



The Important Role of Kindred LTAC Hospitals Within an ACO

Choosing the Right LTAC Hospital Partner for an ACO

Acute care providers and ACOs need partners that can continue to provide physician-directed care that chronically, critically ill patients need. Kindred Hospitals specialize in the post-intensive care treatment of patients with complex medical cases requiring continued intensive care and specialized rehabilitation in an acute hospital setting. With daily physician oversight, ICU- and CCU-level staffing and specially trained caregivers, we work to improve outcomes, reduce costly readmissions and help patients transition home or to a lower level of care.

We are committed to pursuing innovations in care delivery and payment models, taking on risk and ensuring efficient care management for each patient for whom we have the honor to provide care.

Our **AfterCare** program ensures a smooth transition for patients who discharge directly home from Kindred. Our Registered Nurses contact patients by phone in the first 24-48 hours post-discharge to help set up a PCP visit within the following 7-14 days, and then one week, two weeks and 30 days post-discharge to assess their progress and identify any post-discharge needs, such as explaining their medication and DME. The AfterCare program has proven successful in decreasing rehospitalization rates and removing gaps/barriers in care at the patient's home, offering immense benefit to upstream partners in the aim of prevention.

Additionally, with a focus on at-risk patient identification, our hospitals all across the country have achieved or are seeking disease-specific certification from The Joint Commission in sepsis and respiratory failure (COPD).

As America ages, the number of chronically, critically ill patients is rising. ACOs can efficiently meet this challenge by building a clinically excellent preferred provider network that includes long-term acute care hospitals (LTACHs). While only a small percentage of patients require transitional care in an LTACH, they are some of the sickest patients, requiring high-acuity care for extended periods of time.

ACOs need partners that can continue to provide physician-directed care that chronically, critically ill patients need, while managing costs and improving patient outcomes.

The Role of an LTAC Hospital Within an ACO Network

Building a clinically robust network includes long-term acute care (LTAC) hospitals. Only a small percentage of patients – between 0.3% and 3.3% – require transitional care in an LTAC hospital.¹ But they are some of the sickest patients, meaning they are the highest risk for readmission, suffer from multiple chronic conditions and have the greatest need to connect with preventive care post-discharge.

Directly transferring these chronically, critically ill patients from acute care settings to skilled nursing facilities (where care is nurse-led rather than physician-led) poses substantially higher readmission risk and poorer patient outcomes. And yet, keeping patients in acute care settings long-term is costly. LTACs provide intensive care while actively preparing patients to transition home, improving outcomes and reducing costly readmissions. In 2018, our LTAC hospitals had low hospital readmission rates of 8.6%.²



24–48 Hours
Post-Discharge



One Week
Post-Discharge



Two Weeks
Post-Discharge



30 Days
Post-Discharge



Case Study: Kindred's Long-Time ACO Experience

Kindred is the LTAC hospital partner of choice for many health systems and ACOs across the country. We are well versed in the drivers of value-based care and are proven participants in generating ACO-shared savings. We believe that being collaborative and transparent with our partner ACOs and payers is behind that success.

Kindred is an owner in the Silver State Accountable Care Organization. This strategic partnership created the largest ACO in the market and in the top 20% nationally, with more than 400 physician partners serving approximately 55,000 patients.³

Kindred has been not only Silver State ACO's LTAC of choice, but we handled all network and care management during the ACO's first four years (2014-2018), helping Silver State ACO consistently generate savings to share with CMS:

- \$6.3 million in 2015
- \$15 million in 2016
- \$15 million in 2017
- \$34 million in 2018

To learn more about how Kindred can help your ACO achieve similar shared savings, contact us.

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Kindred  Hospitals

References:

1. 2017 MEDPAR Final File
2. Kindred Internal Data
3. Silver State ACO 2018 CMS Data Files