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- Nursing Home Administrator
- Hospital CEO
- Acute Rehab Hospital CEO
- Health System VP Post Acute
- Healthcare Policy Faculty, University of Southern Cal.
- Podcast & Blog
- Author

★★★★☆ **Advocating lying degrades commentary**  
 July 26, 2016  
 Verified Purchase  
 Format: Kindle Edition

The author misrepresents the motivating factors for most physicians and hospital administrators as being financially motivated and driven! There are few reasons to recommend this book since cynicism abounds in his commentary. He outright




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### The Health System of the Future

- Hospitals being forced into insurance model
  - No longer a heads in beds play
  - More than 60% of Medicare claims are APM in 2019
  - Bundles or not, here we come...
  - More care transitioning to home. Are you prepared?
- The buyer is now at risk
  - Seeking only one provider/partner
  - Expertise and diverse knowledge
  - How to move the conversation past price

*Change is inevitable...are you changing with the times?*

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The following is purportedly from the US Government Peace Corps Manual for its volunteers who work in the Amazon Jungle. It tells what to do in case you are attacked by an anaconda. Which it claims "is the largest snake in the world, a relative of the boa constrictor that grows to thirty-five feet in length & weighs between 300 & 400 pounds."

1. If you are attacked by an anaconda, do not run. The snake is faster than you.
2. Lie flat on the ground. Put your arms tight against your sides, your legs tight against one another.
3. Tuck your chin in.
4. The snake will come and begin to nudge and climb over your body.
5. Do not panic ....




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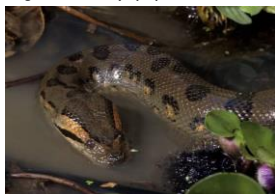
6. After the snake has examined you, it will begin to swallow you from the feet and – always from that end. Permit the snake to swallow your feet and ankles. Do not panic.

7. The snake will now begin to suck your legs into its body. You must lie perfectly still. This will take a long time.

8. When the snake has reached your knees slowly and with as little movement as possible, reach down, take your knife and very gently slide it into the side of the snake's mouth between the edge of its mouth and your leg. then suddenly rip upwards, severing the snake's head.

9. Be sure you have your knife.

10. Be sure your knife is sharp.




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**Strategies to Thrive in the Value Based Care ERA**

In an insurance model, its about expense control and efficiency

- Expense control and efficiency are critical
- Grow revenue by growing members or patient base

Traditional IP services transitioning to OP setting

- Pressure to deliver services OP will continue to mount

Patients are getting more involved in their own treatment

- This is a key differentiator
- Patient engagement and literacy – ease of use
- Lower administration cost and efficiency

Focus on Patient Engagement and Patient Care

- Engaged in consultative strategies



*Herlande the Uber driver pivoted - you can too!*

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**Discharge with Dignity™: The Discharge Planners New Role - Adopt a "Home-first" Mentality**

*Start from the left side of guide and work your way to the right (if a discharge home is not an option*

*The Financial Impact of Post-Acute Referral Patterns for Hospitals, ACO's & Bundles*

	Home Care / Private Duty	Assisted Living	Transitional Care Units	Chronic Care Management	Home Health	Palliative Care	SNF	Acute Rehab	LTACH
Degree of Financial and Quality Penalty to Discharging Hospital	None	None	Negligible (In the case of some health plans, an equivalent of \$1 weekly for 100)	Negligible	Nominal (Amount varies by contract or payer. CPT 99201 writing order for Transitional Care unit to be reviewed Jan 19)	None NA	Moderate	Severe (Only pay for 30 days, after that pay for 100 days)	Severe (30 days in hospital, 100 days in rehab, 100 days in LTACH)
Start Here	→	→	→	→	→	→	→	→	→
Discharge Level	FD	FOADH	AHD	ADWCD	ASH		LR	A	A
Patient Financial Responsibility	\$	\$	Nominal	Nominal	Nominal	NA	20% after 30 days	Varies	Varies

**Step 1: Ask, "can we discharge this patient directly home safely?"**

**Step 2: What resources will the patient and family need?**

**Step 3: What risks do we need to communicate to the family?**

A - Avoid unless specialized need; requires physician advisors approval  
 FD - First Option and consideration for all patients  
 AHD - (Order for) All Home Discharges  
 FOADH - First Option After Discharge Home; Assisted Living can cause delays in hospital discharge; engage AL before discharge

LR - Last Resort if advised (if patient is unable to go home with resources)  
 ADW - Consider an alternative to SNF if advised case & Home Care not an option  
 ADWCD - (Order for) All Discharges with Chronic Diseases

@JoshLuke4Health @HFMA @HFMA\_UK

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**The Future of Value Based Care**

Solution provider teams must distinguish themselves

- Expertise
- Certifications & CEU/CME
  - Readmission Prevention, Bundled Payments, Transitional Care, Home Care Certifications
  - Caregiver Certification
- Best Practice case studies

Case managers & social workers ensuring qualified care givers

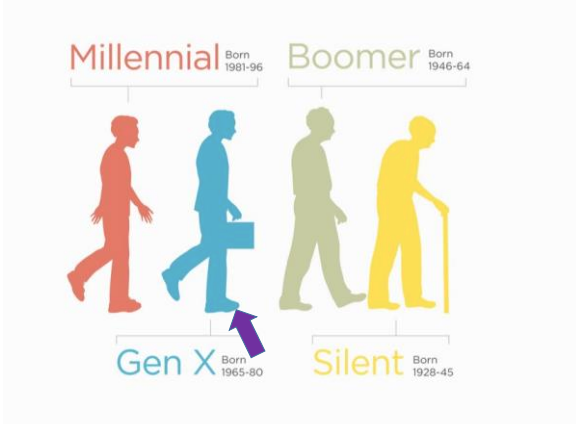
- Narrow networks
- Individually Certified caregivers
- Certified agencies caregivers



[www.NationalReadmissionPrevention.com](http://www.NationalReadmissionPrevention.com)



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**Strategies to Thrive in the Value Based Care ERA**

- Double your referrals from hospitals - change your selling approach
  - Understand the new model and its pressures
  - This is a drastic change
- Traditional IP services transitioning to OP setting
  - Pressure to deliver services OP will continue to mount
  - More care is transitioning to the home environment

To enroll in the online Masterclass:  
[www.DrJoshLuke.com](http://www.DrJoshLuke.com)  
 \$100 Off Code: **SELL\$100**  
 Regular \$399; or \$299 with code

**SELLING TO HOSPITALS**  
[www.drjoshluke.com](http://www.drjoshluke.com)

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**Going purple for the cause!**

[www.DrJosh Luke.com](http://www.DrJosh Luke.com)

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