

San Francisco Post-Acute Care Project

Key Findings & Challenges



San Francisco Department of Public Health
Office of Policy & Planning

Post-Acute Care Collaborative
March 27th, 2017

Presentation Outline

- Project Overview & Definition
- Post Acute Care Today
- San Francisco's Post-Acute Care Challenges
- Recommendations

Overview

Health Commission Resolution 15-8

- San Francisco Department of Public Health to work with city agencies, hospitals, and community-providers to research skilled nursing and post-acute care needs

Purpose

- assess the impact of reduced SNF beds on the need, supply, and gaps in post-acute care services for San Francisco

Project Design Core Elements

- Project Team
- Quantitative & Qualitative Data
- Advisory Committee
- Environmental Scan

Post-Acute Care Definition

General Definition

- a range of medical services that support an individual's continued recovery from illness or management of a chronic illness

Medicare Definition

- Inpatient Rehabilitation Facilities
- Long-term Acute Care Hospitals
- Short-term Skilled Nursing
- Home Health Agencies

PAC Project Definition

- Short- and long-term skilled nursing care for San Francisco patients discharged from acute care hospitals to the community.
- Subacute-care

Post-Acute Care Today

Regulatory/Financing

- New reporting & accountability under Medicare
- Low Medi-Cal reimbursement rates

Trends Across Acute & Post-Acute Care

- Increased focus on care transitions
- Palliative care expansion
- Home- and community-based services

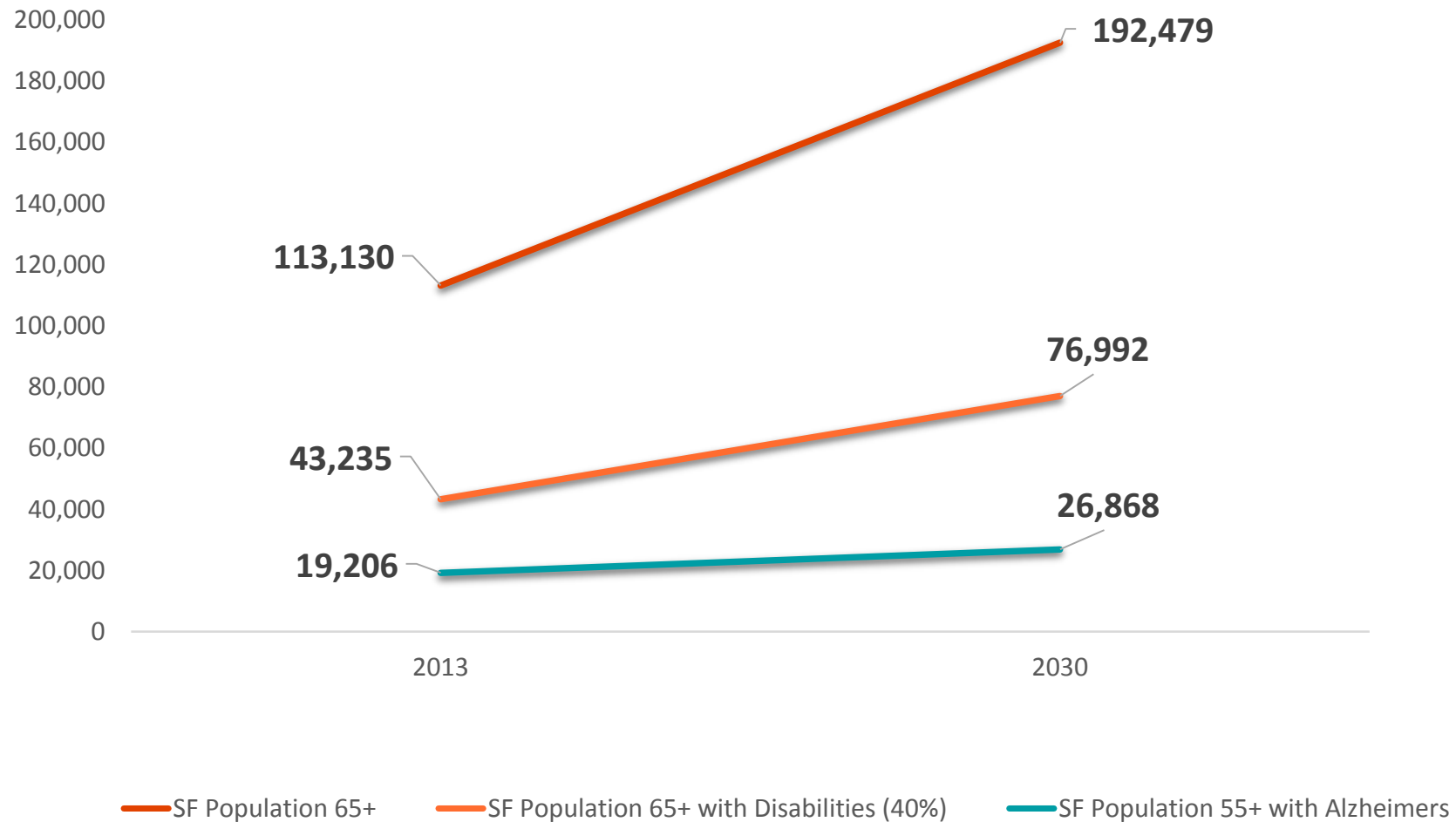
Post-Acute Care Today Continued

Factors Influencing Utilization

- Age
- Marital Status/Living Alone
- Chronic Illness/Disabilities/Dementia

Key Challenge # 1

Growing Number of Seniors and Persons with Disabilities



Continued Need for Skilled Nursing & Subacute Care

Hospital Discharges to Post-Acute Care

- Discharge to post-acute care is common for adults 65+ (41%)
- ~7,000 discharges to skilled nursing facilities/year for San Francisco residents
- Hospital SNF closures have resulted in an increase in discharges to community SNFs

Patients Unable to Transition to SNFs

- 67 patients waiting in acute care hospitals on a given day

Subacute Care

- CPMC St. Luke's: 33 patients; 72% San Francisco residents
- 55% have resided in unit greater than 2 years
- San Francisco hospitals experience challenges placing subacute patients in Northern California

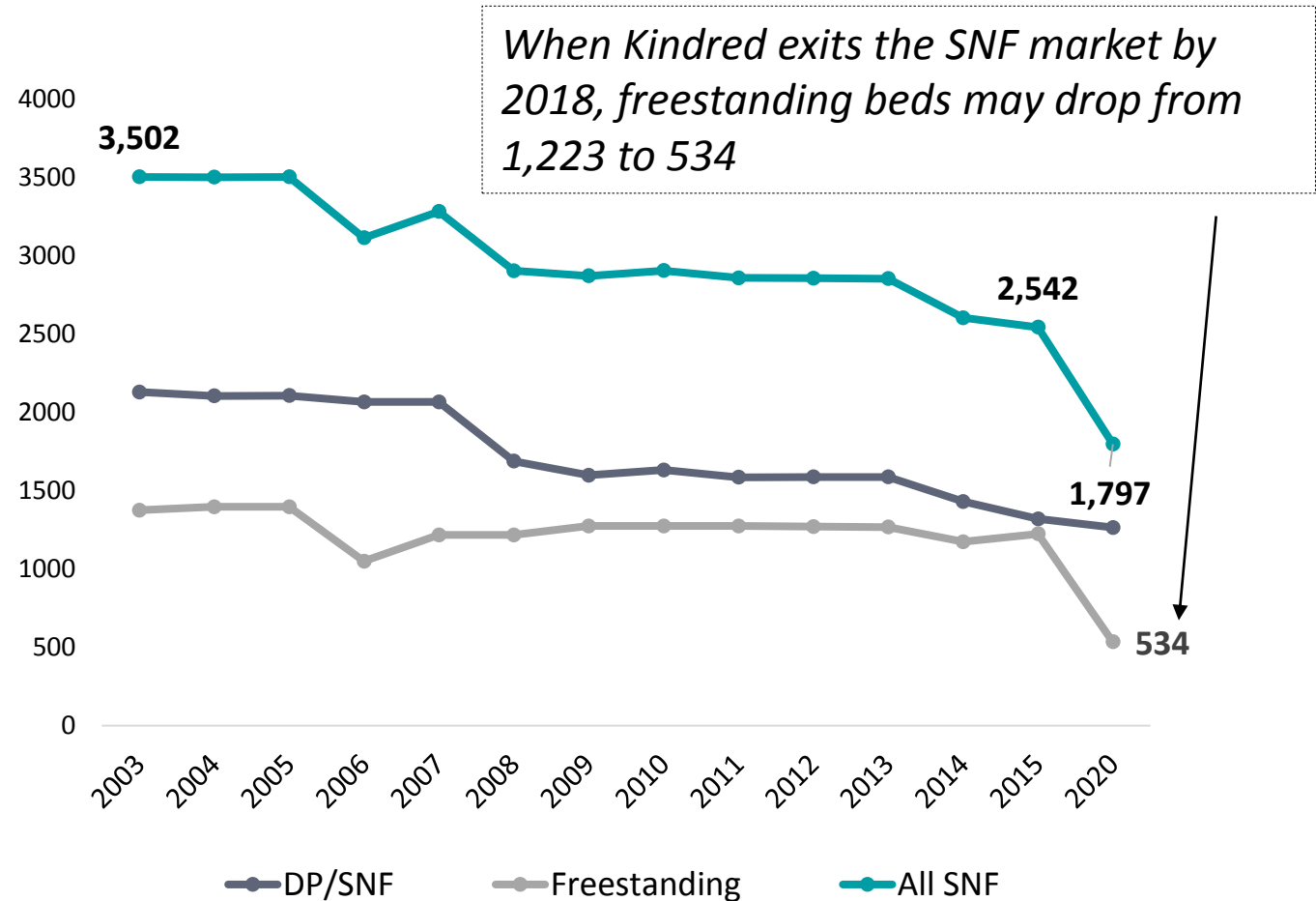
Declining Skilled Nursing Bed Supply

Facility	Licensed SNF Beds 2015
CPMC St. Luke's	79*
CPMC Davies	38
San Francisco General Hospital	30
Jewish Home	403
Laguna Honda Hospital	769
Total Distinct Part Facilities	1,319
Total Freestanding Facilities (16)	1,223
TOTAL	2,542

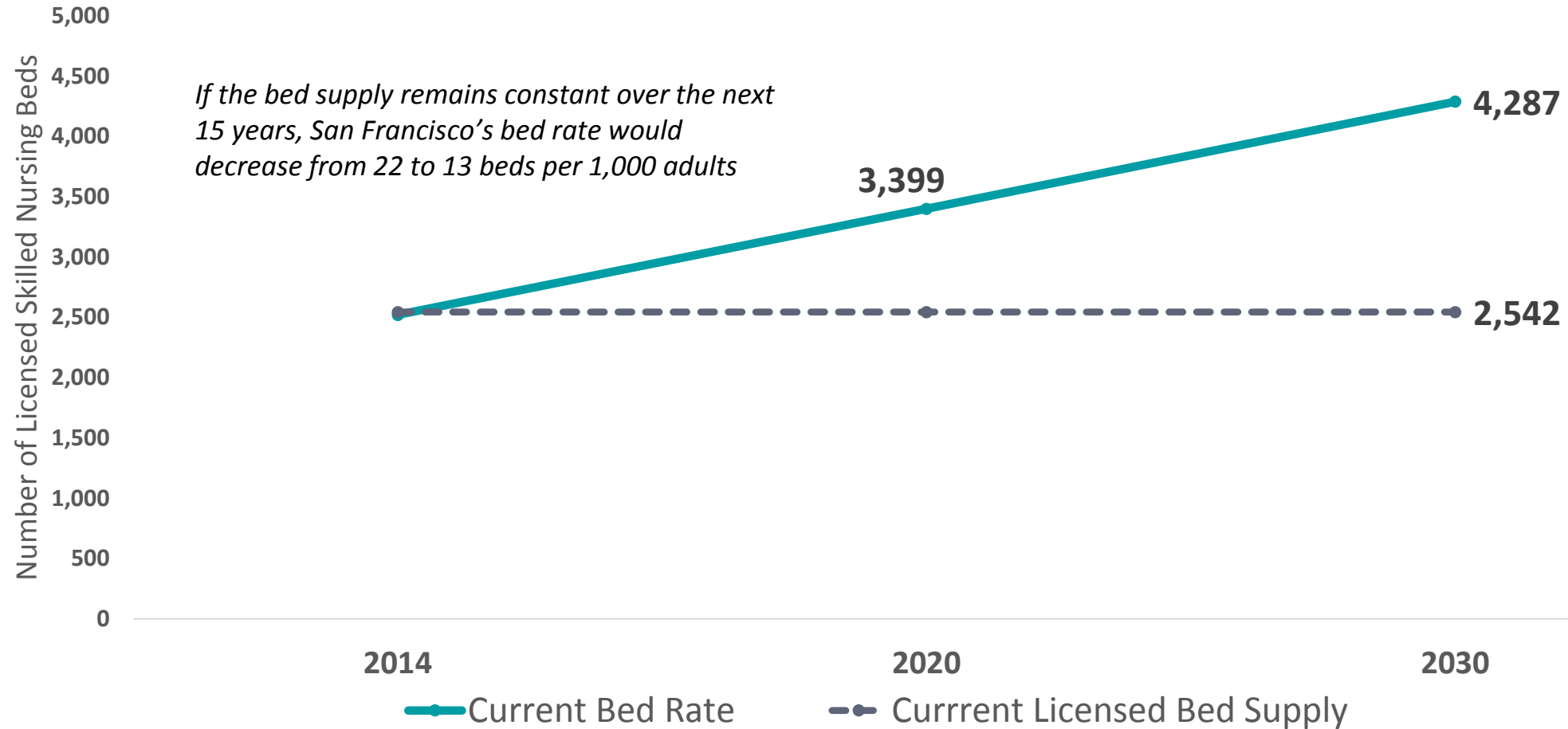
* 40/79 beds are designed as subacute

4/11/2017

Licensed SNF Beds in San Francisco, 2003-2020



Declining Skilled Nursing Bed Rate



Key Challenge # 2

Limited Placement Options for Medi-Cal Patients

Key informant findings

- Limited placement options for Medi-Cal beneficiaries needing short and long-term skilled nursing care

Home- and community-based service barriers

- Stable home environment
- Cost of services
- Programmatic barriers

Key Challenge #3

Limited Placement Options for Vulnerable Populations

Patients with behavioral challenges

- Mental Health Diagnoses
- Dementia
- Traumatic Brain Injury

Patients who are homeless

Recommendations

Short-Term Recommendations

- **Create a citywide post-acute care collaborative ✓**
- **Explore new incentives and funding options to address current gaps in institutional care and bring new SNF, RCFE, and subacute providers to the market**
- **Identify the total number of SNF residents who can transition to the community**
- **Promote flexibility and expansion of community programs and affordable housing to care for post-acute care patients**

Long-Term Recommendations

- **Explore public-private partnerships to support alternative post-acute care settings**
- **Identify a process – application/technology – for delivering real-time post-acute care information (acute care, post-acute care, home- and community-based care)**
- **Advocate for increased access to existing Medi-Cal HCBS program waivers**

Looking Ahead

Federal/State

- “American Health Care Act”
 - could create an incentive for states to reduce services for costliest populations like seniors

Local

- Further reduction of skilled nursing beds in San Francisco

Thank You

- **Margie Baran**, Executive Director, In-Home Supportive Services Consortium Rehabilitation Center Central California
- **Matthew Powondra**, Jewish Home
- **Pat Blaisdell**, Vice President, Continuum of Care, California Hospital Association
- **Irin Blanco**, Utilization Management Nurse Manager, San Francisco General Hospital
- **Barbara Brownell**, Director of Social Work, Dignity Health
- **Matija Cale**, Inpatient UM Manager, San Francisco Health Plan
- **Idy Chan**, Health at Home
- **Colleen Chawla**, Deputy Director of Health/Director of Policy & Planning, San Francisco Department of Public Health
- **Amy Chiu**, Regional Manager, Strategy and Business Development, California Pacific Medical Center
- **Peggy Cmiel**, Chief Nursing Officer, Chinese Hospital
- **Traci Dobronravova**, Associate Director, Seniors at Home
- **Linda Edelstein**, San Francisco Department of Aging and Adult Services
- **Ann Gors**, Division President, Vibra Healthcare; CEO, Kentfield Rehabilitation & Specialty Hospital
- **Dustin Harper**, Vice President of Community Living Services, Institute on Aging
- **Anne Hinton**, Executive Director, San Francisco Department of Aging and Adult Services
- **Mivic Hirose**, Executive Administrator, Laguna Honda Hospital and
- **Kevin Hogan**, Chief Operations Officer, Jewish Senior Living Group
- **Crystal Jackson**, Clinical Liaison, Kindred Hospital, San Francisco Bay Area
- **Michelle Javid**, Manager of Business Development, Seniors at Home
- **Cindy Kauffman**, Chief Operating Officer, Institute on Aging
- **Mary Lanier**, Chief Administrative Officer Davies Campus, VP Specialty Services, California Pacific Medical Center
- **Mario LeMay**, Jewish Home
- **Melissa McGee**, Long Term Care Principal Investigator; Facilitator, Long Term Care Coordinating Council, San Francisco Department of Aging and Adult Services
- **Robert Newcomer**, Professor Emeritus, Department of Social & Behavioral Sciences, University of California San Francisco
- **Gabija Nezabitauskaitė**, Senior Clinical Liaison Kindred Transitional Care and Rehab
- **Jackie Petrys**, Inpatient UM Nurse, San Francisco Health Plan
- **Eizabeth Polek**, Director of Case Management, University of California San Francisco Medical Center
- **Judith Rooke**, Kindred Transitional Care and Rehab
- **Anna Sampera**, Director Utilization Management, Hospital Administration, San Francisco General Hospital
- **David Serrano Sewell**, Regional Vice President, Hospital Council of Northern & Central California
- **Molly Shane**, Assistant Director of Case Management, University of California San Francisco Medical Center
- **Matthew M. Verscheure**, Director of Homecare Services - San Mateo, HOMEBRIDGE
- **Emily Webb**, Director, Community Health Programs, California Pacific Medical Center
- **Abbie Yant**, Vice President Mission, Advocacy and Community Health, Saint Francis Memorial Hospital
- **Ruth Zaltsmann**, MKT BPCI Clinical Program Manager, St. Mary's Medical Center – Saint Francis Memorial Hospital

