



How are acute and post-acute providers collaborating?

Five takeaways from the 2019
Acute/Post-Acute Partnership Survey

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RECOMMENDED FOR

Hospital post-acute leaders;
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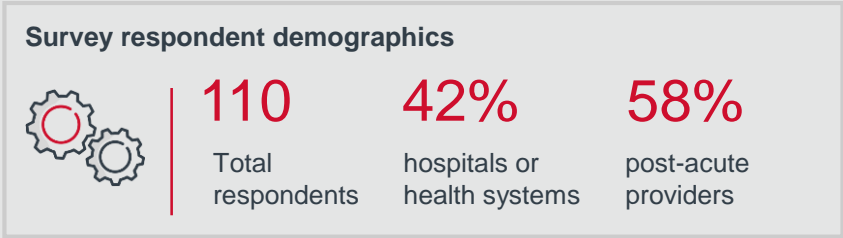
READING TIME

10 min.

Executive summary and table of contents

The Acute/Post-Acute Partnership Survey

In the fall of 2019, we surveyed providers across the country to learn more about the current state of acute/post-acute partnerships.



This report is part of a three part series that describes the results of the survey and outlines key insights on how to drive better results from acute/post-acute partnerships.

- **Part one:** Why do providers form partnerships, and are they successful?
- **Part two:** How are acute and post-acute providers collaborating?
- **Part three:** What is the current state of preferred provider networks?

Five takeaways on how hospitals and post-acute providers are collaborating

Preferred provider networks and other innovative partnership models have expanded over the past decade. But what are providers utilizing those partnerships for? This report focuses on the current scope of acute/post-acute partnership initiatives, describing key insights on how providers are working together to improve outcomes.

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Providers are collaborating on diverse initiatives

1 Care pathways and educational sessions are the most common joint acute/post-acute initiatives

Top 5 partnership activities	Percent
1. Care pathways	64.2%
2. Educational sessions for post-acute staff	45.3%
3. SNFist program	36.8%
4. Telehealth	35.8%
5. Joint training for hospital and post-acute staff	34.7%



DATA SPOTLIGHT

3

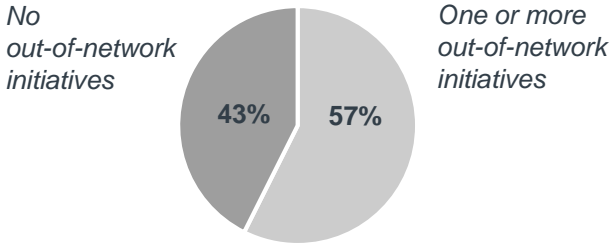
Median number of initiatives that providers are working on with their partners


2 Hospitals and post-acute providers aren't just collaborating within networks

When asked who they were working on these initiatives with, most hospitals indicated they were collaborating both within and outside of their preferred provider networks.

Percent of hospitals¹ collaborating with out-of-network post-acute providers

n=39





INSIGHT

Although networks can help hospitals target their partnership efforts, working with select providers outside of a network can help expand your reach to more patients post-discharge.

For more on how to improve outcomes outside of your network, review [this infographic](#).

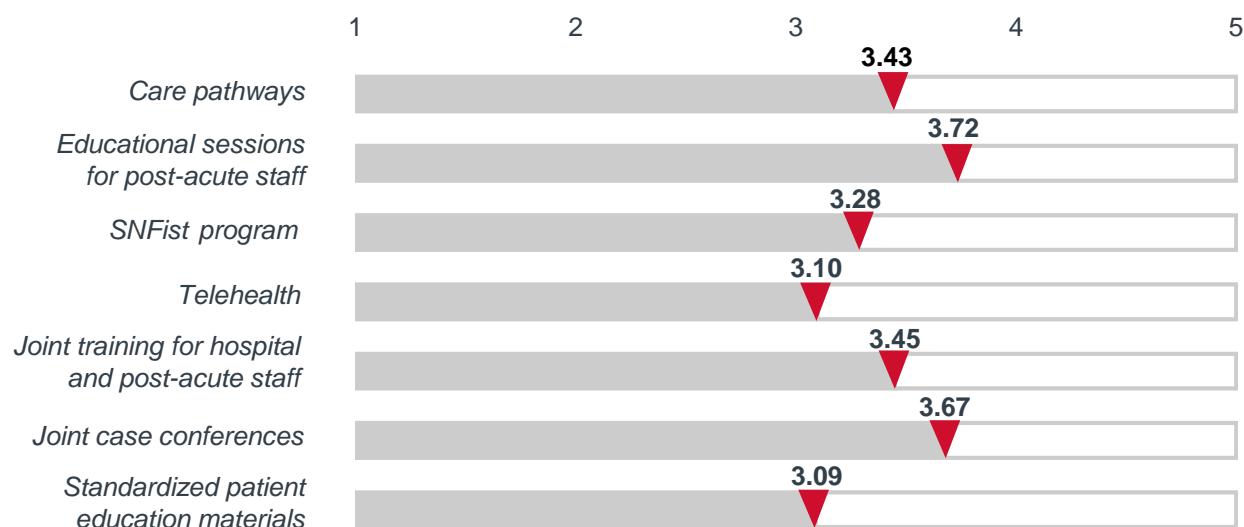
Most common out-of-network initiatives	Hospitals	Post-Acute Providers
	<ul style="list-style-type: none">Care pathwaysPatient education materialsEducation for post-acute staff	<ul style="list-style-type: none">Care pathwaysJoint staff trainingTelehealth

Despite shared effort, joint initiatives yield only some results

3 Joint initiatives fail to achieve substantial ROI

When asked to rate the ROI received from each initiative on a scale from one (lowest return) to five (highest return), providers rated each initiative between three and four.

Average return on investment, by initiative type



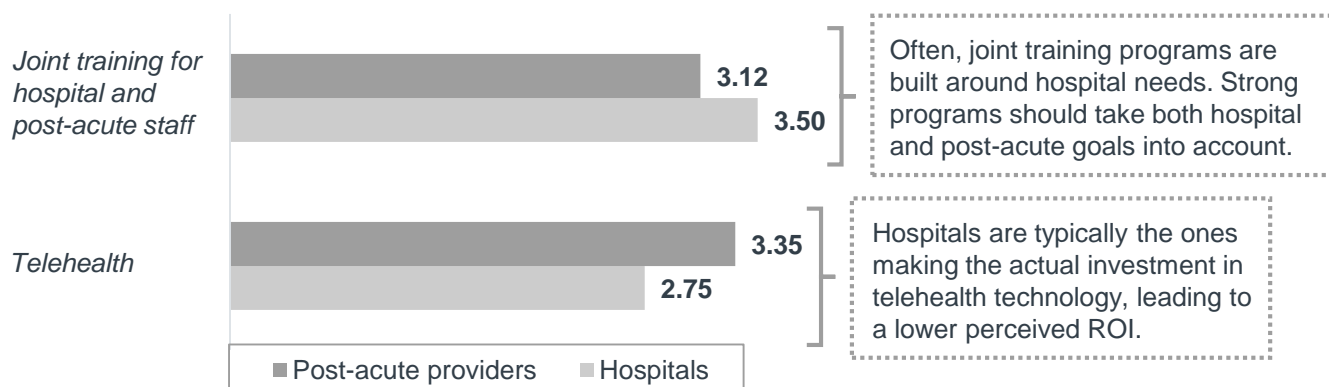
INSIGHT

When asked how successful their partnerships overall, the majority of hospitals and post-acute providers selected 'somewhat successful,' mirroring their perception of the success of individual initiatives. For more information on partnership success overall, review part one of the survey results.

4 Hospitals and post-acute providers see different returns on joint training and telehealth

The average ROI across all initiatives for both hospitals and post-acute providers was 3.38. However, hospital and post-acute provider opinions varied significantly on two initiatives.

Average ROI of select joint initiatives, by provider type



Source: Post-Acute Care Collaborative interviews and analysis.

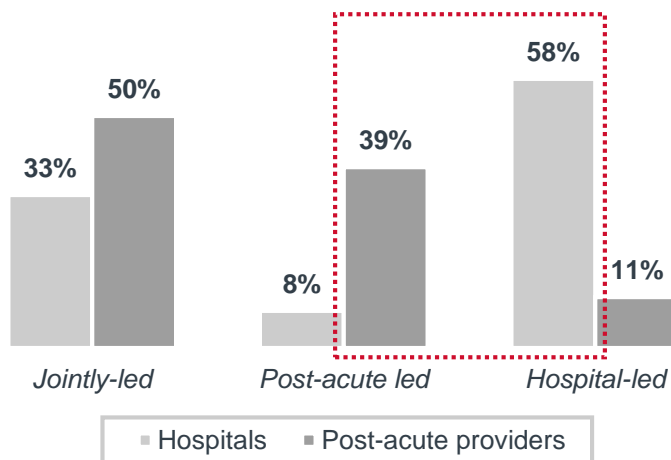
Ownership of initiatives depends on who you ask

5 Hospitals feel like they're leading everything – but so do post-acute providers

Hospitals and post-acute providers each report that they lead and develop most of the initiatives they're working on with their partners. The exceptions were joint training for hospital/post-acute staff and care pathways.

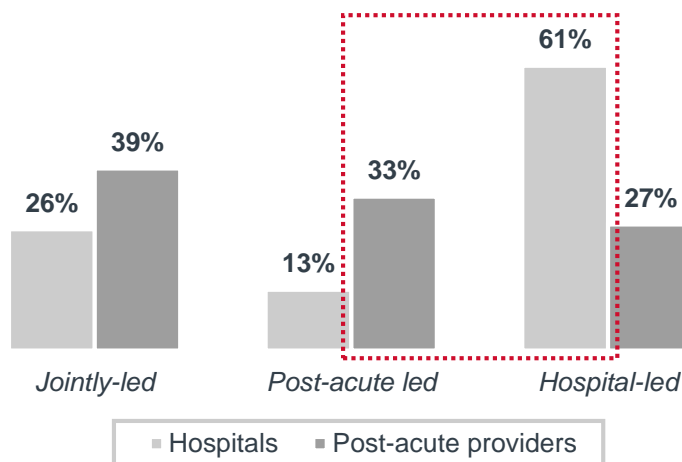
Perceived leadership of joint training for hospital and post-acute staff

n=56



Perceived leadership of care pathways initiatives

n=56



INSIGHT

The difference between hospital and post-acute perception of who has ownership over certain initiatives suggests a disconnect in the implementation of the initiatives themselves. It also suggests that both acute and post-acute providers *can* take ownership over most joint initiatives.







That said, for any joint initiative to work, there needs to be shared effort between providers. At the same time, it is important to delineate clear ownership of different pieces of the strategy to avoid duplication of efforts and to maximize ROI.

Source: Post-Acute Care Collaborative interviews and analysis.

Advisory Board support for key joint initiatives

The data shows that there is no one right strategy that will help you drive results from your partnerships, but some individual providers are making big strides from specific initiatives.

To learn more about how to build more effective cross-continuum programs, review the resources below. For additional resources on how to improve your partnerships as a whole, review [The Playbook for Hospital/Post-Acute Collaboration](#).

Initiative	Supporting resources
Care pathways	 Resource Library: Care Pathways in Post-Acute Settings
Educational sessions for post-acute staff and joint staff training	 Post-Acute Clinical Quality Compendium , Section One: Equip Staff to Deliver High-Quality Care
SNFist programs	 7 Key Considerations for Building a SNFist Program
Telehealth	 Telehealth in Post-Acute Settings
Standardized patient education materials	 Managing the Tail End of Risk , Practice Three: Patient Education  What to Expect from Post-Acute Care

Source: Post-Acute Care Collaborative interviews and analysis.

Post-Acute Care Collaborative

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