

SNF-at-Home: The Next Frontier of Care in the Home



Moving Health Home

An Alliance to Advance Home-based Care Policy

Moving Health Home (MHH) is a coalition of health care organizations with a bold vision to make the home a site of clinical services.

At the core, we want to remove regulatory barriers to ensure all patients may choose to receive clinical care in the home.

We believe that care in the home contributes to patient choice by giving patients the option to receive care on their own terms.

 [@movehealthhome](https://twitter.com/movehealthhome)

 www.movinghealthhome.org

 [Moving Health Home](https://www.linkedin.com/company/moving-health-home)



Webinar Housekeeping

This webinar is being recorded.

Slides and recording will be shared post-webinar and posted at

<https://movinghealthhome.org/events/>

All participants will be muted during this webinar.

Please submit any questions in the Q&A function. We will monitor questions throughout the webinar.



PANEL DISCUSSION

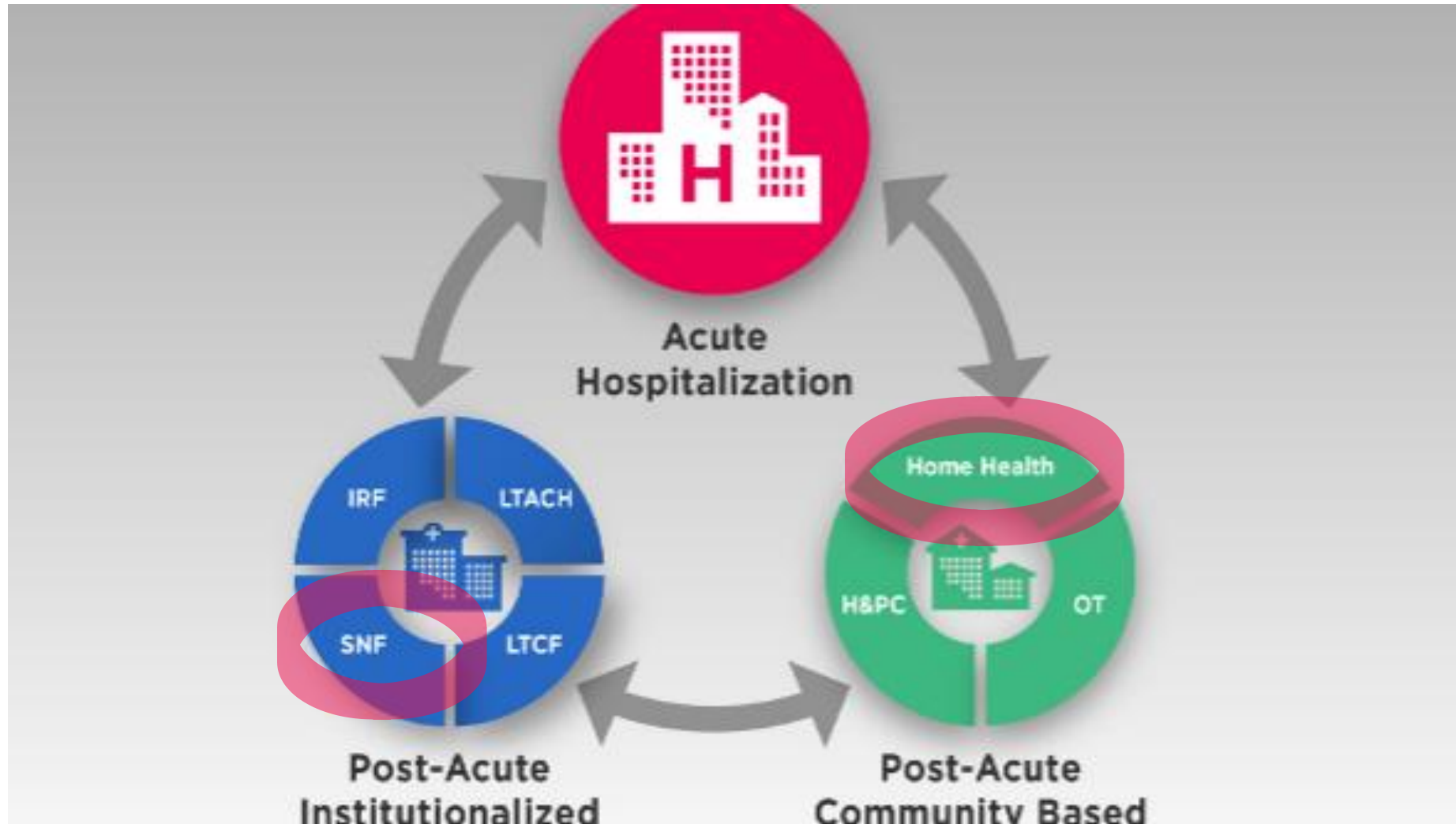
Jared Conley, MD, PhD, MPH, Harvard Medical School

Mona Siddiqui, MD, MPH, MSE, Highmark Health

Kathy Piette, MS, Corstrata, Wound Care-at-Home

Moderated by: **Krista Drobac, MPP**, Moving Health Home

Post-Acute Patient Pathways



20-25% of hospitalized Medicare patients require post-acute care.

11% Home Health
9% SNF

Medicare Spending
\$35B SNF
\$21B home health

SNF & Home Health Differences

SNF (Facility-based care)

Requires skilled nursing 7 days a week.

Mobility & safety risks

- High fall risk
- Fractures limiting mobility

Cardiac/pulmonary – unstable

- Post-cardiac surgery
- COPD exacerbation

Higher therapy intensity

- Daily PT/OT
- Slow functional recovery

Serious wounds/infections

- Complex wounds
- Daily skilled dressing changes

Home Health (Home-Based)

Medically stable

Intermittent skilled visits

Rehab manageable at home

Lower complexity care

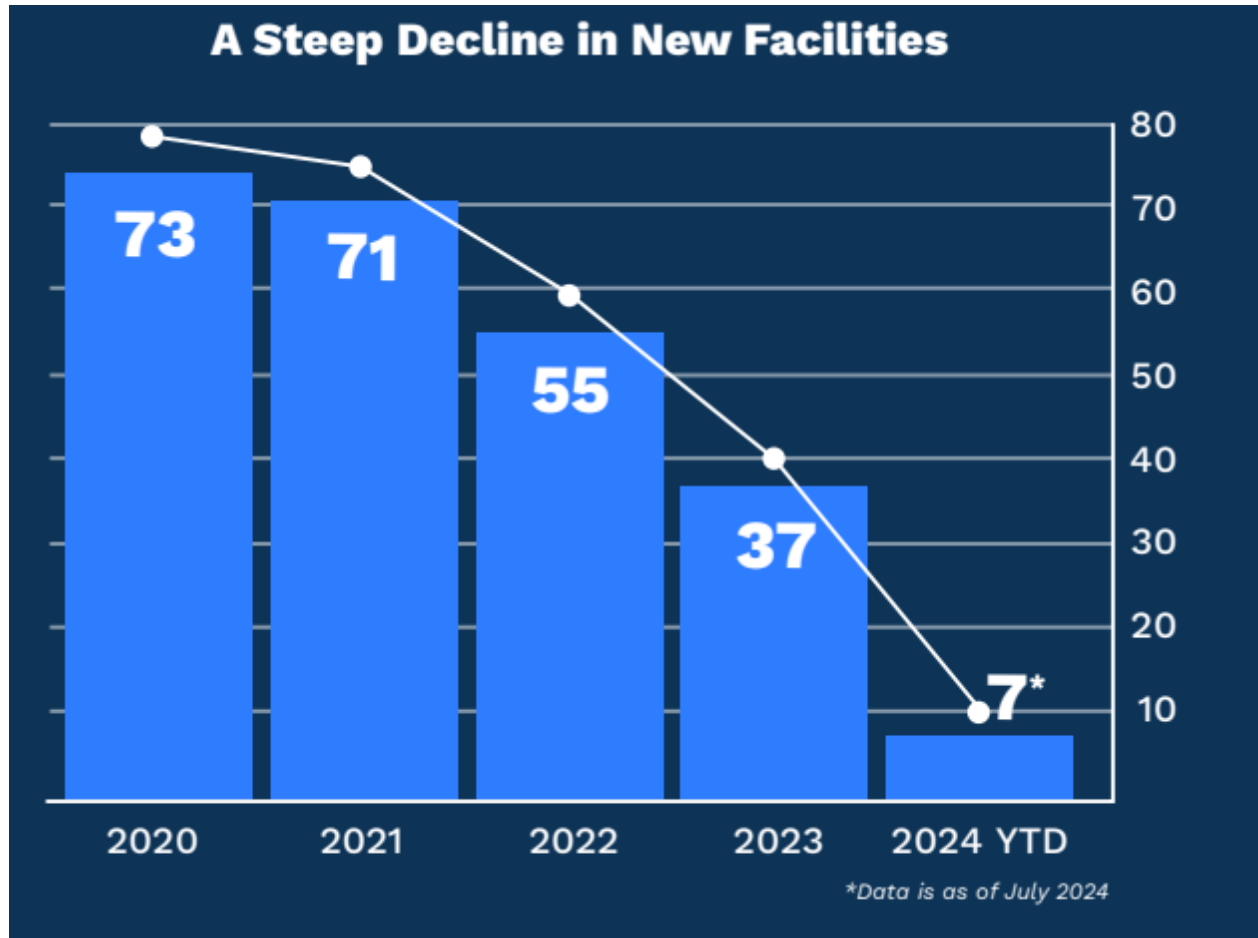
Routine post-surgical

- Uncomplicated joint replacement
- Standard orthopedic recovery
- Mobility manageable at home

Neurologic – mild/moderate

- Mild stroke deficits
- Concussion / mild TBI
- Stable neuro recovery

SNF Capacity



American Health Care Association (AHCA), [Access to Care Report](#) (August 2024).

Supply Constraints

- 500+ SNF Closures since 2020
- Limited new bed construction
- High capital costs
- LTC Residents occupy beds long term
- Workforce shortages

Demand Constraints

- Growth in 75+ population
- Shorter hospital stays
- Higher acuity rates
- Rising burden of chronic disease

Hospital Discharge Delays Around the Country

Oregon

- Hospital discharge volume decreased by 10% from 2017 to 2022, while average length of stay (ALOS) and total patient hospital days steadily increased in the same time (ALOS: +27%; total patient hospital days: +20%)¹

Minnesota

- Study by MN Hospital Association estimated **65,555 additional days of unnecessary patient stays** between June and October 2023.³

New York

- **992 patients across 50 hospitals** experienced discharge delays of over two weeks between April 1 and June 30, 2022. Over half of these patients faced delays exceeding 30 day.⁴

California

- An estimated **4,500 patients boarding in California hospitals and emergency rooms** despite being medically cleared for discharge²
- Every year in California, an estimated **300,000 hospital patients (9% of all patients) face discharge delays of at least three days** after medical clearance, adding 14 days to their hospital stays on average²

Nebraska

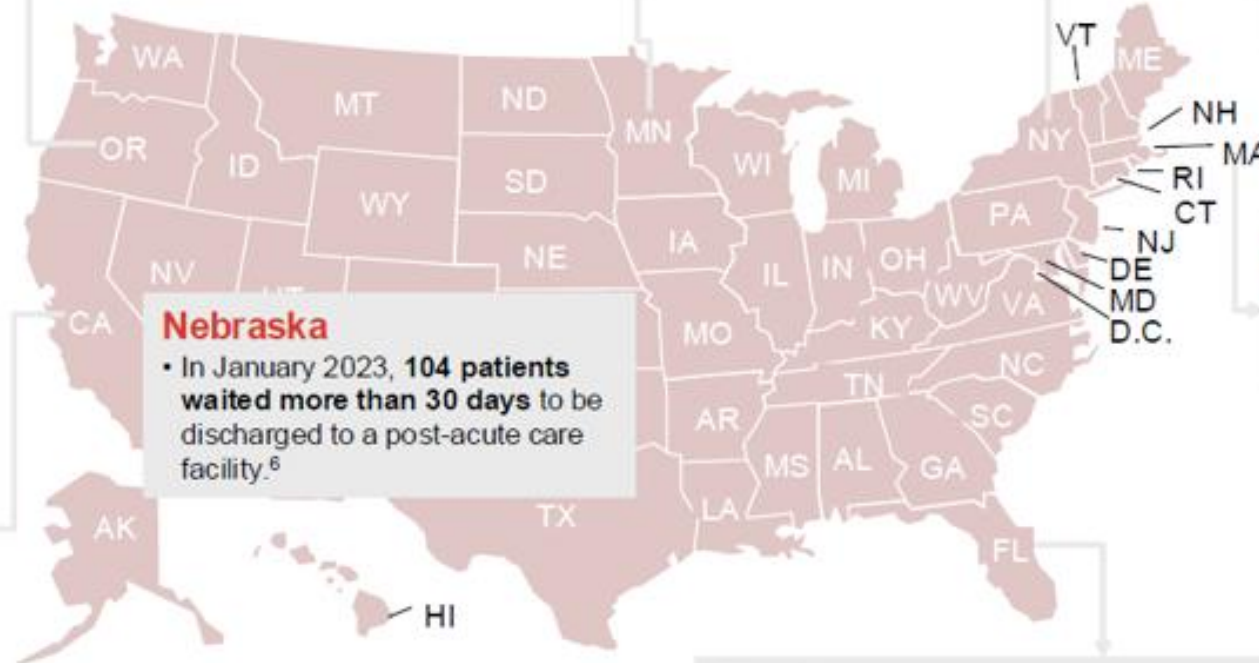
- In January 2023, **104 patients waited more than 30 days** to be discharged to a post-acute care facility.⁶

Massachusetts

- **Nearly 1 in 7 med-surg beds** currently occupied by a patient who **no longer needs acute hospital care**.⁵

Florida

- Hospitals spent an estimated **\$540 million*** in unpaid care due to patients awaiting discharge and placement.⁷



ER Back Ups & Boarding

ACEP Sounds the Alarm on Boarding as a Public Health Emergency

Staffing challenges and burnout exacerbate the crisis and perpetuate a dangerous and sometimes deadly cycle.

Forbes

America's Emergency Department Boarding Crisis: Finally, There's (A Bit Of) Action

HealthAffairs

Wait times for emergency hospitalization keep getting higher

Study on hospital "boarding" of emergency patients reveals nationwide rise in percentage who wait more than 4 hours for a hospital bed; 5% of patients wait over 24 hours

PW PHYSICIAN'S WEEKLY

Emergency Department Inpatient Boarding Nearly Doubles Costs

SNF at Home is one Important Solution

- Expands post-acute capacity, reducing unnecessary hospital bed days, alleviating some ER boarding

Allows seniors to recover at home, which surveys show patients want:

- Comfort
 - Lower caregiver stress
 - Opportunity for providers to see environment of complex patients (nutrition, medications, fall risks, social situation)
 - Improved sleep
 - Community and pet companionship
- Lower risk of hospital-acquired infections
 - First time for ADL benefit in Medicare
 - Reduced delirium and cognitive decline
 - Aligns with Aging in Place agenda
 - Could reduce long-term institutionalization

SNF at Home Federal Waiver (Demonstration)

Enabled by Congressional Waiver & Certain State Flexibilities

Federal legislation to create a five-year waiver of very limited SNF conditions of participation to allow for a demonstration of SNF at Home.

Patient eligibility based on an assessment tool that includes consideration of an individual's place of care preferences, functionality, medical conditions, and questions regarding care and caregiver.

Hospitals, SNFs, home health agencies could participate in the waiver, with CMS approval.

QUESTIONS?



Thank you for joining us!



www.movinghealthhome.org



Moving Health Home



@movehealthhome



rcheung@movinghealthhome.org