

THE POST

ISSUE 1, 2018

A quarterly newsletter for the staff and friends of Post Acute Medical



A message from our President and CEO

As 2018 begins, I thought it would be interesting to look at where we were a year ago. At the time, the presidential election had recently been decided and I asked you to step back and consider the possibility that—despite the apparent division in our country—our industry might benefit from the election results. We were facing very onerous changes, such as the loss of blended payments for IPPS patients, the LTACH 50-50 rule, and the possibility of more mandates for rehab hospitals that would make operating more challenging.

In response to the changing regulations, one of our initial efforts was to form a coalition between like-minded LTACH companies that would take a unified message to Congress. We wanted to bring attention to the fact that some of the existing reimbursement policies had the potential to put providers out of business. We agreed that a coordinated and strategic effort that used our combined voices to impact federal policy before decisions are made would have a positive impact on our industry going forward.

In October of 2017, CMS moved forward with the expected changes, making it more difficult to operate LTACHs. However, fast forward to present day and Congress has approved a budget that rescinds those changes, keeping in place the prior blended payments. Needless to say, we are excited about this development and are now focused on 2018.

In the year ahead, we will expand our rehab portfolio by buying and opening rehab hospitals and outpatient centers. We currently have a robust pipeline of projects that includes the spring opening of PAM Rehabilitation Hospital of Corpus Christi,



Texas; a winter 2018 opening of PAM Rehabilitation Hospital of Dover, Delaware; and the early 2019 opening of PAM Rehabilitation Hospital of Round Rock, Texas. Additionally, we will consider other opportunities as they develop.

As always, we will continue to be an advocate for our industry, helping to shape a positive outcome for everyone involved, and ensuring we continue to provide high-quality care and an outstanding patient experience.

A handwritten signature in blue ink that reads "Anthony F. Misitano".

Anthony Misitano
President & CEO



PAM Physician Enterprise takes over the business of medicine

Times have changed since Adam Burick, DO, FACS, executive vice president and chief medical officer for Post Acute Medical, finished medical school 25 years ago. Today's new physicians no longer are jumping into starting or joining an independent practice like their predecessors did.

“The new physicians are looking at employed models,” Dr. Burick says. “The physicians want to be involved with practicing medicine and leaving the business of medicine to us.”

Post Acute Medical has responded by forming PAM Physician Enterprise, a not for profit company to employ physicians in Texas.

“We recognized the change in practice patterns and, in order to answer needs of graduating physicians, we developed PAM Physician Enterprise,” he says, adding that the business model can be adapted to physicians at any stage in their career.

New physicians have multiple reasons for choosing the employed model of practice, according to Dennis Alfonso, MD, who works at Warm Springs Rehabilitation Hospital of Thousand Oaks.

“Folks are opting to go into an employed model for a number of factors: economics, the flux in healthcare and the need to pass their boards,” he says. “They don't want to think about the details that go into forming a compliant practice. If you can walk into a practice that has been set up for you, it is much better.”

For Gregory Gerber, MD, who had been living in semi-retirement in Hawaii, it was the flexible work model that drew him to Victoria, Texas.

“I got pulled back into doing locum tenens and came to Victoria very reluctantly,” says the medical director for PAM Rehabilitation Hospital of Victoria. “When I got here, I found this building benefited by me being within it. I enjoy the therapists asking, ‘How can I do my job better?’”

At the same time, he wanted to spend time at his home in Hawaii. In response, PAM agreed to let him work remotely during the summer months.

“Telemedicine is pretty amazing,” says Dr. Gerber, explaining how the arrangement is accomplished. “The organization is very, very physician friendly and amenable to remarkable things.”

After completing her residency in June of 2017, Carol Li, MD, joined Post Acute Medical at Warm Springs Rehabilitation Hospital of Westover Hills.

“I didn't feel ready to start a practice on my own,” she admits. “I wanted to be among a group of colleagues I trusted and continue to learn from as an attending physician before I picked up anything independently.”

Surrounded by experienced physicians willing to mentor her, she welcomes the opportunity to focus on learning everything she can.

“For now, my goal is to remain inpatient and take care of my patients in the hospital,” she says. “I'd like to take things slowly to get a feel for what kind of rehab doctor I want to be.”



Hospitals develop Heart Failure programs to lower readmissions

Recognizing that congestive heart failure (CHF) is one of the biggest reasons for hospital readmissions, two Post Acute Medical hospitals have introduced programs for their specific populations that will educate patients about the chronic condition, which is caused when the heart no longer can pump blood efficiently.

For PAM Specialty Hospital of New Braunfels, the multi-disciplinary program is delivered classroom-style with overviews from Nutrition, Therapy and Nursing and includes individualized treatment plans. The hospital offers both a three-day inpatient program, and a program for the traditional LTACH patient.

“Much of the program is nutrition based, because a lot of CHF is about your dietary restrictions and how you are maintaining it with fluid intake,” explains Ashlea Ondrusek, CEO. “We also provide them with outpatient resources, determine whether they need outpatient cardiac rehabilitation and set them up with their cardiologist or one of ours to make sure they are successful.”

At Warm Springs Rehabilitation Hospital of Westover Hills, the program is led by Bruce Kuo, MD, cardiopulmonary medical director. Here, rehab patients receive the appropriate type and amount of therapy, dependent upon their cardiac status.

“Warm Springs’ heart failure rehabilitation program is on the cutting edge of what a rehab facility is able to do,” he says. “It provides better patient outcomes, improves quality of life and leads to decreased hospital readmission rates.”

While both programs provide patient education on the disease process and teach patients how to manage heart failure when they return home, they differ in their approach based on patient criteria for each hospital.

“It is awesome that we can create this type of niche program that benefits the community and makes sense to establish us as a market leader,” Ondrusek says. “When that happens, we’ve all won.”

New Chief People Officer looks to positively impact employees

Recognizing that it's human capital that will set us apart from the competition, Post Acute Medical has hired Renee Holloman to serve as chief people officer.

By taking on this new role, Holloman has accepted the challenge to promote a company culture that aligns with PAM's mission and vision.

“The end in mind is to increase retention and positively impact employees of our organization, and, ultimately, patients,” Holloman says. **“I believe people are the most important asset. Employee appreciation, recognition, and experience is monumental in our ability to be successful.”**

In addition, by moving away from the traditional Human Resources title, Holloman hopes it will help people shift the way they think about Human Resources.



Renee Holloman

“From the door, I want to convey this feeling that yes, it is about the people,” she says. “It is about meeting the needs of the changing workplace. We are the organization’s strategic partner.”

One of Holloman’s first priorities has been to understand what it means to work for Post Acute Medical.

“We want to be able to put into words what our PAMily values truly are, so people can think about their actions each day and tie them back into the culture,” she says.

Holloman is well prepared for the challenge having accomplished similar goals during the 25 years she spent working in the hospitality industry for companies, such as Hershey Entertainment & Resorts, The Trump Organization, and Wyndham Hotel Group.

“It just felt right to come to this organization and use everything I’ve learned to move this company forward,” she says. “It is all about understanding that we come together for a purpose. If we can feel a sense of connection to that purpose, then together there is nothing that we can’t do.”



PAMily
PEOPLE ALWAYS MATTER

HOSPITAL NEWS



Three-story building in Corpus Christi to house two hospitals

When PAM Rehabilitation Hospital of Corpus Christi opens in May, it will mark the first time that two Post Acute Medical hospitals are housed under one roof. Along with the 40-bed rehab hospital, PAM Specialty Hospital of Corpus Christi, a 19-bed LTACH, will open in the 345 South Water Street location. Also located in the three-story facility will be outpatient services. Michael Pierce, who currently serves as CEO of PAM Specialty Hospital of Corpus Christi South, will serve as CEO for both hospitals housed in the new location.



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COMPLIANCE CORNER

Providing Interpreter Services

Under the Affordable Care Act, hospitals and other providers are required to offer “qualified interpreters” to limited English proficient (LEP) patients. Previously, oral interpreters were only required to be “competent,” with no formal certification required. In order to ensure that patients’ needs are met and comply with this new regulation, all Post Acute Medical facilities will offer and provide interpreter services at no extra cost to LEP or sensory impaired patients. As a company, we entered into a corporate contract with Language Line giving each of our facilities access to both interpreter and sign language services at competitive rates. No facility should be entering into a separate agreement with another vendor to provide these services.

Each facility has been given a unique code that is directly linked to a specific hospital. You need to know this code. Please reach out to the home office, if you are unsure of your code. You also should have posters and taglines displayed in visible patient areas in your hospital that notify our patients that we provide this service. In addition, you should have buddy badges that include the phone number of Language Line and the dialing instructions.

Accessing an Over-the-Phone Interpreter – Post Acute Medical

1. DIAL your assigned toll-free number: **(844) 350-2271**
2. INDICATE: Language or Press
 - 1 for Spanish
 - 2 for all other **and clearly state the language**
 - 0 if you don’t know what language you need
3. PROVIDE: Hospital Number

Best Practices Documentation – for each interpreter interaction:

- **Document** the preferred language
- **Document** professional language services offered & patient’s response
- **Document** the linguist name and number
- **Document** the patient’s understanding using a “Teach Back” method

Key points you need to remember:

-  We cannot require that patients provide their own interpreters.
-  We cannot allow a family member, including a minor child or friend, to provide interpretation, unless it is an emergency situation that involves an imminent threat to the safety or welfare of the patient or the public and no qualified interpreter is immediately available or the patient specifically requests that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate.
-  Make sure your signs and taglines are posted in visible patient areas.
-  We do not permit cell phones on the floors. Therefore, if video services are required, you must use a hospital iPad or laptop. However, these devices are **ONLY** to be used when a patient requires American Sign Language services. Oral interpretation can be done through the hospital phone.

If you have any other questions or would like additional information, please contact Michele Chang, corporate compliance officer, at mchang@postacute.com.