

Subacute Skilled Nursing Care

Board of Supervisors
Public Safety and Neighborhood Services Committee

09/26/19



Kelly Hiramoto, LCSW

SFDPH Project Manager



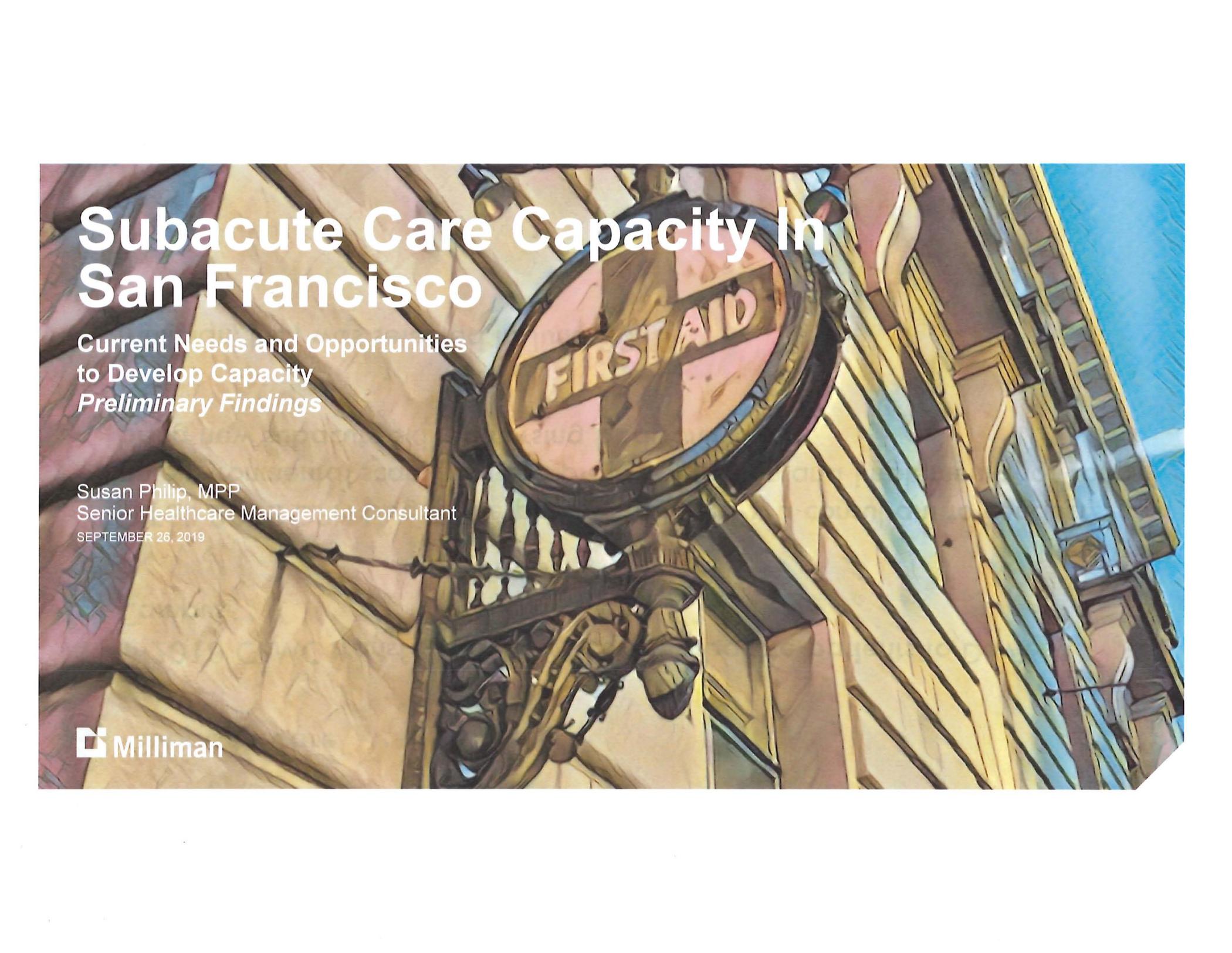
Subacute Skilled Nursing Care

- Subacute skilled nursing care is provided to medically fragile and require special services, such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management care
- Optimally, post-acute care is provided in home- and community-based settings
- Patients who can not be discharged home are admitted to skilled nursing facilities for post-acute care



Subacute Care

- In 2018 CPMC transferred 17 St. Luke's subacute patients to Davies Campus
- In Fall 2018 DPH began the process to identify a consultant to conduct an environmental scan, manage project selection and implementation to bring new subacute skilled nursing beds online
- Milliman, Inc., was selected in June 2019



Subacute Care Capacity In San Francisco

Current Needs and Opportunities
to Develop Capacity
Preliminary Findings

Susan Philip, MPP
Senior Healthcare Management Consultant

SEPTEMBER 26, 2019

 Milliman

Outline

I	Introduction and purpose
II	Defining subacute care
III	Project background and progress
IV	Preliminary findings
V	Next steps

Milliman's Mission

To serve our clients to protect
the health and financial
well-being of people everywhere.

Introduction

Actuarial and financial consulting firm founded in 1947



Extensive public sector experience

Depth and breadth of benefits expertise

Unparalleled data and industry-leading analytics

Practical expertise in project implementation

Purpose of presentation is to provide a project status update

- Provide a status update of the Department of Public Health's engagement with Milliman to identify strategies for expanding subacute care bed capacity
- Begin to define the subacute care needs of the Medi-Cal and indigent population of San Francisco
- Present preliminary options for addressing needs
- Outline next steps to further explore and generate additional options
- Obtain comments and feedback

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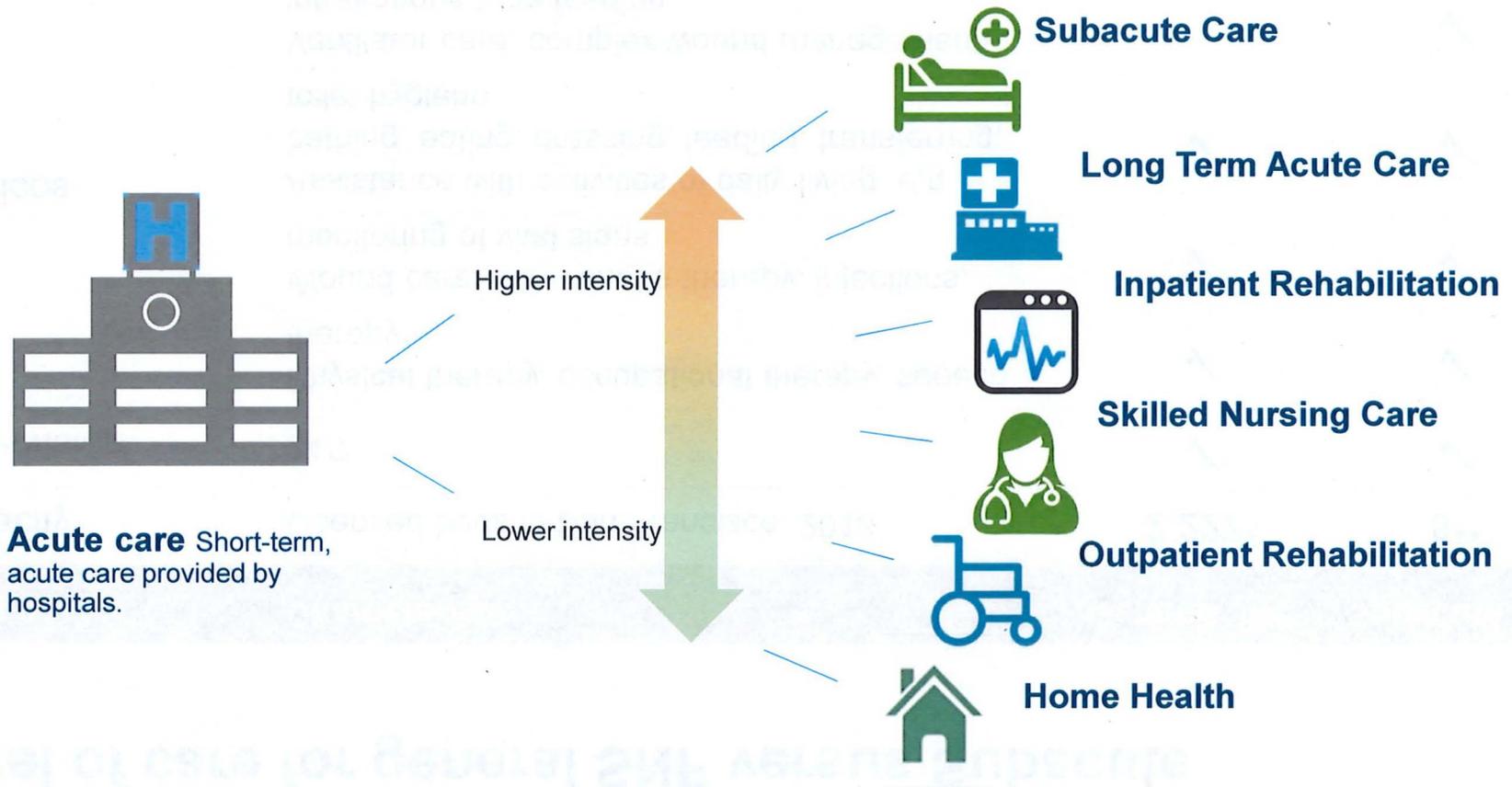
Subacute care is facility-based, medical and skilled nursing care provided following hospitalization for medically fragile patients

- **Subacute patients** are medically fragile and require special services, such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management care.
- **Adult subacute care** is a level of care that is defined as comprehensive inpatient care designed for someone who has an acute illness, injury or exacerbation of a disease process.
- **Pediatric subacute care** is a level of care needed by a person less than 21 years of age who uses a medical technology that compensates for the loss of a vital bodily function.
- **CDPH License/ Medi-Cal Designation:**
 - **General SNF Services:** In California, SNFs are required to provide a minimum of 3.2 hours of nursing care per resident per day. Skilled nursing facility services include 24/7 supervision, physical, occupational and speech therapy, wound care, intravenous therapy, injections, monitoring of vital signs, and assistance with Activities of Daily Living (ADLs) - i.e. bathing, eating, dressing, feeding, transferring, toilet hygiene. SNFs are also responsible for creating an individualized care plan for each resident that determines what services are provided based on patient needs.
 - **Subacute SNF Care:** Some SNFs have a Medi-Cal designation which allows them to provide specialized skilled nursing care, called subacute care, to complex patients. Subacute SNFs provide care for adults with higher levels of need such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management.

1. DHCS. Subacute Care Contracting Unit. <https://www.dhcs.ca.gov/provgovpart/Pages/SubacuteCare.aspx>.

2. San Francisco Department of Public Health, Office of Policy and Planning. (September 1, 2017). Memorandum, RE: Proposition Q – CPMC St. Luke's Skilled Nursing Facility Unit Closure.

Subacute care is a type of post-acute care



Level of care for general SNF versus Subacute

Category	Characteristic	General SNF	Subacute
Capacity	Licensed beds in San Francisco, 2018	2,227*	8**
Supervision	24/7	✓	✓
Services	Physical therapy, occupational therapy, speech therapy	✓	✓
	Wound care, intravenous therapy, injections, monitoring of vital signs	✓	✓
	Assistance with activities of daily living, e.g., bathing, eating, dressing, feeding, transferring, toilet hygiene	✓	✓
	Ventilator care, complex wound management, intravenous tube feeding		✓

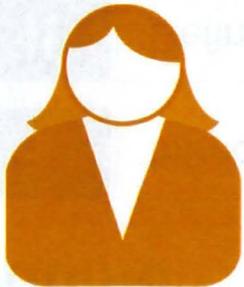
* Includes free-standing facility bed counts

** Current patient bed census at CPMC Davies

Subacute care: patient illustrations



- 75 years of age, male
- Experiences falls and has traumatic brain injury and spinal injury
- Also has acute and chronic respiratory failure and requires a tracheostomy with ventilatory support
- Does not qualify for acute rehabilitation and is in need of partial ventilatory support
- Does not have any family members who are able to serve as caregivers



- 45 year of age, female
- Has postoperative infections which results in sepsis, acute respiratory distress syndrome and anoxic brain damage
- Requires tracheostomy and ventilatory support
- Is otherwise stable and is in need of long-term subacute care

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Project objectives

To support the Department of Public Health plan for and implement expansion of San Francisco's capacity for subacute care beds for Medi-Cal beneficiaries and vulnerable members of San Francisco.

Our approach

Take a comprehensive view of subacute care needs and identify options to address those needs

- The current phase is focused on interviewing and gathering data points from San Francisco health systems to understand needs for subacute care in the area, current and future institutional capacity, and stakeholder perspective on partnering to address these care needs



Current status

San Francisco hospital-based facilities interviewed

Facility	Interviewed	Provided data
Kaiser Permanente San Francisco	✓	
Chinese Hospital	✓	✓
Dignity Health (St. Mary's & St. Francis)	✓	✓
Vibra Health (Kentfield Hospital)	✓	✓
California Pacific Medical Center (all campuses, including Davies, Mission Bernal, and St. Luke's)	✓	✓
University of California San Francisco Medical Center	✓	✓
Zuckerberg San Francisco General Hospital	✓	✓

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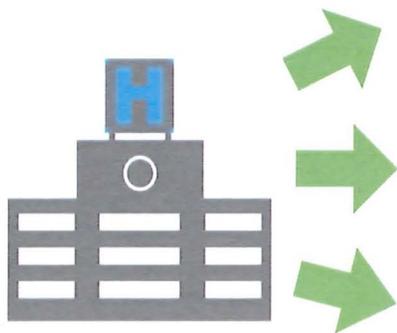
I	Introductions and purpose
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V	Next steps

Current state of subacute care bed capacity



- CPMC transferred 17 subacute care patients from St. Luke's to Davies Campus in 2018. Those beds will revert to SNF beds
- Shortage of subacute care beds in Northern California as a whole
- Patients that are ventilator dependent **and** in need of dialysis have no subacute care options in Northern California and must go to Southern California or outside of the State

Challenges to placing subacute care patients



- **Post-acute care placement challenges as a whole**
 - Need to improve acute care discharge planning patients to support placement in the “right place at the right time.”
 - Capacity limits for custodial SNF beds, room & board exacerbate challenges
- **Family / caregiver preferences**
 - Primary consideration for discharge placement as family is a key part of the caregiver team, and integral to the well-being of the patient
- **Payer sources and payment rates**
 - Medi-cal is the typical payer for long-term subacute care services. Medi-Cal’s per-diem payment rates for subacute care are reportedly too low to cover the costs in San Francisco
- **Regulatory hurdles and impact on bed supply**
 - Meeting regulatory and licensing rules may reported pose a barrier to quickly increasing supply

Subacute care needs, 2018

Wait times for placement

- Ranges of wait times vary widely, given the small number of individuals and barriers to placement.
- Generally average wait time for placement may vary from 30-45 days with extreme cases, such a 500+ days wait times
- While most interviewees indicated they did not track this data or it was difficult to separate for SNF or LTAC placements, they were able to provide a snapshot of current patients waiting for placement
- 2 of 6 hospitals reported they have not been able to successfully place **any** subacute care patients in the last year

Discharges

- Estimated discharges to subacute care are about 49 discharges in 2018. This is based on:
 - 5 of 7 hospitals' responses
 - Available data on (1) actual discharges to out-of-county subacute care in 2018 and (2) those who would have had a subacute care placement in 2018 had there been beds available
- Discharges to subacute care are less than 1% of all discharges. This is expected given there are a small number of such patients that require subacute level of care
- **Estimates are likely deflated as respondents pursue alternate options**

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Potential subacute care options



Explore alternative options

**Hospital Based /
Distinct Part
Facilities
in San Francisco**

**Freestanding
Facilities
in
San Francisco**

Next steps

- ❑ Conduct interviews with free standing nursing home operators
 - ❑ San Francisco Health Care
 - ❑ Aspen Skilled Healthcare
 - ❑ Providence Group
 - ❑ Generations Healthcare
- ❑ Consider supplemental services and arrangement necessary to support capacity (e.g., critical care transport)
- ❑ Assess current capacity, readiness to partner, barriers
- ❑ Work with DPH to obtain proposals



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Susan Philip

Susan.Phipp@Milliman.com

September 26, 2019