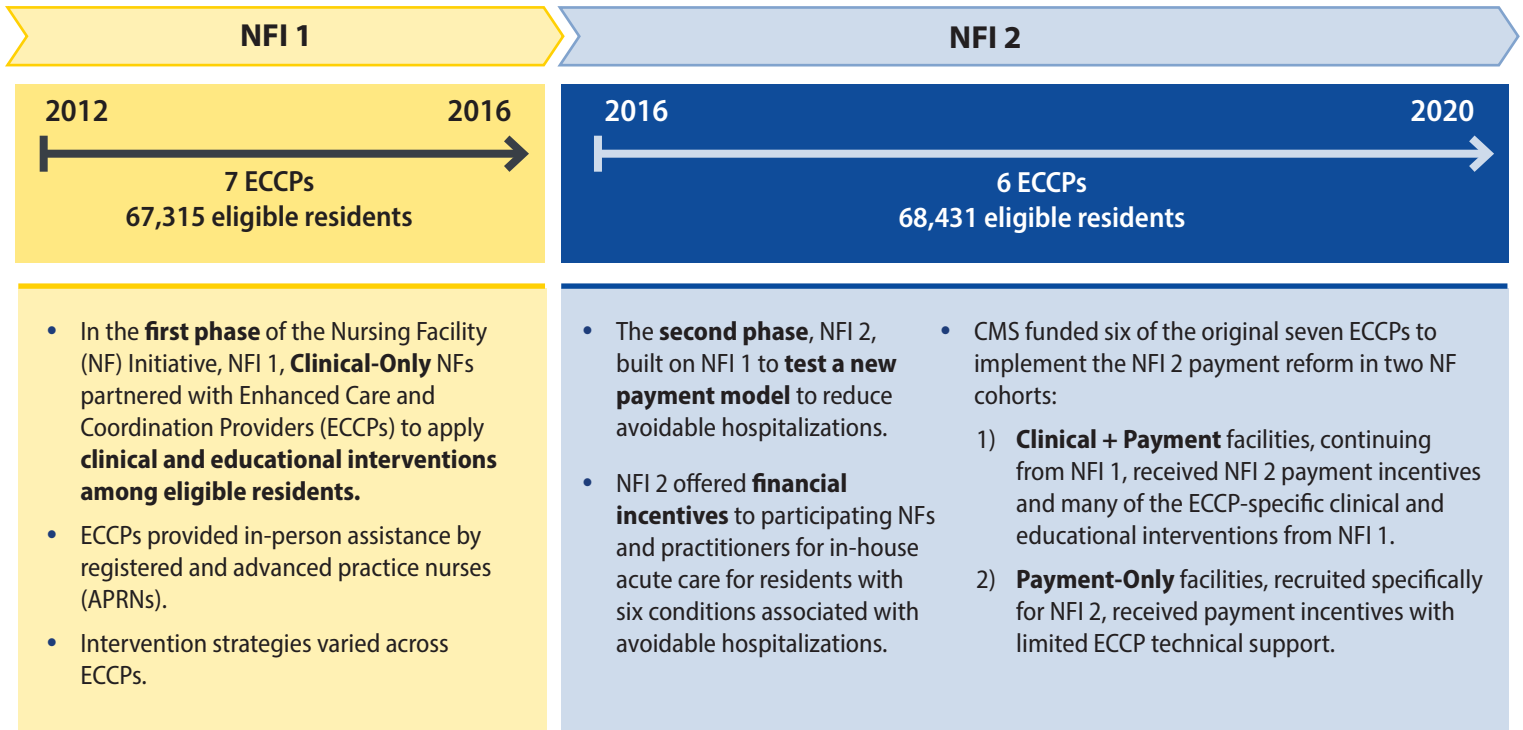
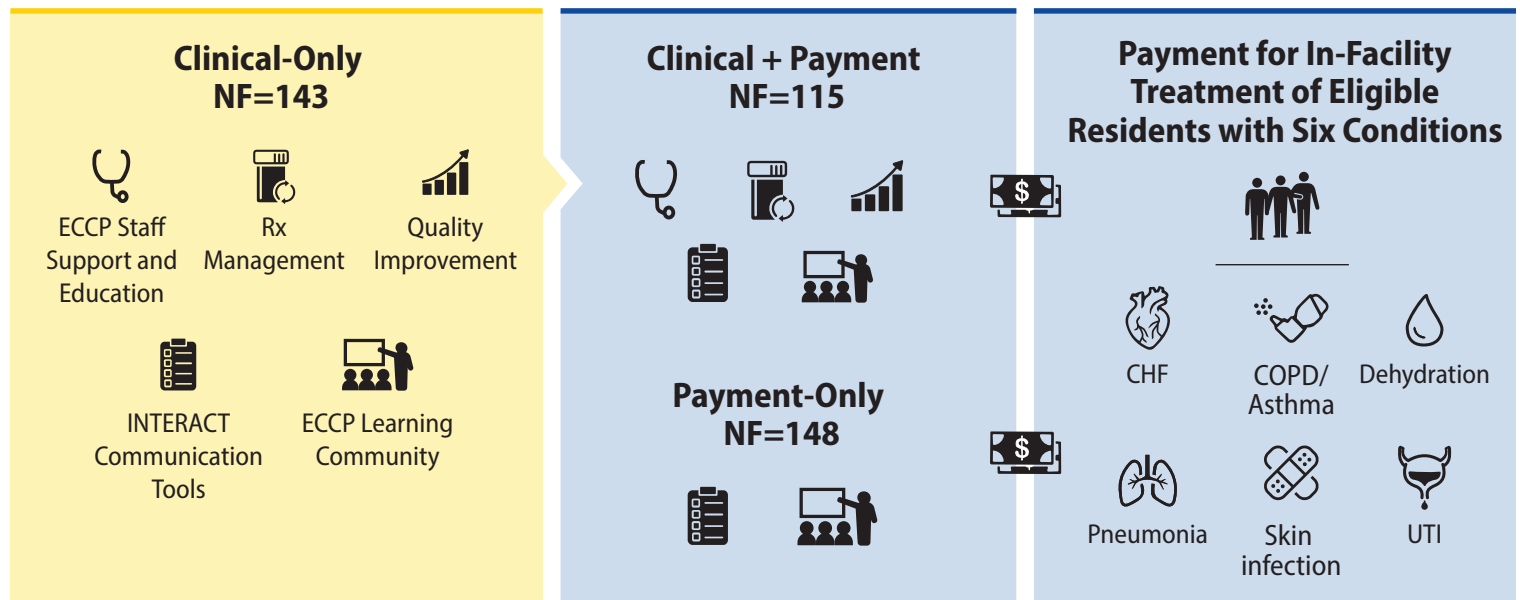


INITIATIVE OVERVIEW AND PARTICIPANTS



NFI DESIGN IMPLEMENTED BY ECCPs



* Due to the COVID-19 public health emergency (PHE) and the difficulty of isolating the NFI 2 impact from the PHE impact in nursing facilities (NFs), 2020 data were excluded from the NFI 2 impact analysis. Descriptive analyses for 2020 are included in the final evaluation report.

IMPACT OF NFI 2 PAYMENT INCENTIVES, RELATIVE TO THE NATIONAL COMPARISON GROUP

Clinical + Payment Facilities



Mixed evidence of **unfavorable** increases in hospital-related utilization and expenditures.



Medicare payment incentives did not enhance the improvements in hospital-related utilization and expenditures achieved in NFI 1 through clinical and educational interventions.



No statistically significant change in the majority of Minimum Data Set (MDS)-based quality measures.

Payment-Only Facilities



No consistent changes in hospital-related utilization and expenditures.



Medicare payment incentives alone did not change care practices enough to impact hospital-related utilization and expenditures.



Mixed evidence of some **unfavorable** changes in MDS-based quality measures; improvements in these measures were less strong than in the comparisons.

PARTICIPANT EXPERIENCES



- Most NF leaders, staff, and participating practitioners supported NFI 2 goals and the focus on the six qualifying conditions.
- Many NFs reported challenges with consistent NFI 2 implementation, barriers to submitting NFI 2 claims, and difficulty receiving NFI 2 funds directly.
- Many practitioners supported NF billing but did not submit their own NFI 2 claims. Practitioners were less engaged in Clinical + Payment facilities, where ECCP staff supported facility billing.
- Many NFs reported activities in place to reduce avoidable hospitalizations prior to NFI 2 participation, with NFI 2 providing financial rewards for existing care practices.

KEY TAKEAWAYS



- In contrast to NFI 1, which was associated with favorable reductions in potentially avoidable hospitalizations, NFI 2 payment incentives were not associated with reductions in hospital-related utilization among eligible residents relative to the national comparison group. The evaluation attributed much of the success of the NFI 1 Clinical-Only intervention to the clinical and educational activities of ECCP APRNs; in NFI 2, Clinical + Payment on-site ECCP staff refocused to supporting documentation and billing.
- NFI 2 did not yield savings to the Medicare program among either Clinical + Payment or Payment-Only facilities. Consistent with NFI 1, NFI 2 did not achieve net Medicare savings after accounting for implementation costs.
- NFI 2 billing patterns suggest that facility treatment for the six qualifying conditions did not substitute for hospitalization. Many residents treated on-site would not have been hospitalized, regardless of NFI 2 participation.