



Benefits of LTACH Partnership for Hospital Success

The medically complex and critically ill patient population now makes up 10% of the overall Medicare population, impacting four million individuals around the nation. This rapidly growing population continues to consume a disproportionate amount of acute healthcare resources and has a significantly higher-than-average likelihood of hospital admissions and readmissions.¹

These individuals experiencing chronic and debilitating illnesses require intensive and specialized care within a facility specifically equipped to meet their needs. Long-term acute care hospitals (LTACHs) have demonstrated favorable outcomes in treating and successfully discharging these high-acuity patients back home or to a lower level of care.

Read this guide to discover four key benefits of integrating an LTACH into a health system's care continuum.



How long-term acute care within a hospital helps generate superior outcomes

Whether a health system constructs a freestanding LTACH or incorporates a hospital-in-hospital (HiH) structure, medically complex patients can receive the specialized care they need.

By incorporating an HiH, a hospital is able to offer specialty services within the system's continuum of care, opening the door to more high-quality programs that will positively impact both the facility and the community it serves. The HiH structure, combining multiple levels of medical, rehabilitative and psychological services tied to a single system, also supports continuity of physician and specialist oversight of patient care.

An additional benefit of integrating an HiH structure into a health system is bed flexibility, which enables providers to efficiently and effectively meet changing patient needs. This was illustrated during the COVID-19 public health emergency, when bed flexibility was crucial for hospitals to ensure adequate capacity. The drastic rise of medically complex patients with multiple comorbidities, COVID and those with neurological conditions will continue to create the need for health systems to offer specialized care within their continuum to ensure the best possible outcomes.

Integrating an LTACH into a hospital's care continuum is a key step in addressing the unique needs of the medically complex and critically ill patient population. In order to strengthen the long-term acute care offering, health systems are looking for an experienced and trusted partner who is well-equipped to address and handle the complexities and sensitivities brought on by this population.

Benefits of LTACH Partnership

Four key benefits of LTACH partnership include:

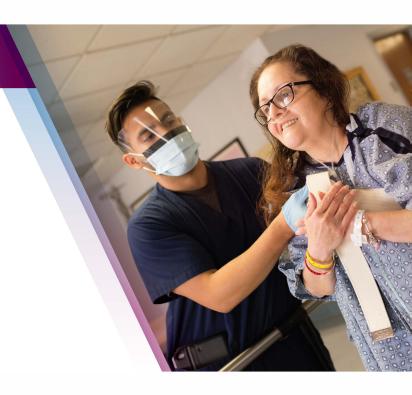
Lowered Short-Term Acute Care Length of Stay

Integration of an LTACH through a strategic partnership enables a hospital to identify patients best suited for long-term acute care. This ultimately reduces unnecessary treatment in another setting and provides the high-quality and specialized care needed to reduce rehospitalization risk and improve patient satisfaction and outcomes within the health system as a whole.

A specialized LTACH partner will be able to identify qualified LTACH patients earlier, in turn improving outcomes and the overall patient experience. This is done by:

- Engaging and coordinating with executive sponsor physicians and care managers.
- Identifying and transferring LTACH-appropriate patients. A designated clinical liaison coordinates with the hospital's unit care management team for daily/ weekly screenings of long-stay patients. Additionally, the clinical liaison maintains a referral log for patients in targeted diagnosis-related groups (DRGs) while also coordinating transfers to the next care setting with unit case managers, physicians and family.
- **Monitoring results** through weekly performance report reviews with a hospital's care management team.

Through this, an LTACH partner can produce outcomes that appropriately decrease average length of stay (ALOS) in targeted DRGs and improve patient outcomes and financial performance for short-term acute care hospitals (STACHs).



Decreased Readmissions to Acute Care Hospitals

Appropriate utilization of an LTACH's resources for treating critically ill patients helps to significantly reduce the risk of readmission compared to other post-acute settings, especially with the guidance of an experienced partner. These superior outcomes result from the use of a skilled interdisciplinary team of physicians and therapists.

Having a partner with a robust team of national recruiters who are able to identify qualified, engaged and devoted candidates can improve patient outcomes and help produce greater access to resources and specialized expertise, including hospital-level infection control, physician oversight and more.

Specific clinical positions that can play a critical role in treating the medically complex and critically ill patient population include:

• Speech-Language Pathologists: As reported by the American Speech-Language-Hearing Association, speech-language pathologists (SLPs) provide a wide range of services to individuals receiving care in an LTACH. Since many patients have tracheostomies and/or are ventilator-dependent, the SLP plays a vital role in helping patients work on swallowing abilities and tolerance for voice prostheses. SLPs may also work

with the patient, family and staff on ways to optimize the person's communication skills, such as alternative and augmentative communication.²

• Pulmonologists: LTACHs are in a unique position to care for complex pulmonary patients because they provide acute-level care to critically ill patients, with a particular competency for those with pulmonary issues. Many pulmonary patients have multiple comorbidities; consequently, they would benefit from seeing a physician or several specialty physicians every day, something LTACHs offer. Further, LTACHs offer 24/7 respiratory coverage.

The superior training, education and programming supplied by a qualified LTACH partner can generate a unified interdisciplinary team approach – leading to reduced readmission risk and superior patient care that ultimately reduces care costs.

Reduced Care Costs

While medically complex and critically ill patients make up only a small percentage of the U.S. patient population, they account for 50% of healthcare spending.³ It's vital to have an experienced partner that can help ensure a hospital is strategically utilizing resources. The utilization of highly-trained staff and



medical directors can aid in achieving lower care costs, therefore benefiting patient outcomes and hospital efficiencies. Implementation of innovative technology, obtaining Joint Commission accreditations and special certifications, and integration of infection control protocols can also support a lower cost of care while simultaneously benefiting patient outcomes.

Through the HiH LTACH partnership model, facilities can experience 39% lower per-day payments compared to STACHs, while also mitigating exposure to costly outlier payments to STACHs – further demonstrating an LTACH partner's critical role in value-based networks and accountable care organizations.⁴

Through these tools and strategies, a qualified LTACH partner can help offer a hospital significant potential for savings and quality improvements.



LTACH integration through the guidance of an experienced partner can enable high-risk and often difficult-to-discharge patients the opportunity to receive specialized care throughout their entire recovery journey. This in turn improves the overall patient experience and lowers appeals.

Having a qualified partner that is equipped with the expertise and resources to reduce ALOS, lower the risk of readmission and reduce care costs will not only enhance the overall performance of a hospital, but will generate long-term positive outcomes for the patients and community it serves.

Treating the growing medically complex patient population is an urgent need for health systems across the country. Being able to rely on a trusted expert in the long-term acute care space can help relieve the burden of successfully addressing this patient population.

Benefits of Kindred LTACH Partnership

Partnership with an industry expert allows health systems to focus on their core businesses competencies while benefiting from specialized operational and clinical expertise. A contract management or joint-venture LTACH partnership enables a hospital to pull from a national support team, opening the door to a greater pool of resources, technology and flexibility. A recent Deloitte study found that most post-acute care providers preferred partnership over outright ownership, as partnership enables access to greater expertise, scalability, speed to market and reduced capital expenditures.⁵

Even if your hospital doesn't have an unoccupied space, integration of an HiH LTACH model could still be an option. By re-evaluating your system's current offerings, your hospital may be able to identify opportunities to adjust services or optimize programs to better meet patient needs, while also freeing up space.

Kindred Healthcare partners with health systems to develop new or optimize existing LTACHs through HiH, contract management and joint-venture freestanding partnership opportunities. For more than 30 years, Kindred has worked with patients and health systems across the country to help improve outcomes, reduce readmissions and transition patients home or to a lower level of care.

For information about how your health system could benefit from an LTACH partnership, visit **KindredLTACHPartner.com**.

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