Driven by data, powered by best practices

How the Post-Acute Care Collaborative combines data and research to accelerate post-acute performance
The Post-Acute Care Collaborative is a member-based, best practices research service driven by data insights. We provide strategic guidance on acute/post-acute partnerships, the transition to value-based care, and clinical transformation efforts in the post-acute environment.

Members we serve

- Hospital systems
- Hospice
- Long-term acute care hospitals
- Senior and assisted living
- Inpatient rehabilitation facilities
- Home health providers
- Skilled nursing facilities

The Post-Acute Care Collaborative difference

- Develop market-leading strategy
  - National meetings
  - Targeted research briefings
  - Data and analytics support

- Equip your team with best practices
  - Live and on-demand webconferences
  - Staff-focused educational materials
  - In-person presentations

- Accelerate meaningful implementation
  - Implementation toolkits with ready-to-use materials
  - Access to peer-to-peer networking
  - On-demand access to our experts
### Post-acute care in the spotlight

As payers and referrers transition to value-based care, post-acute care is central to controlling costs and improving outcomes.

<table>
<thead>
<tr>
<th>CHALLENGE</th>
<th>SOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Readmissions</strong></td>
<td>We provide targeted, actionable guidance on improving quality and reducing readmissions for patients post-discharge.</td>
</tr>
<tr>
<td>Providers are directly incentivized to reduce readmissions under P4P. The costs associated with readmissions hinder performance under a variety of APMs.</td>
<td>15.8% all-cause readmission rate, 2016</td>
</tr>
</tbody>
</table>

| Episodic spend | We provide our members with resources to improve performance in episodic payment models, including data and analytic tools that track 90-day performance on cost and quality across post-acute settings. |
| Multiple bundled payment programs make hospitals and physicians responsible for the quality and cost of care across 90-day episodes. | 44% of 30-day episodic spending is attributed to the post-acute setting |

| Total cost of care | We cover the entire continuum of post-acute and senior care settings and benefit from Advisory Board’s full range of expertise on population health and managed care dynamics. |
| Providers and payers challenged with controlling outcomes for an entire patient population must focus on high-risk, vulnerable senior patients and their associated high costs. | 5% of high-risk seniors account for 43% of total Medicare spending |
Our expertise is both **broad and deep**...

The Post-Acute Care Collaborative's research library spans a range of topic areas and includes a mix of resources to support members in achieving their goals—at every step of the process.

*Enhancing care delivery and clinical quality*

*Optimizing the role of physicians*

*Improving patient and family experience*

*Succeeding under value-based care*

### Creating successful acute/post-acute partnerships

Representative resources include:

- The Playbook for Hospital/Post-Acute Care Collaboration
- The Post-Acute Care Pathways Explorer
- The Post-Acute Consortium Toolkit
- The Hospital Post-Acute Needs Diagnostic
- Post-Acute Resources for Hospital Discharge Planners
- The Guide to Promoting In-Network Utilization

### TOOLKIT RESOURCES CONTAIN

1. **Best practice research studies**
   
   Best practice research studies contain in-depth, detailed research on the most important problems facing post-acute care and highlight replicable strategies for successfully addressing those challenges.

2. **Step-by-step guidance**
   
   Toolkits direct members to the right implementation guidance—no matter where an organization is in terms of developing or executing a strategy.

3. **Peer case studies and supporting materials**
   
   Case studies provide real-world examples of how other organizations have addressed a problem. Our supporting materials outline how others succeeded and provide a tangible starting point for your own project.

4. **Ready-to-use templates and sample resources**
   
   Templates and sample resources help you put best practices into action and minimize the time and effort it takes to find success.
Our resources provide actionable guidance for providers. No matter where your organization is in terms of developing or executing a strategy, you can access resources and guidance at the right step in the process and drive meaningful results.

**TAKING A CLOSER LOOK**

**The Guide to Promoting In-Network Utilization**

**Getting patients to high-performing post-acute partners**

Resource | February 16, 2018

While post-acute networks are the gold standard strategy for elevating patient outcomes, improving episodic efficiency, and streamlining cross-setting communication, they often fail short of health system and post-acute providers’ expectations for one crucial reason—low in-network utilization.

Read on to learn how to engage your entire organization in promoting in-network utilization—the determining factor of you and your partners’ success with cross-continuum goals.

1. Understand what patient choice laws allow
2. Educate physicians and discharge planners about preferred providers
3. Equip discharge planners to support patient decision making
4. Develop informative discharge education resources
5. Track whether your network is narrowing

---

**Research reports:** Our reports detail best practices for developing a Medicare risk strategy for post-acute care, including examples of how innovative organizations have developed and implemented affiliation agreements.

**Step-by-step guidance:** We provide guidance for every stage in educating discharge planners, equipping discharge planners to support patient decision making, developing the right educational resources, and tracking the success of your efforts.

**Peer case studies and supporting materials:** We explain how organizations have educated their discharge planners to support patient decision making and provide sample scripts and bed availability tracking mechanisms.

**Ready-to-use templates and sample resources:** We offer a variety of resources, including an annotated template to teach patients about your network, its quality, and the range of post-discharge options available.
Individualized support for individual challenges

The Post-Acute Care Collaborative works with members one-on-one to help translate our resources into individualized strategies, troubleshoot organizational challenges, set the right goals, and have the right support to achieve them.

HOW CAN I SUCCEED UNDER VALUE-BASED CARE?

One member’s story

In-person presentations

Member need: Educate key audiences within the organization on value-based programs to gain buy-in to new initiatives.

How we help: Our in-person presentations bring Advisory Board experts directly to member organizations to conduct work sessions on changes in value-based care strategy.

National meetings

Member need: Develop a comprehensive strategy for shifting to value-based payment.

How we help: Our national meetings provide strategic guidance on the most pressing topics and include opportunities for facilitated discussion with our faculty as well as peer leaders from across the country.

Expert access

Member need: Understand new payment models.

How we help: We provide detailed answers to specific questions, as well as targeted supporting resources through our on-demand Expert Center.

Peer-to-peer networking

Member need: Learn from peers further along on the value-based care journey.

How we help: We facilitate peer networking with others in similar situations to promote the sharing of best practices and lessons learned.
The right strategies are grounded in data-driven insights. The Post-Acute Care Collaborative offers a number of tools that provide easy access to the data you need, and we help you translate that data into meaningful action.

**The right data makes the difference**

Post-acute pathways explorer

This tool helps members understand post-acute market dynamics and gives them the ability to view detailed patient patterns, outcomes, and spending trends.

- **Understand your market.** The streamlined user interface displays all providers in a market with complete Medicare patient volumes.
- **Track patient patterns.** The tool displays patient transitions to downstream providers along with key financial and clinical outcomes.
- **Assess quality and value.** Users can complete metrics for quality, cost, and utilization for providers in your market and also compare performance to national, market, and local benchmarks.
- **Dive deep into hospital post-acute needs.** The tool includes a “one-click” report that serves as a hospital post-acute needs diagnostic. It covers key performance areas including value-based purchasing performance, readmissions, post-acute cost, and top post-acute partners.

**Benchmark your performance and market**

The Post-Acute Care Collaborative offers a range of additional tools to help members understand their market and patients, and to benchmark the performance of their organization.

- Home Health Performance Profiler and Benchmark Generator
- Skilled Nursing Facility Performance Profiler and Benchmark Generator
- Hospital Performance Profiler and Benchmark Generator
- Demographic Profiler
The best practices are the ones that work for you.