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Analysis of Patient Outcomes Following Long-Term Acute Care Hospital Closures

Since 2005, the Centers for Medicare and Medicaid (CMS) have implemented a series of reforms designed to limit the growth of Long-Term Acute Care Hospitals (LTCHs) and curbed the spending. This resulted in many LTCH closings.

While it remained unclear whether these closured affected patient care patterns at short-stay hospitals and overall patient outcomes, a recent study led by researchers at Boston University Chobanian & Avedisian School of Medicine has shed light on the matter. Their study revealed changes in discharge patterns, accompanied by an overall decrease in spending on mechanically ventilated patients following LTCH closures.

Historically, CMS payment reform aimed to redirect less-sick and less-complex patients from higher-cost LTCHs to lower-cost skilled nursing facilities. Meanwhile, LTCHs were reserved for complex patients, e.g. those on prolonged mechanical ventilation.

However, the closures of LTCHs have impacted in-hospital and discharge practices. For example, patients requiring prolonged mechanical ventilation were more frequently discharged to skilled nursing facilities, even though these individuals were intended to receive care at LTCHs. Furthermore, it is unknown whether skilled nursing facilities have the capability to care for complex cases.

The team identified all the LTCHs that closed in the last decade with the objective of estimating how CMS payment reform and subsequent LTCH closures might impact hospital practice patterns and patient outcomes.

Subsequently, they compared outcomes at hospitals that had a close relationship with a closing LTCH (in the year before and after LTCH closure) to matched hospitals that did not use closing LTCHs.

The results indicate that the LTCH closure of an LTCH did not have a significant impact on most hospitals. However, among those affected, there were less LTCH transfers and decreased spending on mechanically ventilated patients.
Among patients requiring prolonged mechanical ventilation, there was an increase in code status changes to "do not resuscitate" (DNR). This was potentially associated with the reduction in post-acute facility availability for long-term care.

Anica Law, MD, MS, assistant professor and corresponding author, summarised, “It’s reassuring that mortality did not change after LTCH closures, but it will be important to explore whether there are other important differences in outcomes”.

Source: Boston University

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Published on : Fri, 1 Dec 2023