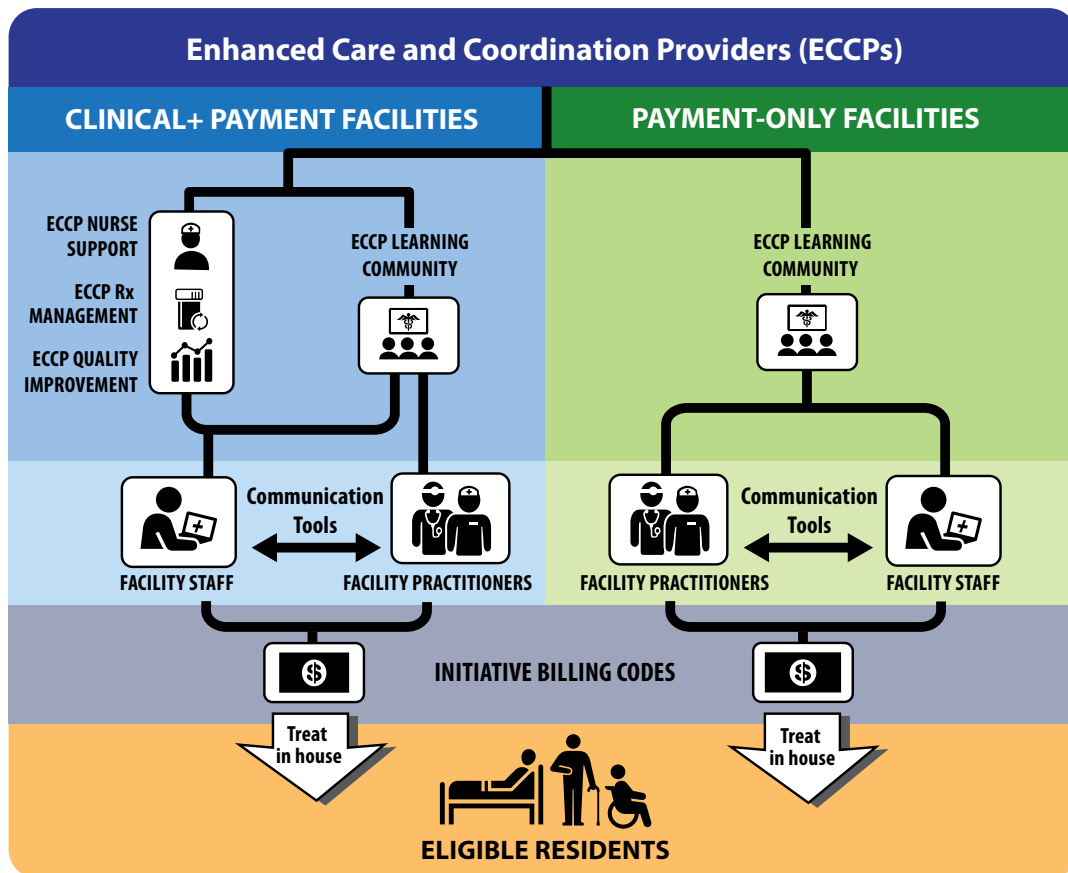


INITIATIVE OVERVIEW

This Initiative (NFI 2) tests whether a new payment model will reduce avoidable hospitalizations and related expenditures among eligible long-stay nursing facility (NF) residents. NFI 2 offers financial incentives to participating NFs and practitioners to provide in-house care to high-acuity residents with one of six qualifying conditions, rather than transferring them to the hospital.

To implement NFI 2, CMS contracts with six ECCP organizations, which support two types of NFs:

- a) Payment-Only facilities recruited specifically for NFI 2, which receive payment incentives only, and
- b) Clinical + Payment facilities, recruited in the first phase of the Initiative (NFI 1), which receive payment incentives concurrently with clinical and educational interventions first implemented in NFI 1.




PARTICIPANTS IN THE INITIATIVE

 **6**
ECCPs

 **7**
States

 **263**
NFs

 **27,425**
eligible residents

SIX QUALIFYING CONDITIONS FOR THE INITIATIVE

Pneumonia



COPD/Asthma



Dehydration



CHF



Skin infection



UTI



FINDINGS

CLINICAL + PAYMENT GROUP

↔ **No change** in eligible residents' risk of any type of acute care transition from the nursing facility (including all-cause, potentially avoidable, or potentially avoidable for the six qualifying conditions).

↔ **No change** in related Medicare expenditures for any type of acute care transition.

PAYMENT-ONLY GROUP

↓ **Decrease** in eligible residents' risk of all-cause and potentially avoidable acute care transitions, by **4.9%** and **6.7%**, respectively.

↔ **No change** in risk of transition for the six qualifying conditions.

↓ **Decrease** in Medicare expenditures for potentially avoidable acute care transitions by **10.0%**.

↔ **No change** in expenditures for transitions related to all-cause and six qualifying conditions.

IMPLEMENTATION HIGHLIGHTS

- Interviews suggest that **Clinical + Payment facilities** focused efforts on NFI 1 activities which targeted reducing hospitalizations independent of the incentive payment. They relied heavily on embedded ECCP staff for completing new payment model activities in addition. Accordingly, the new payment model may not have been as much of an influence in Clinical + Payment facilities as it was in Payment-Only facilities.
- Interviewees reported that they felt the **Payment-Only** facilities might perform better in the Initiative based on Nursing Home Compare star ratings. Furthermore, because these facilities were new to the Initiative, they could newly implement practices already in use in the Clinical + Payment group, such as improved change of condition detection and communications, as well as incentive payment activities.

KEY TAKEAWAYS

First year findings are early and not definitive for the Initiative. These findings indicate that relative to the national comparison group: **Payment-Only facilities**, which had not been in the prior NFI 1 phase of the Initiative, showed promising reductions in utilization and expenditures. The **Clinical + Payment facilities**, which participated in NFI 1 and continued into NFI 2, did not experience reductions in utilization and expenditures in Initiative Year 1 beyond what they had previously achieved and beyond what was expected based on trends established during NFI 1.