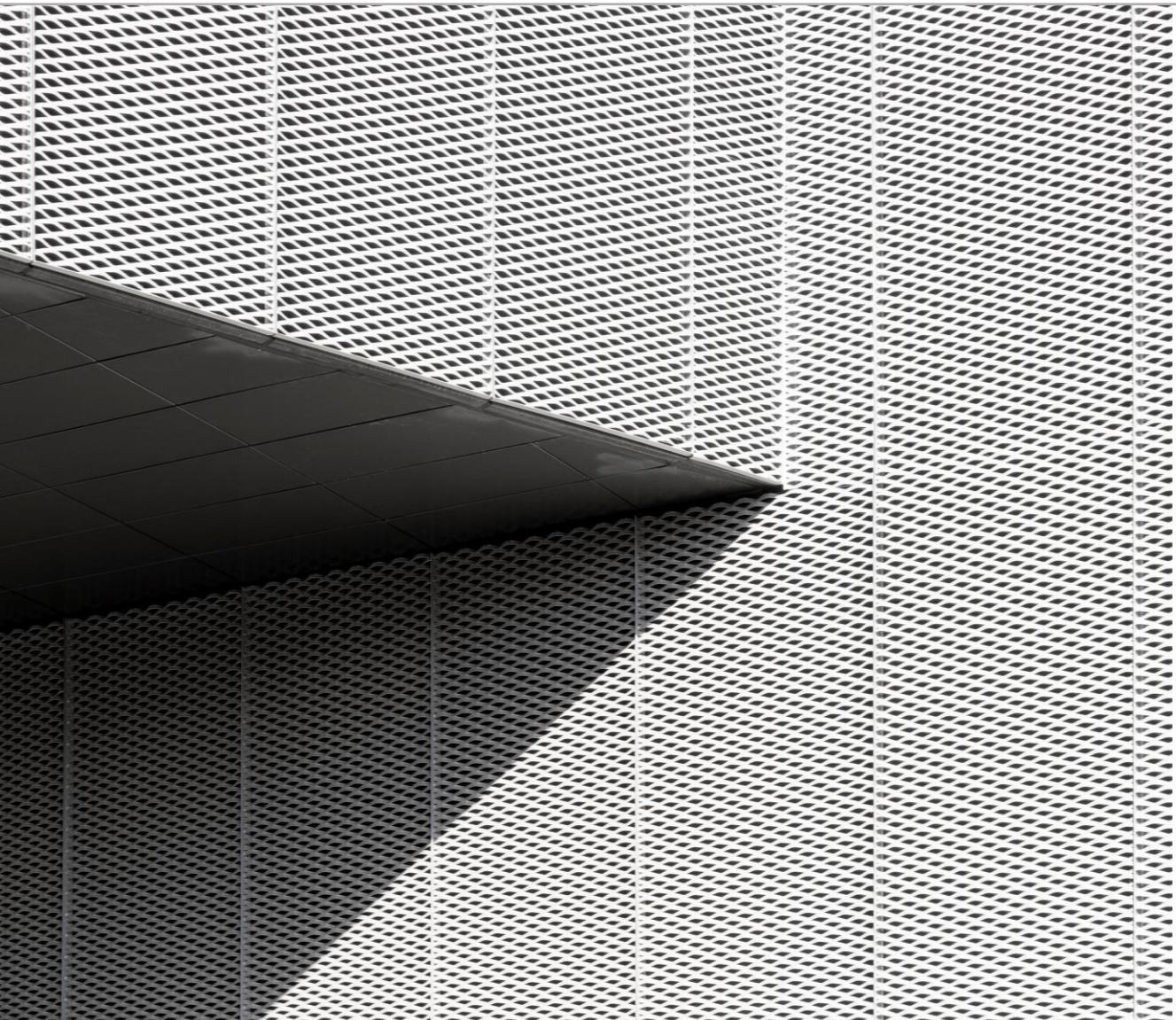


# Oregon Joint Task Force on Post-Hospital Discharge Challenges

Introducing ATI Advisory's Scope of Work

January 18<sup>th</sup>, 2024

**ATI Advisory**



ATI delivers objective research, deep expertise, and actionable ideas

ATI is a research and advisory services firm working to promote the health and well-being of individuals with complex health and social needs through payment & delivery system innovation across the public and private sectors

**Expertise**

- Value-based payment and advanced payment models
- Medicare reimbursement policy
- Medicare Advantage and Special Needs Plans
- Medicare-Medicaid integration
- Post-acute and long-term services and supports/senior living
- Program of All-Inclusive Care for the Elderly (PACE)
- Health equity
- Behavioral health
- Complex care populations
- Prescription drug pricing, Part D and supply chain redesign

**Qualifications**

- Financial services
- Healthcare payer and provider organizations
- CMS, OMB, CMMI
- Senate Finance Committee
- Health services research and data science
- Budget analysis and modeling

# ATI PROJECT LEADERSHIP TEAM



Brianna Ensslin Janoski  
MANAGING DIRECTOR

→ Leads ATI's State Program and Policy Practice  
→ **Expertise:** Medicaid LTSS, dually eligible, & other complex needs populations, managed Medicare and Medicaid program, policy, & payment design



Fred Bentley  
MANAGING DIRECTOR

→ Leads ATI's Post-Acute & Long-Term Care Practice  
→ **Expertise:** Payment & delivery system innovations, & forging provider-payer partnerships for senior care providers serving Medicare & Medicaid beneficiaries



Brian Fuller  
MANAGING DIRECTOR

→ Leads ATI's Value-Based Care Design & Delivery Practice  
→ **Expertise:** Health care strategy, policy, financial payment constructs and risk-based partnerships



Cleo Kordomenos  
SENIOR ANALYST

→ Leads & contributes to ATI's portfolio of state, plan, provider association, and foundation client work  
→ **Expertise:** Medicaid LTSS & dually eligible, & other complex needs populations

## ATI'S SCOPE OF WORK – PROJECT GOALS & OVERVIEW

ATI will support the Joint Task Force on Hospital Discharge Challenges in articulating data-informed recommendations to address the challenges experienced across the hospital discharge to post-acute care continuum.

**Contract Duration:** January – December 2024

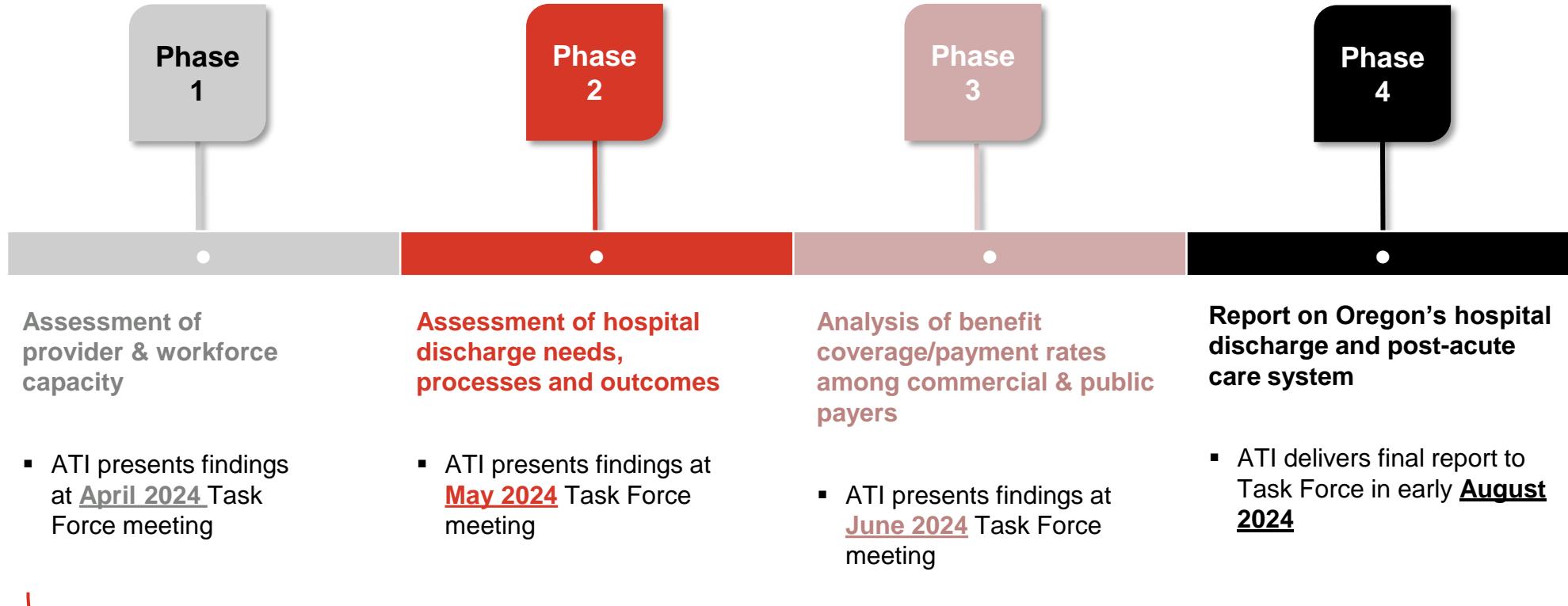
**Deliverables:** Analysis plans, presentations and materials, final report, consultative services

**Audience(s):** The Joint Task Force on Hospital Discharge Challenges

**Analytic Goals:**

- 1) Quantify the issues facing the hospital discharge to post-acute care continuum through robust data analytics
- 2) Qualify the on-the-ground challenges experienced in Oregon through surveys, interviews, and other qualitative methods
- 3) Assess market and environmental factors influencing supply and demand in post-acute care settings

# ATI TO PERFORM FOUR TASKS IN ADDITION TO CONSULTATIVE SERVICES THROUGH 2024

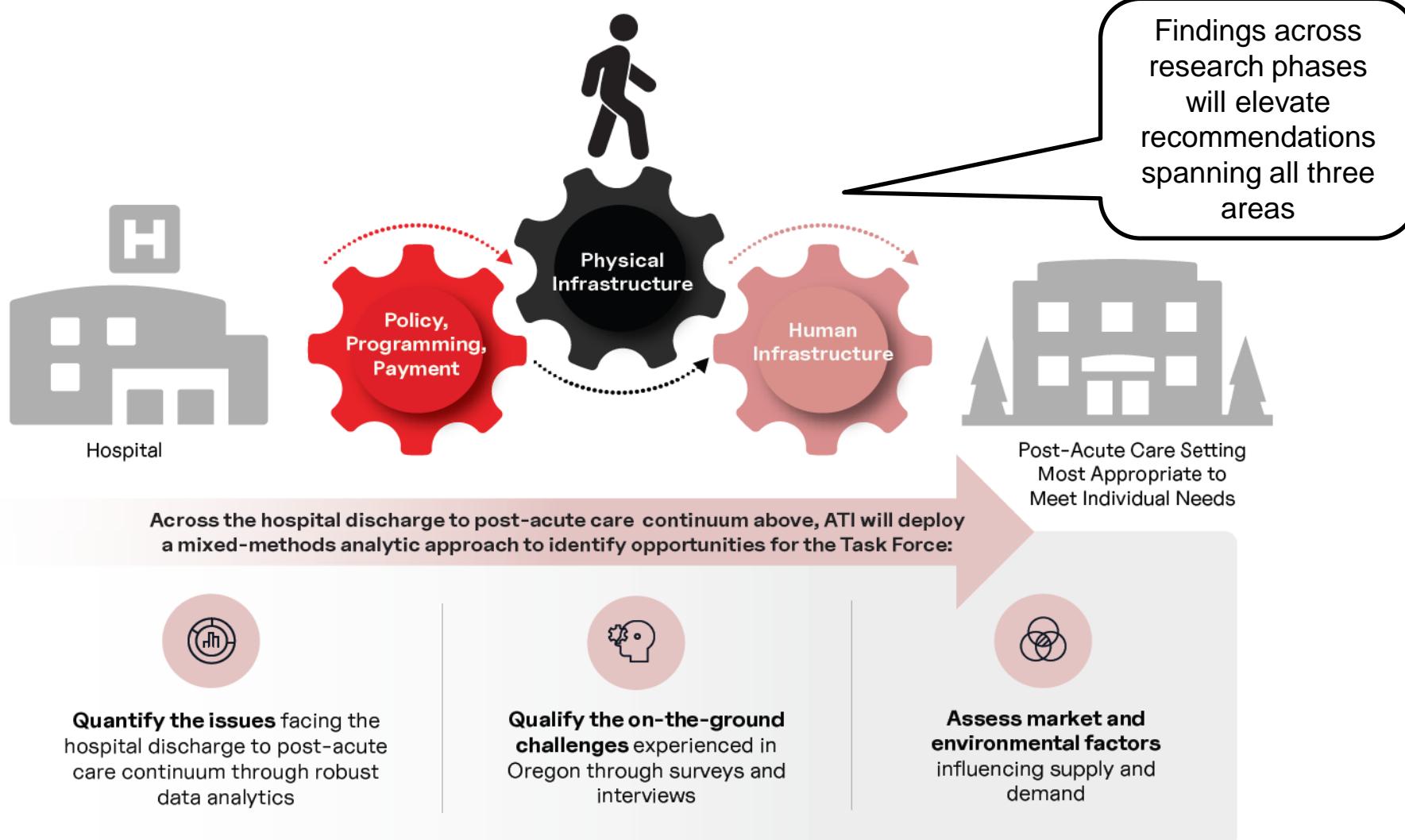


**ATI is available to consultative services throughout, at the Task Force's request**

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# ATI's Project Approach

# ATI'S MIXED-METHODS ANALYTIC APPROACH TO ILLUMINATING POLICY OPPORTUNITIES FOR THE TASK FORCE



# RESEARCH FOCUS AND METHODS USED ACROSS PHASES 1-3

Methods				
	Survey	Document Review/Desktop Research	Key Informant Interviews	Original Analysis of Oregon Agency Data
<b>Phase 1:</b> Assessment of provider & workforce capacity  Jan – Apr '24	✓  Survey of institutional and home-based providers	✓	✓  Providers and statewide associations, managed care organizations, state & county agencies, and unions	✓  Workforce trends
<b>Phase 2:</b> Assessment of hospital discharge needs, processes and outcomes  Feb – May '24	-	✓	✓  County and state officials, hospital leaders, transitional care planning staff, and post-acute setting directors	✓  Wage, retention & turnover among screening & placement staff  Hospital average length of stay trends
<b>Phase 3:</b> Analysis of benefit coverage/payment rates among commercial & public payers  Mar – Jun '24	-	✓	✓  States, state Medicaid plans, and Dual Eligible Special Needs Plans (D-SNPs)	✓  Reimbursement rates and trends among commercial and public payer payments to post-acute care providers

## PHASE 1: POST-ACUTE CAPACITY & WORKFORCE

ATI will assess Oregon's institutional and home-based provider capacity, including related workforce capacity, to provide the Task Force with a menu of policy options to bolster providers' abilities to deliver comprehensive care to patients with complex health and social needs

### Methods

- Institutional and home-based provider **survey** across Oregon's nine regions spanning urban, rural, and suburban provider perspectives
- Semi-structured, **key informant interviews** with providers and statewide associations, managed care organizations, state & county agencies, and labor groups to understand constraints to serving complex needs patients
  - For key provider informants, ATI will prioritize diversity in: size, region, independent versus union status
- **Analysis** of Oregon Health Authority (OHA) data to elevate trends in how the pool of nurses, home health aides, and other licensed professionals in post-acute care provider settings has changed over time
- **Desktop research** on trends and key factors impacting the post-acute care workforce, and innovative solutions other states are adopting to expand the post-acute workforce and enable development of service model alternatives to traditional post-acute care settings

## PHASE 2: HOSPITAL DISCHARGE PROCESSES & OUTCOMES

ATI will assess hospital discharge needs and processes to provide the Task Force with a menu of policy options to relieve “pinch points” and hurdles to timely discharge for those with complex care needs

### Methods

- **Analysis** of Oregon Department of Human Services (ODHS) wage, retention, and turnover data for state and county screening and placement staff (i.e., AAA and APD staff)
- **Analysis** of Oregon All Payer All Claims Administrative Claims (APAC) Reporting Program data to examine average length of stay trends by hospital type, geographic region, patient diagnosis, and post-acute care discharge destination
- Semi-structured, **key informant interviews** with: county and state officials, hospital leaders, transitional care planning staff, and post-acute setting directors
  - ATI will provide the Task Force with perspectives to inform a standard escalation protocol for hospitals seeking assistance with discharge delays
- **Review** of ODHS and AAA assessment and placement processes, policies and roles to identify opportunities for efficiencies that promote more timely hospital discharge to the appropriate post-acute care setting

## PHASE 3: BENEFIT COVERAGE, RATE, & PAYMENT METHODS

ATI will assess post-acute care benefit coverage, and payment rates among Oregon's commercial and public payers to provide the Task Force with a menu of policy options spanning policy, programming, and payment innovations to better enable successful transitions out of hospitals

### Methods

- **Analysis** of Oregon APAC Reporting Program data and other sources to examine reimbursement rates and trends among commercial and public payer payments to post-acute care providers
- **Policy document review and desktop research** on relevant spending initiatives, coverage, and benefits to elevate the standard methodologies payers use to reimburse post-acute care, as well as newer approaches used (e.g., value-based strategies, supplemental benefits, in-lieu of services)
- Semi-structured, **key informant interviews** with representatives from below stakeholder groups to identify opportunities to facilitate appropriate post-acute placements through model reimbursement practices or other state actions
  - Other states, state Medicaid plans, and Dual Eligible Special Needs Plans (D-SNPs)

ATI will deliver a final summary report that articulates research and findings from Phase 1-3 research. The report will be written in a way that provides the Legislative Assembly and the Task Force information they need to take concrete steps to improve the status of hospital discharges to post-acute care settings in Oregon

### **At a high-level the report will include:**

- An executive summary
- Introduction of the issue and background information
- High-level methods
- Summary of findings from Phase 1 through 3 research
- Policy, program, and partnership opportunities to inform the Task Force's recommendations
- Consideration for questions or clarifications received from Task Force members or LPRO regarding preliminary findings
- Detailed methods inclusive of data sources and data collection and analysis methods

### **Timing:**

- Draft report for preliminary review and comment shared with LPRO and Task Force no later than July 19<sup>th</sup>, 2024
- Final report delivered to Task Force August 16<sup>th</sup>, 2024

# Questions & Comments from the Task Force