



Health Policy and Health Services Research

Recent Findings



Reducing hospital readmissions is necessary for primary care medical homes to drive cost savings.



Based on a study of data from primary care practices, RTI's research suggests that in order for demonstrations of primary care medical homes to achieve meaningful savings, they will need to reduce low-frequency readmissions and low-cost emergency department visits by 50% to 100%.



20 Accountable Care Organizations in the Pioneer Model and 333 Medicare Shared Savings Program ACOs saved \$411 million in Medicare costs in 2014.

RTI was able to quantify how Accountable Care Organizations improve patient care, reduce Medicare costs, and, in turn, financially benefit ACOs.

Episode-based payments for acute and post-acute care settings allow care to be delivered more efficiently and with increased focus on the patient.



RTI's work in understanding episodes of care and bundled payments informed potential changes in Medicare payment policy, including the Bundling and Coordinating Post-Acute Care Act of 2015.



Common safety issues related to using health IT include errors involving medications, diagnostic errors, and complications of treatment.

RTI's examination of medical malpractice claims showed that adverse events associated with health IT vulnerabilities can cause harm to patients, are encountered across varied health care settings, and are often recurring.



Most hospices conduct recommended assessments and discuss preferences with patients at admission.

An RTI study showed that most hospices provided recommended assessments for common clinical symptoms such as pain and difficulty breathing. Most also discussed patient preferences regarding life-sustaining treatments. However, a small number of hospices failed to deliver these recommended critical processes for ensuring high-quality, patient-centered hospice care.

Drug management programs can be beneficial to the health care system, but it is unclear whether they improve health outcomes.



RTI's systematic literature review of 44 studies showed that clinical pharmacy/medication therapy management programs can improve common medication-related issues such as nonadherence and can reduce health care utilization and costs, yet the evidence was insufficient to determine whether they improve overall health outcomes.



Americans know little about long-term care services and generally believe that paying for these services is an individual responsibility.

RTI's work showed that Americans have firm preferences about the types of long-term care they may need but know little about how the system works and the cost of services. Respondents overwhelmingly did not want to have mandatory long-term care insurance.

Health IT and the work systems it supports are not always compatible.



RTI's study of six primary care clinics using the same health IT-supported care coordination program revealed that the overall impact of health IT varied from good to neutral to poor and depends on specific interactions of tasks, technology, users, and uses of health IT.

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