

February 2, 2009

Name

Address

RE: Transitional Care Unit (TCU) Demonstration Project Report

Dear State Hospital Review and Planning Council Member:

Recently, the New York Association of Homes and Services for the Aging (NYAHS) had an opportunity to share with its member organizations for feedback a copy of the Department of Health's (DOH) recent interim report on the Transitional Care Unit (TCU) demonstration project authorized in 2005. The report does little to assuage concerns that we have previously communicated to SHRPC and other stakeholders, and raises significant questions with regard to the advisability of expanding the present demonstration project beyond its current scope.

While NYAHS continues to support innovation and seek creative solutions to address challenges within the health care and long term care systems, we still have concerns over whether the TCU demonstration by its design: (1) duplicates the very services that nursing homes provide; and (2) lacks the integration of quality of care and quality of life that nursing homes have historically provided.

As outlined in the DOH interim report, the goal of the TCU demonstration is to admit medically and clinically complex patients approaching the end of their Medicare-covered hospital stays, and to provide extensive physical and occupational restorative care, complex wound management and nutritional support. The Diagnostic Related Groupings (DRGs) highlighted in the report as the major diagnostic areas being addressed by TCUs are the same ones that nursing homes typically treat. The report does not go into sufficient depth in comparing acuity levels and other variables between nursing home and TCU admissions, but based on Medicare data from member nursing homes, the nursing home rate of individuals discharged home and the average length of stay compares favorably to that of the TCUs.

In terms of clinical outcomes, the report indicates that TCU admissions were evaluated utilizing measures of activities of daily living and functional status, and a pre-albumin test as an indicator of nutritional status. Nursing homes are required under federal regulatory requirements to complete a Minimum Data Set (MDS) assessment of each patient on an ongoing basis. This assessment contains over 500 items, and provides an extensive review of the individual across a number of domains and functional areas. Such a broad based, holistic review fosters an interdisciplinary approach that addresses the relationship between quality of care and quality of life issues. This is particularly meaningful when utilized as a tool to evaluate potential discharge for an individual. Interestingly, the responses obtained through satisfaction surveys in the TCUs noted lower satisfaction results in environment, and comments that the discharge process was often experienced as hurried. Notably absent for the TCU demonstration is any requirement for regulatory oversight to ensure quality of care and adherence to professional standards and practices, so it is difficult to independently evaluate the care that is provided.

The interim report does not detail other factors that are important in order to evaluate the TCU demonstration project. There is no reference to nurse to patient ratios, nursing care hours per patient or overall staffing levels. Of the three TCUs in operation that provided data on occupancy rates, the highest occupancy rate was 72 percent and the lowest was 54 percent. This is well below the occupancy of most nursing homes, and raises additional questions about operating efficiency and utilization of resources at a time when considerable attention continues to be focused on the much-higher occupancy levels in nursing homes.

NYAHSA strongly recommends that a more detailed review be conducted of the clinical status of the patients being admitted to TCUs. We suspect that many of those individuals could have in fact been served in nursing homes based on their care needs. It would also be instructive to determine how individual decisions are being made to utilize TCU services in lieu of nursing home services by patients and their families.

Along these lines, NYAHSA has long advocated for significant improvements to the discharge planning system. Lack of information on acuity level communicated to the receiving facility, deficits in knowledge on the part of physicians and discharge planners as to the capabilities of nursing homes to provide complex care, and the appropriateness of discharge of patients with unique needs such as behavioral or Medicaid eligibility issues are concerns we have raised in the context of the TCU demonstration and more broadly. Over the last few years DOH has, through dialogue and education, sought to respond to these issues through a Discharge Planning Workgroup of which NYAHSA is a member. We see these initiatives as positive and effective ways to address length of stay and utilization concerns.

Thank you in advance for your consideration of our comments on DOH's interim report on the TCU demonstration project, as you consider more broadly revisions to the nursing home need methodology and related issues.

Sincerely,



Daniel J. Heim
Vice President for Public Policy

cc: Mark Kissinger
Neil Benjamin