

Post-Acute Industry Change 101

Three Things Direct Patient Care Staff Really Need to Know

Understanding the rapidly changing post-acute market can seem overwhelming—but it doesn't have to be. All direct patient care staff really need to know about value-based, post-acute care are the three concepts below, along with the answers to three questions about each concept.

Three Key Questions



Why is it happening?



How will it impact my work?



How will it impact my patients?

CONCEPT 1: MARGINS ARE TIGHTENING

Why is it happening?

Significant cuts by CMS¹ across the board

\$120B

Cuts already implemented under the ACA² for SNF,³ home health, and hospice

\$30B

Reduction over 10 years, by implementing MedPAC's recommendation to freeze post-acute payments

How will it impact my work?

You can find critical savings

1 Identify waste

Take note of areas of potential inefficiency and waste

2 Improve efficiency

Make a plan to solve the problem or elevate it to a leader

3 Generate cost savings

Help your organization operate more efficiently—and reinvest in patient care

How will it impact my patients?

Improved care efficiency

Lower overall cost of care

Savings passed on to patients

1) Centers for Medicare and Medicaid Services.
2) Affordable Care Act.
3) Skilled nursing facility.

CONCEPT 2: PATIENT ACUITY AND COMPLEXITY ARE RISING

Why is it happening?



Aging population

Population is growing older, with more chronic conditions



New payment models

Changes in reimbursement are incentivizing shorter acute care length of stay, delivering care in lower-cost settings

How will it impact my work?

Sicker patients require changes in practice



Improve medication reconciliation



Drive cross-continuum collaboration



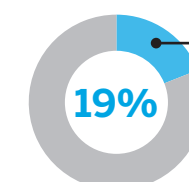
Promote family education



Obtain technical training

How will it impact my patients?

Treating complex patients on site minimizes transfers



Nursing home residents with one or more burdensome⁴ transitions at end of life
n=90,228

4) Includes physical trauma caused by the transfer, confusion due to unfamiliar providers and caregivers, and inconsistent communication with patients and families about the patient's plan of care.

CONCEPT 3: PROVIDERS ARE INCREASINGLY ACCOUNTABLE FOR OUTCOMES

Why is it happening?

The old standard

A for effort

Today's new standard

A for outcomes

Reasons organizational accountability matters



Value-based incentives



Inclusion in narrowing networks



Patients focused on value

How will it impact my work?

Priorities shift to drive outcomes



Adopt new documentation requirements



Support seamless care transitions



Follow evidence-based pathways and protocols



Enhance critical thinking skills

How will it impact my patients?

Incentives now aligned with doing the right thing



Improve clinical outcomes

Deliver an excellent patient experience

Promote elevated care quality