

News

NY-RAH Makes Great Strides in Reducing Avoidable Hospitalizations

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GNYHA Foundation's New York-Reducing Avoidable Hospitalization (NY-RAH) project showed a significant reduction in all-cause and potentially avoidable hospitalizations, according to the independent evaluation of Phase One of the Centers for Medicare & Medicaid Services (CMS) Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents.

Evaluation of the NY-RAH project showed reductions in all four utilization categories (all-cause hospitalizations, potentially avoidable hospitalizations, all-cause emergency department [ED] visits, and potentially avoidable ED visits) over the course of Phase One, moving each measure in its desired direction.

Sponsored by the GNYHA Foundation in partnership with the Icahn School of Medicine at Mount Sinai, NY-RAH was one of seven projects across the country that participated in Phase One of the Initiative. Phase One was designed to improve the care of long-stay nursing facility residents by providing additional nursing staff to support clinical care or education, and by introducing other quality improvement interventions. In 2016, NY-RAH was selected as one of six projects that would continue participation in Phase Two of the CMS Initiative, which began in October 2016. Phase Two enables participating facilities and practitioners to utilize new payment incentives through Medicare Part B to manage specific resident conditions in the nursing facility.

On October 20, RTI International (RTI), the independent evaluator for CMS, released its final evaluation for Phase One. The report evaluated both the final year of Phase One (2016) as well as the entire Phase One intervention period (2014-2016). RTI's evaluation compares each of the participating projects to a comparison group in each state. For the intervention period, RTI found that the CMS Initiative as a whole showed strong evidence that its interventions were effective in reducing hospitalizations. RTI also noted that the convincing overall performance of the Phase One participants served as justification for funding Phase Two.

The NY-RAH project's performance was deemed statistically significant in count of potentially avoidable hospitalizations per resident, probability of a resident having a potentially avoidable hospitalization, and probability of a resident having an all-cause hospitalization. In addition, NY-RAH's reductions in the count of all-cause ED visits per resident and the probability of a resident having a potentially avoidable ED visit were statistically significant over the last year of Phase One. NY-RAH's performance across the utilization categories indicates its effectiveness in achieving its goal of reducing avoidable hospitalizations during Phase One.

For more information on the NY-RAH project and the Phase One evaluation, go to www.nyrah.org.

Contacts

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