

## **THE EVOLVING FACE OF LONG TERM CARE**

### **Long Term Acute Care Hospitals Have Become An Important Part Of The Continuum Of Care**

By Jon Banton

Over the past twenty-plus years, the face of hospital care in America has changed dramatically. Prior to the introduction of acute care hospital inpatient prospective payment system (IPPS) in 1984, patients requiring extended lengths of stay were often treated at acute care hospitals. However, in the ensuing years, the evolution of IPPS has lead to growing pressure on acute care hospitals to discharge patients “quicker and sicker.”

Of course, not all patients are ready to go home so soon. As a result, a system of post-acute treatment options has emerged. This system offers a wide range of care, starting with nursing home and home-based care for those who don't have involved or potentially life-threatening illnesses.

However, not all discharged patients can be adequately served in these less intensive environments. Some require ventilator care and ventilator weaning, while others have behavioral conditions that can undermine their recoveries. Or some may have wounds that require ongoing medical treatment, while still others may have significant rehabilitation needs following a stroke, brain or spinal chord injury, or other major medical event. For these patients who require intensive inpatient care, the sensible option is the long term acute care hospital, or “LTCH.”

### **What Is An LTCH?**

Medicare defines a long term acute care hospital as "a hospital which has an average inpatient length of stay greater than 25 days." Although this is the shortest length of stay in terms of patient days among post acute providers (including skilled nursing facilities, home health agencies, and in-patient rehabilitation facilities), LTCHs play a vital part in the post-acute continuum of care.

LTCHs serve acute care hospitals and hospital-level patients by providing hospital care to select patients who require a longer length of stay than is feasible for acute care hospitals. Although not currently limited to serving specified DRG groups like in-patient rehabilitation facilities, the majority of LTCH care is provided for certain diagnosis, such as severe pulmonary illnesses where patients require longer term hospital care.

#### Top Ten Diagnosis Categories for LTCHs Nationwide

Chronic Obstructive Pulmonary Disease (COPD)
Respiratory System Diagnosis with Ventilator Support
Pulmonary Edema & Respiratory Failure
Respiratory Infections & Inflammations
Skin Ulcers
Rehabilitation
Heart Failure & Shock
Pneumonia
Degenerative Nervous System Disorders (such as Parkinson's Disease and Multiple Sclerosis)
Kidney Failure

Many LTCH admissions come directly from intensive care units at proximate hospitals, although qualified hospital level patients can also be admitted directly from other settings such as skilled nursing facilities. The value of LTCH level-care in the continuum of health care can be significant to patients and referring acute care hospitals.

For patients who leave traditional acute care hospitals but still require round-the-clock medical care, other non-LTCH post-acute settings may meet their needs. However, LTCHs are an important alternative for medically complex patients who require extended hospital level inpatient care. LTCHs provide a safety net for the most vulnerable patients in the post-acute continuum, as well as assurance to patients and acute care hospitals that hospital level care is maintained when required. At the same time, LTCHs help acute care hospitals realize financial and other operational benefits by permitting them to shorten their average lengths of stay and increase access to new admissions.

### **Synergy In Providing Care**

Acute care hospital lengths-of-stay and discharge patterns vary by the patient population served and each hospital's discharge practices. Hospitals with access to proximate high quality long term acute care can better manage length of stay and quality of care for patients requiring post-acute placement. In addition to simple proximity, quality of care benefits and financial advantages arise when there is a high level of synergy between the acute care hospital discharger and the LTCH.

Of course, the primary motivation of acute care hospital-based physicians, nurses and other care givers remains quality of care and convenience, not saving money. At the same time, efforts to link discharge practices to financial controls continue. Working together, acute care hospitals and post-acute providers can improve the quality of care while, at the same time, reducing costs.

The quality of information, care, convenience and systems impact the ability to optimize acute care / LTCH relationships. Acute care physicians and nurses and other

key players in the discharge process need accurate knowledge and information about the post-acute options available to them. Although this sounds obvious the reality can be more challenging.

While post acute providers compete for the attention of decision-makers in the acute care discharge process, the systems for exchanging information about quality and other features of post-acute care are not always easy to access. Post-acute patient tracking and quality indicators, for example, are areas that can be improved.

### **Clear Benefits**

LTCHs offer a combination of intensive medical and rehabilitative hospital services. The benefits to patients are clear: briefer lengths of stay in the acute care hospital, less patient recidivism and an increased rate of discharges home. Successful acute care / LTCH relationships lead to opportunities for increased value to patients and their acute care providers.

The future LTCH role in the continuum of medical care does face challenges. The majority of LTCH revenues come from Medicare and Medicaid. The Centers for Medicare and Medicaid Services (CMS) has instituted recent reimbursement changes as well as proposals for additional modifications in the future with the goal of reducing LTCH outlays. Although LTCHs play a vital role in the continuum of health care for some of the most medically needy patients, like all health care providers, they will face continued pressure to participate in national efforts to control health care costs.

The shared policy goal of post-acute care is the “proper alignment of patients and payment,” and in the case of post-acute hospital level patients, ensuring that such “medically complex patients get the right care at the right site.” Although additional changes in LTCH reimbursement and related regulations are inevitable, the continued importance and value of this level of hospital care is assured.

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