

The Role of Acute Care and Senior Living in an Integrated Healthcare Delivery System

Invitational Round Table Discussion
Hosted by Sodexo Seniors

September 2015
Malvern, PA



BACKGROUND:

The well documented demographics of an aging society, that is not only living longer but wants to live healthier, coupled with the financial pressure from a government challenging providers to do more with less, has created an unprecedented need for various community stakeholders to work collaboratively together. Since the introduction of The Affordable Care Act, these demands have particularly impacted acute care and senior living providers. The United State’s healthcare system needs a higher return on investment for the dollars that are spent. The resulting risk-based payment models necessitate care providers work together more effectively.

Care delivery models that tie reimbursement to cost and quality outcomes are breaking down the barriers that existed between acute care and senior living providers. Hospitals are now incentivized to establish safe, low-cost discharge settings while improving preventive care and the exchange of information between providers. As traditional service lines continue to blur, organizations must reassess their relationships with each other and work collaboratively on new service offerings to not only survive, but also provide the highest quality care.

Historical Barriers

Hospitals do not fully understand healthcare options available in senior living facilities

Frequent readmissions to the hospital are costly

Lack of communication between care settings has a negative impact on the patient experience

Lines of service are clearly defined by regulation and past experiences

No incentive for health systems and physicians to partner with senior living providers

Current Opportunities

Readmission penalties, bundled payments and other incentives create need for safe, low-cost settings

Quality outcomes can be delivered at lower cost in senior living settings

Care transitions are improved for patients as acute and senior living providers collaborate

Need to shift volume to lower cost providers blurs lines and creates need for other service options

Financial incentives necessitate that hospitals become knowledgeable and utilize options

WORKING TOGETHER

Utilizing its vast network of stakeholders and senior leaders in the acute care and senior living markets, Sodexo hosted an executive roundtable to discuss “The Role of Acute Care and Senior Living in an Integrated Healthcare Delivery System.” This inaugural roundtable invited participants from strategic and geographically aligned acute care and senior living organizations to discuss points of intersection, opportunities for collaboration and strategies to achieve more productive relationships.

The roundtable moderator was Jared Landis, Director of the Post-Acute Care Collaborative at The Advisory Board Company. Mr. Landis has worked within the Advisory Board’s strategic research division for the past nine years, presenting for the collaborative at member-hosted strategy sessions and industry conferences such as the American Health Care Association, Assisted Living Federation of America, National Association for Home Health and Hospice and Leading Age. Mr. Landis established the ground rules necessary for a successful and impactful discussion and used his deep knowledge of the industry, care collaborative frameworks and structures to:

- Outline the challenges of acute care and senior living collaboration
- Review onsite resident health offerings
- Share opportunities for mutually beneficial collaborative structures

Providers shared their input and discussed benefits and barriers to operationalizing the concepts identified. The question that framed the day was, “How can hospitals and senior living providers work better together?” Don Seiple, Vice President of Operations at St. Luke’s University Health Network commented, “I don’t envy you all. Your business model is going to have to change drastically.”

To assist with the sweeping changes needed, we have outlined some of the opportunities, innovations and best practices identified at the roundtable.

OPPORTUNITIES & INNOVATIONS

1. Commit to More Robust Communication

Roundtable participants from both acute and senior living noted the need for increased communication. Mark Pile, President and CEO of Diakon stated the importance of understanding “the other side”, which includes developing common language and definitions. For example, recognizing that holding a patient in the hospital for even half a day longer while they wait for a bed in a senior living setting has a negative impact on the hospital and the patient experience. For the senior living provider, failure to understand this or similar challenges can lead to a decrease in referrals. Steve Reiter, President and CEO at New Dawn –StoneRidge Poplar Run shared, “If not addressed, the hospital will go elsewhere.”

- **Clarify Your Message:** When The Advisory Board Company asks, “What do you want to offer acute care providers?” they often find that senior living providers cannot articulate what they are offering. There is an imperative for senior living organizations to develop a succinct way of sharing what differentiates them from others, including an emphasis on outcomes, specialty programs and overall patient experience. What is the elevator speech? How can the message be tailored to the priorities of the person listening?
- **Highlight Capabilities:** Hospitals may lack knowledge or awareness regarding the capabilities of the senior living facility. This presents a barrier to the patient receiving the highest quality care and most positive experience at the lowest cost. A best practice one provider shared was listing information about capabilities directly on the back of the hospital transfer sheet. This is a no-cost opportunity and anyone needing access to the information has it at his or her fingertips.
- **Offer Strategic Alignment:** Communicate the intent to engage in initiatives that are mutually beneficial for patients, residents and both organizations. Senior Living providers are sometimes viewed as “doing what they want” instead of what is right for both sides and ultimately best for the person receiving services. As Jim Lucy, COO New Dawn–StoneRidge Poplar Run shared, “If senior living wants to play a greater role, they have to find out the hospital’s needs and align their capabilities with that need.”
- **Improve Ease of Referral:** Ensure that key contacts are established for both the acute and senior living providers to facilitate dialogue and communications between cross market partners. Discuss barriers to referrals such as day and time of discharge, transportation and the financial clearance process; all of these barriers can also negatively impact the resident, patient and family experience as well as create needless stress.

2. Voluntarily Share More Information

There is a tremendous opportunity to increase the sharing of information with the goal of illustrating capabilities and discovering new ways to support a more integrated system. In addition to responding to requests for data, there should be an objective to voluntarily push useful data. Readmission data is the obvious figure that hospitals want to evaluate, however there are a number of other data points that can help to measure an organization's ability to partner.

- **Disclose Quality Metrics:** In addition to readmission data, hospitals want to know quality outcomes. Utilize the data that is currently collected to demonstrate the quality of care provided. For example, infection rates and falls are two key indicators of quality that have an impact on hospital reimbursement through value based purchasing. Steve Lindsey, CEO of Garden Spot Village shared that high quality is a basic requirement to engage in partnerships so ensure that organizational metrics are up to the test.

- **Other Desired Metrics:** Every organization is unique. What other data is important to the acute care provider? If it is not information that is currently collected, how can it be measured to lead future conversations?

- **Expand Use of Technology:** Technology offers providers the opportunity to address acute events even before they happen. Remote monitoring (decrease in activity, sleep disruption, etc.) and telehealth (blood pressure, glucose readings, weight changes, etc.) in the senior living setting can provide visibility to and impact the timing of interventions, with the goal of reducing hospitalizations and preventing the escalation of health issues. Ultimately patients and residents benefit from a more proactive approach.

Predictive Technologies

What would you give to be able to predict a resident's healthcare needs, before they even know something was wrong? One long term care provider, The Evangelical Lutheran Good Samaritan Society got that chance when they received a grant to evaluate efficacy and savings of tele-monitoring. Staff in a remote data center monitor individual residents' data for patterns or anomalies. Senior living staff receives trigger alerts when a resident is found to be at risk.

One resident who was found to be sleeping upright was diagnosed with COPD prior to negative health outcomes occurring.

3. Encourage a Comprehensive Approach to Managed Care

With bundled payments, acute care providers will be looking to partner with senior living providers that will be able to effectively manage the care that patients require post discharge. This will entail reducing a patients' length of stay, reducing hospital readmissions and improving clinical outcomes at all levels that will benefit patients by allowing them to return to their residence healthier and more quickly. The current healthcare landscape demands a more prominent role for the medical director who must coordinate care and utilization of services, particularly medications.

- **Encourage Active Involvement of PCPs:** Roundtable participants discussed the fact that simply aligning a senior living campus with a Primary Care Physician (PCP) or PCP Group is not enough. PCP partnerships must be fully integrated with senior living care and hospital teams to avoid activities being done in a silo. Involvement through work groups and active participation on committees helps to alleviate the feeling that the PCP lacks coordination or is misaligned with the organization.
- **Strengthen Physician Oversight:** The concept of a nursing home specialty physician, sometimes referred to as a "SNFist," was brought to the table by Donna Manning, Director, Post-Acute Care Grand View Hospital. Ms. Manning shared that having a specialty physician onsite helps to ensure her organization's resources are being used appropriately. Comparable to the hospitalist model that currently exists in the acute care setting, the Skilled Nursing Facility specialist serves patients and residents in the senior living setting by increasing accessibility, establishing longer term relationships and reducing transfers to the hospital.

- **Introduce Telemedicine & Other Remote Monitoring Technologies:** The Advisory Board Company shared that one organization, Strong Health in Rochester, NY tested telemedicine care with 281 residents. Analysis indicated that 99.5% of cases would have otherwise required transfer out of their organization (ED, urgent care, etc.). Additionally, 94% of residents reported that they were satisfied or very satisfied with the telemedicine care. Telemedicine is a lower cost pre-emptive solution that is especially advantageous in sites that do not have easy access to physicians or convenient transportation.

- **Repackage Current Offerings:** Senior living providers offer a variety of services that can help to fulfill unmet needs in the community. For example, dietitian services can be provided to improve community wellness through group education or one-on-one consultation. For a fee, Walgreens currently offers health systems transitional support, including medication reconciliation, prescription delivery, appointment reminders and follow-up phone calls, to at-risk patients. These are all services that senior living is capable of providing outside of its traditional services.

Integrative Model Innovation

Ever wonder how you can best use those empty apartments or rooms you have?

One CCRC, Kendal at Hanover in New Hampshire, established a partnership where the hospital leases clinic space on campus, and provides EMR and clinicians. The CCRC funds the medical director and clinic staff, call coverage, EMR link and wellness programming.

The results? Emergency Department visits were .16 per person-year compared to .31, .58 and .60 at comparison sites. Hospital deaths were 5% compared to 15% at comparison sites.

4. Prioritize Health and Well-being

To reduce hospitalizations and improve patients' overall health, the evolving healthcare environment calls for a commitment to wellness. Together, acute care and senior living providers have an opportunity to focus on community-based disease management and wellness programs.

- **Consider Pre-acute Interventions:** Prior to surgery, patients can benefit from instruction on the best diet and exercise regimen that will speed recovery, and development of long term plans to continue to manage their health. Additionally, knowledge and treatment of behavioral health issues, including depression, can also have an impact on recovery, and senior living providers are uniquely positioned to assist with these.
- **Provide Disease Management and Wellness Programming:** Senior living providers can share their expertise, resources and space by offering disease management and wellness programs to patients and residents that focus on topics such as healthy eating. These programs can strengthen the hospital's and/or primary care practice's offerings and help to proactively manage high-risk patients. Finding ways to support the hospital's public health goals creates a win-win situation.
- **Consider Post-Acute Interventions:** Following surgery, senior living providers can bolster their support of patient's wellness. Depression often occurs following discharge from the hospital. Volunteer programs to encourage senior living residents to be active and involved in the months following their hospital stay have proven successful, as has the involvement of clergy.
- **Utilize a Patient Centered Medical Home Model:** Roundtable participants discussed the idea of utilizing the senior living location as the base of information, health intervention and health management for the entire community. There is an opportunity for senior living providers to act as a central point of contact, or gatekeeper, and support patients by more efficiently coordinating their care. The myriad of services available to the community is often overwhelming. Providing this assistance can greatly improve a user's experience.
- **Create Specialties Through Partnerships:** Specializing by impairment, rather than by disease, expands the market that organizations are able to reach. Partner with the hospital to review the community needs assessment and determine which impairments may be in need of services.

Supportive Partnerships

Imagine creating a new program that serves multiple needs in the community and also brings local resources together. The Hebrew Home at Riverdale did just that when it developed a Low Vision Center to serve residents with macular degeneration, cataracts, glaucoma and other eye conditions.

Partners included a university that specializes in lighting, a local optometrist for biweekly visits and a non-profit for the visually impaired that provided staff training.

CONCLUSION

The changing healthcare environment is demanding more cost effective, higher quality care. Collaboration between acute care and senior living providers is no longer a nicety, but a necessity, with the Affordable Care Act's emphasis on a value-based model of care. Given the tremendous state of flux facing financial reimbursements and a more challenged patient/resident population, often managing multiple morbidities, strengthening existing and expanding acute care and senior living relationships and exploring new ways of collaborating is an obligation both sides must meet.

The above best practices and innovations are but a few of the opportunities that exist for senior living providers. Rural or metropolitan, for-profit or not-for-profit, large or small, every organization has to challenge their existing way of business to determine the best route for meeting current and future opportunities. There is tremendous incentive to create a better experience for patients and residents with the resources that already exist, if senior living and acute care partners begin to look at their work through a different lens. The challenges are here and the time is now.

Appendix A: Round Table Participants

Denise Boudreau-Scott	Principal, Denise B. Scott, LLC
Joe Cuticelli, CEO	NorAm Seniors
Michael Hollen, Regional Vice President	Sodexo Seniors
Jared Landis, Practice Manager	The Advisory Board Company
Steve Lindsey, CEO	Garden Spot Village
Jim Lucy, COO	New Dawn – StoneRidge Poplar Run
Donna Manning, Director, Post-Acute Care	Grand View Hospital
Mark Pile, Pres/CEO	Diakon
Steve Reiter, Pres/CEO	New Dawn –StoneRidge Poplar Run
Don Seiple, VP Operations	St. Luke’s University Health Network
Rey Sully, Sr. Project Manager	Sodexo Seniors

Appendix B: Round Table Agenda

8:30 am	Arrival, Networking & Breakfast
9:30 am	Welcome, Joe Cuticelli, CEO, NorAm Seniors
10:00 am	The Role of Acute Care and Senior Living in an Integrated Delivery System <i>Moderated by Jared Landis, Practice Manager, The Advisory Group</i>
11:30 am	Break
11:45 am	Applying National Lessons to Local Market Dynamics
12:30 pm	Lunch, Summary & Closing

