DELIVERING TRANSFORMATIONAL HEALTHCARE

REDEFINING THE PATIENT EXPERIENCE

POST ACUTE MEDICAL

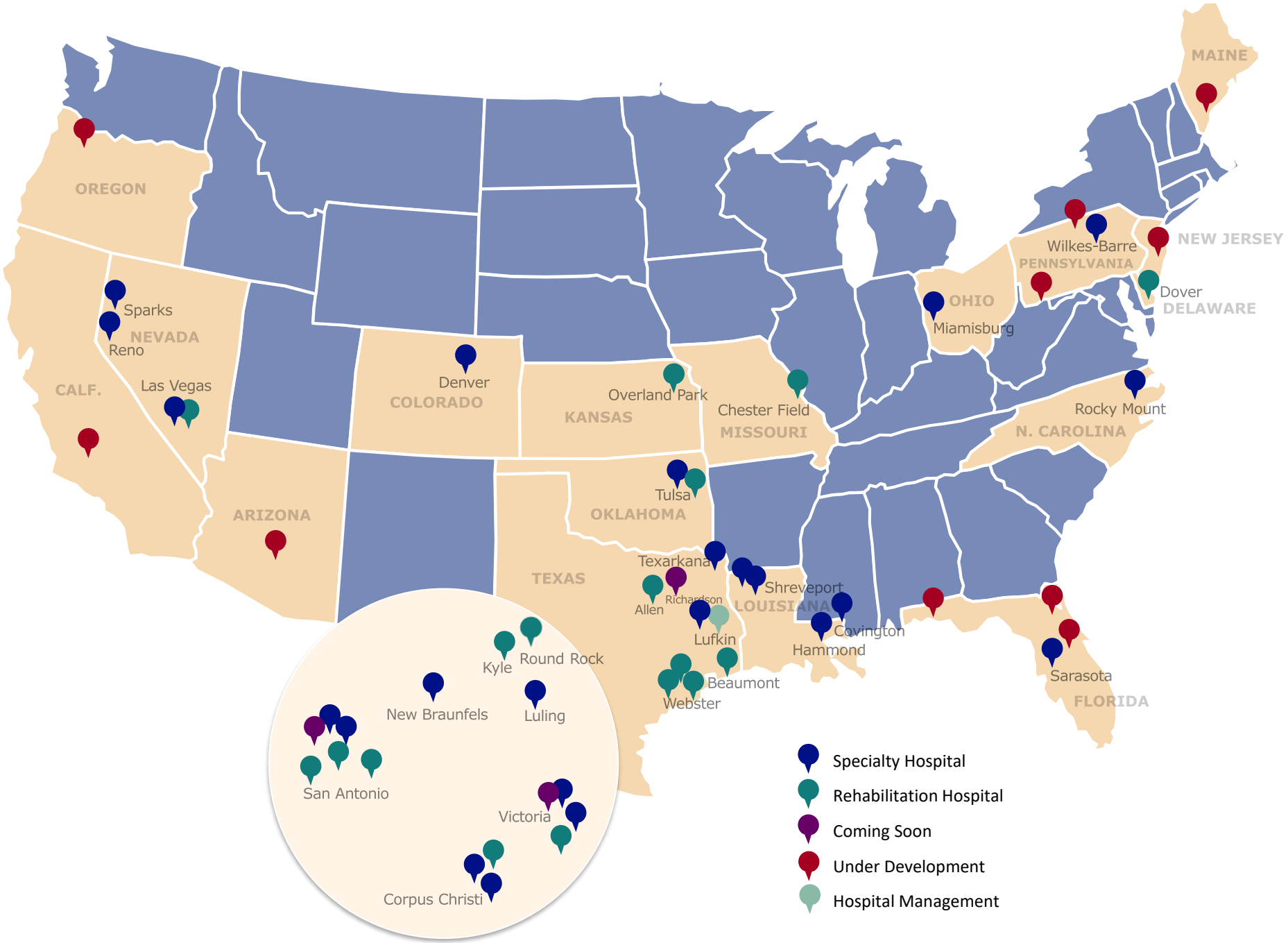
PAM Rehabilitation Hospital of Portland

Open Hearing

October 14, 2019

PAM Background

- Post Acute Medical (PAM) is focused on providing high-quality post-acute care in both medical rehabilitation and long-term hospitals
- PAM owns and operates 41 hospitals and 22 outpatient clinics across the country
- CEO and executive team collectively possess over a century of experience and knowledge running successful LTACHs, start-up rehabilitation hospitals, and outpatient clinics
- Corporate headquarters in Enola, PA
- Over 8,000 employees across the United States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Lufkin
Covington
Hammond
Beaumont
Webster
Sarasota
FLORIDA
Kyle
Round Rock
New Braunfels
Luling
San Antonio
Victoria
Corpus Christi
Specialty Hospital
Rehabilitation Hospital
Coming Soon
Under Development
Hospital Management

Common Diagnoses*

- Stroke
- Brain Injury
- Spinal Cord Injury
- Neurological Conditions
  - Parkinson's
  - Multiple Sclerosis
- Amputation
- Major Multiple Trauma
- Orthopedic

*Medical condition requiring close medical supervision, 24/7 nursing, and ability to tolerate three hours of therapy a day (Physical, Occupational, and/or Speech therapy)

Advantages of Our Rehabilitation Programs

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- Commitment to best-in-market therapy technology
  - Hospital Design
    - Ceiling mounted hoist tracks to support patients anywhere in the therapy gym
  - Clinical Innovation
    - Exoskeleton, UE and LE robotics, integration of clinical technology
- Outdoor areas designed to accelerate outdoor functioning
- One-on-one therapy sessions, limited group therapy
- Entire staff, from administrators, to nurses, to therapists specifically trained for acute rehabilitation patients
  - Certified Rehabilitation Registered Nurses (CRRN)
  - Neurologic Clinical Specialists (NCS)
  - Orthopedic Clinical Specialists (OCS)
- Partner with local health care communities for optimal care coordination

Clinical Innovation

- Exoskeleton
- Upper Extremity Robotics
- Virtual Reality
- Vital Stim

Quality Data CY 2018

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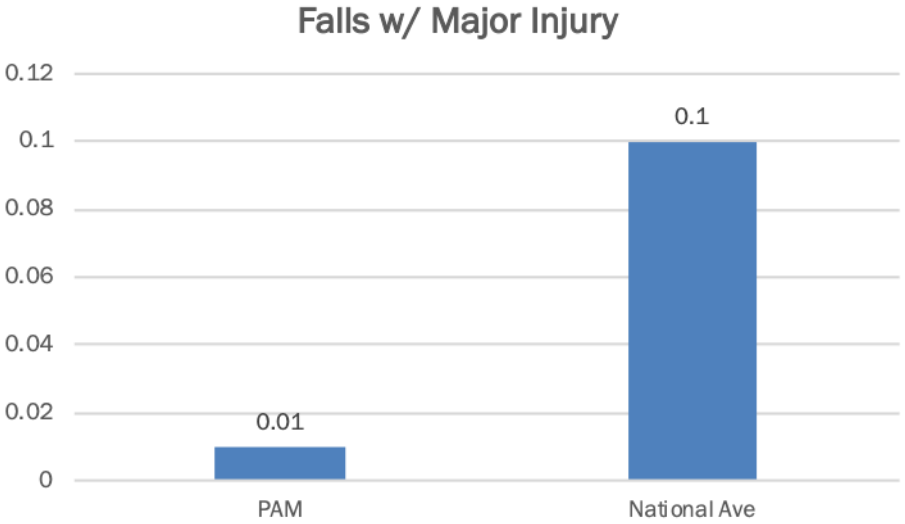

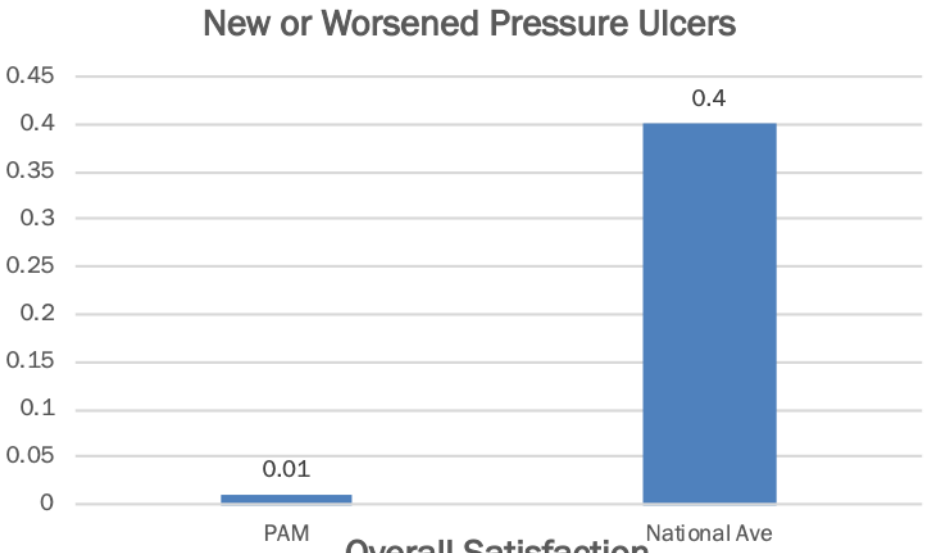

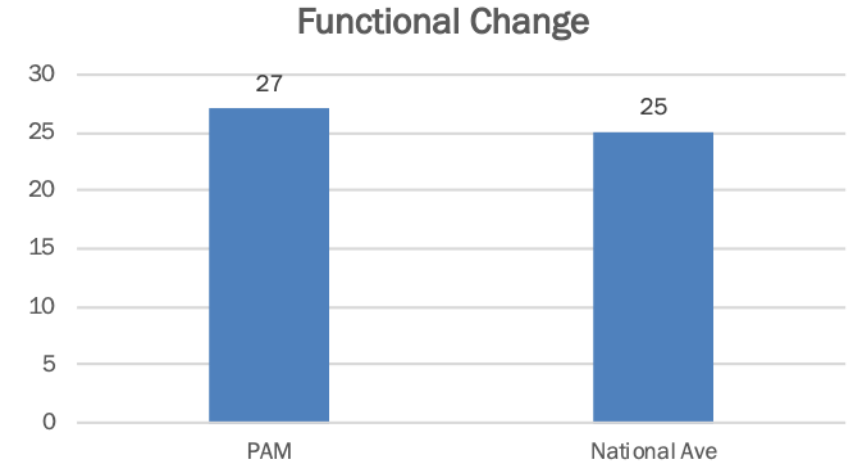

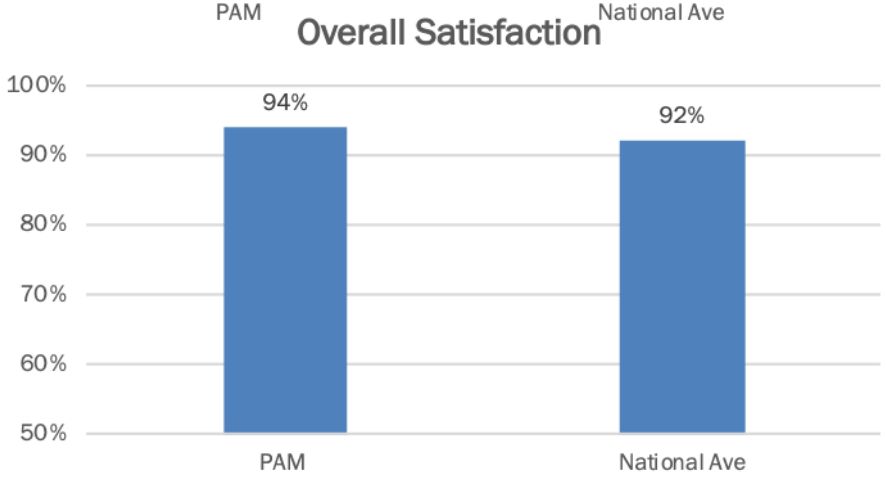

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Source: eRehabData.com

Discharge Indicators: CY 2018

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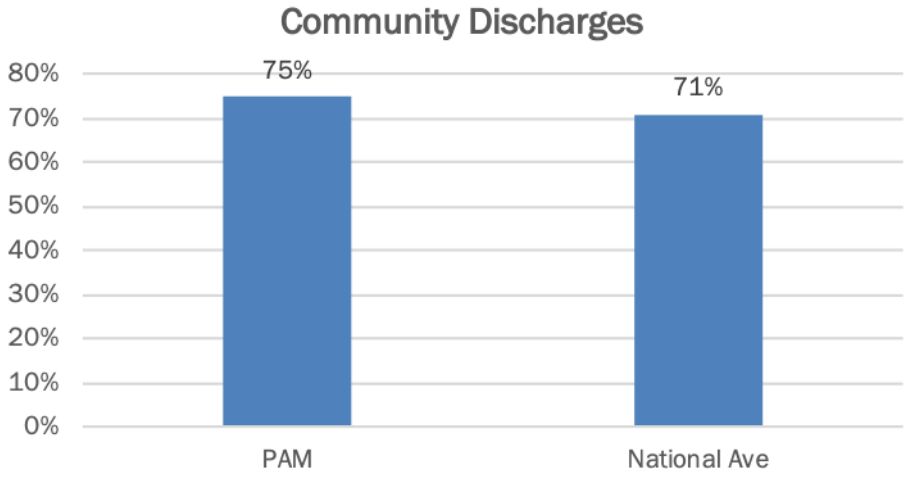

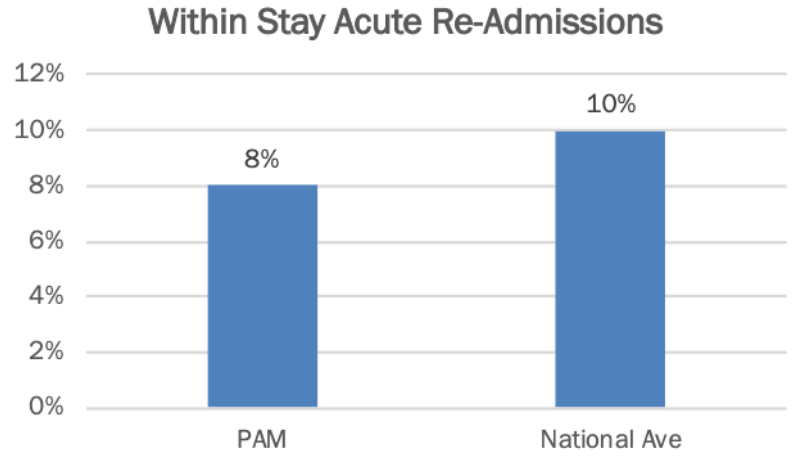

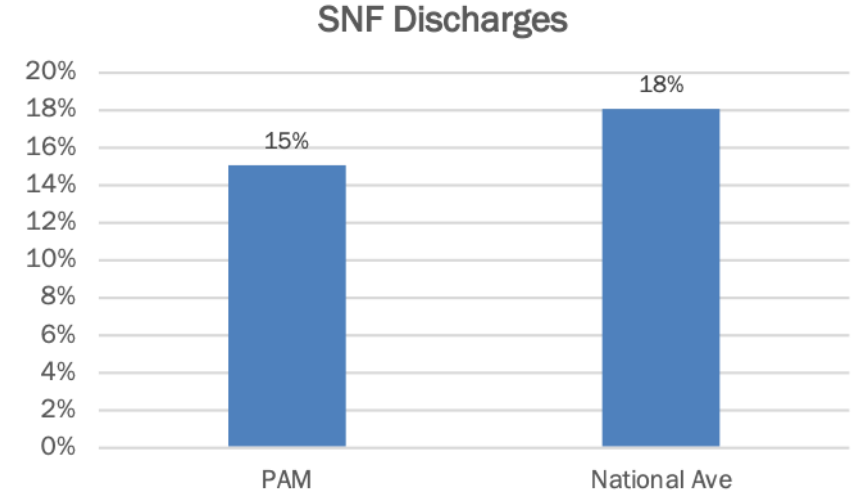

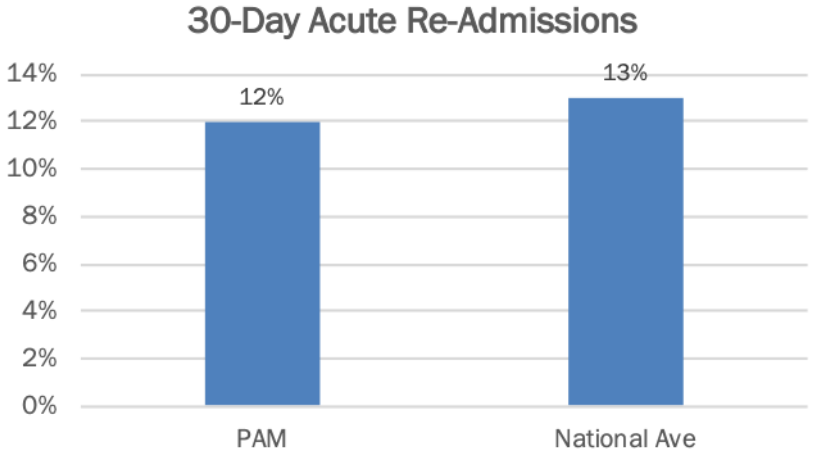

Source: eRehabData.com & CMS QRP Data for 30 day re-admissions

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IRH vs. SNF: Services

Required by Medicare	IRH/Unit	SNF
Close Medical Supervision by Rehab Trained Physician	YES	NO
24-Hour Rehabilitation Nursing	YES	NO
Patients must require hospital-level care	YES	NO
3 hours of intensive therapy per day; 5 days per week	YES	NO
Medical care & therapy provided by a physician-led multidisciplinary team	YES	NO
Discharge rate to community (MedPAC, 2015)	75%	38.8%
Readmission rate to acute (CMS,2016)	13.06%	23.5%

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SNF Payment Changes

Goodbye RUG-IV, hello Patient-Driven Payment Model

Beginning on October 1, 2019, Medicare will reimburse skilled nursing facilities (SNFs) under a new payment system: the Patient-Driven Payment Model (PDPM). This system departs from the current RUG-IV system[1] by changing the primary factor that influences reimbursement:

RUG-IV

Payment determined by the number of therapy minutes performed

→

PDPM

Payment determined by the primary clinical characteristics of the patient

Payment components expand under PDPM

Reimbursement under RUG-IV is primarily dependent on two factors: therapy utilization and functional ability. By contrast, payment under PDPM is dependent on a patient's clinical characteristics across five categories. Each individual category has it's own base rate, which is then multiplied by a rate dependent on a patient's needs within that component.

Source: Advisory Board

SNF Staffing Changes Under PDPM

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Planned staff additions	Planned staff removals
25% are adding **nurses**	**17%** are removing **OTs**[2]
22% are adding **MDS coordinators**	**14%** are removing **PTs**[3]
17% are adding **SLPs**[1]	**8%** are removing **SLPs**

Advisory Board

Source: advisoryboard.com
Post-Acute Care Collaborative
PDPM Preparedness Survey

Proposed Service Area & Population Growth

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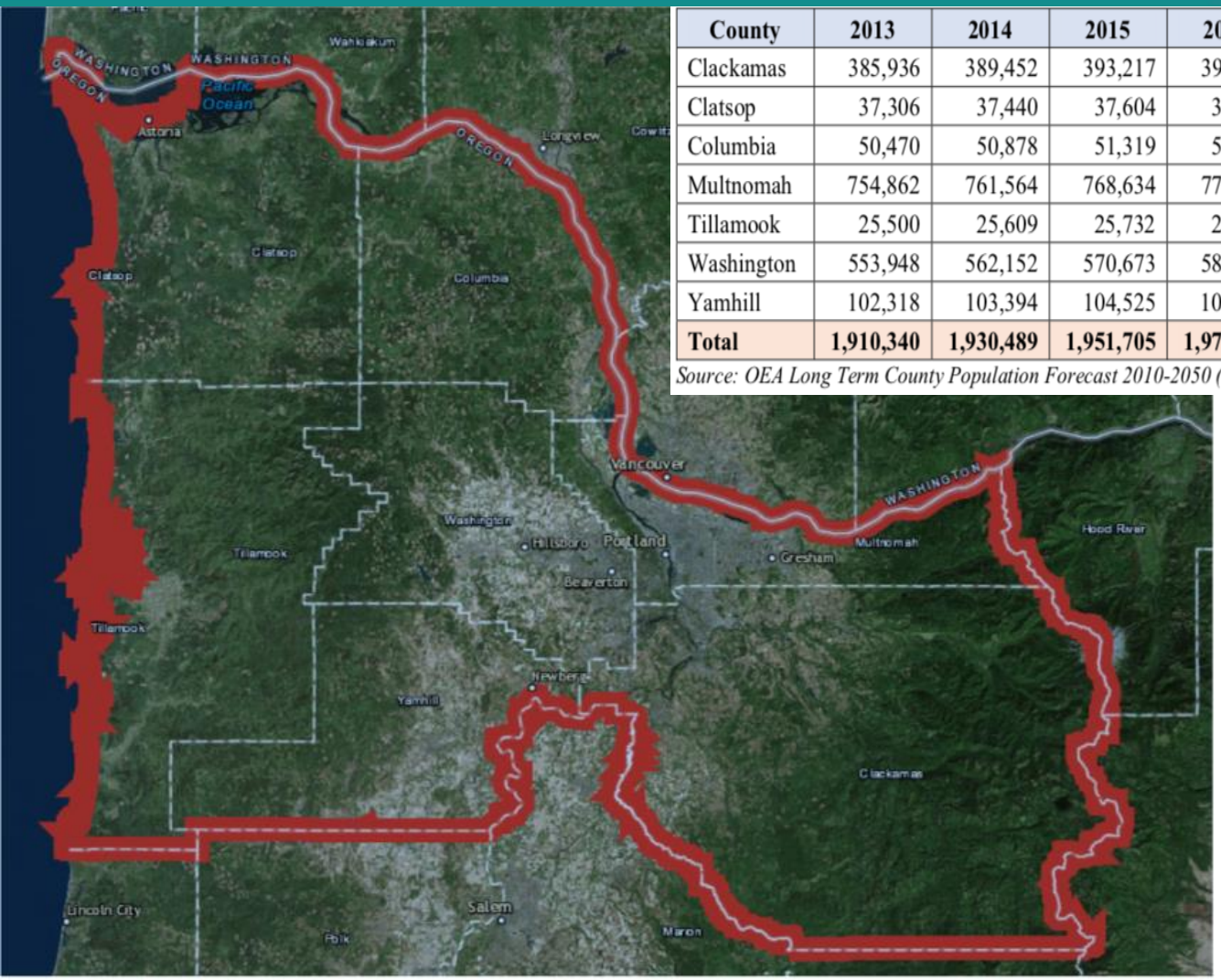

County	2013	2014	2015	2016	2017	2022	2027	2032
Clackamas	385,936	389,452	393,217	398,504	404,070	434,369	465,783	495,355
Clatsop	37,306	37,440	37,604	37,723	37,868	38,747	39,581	40,202
Columbia	50,470	50,878	51,319	51,888	52,490	55,808	59,222	61,273
Multnomah	754,862	761,564	768,634	775,731	783,119	821,615	858,518	879,988
Tillamook	25,500	25,609	25,732	25,911	26,102	27,133	28,128	28,998
Washington	553,948	562,152	570,673	580,338	590,323	643,194	697,715	750,746
Yamhill	102,318	103,394	104,525	106,198	107,940	117,492	127,688	137,386
Total	**1,910,340**	**1,930,489**	**1,951,705**	**1,976,293**	**2,001,913**	**2,138,356**	**2,276,634**	**2,393,947**

Source: OEA Long Term County Population Forecast 2010-2050 (2013 Data), interpolated Accessed October 2018

Source: Environics Analytics

Acute Rehab Bed Ned: Seven County Service Area

Table F: Corrected Table 18. Calculating Oregon Bed Deficit, 2017, 2022, 2027, and 2032

	Description	2017	2022	2027	2032
a.	Service Area Population	2,241,784	2,394,576	2,549,422	2,694,843
b.	CIRF beds per 100K Population (OAR 333-645-0030(1))	7	7	7	7
c.	CIRF Beds Needed	157	168	178	189
d.	Existing CIRF Beds	57	57	57	57
e.	**Bed Deficit (c – d)**	**100**	**111**	**121**	**132**
f.	Number of PAM Squared at Portland Beds Proposed	0	50	50	50
	Remaining Bed Need (e-f)	**100**	**61**	**71**	**82**

IRH Utilization Rates: Medicare FFS Beneficiaries

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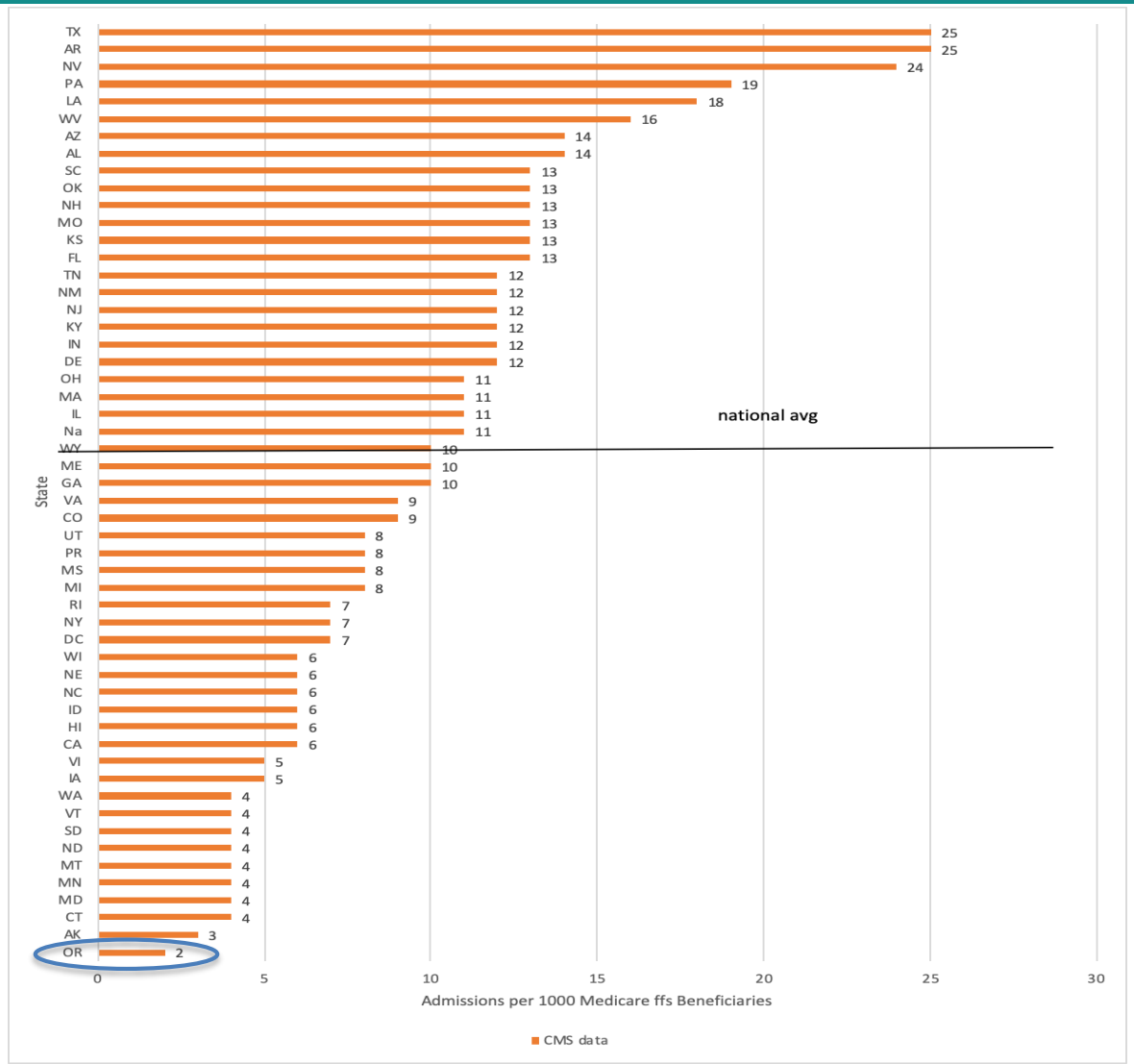

Source: CMS Public Use File

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Why Tigard Triangle

- Proximity to major road and mass transit networks
- Easily accessible to likely referral sources
- Ease of development in an area prioritized for mixed use
- Desirable area for staff to live

MEDISTAR

PAM REHABILITATION HOSPITAL OF PORTLAND

e4h ENVIRONMENTS FOR HEALTH

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