

# Improving Outcomes: Key Post-Acute Trends in 2022



**The American healthcare system, already financially strained and facing demanding demographic changes, has been further challenged over the past two years by the COVID-19 pandemic. This unique pressure test has revealed areas for improvement in the American system and highlighted the importance of infection prevention.**

This article outlines four trends within the healthcare industry that will be important in 2022 and explains how post-acute care (PAC) providers can help payers respond to shifts in healthcare demands and lower total costs of care.

## TREND

### Greater Demand for Specialized Post-Acute Services

Chronic illnesses are becoming more prevalent in patients of all ages, but especially among the elderly population, which is itself growing.

- 60% of Americans live with at least one chronic disease.<sup>1</sup>
- By 2030, 20% of the U.S. population will be age 65 or older.<sup>2</sup>
- 64% of the population age 65 and older have at least two chronic conditions.<sup>3</sup>

### Why It Matters:

The demands of this aging and increasingly chronically-ill population will intensify the strain on hospitals and payers, as these patients often require acute-level care for extended periods of time. To efficiently address the continuing needs of these patients, a discharge to a PAC setting is often the most appropriate next step in the recovery journey.

While most patients can discharge to a skilled nursing facility (SNF) or some other lower level of care, patients with chronic illnesses often benefit most from specialized treatment at a long-term acute care hospital (LTACH). Over one-third of patients discharged to a SNF have only minor or moderate illnesses.<sup>4</sup> By contrast, almost 90% of patients discharged to LTACHs have major or extreme levels of illness and have an average of six comorbidities.<sup>4,5</sup>

As such, payers that include LTACHs in their provider networks will be able to optimize outcomes by ensuring that medically complex members can access the niche level of care they require.

## TREND

### Increasing Importance of Flexibility

The influx of critical patients during the pandemic highlighted the need for hospitals and health systems to be flexible.



- Prior authorization waivers that removed barriers and facilitated care transitions of critically ill patients were pivotal during the pandemic.<sup>6</sup>
- The COVID-19 outbreak revealed the importance of flexibility within health systems, especially in the repurposing of existing facilities to treat COVID patients.<sup>7</sup>
- Emergency preparedness plans are becoming industry-standard across hospitals and healthcare organizations.<sup>8</sup>

### Why It Matters:

During times of high census, hospitals need to improve throughput in order to meet the heightened demand for critical care. While patients with simpler conditions can be discharged to lower levels of care or to home, some patients, including those on mechanical ventilation, require continued acute care. Healthcare networks that include this acute-level care for patients after discharge are able to maximize patient flow and improve outcomes for those that are critically ill.

The pandemic demonstrated the importance of this partnership. While hospitals faced capacity constraints, LTACHs were able to provide the ICU-level treatment that critically ill patients required and were able to adapt spaces to separate and serve both COVID and non-COVID patients. Additionally, prior authorization waivers that simplified the transition process further improved efficiency, patient throughput, and outcomes.

Including LTACHs in PAC provider networks will help health systems maintain patient access to the appropriate level of care despite future hospital capacity constraints.

## TREND

### Heightened Awareness of Infection Risks

As a consequence of the pandemic, infection prevention has become more important than ever with regard to improving outcomes and meeting patient expectations.

- Patients with five or more comorbidities are five times more likely to be hospitalized with COVID-19 and 10 times more likely to expire in the hospital as a result than those without any.<sup>9</sup>



- 77% of patients are more willing to receive post-acute care in a facility with air filtration devices.<sup>10</sup>
- Infection risk became a top-10 patient safety concern for patients in 2021.<sup>11</sup>

### Why It Matters:

Health systems are more attentive than ever to infection prevention concerns, especially for patients with chronic conditions. Including post-acute partners with this same awareness into their networks can prevent readmissions and increase patient satisfaction.

For patients with chronic conditions, recovery from an illness or injury may include one or more settings of care after the hospital. As patients move through these facilities, they can be exposed to a number of different infection risks that could put them back in the ICU. This is one of the contributors to unplanned hospital readmissions that cost an estimated \$26 billion in care each year.<sup>12</sup> Additionally, patient confidence in the quality



of care from each provider along the recovery journey, including their ability to contain infections, can impact patient satisfaction.

It is critical for payers to choose provider partners carefully. With CMS-compliant infection prevention standards, hospital-level air ventilation systems, and negative pressure isolation rooms, LTACHs can address heightened infection concerns for patients, especially those with chronic conditions, and reduce infection-related readmissions.

## TREND

### Elevated Importance of Respiratory Expertise

Persistent challenges associated with acute respiratory distress syndrome (ARDS), commonly associated with COVID-19, are highlighting the need for pulmonary expertise.

- Mortality of ARDS remains consistent around 35-40%, in part due to the fact that 22-49% of ARDS cases go unrecognized and therefore untreated.<sup>13</sup>
- 10% of patients in the ICU and 23% of those on mechanical ventilation fulfill criteria for an ARDS diagnoses.<sup>14</sup>
- Patients with COVID-19-related lung conditions often require long-term respiratory support and weaning from mechanical ventilation.<sup>15</sup>

#### Why It Matters:

Despite extensive research on acute respiratory distress syndrome, it continues to pose a considerable risk to patients admitted with pulmonary

conditions, including those with COVID-19. Because they often need ventilator support for an extended period of time, these patients can benefit from treatment from a PAC provider that specializes in pulmonary care and ventilator liberation.

While the top conditions treated at a SNF are related to infections or orthopedic aftercare, the majority of conditions treated at LTACHs are pulmonary in nature, with 25% of cases requiring ventilator support.<sup>16,17</sup> At an LTACH, many patients receive treatment from pulmonologists and respiratory therapists who are highly trained in ventilator liberation.

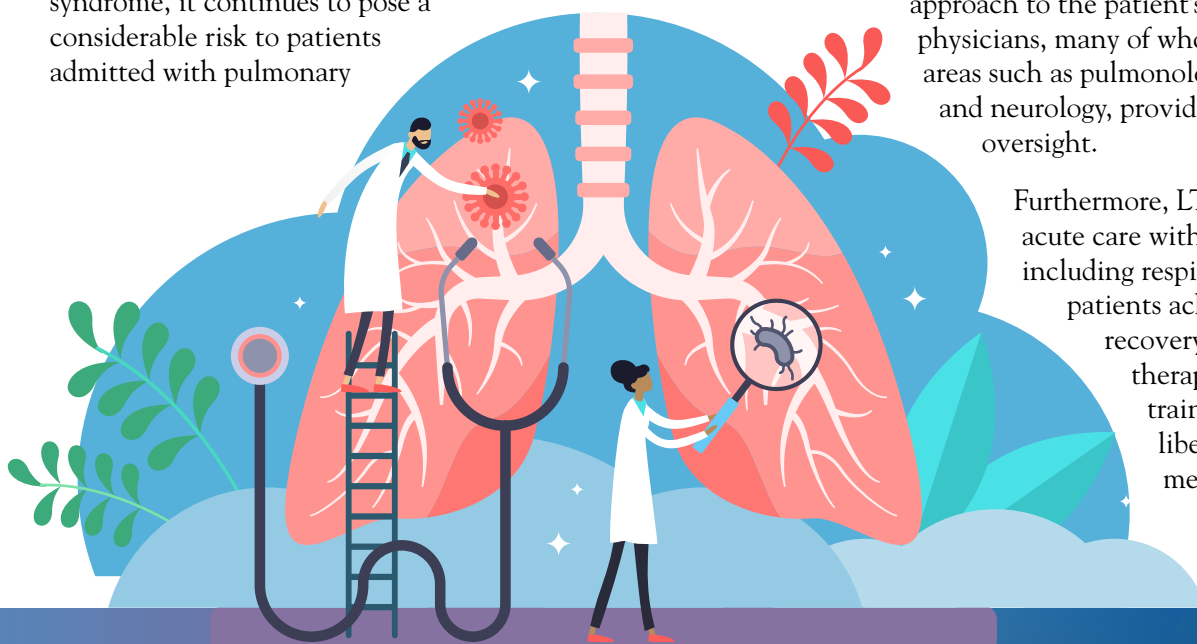
With the persistent mortality of ARDS, and the increased prevalence of COVID-related respiratory conditions, payer partnerships with specialized PAC providers will continue to be a key strategy in providing patients access to expert pulmonary care and in improving outcomes.

### Why LTACHs Are Key Partners in Addressing 2022 Post-Acute Care Trends

These four trends show the importance of developing post-acute care partnerships. Not all post-acute care providers are created equal, however. While many patients are able to fully recover at a skilled nursing facility or at home following a hospital stay, a small percentage of the patient population requires additional critical care and services.

LTACHs specialize in providing continued ICU-level care for medically complex and critically ill patients. Their interdisciplinary care teams bring together physicians, therapists, nurses and other caregivers in a coordinated approach to the patient's treatment. These physicians, many of whom are sub-specialists in areas such as pulmonology, infectious disease, and neurology, provide patients with daily oversight.

Furthermore, LTACHs integrate their acute care with rehabilitation services, including respiratory therapy, to help patients achieve a faster, fuller recovery. LTACH respiratory therapists are also highly trained in their ability to liberate patients from mechanical ventilators.



## How Kindred Can Help

Kindred Hospitals specialize in the treatment of patients who require intensive care and rehabilitation in an acute hospital setting. As part of their commitment to excellent quality of care, Kindred Hospitals are pursuing disease-specific certifications from The Joint Commission in Sepsis and Respiratory Failure in all hospitals across the country. Additionally, their early mobility program aims to incorporate movement as early as is safe and possible into the recovery plan for patients, including those on mechanical ventilation.

Kindred's LTACHs played a critical role in public health efforts by closely aligning with STACHs across the country to relieve capacity constraints and deliver necessary hospital-level services to a more clinically complex population, including non-COVID and COVID patients.

With daily physician oversight, ICU- and CCU-level staffing, 24/7 respiratory coverage and specially trained caregivers, Kindred Hospitals are a key partner in

improving functional outcomes, reducing readmissions, and lowering costs of care in 2022 and beyond.

Kindred Hospitals are also committed to an innovative approach to contracting. Health plan partnerships are customized by product and can be built on DRG rates, negotiated per diem rates, or within value-based agreements. Kindred Hospitals currently support the following contract products:

- Medicare Advantage
- Commercial
- Managed Medicaid
- Veterans Affairs
- Worker's Compensation

Visit [kindredmanagedcare.com](https://www.kindredmanagedcare.com) to request a conversation about how Kindred Hospital's level of service can help manage your critically complex patients.

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