

REPORT HIGHLIGHTS

A Report on Pennsylvania CARE Act Impact on Patient Outcomes

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Act 2016-20, known as the Caregiver, Advise, Record, and Enable Act (PA CARE Act), directed the Legislative Budget and Finance Committee (LBFC) to conduct a study and issue a report that focuses on the impact of the designation of lay (family) caregiver on certain patient outcomes during CYs 2018, 2019, and 2020. The PA CARE Act formalized the process of designating a family caregiver by requiring Pennsylvania hospitals to provide inpatients with an opportunity to designate a family caregiver to ensure a safe and effective transition to the inpatient's home care environment. This type of legislation encourages the inclusion of family caregivers in the hospitalization/discharge process and is reflective of the recognition of policy makers and state legislators of the role family caregivers perform in providing medical care for individuals at home after being discharged.

Highlights of our report include the following:

- ❖ **Pennsylvania is among 41 states and three territories that enacted a version of the AARP model CARE Act legislation.** The nomenclature and specific provisions may vary amongst the states, but legislation of this type generally requires hospitals to do the following:
 - ADVISE individuals of their opportunity to identify a caregiver.
 - RECORD the caregiver's name and contact information.
 - ENABLE caregivers by providing adequate discharge notice, consulting about discharge plans, and instruction about home medical tasks.
- ❖ **AARP assembled a research team that looked at how hospitals responded to the enactment of the CARE Act in their respective states (11 states to date, although Pennsylvania not one of the states), what changes had been made in practice, and the impact of those changes.** The research team's findings (grouped into 10 major themes) indicated the CARE Act is helping hospitals identify family caregivers and prepare them to provide successful post-discharge care in the patient's home to avoid complications that may result in preventable hospital readmissions.
- ❖ **A metaanalysis (2017) reflecting the work of a partnership between the University of Pittsburgh Health Policy Institute and the University Center for Social and Urban Research concluded that for older adult's discharge planning interventions were associated with 25 percent fewer hospital or skilled nursing facility readmissions at 90-days.** This metaanalysis notes the potential effect of incorporating informal caregivers into discharge planning could be significant given potentially preventable 30-day readmissions have been estimated to cost \$12 billion annually in Medicare spending alone.
- ❖ **An internal multisite case study (limited to a lone Pennsylvania health system - UPMC) was designed to explore early implementation of the PA CARE Act and reviewed (from July to December 2017) three UPMC hospitals of different sizes and populations.** This study concluded UPMC had implemented the necessary changes to comply with the PA CARE Act and determined that its existing educational process was adequate, and it only needed to modify its existing documentation procedures. It was also noted that previous studies have generally found that the integration of family caregivers into the discharge process yielded positive individual and system level outcomes, while decreasing the odds of post-discharge adverse events.
- ❖ **The "Caring for Family: Perceptions of CARE Act Compliance and Implementation" study examined early compliance and implementation of the PA CARE Act as self-reported by a small sample of Pennsylvania hospitals (based on the results of a 2017 online survey) and determined most Pennsylvania hospitals had made changes and continued to work towards operationalizing the required components of the PA CARE Act.** The study reported research that revealed the systematic inclusion of family caregivers in the hospital process correlate with reduced rates of rehospitalization of patients.
- ❖ **We surveyed Pennsylvania general acute care hospitals to assess the impact of the PA CARE Act and received 30 responses and found that while they complied with the requirements of the act, they did not have data available to measure the effectiveness of the act on reducing hospital readmissions.** Prior to the act, many hospitals already had a process in place to designate a caregiver, however, now all respondents have such a process. For some, the act formalized the process. Most of the respondents did not indicate that a designated caregiver has resulted in positive changes, and none of them have determined if the process has resulted in a decrease in readmissions.

For a full copy of the report, email us at lbfcinfo@palbfc.us or download a copy at <http://lbfc.legis.state.pa.us/>.