

Post-Acute Care Update



San Francisco Department of Public Health
Office of Policy & Planning

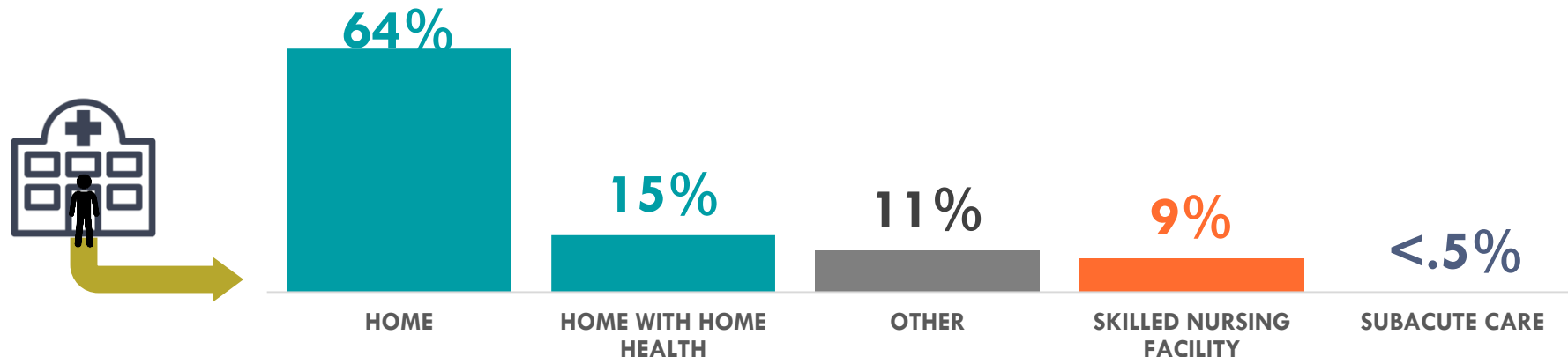
April 3, 2017

Background

- Health Commission held several Proposition Q hearings on hospital skilled nursing facility (SNF) closures
 - **2014:** CPMC California - 101 licensed SNF beds
 - **2015:** St. Mary's - 32 licensed SNF beds
 - **2017:** CPMC St. Luke's – 79 licensed SNF beds
 - *40/79 beds were designated for subacute care*
- CPMC is planning to transfer 17 subacute patients from St. Luke's to Davies Campus

Overview

- **Optimally, post-acute care is provided in home- and community-based settings whenever possible.**
 - National, state, and local policies recognize the importance of aging in place to maximize independence and provide care in the least restrictive setting.
 - The vast majority of patients are discharged home after a hospital stay.
- **Some patients who cannot be safely discharged home rely on skilled nursing facilities (SNFs) to receive post-acute care.**



Levels of Care

RESIDENTIAL CARE FACILITY FOR THE ELDERLY (RCFE)	SKILLED NURSING FACILITY (SNF)	SUBACUTE*	TYPES OF SERVICES PROVIDED
✓	✓	✓	24/7 supervision
	✓	✓	Physical therapy, occupational therapy, speech therapy
	✓	✓	Wound care, intravenous therapy, injections, monitoring of vital signs
✓	✓	✓	Assistance with bathing, eating, dressing, feeding, transferring, toilet hygiene
		✓	Ventilator care, complex wound management, intravenous tube feeding

***Subacute patients are medically fragile and require more intensive care*

Post-Acute Care Landscape

- **Several factors influence the post-acute care landscape**
 - Federal and state policy and regulations (*i.e. Centers for Medicaid and Medicare Services, California Department of Health Care Services, California Department of Public Health*)
 - Health payers/health plans (*i.e. Medicare, Medi-Cal, private insurance*)
 - Health systems (*i.e. hospital discharges, provider networks*)

- **Over the past several decades aging has moved away from institutional care with an increased emphasis on aging in place**
 - Individual preference
 - *Olmstead vs. L.C. (1999), Chambers vs. San Francisco (2006)*

Post-Acute Care Trends

Given changing demographics, health care financing trends, and high cost of doing business, San Francisco faces several challenges

- Growing vulnerable populations
- Declining supply
- Limited options for low-middle income residents who need long-term care and/or who have behavioral health challenges

Draft Strategies to Address Post-Acute Care

While SNFs are an important health care resource for our community, San Francisco needs a multi-partner and multi-pronged approach to address the need for post-acute care that:

- Prioritizes home-and community-based care
- Supports access to beds in skilled nursing facilities and residential care facilities

1) Support Aging-in-Place

Prioritize Aging in Place to Maximize Independence and Support Care in the Least Restrictive Setting

- a. Support San Francisco programs and services that support home care and dementia care
- b. Improve access to Medi-Cal's Home and Community Based Alternatives Waiver in San Francisco
- c. Increase access to supported living alternatives in San Francisco for low-income patients with cognitive impairment or behavioral challenges (*Post-Acute Care Collaborative*)

2) Improve Discharge Planning

Improve Acute Care Hospital Discharge Planning to Support Patient Placement in the Right Levels of Care at the Right Time

- a. Support a citywide assessment tool to capture standardized data across hospitals (*Post-Acute Care Collaborative*)
- b. Support development of a citywide roving placement team to assess patients with cognitive impairment and behavioral health challenges (*Post-Acute Care Collaborative*)

3) Incentivize Facility Development

Incentivize Residential Care Facilities for the Elderly and Skilled Nursing Facility Providers to Preserve and Create Beds

- a. Collaborate with Office of Economic Workforce and Development to explore local incentives for facilities
- b. Reduce zoning barriers to encourage new skilled nursing facilities
- c. Create a notification process for Skilled Nursing Facilities and Residential Care Facilities for the Elderly that are closing
- d. Incorporate RCFEs into the City's housing strategies
- e. Participate in Supervisor Yee's RCFE Workgroup

4) Explore Unused Space

Explore Unused Health Care Facility Space that May Provide Opportunities for New Residential Care Facilities and Skilled Nursing Facilities

- a. Collaborate with St. Mary's Medical Center to discuss possibility of developing a skilled nursing and subacute unit
- b. Collaborate with Chinese Hospital to assist in bringing 23 bed SNF online
- c. Explore the expansion of DPH's Behavioral Health Center RCFE
- d. Explore development of post-acute and senior living housing and support services on the Jewish Home campus

Next Steps

- Continued conversations with Kentfield and St. Mary's Medical Center
- Continued conversations with Chinese Hospital
- Supervisor Yee's RCFE Workgroup