



Consumerism After COVID:

How to Incorporate a Changing Market Into Your Post-Acute Strategy

Concerns over facility-based care and risk of exposure during the COVID-19 pandemic have led to a massive shift in consumerism – changing the perceptions of how individuals access physicians and post-acute care. This shift added to an already growing sentiment among healthcare consumers who are responsible for an increasing share of their healthcare costs: That care can and should be convenient, just like other services they pay for, and that some healthcare settings may be better than others for them or their loved ones. Patients are now increasingly scrutinizing their care options and “shopping” for treatment, and this consumeristic behavior isn’t limited to outpatient care.



In this white paper, hear from Jason Zachariah, President and COO of Kindred Healthcare, as he shares his thoughts on how significant shifts in patient behavior, coupled with the movement to value-based reimbursement, highlight the need for providers to expand their care models across the entire care continuum. This helps to ensure providers have influence over quality of care, the patient experience and overall outcomes – whether through contract management or joint-venture partnership for acute inpatient rehabilitation, long-term acute care hospital services or behavioral health. This analysis will also discuss how providers can factor these needs into their short- and long-term plans, along with key strategies to expand their organization’s influence across the full care continuum, including post-acute care.

Major shifts in consumer behavior are reshaping how health systems approach the continuum of care

This white paper covers five consumer priorities that are influencing providers: The importance of specialization, a desire for convenience, easing care transitions, the high value of physician referrals and the need to balance cost and quality.

The importance of specialization

As consumers have grown more aware of their healthcare choices, they’ve become cognizant of the importance of clinical specialization. Patients value specialization and targeted quality indicators more than a facility’s general quality ranking, especially when making decisions for loved ones.¹ It’s easier for consumers to grasp the value of a service-specific certification or rating, as opposed to an overall score. “Consumers are increasingly savvy as we look at cardiac, oncology and neuroscience service lines,” Zachariah said. “Today, consumers have access to a

lot of information about their providers, and they're beginning to understand that high volume in a particular area equals high quality."

This shift is also evident among managed care plans, which are a proxy for consumer behavior. "Employers are increasingly partnering with health systems for direct contracting and centers of excellence, and that's taking place in preventative care, surgical care, medical care, all the way to the post-acute and home settings," Zachariah said.

A desire for convenience

In a healthcare world that is often complicated, consumers value providers that can meet all of their needs. This can be a challenge in the current post-acute care landscape, which tends to be fragmented in many service areas, with a multitude of disparate providers and locations. Survey data shows that it is important to consumers that a post-acute facility offers convenience and access to additional services that may be needed across the duration of their care episode. This is especially important for stroke care, which ranks in the top 25 percent of criteria for choosing a post-acute facility for a loved one.¹ As health systems embed more facilities within the communities they serve, they should consider including post-acute services in those plans.

"Patients value the convenience of being closer to home after they've overcome a difficult illness," Zachariah said. "When you couple that with the quality of a sophisticated health system, then it's a great patient experience."

Convenience is also important when it comes to the family and caregiver experience – families value providers who involve them in the care journey, whether they live near their loved one's facility or hours away. Zachariah says leaders should keep in mind the "Chief Parent Officers" within their community – someone who is managing healthcare priorities for multiple generations of their family, both older and younger, and is often a working parent. This can be a significant burden.

"We know that families can have a real, long-term impact on outcomes, and we also know that families are involved in the care journey now more than ever, often mitigating costs for a loved one," Zachariah said. "For all of those reasons and more, we need to empower them to be the best caregivers they can be."





Increasing case complexity is an important impetus for health systems to expand their role in post-acute care.”



Easing care transitions

Transitions between care facilities – or even just between units within a facility – can be challenging for patients and family members, especially when conducted in a way that is inefficient, inconvenient or lacking in transparency. Given pressures from payers and strains on bed capacity, it’s not uncommon for healthcare organizations to miss the mark, which can have a serious impact on outcomes and satisfaction.

“Contract management and joint-venture partnerships that include post-acute providers are a best practice that help ensure providers across the continuum are aligned with the care transitions process,” Zachariah said. Interoperability is also critical to creating a seamless experience. Leaders should invest in EHR interoperability, patient portals and other apps that integrate with partners and keep patients and loved ones aware of changes in status and needs. Though nothing substitutes for hands-on training and support of clinicians at the bedside, these technologies can help loved ones play a role in patient outcomes – something that was clearly highlighted by the pandemic.

Health systems that can keep these patients within their network of facilities, while providing multiple acute and post-acute services on a single campus, are best positioned to enable smooth care transitions and prevent disruptions in care. As previously stated in the white paper, *Acute agility: Why leaders should*

build flexibility into their strategic plans, Kindred CEO Benjamin A. Breier discussed how co-location of services can mitigate the risk and challenges of patient transfers. It can also reduce length of stay by providing more advanced care, bolstered by knowledge and experience, under one roof from multiple units and specialties.

The high value of physician recommendations

Healthcare consumers have a wealth of information at their fingertips, but not all of it is reliable. That’s why patients and their loved ones still place significant value on recommendations from their physicians. Physician referrals are more important than any other source of referral or rating for consumers who are seeking short-term post-acute care for themselves or loved ones.¹

Strong clinical liaisons and administrators play a key role in collaborating with physicians and educating them about the quality of care provided in a post-acute facility. That relationship is further strengthened when post-acute providers are within the physician’s own organization. In this case, not only are clinicians more aware of their own organization’s reputation, but they’re also better linked to downstream care through the EHR and other infrastructure.

Benefits of Co-Locating Acute and Post-Acute Services



Eliminates need for transfers



Provides more intensive therapy



Expands access to medical expertise



Allows for more advanced nursing coverage

“Post-acute care facilities that link physicians to their patients throughout the continuum see greater patient access and are also rewarded with positive consumer sentiment,” Zachariah said. “Plus, those physicians are lauded by the patient and family, who refer more people to them because they’ve enabled a high-quality outcome. It’s a win-win scenario.”

Balancing cost and quality

As a result of regulatory shifts and the onset of high-deductible health plans, consumers are more aware than ever of the cost of care, and not just for ambulatory visits. When making decisions for themselves, consumers seeking post-acute care increasingly rank affordability over other criteria.¹ Cost should be a consideration in the development of post-acute programs, but providers shouldn’t cut corners at the expense of quality. Consumers recognize the importance of value, and that will only become more significant as the industry further transitions to value-based care.

Though cost is an important factor when consumers are shopping for care for themselves, they think differently when seeking care for their loved ones. In this case, quality is more important to consumers than cost – they’re willing to spend more on care when they can be assured that a provider has a reputation

for consistent, high-quality outcomes, as it relates to both short-term and long-term care.¹ A health system’s ability to offer a level of service that includes hospital-level infection prevention and quality control is a significant differentiator that can support high-quality post-acute care.

“The pandemic highlighted the fact that, while skilled nursing facilities (SNFs) play an important role in the continuum, they struggled to address infection control and relied on external resources for care. This demonstrates the increased need for facilities with a full suite of on-site services that can care for high-acuity post-acute care patients,” Zachariah said. “Increasing case complexity is an important impetus for health systems to expand their role in post-acute care.”

Health systems are demanding more accountability of themselves and expect their clinicians to be able to create a thread of quality throughout the continuum that extends all the way to the home. That’s important under value-based reimbursement agreements.

“When value-based reimbursement has a more holistic view and planning includes post-acute providers, the entire episode of care is managed better, and intentional efforts can be made to avoid variation,” Zachariah said. “Health systems are uniquely positioned to maximize upside risk and curb downside

risk by standardizing processes and training clinicians. They have the technology to capture costs and performance in a way that provides actionable data that can inform clinical pathways.”

How provider health systems can respond

Here are three key areas where health systems can respond to shifts in consumer behavior around post-acute care:

1. Expand services to influence more of the continuum and deliver them conveniently

Health systems that influence quality of care across the continuum are better positioned to avoid the penalties of readmissions, manage clinical outcomes post-discharge and improve patient satisfaction. “Hospitals are measured on outcomes that happen well after a patient leaves their doors,” Zachariah said. “There’s more skin in the game for health systems now to look at post-acute care because of accountability brought on by value-based care.”

Specialization remains key. Health systems that have high-volume service lines with strong post-acute collaboration should dive into their data. They should also consider where they can build out inpatient rehabilitation units and hospitals to sustain positive outcomes achieved in the acute-care setting, especially

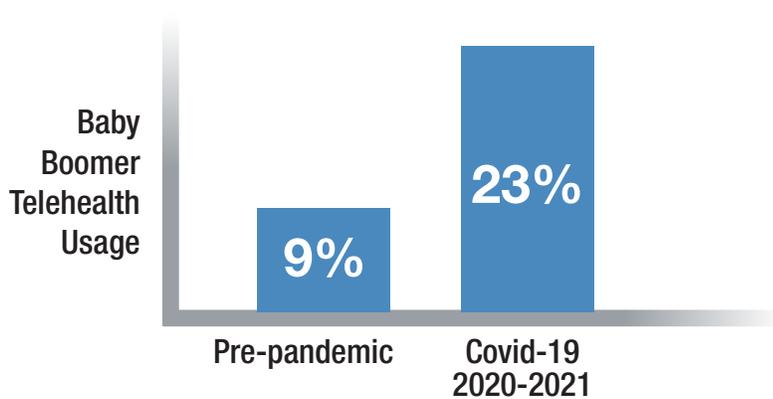
in key areas such as cardiology, pulmonology and stroke care.

“When health systems build out a post-acute program in an area where their hospitals already provide exemplary care, they’re able to continue that high level of quality and offer better longitudinal outcomes and a better safety profile for when the patient returns home,” Zachariah said. “Joint ventures and management partnerships with organizations such as Kindred can accelerate this process and bring key expertise around branding, technology and risk stratification.”

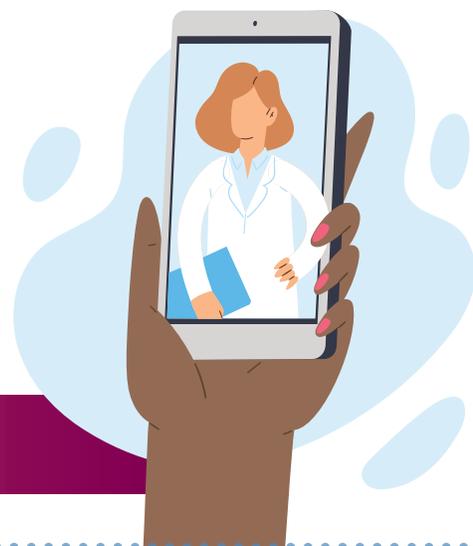
Co-locating services such as acute inpatient rehabilitation, long-term acute care hospitals (LTACHs) and behavioral health services on the same campus as a short-term acute care hospital can provide an advantage. Not only does it eliminate the need for transfers, but can also provide access to more medical expertise, intensive therapy and advanced nursing coverage. All of these can improve outcomes and reduce length of stay, the latter being a key point of convenience for many patients.

2. Invest in digital patient engagement technology and telehealth

Health systems are in a unique position to develop strong communication platforms that offer family education, discharge planning and ongoing insight into



An overall increase of 155%



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a loved one’s condition. Leaders should seek solutions and partners who can provide a digital, mobile-friendly experience for family members, offering real-time sharing of outcomes, coaching and education.

“The ability to better the patient’s quality of life through family involvement is going to become even more of a differentiator for health systems as America’s population ages and cases become more complex,” Zachariah said.

Consumers are interested in monitoring care for themselves and their loved ones, just as they monitor their finances and wellness online. Kindred’s RehabTracker mobile app transforms the way providers engage with patients and their families, allowing patients to view their personalized goals, see and track their progress in real time, share that progress with invited family and friends and receive messages of support from loved ones. Facilities using the RehabTracker app have experienced greater patient and family member engagement and satisfaction.

COVID-19 has also highlighted how telehealth can offer additional expertise and support. Health systems should consider how they can leverage clinicians across their health system or at partner organizations for virtual consults that expedite and improve care.

3. Align your organization with the priorities of referring providers and their patients

Health systems need to keep up with the rapidly changing priorities of both clinicians and patients. Highly-trained clinical liaisons and quality improvement staff can help ensure health systems are closely collaborating with clinicians and are aware of where improvements need to be made. Health systems should also consider the importance of using the latest technology that can aid in recovery, including robotic exoskeletons. These devices are becoming increasingly important as the prevalence of stroke, brain injury and other neurological disorders are growing – surpassing the Medicare population growth rate. These types of patients need intensive acute inpatient rehabilitation with daily active ambulation.

“Our therapists are critical to rehabilitation care, and these devices are supporting their work by augmenting upper and lower extremity movements, not just a couple of times but hundreds of times in one setting,” Zachariah said. “That’s allowing healing to happen safer and faster, and it’s reducing the physical burden on caregivers and therapists. That’s important, because a great employee experience drives a great patient experience.”

Kindred has been investing heavily in this area and has seen reductions in length of stay among neurological patients who have undergone therapy with these devices. Consumers are aware of this technology as well, Zachariah notes, and often comment on it when touring facilities.

How partnership can help

Building upon the expertise gained through successful joint venture partnership and management agreements, Kindred partners with health systems to expand their specialized care capabilities to address the needs and opportunities of the communities they serve.

“Kindred is a very flexible, customizable partner that can bring advanced services to any health system in the country,” Zachariah said. “We enjoy providing specialized expertise through being a silent management or joint-venture partner, and want our partner health systems to be known for care excellence under their own brand, because all healthcare is local.”

Kindred is uniquely positioned to integrate technology into health systems’ capabilities, including EHR interoperability, robotics and state-of-the-art consumer engagement platforms.

“Our staff and clinicians are leading the way toward better outcomes in each of our partner markets,” Zachariah said. “We partner with best-in-class physicians and staff that collaborate to create a unified culture that has real importance to the communities we serve.”

As health systems seek to respond to consumer demands and expand services, they should consider the significance of post-acute care in the decisions patients make for themselves and their loved ones. As America’s population ages and the complexity of cases increase, healthcare leaders must think proactively about how they can leverage their strengths to expand across the care continuum and position themselves ahead of industry disruptors and other competition.

To learn how Kindred can help your hospital meet shifting consumer needs, visit [KindredRehab.com](https://www.kindredrehab.com).

Marty Mann
Senior Vice President, Strategic Partnerships
Kindred Healthcare
630.904.8400 • Martin.Mann@Kindred.com



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