

# POST ACUTE PROVIDERS

## HEALTH INFORMATION TECHNOLOGY USER EHR/HIE SURVEY RESULTS

OCTOBER 2019

This survey is designed to help stakeholders of post-acute provider industry identify what strategies and solutions are developing to address the higher growth/demand for post-acute services in the challenging environment of lower fee-for-service reimbursements and impending valued-based payment models from all payers: government and commercial. The purpose of the survey is to determine if there are more efficient ways to improve post-acute patient care and keep providers accountable for improving quality and reducing costs through effective use of health care information technology, specifically: health information exchanges (public and private), quality reporting, health analytics, workflow and care coordination, as well as patient engagement software/systems.

Black Book polled the leadership from 591 post-acute providers to ascertain the need for information platforms to support the exchange of information and provision and coordination of the most appropriate health care delivery, supplies, equipment and venue of services, as well as the operational, technological and financial road blocks, both current and projected.

**TOTAL RESPONDENTS: 768**

### SURVEYED POST-ACUTE PROVIDERS BY RESPONDENT TITLE:

260 CHIEF EXECUTIVE OFFICER/EXECUTIVE DIRECTOR/CHIEF OPERATING OFFICER/ADMINISTRATOR (33.8%)

109 CHIEF FINANCIAL OFFICER/CONTROLLER (14.2%)

65 CHIEF INFORMATION/TECHNOLOGY OFFICER (8.4%)

120 CHIEF CLINICIAN/NURSING OFFICER/MEDICAL DIRECTOR (15.6%)

214 OTHER MANAGER/DIRECTOR/LEADER/SUPERVISOR (27.9%)



**CHIEF EXECUTIVE OFFICER/EXECUTIVE DIRECTOR/ADMINISTRATOR RESPONDENTS BY PROVIDER/FACILITY TYPE: 345 OF 768 (44.9% OF PARTICIPANTS)**

165 NURSING HOME/SKILLED NURSING FACILITY (SNF)/ LONG TERM REHABILITATION FACILITY

11 DURABLE MEDICAL EQUIPMENT (DME) DISTRIBUTORS

50 HOME HEALTH &/OR HOME INFUSION

19 HOSPICE & PALLIATIVE CARE

22 POST ACUTE PROVIDER CHAIN/CORPORATE LOCATION

35 HOSPITAL SNF & SUBACUTE

40 SHORT TERM REHABILITATION FACILITY

3 OTHER POST ACUTE PROVIDER TYPE

**CHIEF EXECUTIVE OFFICER/EXECUTIVE DIRECTOR/CHIEF OPERATING OFFICER/ADMINISTRATOR RESPONDENTS BY PROVIDER/FACILITY TYPE:**

47.8% NURSING HOME/SKILLED NURSING FACILITY (SNF)/ LONG TERM REHABILITATION FACILITY

3.1% DURABLE MEDICAL EQUIPMENT (DME) DISTRIBUTOR

14.5% HOME HEALTH AND/OR HOME INFUSION

5.5% HOSPICE & PALLIATIVE CARE

6.4% POST ACUTE PROVIDER CHAIN/CORPORATE LOCATION

10.1% HOSPITAL SNF & SUBACUTE

11.6% SHORT TERM REHABILITATION FACILITY

0.9% OTHER POST ACUTE PROVIDER TYPE



# 1. WHAT DO YOU CONSIDER YOUR THREE MOST PRESSING ISSUES FACING POST-ACUTE PROVIDERS IN 2020?

RESPONDENTS	DECLINING REIMBURSEMENTS	VALUE-BASED ACCOUNTABLE POST ACUTE CARE	DENIALS/RCM	LACK OF INFORMATION TECHNOLOGY	LACK OF DATA SHARING/HIE/ INTEROPERABILITY	LACK OF CARE COORDINATION/ QUALITY REPORTING	OTHER ISSUE NOT LISTED
<b>NURSING HOME/SKILLED NURSING FACILITY (SNF)/CORP/LONG TERM REHABILITATION FACILITY</b> (Total Respondents n= 410)	<b>80%</b> (n=328)	<b>52%</b> (n=212)	<b>66%</b> (n=271)	<b>20%</b> (n=82)	<b>17%</b> (n=70)	<b>35%</b> (n=144)	<b>3%</b> (n=11)
<b>HOSPITAL POST-ACUTE CARE/SHORT TERM REHABILITATION</b> (Total Respondents n=196)	<b>89%</b> (n=174)	<b>7%</b> (n=14)	<b>12%</b> (n=22)	<b>17%</b> (n=33)	<b>73%</b> (n=143)	<b>80%</b> (n=156)	<b>1%</b> (n=1)
<b>HOME HEALTH</b> (Total Respondents n = 88)	<b>83%</b> (n=73)	<b>11%</b> (n=10)	<b>20%</b> (n=10)	<b>20%</b> (n=17)	<b>84%</b> (n=43)	<b>79%</b> (n=70)	<b>4%</b> (n=2)
<b>DME/OTHER POST ACUTE</b> (Total Respondents n= 66)	<b>100%</b> (n=66)	<b>6%</b> (n=4)	<b>28%</b> (n=18)	<b>14%</b> (n=12)	<b>90%</b> (n=60)	<b>72%</b> (n=48)	<b>0%</b> (n=0)
<b>ALL POST ACUTE PROVIDERS</b> (Total Respondents n= 760)	<b>84%</b> (n=638)	<b>32%</b> (n=240)	<b>42%</b> (n=321)	<b>19%</b> (n=144)	<b>74%</b> (n=316)	<b>55%</b> (n=413)	<b>1%</b> (n=14)



2. IF “DECLINING REIMBURSEMENTS” WAS INDICATED IN QUESTION 1, WHICH PAYER TYPE REIMBURSEMENT IS MORE PRESSING TO YOUR ORGANIZATION?

RESPONDENTS	GOVERNMENT PAYERS	COMMERCIAL PAYERS	PROVIDER SPONSORED PAYERS
<b>NURSING HOME/SKILLED NURSING FACILITY (SNF)/LONG TERM REHABILITATION FACILITY</b>  (Total Respondents n= 346)	<b>85%</b>  (n=295)	<b>11%</b>  (n=37)	<b>4%</b>  (n=14)
<b>HOSPITAL POST-ACUTE CARE/SHORT TERM REHABILITATION</b>  (Total Respondents n= 159)	<b>75%</b>  (n=119)	<b>19%</b>  (n=31)	<b>12%</b>  (n=19)
<b>HOME HEALTH</b>  (Total Respondents n = 66)	<b>36%</b>  (n=24)	<b>48%</b>  (n=32)	<b>15%</b>  (n=10)
<b>DME/OTHER POST ACUTE</b>  (Total Respondents n= 51)	<b>100%</b>  (n=51)	<b>0%</b>  (n=0)	<b>0%</b>  (n=0)
<b>ALL POST ACUTE PROVIDERS</b>  (Total Respondents n= 622)	<b>78%</b>  (n=488)	<b>16%</b>  (n=100)	<b>6%</b>  (n=43)



3. IF INDICATED “DENIALS” IN QUESTION 1, WHAT ARE THE PRIMARY ROOT CAUSES OF YOUR DENIALS?

RESPONDENTS	POOR DOCUMENTATION/ TECHNOLOGY	INCOMPLETE CODING OR INACCURATE BILLING	CONSTANTLY CHANGING PAYER RULES	OTHER
<b>NURSING HOME/SKILLED NURSING FACILITY (SNF)/LONG TERM REHABILITATION FACILITY</b>  (Total Respondents n= 221)	<b>39%</b>  (n =86)	<b>24%</b>  (n =53)	<b>37%</b>  (n =82)	<b>0%</b>  (n =0)
<b>HOSPITAL POST-ACUTE CARE/SHORT TERM REHABILITATION &amp; AFFILIATES</b>  (Total Respondents n= 45)	<b>41%</b>  (n =18)	<b>36%</b>  (n =16)	<b>34%</b>  (n =15)	<b>0%</b>  (n =0)
<b>HOME HEALTH</b>  (Total Respondents n = 50)	<b>49%</b>  (n =24)	<b>25%</b>  (n =12)	<b>33%</b>  (n =16)	<b>0%</b>  (n =0)
<b>DME/OTHER POST ACUTE AFFILIATES</b>  (Total Respondents n= 4)	<b>0%</b>  (n =0)	<b>50%</b>  (n =2)	<b>50%</b>  (n =2)	<b>0%</b>  (n =0)
<b>ALL POST ACUTE PROVIDERS</b>  (Total Respondents n= 320)	<b>40%</b>  (n =128)	<b>26%</b>  (n =83)	<b>36%</b>  (n =115)	<b>0%</b>  (n =0)



**4. IN REGARDS TO QUESTION 2, TO WHAT EXTENT IS MEDICARE ADVANTAGE AND/OR MEDICAID MANAGED CARE A GROWING PORTION OF YOUR PAYER MIX?**

RESPONDENTS	SIGNIFICANT	SOMEWHAT SIGNIFICANT	NOT SIGNIFICANT	NOT APPLICABLE
<b>NURSING HOME/SKILLED NURSING FACILITY (SNF)/LONG TERM REHABILITATION FACILITY</b>  (Total Respondents n= 278)	<b>52%</b>  (n =145)	<b>39%</b>  (n= 108)	<b>10%</b>  (n =27)	<b>3%</b>  (n =8)
<b>HOSPITAL POST-ACUTE CARE/SHORT TERM REHABILITATION &amp; AFFILIATES</b>  (Total Respondents n= 61)	<b>90%</b>  (n =55)	<b>5%</b>  (n =3)	<b>5%</b>  (n =3)	<b>0%</b>  (n =0)
<b>HOME HEALTH</b>  (Total Respondents n = 67)	<b>100%</b>  (n =67)	<b>0%</b>  (n =0)	<b>0%</b>  (n =0)	<b>0%</b>  (n =0)
<b>DME/OTHER POST ACUTE AFFILIATES</b>  (Total Respondents n= 5)	<b>100%</b>  (n =5)	<b>0%</b>  (n =0)	<b>0%</b>  (n =0)	<b>0%</b>  (n =0)
<b>ALL POST ACUTE PROVIDERS</b>  (Total Respondents n= 411)	<b>66%</b>  (n =272)	<b>27%</b>  (n =111)	<b>7%</b>  (n =30)	<b>2%</b>  (n =8)



5. WHAT IS YOUR ASSESSMENT OF YOUR POST-ACUTE CARE ORGANIZATION'S INFORMATION TECHNOLOGY & ELECTRONIC PATIENT DATA EXCHANGES?

RESPONDENTS	CURRENTLY NON-EXISTENT OR EXTREMELY POOR	CURRENTLY MINIMAL OR UNDERUTILIZED	CURRENTLY MODERATE OR OCCASIONAL UTILIZATION	CURRENTLY ADVANCED OR DAILY UTILIZATION
<b>NURSING HOME/SKILLED NURSING FACILITY (SNF)/LONG TERM REHABILITATION FACILITY</b>  (Total Respondents n= 337)	<b>61%</b>  (n=206)	<b>23%</b>  (n=79)	<b>7%</b>  (n=24)	<b>14%</b>  (n=46)
<b>HOSPITAL POST-ACUTE CARE/SHORT TERM REHABILITATION &amp; AFFILIATES</b>  (Total Respondents n= 239)	<b>17%</b>  (n=41)	<b>29%</b>  (n=69)	<b>42%</b>  (n=100)	<b>12%</b>  (n=29)
<b>HOME HEALTH</b>  (Total Respondents n = 94)	<b>73%</b>  (n=69)	<b>10%</b>  (n=9)	<b>7%</b>  (n=7)	<b>7%</b>  (n=7)
<b>DME/OTHER POST ACUTE AFFILIATES</b>  (Total Respondents n=25)	<b>90%</b>  (n=22)	<b>6%</b>  (n=2)	<b>3%</b>  (n=1)	<b>0%</b>  (n=0)
<b>ALL POST ACUTE PROVIDERS</b>  (Total Respondents n= 695)	<b>49%</b>  (n=338)	<b>23%</b>  (n=159)	<b>19%</b>  (n=132)	<b>12%</b>  (n=82)



6. WOULD AN INFORMATION TECHNOLOGY PLATFORM FOR PATIENT DATA SHARING & COMPREHENSIVE CARE COORDINATION IMPROVE YOUR ORGANIZATION'S FINANCIAL HEALTH AND YOUR ABILITY TO THRIVE UNDER VALUE-BASED CARE & LOWER FEE-FOR-SERVICE REIMBURSEMENTS?

RESPONDENTS	YES	NO	NOT SURE
<b>CHIEF EXECUTIVE OFFICERS</b>  (Total Respondents n= 287)	<b>91%</b>  (n=264)	<b>0%</b>  (n=0)	<b>8%</b>  (n=23)
<b>CHIEF FINANCIAL OFFICERS</b>  (Total Respondents n=91)	<b>100%</b>  (n=91)	<b>0%</b>  (n=0)	<b>0%</b>  (n=0)
<b>CHIEF CLINICAL/MEDICAL/NURSING OFFICERS</b>  (Total Respondents n = 65)	<b>64%</b>  (n=42)	<b>0%</b>  (n=0)	<b>36%</b>  (n=23)
<b>ALL POST ACUTE PROVIDERS</b>  (Total Respondents n = 443)	<b>90%</b>  (n=397)	<b>0%</b>  (n=0)	<b>10%</b>  (n=46)





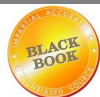
**8. WHAT IS THE STATUS OF YOUR POST ACUTE ORGANIZATION'S CAPABILITY TO INTERNALLY DEVELOP AND IMPLEMENT STRATEGIES TO SUCCEED WITH INFORMATION TECHNOLOGY SOLUTIONS, TO SUPPORT DATA EXCHANGE NEEDED FOR, BUNDLED PAYMENTS, QUALITY REPORTING AND/OR CARE COORDINATION?**

<b>RESPONDENTS</b>	<b>NOT CAPABLE WITH OR WITHOUT EXTERNAL SUPPORT OF CONSULTANTS &amp;/OR TECHNOLOGY VENDORS</b>	<b>CAPABLE WITH EXTERNAL SUPPORT OF CONSULTANTS &amp;/OR TECHNOLOGY VENDORS</b>	<b>CAPABLE WITHOUT EXTERNAL SUPPORT OF CONSULTANTS &amp;/OR TECHNOLOGY VENDORS</b>
<b>STANDALONE/SINGLE UNIT PROVIDER</b>  (Total Respondents n= 438)	15%  (n=66)	57%  (n = 250)	28%  (n=123)
<b>SMALL CHAIN (UP TO 5 UNITS) OWNED OR ASSOCIATED WITH CORPORATE/CHAIN OF POST-ACUTE PROVIDERS</b>  (Total Respondents n= 104)	28%  (n=29)	60%  (n=63)	4%  (n=5)
<b>LARGE CHAIN (6+ UNITS) OWNED OR ASSOCIATED WITH CORPORATE/CHAIN OF POST-ACUTE PROVIDERS</b>  (Total Respondents n= 118)	7%  (n=8)	37%  (n=44)	56%  (n=66)
<b>ALL POST ACUTE PROVIDERS &amp; AFFILIATES</b>  (Total Respondents n = 660)	16%  (n=103)	53%  (n=357)	29%  (n=194)



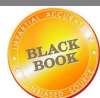
**9. HAS YOUR POST ACUTE ORGANIZATION BUDGETED MONIES FOR HEALTH TECHNOLOGY PURCHASES/ IMPROVEMENTS IN 2020?**

RESPONDENTS	YES	NO	NOT SURE
<b>STANDALONE/SINGLE UNIT PROVIDER</b>  (Total Respondents n= 345)	6%  (n=21)	84%  (n=290)	10%  (n=35)
<b>SMALL CHAIN (UP TO 5 UNITS) OWNED OR ASSOCIATED WITH CORPORATE/CHAIN OF POST-ACUTE PROVIDERS</b>  (Total Respondents n= 44)	27%  (n=12)	81%  (n=36)	13%  (n=6)
<b>LARGE CHAIN (6+ UNITS) OWNED OR ASSOCIATED WITH CORPORATE/CHAIN OF POST-ACUTE PROVIDERS</b>  (Total Respondents n= 72)	45%  (n=33)	45%  (n=33)	8%  (n=6)
<b>ALL POST ACUTE PROVIDERS</b>  (Total Respondents n = 461)	14%  (n=66)	77%  (n=359)	9%  (n=47)



**10. AMONG FORWARD-THINKING PROVIDERS OF POST ACUTE PROVIDERS, WHAT DO YOU PREDICT IS THE DIRECTION POST ACUTE PROVIDERS WILL TAKE IN 2020 TO ADDRESS LOWER FEE-FOR-SERVICE REIMBURSEMENTS & ACCOUNTABLE CARE REFORMS?**

RESPONDENTS	ATTEMPT NON-TECHNOLOGY BASED COLLABORATION BETWEEN ACUTE AND POST ACUTE PROVIDERS	PARTICIPATE IN PUBLIC/ PRIVATE HIE &/OR ACO RESOURCES	ACQUIRE CLINICAL WORKFLOW TOOLS & HEALTH DATA ANALYTICS	IMPLEMENT PATIENT ENGAGEMENT SOLUTIONS
<b>CHIEF EXECUTIVE OFFICERS</b>  (Total Respondents n= 305)	<b>71%</b>  (n=217)	<b>21%</b>  (n=64)	<b>14%</b>  (N=43)	<b>4%</b>  (n=12)
<b>CFO/CIO/CMO/OTHER POST ACUTE CARE LEADERSHIP</b>  (Total Respondents n= 188)	<b>77%</b>  (n=145)	<b>8%</b>  (n=15)	<b>11%</b>  (n=21)	<b>4%</b>  (n=7)



**11. HOW MUCH OF YOUR POST-ACUTE BUSINESS DO YOU PREDICT SHIFTING TO VALUE-BASED REIMBURSEMENT/ACCOUNTABLE CARE MODELS IN THE NEXT 18-24 MONTHS?**

RESPONDENTS	NONE (0%)	RELATIVELY SMALL (UP TO 5%)	SIGNIFICANT (BETWEEN 5% & 20%)	VERY SIGNIFICANT (OVER 20%)
<b>NURSING HOME/SKILLED NURSING FACILITY (SNF)/ LONG TERM REHABILITATION FACILITY</b>  (Total Respondents n= 324)	<b>18%</b>  (n=58)	<b>70%</b>  (n=227)	<b>10%</b>  (n=32)	<b>2%</b>  (n=6)
<b>HOSPITAL POST-ACUTE CARE/SHORT TERM REHABILITATION</b>  (Total Respondents n=120)	<b>19%</b>  (n=23)	<b>51%</b>  (n=61)	<b>18%</b>  (n=22)	<b>10%</b>  (n=12)
<b>HOME HEALTH</b>  (Total Respondents n = 74)	<b>54%</b>  (n=40)	<b>20%</b>  (n=15)	<b>19%</b>  (n=14)	<b>7%</b>  (n=5)
<b>DME/OTHER POST ACUTE AFFILIATES</b>  (Total Respondents n= 21)	<b>6%</b>  (n=1)	<b>14%</b>  (n=3)	<b>40%</b>  (n=8)	<b>40%</b>  (n=8)
<b>ALL POST ACUTE PROVIDERS</b>  (Total Respondents n= 539)	<b>23%</b>  (n=122)	<b>57%</b>  (n=306)	<b>14%</b>  (n=76)	<b>6%</b>  (n=31)



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