



# Restoring Financial Health During and After the COVID-19 Crisis Part 2: *Rebuilding Census in Your Skilled Nursing Facility*

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# Restoring Perceptions

*Dealing with Post COVID Public Perceptions*

# Environment Scan



- Nursing home vacancy rate in New York State is three times the pre-pandemic level – 7.3% to 21.3%
- Factors include family hesitancy to send relatives to homes
- Nearly half of COVID deaths occurred in nursing homes

PAC Facility  
Comparison

# Context

- Families perceive needing to place a loved one in a skilled nursing facility as a failure to provide themselves the care that is needed
- This brings up mixed emotions of relief, coupled with frustration and even anger over the situation – which gets transferred to the staff
- Couple this with nursing homes often being underfunded, understaffed, and with inconsistent care givers who are not always prepared to communicate well, and the problem is compounded

PAC Facility  
Comparison

# Solution

- The solution is not achieved primarily through marketing
- The solution is achieved by building effective care delivery and communication systems and treating family members as patients as well as the loved ones they place in your home
- Then you can use marketing and social media to share stories of these experiences



# Restoring Programs

## *Identifying Niche Opportunities*

# Programmatic Approach



PAC Facility  
Comparison

- Census is most effectively restored when a programmatic approach is used
- Identify needs in your community that are under-met, and develop programs to address these needs
- This requires a comprehensive approach that includes regulatory, staffing, training, standards and quality monitoring, and marketing

# Identifying Programmatic Needs

- Look through your declined admissions data for the past year or so, and analyze trends in referrals that you turned away
  - If you turned away referrals for being too clinically complex or requiring specialized services, could these be admitted with proper preparation?
  - If you turned away referrals for being behavioral challenges, could you develop a specialized program to address?
  - If you turned away referrals for being less profitable, could you reconsider the contribution margin of a filled bed that is less profitable, verses an empty bed that brings no revenue at all?

# Plan for Success



- Once a programmatic need is identified, set up a multidisciplinary team to plan
- Plan should address all components for development
  - Demonstrate you can
  - Demonstrate you care
  - Getting the message out

Facility  
Comparison

# Restoring Referrals

*Using Data Analytics to Understand Hospital Referral Patterns*

# Referral Source Relationships



- Discussions with referral sources need to be data driven, with substantiation about why your facility is the provider of choice
- Understand the needs of your referral source – is it quality alone, or are they also at risk financially?
- Based on this understanding, develop a value proposition to be communicated with the referral source

PAC Facility  
Comparison

# Referral Source Relationships

- If the referral source is primarily concerned about quality of care, be prepared to present quality data:
  - Facility star rating and survey history
  - CMS quality measures
  - Facility specific quality measures
  - Patient and family satisfaction data
  - Avoidable emergency department visit rate
  - Avoidable hospitalization rate

PAC Facility  
Comparison

# Referral Source Relationships

- If the referral source is also concerned about financial risk
  - Medicare admission length of stay/utilization
  - Medicare claims per admission
  - 30- and 60-day post nursing home discharge claims

PAC Facility  
Comparison

# ABC Health Care Continuum Dashboard

## Inpatient Discharges

Evaluate the outcomes of the various PAC settings based on **specific DRGs**



## PAC Setting Comparison

Compare outcomes within the various **Post-Acute facilities** based on setting within the community



## PAC Facility Comparison

### Improving Census

Allows PAC providers to share tangible evidence with acute care facilities of **favorable patient outcomes** they provide in comparison to other facilities within the community

# ABC Health Inpatient Post-Acute Discharge Patterns

30-Day episodes starting on the inpatient anchor discharge date

Episode Facility Name	Episode Volume	Readmission Rate	Cost Per Episode	Case Mix Index	Cost Per Episode (CMI Adjusted)	% Discharged to Home/Self Care	Avg PAC Cost Per Episode	Cost Per Episode - PAC (CMI Adjusted)
Facility I	15,281	13.3%	\$12,893	1.84	\$7,009	63.0%	\$4,703	\$2,551
Facility H	1,942	13.7%	\$12,229	1.30	\$9,445	41.2%	\$6,278	\$4,829
Facility G	2,703	12.2%	\$10,388	1.43	\$7,268	55.5%	\$5,002	\$3,493
Facility F	4,814	14.0%	\$11,966	1.51	\$7,991	58.8%	\$5,551	\$3,688
Facility E	22,940	13.0%	\$11,826	1.84	\$6,453	65.1%	\$3,906	\$2,128
Facility D	13,596	14.3%	\$11,784	1.72	\$6,870	57.1%	\$4,483	\$2,608
Facility C	3,220	16.2%	\$10,947	1.34	\$8,228	58.9%	\$5,171	\$3,853
Facility B	6,248	14.9%	\$11,364	1.43	\$7,990	54.2%	\$5,420	\$3,791
Facility A	9,156	14.4%	\$12,238	1.37	\$9,005	57.7%	\$5,381	\$3,939
<b>Total</b>	<b>79,900</b>	<b>13.8%</b>	<b>\$11,968</b>	<b>1.67</b>	<b>\$7,208</b>	<b>60.1%</b>	<b>\$4,689</b>	<b>\$2,815</b>



Assess the **30-day episodic outcomes** of inpatient discharges by acute care facility

# ABC Health Inpatient Post-Acute Discharge Patterns

Episode Volume by Year

Beneficiary County ● Rural ● Urban



Beneficiary County	Episode Volume	Readmission Rate	Utilization Per Episode	Cost Per Episode
Rural	25,637	13.7%	15.0	\$12,480
Urban	54,263	13.8%	14.7	\$11,727
<b>Total</b>	<b>79,900</b>	<b>13.8%</b>	<b>14.8</b>	<b>\$11,968</b>

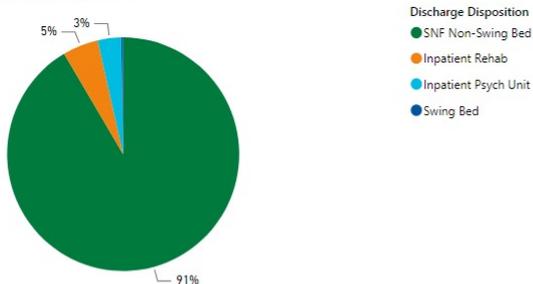
Discharge Disposition	Case Mix Index	Episode Volume	Cost Per Episode	Cost Per Episode (CMI Adjusted)	Cost Per Episode - PAC (CMI Adjusted)	Discharge Disposition %	Readmission Rate	Utilization Per Episode
Home Health	1.74	9,000	\$12,260	\$7,059	\$2,589	11.3%	15.6%	23.9
Home/Self Care	1.57	48,027	\$8,008	\$5,124	\$882	60.1%	13.6%	4.7
Hospice	1.57	1,667	\$9,832	\$6,300	\$1,641	2.1%	2.0%	20.4
Inpatient Psych Unit	1.17	543	\$17,197	\$14,770	\$10,345	0.7%	15.8%	26.7
Inpatient Rehab	2.26	829	\$32,077	\$14,201	\$9,424	1.0%	13.0%	31.8
Inpatient Transfer	2.26	2,517	\$29,126	\$12,913	\$8,594	3.2%	7.2%	23.2
Outpatient	1.41	2,050	\$8,247	\$5,866	\$1,308	2.6%	10.7%	8.0
SNF Non-Swing Bed	1.86	15,224	\$20,877	\$11,251	\$6,574	19.1%	16.1%	38.8
Swing Bed	1.64	43	\$22,922	\$14,017	\$9,186	0.1%	4.7%	27.4
<b>Total</b>	<b>1.67</b>	<b>79,900</b>	<b>\$11,968</b>	<b>\$7,208</b>	<b>\$2,815</b>	<b>100.0%</b>	<b>13.8%</b>	<b>14.8</b>

← Compare outcomes by **Discharge Disposition**

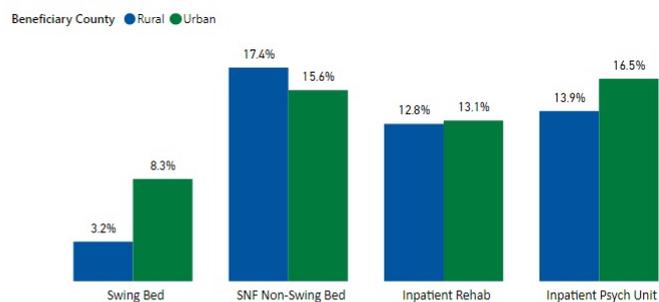
Filter episode volume based on **upstream DRGs**

# Skilled Care Setting Comparison

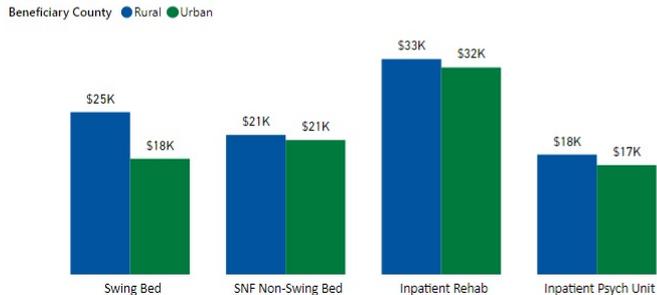
Episode Volume by Discharge Disposition



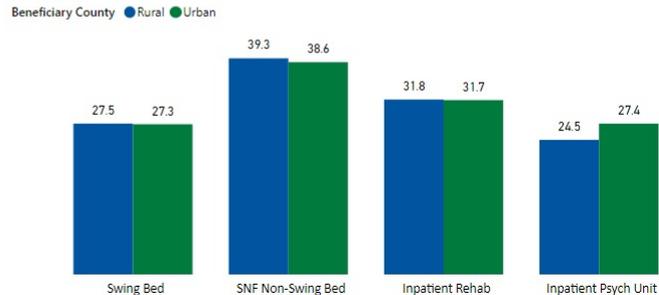
Readmission Rate



Cost Per Episode



Utilization Per Episode



Compare Cost, Readmissions, and Utilization per Care Setting

# Skilled Nursing Utilization

Skilled Care Facility	Readmission		Average		Average Payments		Occupancy		Overall Star Rating
	Total Stays	Rate	ALOS	Payments	CMI	(CMI Adjusted)	Rate		
Facility A	1,954	8.8 %	11.5	\$4,973	2.11	\$2,353	90.2 %	★ ★	
Facility B	1,047	16.1 %	12.2	\$5,042	1.99	\$2,528	84.1 %	★ ★ ★ ★ ★	
Facility C	915	16.0 %	13.0	\$5,001	2.06	\$2,428	73.8 %	★ ★ ★ ★ ★	
Facility D	621	17.7 %	12.8	\$5,278	1.68	\$3,149	82.3 %	★ ★	
Facility E	615	15.0 %	13.3	\$5,322	1.71	\$3,121	61.1 %	★ ★ ★ ★	
Facility F	561	20.0 %	12.2	\$4,871	1.48	\$3,298	73.2 %	★ ★	
Facility G	478	18.8 %	12.7	\$5,018	1.92	\$2,613	73.8 %	★ ★ ★	
Facility H	473	14.2 %	12.3	\$5,211	1.59	\$3,273	81.1 %	★ ★ ★ ★ ★	
Facility I	448	20.1 %	12.2	\$4,728	1.89	\$2,499	63.4 %	★	
Facility J	437	19.9 %	12.5	\$5,261	1.68	\$3,130	72.9 %	★ ★	
Facility K	367	19.3 %	12.6	\$4,722	1.76	\$2,688	81.8 %	★ ★	
Facility L	362	18.8 %	12.9	\$5,309	1.81	\$2,927	47.1 %	★	
Facility M	355	17.7 %	12.6	\$5,059	1.76	\$2,872	41.6 %	★ ★ ★ ★	
Facility N	350	18.3 %	13.8	\$5,718	1.77	\$3,239	46.9 %	★ ★ ★ ★ ★	
Facility O	292	9.9 %	12.0	\$5,138	1.79	\$2,866	80.7 %	★ ★ ★ ★ ★	
Facility Q	266	13.2 %	13.5	\$4,673	1.66	\$2,809	89.4 %	★ ★ ★	
Facility P	266	18.4 %	12.2	\$4,611	1.74	\$2,647	53.4 %	★ ★ ★	
Facility R	258	12.8 %	12.4	\$4,688	1.69	\$2,771	49.2 %	★ ★ ★ ★	
Facility S	252	17.9 %	13.6	\$5,206	2.03	\$2,568	59.8 %	★ ★ ★	
Facility T	251	15.9 %	11.5	\$3,448	1.60	\$2,152	74.3 %	★ ★ ★	
Facility U	245	15.5 %	13.0	\$5,000	1.69	\$2,954	75.9 %	★	
Facility V	242	14.9 %	13.4	\$4,843	1.78	\$2,715	71.7 %	★ ★ ★ ★ ★	
Facility W	238	18.5 %	11.5	\$4,888	1.80	\$2,711	67.2 %	★ ★ ★ ★	
Facility X	221	19.5 %	12.7	\$5,023	1.80	\$2,787	87.2 %	★ ★ ★	
Facility Y	218	13.8 %	11.6	\$4,177	1.61	\$2,592	64.1 %	★ ★ ★	
Facility Z	216	13.4 %	13.5	\$4,720	1.74	\$2,707	55.0 %	★	

Quickly compare outcomes of **Skilled Nursing Facilities** in the community

# Conclusion and Questions

# Conclusion

- To rebuild census, pursue the hard work of looking inside your organization to address quality and communication issues, and only then get the message out about the positive experiences your residents and families have
- Develop programmatic approaches to meeting unmet community needs
- Understand your referral sources needs and communicate to them the value proposition you offer them when they refer their patients to your facility

# Questions?

[grassihealthcareadvisors.com](http://grassihealthcareadvisors.com)

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# For More Information...



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