



# In Dementia: How to Avoid Costly Hospital Transfers

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**Nursing home residents living with dementia are at heightened risk of hospitalization. These hospitalizations incur estimated healthcare costs of \$2.6 billion per year. And as many as 6 out of 10 transfers “are avoidable,” according to researchers publishing in [Alzheimer’s & Dementia](#).**

In a mixed methods study, the research team from the University of Missouri used CMS data along with input from advanced practice nurses to analyze factors leading to hospital transfers from nursing homes. They noted that along with financial costs, “Avoidable hospitalizations disrupt plans of care, negatively impact quality of life, and can lead to physical and cognitive decline.”

## Hospital transfers: why?

Changes in mentation among residents living with dementia “were common reasons contributing to avoidable transfer,” said the authors. These scenarios were illustrated by quotes such as:

- “[Resident] not acting like himself, more lethargic and less conversational.”
- “Resident having increased agitation”
- “Resident insists on going to the hospital and refuses to stay in [nursing home] facility”.
- “Resident having increased agitation, nurse did not feel she could manage resident in the facility.”

Requests from family members, abnormal bloodwork, abnormal vital signs, and falls were also among the transfer triggers noted.

In all, the team developed 29 codes and three overarching themes to explain why residents were transferred to a hospital: change in condition, what matters to the resident/family, and lack of resources.

## Higher Medicare expenditures

The costs incurred by transfers are multifold. “Increased rates of hospitalizations among older adults with diagnosed dementia are the leading contributor to higher Medicare expenditures compared with those without dementia,” according to Anderson et al., publishing in the [Journal of the American Geriatrics Society](#).

We know that 1.4 million people over age 65 who have dementia visit the emergency department every year, with disruption to the continuum of care—and serious risks to well-being, as noted in the blog, [Dementia: Emergency Department Visits & Hospitalizations](#). Reducing preventable hospitalizations among people living with dementia is a policy objective of CMS as well as a goal of Healthy People 2030, the blog notes.

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## I-SNP model reduces hospital transfers

Some nursing homes are embracing [Institutional Special Needs Plans \(I-SNPs\)](#) to meet the needs of individuals living with complex, chronic conditions through a managed care model. Available through Medicare Advantage, an I-SNP is designed to coordinate services and optimize quality of care on a case-by-case basis.

A new whitepaper demonstrates that I-SNP participants have “lower acute care utilization, such as lower rates of all-cause emergency department visits, compared to non-I-SNP MA beneficiaries,” reports the [American Health Care Association \(AHCA\)](#). The whitepaper also details better outcomes related to pressure ulcers, fall injuries, and infections.

## Improving resident outcomes

The advent of the I-SNP model underscores the need to improve outcomes for nursing home residents who are living with dementia. Just over 122,000 Medicare beneficiaries are enrolled in I-SNPs today, reports AHCA.

In both I-SNP and traditional healthcare models, “the quest is on to refine clinical care, bringing in the right expertise, at the right times, with the best answers to optimize residents’ safety and well-being,” explains the blog, [Achieving Better Clinical Outcomes in LTC](#).

## Reducing transfers - neurology-forward care

GuideStar Eldercare has pioneered a neurology-forward framework that ensures accurate diagnosis and generates evidence-based plans of care. By proactively treating the neuropathologies behind dementia symptoms, the team has been able to combat many of the hospitalization triggers described above. In addition, the GuideStar focus on reducing unnecessary psychotropic medications can help prevent an array of hospitalization triggers, from agitation to lethargy and dangerous falls.

From CMS data reviewed so far, “We’re seeing a 75% reduction in acute inpatient psychiatric admissions,” [Steven Posar, MD recently commented](#). The team has been measuring declines in emergency department referrals, too, he said.

When BPSD and other symptoms are better managed through a neurology-forward approach, caregiving staff enjoy better support as well. Facilities using GuideStar Eldercare services also have access to inservice training and 24/7 on-call support.



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Nursing home residents—especially those with dementia—live better lives when they can remain in place. Better care, better outcomes, and better business can advance hand-in-hand with care strategies that avoid unnecessary hospital transfers.

At GuideStar Eldercare, we're actively [applying practical research to the bedside](#). And we're forging solutions that keep residents happy, healthy, and at home.

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