

Effective Partnership Models to Improve Complex Patient Recovery



To provide effective care and lasting recovery to medically complex and chronically ill patients, hospitals are seeking strategic partners, given the scale and operational expertise needed in today's competitive market place. Long-term acute care hospitals (LTACHs) offer the appropriate clinical expertise for such patients and can therefore serve as efficient partners.

Partnership has become a leading strategy to efficiently improve quality while continuing to meet the needs of the growing medically complex patient population. However, every hospital and community is different, and a one-size-fits-all partnership strategy does not exist. Partnerships can vary in model, stage of the care continuum and facility type.

Read this guide to learn about 3 partnership models available to meet the opportunity in your hospital's local community, and how LTACH integration through these models can benefit your entire care continuum.

THE IMPORTANCE OF LTACH INTEGRATION FOR ENHANCED HOSPITAL OUTCOMES

LTACHs have historically earned the highest levels of patient satisfaction, as demonstrated by an Advisory Board analysis.¹ This makes them “attractive partners for health systems, physician groups and general hospitals, particularly for those in established or emerging value-based payment markets.”²

Specialized service lines have become increasingly vital as the number of patients with multiple comorbidities rises. Partnership with LTACHs that focus on treating medically complex patients is especially valuable for:

➔ Decreasing Length of Stay (LOS)

Integration with an LTACH through a strategic partnership enables a hospital to easily identify and transfer patients best suited for long-term acute care



Specialty hospitals such as LTACHs have historically earned the highest levels of patient satisfaction, making them attractive partners for health systems, physician groups and general hospitals.

– therefore reducing unnecessary treatment in a less effective care setting.


This is done through regular coordination of physicians and care managers, implementation of daily/weekly screenings, maintaining referral logs and monitoring results through weekly performance report reviews. As a result, chronically ill patients are able to receive the prompt, specialized care they need to be successfully discharged home, while freeing up beds for more patients.

➔ **Reducing Readmissions**

Appropriate utilization of an LTACH's resources for treating critically ill patients helps reduce the risk of readmission compared to other post-acute settings, especially with the guidance of an experienced partner. At an LTACH, patients receive daily physician oversight and care from an interdisciplinary team of specialists and caregivers, such as respiratory therapists, speech-language pathologists and pulmonologists.

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

When patients receive quality care at a level that aligns with their medical needs, they are more likely to experience a complete recovery, and less likely to readmit to the hospital.



One community health group was able to grow its average daily census of less than 100 to over 500 through a joint-venture partnership model.⁴

➔ **Lowering Care Costs**

While medically complex patients make up only a small percentage of the U.S. patient population, their care needs can significantly increase hospital costs. With highly-trained staff, daily physician visits and customized care plans, LTACHs can reduce these costs. Innovative technologies, Joint Commission accreditations and special certifications, and advanced infection control protocols also help generate outstanding patient outcomes.

Also, through a hospital-in-hospital (HiH) LTACH partnership model, facilities can experience 39% lower per-day payments, as they can leverage a hospital's expertise and approach to specialized care.³

Once your hospital determines that the complex patient population would benefit from specialized LTACH hospital-level care, identifying the partnership model best suited to meet your community's unique needs is an important next step.

THE THREE MOST COMMON PARTNERSHIP MODELS

1 Joint Venture (JV)

This option allows local hospitals to maintain governance while designating operations and clinical responsibility of one or more service lines, such as long-term acute care, to a trusted partner. JV partnership combines both party's strengths and brings in specialized LTACH expertise, resources and skills to help the hospital elevate its offerings and expand patient access.

For example, one community health group was able to grow its average daily census of less than 100 to over 500 through a joint-venture partnership model.⁴

2 Contract Management Agreement

This is an ideal option for hospitals wanting to maintain full ownership while also tapping into the expertise of a focused partner. Contract management can also be a great place to start when considering a long-term partner. It gives both parties time to confirm that the organizations are a strong fit before moving into a joint-venture or merger.

3 Hospital-in-Hospital (HiH)

An HiH is a separate hospital that is located within the four walls of another hospital, or in one or more distinct buildings located on the same campus.⁶ The HiH, or co-location model, can not only mitigate the risk and challenges of high-risk patient transfers, but can also reduce LOS by providing advanced care under one roof with multiple specialties. A major benefit of an HiH is that it can also be incorporated into any of the above partnership models to further leverage a hospital's service lines.



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HOW KINDRED HOSPITALS CAN HELP

LTACH integration through a joint-venture, contract management or HiH partnership can enable chronically ill patients to receive specialized care throughout their recovery journey.

With a history of successful partnerships, we are equipped with the expertise and resources to help your hospital reduce LOS, lower readmission risk and reduce costs. This not only leverages a hospital's overall performance, but can help generate long-term positive outcomes for the patients and community.

To learn which partnership model can help address the unique needs of your community, visit [KindredLTACHPartner.com](https://www.kindredltachpartner.com)

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References

1. <https://www.advisory.com/Blog/2015/04/Where-hospitals-fared-best-in-new-ratings>.
2. <https://copehealthsolutions.com/wp-content/uploads/2018/12/Positioning-Specialty-Hospitals-for-Success-in-Value-based-Payments.pdf>
3. Kindred Healthcare calculations using data from CMS MEDPAR, 2019
4. <https://www.advisory.com/-/media/Project/AdvisoryBoard/shared/Research/PACC/Resources/2021/Post-Acute%20Partnership-Options-for-Health-Systems>
5. <https://news.bloomberglaw.com/health-law-and-business/volume-of-health-care-deals-remains-at-record-pace-for-2021>
6. <https://www.law.cornell.edu/cfr/text/42/412.22>.