# Why LTACHs Are Often the **Right Choice for Critically Ill Patients**

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Establishing the appropriate care delivery path for patients after a stay in the ICU or med-surg unit is essential to achieving optimal outcomes. Without the right clinical capabilities and surrounding environment in which to recover, patients may experience delays or suffer medical setbacks that impede recovery. Furthermore, unnecessary discharge delays and avoidable readmissions can increase the total cost of care.

These considerations make establishing a robust network of quality post-acute care (PAC) providers essential for improved outcomes and efficient care.

In this white paper, we outline the clinical capabilities that often make long-term acute care hospitals (LTACHs) the ideal treatment and recovery setting for medically complex and critically ill patients, and a cost-effective partner in healthcare networks.

## Benefits to Payers Through a Specialized Patient Focus

Licensed as acute care hospitals, LTACHs are in a unique position to effectively treat critically ill patients. Unlike other post-acute settings, long-term acute care hospitals can help patients who need to see a physician or several specialty physicians every day. These physicians lead a specialized interdisciplinary team made up of nurses, therapists, dietitians, pharmacists, skin care specialists and other clinicians who provide coordinated care. Together, the team works to determine the best treatment options and care plan for each patient with the ultimate goal of returning patients home.

LTACHs are often the ideal setting for patients who need additional ICU-level care and who are at high risk of rehospitalization. This is supported by a recent ATI study, reporting that LTACH patients are almost half as likely to readmit to the hospital as skilled nursing facility (SNF) residents.[1] Additionally, MedPAR claims analysis suggests LTACH's per-patient-day costs are generally lower than those of a short-term acute care hospital. This makes them an efficient, cost-effective setting that plays an important role in the healthcare continuum for a niche population.[2]

## LTACH Advantage by the Numbers:

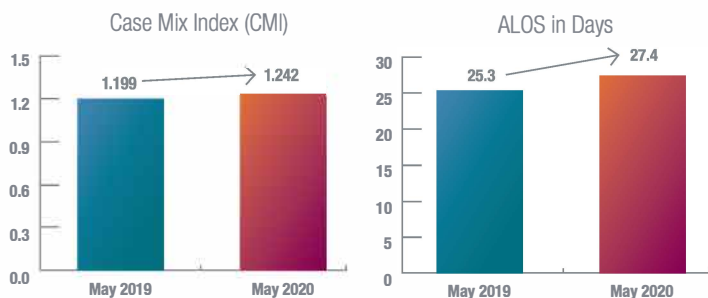LTACHs readmit patients to the hospital only about

# 50% as often

as SNFs

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### A Growing Need for LTACHs in Treating Complex Patients

Recent data have shown that patients have been admitting to short-term acute care hospitals with increasingly complicated conditions. LTACHs, with their ability to provide ICU-level treatment, have continued to be the most appropriate next level of care for many of these medically complex patients.

The increase in patient clinical complexity and LTACH appropriateness is supported by data that shows the Case Mix Index (CMI) and Average Length of Stay (ALOS) at LTACHs increased by 3.6% and 8.3% respectively within one year.[3]

### Increases in LTACH Case Mix and ALOS Suggest More Complex Admissions

**Case Mix Index (CMI)**

| | May 2019 | May 2020 |
|---|---|---|
| | 1.199 | 1.242 |

**ALOS in Days**

| | May 2019 | May 2020 |
|---|---|---|
| | 25.3 | 27.4 |

Source: ATI Advisory analysis of 100% Medicare FFS National claims incured May 2019 and May 2020 and paid through June 2020. Note: Changes are more significant on a regional basis.

As healthcare systems are challenged to treat increasingly complex patients, the clinical capabilities and cost-effective care of LTACHs will continue to grow in importance.

### LTACH Expertise in Pulmonary Treatment

Many medically complex patients are admitted with pulmonary complications. Instances of acute respiratory distress syndrome (ARDS) and acute respiratory failure have continued to afflict the American population over the past five years.[4] As traditional hospitals face increased demand for pulmonary care, they are turning to LTACHs as the most appropriate care setting for treating these patients.

At an LTACH, respiratory patients receive care from a team led by pulmonologists as well as 24/7 respiratory coverage, benefits that are not found in other PAC settings. LTACH clinicians are also educated and trained in liberating ventilator-dependent patients.

> "LTAC hospitals differentiate themselves because they have a **laser focus on patients** who are ventilator dependent, have respiratory failure, require dialysis, and have complex [post-]surgical needs, etc. – all of that requires a **multidisciplinary approach [in which] LTAC hospitals specialize**.[5]"
>
> *– Medical Director, ATI Advisory Interview*

Faced with increasing respiratory failure mortality rates, providers and payers can improve pulmonary patient outcomes by partnering with LTACHs.

### Comprehensive Rehabilitation for Lasting Recovery

Along with ICU-level treatment, LTACHs provide the rehabilitation care necessary for lasting patient recovery. The dangers of patient immobility are becoming clearer, including a connection to rehospitalization rates. Studies show that keeping hospital patients immobilized in a bed or even in a chair can increase the likelihood of muscle atrophy, blood clots and wounds.[6]

Patients who need a wide variety of rehabilitation services, as well as those who require continued intensive care in addition to specialized rehabilitation, benefit from the more comprehensive programs provided in LTACHs. Unlike in lower levels of care, rehabilitation services at an LTACH are integrated with specialized acute care to help patients with medically complex conditions achieve the fastest and most complete recovery.

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Early rehabilitation in an acute care setting, made possible through the expertise of LTACH PTs, RTs, OTs and SLPs, can have considerable financial advantages. In one case study, a model using data from Johns Hopkins Hospital Medical ICU showed that implementing an ICU early rehabilitation program could result in stay length reductions of 19-22%, generating net cost savings of $817,836.[7] Another study found that improving access of ventilator patients to pulmonary rehabilitation in the ICU may reduce their length of stay by up to 4.5 days and shorten their time on ventilation by 2.3 days.[8]

Partnerships with LTACHs can help certain patients fully recover more quickly and can positively impact total cost of care.

## Improved Outcomes with Acute Rehabilitation:

*Case Study:*
### Length of stay **reduced by 19-22%** generating net cost savings of **$817,836**

**LOS**

*Research Findings:*
Length of stay for ventilator patients **reduced by up to 4.5 days** and time on ventilation **shortened by 2.3 days**

## How Kindred Healthcare Can Help

Acute care providers and payor networks need LTACH partners who provide quality care for their sickest patients. Kindred Hospitals specialize in the treatment of patients who require intensive care and rehabilitation in an acute hospital setting. As part of their commitment to excellent quality of care, Kindred is pursuing disease-specific certifications from The Joint Commission in Sepsis and Respiratory Failure in all hospitals across the country. With daily physician oversight, ICU- and CCU-level staffing, 24/7 respiratory coverage and specially-trained caregivers, Kindred works to improve functional outcomes, reduce costly readmissions and help patients transition home or to a lower level of care.

Additionally, Kindred Hospitals are a valuable partner for providers and payers alike by prioritizing transparency, patient access and collaboration to lower total episode costs-of-care.

Kindred Hospitals are also committed to an innovative approach to contracting. Health plan partnerships are customized by product and can be built on DRG rates, negotiated per diem rates, or within value-based arrangements. Kindred Hospitals currently support the following contract products:

- Medicare Advantage
- Commercial
- Managed Medicaid
- Veterans Affairs
- Worker's Compensation

**Visit kindredmanagedcare.com to request a conversation about how Kindred Hospital's level of service can help manage your critically complex patients.**

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