

Reducing Hospital Readmissions: What About Caregiver Support?

If home care providers think they have heard a lot about reducing hospital readmissions, just get ready for more! Hospitals are losing millions of dollars every year because of high readmission rates and they are unhappy about it. In addition, readmissions of home care providers patients' will soon be tracked by measures implemented under the Impact Act. It would not be a stretch to see hospital readmission rates impact payment to home health agencies at some point in the future. Let's face it: hospital readmission rates and visits to the emergency room are two measures of the effectiveness of home care providers that undoubtedly must continue to be a focus for providers.

So the question is: how can home care providers crack the code of reducing hospital readmissions? Although we do not know definitively what makes a difference, it seems that effective discharge planning is one key. Anecdotally, it is unclear whether discharge planners/care managers are engaging in effective discharge planning. A key source of requirements for effective discharge planning is Conditions of Participation (CoPs) of the Medicare Provider for hospitals for discharge planning.

On May 17, 2013, the Centers for Medicare and Medicaid Services (CMS) issued revisions to the State Operations Manual (SOM), Hospital Appendix A - Interpretative Guidelines for 42 CFR 482.43, Discharge Planning. These interpretative guidelines say, for example, that hospital discharge planners/case managers must educate patients' caregivers about what will be required of them after patients are discharged to home. It often appears to home care providers that patients' caregivers have no idea about what they need to do to assist patients at home. It seems likely that some readmissions may be avoided if caregivers were better able to fulfill their roles at home. Effective preparation of caregivers by discharge planners/case managers may be a factor that makes a difference.

It also seems clear that home care providers have a role to play in avoiding readmissions. Thus far, activities (such as medication reconciliation, assisting patients to make follow-up appointments with their physicians, education regarding changes in signs and symptoms of their conditions and what to do about them, etc.) seem to make a difference in readmission rates. There is, however, another piece of the puzzle that may make a difference, which has received little attention.

That is, increased support for patients' caregivers. Caregivers have a very "hard row to hoe." Caregiving is physically, emotionally, intellectually, and spiritually demanding. Is it possible that enhanced assistance for caregivers may also impact readmissions to hospitals? Intuitively, the answer to this question seems to be "yes." What additional assistance may be helpful and can agencies provide it? Here are some initial ideas for what might be helpful:

- Caregiver support groups
- More intensive education about patients' clinical conditions with an emphasis on signs and symptoms of changes in patients' conditions, and what to do about them
- Assistance from volunteers, especially for patients who are chronically ill

The next question is whether agencies can provide additional assistance, such as the activities described above. Providers must bear in mind that the Office of Inspector General (OIG) of the U.S. Department of Health and Human Services, the primary enforcer of fraud and abuse prohibitions, has addressed this issue. Specifically, the OIG has clearly stated that providers may not give patients or potential patients free items or services that cost more than \$10.00 at a time or more than \$50.00 in aggregate per calendar year.

A key way for providers to assist may be to collaborate with charitable organizations in the community. Agencies may, for example, be able to work with organizations to provide trained volunteers to assist caregivers on a regular basis.

Although "beefing up" support for caregivers to help avoid readmissions has not been explored in any depth, now is the time for agencies to think outside of the proverbial box about how to accomplish this goal.

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