



AHA Annual Membership Meeting: 2017

The Modern Role of Post-Acute Care

The Role of the Modern Post-Acute Care Provider



- Organizational background and perspective
- Major influences that shape our view about the future of Post Acute Care
- Healthy relationships between ACH and PAC providers
- Post-Acute Care providers moving away from the past

About Brooks:



THE BROOKS SYSTEM OF CARE INCLUDES



Rehabilitation
Hospital



Skilled
Nursing



Home
Health



Assisted
Living



Outpatient
Therapy



Physician
Practice



Clinical
Research



Institute of
Higher Learning



Joint
Ventures

SYSTEM CLINICAL PROGRAMS

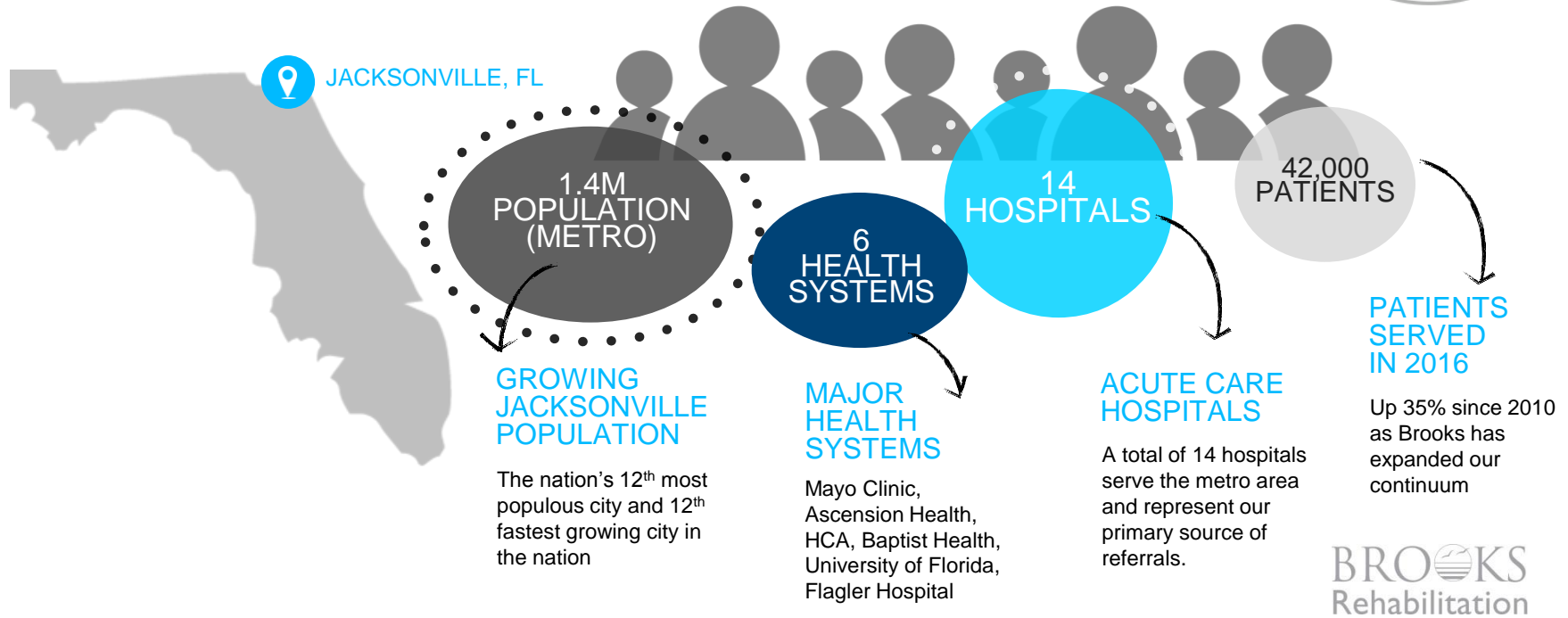
- Neurological & Brain Injury
- Spinal Cord Injury
- Orthopaedics
- Geriatrics
- Pediatrics
- Stroke & Cardiac

BEYOND THERAPY: COMMUNITY OUTREACH



- Neuro Recovery Center
- Adaptive Sports and Recreation Program
- Wellness Programs: BI, Stroke, Parkinson's & MS
- Clubhouse & Vocational Tracks for Job Placements

NORTHEAST FLORIDA MARKET



Factors that have shaped our thinking



Decision to move beyond IRF and OP

- Expansion into SNF, Home Health, Subacute
- More settings, more levers
- Greater ability to serve our referral partners

Decision to enter the Medicare BPCI program in 2013

- Model 3; to date, over 3,500 cases
- Single best experience to better understand a complex system
- Highly disruptive to do well

Factors that have shaped our thinking



Understanding the priorities and needs of our ACH partners

- Respect and meet them where they are at
- Customize around their needs; be honest about what you have to offer
- Be an important partner in helping them achieve their goals

Eyeing the future

- Demand for services
- Cost, scrutiny, regulations
- Consumer expectations

Modernizing Post-Acute Care



- Addressing perpetual weakness / realities that undermine post-acute care providers from moving into the future
 - Workforce, workforce, workforce
 - Variabilities in care that would never be tolerated in any other healthcare setting
 - Technology and analytics
 - Too often, referrals are received for all the wrong reasons
 - Too often, PAC providers are in the news for all the wrong reasons
 - (Business) aversion to change

Healthy Hospital – PAC Relationships



- Recognition that PAC is really a collection of different settings; it's not one entity
- Within each setting, there is usually a wide difference in capabilities and purpose
- Partner, not vendor
- Hospital's willingness to share expertise, tools, people, systems
- Information reciprocity
- Bridging barriers that place PAC and hospitals in finger-pointing situations
- The grounding principle is the patient's journey

Healthy Hospital – PAC Relationships



Partner, not Vendor

- Vendor relationships begin when the hospital exerts the power of referrals over PAC providers
- PAC providers, being so marketing driven, will do almost anything for a referral
- The best relationships:
 - Start at the ACH with the basic appreciation that discharge into PAC is a continuation of the hospital's care and a critical factor that contributes to the patients' final outcome.
 - Fewer in scope; a narrower set of PAC providers to work, with is necessary – and yes, there are ramifications to this
 - Virtual network
 - Virtual integration
 - Payer agnostic
 - It's not about SNF LOS or site substitution, it's about transforming the complex chain of events that underlie a patient's recovery from injury or illness



Generational Opportunity