

Why your network needs LTACH partnerships to meet complex pulmonary needs

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As respiratory conditions increasingly affect Americans, providers and payors are seeking new strategies to address respiratory complications and failure. Specialized acute care after an initial hospital stay is playing a critical role in improving patient outcomes, reducing readmissions, and decreasing long-term effects of critical illness.

The Increasing Demand for Pulmonary Care

A new study found that rates of acute respiratory distress syndrome (ARDS) have persisted in the US and that acute respiratory failure mortality rates have been increasing over the past 5 years.¹

Furthermore, patients with a viral infection such as COVID-19 often experience significant pulmonary complications as a result of the infection and its side effects, including secondary bacterial pneumonia and acute respiratory distress syndrome (ARDS). These patients frequently require, in addition to weaning from prolonged mechanical ventilation, continued considerable medical interventions due to the numerous long-term effects of the virus and acute-on-chronic diseases.²

Studies also suggest that the increased need for pulmonary care expertise requires support from other care settings as traditional ICUs face bed and staffing shortages.³

LTACH Expertise in Pulmonary Care and Recovery

A patient's long-term lung health is directly dependent on the type and intensity of the care they receive. Long-Term Acute Care Hospitals (LTACH) are uniquely equipped to complement the acute care initiated in the hospital, including the care of patients on mechanical ventilation.

Patients with COVID-19 can experience strokes and

sepsis, which can lead to multi-system failure and leave a critically ill patient with long-term damage to the lungs. LTACHs specialize in treating these patients. Ongoing research also demonstrates the unique value that LTACHs offer to ventilator-dependent patients.³

How Kindred Can Help Your Respiratory Patients

Acute care providers and payors need partners who can continue to provide physician-directed care that critical respiratory patients require, particularly those on prolonged mechanical ventilation.

Kindred Hospitals specialize in the treatment of medically complex patients with daily specialty physician oversight, interdisciplinary teams of ICU- and CCU-level caregivers, and 24/7 respiratory coverage. They are also in the process of achieving disease-specific certification for sepsis and respiratory failure from **The Joint Commission for Respiratory Failure** in all hospital locations.

Kindred Hospitals have proven to be a key partner in decompressing ICUs as traditional hospitals have faced patient surges and are they committed to pursuing an innovative approach to managed care. Health plan partnerships are customized by product and can be built on DRG rates, on negotiated per diem rates, or within value-based arrangements.

In today's growing value-based care environment, partnerships between payors and LTACHs will continue to be critical for improving outcomes and reducing rehospitalization for pulmonary patients.

REFERENCES:

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