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GREAT CLINICAL EXPECTATIONS

How partnering with advanced practice clinicians promotes better care, improves the post-acute workplace and boosts the delivery of value-based care

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Boosting care with advanced practice clinicians

Skilled clinical partners help meet post-acute care challenges

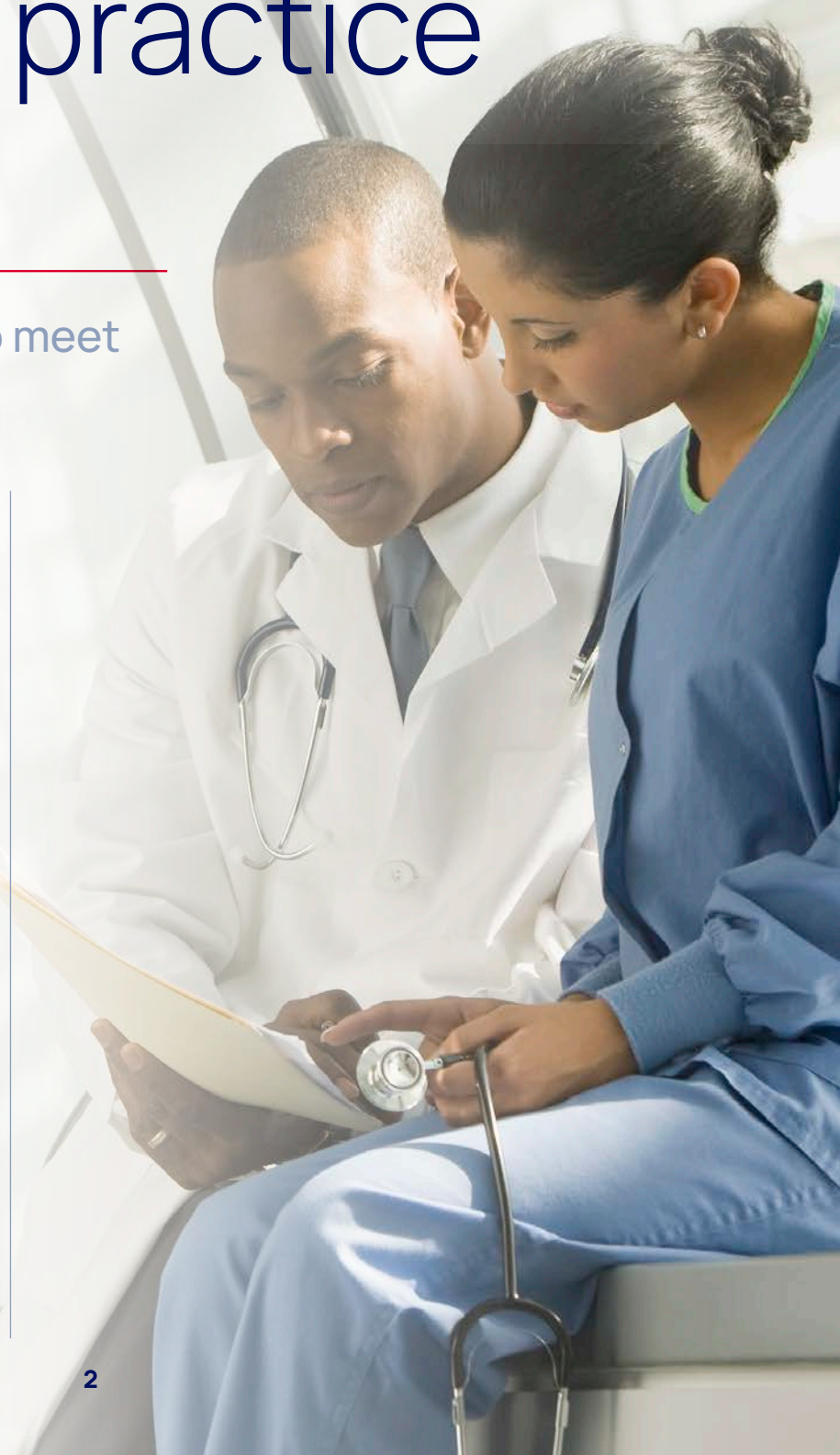
Today's post-acute care providers face a wave of challenges that impact how they deliver care. Patients are arriving with increasingly complex needs and staff must adapt to regulatory changes and the demands of a new reimbursement model. This comes as the industry emerges from the height of the pandemic, with staff still scarce amid a persistent struggle to regain census.

Meeting these challenges will require a fundamental shift in what post-acute operators expect from their clinical partners. To attract and retain staff, provide better patient outcomes and distinguish themselves to prospective patients and referral partners, nursing homes must incorporate the use of skilled, collaborative clinicians who are engaged in hands-on, day-to-day patient care.

"We're seeing the evolution of the post-acute environment, where advanced practice clinicians now dedicate a majority, if not all of their time, to the care of post-acute patients when working in those facilities," said Darren Swenson, MD, group president of post-acute care services at TeamHealth, a provider of clinical management services. "It's almost akin to hospitals 20 years ago."

Over the past two decades, hospitals have refined their processes to efficiently stabilize, treat and transition patients more quickly to a lower level of care. Many who traditionally would have been referred to skilled nursing for follow-up care, such as hip replacement patients, are now discharged to home or to home-based care.

Meanwhile, post-acute care facilities are receiving sick-





er patients as they operate under the Patient Driven Payment Model, which aligns reimbursement with the shifting clinical needs of today's skilled nursing patients. That includes a growing share with multiple comorbidities and behavioral health concerns. Those needs require more effort and time from facility staff, who may lack the training needed to complete tasks on behalf of the patient. This in turn has led to staff stress and burnout, Swenson said.

Agency staff are helpful but temporary workers may not know all aspects of post-acute caregiving, Swenson added. And with increased turnover, many permanent direct care staff may also need more support and education.

"The trickle down effect of the labor shortage is cascading into the clinician's workstream, increasing the workload of other care team members. Ultimately, it is the patient who is at risk of a less-than-desirable outcome."

NEED FOR HIGHER-INTENSITY CARE

There is a growing consensus that today's environment requires more on-site engagement from advanced practice clinicians. These include nurse practitioners and physician assistants who are dedicated to caring for a changing patient population, well-versed in regulatory requirements and equipped to support other staff.

Quality care improvements and growth will depend on having these advanced practice clinicians on scheduled rounds, being available during day shifts and routinely participating in clinical and operational meetings.

"In changing the structure of the care delivery model by increasing presence frequency, patient care and the healthcare ecosystem are improved," Swenson said. "An increased clinical presence either daily or two to three times per week at a minimum results in the patient having timely care, which meets or exceeds the quadruple aim in healthcare: Improved clinical outcomes, patient experience, provider experience and lower costs of care."

Bringing advanced practice clinicians on board is a forward-thinking step for clinical care improvements, added Arif Nazir MD, FACP, past president of AMDA - The Society of Post-Acute and Long-term Care Medicine, and chief medical officer of Signature HealthCARE.

"Many of our patients are now as sick as those in the acute-care setting," said Nazir, who also heads SHC Medical Partners, a company that assembles geriatric and rehab specialist teams for post-acute and long-stay settings. "Physicians and practitioners round daily in the acute care settings. We will need to match almost the same intensity of services to improve our outcomes."

As past medical director of the OPTIMISTIC Centers for Medicare & Medicaid Services Innovations project, Nazir helped to reduce avoidable hospitalizations of long-stay nursing home residents in 19 Indiana facilities by 33% by

bringing nurses and nurse practitioners on board for additional care support and education.

Achieving good patient outcomes is not just about medical directors or weekly rounding physicians making the "regulatory visits" that provide a bare minimum of care, he explained. Having advanced practice clinicians and physicians with a frequent presence is a must for operators who want to achieve person-centered outcomes.



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IN-HOUSE ENGAGEMENT

Similarly, with interdisciplinary teams who engage with the post-acute care facility staff and operations, TeamHealth provides facilities with a true partnership. The operator benefits from having clinical medicine expertise on hand, and they serve as a resource to educate staff and communicate the care plan for patients.

TeamHealth medical directors also lead facilities through processes such as regulatory surveys. This helps build systems of care that reduce readmissions, antibiotic use and polypharmacy and provides an increased focus on patients with chronic disease burden. The higher level of care is not only good for the patient, but also a point of distinction for an operator. Having an advanced practice clinician on site to see patients within 24 to 48 hours of admission helps facilities stand out, Swenson said.

"This breeds confidence in families, who have a choice in where to send their loved one," he added.

SPECIALIST CARE

In addition, access to physician specialists can further guide complex care interventions and support staff in better managing patients' common or chronic diseases.

Post-acute patients increasingly present with conditions requiring deep clinical knowledge. When a resident needs this level of care, TeamHealth clinicians can provide it on site and on call, with virtual access to its team of specialists in cardiology, pulmonology care and more.

One of the fastest-growing areas impacting post-acute



communities today is behavioral health, Swenson noted. "Historically the post-acute care facility has not been well-equipped to handle these patients due to state and federal restrictions on staffing and support," Swenson said. "Facilities find themselves at a crossroads, wanting to care for people in the community but facing staffing ratios that don't support the closer observation or nursing ratios that these patients need or deserve."

Having a specialist to address complex care needs can be crucial, particularly for behavioral health. For example, 30% or more of nursing home residents have depression, a statistic not improved by the pandemic, noted Richard Thompson Jr., MD, a psychiatrist and national medical director of behavioral health for TeamHealth.

Improvement in mental health status corresponds positively to better overall treatment outcomes. Additionally, interventions (nonpharmacologic and pharmacologic) reduce risk to the resident and others while adding crucial supportive documentation.

"In the post-acute setting, our behavioral health specialists play an important role in assuring that the comprehensive healthcare needs of the patient are met," Thompson said. "Whether in long-term care or the



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shorter term rehabilitation setting, our psychiatric nurse practitioners, physician assistants, psychologists and licensed clinical social workers participate collaboratively with the patient, families, primary care providers and facility staff with the goal of delivering quality behavioral healthcare to the resident."

Telehealth access to experts also helps bridge gaps in care when specialists aren't available locally.

"Advances in technology have made telehealth an easy-to-use, HIPAA-compliant platform for SNFs to have immediate access to a provider to virtually assess patients," said Jeffrey Amidon, MD, a regional medical director with TeamHealth. "With the increased complexity of patients in SNFs and challenges due to staffing shortages, telehealth services provide an 'eyes on' visit in their 'home' without having to utilize the services of



emergency medical personnel. Any acute changes in condition such as a fall or change in mentation can be immediately assessed and treated by a provider."

In addition, telehealth services can provide specialty care that many SNFs lack, especially in rural areas where the number of geriatric and other doctors is limited.

"Telehealth can help alleviate this struggle," Amidon said.

ALIGNING CARE WITH PATIENT VALUES

Often, today's patients present with medical issues beyond the primary diagnosis addressed in the hospital. The aging population has more chronic diagnoses and takes more medications; their clinical conditions can change dramatically in ways that require immediate action.

"In the post-acute care environment, having an advanced practice clinician in the building allows all parties to sit down and have one or more conversations about the patient's wishes and family's wishes on behalf of the patient," he added. "This has tremendous value, because if we're aligning the care plan with the patient's wishes, that's fundamentally what we are supposed to be doing. And it is documented, so that when the patient's condition changes at 2 a.m., everyone is on the same page, the nurses can be confident about the plan.

"That's critical in advance care planning, and a lot of it is now done in the post-acute facility with the advanced practice clinicians, the patient and their families."

This futuristic model of care also aligns with the government's pursuit of value-based care.

AHCA, which advocates for the long-term care industry, is going to bat for this model of care in Washington, DC, Gifford said. He cited a 2018 CMS study that brought nurse practitioners into 100 nursing homes. Their on-site involvement resulted in dramatic quality improvements and savings to Medicare that far exceeded the \$125 million spent.

"When I talk to members and providers, they would all love to have NPs or PAs in the building," Gifford said. In some states, licensing issues remain a barrier and payment models do not yet reflect the need for this level of care, but managed care has embraced the model, and operator awareness and desire to adopt it is strong, he added.

"It's very clear" that the regular presence of advanced practice clinicians is tied to better outcomes, he said. "[Highly skilled clinicians] also help you to improve staff morale, which affects staff retention, and they improve satisfaction among residents and family members because they have someone present there that they can often talk to.

"Those are all key factors that drive sustainable, successful business models." ■



Nurse training lifts post-acute programs

To properly care for the growing number of residents with complex diagnoses, skilled nursing and rehabilitation facility operators need a deep bench of highly trained clinical staff members on their team.

Advanced practice staff with the right education are able to anticipate these patients' needs and better prevent hospitalizations and other adverse outcomes. This in turn contributes to a facility's overall success, according to industry leaders.

"Staff who are highly trained, have great assessment skills or board certification as geriatric nurses, for example, are going to uplift all programs," said Amy Stewart, MSN, RN, vice president of education and certification strategy at the American Association of Post-Acute Care Nursing.

An advanced practice clinician — such as a physician assistant or nurse practitioner — who can prescribe medications and is on site daily is able to quickly assess and put interventions in place, she said. This can decrease the likelihood of an emergency room visit or hospital stay, and help the facility meet care quality goals.

"Advanced training improves outcomes, the facility's public reputation through reported quality measures and accurate reimbursement under the Patient Driven Payment Model," she said.

CONFIDENT DECISIONS

Well-trained staff also are more confident in their skills and have less anxiety about their clinical decisions, Stewart added.

"Nurses make a lot of decisions in a skilled nursing facility and serve as the eyes and ears of the physician," she said. "There may or may not be a physician on site daily, so the nurse really needs to recognize subtle changes in conditions so that treatment or interventions can be changed to avoid rehospitalization."

Along with certifications in geriatric care, training that matches a post-acute employer's care specialties plays a





crucial role in clinical oversight. This will stand out in areas such as wound care, pulmonary disease and behavioral health, Stewart added.

Advanced practice clinicians also need to be up to speed on federal regulatory requirements and compliance. Better-trained staff leads directly to better documentation, a key to good patient outcomes and facility success, she added.

"If a nurse has specialized geriatric assessment education, for example, their documentation will reflect this. And better documentation leads to better outcomes for residents, fewer survey citations, more accurate quality measures and appropriate reimbursement as well."

For that reason, among others, Stewart encourages skilled nursing facilities to invest in professional development and to embrace the presence of a range of advanced practice clinicians.

ROUTINE PRESENCE ADDS KNOWLEDGE

An investment in highly trained staff comes full circle, added Darren Swenson, MD, group president of post-acute care services at TeamHealth. Advanced practice clinicians who have a scheduled presence in the building provide education to other staff members, he said.

TeamHealth's primary care teams round at facilities, collaborating directly with the full-time staff and helping to provide education for nurses when new issues arise. In this way, these clinician partners supplement the operator's own education efforts, Swenson said.

"You can't underestimate the value of those interactions," added David Gifford, MD, MPH, chief medical officer at the American Health Care Association.

"The presence of advanced practice clinicians provides ongoing, just-in-time training to the staff. You end up with a staff that has higher competency because they are getting exposure to nurse practitioners and physician assistants."

Advanced practice clinicians who mentor other nurses also can help build competencies such as assessment skills, Stewart said.

"Investing in nursing staff through professional development is a win-win for leaders and operators," she added.

"It establishes a workforce of highly skilled individuals. Residents benefit from this, and staff feel that the organization is investing in them and cares about them and their professional growth."

With resources scarce and budgets tight, professional development can be a stretch for some operators' budgets, Stewart acknowledged. But it's hard to put a price tag on it when compared with potential losses from citations and litigation, she said.

"Imagine the difference in a wound assessment between a wound certified nurse, and one who has no specialized training. One lawsuit or one survey citation with civil money penalties tied to it could cost far more than investing in staff education. And I think we overlook that."

RETAINING STAFF, IMPROVING PROCESSES

Having highly trained and engaged clinical leaders on site also helps operators with the ongoing challenge of staff retention, Stewart added.

"Visible clinical leaders, those who do rounds with staff, have higher retention rates. This is because they know staff on a professional and a personal level. They come across as genuine, caring and invested," she said.



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– DAVID GIFFORD, AMERICAN HEALTH CARE ASSOCIATION



Engaged and present clinical leaders who regularly round at facilities have more chances to check in, asking whether they have the tools to do their job. Staff, in turn, are more likely to bring up problems and process improvement ideas when they see and know these leaders, she added.

"Prospective staff members have a choice and want a great employee experience as we all do," Swenson added.

"In healthcare, it's about creating the right environment so that we all feel fulfilled, appreciated, acknowledged and are adequately resourced. And I think that's where we see the evolution of the model that brings a clinician presence into the building."

This might come into play for a social worker who needs a signature for post-discharge services, or when an agency nurse is considering applying for a full time position and is trying to get a sense whether it is a good environment for their license and to practice their skills.

"There's an effect we can't quantify, but we hear it from feedback: 'If you were here, I know I would come back,' or, 'Thank you for being here, I feel safer for this patient and my license,'" Swenson said. "That's powerful." ■



Engaged clinical partners drive care quality, value

As the role of value-based care grows in the post-acute sector, operators must adopt new processes that help meet quality goals.

But it's a tricky transition period for both operators and their clinical partners, as they wait for reimbursement structures to catch up with this patient-driven model.

Value-based care is appropriately asking for improved outcomes and patient experience at a lower-cost health-care delivery than the traditional fee-for-service model, said Darren Swenson, MD, group president of post-acute care services at TeamHealth, a national provider of clinical practice services. More data points and actions are now needed to demonstrate how adverse outcomes such as rehospitalizations are being prevented.

Engaged clinical partners can help post-acute facilities navigate this evolving operational environment, yet the reimbursement model for those clinicians is less than clear.

"It's complex," Swenson said.

Hands-on oversight by physicians and advanced practice clinicians who round on site multiple times a week can help operators improve results on the key quality measures of the value-based model. This also helps clinicians to see, document and treat incremental changes in patients who require complex care, Swenson explained.

"The advanced practice clinician has become fundamental to timely documentation on patients who are medically complex," he said. "This means that our operator partners are able to take credit for the work being delivered and to translate that into the PDPM reimbursement strategy."

When clinician partners are only on site intermittently, much of that data is missed, he added.



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The resulting improvements give operators hard data on quality to show prospective patients, referral partners and payers, industry advocates said.

Increasingly, evidence is showing that successful business operators need to provide high-quality care and have satisfied customers, said David Gifford, MD, MPH, chief medical officer at the American Health Care



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Association. "If you're not achieving those, you're not going to achieve 5-star ratings, which are going to impact your contracting and the decisions of those who are seeking care."

STAKEHOLDER AWAKENING

The pandemic has highlighted the crucial role that post-acute care facilities play in the new healthcare ecosystem, and industry stakeholders, from health-care systems to payers, are taking note, added Suzanne

Gillespie, MD, president of AMDA-The Society for Post-Acute and Long-Term Care Medicine.

When it comes to value-based purchasing, for example, AMDA has witnessed an increased interest in nursing facilities that can partner with healthcare systems in caring for complex patients, she said.

"Having the ability to treat in place and avoid the hazards of hospitalization ... has become more valuable not only from an efficiency perspective, but also from the goals of the resident patient and from a financial perspective," said Gillespie. "I think we're going to see more of that moving forward, having greater transparency and accountability."

Partnership with advanced practice clinicians and physicians helps to drive the person-centered outcomes that are expected from clinical teams, said Arif Nazir MD, FACP, chief medical officer of integrated healthcare company and skilled nursing provider Signature HealthCARE, based in Louisville, KY.

"It's about having the right operational flow and assisting in making sure the environment is financially viable," Nazir said. "Clinical teams need to be present at some level in operational conversations to understand how the business of clinical care integrates with the delivery of good care. Without operational and financial stability, there can be no hope that a facility can invest generously in quality systems."

At the same time, "in every single interaction, we owe it to our patients and staff that we bring value," he said. "It's a whole new culture of accountability." ■