



Foundation *for*  
Healthy Communities

# **Barriers to People Receiving the Right Care at the Right Time**

June 11, 2015

The Foundation for Healthy Communities's mission is to improve health and health care in communities through education and partnerships that engage individuals and organizations. Learn more about us at [www.healthynh.com](http://www.healthynh.com)



Foundation for  
Healthy Communities

## Executive Summary

---

The inability of the health care system to integrate its work across sites of care was a key barrier identified in a 2008 landmark article examining how to improve care, improve the health of populations and reduce per capital costs -The Triple Aim.<sup>1</sup> Barriers to receiving the right care, at the right time and in the right place were found throughout New Hampshire in hospitals that identified people who were medically cleared to be discharged from the hospital but were unable to do so.

### Key findings:

- There were 516 people who were medically cleared to leave the hospital but unable to do so during a 3 month period from November 2014 thru January 2015, in 21 of the 26 community hospitals in New Hampshire that participated in the survey.
- The top three categories of barriers cited most often to a timely patient discharge were related to housing, mental health/health care decision-making capacity and lack of insurance for supportive health care.

Major barriers to a timely discharge, identified as a percentage of the total number of patients, in the study were:

- 61% (313 people) Unable to access a nursing home bed
  - 27.5% (142 people) Un/ under-insured or waiting for Medicaid to determine eligibility
  - 14% (73 people) No Advance Directives or waiting for guardianship process
  - 14% (72 people) Unable to afford in-home assistance
  - 13% (66 people) Mental health/psychiatric care needs
- The average number of additional days that a person spent in the hospital after being medically ready for discharge was 20 days. There were 58 people or 11% who experienced delays of over 50 days.
  - The 516 people in this study stayed a total of 10,277 additional patient days in an acute care setting while no longer needing acute care services. The average cost for an acute care bed in a New Hampshire hospital in 2014 was \$2,635/day according to the NH

---

<sup>1</sup> "The Triple Aim: Care, Health And Cost". Berwick, D., Nolan, T. and Whittington, J. Health Affairs, Vol. 27, No. 3, pp 759-769.

Hospital Association. The barriers for these 516 people generated additional costs of approximately \$27.2 million in acute care hospital expenditures for people with non-acute care needs.

- More than half (57%) of the people unable to leave the hospital were age 65 years or older while about a third (32%) were ages 45-64 years old and the remaining 11% were age 44 or younger.
- Medicare was the primary insurance for most people (63%) followed by Medicaid (14%), private/commercial (13%) and the remaining 10% were 'Other' or uninsured.
- 68% of the patients were from New Hampshire while 32% were from out of state. Several of New Hampshire hospitals are on the border and provide care to people from Vermont, Maine and Massachusetts.

#### Conclusion:

The study identified hundreds of people who were unable to leave the hospital when ready for a medically less intense and less costly place to live because of public policies and individual decisions that do not align with their health status.



Foundation for  
Healthy Communities

# **Barriers to People Receiving the Right Care at the Right Time**

## **Introduction**

---

The purpose of this report is to identify and document barriers for people to be discharged from an acute care hospital when they are medically cleared to be discharged. This issue has been identified as a problem by patients, families and health providers. Although numerous anecdotal stories have illustrated unique circumstances, this report is designed to document systemic barriers that are present.

## **Methodology**

---

The 26 acute care hospitals were invited to collect several data elements regarding people who were medically cleared for discharge but unable to be discharged during the three month period from November 1, 2014 to January 31, 2015. The data collection instrument was developed in consultation with the New Hampshire Hospitals' Case Management Directors Work Group and is in Appendix A.

Twenty-one of the 26 acute care hospitals in the state participated in data collection. Ten of 13 smaller Critical Access Hospitals located in rural communities participated and 11 of the 13 larger hospitals are represented in the sample. Dartmouth-Hitchcock Medical Center in Lebanon, the state's largest hospital and only tertiary care facility, represents the majority (61.5%) of the people in the study. A list of the participating hospitals is located in Appendix B.

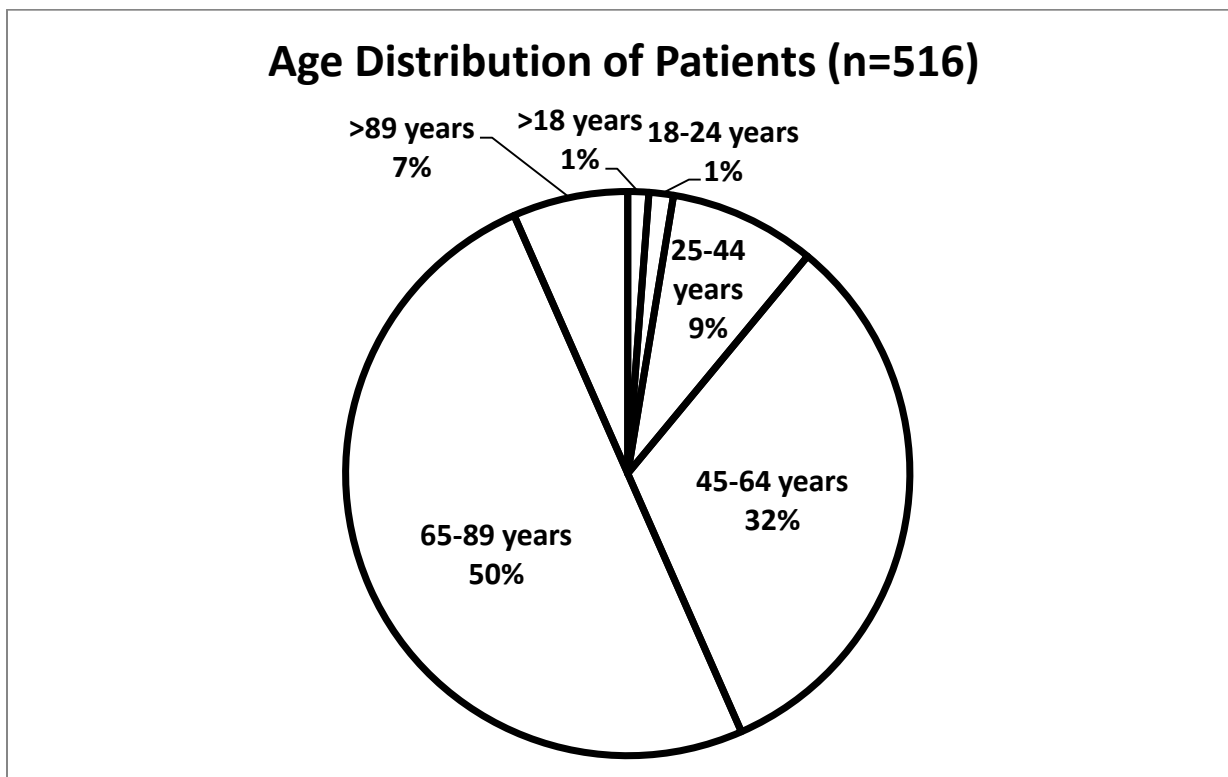
## Results

---

### Age Distribution of People Experiencing Barriers

More than half of the people unable to leave the hospital were age 65 years or older with 50% ages 65-89 years old and 7% age 90 or older. About a third (32%) of the people were between the ages 45-64 years old. People ages 25-44 years old were 9% of the study population and 2% were age 24 or younger.

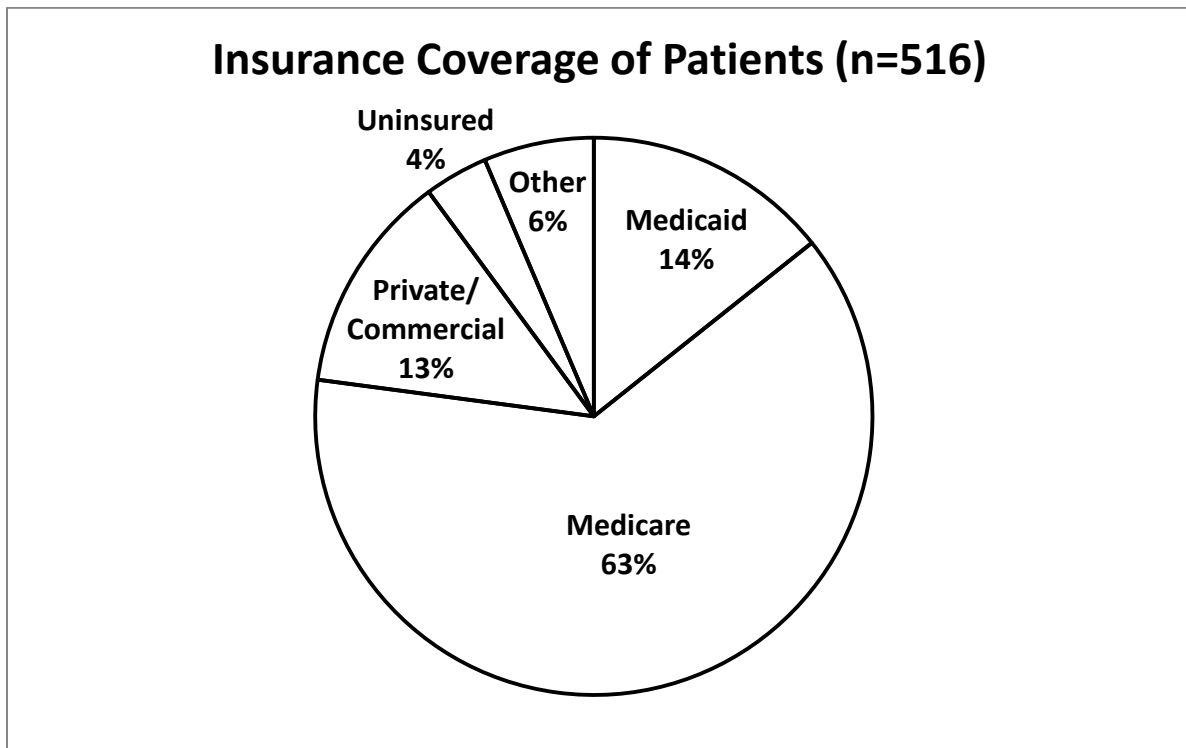
Figure 1



## Insurance

Medicare was the primary medical insurer for most people (63%) in the study. Medicaid was the next largest (14%) source of insurance coverage followed by private/commercial insurance (13%), 'other' (6%) and uninsured (4%).

Figure 2



## Major Barriers

Major barriers preventing people who are medically cleared to leave the acute care hospital are identified in Figure 3. Hospitals responding to the survey were permitted to identify more than one major barrier per patient. Barriers are classified into three broad categories: housing, mental health issues and insurance matters (number of patients).

**Housing related** barriers include:

- Unable to access an available skilled nursing home bed (313)
- Unable to afford in-home assistance to return to their home (72)
- Homeless (19)
- Unable to access an available assisted living facility (10).

**Mental health** barriers, including a person's lack of health care decision-making capacity, include:

- Behavioral/psychiatric care needed ( 41)
- Patients lacks decision capacity with guardianship proceedings underway with Probate Court (41)
- Dementia/Alzheimer's care needed (25)
- Patient lacks decision capacity with no family or friend to be guardian (20)
- Patient lacks capacity with no advance directive (12).

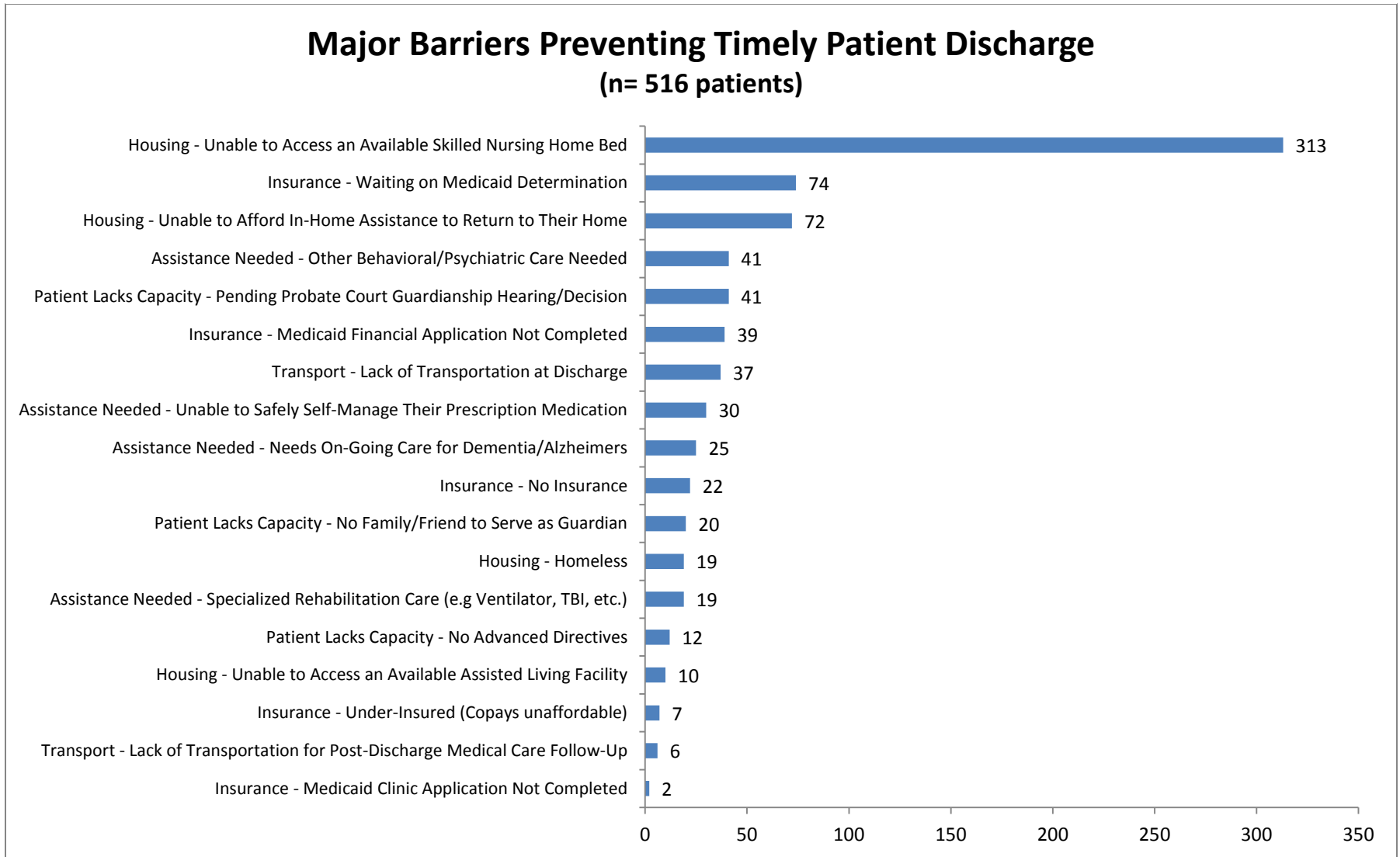
**Insurance** related barriers include:

- Waiting for a Medicaid determination (74)
- Medicaid financial application not completed (39)
- Uninsured (22)
- Under-insured or unaffordable copays (7)
- Medicaid clinical application not completed (2)

Additional, miscellaneous barriers include:

- Transportation barriers included:
  - No transportation at discharge (37)
  - Lack of transportation for post-discharge medical follow-up (2)
- Medication barriers: People requiring assistance to safely manage their prescription medications (30)
- People identified as needing specialized rehabilitation care (19)

Figure 3





Major barriers to a timely discharge that were present in the greatest percentage of patients in the study were:

- 61% (313 people) Unable to access a nursing home bed
- 27.5% (142 people) Uninsured/under-insured or waiting for Medicaid to determine eligibility
- 14% (73 people) No Advance Directive or waiting for guardianship process
- 14% (72 people) Unable to afford in-home assistance
- 13% (66 people) Mental health/psychiatric care needs

### **Unnecessary Days Spent in the Hospital**

People in this study spent a total of 10,277 additional days in the hospital, when acute care was no longer medically necessary. The average number of days people spent in the hospital, beyond the date when medically cleared for discharge, was 19.8 days. The median number was 3 days. There were 58 people (11%) who stayed over 50 additional days.

### **Primary Residence**

A majority (68.4%) of the people in the sample have their primary residence in New Hampshire while the remainder were from other states. Several hospitals in New Hampshire are located in communities that border neighboring states such as hospitals in Lebanon and Woodsville (Vermont), Dover (Maine), and Nashua (Massachusetts). Hospitals located in these border communities have a primary service area that includes towns or cities outside of New Hampshire.

### **Additional Analyses**

We analyzed the major barriers by age (0-64 years old or age 65 years or older) and residence (New Hampshire or another state) and did not identify differences in the ranking of major barriers.

Data was also sorted by Dartmouth Hitchcock Medical Center (DHMC) patients compared to patients from the other 20 hospitals, found to be similar to the overall ranking of major barriers except in the instance of '*Waiting on Medicaid Determination*' which ranked fourth rather than second in the overall ranking of major barriers.

The top five major barriers cited for DHMC patients were different from the overall sample. They were: *Unable to access skilled nursing home bed; Unable to afford in-home assistance; Lack of transportation at discharge; Waiting on Medicaid determination; and No guardian or waiting for the Probate Court to determine guardianship.* *Behavioral/psychiatric care needed* was not identified as one of the top five barriers for DHMC patients.

## Discussion

---

This report documents the experience of 516 patients in New Hampshire hospitals who were unable to leave when medically cleared for discharge and identifies significant barriers present in our systems of care. Most hospitals responding to the survey identified a single major barrier for each patient involving aspects of the health care system (e.g, nursing home care, home health care, mental health care, etc.). Some respondents indicated multiple barriers for a patient, most often identified as financial or insurance barriers. In addition, it should be noted that there are major barriers for people with cognitive and/or behavioral health issues that require additional guidance and support.

A person waiting in an acute care hospital to be transferred to the right care setting or discharged to their home, may not have the opportunity to experience a greater level of independence and receive the type support available in a less acute care setting that could maximize their well-being. They may also occupy a bed that is critically needed by a person with acute health care needs, resulting in that person being diverted to a different hospital in another community far from their home. There were several hospitals in New Hampshire that reported full occupancy during the 2014-15 winter 'flu season'.

The cost of care in an acute care setting is very high in comparison to other settings that provide less intensive, supportive medical care. The average cost for an acute care stay in a New Hampshire hospital in 2014 was \$2,635/day according to the NH Hospital Association. The barriers for these 516 people resulted in approximately \$27.2 million in additional acute care hospital expenditures for people with non-acute medical care needs. This study only focuses on a three month period so the true magnitude of the number of people experiencing barriers and the overall costs are likely to be much higher.

## Appendix A.

### Survey Instrument

#### Complex Care Patients

#### Welcome to My Survey

**Objective:** Document the problem of each patient who was/is medically ready for discharge from an acute care hospital in New Hampshire but unable to leave because of barriers to a safe discharge.

**Time Frame:** In the prior 3 months (November 1, 2014 to January 31, 2015), identify any patient in an Acute Inpatient, Distinct Part Unit or Swing Bed who was/is medically ready for discharge but unable to leave when they were medically cleared for discharge.

**Patient #:** Please number each patient sequentially for the purpose of this survey.

*Please do not provide any patient identifiable information such as Medical Record Number, DOB or SSN.*

#### Complex Care Patients

#### Survey Detail

**\* 1. Contact Information:**

Name

Email

Phone

**\* 2. Hospital Name:**

**3. Patient Number:**

*Remember you will complete one survey for each qualifying patient.*

Other

**\* 4. Patient Age:**

>18 Years of Age

18-24 Years of Age

25-44 Years of Age

45-64 Years of Age

65-89 Years of Age

> 89 Years of Age

**\* 5. Patient Primary Residence:**

- State of New Hampshire
- Out of State

**\* 6. Primary Insurance:**

**\* 7. Primary Diagnosis Type**

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Cardiac                | <input type="checkbox"/> Oncology    |
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> General Surgery/Trauma | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Neurology              | <input type="checkbox"/> Pulmonary   |
| <input type="checkbox"/> Other                  |                                      |

**\* 8. Is the patient currently still awaiting discharge?**

- Yes
- No

**\* 9. Enter the number of days the patient remained/remains in the hospital after they were cleared for discharge.**

*Example:*

*A.) If the patient was cleared for discharge on 1/1/2015 but was not actually discharged until 1/15/2015, the appropriate response would be "14".*

*B.) For the patient who has been cleared but has not yet been discharged, enter the number of days from admissions to today.*

**\* 10. Barriers to Discharge: Please select a maximum of 3 major barriers and as many minor barriers as applicable.**

	Major Barrier to Discharge	Minor Barrier to Discharge
<b>Patient Lacks Capacity</b> - No Advanced Directives	<input type="radio"/>	<input type="radio"/>
<b>Patient Lacks Capacity</b> - No Family/Friend to Serve as Guardian	<input type="radio"/>	<input type="radio"/>
<b>Patient Lacks Capacity</b> - Pending Probate Court Guardianship Hearing/Decision	<input type="radio"/>	<input type="radio"/>
<b>Insurance</b> - Medicaid Financial Application Not Completed	<input type="radio"/>	<input type="radio"/>
<b>Insurance</b> - Medicaid Clinic Application Not Completed	<input type="radio"/>	<input type="radio"/>
<b>Insurance</b> - Waiting on Medicaid Determination	<input type="radio"/>	<input type="radio"/>
<b>Insurance</b> - No Insurance	<input type="radio"/>	<input type="radio"/>
<b>Insurance</b> - Under-Insured (Copays unaffordable)	<input type="radio"/>	<input type="radio"/>
<b>Assistance Needed</b> - Unable to Safely Self-Manage Their Prescription Medication	<input type="radio"/>	<input type="radio"/>
<b>Assistance Needed</b> - Needs On-Going Care for Dementia/Alzheimers	<input type="radio"/>	<input type="radio"/>
<b>Assistance Needed</b> - Other Behavioral/Psychiatric Care Needed	<input type="radio"/>	<input type="radio"/>
<b>Assistance Needed</b> - Specialized Rehabilitation Care (e.g Ventilator, TBI, etc.)	<input type="radio"/>	<input type="radio"/>
<b>Housing</b> - Unable to Afford In-Home Assistance to Return to Their Home	<input type="radio"/>	<input type="radio"/>
<b>Housing</b> - Unable to Access an Available Skilled Nursing Home Bed	<input type="radio"/>	<input type="radio"/>
<b>Housing</b> - Unable to Access an Available Assisted Living Facility	<input type="radio"/>	<input type="radio"/>
<b>Housing</b> - Homeless	<input type="radio"/>	<input type="radio"/>
<b>Transport</b> - Lack of Transportation at Discharge	<input type="radio"/>	<input type="radio"/>
<b>Transport</b> - Lack of Transportation for Post-Discharge Medical Care Follow-Up	<input type="radio"/>	<input type="radio"/>

**Other Major Barrier**

**Thank you!**

**Appendix B.**

**List of Participating Hospitals**

Alice Peck Day Memorial Hospital	Lakes Region General Hospital
Androscoggin Valley Hospital	Dartmouth Hitchcock Medical Center
Catholic Medical Center	Memorial Hospital
Cheshire Medical Center	Parkland Medical Center
Concord Hospital	Southern New Hampshire Medical Center
Cottage Hospital	Speare Memorial Hospital
Elliot Hospital	Upper Connecticut Valley Hospital
Exeter Hospital	Valley Regional Hospital
Franklin Regional Hospital	Weeks Medical Center
Frisbie Memorial Hospital	Wentworth-Douglass Hospital
Huggins Hospital	