



## 8 emerging trends that will transform post-acute care

For the past few years, regulatory transformations and demographic shifts have quietly lined up to create a “perfect storm” for providers in the U.S. An aging population and a shift to value-based reimbursements have radically redefined the healthcare landscape.

Acute and post-acute care providers are now responsible for patients’ health outcomes for a longer period of time. Hospitals are evaluated by readmission and medication compliance rates even after patients are discharged to a skilled nursing facility or transferred to recuperate at home.

In conversations with many C-suite executives at hospitals, health systems, hospices, skilled nursing and assisted living facilities, eight common trends emerge:

1. **An aging Baby Boomer population with multiple chronic conditions.** [The American Hospital Association reported that more than 37 million boomers will be managing more than one chronic condition by 2030. One quarter will be living with diabetes and more than one-third will be classified as obese.](#) Boomers are more likely to remain independent, which increases the demand for home healthcare.
2. **Technological advancements come with a cost.** [From robotic check-ups to ATM-style dispensing machines for prescriptions to improved equipment for melanoma biopsies,](#) it’s exciting to see how technology is advancing the quality of care. Though, with strapped budgets and limited IT resources, providers must prioritize their investments.
3. **Increased medication usage.** [Prescription drug usage is growing, with nearly half of the U.S. population taking one or more medications.](#) This places an increased burden on providers to manage side effects appropriately and avoid adverse interactions.
4. **Readmissions under the microscope.** CMS has revised its reimbursement model to penalize hospitals that report higher than normal incidents of readmissions. [According to recent reports, only 799 out of more than 3,400 hospitals subject to the Hospital Readmissions Reduction Program performed well enough on the CMS’ 30-day readmission program to avoid a financial penalty.](#)
5. **Accountable Care Organization and value-based payments.** This financial model rewards providers for doing more and delivering better health outcomes with the same resources.
6. **The patient as consumer.** With the rise of high deductible health plans, [46 percent of employees have annual deductibles over \\$1,000.](#) Given the increased volume of out-of-pocket costs, patients are now in the driver’s seat in terms of rewarding providers with their business. Care organizations are now at risk of lowered retention rates if patient satisfaction declines.
7. **Greater acuity in patient populations.** From ventilators to infusion therapy to complex rehab and wound care programs, Skilled Nursing Facilities are retooling for the future to admit and retain more acute patients while consistently juggling the need to recruit highly trained clinical staff and remain financially viable under Medicare Part A’s payment model.
8. **More specialized care and risk of fragmented delivery.** As patients traverse from acute to post-acute care environments, they receive care from a variety of specialists including case managers, pharmacists, skilled nursing staff, infusion/enteral feeding therapists and more. This increases the risk of patients falling through the cracks during transition periods.

## Collaboration, Innovation and Nimbleness are Key

In the past, there really wasn’t a lot of coordination between acute and post-acute care providers. That’s got to change. The focus needs to be on leveraging technology to create a patient-centric delivery model where partners work together to ensure compliance and provide adequate support for the growing needs of the post-acute care patient.