CON Modernization Task Force – Phase 2 @ Friday, August 10, 2018

HFAM Additional Key Points

How might the CON process support the goals of the Total Cost of Care model and encourage more integrated and innovative models of post-acute care?

The Total Cost of Care Model should and can be an impetus for hospitals to partner with SNFs to provide care in clinically appropriate and lower cost settings. For instance, specialty physician treatment with high Rx costs that could be paid for in SNF's under the umbrella of The Model, or blood transfusion, ED direct admission to SNF's, or ED diversion to SNF's

Additionally, to incentivize integrated care, improve off-hour clinical handoffs, and reduce hospital readmission, SNF's should be allowed to petition for and receive CONs for Home Health regardless of new need, to continue treating (at home) the patients in their care.

On Bed Need and CON's:

HFAM has long held the CON requirement for SNF's should be retained and CON's should be issued on need, not merely on unique use or proposal. If there is need and an identified unique new and special clinical need, existing CON SNF providers with experience should be tapped rather than creating additional capacity not supported by need.

We have long advocated and agree that the CMS Five-Star Rating system should be just one factor in the CON Application. When used as one indicator, an 18-month period of review for the CMS Five-Star Rating system should be employed to account for reporting lag, and perhaps the transition of operators—investing time, money and people to improve quality care.

Food for thought:

- Additional quality measures could include hospital readmission rate;
- Physician stability and direct employment;
- Workforce including physician assistants and nurse practitioners;
- Existing clinical partnerships with hospitals or physician groups, such as shared rounding.

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8/9/18