

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 situation has revealed areas for improvement and highlighted the importance of health and safety.

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 providers and hospitals respond to shifts in healthcare demands and improve patient outcomes.

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 disease¹
- By 2030, 20% of the U.S. population will be age 65 or older²
- 41% of Medicare beneficiaries ages 65 and older enrolled in the fee-for-service program have four or more chronic conditions³



Why It Matters:

The demands of this aging and increasingly chronic population will intensify the strain on hospitals, especially ICUs, since these patients often require acute-level care for extended periods of time. To address their continuing needs, 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.⁴ By contrast, almost 90% of patients discharged to LTACHs have major or extreme levels of illness and have an average of six comorbidities.⁵

By forming referral partnerships with specialized LTACHs, physicians can be confident that their medically complex patients will receive the care they need.

TREND

Increasing importance of facility flexibility

Hospitals today and in the future will be expected to respond to a variety of needs under one roof. This can take the form of bringing outpatient services in-house or being prepared to quickly repurpose spaces and services.

- Patients value a post-acute provider that can deliver all the care they need along their recovery journey under one roof.⁶
- The COVID-19 outbreak revealed the importance of flexibility within health systems, especially in the repurposing of existing facilities to treat COVID patients.⁷
- Emergency preparedness plans are becoming industry-standard across hospitals and healthcare organizations.⁸

Why It Matters:

The pandemic revealed the need for hospitals to be prepared to adapt their facilities to provide for community needs. Additionally, hospitals that form referral partnerships with flexible providers will be better positioned to respond to heightened demand by shifting patients along the care continuum.

During times of high census, patients with simpler conditions can be moved to lower levels of care or to home, allowing hospitals to increase throughput. However, some patients, including those on mechanical ventilation, require continued acute care during their recovery. During the pandemic, LTACHs were able to help relieve capacity constraints by adapting spaces to separate and serve both COVID and non-COVID patients. Furthermore, the additional flexibility afforded by on-site laboratories, telemetry, radiology, pharmacies and dialysis has allowed LTACHs to safely and efficiently meet a variety of patient needs in one location.

Hospitals that aim to succeed in 2022 by becoming more responsive to population needs, therefore, will benefit from including LTACHs in their PAC referral partnerships.



TREND

Heightened patient interest in health and safety

Consumers demand detailed product and service information in almost every aspect of their lives, and have come to expect the same with regard to their healthcare. This is especially true with regard to health and safety risks as a consequence of the pandemic.

- 66% of respondents with chronic conditions were more interested in taking a proactive approach to health than prior to the pandemic.⁹



- Perception of risk for severe COVID-19 is higher than average among adults with at least one chronic disease.¹⁰
- 77% of patients are more willing to receive post-acute care in a facility with air filtration devices.¹¹

Why It Matters:

Hospitals must be attentive to the heightened infection concerns among patients, especially among those with chronic conditions, as a result of the pandemic. They also should identify post-acute partners with this same awareness in order to build trust in their referral program and prevent readmissions.

For many patients, recovery from an illness or injury may include one or more levels of post-acute care. As patients move through these facilities, they can be exposed to a number of different health and safety risks that could put them back in the ICU. Such readmissions can be

costly on many levels. Avoidable patient readmissions, which cost hospitals an estimated \$26 billion annually in care, will also cost them \$521 million in Medicare penalties in 2022.^{12,13} Rehospitalization can also result in lost opportunity, as patients having a bad experience at the post-acute level may lose confidence in the referring physician.

It is therefore critical for hospitals to choose partners carefully. For medically complex patients, LTACHs are important continued acute care providers that value patient education in treatment and safety. With CMS-compliant infection prevention standards, hospital-level air ventilation systems and negative pressure isolation rooms, LTACHs are prepared to address infection concerns of today's patients, especially those with chronic conditions.

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.¹⁴
- 10% of patients in the ICU and 23% of those on mechanical ventilation fulfill criteria for an ARDS.¹⁵
- Patients with COVID-19-related lung conditions often require long-term respiratory support and weaning from mechanical ventilation.¹⁶

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 a referral to a PAC provider that specializes in pulmonary care and ventilator liberation.

While the top conditions treated at SNFs 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.^{17,18} At an LTACH, many patients receive treatment from pulmonologists and respiratory therapists who are highly trained in ventilator liberation.

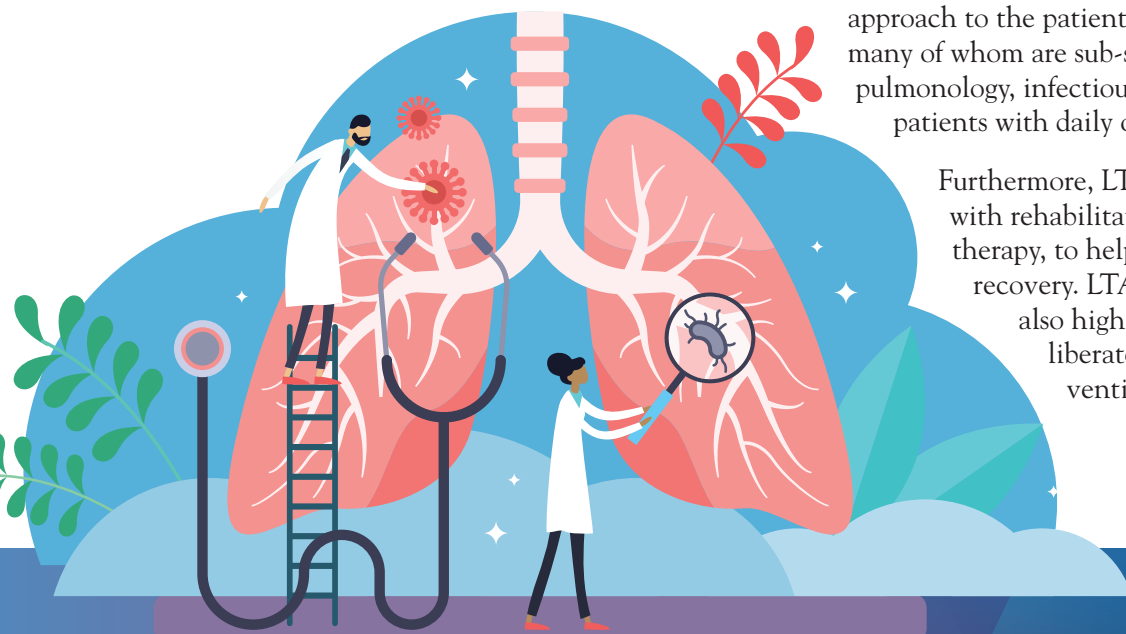
With the persistent mortality of ARDS, and the increased prevalence of COVID-related respiratory conditions, referral partnerships with specialized PAC providers will continue to be a key strategy in fighting pulmonary diseases

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 is pursuing disease-specific certifications from The Joint Commission in Sepsis and Respiratory Failure in all hospitals across the country. Additionally, their Move 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 also 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 is a key partner in improving functional outcomes and responding to patient needs in 2022 and beyond.

If you have a patient in need of continued acute care, call a Kindred Clinical Liaison for a patient assessment. Our experts will help you determine whether an LTACH stay is appropriate for your patient. If you are unsure of who your Kindred representative is, please feel free to contact us via [recoveratkindred.com](https://www.recoveratkindred.com) and speak with a Registered Nurse who can assist.

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