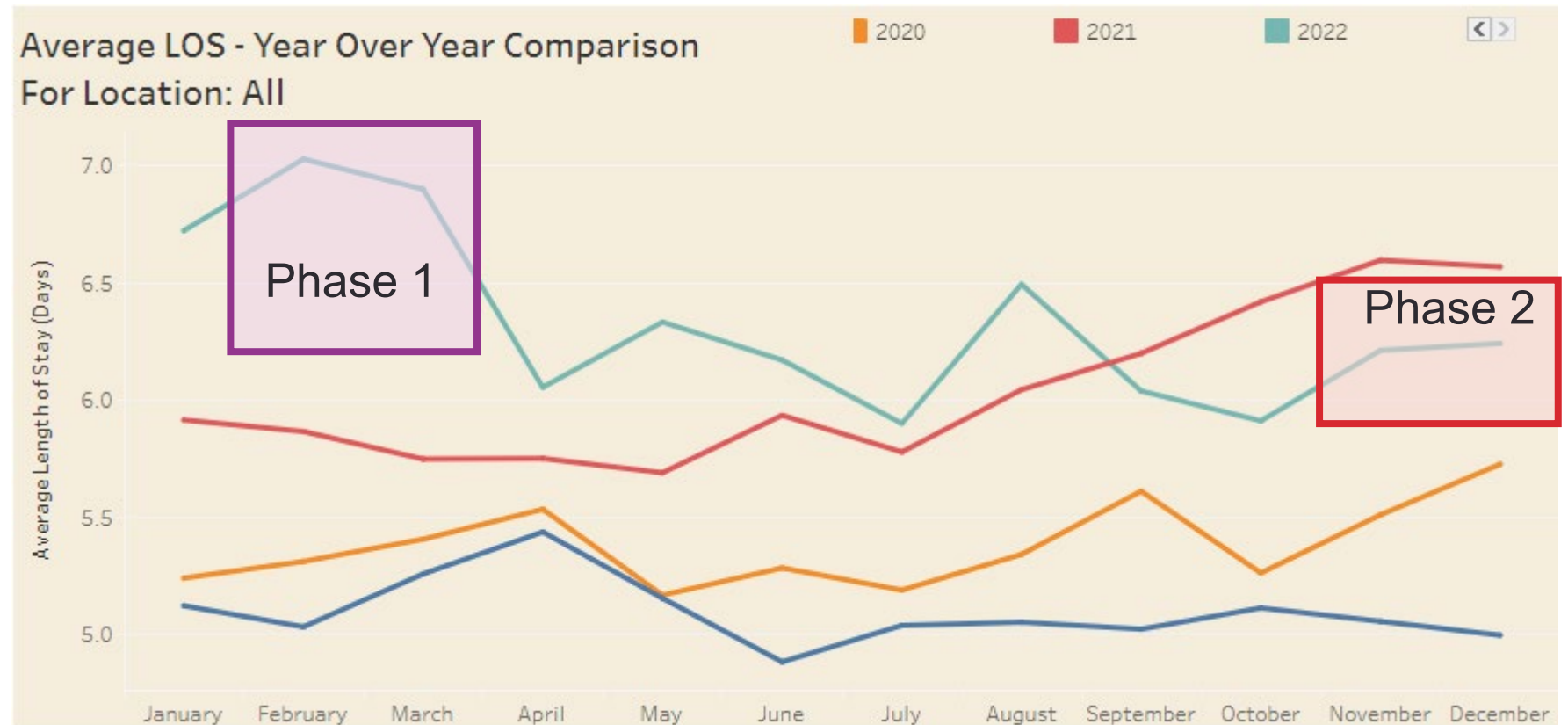
(as written by facility)

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- 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

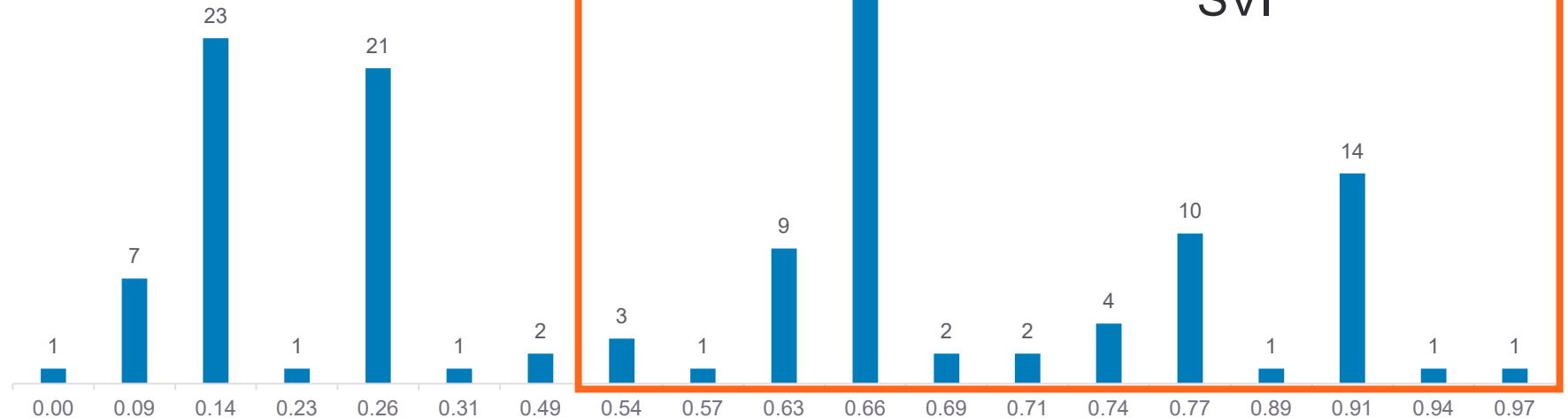
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# Discharging Facility Characteristics

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



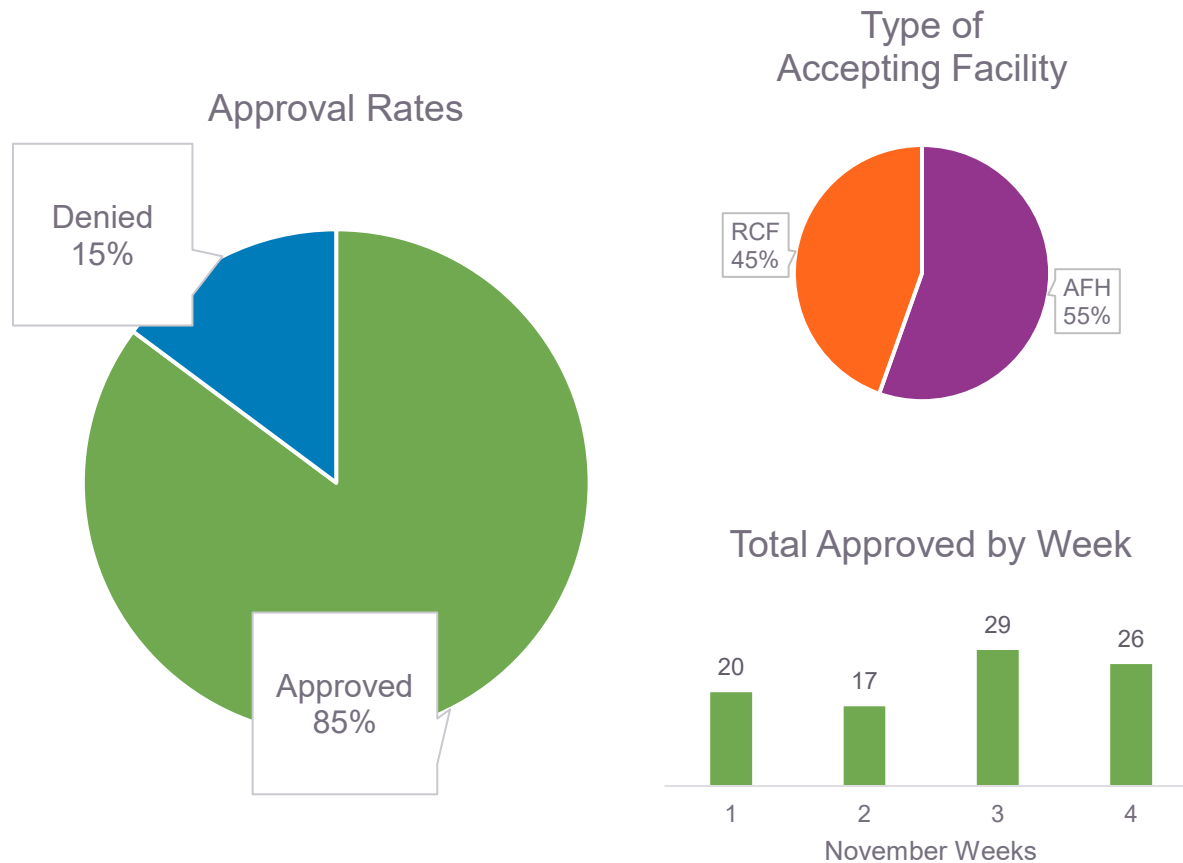
# Medicaid Payer Vs Private Payer Demographics (Nov 2022)

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

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

# DIPP Applicants and Individual Demographics



## • Demographics of Approved for November (92)

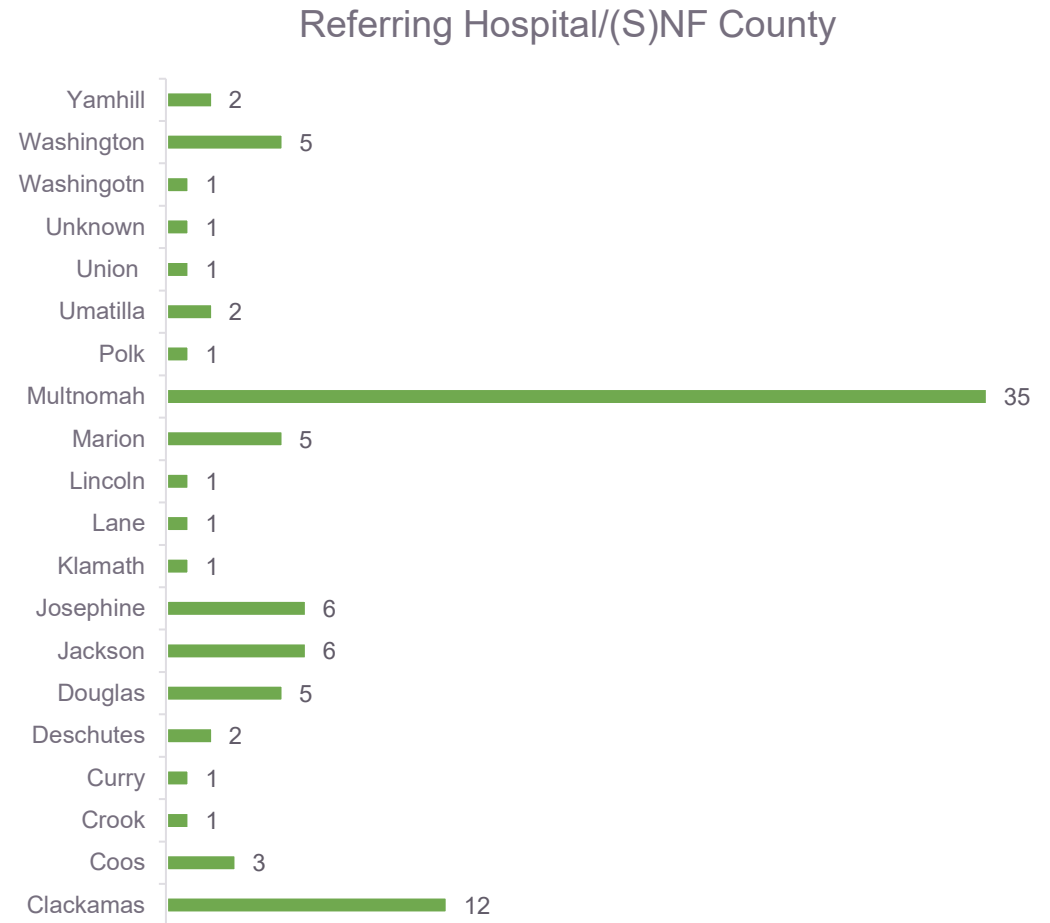
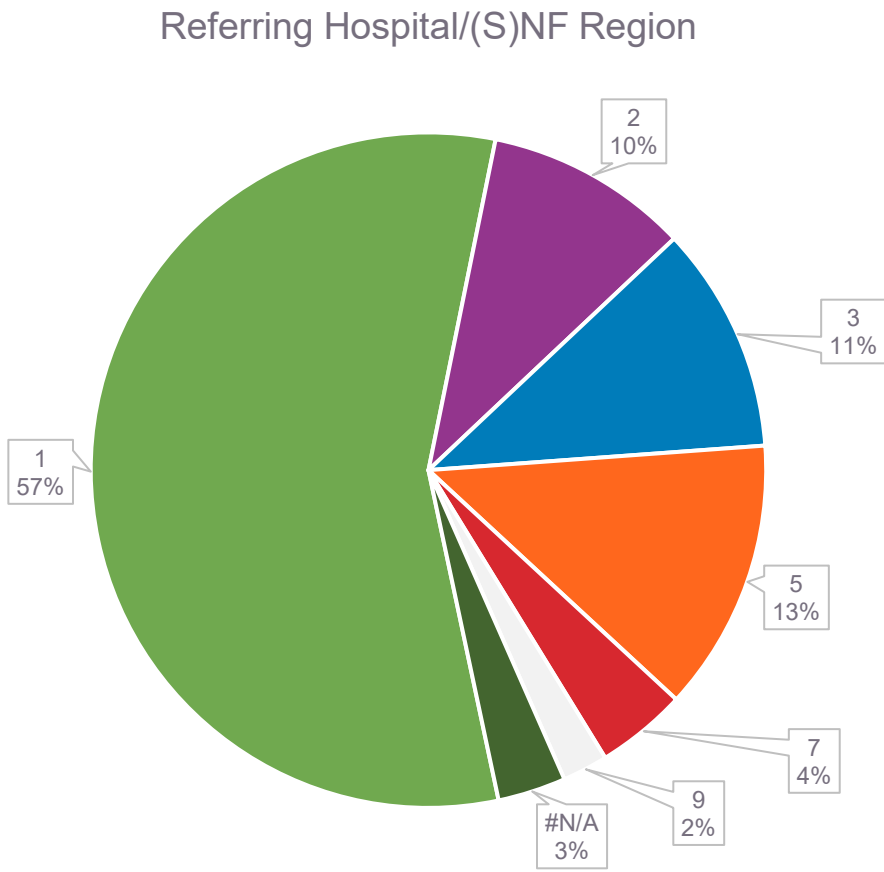
- 95% White (1% American Indian/Alaska Native, 2% Asian, 1% Black/African American, 1% Latinx/Hispanic)
- 53% Female, 45% Male
- 8% are Houseless
- 46% Medicaid, 45% Private Pay, 4.35% Other, 1% Elderplace, 1% Allcare Pace, 1% Care Fund
- Largest number of applicants are from Multnomah County (38% (35)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

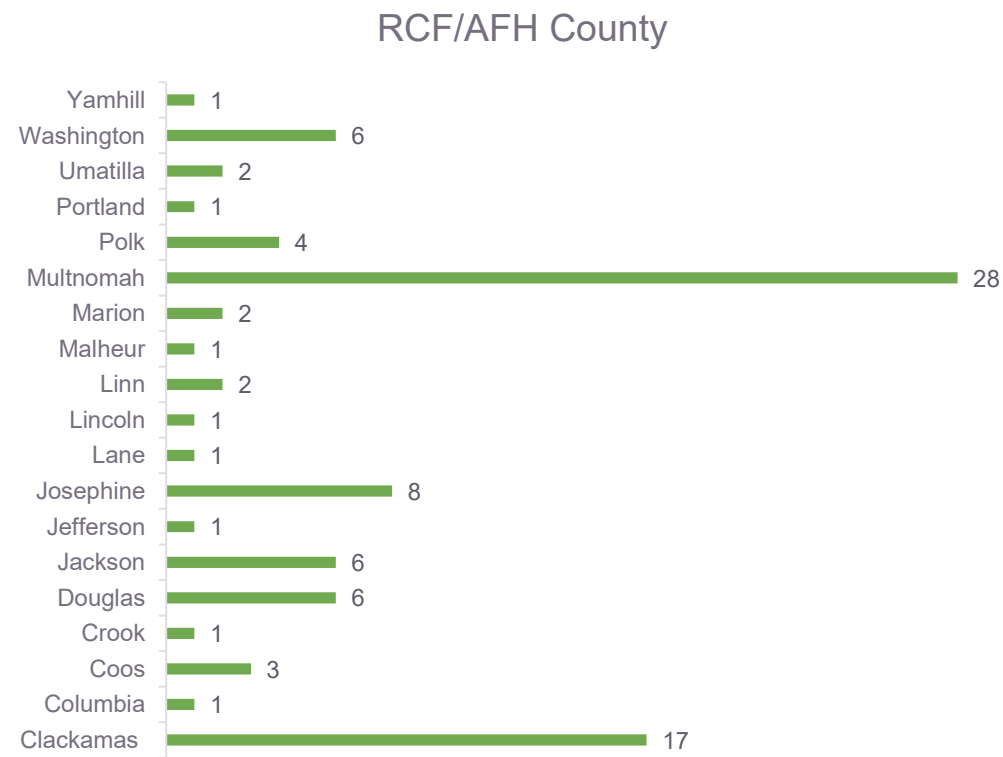


Source: Discharge Incentive Payment Program Tracker, accessed November 30, 2022

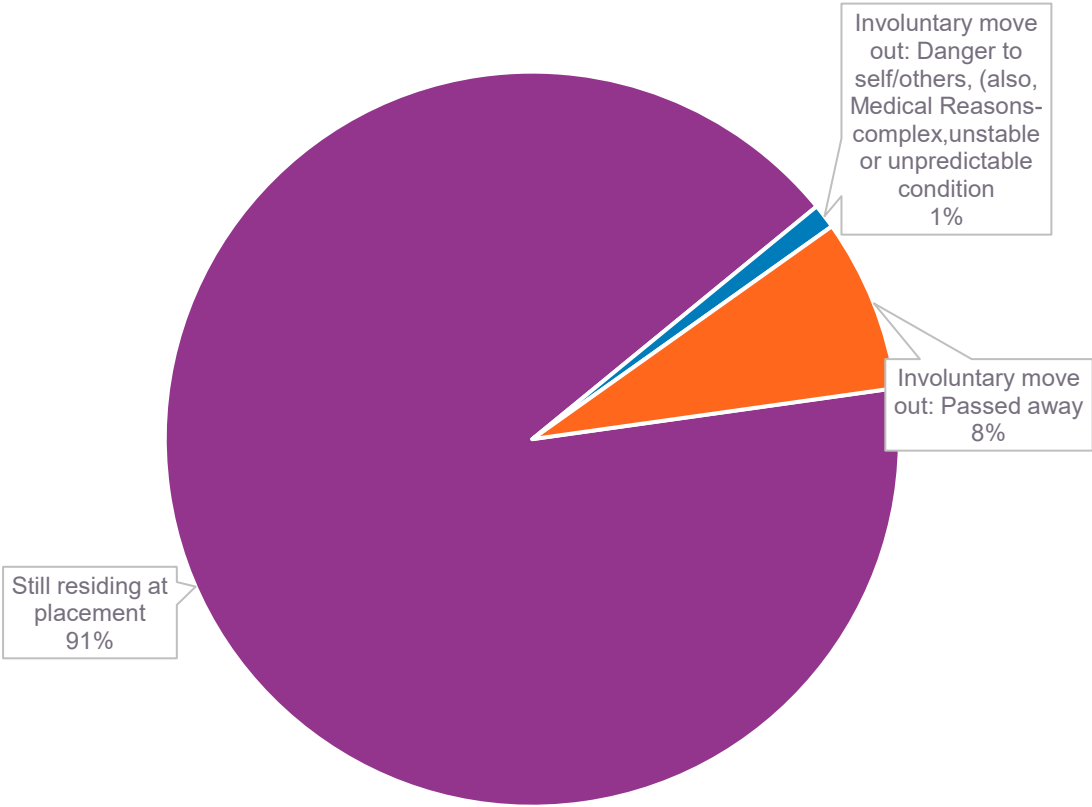
Source: Discharge Incentive Payment Program Tracker, accessed November 30, 2022

# Since admittance...

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

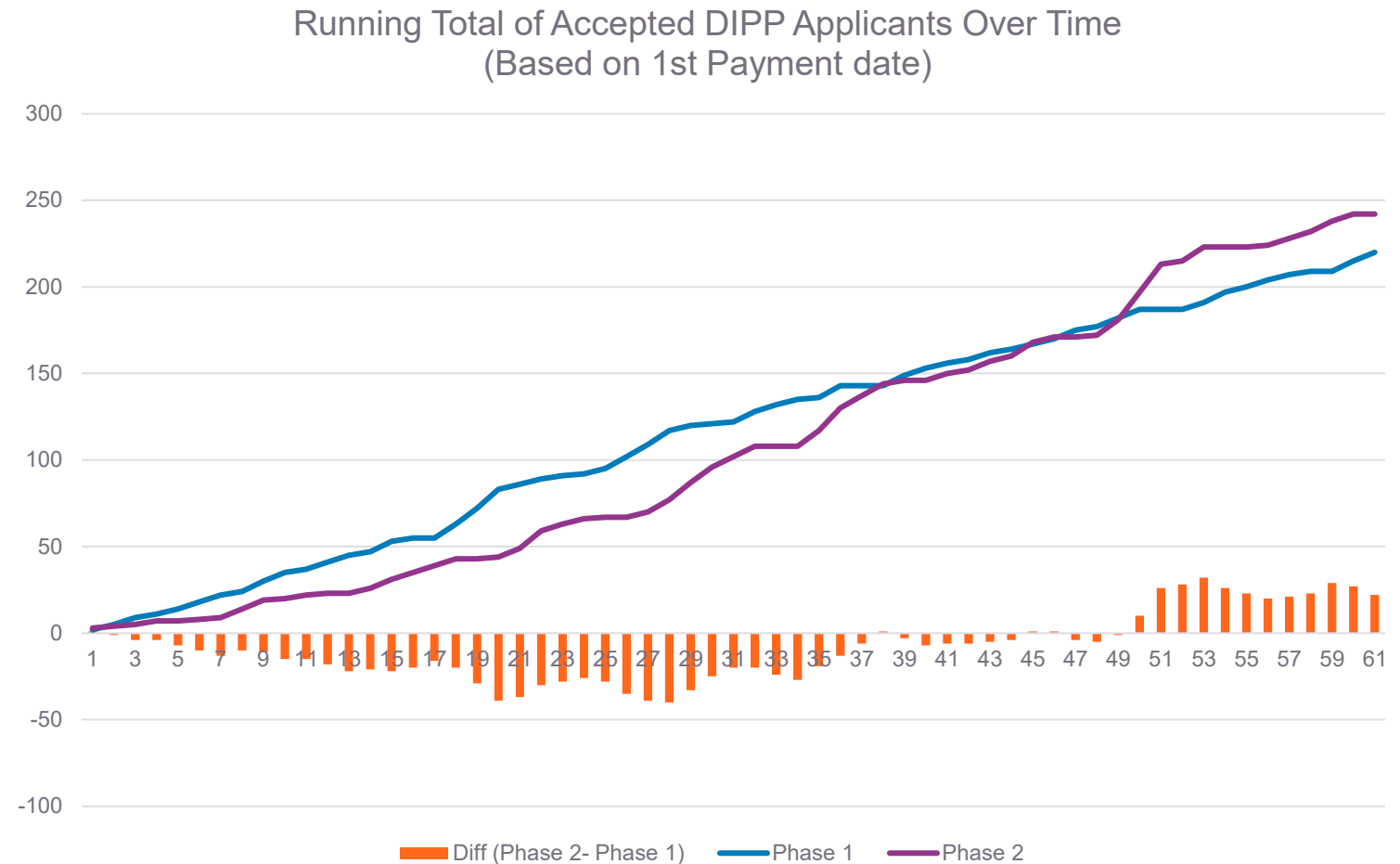


Admitted Status as of November 30, 2022



# 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?**





# DIPP Logic Model

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Results to Achieve

# DIPP Logic Model and Indicators

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