

Know the differences between LTACHs vs SNFs

Not all post-acute care settings are equal: discharge decisions affect outcomes and total cost of care



Determining the appropriate post-acute care (PAC) delivery setting for a patient based on his or her medical needs can help improve outcomes and lower total cost of care. While many patients are able to fully recover at a skilled nursing facility (SNF) or at home following a hospital stay, a small percentage of the patient population requires additional critical care and services. Without the proper intensity of acute care and access to physicians and on-site specialized services, these patients are more likely to readmit to the hospital, thereby increasing total cost.

In this whitepaper, we outline the distinction in clinical capabilities and appropriate patient types of long-term acute care hospitals (LTACHs) and SNFs and evaluate the characteristics that make LTACHs the ideal recovery setting for medically complex and critically ill patients leaving an ICU or med-surg unit.

Quick View: Differences between LTACHs and SNFs

LTACHS	SNFs
<ul style="list-style-type: none"> • Daily physical bedside visits, with sub-specialists on staff • ICU- and CCU-level nurses and physicians • Specialty in medically complex and critically ill patients • 24/7 respiratory therapy onsite • Specialized rehab programs and early mobilization of critical care patients, including those on ventilators • Onsite telemetry, radiology, pharmacy, and lab services • CMS-compliant infection control standards with hospital-level air ventilation systems and negative pressure isolation rooms • Licensed as Acute Care Hospital 	<ul style="list-style-type: none"> • Nursing-driven care plans • Physician visits as rarely as every 60 days, subspecialists seen offsite • Care for moderately ill patients who do not need acute-level treatment • Limited respiratory therapy, unless required for pulmonary patients • Standard rehabilitation services • Radiology, pharmacy, and lab services accessibility, but not onsite • Residential-level air ventilation systems • Licensed as Skilled Nursing Facility

Hospital-level staffing allows LTACHs to treat the most medically complex patients

One major differentiator between LTACHs and lower levels of care such as SNFs is staffing. At an LTACH, physicians, many of whom are sub-specialists in areas such as pulmonology, infectious disease and neurology, provide daily patient oversight. This contrasts with SNFs where visits from a physician are often much less frequent, since the Medicare program requires only one visit during the first 30 days of treatment and one visit every 60 days thereafter.

Furthermore, LTACH physicians, along with ICU- and CCU-level clinicians organized into customized interdisciplinary care teams, are trained to treat medically complex patients who come to an LTACH with an average of six comorbidities.¹ Despite caring for a more complex patient population, LTACHs were still half as likely as SNFs to readmit a patient to an STACH.²

LTACHs also provide 24/7 respiratory therapist coverage which allows them to treat patients with critical pulmonary conditions, including those requiring prolonged mechanical ventilation (PMV) or tracheostomies.

LTACH expertise in treating medically complex patients has thus played a critical role in reducing costly readmissions for high-risk patients.

...SNFs may lack the expertise, experience, and resources to provide care for this population with **complex and serious illness**³



Specialized rehabilitation therapists at LTACHs work alongside acute care clinicians to advance recovery

Unlike in lower levels of care such as SNFs, rehabilitation services at an LTACH are integrated with acute care to help patients with medically complex conditions achieve the fastest and most complete recovery. These patients benefit from medical care provided by physicians paired with specialized rehabilitation from physical, respiratory and occupational therapists, as well as speech-language pathologists. Comprehensive therapy strengthens their muscles, increases circulation and pulmonary capabilities, and improves their cognitive-communication skills and psycho-social well-being. LTACH respiratory therapists are also highly trained in their ability to liberate patients from mechanical ventilators, which can have considerable advantages. One study found that protocol-driven ventilator weaning led by respiratory therapists at LTACHs can significantly decrease time on ventilator, mortality, and cost of care.⁴

As such, partnership with LTACHs can help certain patients fully recover more quickly and can positively impact total cost of care.

LTACH settings are constructed for high-quality care and efficiency

Licensed as acute care hospitals, LTACHs, unlike lower levels of care, are equipped with on-site laboratories, telemetry, radiology, pharmacies and dialysis, all of which reduce the need for outpatient services. With these capabilities under one roof, LTACHs are able to increase treatment efficiency and limit potential setbacks that patients may experience as a result of being transported back and forth to different facilities.

LTACHs also feature negative pressure isolation rooms that allow them to reduce the spread of highly contagious viruses and bacteria. Infection control standards, overseen by a specialized Infection Prevention Nurse, also comply with the requirements of the Centers for Medicare and Medicaid Services (CMS) for general acute care hospital licensing. These protocols are unmatched by most other post-acute care providers. During the pandemic, lower levels of care, such as SNFs that had admitted COVID-19 patients, faced challenges in preventing spread of the disease to other residents, while LTACHs largely contained infection within COVID-dedicated units or hospitals.⁵

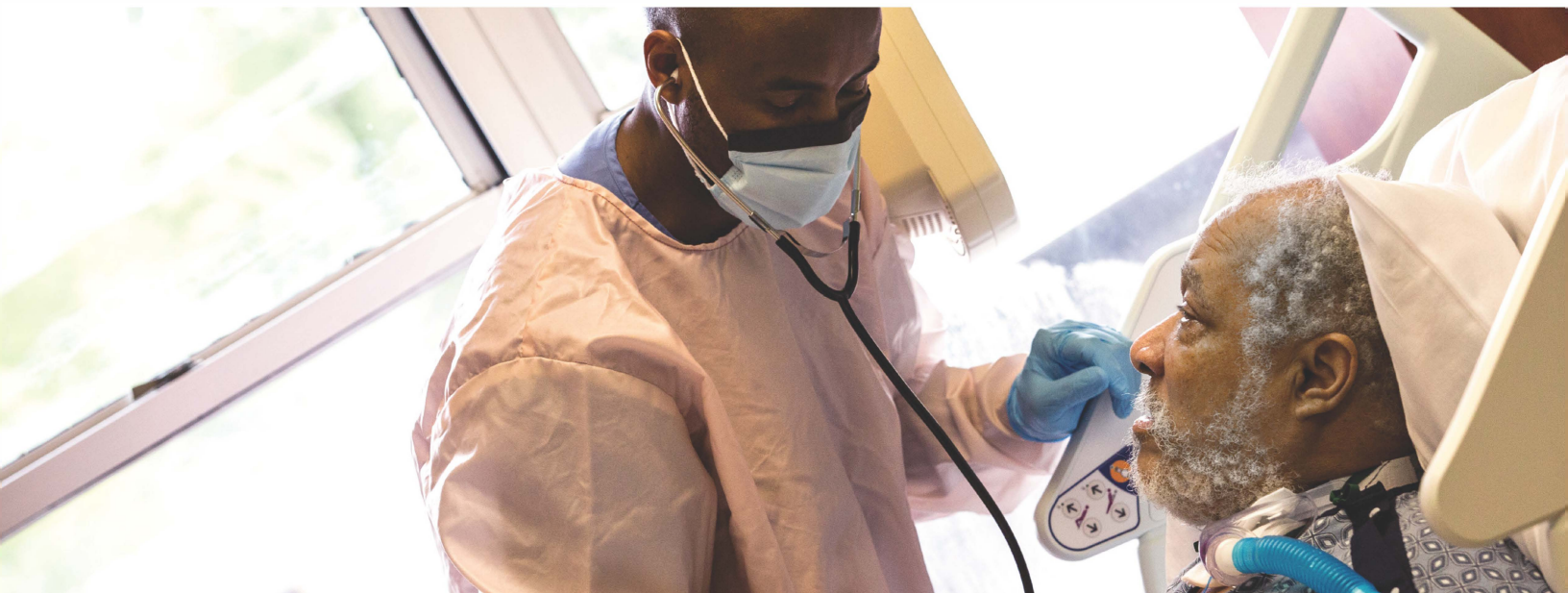
According to ATI research, “The ability to cohort and separate care for non-COVID and COVID-positive patients has been a critical tool for STACHs, and a key contribution of LTAC hospitals during the pandemic.

In certain markets LTAC hospitals continue to be the only facilities admitting COVID-positive patients,

due to specialized COVID-19 units and the ability to safely separate patients.”⁶



Infection prevention is critical both for improving outcomes of patients in the hospital, as well as maintaining the health and safety of staff which is required for efficient hospital operation.



How Partnership with Kindred Can Help

Kindred Healthcare has worked with patients and health systems across the country for more than 30 years to provide lasting recovery through its long-term acute care hospitals. Kindred Hospitals are a valuable partner for providers and payors alike by prioritizing transparency, patient access and collaboration to lower total episode costs-of-care. Kindred Hospitals improve outcomes, reduce disruptive and costly readmissions and help patients transition to a lower level of care through initiatives such as disease-specific certifications from The Joint Commission in Sepsis and Respiratory Failure in all 60+ hospitals across the country. Additionally, innovations such as the Move Early Mobility Program, which aims to incorporate mobilization as early as is safe, even for patients on ventilators, and AfterCare, Kindred's Registered Nurse follow-up program, have resulted in improved outcomes for medically complex patients.

Kindred Hospitals are also committed to an innovative approach to contracting. Health plan partnerships are customized by product and can be built on DRG rates, negotiated per diem rates or within value-based agreements. Kindred Hospitals currently support the following contract products:

- Medicare Advantage
- Commercial
- Managed Medicaid
- Veterans Affairs
- Worker's Compensation

Visit [kindredmanagedcare.com](https://www.kindredmanagedcare.com) to request a conversation about how Kindred Hospital's level of services can help manage your critically complex patients.



References:

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