Forging a Continuum of Care
Acute and Post-Acute Executives Talk Strategy

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On June 20, 2013, a panel of experts convened to present a webinar in which they discussed their real-world experiences as acute and post-acute care executives trying to forge a continuum of care in the era of Affordable Care. The webinar was a fast-paced question and answer session that covered a wide range of issues related to strategic positioning, selection of strategic partners, and measurement of results. This short article summarizes the main points of the discussion as well as the answers to many of the questions posed by the more than one hundred webinar participants. At the end, you will find links to additional resources, including an archive of the webinar.

Introduction

The impact of the Affordable Care Act (ACA) on the business models of acute and post-acute care providers is growing in both significance and urgency. The establishment of Accountable Care Organizations (ACOs), Bundled Payments, Value-based Purchasing and the Hospital Readmissions Reduction Program are bringing fundamental changes to health care, and providers are scrambling to determine what it means for the future.

The topic is urgent not only because of the shifting business model, but because of the shifting health care paradigm. As organizations pursue the Triple Aim of quality care, a better patient experience and lower costs across the continuum, it is clear that effective integration

Dining and Nutrition Programs That Promote Successful Outcomes

Unidine initially became interested in these issues because we were increasingly drawn into consultations on how we could better align specific features of our dining and nutrition programs with the care models of our senior services and hospital clients. These organizations are positioning themselves to succeed within the new healthcare paradigm, and we recognized the opportunity to provide leadership within our own specific area of expertise – dining and nutrition. It’s a partnership that is outside the structures of the Affordable Care Act, but something that has been very successful nonetheless.

For a more comprehensive look into our collaboration with Trinity Senior Living Communities, which applied our Hydrate for Health, Puree With Purpose, and Fresh Benefits programs to improve outcomes and reduce costs, download the article, “Integration of Dining and Nutrition for Coordination of Care and Reduction in Readmission Rates.”

If you would like to discuss how Unidine can help integrate dining and nutrition into your care model, call us at 877-UNIDINE (864-3463), ext. 4288.
and management of the acute and post-acute care continuum is of critical importance. Some health systems will try to do this by acquiring their own post-acute care networks, but at this point many more appear to be focused on developing networks of partners.

Creating New Networks

The reality is that success in the new healthcare marketplace is tied to an organization’s success at creating effective networks. For example, in the new ACO Medicare Shared Savings Program, the per capita Medicare expenses for Part A and Part B are compared to the risk adjusted average annual expenses of the previous three years, including post-acute care. To be successful, the ACO must partner with post-acute providers to manage expenses. The challenge today is to figure out how to build these networks. How do acute care providers assess and select post-acute providers? How is performance and success measured?

Janet Niles, RN, is the Vice President of Accountable Care for Ochsner Health System, a non-profit academic, multi-specialty healthcare system headquartered in New Orleans. She described their experience with creating an acute/post-acute continuum of care.

“We thought we could just walk out and easily pick our providers, but we found that it wasn’t that easy,” said Niles. What Ochsner discovered is that they were using more than 400 different post-acute care providers, but reliable performance and quality data for these providers wasn’t available.

They started asking care managers at hospitals, physicians and even patients about their preferred post-acute care providers. They asked insurers about their networks and how their providers were selected. They also looked at the Centers for Medicare and Medicaid Services web site to research comparative data on providers. Ultimately, none of these sources provided them with the information they needed.

“So we came up with our own post-acute care provider assessment checklist,” said Niles, “and we sent out teams of doctors and nurses to the skilled nursing facilities around our area to conduct onsite visits. We worked with these folks and talked with them. We were delighted to find that most welcomed us and actually gave us good insights into the checklist and how to refine it.”

Ochsner settled on an initial group of 17 post-acute care providers and expect that number to grow to around 25 – a significant drop from 400! They arrived at this number after an assessment of their discharge volume and how many post-acute care providers were really required to handle that volume. Although Ochsner is starting with skilled nursing facilities, they expect assisted living, long term acute care hospitals, hospice and other post-acute care partners to be part of their networks in the future.

Competing for a Place at the Table

For acute care providers, narrowing of networks represents greater control over both the quality of care and overall cost of care for the patients they serve. But for post-acute care providers, the process can have dire consequences.
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Kelly Gasior is Vice President, Strategy and Housing Operations for Trinity Senior Living Communities (TSLC) which owns and manages 33 long-term care and senior housing facilities in Indiana, Iowa, Maryland, Michigan and Ohio. They are a member of CHE Trinity, the nation’s second largest non-profit health care system. Gasior clearly understands the consequences of the competition for inclusion in the evolving networks.

“The reality is that acute care partners need to choose sides,” she said. “They need to decide who is going to be their preferred provider based on quality and all of the other qualifying items on their checklists.”

To stand out in a competitive marketplace, TSLC promotes their performance on a variety of metrics including patient satisfaction, resident satisfaction and readmissions – in addition to cost – to communicate their value proposition. And they constantly work to improve quality. For example, they meet with physicians in their existing networks to make sure they have everything from the right kind of rehab equipment to the right kind of cardiac monitoring and EMR to be sure they can provide the outcomes, data and quality that their partners are expecting. They also go back and evaluate each readmission to find out what could have been done better, and they have found their acute care partners eager to participate in this exercise.

“Our goal is to compete on quality so that we put lower quality providers out of business,” said Gasior. “That’s the reality. We want to do that not only because we think we’re a good provider but because the industry doesn’t need any more bad care providers.”

In the long run, it may be agility rather than quality that determines which post-acute providers are left out of these emerging networks. At this point, neither Gasior nor Niles felt there was an adequate sense of urgency in the marketplace.

“There are over 250 ACOs that have been established for Medicare, and that doesn’t even include what’s been going on in the commercial and Medicaid space,” said Niles. She explained that variation in post-acute care expenses accounts for around 40% of the variation in Medicare healthcare costs across the country. This is an area where policy-makers and payers are going to focus their time and attention. “I don’t think we can sit back and wait for this to come to us,” she explained, “We have to actually seize the opportunity now.”

Collaboration and Communication for Success

The new healthcare paradigm is about more than creating new networks. It is also about collaborating to manage transitions and develop new care pathways. Ochsner offers their partners access to their electronic medical records platform and teaches them how to access patient information to continue appropriate care through the transition and beyond. They are collaborating to design care pathways that map patient progress through post-acute care. And they have established a 24x7 hotline that partners can use to reach physicians or nurses and discuss situations before making a decision to transport a patient back to the ED or readmit them to the hospital.
For TSLC, access and response time between partners is a critical issue. “We use the INTERACT tool to help prevent readmissions, and one of the things it has forced us to do is to monitor our communication with acute care providers. When we see better response times, we see better outcomes.”

Post-acute care extends beyond the skilled nursing facility and collaboration with home healthcare providers is also an important part of the equation. If a patient goes home and fails at home within the 30 day window used to measure readmissions, then the network has failed the patient.

**What Success Looks Like**

Given their different motivations for participation, acute and post-acute care providers measure success in different ways. For acute care providers, a successful partnership means that patient costs and readmission rates are reduced through consistent and reliable post-acute care transitions. At Ochsner, they examine the admission rate for each one of their post-acute partners, and track the average length of stay as well as data on Emergency Department visits.

“We’re also looking at patient satisfaction because we want people to be happy,” said Niles. “If they are coming back saying ‘well you recommended that I go to this partner, but…’ then it does not really serve any of us well.”

For post-acute providers, the bottom line for success is simple. Do hospitals and hospital systems want to partner with them? They are driven by the same metrics that acute care providers are using to hold them accountable, including readmission rates and satisfaction scores. But for TSLC, it’s also about managing the relationship with their partners.

“What has been successful for us is to understand our partners’ goals and timing, then help them to complete their application and build their provider network,” said Gasior. “In many cases, it’s filling out the data forms or doing things that wouldn’t necessarily be our job. We want our acute care partners to know that we are willing to hold hands and jump off together.”

If healthcare providers along the continuum are committed to collaboration, reporting and communication, “jumping off together” shouldn’t require a leap of faith. The result will be a higher quality of care, a better patient experience and lower healthcare costs.

**Additional Resources**

- [To view the webinar archive, click here.](#)
- [Affordable Care Act in Action at CMS web site](#)
- [Lists of approved ACOs](#)

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