10 Important Insights for Post-Acute Care Providers from the Hospital Performance Profiler

The Hospital Performance Profiler is an analytic tool that lets users compare operational, financial, and quality performance data for individual hospitals within a given cohort. Although the tool is hospital-focused, it contains important information for post-acute care providers. In this brief we will highlight the most salient data points for post-acute providers and explain how to harness this information to strengthen your relationships with hospital partners.

Encouraging Appropriate Post-Acute Utilization

Hospitals with an above- or below-average PAC utilization rate may have trouble properly identifying post-acute appropriate patients or feel unclear about the value and services of each PAC sector. Reach out to these providers to discuss why their utilization rates fall outside the cohort average and offer assistance in right-sizing post-acute utilization.

1 Percentage of Inpatient Discharge Volume to PACs

**Why this matters:** Ensuring appropriate levels of utilization helps patients access necessary services and further develops the relationship between acute and post-acute providers.

**Next steps:** Identify any hospitals with a post-acute utilization rate that varies significantly from the norm. Engage in a conversation around the value of post-acute care and the types of patients that are and are not appropriate for post-acute services. You may also wish to offer education to hospital case managers or clinicians.

**Where to find it:** In left-hand navigation bar, click: 1. Operational → 2. Discharge Volume → 3. % of IP Discharge Volumes to PACs

2 Percentage of Inpatient Discharge Volume by Post-Acute Sector

**Why this matters:** Patients benefit clinically from placement in the correct post-acute sector.

**Next steps:** Identify any hospitals with a utilization rate for your sector that is significantly different than the cohort average. Engage in a conversation around the value of your sector and the specific services that you provide. You may also wish to offer education to hospital case managers or clinicians.

**Where to find it:** In left-hand navigation bar, click: 1. Operational → 2. Discharge Volume → 3. % of IP Discharge Volume to (Sector)

In the example to the right, Medical Center H sends 5.5% of inpatient discharges to home health, a utilization rate that is significantly below the cohort average.
Serving as a Partner in Readmissions Reduction

Hospitals need to lower their readmission rates due to financial penalties under the Hospital Readmission Reduction program (HRRP) and because these rates reflect on hospital quality. PAC providers can help by implementing strong transitional care supports and enhancing clinical capabilities to treat patients safely outside of the hospital.

3 **All-DRG Readmission Rate**

*Why this matters:* Readmissions can jeopardize patients’ clinical progress and are stressful for patients and their families. Additionally, hospitals are financially penalized for high readmission rates through the HRRP.

*Next steps:* Show the hospital that your facility has a readmission rate below the market average and open a dialogue around your organization’s clinical capacity and ability to safely care for patients without a readmission.

*Where to find it:* In left-hand navigation bar, click: 1. Quality → 2. Readmissions (Hospital Compare) → 3. Hospital-wide Readmission Rate

![Graph](image)

In the example to the right, Medical Center N is experiencing a relatively high readmission rate for pneumonia patients, compared to the rest of the cohort. This would likely be an area of focus for leadership at Medical Center N.

4 **DRG-Specific Readmission Rate**

*Why this matters:* Currently only five conditions count towards readmissions penalties under HRRP. Hospitals will therefore likely focus on readmissions for these conditions before turning their attention to other diagnoses.

*Next steps:* Evaluate rates for readmission penalty program conditions common to your setting. Use this information to demonstrate the value of any specialty programs you have created for one of these conditions.

*Where to find it:* In left-hand navigation bar, click: 1. Quality → 2. Readmissions (Hospital Compare) → 3. (Condition) Readmission Rate

5 **DRG-Specific Excess Readmission Ratio**

*Why this matters:* This metric adjusts for patient risk when determining readmissions performance. A higher ratio suggests that clinical operations, rather than patient characteristics and risk, may be driving readmissions.

*Next steps:* Evaluate ratios for conditions common to your setting. Offer to collaborate with the hospital to reduce readmissions for these conditions by enhancing transitional support and cross-provider communication.

*Where to find it:* In left-hand navigation bar, click: 1. Quality → 2. Readmissions (Hospital Compare) → 3. (Condition) Excess Readmission Ratio

6 **PAC Sector-Specific Readmission Rate**

*Why this matters:* A relatively high readmission rate across a given PAC sector may lead hospitals to assume that all providers in that sector are low-quality.

*Next steps:* Compare your organization’s readmission rate to the average for your sector. This demonstrates to the hospital that you are a high quality provider in the realm of readmissions.

*Where to find it:* In left-hand navigation bar, click: 1. Quality → 2. Readmissions (Advisory Board) → 3. 30 Day (Sector) Raw Readmission Rate
Supporting Hospital Quality Performance

Beyond readmissions, other measures of hospital quality used by CMS are influenced by the actions of PAC partners. Approach hospitals that may be struggling and offer your support, highlighting the ways in which the care delivered in your setting can positively impact hospital performance.

7 Value-Based Purchasing

Adjustment Factor

Why this matters: Under VBP, hospitals that fall short on given quality and efficiency measures receive lower reimbursement from Medicare. A hospital with an adjustment factor less than one will be investigating ways to improve their VBP performance and regain full reimbursement.

Next steps: Identify hospital partners that have been penalized under VBP and open a dialogue around ways your organization can help support hospital performance on various VBP domains. (For instance, a cost-efficient post-acute provider can help a hospital improve on the 30-day post-discharge spending metric in VBP.)

Where to find it: In left-hand navigation bar, click: 1. Quality → 2. Pay for Performance → 3. VBP Adjustment Factor: FY15

8 HCAHPS Hospital Star Rating

Why this matters: HCAHPS hospital star ratings are publicly available and derived from consumer satisfaction surveys. These ratings may sway consumer decisions regarding which hospital to use. As a result, hospitals want to maximize their HCAHPS rating.

Next steps: Identify hospitals with a star rating below the cohort average and present your organization’s internal patient satisfaction data. Patients may not separate their post-acute and acute experiences when assessing care, so a patient-centered post-acute partner can improve a hospital’s patient satisfaction and HCAHPS scores.

Where to find it: In left-hand navigation bar, click: 1. Quality → 2. Star Ratings → 3. HCAHPS Hospital Star Rating

In the example to the left, Medical Centers E, F, I, and L have low Star Ratings compared to the cohort. This suggests room for improvement in patient satisfaction.

Lowering Hospital Length of Stay via Earlier PAC Admissions

Under the DRG-based reimbursement system, a longer average length of stay negatively impacts a hospital’s bottom line. PAC providers can help by offering efficient transitions, 24-hour admissions availability, and by enhancing clinical capabilities to accept patients earlier in their care trajectory.

9 Average Length of Stay by Service Line

Why this matters: The DRG-based reimbursement system means that a longer average length of stay decreases a hospital’s margins.

Next steps: Earlier transfer to PAC is one way to reduce ALOS for a given condition. Present your organization as a partner in care that can accept certain patients earlier in their care trajectory, helping the hospital to decrease ALOS for a given service line.

Where to find it: In left-hand navigation bar, click: 1. Operational → 2. Length of Stay → 3. Average Length of Stay. Under the data chart click “View Details” and choose a service line.

10 Average Length of Stay in the Intensive Care Unit

Why this matters: Long stays in the ICU negatively impact a hospital’s bottom line and make it difficult to find beds for incoming patients who require intensive care.

Next steps: LTACHs can harness this information to appeal to hospitals experiencing a high ICU ALOS. LTACHs routinely care for patients at the ICU-level and can work with hospital to streamline referrals and transitions to the LTACH, thus reducing patient days in the ICU.

Where to find it: In left-hand navigation bar, click: 1. Operational → 2. Length of Stay → 3. Average Lengths of Stay (ICU/CCU)