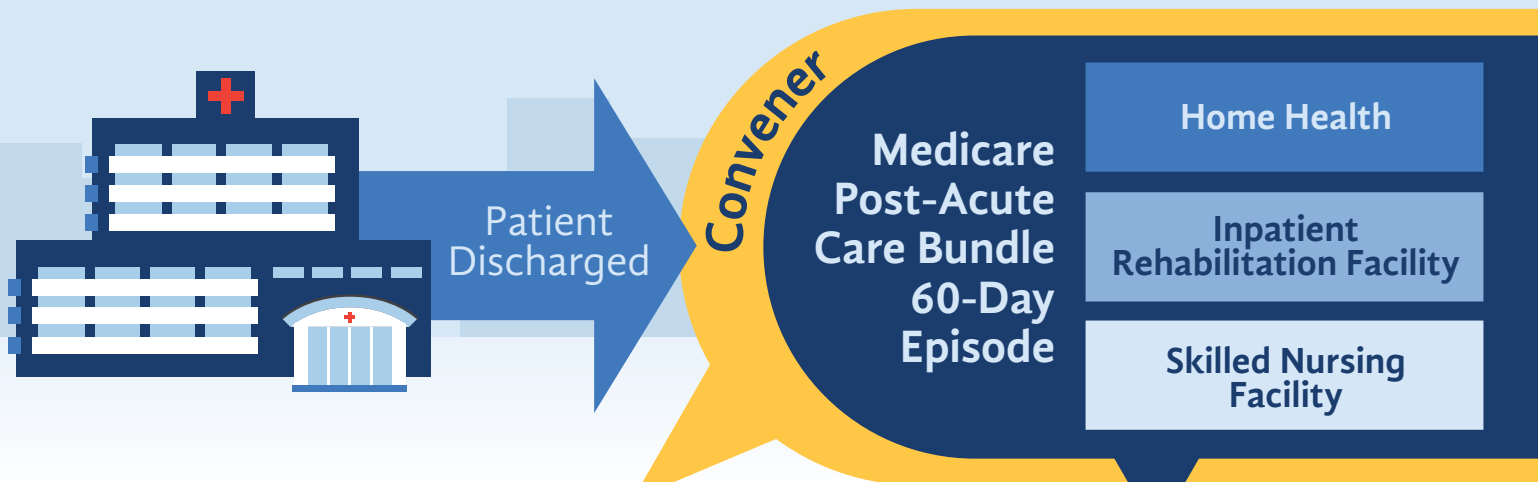


Bundling and Coordinating Post-Acute Care (BACPAC)

Toolkit for Preliminary Modeling & Implementation

The BACPAC toolkit lays out considerations for bundling Medicare post-acute care payments in order to improve patient care, reduce hospital readmissions and lower Medicare spending. The toolkit seeks to provide analysis to support patient placement in the post-acute care settings that are most clinically appropriate as well cost-effective following hospitalization to ensure beneficiaries receive care that fosters improved care coordination and clinical outcomes.



Who should manage the BACPAC bundle?

A “convener” is essential to manage a post-acute care bundle, support care transitions and help direct patients to the most clinically appropriate and cost effective setting(s). Two possible types of conveners used in the BACPAC impact analysis include:

- A **hospital-discharge level convener** (likely an individual hospital) would have limited volume, since hospitals are expected to manage their own discharged patients (and the funds allocated for such post-acute care) rather than refer them to other hospitals. As a result, hospital-discharge level conveners would face considerable risk of losses that could create access issues.
- A **regional-level convener** (which could be an insurer, benefits manager, hospital system, or post-acute care provider that receives patients from many hospitals) would have more volume and, as a result, be more stable.

Improved Care Coordination

Greater Efficiency Across Settings

Optimal Patient Outcomes

Fewer Rehospitalizations

Lower Medicare Costs

Built-In Safeguards  **Ensured Patient Choice**  **Lower Provider Risk**

Source: Dobson | DaVanzo & Associates, January 2014

Citation: “Bundling and Coordinating Post-Acute Care,” Alliance for Home Health Quality & Innovation (January 2014), <http://ahhqi.org/research/bacpac>