



Many patients receiving care in the inpatient hospital setting require specialized follow-up care known as post-acute care.

Post-acute care covers a wide range of services that facilitate continued recovery with a focus on restoring medical and functional capacity to enable the patient to return to the community and prevention of further medical deterioration. Post-acute care settings include long-term care hospitals, inpatient rehabilitation facilities, skilled nursing facilities and home health agencies.

The American Hospital Association (AHA) supports enhanced coordination between general acute-care hospitals and post-acute providers to improve overall quality of care and reduce total health spending. Outlined below are some of the ways AHA works on behalf of post-acute care providers to fulfill this vision.

Working for Post-acute Care Providers

Outdated regulations, duplicative or conflicting rules, unworkable timelines – all of these – increase the burden on all providers, including post-acute providers, and draw much-needed resources away from patient care. Time and again, AHA demonstrated the need for streamlined regulations, common sense rules and manageable timelines, as outlined below.

- **Post-acute Care Funding.** AHA opposed arbitrary cuts in the president's fiscal year (FY) 2014 budget, as well as in proposals by the Medicare Payment Advisory Commission (MedPAC) and the Centers for Medicare & Medicaid Services (CMS) that would threaten patients' access to post-acute care services. AHA also weighed in with key congressional committees with recommendations on post-acute reform.
- **Inpatient Rehabilitation Facilities (IRF).** Consistent with AHA input, in the IRF final rule for 2014, CMS reduced the number of codes (from 331 to 261) it proposed for elimination from the "60% Rule" presumptive compliance assessment beginning in FY 2015.
- **Long-term Care Hospital (LTCH) Reform.** In October 2015, CMS will begin to roll out LTCH patient admission criteria that were enacted by Congress through the Bipartisan Budget Act of 2013. While more stringent than AHA proposals, the new criteria will provide regulatory stability that serves as a bridge to future delivery system reforms. The new legislation also provides much-needed "25% Rule" relief for cost-reporting periods between Oct. 1, 2013 and Sept. 30, 2017. It also requires CMS to report to Congress on whether there is further need for the "25% Rule." AHA's LTCH advocacy and member support are now focused on criteria refinement and implementation.
- **2014 Payment Rates.** IRFs received a net 2.3% payment increase over FY 2013 levels. LTCHs received a net increase of 1.3% over FY 2013 payment levels.
- **IRF-Skilled Nursing Facility (SNF) Site-neutral Payment Proposals.** The AHA voiced concerns with MedPAC proposals

regarding site-neutral payments for IRFs and SNFs. We urged MedPAC to pursue a "cautious exploration," to use only the most recent data, and avoid flagging site-neutral cases solely based on prior general acute-care hospital discharge diagnosis and refine its approach to targeting appropriate patients. In addition, AHA stressed the critical importance of robust risk adjustment and excluding conditions that fall outside the IRF "60% Rule." AHA also urged excluding stroke patients and removing key Medicare regulations (e.g., 3-hour rule, physician oversight) requiring more intensive IRF care.

- **Quality Measurement Efforts.** AHA's August 2013 testimony before the Senate Finance Committee on the distracting volume of measures and disparate ranking and rating efforts recommended a strategically designed approach that involves all stakeholders. We also submitted comments on quality provisions for the Home Health, IRF and LTCH proposed rules.
- **Collaboration with National Organizations.** AHA partners with other national organizations to improve post-acute care across the continuum. Partners include the American Medical Rehabilitation Providers Association, American Academy of Physician Medicine and Rehabilitation, CARF International, The Joint Commission, Leading Age and national home care organizations.
- **Recovery Audit Contractors (RACs).** AHA continues to forcefully call for relief from overly aggressive Medicare auditors and their unmanageable medical record requests and inappropriate payment denials. The AHA is looking for solutions through the courts and the regulatory and legislative fronts. The AHA-supported Medicare Audit Improvement Act would level the playing field with RACs.
- **Medicare Physician Payment.** AHA worked with Congress to prevent a 24% cut to Medicare physician payments that was scheduled to take place Jan. 1 through April 1, 2015. The bill also includes a number of provisions that affect post-acute care. AHA will continue to urge Congress to fix the physician payment formula, but to do so in a manner that does not result in reduced payments to hospitals and other providers.

Engaging Post-acute Care Leaders

Post-acute care leaders have a strong voice in the AHA. They help shape key advocacy activities, policy positions and member services of particular interest to post-acute care providers through their active involvement in many forums.

- **A Role in Governance and Policy-Making.** The AHA offers long-term care, rehabilitation and post-acute care leaders many opportunities to take an active role in shaping AHA policies and setting the direction for the association. They can play a formal role in association governance and policy formation by serving on the AHA's Board of Trustees, Regional Policy Boards, Governing Councils and committees. In addition, the association creates short-term advisory and work groups where members weigh in on more focused, time-sensitive policy issues.
- **AHA Section for Long-Term Care and Rehabilitation.** The AHA Section for Long-Term Care and Rehabilitation currently has more than 2,100 members from across the country and comprises executives from general and freestanding specialty hospitals that provide acute and post-acute care services. The Section provides forums linking members with shared interests and missions to advise AHA on policy and advocacy

activities and to discuss issues of great importance to acute and post-acute care providers and the field as a whole. These efforts are led by the Long-Term Care and Rehabilitation Governing Council, which meets at least three times a year. Valuable opportunities are also provided for executives to interact and network with one another through special member conference calls and meetings.

- **Advocacy Alliances.** The AHA's Advocacy Alliances provide members with another way to engage legislators on the specific issue or issues that have a direct impact on their ability to continue providing quality health care services in their communities. The **Advocacy Alliance for Coordinated Care** focuses on ensuring payment rates remain fair and equitable in the hospital outpatient setting for evaluation and management and other services and for post-acute care providers.
- **Member Outreach.** Several times throughout the year, AHA's hospital member CEOs are individually contacted by AHA staff and/or are invited to participate in small group conference calls to discuss key AHA initiatives. During the calls members contribute their perspectives and often receive additional tools and resources to address key challenges shared during the discussions.

Providing Key Resources for Post-acute Care Providers

Membership in the AHA means more than representation on critical regulatory and legislative issues. The AHA offers post-acute care providers the tools and resources to navigate today's changing landscape of health care delivery and to support the efforts to improve quality of care for the communities served.

- **Best Practices that Improve Health Care Quality and Outcomes.** The AHA serves as a conduit for health care providers to share best practices that accelerate performance improvement and support delivery system transformation through the AHA's Health Research & Educational Trust's Hospitals in Pursuit of Excellence (HPOE) initiative. In addition, best practices and research developed by innovative post-acute care providers were presented during member conference calls hosted by the Section for Long-Term Care and Rehabilitation.
- **Health Care Transformation.** *Your Hospital's Path to the Second Curve: Integration and Transformation* from the AHA's Committee on Research outlines must-do strategies, organizational capabilities to master and 10 strategic questions that every organization should answer to begin a transformational journey. The report's "guiding questions" will help hospitals and care systems reflect and gain new perspectives on the benefits and value of integration. A comprehensive assessment may lead health care organizations toward a customized path or series of paths to successfully transform for the future.
- **Population Health.** *The Second Curve of Population Health* builds upon prior HPOE reports that outline a road map for hospitals and care systems to use as they transition to the second curve of population health. The tactics described in this guide provide a framework for initiatives that hospitals and care systems could pursue to develop an institutional infrastructure that supports population health.
- **Moving Toward Bundled Payment.** AHA's 2013 issue brief, "Moving Toward Bundled Payment," outlines the growing interest from payers and providers in developing and testing this model. There is much to learn from examining data for a range of care coordination initiatives including medical homes, readmission reduction programs and accountable care organizations. In addition, the data allows an enhanced understanding of performance under the Medicare spending per beneficiary measure in the value-based purchasing system.

- **Value-based Contracting.** Another HPOE guide, this is a primer for hospitals and health care systems as they transition to value-based contracting arrangements and assume more risk.
- **Workforce.** *Workforce Roles in a Redesigned Primary Care Model* examines how to define workforce roles for a new primary care environment and develop a new, more effective model of primary care delivery that encompasses the birth to end-of-life continuum. Developing an Effective Health Care Workforce Planning Model and a companion Assessment Tool helps organizations develop effective workforce planning models, and support excellent patient care.
- **Reducing Infections in LTC Facilities.** The AHA's Health Research & Educational Trust was awarded a contract by the Agency for Healthcare Research and Quality to reduce catheter-associated urinary tract infections (CAUTI) and other health care-associated infections in long-term care facilities. The project seeks to implement the Comprehensive Unit-based Safety Program (CUSP) in nursing homes and skilled nursing homes nationwide.
- **Eliminating CAUTI.** An HPOE guide that outlines a three-step action plan to CAUTIs and other key lessons from the national On the CUSP Stop CAUTI project.
- **Checklists to Improve Patient Safety.** This guide features checklists for improving patient safety in 10 areas including adverse drug events, CAUTI, injuries from falls and immobility, hospital-acquired pressure ulcers, and surgical site infections.
- **Reducing Health Care Disparities.** The guide *Reducing Health Care Disparities: Collection and Use of Race, Ethnicity and Language (REAL) Data*, provides a four-step approach on how to obtain an accurate REAL data set and discusses how hospitals and care systems can use this data to reduce health care disparities and increase equity of care.
- **AHA Resource Center.** Highly trained information specialists assist members in accessing timely and relevant health services articles and data.
- **AHA Action Center.** This Web-based kit provides a set of resources and materials tailored to help hospital executives effectively communicate key messages. The kit will help executives explain concerns to legislators, the hospital family and the community at large. These resources can also be accessed through AHA's mobile app, available for both Apple and Android-based devices.