November 13, 2018

Assistant Secretary for Planning and Evaluation
Department of Health and Human Services
200 Independence Ave. SW, Room 600E
Washington, DC 20201

Re: Request for Information (RFI) on IMPACT ACT Research Study: Provider and health plan approaches to improve care for Medicare beneficiaries with social risk factors

To Whom It May Concern,

I greatly appreciate the opportunity to comment on the ASPE's Request for Information regarding the Medicare beneficiaries with social risk factors. I am a health service research fellow at the Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery, Mayo Clinic (Rochester, MN). I completed my PhD training at the Department of Health Policy and Management, the University of North Carolina at Chapel Hill (Chapel Hill, NC) under the advice of Dr. Sally C. Stearns, who also chaired my dissertation, which was titled "Outcomes following hospital discharge: the roles of post-acute care pathway and patient socioeconomic status." This study was focused on the association of socioeconomic status (SES) on the 30-day hospital post-discharge outcomes through different post-acute care pathways including home/self-care, home health agency (HHA), skilled nursing facilities (SNF), and inpatient rehabilitation centers (IRF). The study used data on Fee-for-Service Medicare Current Beneficiary Survey participants with inpatient hospitalizations from 2006 to 2011. This study aimed to help address the disadvantage for safety-net hospitals and to contribute to efforts to ensure access for vulnerable patients with limited resources while promoting high-quality health care and reimbursement commensurate with costs. The study manuscripts are in process, while the details of this study are presented in my dissertation, and can be accessed through Carolina Digital Repository using the following link: https://cdr.lib.unc.edu/record/uuid:b8f75121-0b58-4b15-acf6-cd59244febfb.

Since Medicare short-term (30-day) hospital readmissions are a major financial burden for the Medicare system and post-acute care (PAC) location may also be affected by SES and subsequently affect post-discharge outcomes, this study focused on patients using the four different post-acute pathways after discharged from hospitals. The study findings and implications provided information to this RFI regarding the additional factors that should be considered when tailoring services for Medicare beneficiaries.

First of all, the study results found that dual-eligibility and area deprivation level play important roles in predicting PAC choices. Different PAC types may specialize in patients with different medical complexity. The results suggested that dual-eligible patients were more likely to use SNFs, while patients living in deprived areas were less likely to use SNFs. This finding implies that considering both individual and area dimensions of SES could be important in identifying the effects. This result indicated that policy research examining disparities in care use by SES levels needs to be addressed. To be more specific, studies should examine the extent to which the higher usage among patients with low individual SES is caused by poorer health outcomes and the extent to which the low use among patients with low area SES is due to access to care.

Second, the study results supported the role that dual-eligibility has the most powerful association with the post-discharge outcomes, which was reported in ASPE's first Report to Congress.

Additional to that, my dissertation study also found that the effects of dual-eligibility differ by the safety-net status of the discharging hospital. When the dual-eligibility status is interacted with the hospital's safety-net status, Dual patients had slightly higher readmission rates in safety-net than in non-safety-net hospitals but hospice/death rates were lower. On the other hand, non-dual eligible patients had higher hospital readmissions compared in safety-net hospitals compared to non-safety-net hospitals. This finding implies that hospitals' performance might be limited by deprived individual-level resources, so that patients with low individual SES had the same poor outcomes regardless of hospital safety-net status. When the individual resources were more sufficient, patients from non-safety-net hospitals had better outcomes.

Third, the study found that PAC location had an effect on the post-discharge outcomes that varied by safety-net status, especially for SNFs and HHAs: For patients discharged to HHAs, those who received care from safety-net hospitals had a similar readmission rate but a lower hospice/death rate; for patients discharged to SNFs, those who received care from safety-net hospitals had higher readmission rates. Overall, patients from safety-net hospitals had a higher readmission rate, and SNFs were the only PAC location that contributed to the higher readmission rate for safety-net patients.

Fourth, the estimations of post-discharge outcomes using three data strategies: 1) using claims data only versus additional variables from surveys or other sources, 2) using dual-eligibility and area deprivation levels as the SES measure rather than also controlling for income and education, and 3) adjusting for hospital safety-net status. Models using claims data only (versus additional survey, hospital, or area measures) seemed to provide estimates greater in magnitude for both PAC use and post-discharge outcomes. Controlling for additional (strategies 2 and 3) increased the explanatory power of the models but did not substantively change the associations. Adding survey information into the models attenuated the estimated effects of SES measures, but the differences did not lead to difference in predicted post-acute outcomes. Therefore, the results suggested that using claims data is sufficient for post-discharge outcome evaluation rather than identifying a need to undertake the time and efforts in survey information collection.

In summary, this study suggested three major concerns in response to this RFI: 1) the effects of SES differ depending on PAC type and safety-net versus non-safety-net hospitals); 2) The outcomes of safety-net hospitals, which serve a high proportion of patients with social risks, may be affected by the type of PAC used; 3) Claims data seem to provide sufficient information for post-discharge outcome evaluation. I appreciate the opportunity to comment on this ASPE's RFI and look forward to the ASPE's Second Report to Congress.

Sincerely,

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