LTAC’s Role in the Continuum: Opportunities for Enhanced Financial Performance and Patient Satisfaction
Presenters

- Thomas Knoske, CEO, Regency Hospital Cleveland East
- Lynn Schoen, CEO, Kindred Hospital of Dayton
- Kristen J. Weinhart, MSN, RN, Director Patient Care Services, Critical Care, Dialysis, Mount Carmel West
Learning Objectives

1. Define long-term acute care (transitional care) hospitals including service mix, common patient diagnoses, patient acuity and quality metrics

2. Demonstrate how acute care and long-term acute care hospitals can partner to enhance the acute care hospital’s case management options, manage hospital readmission rates and improve financial performance

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What is Post-Acute Care?

- In 2012, Medicare spent approximately $62 billion on post-acute care

- Post-acute care providers include:
  - Long-term acute care hospitals
  - Inpatient rehabilitation facilities
  - Skilled nursing facilities
  - Home health
  - Assisted living
  - Hospice
# Comparison of Post-Acute Providers

<table>
<thead>
<tr>
<th></th>
<th>LTAC</th>
<th>Rehab Hospital (IRF)</th>
<th>Skilled Nursing Facility</th>
<th>Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus</strong></td>
<td>High acuity, medically complex patients</td>
<td>Restoration of functional independence</td>
<td>Step-down medical/rehab care</td>
<td>Long-term supportive care</td>
</tr>
<tr>
<td><strong>Length of Stay</strong></td>
<td>25+ days</td>
<td>12-15 days</td>
<td>12-15 days</td>
<td>Indefinite</td>
</tr>
<tr>
<td><strong>Medically Complex Patients?</strong></td>
<td>Yes</td>
<td>No</td>
<td>Some</td>
<td>No</td>
</tr>
<tr>
<td><strong>Ventilator-Dependent Patients?</strong></td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>24 Hour Respiratory Therapy?</strong></td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Broad Range of Physicians?</strong></td>
<td>Yes</td>
<td>Yes, if in an acute-care hospital</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Nursing Hours Per Patient Day</strong></td>
<td>9-10</td>
<td>4-6</td>
<td>3-5</td>
<td>2-4</td>
</tr>
</tbody>
</table>
What is an LTAC?

- Certified as an acute care hospital and meets criteria to participate in Medicare
- Certified by Medicare as a long-term care hospital based on an average length of stay ≥ 25 days
- May be accredited by JCAHO
- Specializes in the treatment and rehabilitation of medically complex patients who require an extended stay in a hospital setting
What is an LTAC?

- Uses the same DRG’s as an acute care hospital, however, the same diagnosis will have a different weight in an LTAC

- May be free-standing or co-located within an acute care hospital

- There are 449 LTAC’s in the United States

- There are 25 LTAC’s in Ohio
LTAC’s are **not** nursing homes
LTAC Services Include

- Daily physician visits
- Access to multiple physician specialties
- Nursing
- Respiratory therapy
- Physical, occupational and speech therapy
- Nutritional therapy
- Telemetry
- Dialysis
- Wound care
- Procedures (e.g. bronchoscopy, PEG tube placement, debridements)
- Laboratory, radiology and pharmacy
- Case management


LTAC Patients

- Referred from a variety of health care settings
  - 95% come from acute care hospitals

- 35% of Medicare beneficiaries are discharged from acute care hospitals to a post-acute provider
  - 2% are discharged to an LTAC

Source: Research Triangle Institute, 2009: Examining Post-Acute Care Relationships in an Integrated Hospital System
LTAC Patients

- Have a large variety of complicated clinical concerns including:
  - ventilator dependence
  - pulmonary disease
  - cardiac disease
  - kidney disease
  - complex wounds
  - infections requiring long-term IV antibiotics

- Vary widely in age
Patients who need the most intensive post-acute care are often discharged to LTAC’s
## Top 10 DRG’s for Patients Referred to an LTAC

<table>
<thead>
<tr>
<th>Acute Care DRG</th>
<th>Acute Care Weight</th>
<th>Acute Care Geometric Mean LOS</th>
<th>Number of Discharges to LTAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>871 – Septicemia w/o MV 96+ hours</td>
<td>1.8803</td>
<td>5.2</td>
<td>12,527</td>
</tr>
<tr>
<td>004 – Trach w/MV 96+ hours</td>
<td>10.8833</td>
<td>20.9</td>
<td>12,134</td>
</tr>
<tr>
<td>003 – ECMO or trach w/ MV 96+ hours</td>
<td>17.7369</td>
<td>28.2</td>
<td>10,369</td>
</tr>
<tr>
<td>853 – Infections &amp; parasitic diseases</td>
<td>5.3431</td>
<td>11.3</td>
<td>5,993</td>
</tr>
<tr>
<td>870 – Septicemia w/ MV 96+ hours</td>
<td>5.8399</td>
<td>12.6</td>
<td>3,768</td>
</tr>
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<tr>
<td>207 – Respiratory w/ ventilator (96+ hours)</td>
<td>5.3619</td>
<td>12.5</td>
<td>3,282</td>
</tr>
<tr>
<td>291 – Heart failure and shock with MCC</td>
<td>1.5174</td>
<td>4.7</td>
<td>3,113</td>
</tr>
<tr>
<td>193 – Pneumonia and pleurisy</td>
<td>1.4893</td>
<td>5.1</td>
<td>2,665</td>
</tr>
<tr>
<td>177 – Respiratory infections</td>
<td>2.0549</td>
<td>6.6</td>
<td>2,637</td>
</tr>
<tr>
<td>329 – Bowel procedures w/ MCC</td>
<td>5.2599</td>
<td>12.1</td>
<td>2,563</td>
</tr>
</tbody>
</table>

Source: 2013 MedPAR, Medicare FFS only
LTAC Quality Metrics

- Percentage of patients that return to an acute care setting
- Percentage of patients that discharge to a lower level of care
- Ventilator wean rates
- Hospital-acquired infection rates (BSI and UTI)
- Restraint rates
- Patient satisfaction scores
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LTAC’s Can Assist Acute Care Hospitals

- Manage length of stay
- Manage cost for medically complex patients (especially important in ACO’s)
- Reduce readmission rates
- Improve post-discharge outcomes
Manage Length of Stay

- Reduce ICU bottlenecks by referring patients from the ICU to the LTAC setting
  - LTAC’s effectively manage high-acuity patients
  - LTAC’s can manage and initiate weaning of newly intubated patients
LTAC’s Lower the Cost of Care for the Medically Complex

Average Length of Stay for Medicare Patients DRG 003 and 004 ECMO or Trach w/ Mechanical Ventilation 96+ Hours

2013 MedPar, Medicare FFS Data
LTAC’s Provide Cost-Effective Care

Cost per Day

Reimbursement per Day

- Acute Care Hospital
- LTAC

2013 MedPar, Medicare FFS Data
“Hospitals are not going to achieve meaningful reductions in readmissions unless they are partnered with post-acute care.”

- Terry O’Malley, MD, Medical Director, Non-Acute Care Services, Partners HealthCare
LTAC’s Prevent Readmissions

- Approximately 20% of all Medicare patients are readmitted to acute care hospitals within 30 days of discharge and represent 17% of total Medicare spending.

- A study based on 2010 Medicare data showed only 8% of patients with heart failure or pneumonia diagnoses were readmitted from a study group of 75 LTAC’s to their host or primary referral acute care hospital.
LTAC’s Prevent Readmissions

- Patients can be admitted directly from an Emergency Department to an LTAC
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Discharge to an LTAC Can Enhance Patient Satisfaction

- Allows for longer, medically-supervised recovery time
- Enables Medicare patients to continue to use their hospital benefit and preserve their skilled nursing benefit if needed for further recovery
- Majority of LTAC’s utilize a third-party to measure patient satisfaction
Developing a Framework for Partnership

- Educate attending physicians, consulting physicians, nurses and case managers about LTAC’s

- Establish ongoing lines of communication
  - Collaborative review of potential referrals
  - Peer-to-peer handoffs for referred patients
  - Ongoing review of quality metrics
  - Discuss care collaboration and performance improvement opportunities
Questions