



HAS THE COVID-19 CRISIS PREPARED IRFS FOR A UNIFIED PAC PPS?

As the unified PAC model is implemented, the criteria distinguishing one level of care from another will be blurred. Resources required to meet the clinical needs of patients and the subsequent quality outcomes produced will be the only distinguishing differences between post-acute providers¹.

To remain viable under a unified PAC model, providers must offer superior clinical results with optimized efficiency. Providers will need to adapt the type and intensity of services throughout a patient's stay. The flow of patients to and from varying levels of care across the continuum won't occur like it does today; providers likely will offer varying scopes of services in a single location¹.

The COVID-19 pandemic has changed clinical care delivery models much like the proposed unified PAC model. Here's how:

- Blanket waivers eliminated many medical necessity and payment requirements previously viewed as distinguishing one level of care from another^{2,3}.
- Admission processes for post-acute care were changed out of necessity, and clinicians began making on-the-spot decisions about the appropriate placement for patients with little regard for existing onerous prior-authorization processes, enabling patients to receive care faster.
- Many IRFs began treating patients previously not considered for typical rehabilitation, proving they can scale resources, intensity and frequency of services based on a patient's unique clinical characteristics^{2,3}.
- Health-care delivery to patients was optimized when state and federal agencies collaborated with providers in real time to remove regulatory and legal barriers that impeded service delivery.
- Some physician burden was eliminated by reducing documentation requirements previously viewed as separating one level of post-acute care from the next. This allowed physicians to focus on what they do best – healing patients².
- Clinicians were given control of where the needs of their patients could best be met and demonstrated they would select the most appropriate level of care.

Pending implementation of a unified PAC PPS may have caused uncertainty for post-acute providers, but IRFs demonstrated they can weather the storm. Rapid changes in service delivery, regulatory relief and resource utilization set precedents. It's a clear message to government and regulatory agencies that when clinician burden is reduced, patients benefit.

Over the next year, IRFs can expect to see:

- Permanent reduction in regulatory burdens.
- More fluid provision of patient care.
- Decreased care costs.
- Improved clinician satisfaction⁴.

The COVID-19 crisis involuntarily helped providers prepare for implementation of a unified PAC PPS. As a result, post-acute providers will be better positioned for success.

Learn more about our partnership opportunities and consulting services.

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