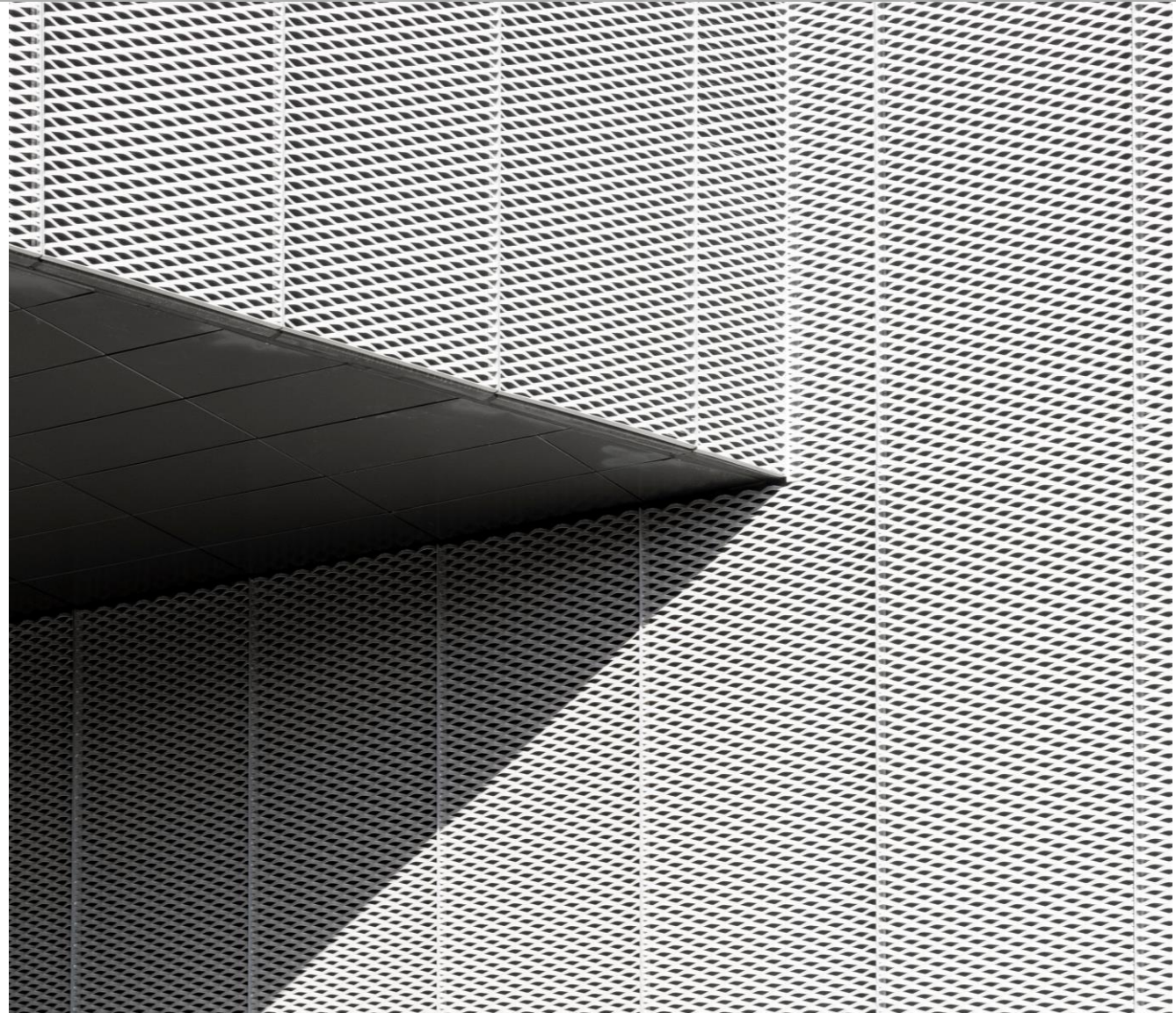


Oregon Joint Task Force on Post-Hospital Discharge Challenges

Introducing ATI Advisory's Scope of Work

January 18^h, 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



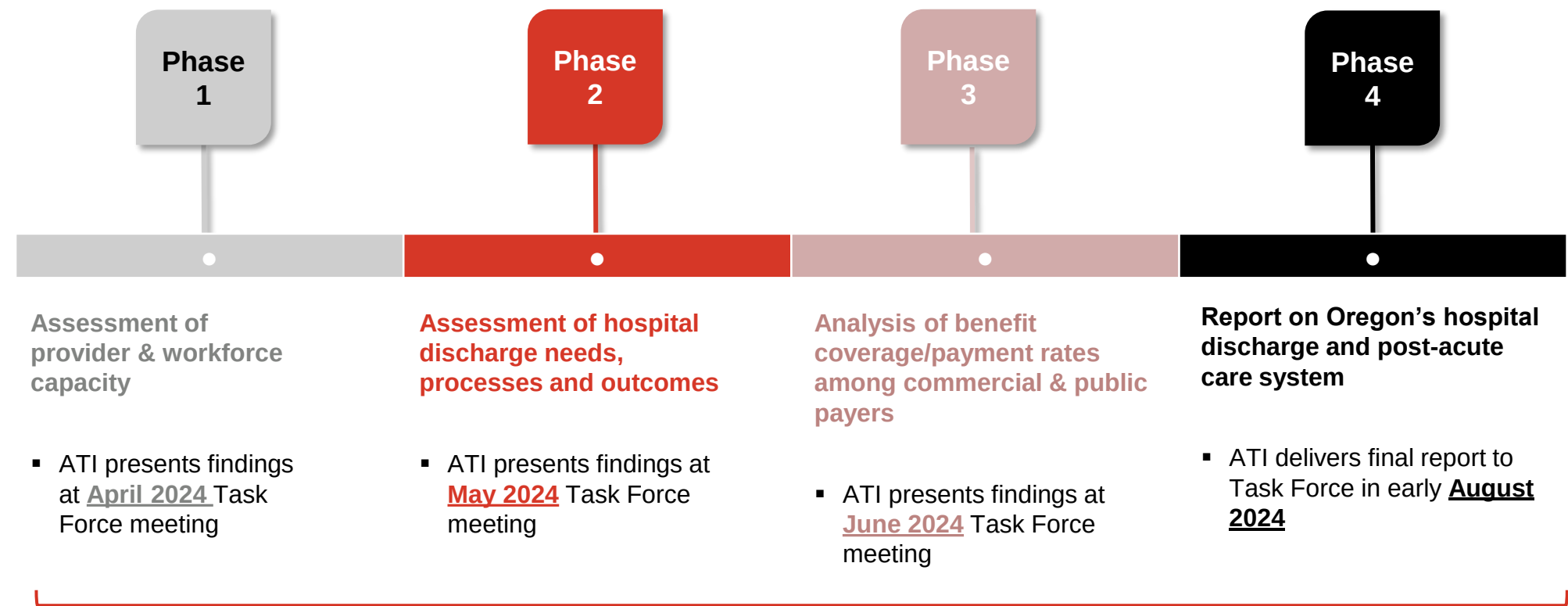
Cleo Kordomenos
SENIOR ANALYST

- 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

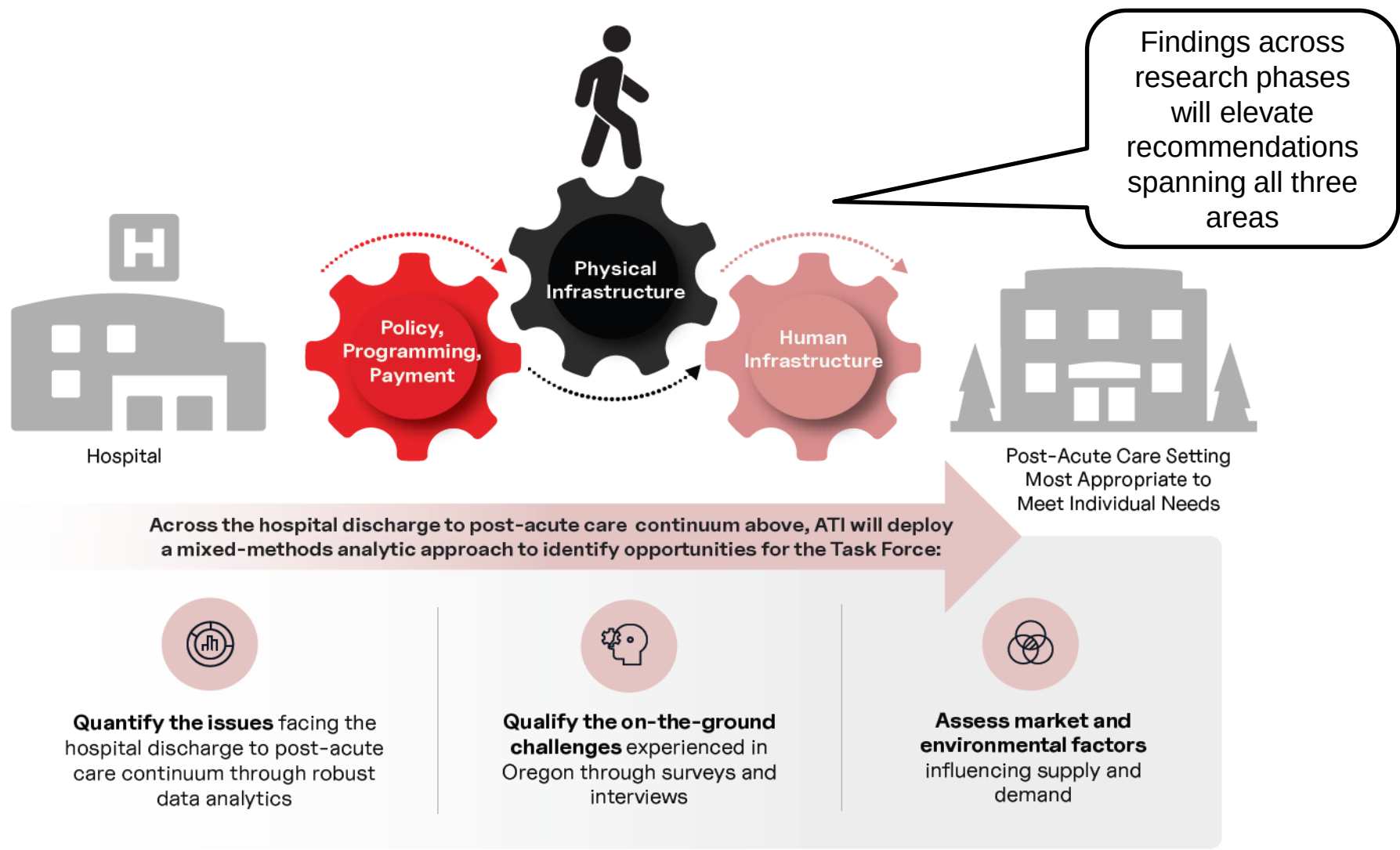
ATI TO PERFORM FOUR TASKS IN ADDITION TO CONSULTATIVE SERVICES THROUGH 2024



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

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
Phase 1: 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
Phase 2: 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
Phase 3: 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

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

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

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 19th, 2024
- Final report delivered to Task Force August 16th, 2024

Questions & Comments from the Task Force