

# Ready to Draft YOUR POST-ACUTE CARE Dream Team?

Learn How to Design a  
Request for Information

Health systems are forming high-performing post-acute care (PAC) networks to better control quality and financial outcomes. A first step in network development is creating a Request for Information (RFI) to understand local PAC providers' current performance.

To promote PAC responses to the RFI process, emphasize the benefits of network participation:

- Greater transparency into provider expectations
- Enhanced quality of care for the shared patient population
- Improved referral streams as a "preferred partner"

## Post-Acute Provider Statistics

- ▶ **PROVIDER AVERAGE: ~65**  
Average number of PAC providers a hospital's patient panel uses annually
- ▶ **HOSPITAL MEDICARE SPENDING: -73%**  
Decrease in overall Medicare spending after removing variation in PAC spending
- ▶ **PAC MEDICARE SPENDING: +121%**  
Average increase in Medicare PAC spending when an episode of care includes at least one readmission

## METRICS TO DETERMINE YOUR ALL-STAR PARTNERS



### STAFFING PRACTICES

- Staff turnover rate, by role
- Staffing ratios (e.g., RN, LPN, social worker)
- Medical director hours on-site per week
- On-call physician or AP for off-shift/weekends
- Staff education processes and schedule



### SERVICES

- Number of beds
- Occupancy rate
- Payer mix
- Specialty services offered (e.g., memory care, complex wound care, pediatric services)
- Disease management programs (e.g., diabetes, CHF, cancer, COPD)
- Accessibility of pharmacy services
- Provision of behavioral health services
- Provision of palliative care services



### CARE COORDINATION

- Standardized admission processes
  - Patient acceptance timeliness
  - Process for direct admits from home, ED, or clinician office
  - Patient assessment timeliness
- Electronic information exchange procedures
- Regular care planning meetings
- Quality of discharge planning processes
- Documentation of advance directive



### QUALITY

- Length of stay
- Clinical protocols
- Patient satisfaction
- Community discharge rate
- ED visit rate, hospital readmission rate (all-cause and disease-specific)
- Safety indicators (e.g., medication error rate, fall rate, deficiencies)
- Clinical and functional outcomes (e.g., patients with pressure ulcers, flu vaccination rates, improvement in ADLs)



### STRATEGIC ALIGNMENT

- Brand and reputation
- PAC leadership's engagement in collaborative quality improvement initiatives
- PAC's commitment to caring for high-acuity, complex patients
- PAC's partnerships with other parts of the care continuum (e.g., primary care, DME, PACE)
- Demonstrated interest in care delivery, partnership innovation

SKILLED NURSING FACILITY

HOME HEALTH

HOSPICE

INPATIENT REHAB

## WHAT TO DO NEXT



Evaluate results, develop preliminary list of "preferred partners" (approx. 5–10 within each PAC sector), and solicit feedback from case managers and other internal stakeholders



Talk with "preferred partners" about network-wide quality improvement and targeted approaches to improve both care quality and cost



Inform patients and providers about "preferred partners"; designate on the list of providers given to patients and families

