Affordable Methods of Patient Information Exchange will Strengthen Acute to Post-acute Care Transitions

Post-acute care (PAC) is a crucial point on the continuum of care and it's only getting more important over time.

So what is post-acute care?

A continuum of services that complement the care delivered after an acute episode, illness, or injury. These include:

Skilled Nursing Facilities (SNF)

Long-term Acute Care Hospitals (LTACH)

Inpatient Rehabilitation Hospitals (IRF)

Home Health & Hospice

1 in 5 patients is admitted into one of these types of treatment after hospital discharge for a total of about **8 million patients annually**

2010 12

2050 27

And the number of patients requiring PAC services is expected to grow as the population ages and suffers from more chronic conditions. According to a report by the U.S. Commission on Long-Term Care, **the number of people dependent on Long-Term Care in the US is expected to grow.**

Was: **12 million in 2010** | Will be: **27 million in 2050**

*Office of the National Coordinator for Health Information Technology: Understanding the Value of Health IT An Educational Module for Long-Term and Post-Acute Care Providers; 2017

But despite the growing importance of Post-Acute Care, there's a serious communication gap between hospitals and PACs.

Among Long-Term Care administrators, nearly **9 out of 10 report that their facilities don't exchange health information electronically** with referring hospitals, physicians, or home health providers.

The lack of electronic information exchange seriously impacts communication around referrals.

In a different survey of PACs, **83% reported problems directly related to inadequate information** from referring hospitals.

When it comes to communication between the transferring hospital and receiving PAC, **one in three PACs don't receive documents from the hospital**

Only 12 to 34% of discharge summaries reach receiving care teams

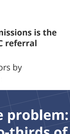
Poor acute to post acute care transitions waste billions of dollars each year

The primary patients being referred to PACs are Medicare beneficiaries: Of the 8 million people being referred to PACs annually, **two-thirds are enrolled in Medicare.**

However, **1 in 5 Medicare patients end up back in the hospital** within 30 days.

In fact, Medicare payments for unplanned rehospitalizations are estimated **to total more than $17 billion annually**

This accounts for nearly **20% of Medicare payments to hospitals**



Source: Interoperability: The Key To Enhanced Care and Becoming A Preferred Provider - Electronic Health Reporter 11/29/2018.

For hospitals, the price of readmission is growing more and more costly.

Programs like MACRA and the Hospital Readmission Reduction Program **impose financial penalties on acute care hospitals with higher rates of Medicare readmissions**.

And under the CMS Readmissions Reduction Program, **3 in 4 acute care providers have already been penalized for "excess" readmissions.**

Acute hospitals are incentivized to only refer patients to PAC providers that reduce the probability of Medicare patients being readmitted. **Priority is given to PAC partners who can improve communications & sharing of patient records.**

"Hospital administrators say avoiding re-admissions is the #1 reason for establishing preferred PAC referral networks"

—Survey of acute hospital administrators by New England Journal of Medicine

Fortunately, this is a solvable problem: Experts think as many as two-thirds of readmissions are avoidable.

The biggest causes include:

A poorly planned discharge, or a lack of understanding of a discharge plan by the patient.

Lack of care coordination in the transition to PACs.

A lack of information sharing and communication between patient, hospital and PAC.

Interoperability is key to PAC providers becoming preferred referral partners, but many can't afford it

"Many PAC providers face a steep challenge to meet the expectation to invest in EHR and HIE technologies and services. Their future depends on it and yet the technologies they are being told to adopt are complex and expensive."

—United States Government Accountability Office, 2017

Full Interoperability or Nothing: The False Choice

Cloud-based fax triage and document tracking solutions provide PAC providers an affordable alternative to streamline referral intake

Rapid digital access to and tracking of incoming referral documents

Automatic and assisted indexing of patient documentation

Compliant cloud faxing and world class deliverability

Integrate indexed documents with patient charts in your EHR

To learn more about affordable solutions to streamline referral intake and improve acute to post-acute care transitions visit us at

concord.net

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[1] https://www.modernhealthcare.com/article/20170619/SPONSORED/170619878/managing-post-acute-care-in-the-21st-century.

[2] https://www.evicore.com/insights/the-changing-landscape-of-post-acute-care.

[3] https://www.healthcareitnews.com/news/see-technology-making-care-transitions-better

[4] https://catalyst.nejm.org/communication-key-post-acute-care/.

[5] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6004319/

[6] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4191481/