



LTACHs vs. SNFs: Which Care Setting is Better for Medically Complex Patients?

Determining the appropriate discharge destination for a patient leaving the ICU is a key component of improving outcomes and reducing readmissions. This decision makes understanding the differences between care settings essential.

While long-term acute care hospitals (LTACHs) and skilled nursing facilities (SNFs) are often misunderstood as fulfilling the same role, they exist to care for patients with different conditions and levels of complexity.

TOP PATIENT CONDITIONS

Long-term acute care hospitals provide physician-led acute care for critically ill patients with multiple serious conditions and specialize in treating complex pulmonary diagnoses.

Skilled nursing facilities are lower-level care settings that treat patients with a wide range of conditions that can be managed by nursing staff.

TOP FIVE CONDITIONS BY SETTING¹

LTACHs

1. Pulmonary edema and respiratory failure
2. Respiratory system diagnosis with ventilator support for 96+ hours
3. Respiratory system diagnosis with ventilator support ≤96 hours
4. Respiratory infections and inflammations with major complication or comorbidity
5. Other respiratory system O.R. procedures with major complication or comorbidity

SNFs

1. COVID-19
2. Metabolic encephalopathy
3. Urinary tract infection, site not specified
4. Sepsis, unspecified organism
5. Pneumonia, unspecified organism

WITHIN THE TOP PATIENT CONDITIONS AT LTACHs ...



More than 20% of cases require ventilator support



40% of cases are characterized by the top two pulmonary DRGs



Septicemia or severe sepsis with major complications or comorbidities is one of the top 10 conditions



16 of the top 20 conditions include at least one major complication or comorbidity

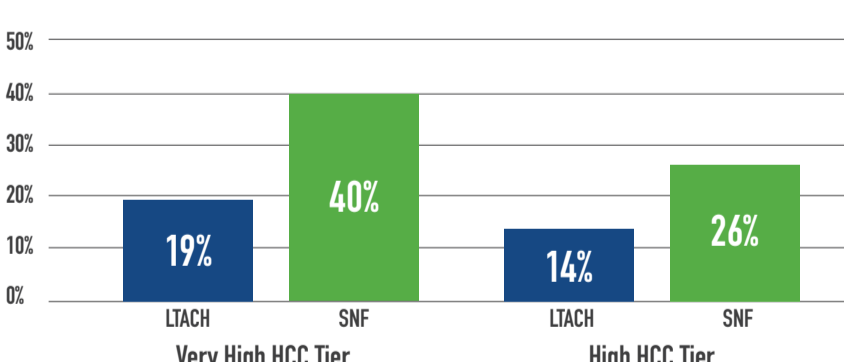
COMPARING PATIENT COMPLEXITY AT LTACHs AND SNFs

Additional insight into patient differences in each setting can be gained by looking at the Hierarchical Condition Category (HCC) codes of patients at LTACHs and at SNFs. HCC coding is a risk-adjustment model that helps communicate patient complexity, with higher scores reflecting greater complexity.²

The Advisory Board categorizes Medicare patients into Low, Mid, High, and Very High HCC tiers. According to recent data, 83% of LTACH patients fell into the High or Very High HCC tiers, while only 38% of SNF patients were in those categories.³ This suggests that LTACHs have greater experience treating medically complex patients.

With this greater experience, LTACHs have achieved improved outcomes for medically complex patients. The same data reveals that the average readmission rates for patients in the High or Very High HCC tiers are about 2X higher at SNFs than at LTACHs.

30-DAY READMISSION RATES FOR COMPLEX PATIENTS AT LTACHs AND SNFs



Kindred Hospitals provide specialized long-term acute care and rehabilitation for medically complex patients. Demonstrating our commitment to excellence, each of our hospitals has achieved at least one disease-specific care certification from The Joint Commission in either Respiratory Failure, Pulmonary Rehabilitation, Sepsis, or Wound Care. With initiatives such as our Move Early program of early mobility and our AfterCare program of post-discharge follow-up communications, we are dedicated to helping our patients achieve lasting recovery.

NEXT LEVEL CARE. NEXT LEVEL RECOVERY.

To learn more about how Kindred Hospitals can help you manage medically complex patients, visit [kindredmanagedcare.com](https://www.kindredmanagedcare.com)



REFERENCES

1. FY 2022 CMS Medicare Claims
2. <https://www.advisory.com/blog/2018/04/reimbursement>
3. The Advisory Board. The Post-Acute Care Pathways Explorer. State Average Outcomes by HCC Score Tier. HCC tiers include Medicare FFS patients with a total HCC score in the following ranges: 'Low' between 0 and 2, 'Mid' greater than 2 and less than or equal to 4, 'High' greater than 4 and less than or equal to 6, and 'Very High' greater than 6. Accessed November 2023.