

Preface

Are readmission penalties enough to spur hospitals to action? The answer, unfortunately, is no. Readmission penalties alone are not enough to get hospitals to focus on value-based reimbursement and create coordinated care models. However, considering that the Affordable Care Act (ACA) of 2010 includes six initiatives specific to coordinating care between providers—two incentives (accountable care organizations and bundled-payment initiatives) and four penalties (readmission penalties, recovery audits, the Medicare Spending per Beneficiary measure, and other value-based purchasing opportunities)—the combined impact of these six initiatives is enough to encourage hospitals and health systems to implement value-based coordinated care models. However, it's going to take time.

After I earned a master's degree in public relations in 1996, I found my dream job in sports marketing. I had grown up a huge sports fan, a junkie if you will, playing three sports in high school and scrumming it up daily in the front yard (any shape or size ball would do) with my two older brothers, Scott and Matt. Although my two older brothers are blessed with greater athletic ability, I share their love for just about every sport.

In 1998, just a few days after slugger Mark McGwire broke the single-season home-run record of 61, through hard work and a stroke of good luck the global public relations firm I was working for was hired to handle the new home-run king's personal marketing and public relations. I was appointed account lead and, a few weeks later, found myself on a private jet with McGwire and some of his closest friends. I escorted him to interviews with *Time* magazine (which was considering him as a "Man of the Year" candidate), the *Today Show*, *The Late Show with David Letterman*, and *The Rosie O'Donnell Show*.

Though my experiences in sports marketing were exciting, it was the events of the next few years that would change my life. By the summer of 2001, I was feeling unfulfilled in my career. At the

same time, my beloved grandmother's congestive heart failure was proving too much for her to handle. Belva Mae Riddle, who had a beautiful mind and was one of the most caring and strongest-willed people you could ever meet, began a cycle of bouncing back and forth between the hospital, a nursing home, and her home that would last several years.

I was living several hundred miles away, completing my graduate studies, and my frequent calls home to California to check on my grandmother often led to frustration. I was perplexed at how caretakers at the hospital and nursing home communicated so little with each other when my grandmother transferred from one facility to the other. I was even more shocked to find that when she would return home, the home-based caretakers seemed to have few instructions from the hospital or nursing home. My frustration was growing.

I was teaching a night course at a local university, and one evening a student approached me after class to ask if I would be interested in applying for the position of director of marketing and admissions for a local skilled-nursing facility. Initially, it seemed like too huge a leap in my career path, but through much prayer and discussion with my wife, I decided to apply. Life Care Centers of America is a reputable organization with facilities throughout the country, and it has an administrator-in-training (AIT) program designed to teach young professionals to be future healthcare leaders and operators.

I still was not convinced the nursing home industry was the change I had been waiting for, but the defining moment in my life and career took place as I entered the front doors of Life Care Center of Reno, Nevada. In the entry sat an elderly woman who appeared to be unaware of her surroundings; she was slouched over and slipping from her wheelchair. Not knowing if she needed assistance or not, I stood in my tracks and pondered my next move. Should I help her? Is this normal for her? Is she in pain? I did not know the answers to these questions, but I did know this situation would shape and define who I would become as a healthcare leader.

God undoubtedly put this elderly woman in the entry that day to challenge me to stop and consider the task ahead. And though I did not know if she was in pain or needed help, that moment drove my decision to change my career. I approached her, bent down to her eye level, and with a smile asked if I could help her with anything. She said she was doing fine, thanked me for asking, and smiled as I walked away. This was my first lesson as a healthcare administrator: The patient's needs and care are always your top priority—regardless of how busy you are that day. Wearing your servant's heart on your sleeve at all times is nonnegotiable.

That moment with the elderly woman in the entry and later walking into the nursing home for my first day of work were two of the most humbling experiences of my life. They shaped me as a leader and, most important, gave me personal confirmation of my servant's heart. Not only would I be serving as director of marketing and admissions for Life Care Center, but I had also been accepted into the AIT program. And just like that, I made a career change—a change that was instigated by my grandmother, of all people.

When I was a young administrator, I often told the story of how my grandmother's struggles led me to a new career path. Little did I know that about ten years later, when I was traveling the country to speak about the topics of readmissions, care coordination, and population health management, I would once again share her negative hospital readmission experiences as a perfect example of why our healthcare system needed to be transformed. Fifteen years to the month after that private jet trip to New York with Mark McGwire, I was asked to be the executive chair of an annual event in Orlando—the World Congress Leadership Summit on Readmission Prevention. That role was a far cry from taking sports celebrities on media tours, but it was a position I was honored to serve in.

I have a great passion for the readmission issue, and I am sure you will see many examples of that passion throughout this book. Readmission penalties are one of at least six initiatives in the ACA designed to incentivize coordinated care. This book will focus

specifically on proven tactics to prevent unnecessary hospital readmissions. Naturally, improved coordinated care efforts and models are the end result of effective readmission prevention strategies. However, there is already a significant body of literature on care coordination models. Thus, this book attempts to look specifically at ways to prevent unnecessary hospital readmissions by collaborating with post-acute care providers at all levels to make sure patients are hospitalized only when their needs cannot be met at a lower level of care.

My experiences as CEO of several acute care and acute rehabilitation hospitals, vice president of a health system (overseeing hospice and home health), and administrator of multiple skilled-nursing and assisted-living facilities give me a thorough foundation for writing this book. In addition to providing my own viewpoints, I have drawn on the expertise and knowledge of several trusted friends and colleagues from around the country to provide best practices and proven tactics to prevent unnecessary hospital readmissions. My goal is to show you how to best address the readmission issue by developing an effective and strategic population management program designed specifically for your community and hospital.