For a more in-depth exploration of post-acute care, including the 3 distinct business models, read our full report and check out our comprehensive resource kit. Looking for one-on-one help with devising progressive PAC strategy? Sg2 Consulting can help. Learn more: 847.779.5500 or membercenter@sg2.com.

The PAC landscape is siloed and complex. Patients can face a confounding array of rehab sites, skilled nursing facilities and home health services. Thus, numerous policy initiatives aim to raise quality, achieve consistent placement and use standards, and establish shared accountability for acute and post-acute providers. For now, though, a basic question frequently has no easy answer:

**Where is the best place for this patient to go next?**

**Hospitals >50 beds** that own these PAC sites or whose health systems operate one in the hospital’s community.

- **LTACH**: 35% of Medicare patients are discharged to PAC.
- **SNF**: 64% of Medicare beneficiaries who received no post-acute care are readmitted within 30 days of an IP stay.
- **HH**: 15% to 20% of current PAC patients could be admitted directly to less-acute PAC settings or stepped down earlier; Sg2 estimates.

5 Steps Help Systems Clarify Direction

1. **Analyze Existing Use Patterns**
2. **Calculate Total Cost of Care per Patient**
3. **Tier Sites and Foster Collaboration**
4. **Standardize Placement and Site Selection**
5. **Optimize Overutilization in Care Sites**

What’s Your PAC Business Model?

- **Transactionalist**
- **System of CARE Provider**
- **Integrated Provider**

PAC = post-acute care.

Sources: