2021 NARA Speaking Engagement Deck Outline
Speaking Engagement for Josh Pickus

Title:
In the Race of a Lifetime: How Agility Enabled Rehab Therapists to Navigate the Pandemic and Prepare for the Future

3 Learning Objectives

- See how the most agile rehab therapy organizations re-engineered care and operations during the pandemic
- Explore the next set of challenges for rehab therapy industry
- Understand how Agility will enable us to overcome those challenges

Title Slide – In the Race of a Lifetime: How Agility Enabled Rehab Therapists to Navigate the Pandemic and Prepare for the Future

Slide – Look How Far We've Come

Image: Simple timeline graphic connecting 2020 to 2021

2020
In the Belly of the Beast

- 33 million+ cases in the US, PPE shortages
- Nearly 600,000 deaths, including 3,600 healthcare professionals
- SNF census depressed
- 50% revenue loss for a majority of physical therapy businesses

2021
On the Mend

- 146 million fully vaccinated , PPE available
- Cases and deaths down, states reopened
- SNF census inching upward
- Physical therapy businesses recovering

Must be updated in October at this link: https://covid.cdc.gov/covid-data-tracker/#vaccinations

Talking Points:

In 2020, we went through a crisis. The number of cases and deaths rose steadily throughout the year, making us all wonder whether this virus would ever be contained.

The pandemic disrupted many businesses, especially skilled nursing facilities and physical therapists.

As noted by the American Physical Therapy Association (APTA), 72 percent of therapy businesses saw revenue losses of 50 percent or more last year.

But the good news is that we pulled through.

Since COVID-19 vaccine distribution began in the United States on Dec. 14, more than 312 million doses have been administered, fully vaccinating over 146 million people or 43.9% of the total U.S. population.

As a result of the improved conditions, SNF occupancy and therapy delivery are on the rise

Slide –The Pandemic was a Triathlon

Images: swim, bike, run in a triathlon next to each bullet

- Swim: You changed clinical and operational processes
- Bike: You found ways to survive the PPE shortage
- Run: You adopted new technologies

Talking Points:
You might have felt during the pandemic like you were running in a triathlon.

- When the pandemic hit, you pivoted and adapted quickly by making changes to your clinical and operational processes
- When you started running out of supplies and equipment, you got creative and figured out ways to cope safetly
- When you started losing customers who were afraid to come in to your facilities, you started opening up to new technologies like virtual health visits

You won!

Slide – Being an Ironman Takes Agility





Talking Points
Many of you might have heard of the Ironman triathlon races that happen all around the world. The most famous one takes place every year in Hawaii. The race consists of three legs:

- It starts with a 2.4 mile swim
- Then a 112-mile bike ride over a volcano on the Big Island
- And it finishes with a 26.22 – mile running marathon

It is considered one of the most grueling races in the country. On the slide is a photo of Jan Frodeno, a German man who won the Hawaii Ironman three times and broke the record in 2019, becoming one of three people to complete the triathlon in less than eight hours. And he has shared in interviews that “adversity” and even “failing” were a big part of his success.

Most of all, he had to be AGILE, and learning from his mistakes and adapting race.

Today, I’m here to talk about how AGILITY got us through the pandemic and how AGILITY will enable us to overcome the next set of challenges we face as an industry.

Slide – What is Agility?

Image: A team of people creatively pushing and pulling a rock up a hill using different tools.

Agility: The ability to recognize a new situation and rapidly adapt.

Talking Points:
So what is AGILITY?
Agility is the ability to recognize a new situation and adapt rapidly. we did this in spades during the pandemic.

Section Slide – Clinical Agility

Talking points:
When the virus first hit and it became apparent that is was going to be a serious problem, the lives of your patients and staff were at stake. You had to be agile to determine solutions quickly.

Slide – Dropped into the Race with No Training

Image: a person walking

- A new, very sick patient type
- Need to work in non-traditional treatment areas
- Appointment cancellations due to illness and fear
- Patient isolation, depression and other mental health issues
- Staff shortages
- No ability to do group or concurrent treatment

Talking Points:
A common characteristic of triathetes who win races is that they must go through high volumes of training to even stand a chance.

What makes your race even tougher than Ironman is that you didn't get to train or prepare. In fact, you didn't voluntarily sign up to be in this race.

Suddenly, you found yourself faced with these challenges and no roadmap.

- While you're used to working with patients with all kinds of diseases, suddenly you found yourselves having to treat patients with a completely new illness without experience or guidelines.
- You couldn't work with your patients in the gyms anymore. It went from limited patients in the gym to completely shutting them down.

- Many of your patients missed visits out of fear or illness.
- In SNFs, you had patients suffering from being isolated from their families and had to determine how to manage depression and mental health issues.
- You had to work with patients without an extra set of hands or normal set-up.
- And You had to figure out how to stop treating more than one person at a time, which wreaked havoc on PDPM financial models

Slide – Making Diamonds

Image: a diamind cutter

- Established new treatment protocols
- Assembled therapy groups to work together to minimize exposure
- Moved treatment interventions outside
- Started car check-ins, with patient observation during walk from parking lot to building
- Increased use of therapy assistants and non-therapist "extenders"
- Became tech savvy quickly with telehealth, FaceTime, and Zoom
- Launched new programs such as concierge offerings

Talking Points:
In an interview after his third Ironman in which he broke the record for completion time, Jan Frodeno said: "Pressure creates diamonds and I need pressure to get to the very top, to get the very best out of me."

Well you didn't volunteer, but you made diamonds, using Agility to do the best you could do in the circumstances.

- You developed new treatment protocols not just for COVID but also for future outbreaks.
- You assembled therapy groups to work together to minimize exposure. Part of that included assigning and restricting groups of therapists by assigning them to areas in the hospital/facility, such as wings or buildings.
- Some of you got creative and did things like:
    - Moved your treatment interventions outside so the family could be a part of the process.
    - Started car check-ins in the parking lot to take patient information and observe patients during their walk from the parking lot to the building
    - Used telehealth for variety purposes, like check-ins or bringing in therapy assistants and "extenders" (non-therapists) to work with patients when not enough therapists were available
- You had to become tech savvy overnight. You quickly realized Zoom and Face-Time could provide the means to bring families into group activities. You started offering online exercises and other helpful programs.

- Some of you got really creative and developed concierge programs. Talk about Agility! These programs incorporated dedicated rooms with a high touch experience for patients. It included pre-recorded orientation, increased volunteer visits (fully PPE'd), early therapy in the room, a dedicated tablet for family zoom calls, etc. This turned an isolation period into a better experience for new admits.

Section Slide – Operational Agility

Talking points:
Your challenges were not just clinical. You also had to keep your businesses going.

Slide – Things You Can't Control

Image: lightening striking on a rainy day

- Lack of equipment, masks, sanitizers, robes, gloves and stock supplies
- Facility entry restrictiions
- Staffing shortages
- Staff stress and burnout
- The ever-morphing virus and case numbers

Talking Points:
Many triathletes say the hardest part of the race are things you can't control like the weather, temperature and wind patterns, the terrain, or what other atheletes are doing around you.

When the pandemic hit, you really couldn't control things like:

- Running out of equipment, masks, sanitizers, robes, gloves and stock supplies
- Clients restricting entry to facilities
- Staff suddenly resigning for fear of the virus
- Staff exposures and stress that could impact their ability to their jobs.
- Virus levels in the communities where you operate

Slide –Confronting the Unexpected

Image of a triathlete running in the rain

- Revised and update safety protocols and procedures
- Create processes for quarantining patients
- Shared gowns, stored masks in paper bags, transported equipment on rollators with sanitized wipes,
- Segmented populations, create spaces to isolate the sick
- Used telehealth to make up for lack of staff, hire new staff and assistants

Talking Points:
But you didn't give up when confronted with all of this adversity. Instead you adapted and [go through bullet points].

Slide – A New Race Has Begun

Having survived the pandemic, you're in a new race now.
You did it once. You Can do it again.
Stay agile.

Talking points:

- Now that you won the triathlon, is it going to be sun and clear skies from now on?
- No. You'll need to continue practicing the same agility that you demonstrated during the pandemic.

Slide – Today's Challenges

Increased post-pandemic need to:

- Diversify revenue streams
- Differentiate through specialization
- Expand referral networks
- Compete effectively for staff
- Decide whether you're a buyer or a seller
- Leverage telehealth effectively
- Use data to see the future and get prepared

Talking points:
I'm sure what's going through your mind right now is how am I going to get my census up? Or for those of you who are starting to come back, how I am going to continue this success. In this very different race you're in now, you've got a whole new set of challenges brought about by pandemic, such as:

- Broadening your revenue streams so an event dramatically impacting one area can't cripple you
- Differentiate by offering specialized services
- Expanding referral sources beyond your traditional base
- Attract the best staff with other industries willing to pay more
- Leverage telehealth efficiently
- Using data to porepare for the future

With all of the shifts and changes due to COVID, the AGILITY you already displayed will be more important than ever to win this new race.

Slide – Diversify Revenue Streams

Image: circle with Rehab Therapist in the middle surrounded by SNFs, Nursing Homes, ALFs, Patients at Home, Walk-in Patients. Sprinkled around this graphic are the additional services mentioned in the talking points:

- Home
- ALF
- Hospice
- Medication supplies
- Long-term care pharmacies
- Special needs insurance plans

Talking Points:

- One of the best ways rehab therapy practices can get to the front of the race is by being agile enough to expand where and how they offer services.
- Spurred on heavily by the COVID-19 public health emergency, patients are turning to home healthcare as an alternative to checking into SNFs and long-term care facilities.

- As a result, home healthcare providers are exceeding their pre-pandemic referral volumes while SNFs are experiencing significant declines.
- How SNFs and private practices can be agile is to adapt their services to be able to offer outpatient therapy services to patients in their homes and in assisted living facilities (ALFs).

While this move could help their businesses, it means pivoting how they deliver care to meet the requirements for delivering care in the home. They'll need the right digital and mobile tools

To not only add revenue but also be attractive to their referral partners, some SNFs are getting into medication supplies, long-term care pharmacies and special needs insurance.

Not all of these may be right for you, but the key is to be agile enough to consider the question and identify what will work best for you

Slide – Consider Specialization

What can you do well that others can't?

Conditions	Units	Infrastructure
• Respiratory programs • In-house dialysis • Cardiac care • Wound care • Dementia • Palliative care	• Elective surgeries • Specialized surgeries • Chronic disease management • Behavioral health • Wellness • Veterans care	• Private rooms • COVID units • Separate buildings for contagious conditions • Technology tools

Talking points:
Now that more patients would prefer to receive care at home, rehab therapists are going to have to be agile to stay competitive.

Start by thinking about your strengths and what you do that not everyone can do as well.

- Many SNFs are already preparing to accommodate higher acuity patients by developing specialized services such as respiratory programs, dialysis, wound care and dementia.
- With a steadily increasing elderly population, how about palliative care for terminally ill patients?
- You might have the capability to create specialized units for elective or specialized surgeries, chronic disease management, behavioral health, wellness, or even for Veterans.
- Decisions will need to be made about adapting infrastructure to include private rooms, enhanced technology tools, COVID units or even separate buildings for patients with infectious diseases.

- In these new areas you will need to track and monitor patients differently with different technology tool

Slide – Look Upstream

Take control of your revenue streams by being involved further up the chain.

- ACOs
- iSNPs
- Hospitals

Build partnerships with your referral sources to help them lower:

- Rehospitalizations
- Length of stay
- Cost of care
- Risk

Talking Points

- As a result of the financial setbacks from the pandemic and the advent of quality care standards, SNFs will need to be agile enough to get in good with ACOs, iSNPs and their local hospitals to increase their referrals and improve their reimbursement potential.
- ACO participation is rising significantly, according to CMS data released prior to the pandemic, 7% in 2020 compared to 2019. It will continue to rise.
- Institutional Special Needs Plans (I-SNPs) present opportunities for providers to launch or join SNF-specific Medicare Advantage plans for qualifying individuals.
- Building relationships at hospitals will also be essential. Successful SNFs will learn what the hospital cares about the most and present solutions to help hospitals achieve their goals. Is it to lower:
    - Rehospitalizations?
    - Length of stay?
    - Costs of care?
    - Risk?
- Some SNFs are building units to take high-acuity patients from hospitals and get them back home as soon as possible, which is far less expensive for hospitals than if patients stay in the hospital. This makes their SNF partners extremely valuable to them.
- Look for opportunities to add value as a true downstream partner. Understand their goals, make sure their goals are being met and keep pivoting to align yourself with their goals.

Slide – Compete Effectively for Talent

Image: healthcare setting with healthcare workers.

Talking Points

- Right now, a lot of industries are suffering in terms of hiring workers, so everybody's paying more.
- Staffing shortages were already happening before the pandemic, and now they have really taken off.
- Many of you are competing against the Amazons and others who can pay more than $14-$15 an hour, a typical hourly rate for nursing homes.
- What are you going to do?
- How can you attract the right staff? You may have to be agile and find ways to make your culture more attractive than other cultures that are paying more like:
    - Flexible hours and shifts
    - Accommodating new moms with infants and children
    - Listening to your staff to find out what they'd like
- You'll need to consider shifting your budget to accommodate hiring higher quality staff members. You'll need a strong workforce to enable your success.
- Some organizations are using data analytics to predict employee departures, giving them time to intervene before the staff member leaves.
- Since nursing students are often not exposed to caring for nursing home and SNF patients, consider starting a residency program to make up for staff shortages.
- Creative solutions will be needed to make up for an increasing shortage of trained clinical workers while the number of elderly people continues to rise.

Slide – Are you a Buyer or a Seller?

Image: a stock trading floor (NYSE)

- $94 billion loss from 2020-2021
- 143 SNFs closed doors last year, more expected this year
- 14% drop in average price per unit
- 54% of nursing homes operating at a loss (as of June)

Talking Points

- There is a growing expectation that the pandemic will accelerate facility sales and feed a trend toward regional consolidation and health system partnerships for the nursing home industry.
    - SNF organizations that are financially strong are acquiring struggling organizations.
    - PE is entering the market (few operators but stronger management).
    - Strong focus on diversifying the portfolio (e.g., expansion in senior living, post-acute venues like Home Health, Hospice, and IL/AL).
    - Payers are getting more involved with operations - more focus on managed care contracting and the success with these.
- As government subsidies begin to subside, many of you may need to decide what you are going to do with your businesses.
- Do you need to expand to keep growing? Or have you assessed your prospects and decided that now is a good time to get out?
- If you're a SNF, it's a seller's market so if you have not pivoted your approach, you may find yourself in the situation where you'll need to recapitalize or sell. Now is a good time if you're leaning that way. With many SNFs in distress, large SNFs as well as public and private companies are looking to buy while the prices are low. However, due to demand, the prices are steadily climbing, which is resulting in aggressive bidding.
- If you decide to stay, your survival may depend on specializing, having regional scale and a value-based orientation that attracts hospital partnerships.

Slide –Embrace Telehealth

Image: On one side,Image of a telehealth exchange, tablet, therapist talking into image

Telehealth helped you win the last race; why not keep using it for this one?

- Flexibility keeps patients happy
- Reach patients in rural areas
- Check-ins
- Substitutes for face-to-face visits
- Follow-up consultations

Talking Points

- When telehealth became an option, you had to pivot again to adapt to a new set of challenges. What happens when patient needs hands-on assistants or equipment that isn't present? How are you going to engage your patients and make it easy for them to participate?
- Telehealth really saved the day for many private practices, SNFs and hospices during the pandemic.
- Many of you didn't like it at first. You prefer to see patients face to face, but if it helps keep patients happy and coming back, why not stay agile and keeping using it?
- Use telehealth for check-ins and substitutes for face-to-face visits. For instance, if a patient needs 2-3 visits a week, have one face-to-face and telehealth check-ins for the others.
- It's super useful in rural areas where access to treatment is restricted. You can use therapy assistants or extenders on site to help patients with the exercises while you direct the activites on Zoom or FaceTime.

- Telehealth can be used to provide follow-up consultations after a period of time has passed since the treatment stopped to make sure the patient is doing OK.

Slide – Harnassing Data for Human Health: Make the Most of Your Data

Image: arrange these buckets of content somehow. See Pointright Tender Touch deck.

Static Data Sitting in EHRs	**Operationaized Data**	**Results***
Draw an x over this: • Cut staff • Accept lower margins • Cut costs and services • Ask vendors to sharpen pencils	• (Arrow up) hospital referrals • (Arrow up) patient volume • (Arrow up) reimbursement per patient* (Net Health client saved $150,000) • (Arrow up) Medicare PDPM per diem • (Arrow down) hospital readmissions • (Arrow up) star rating • (Arrow up) Part B revenue • Become a preferred provider	$150K saved by increasing reimbursement per patient 10% increase in referrals 1.2% reduction in 30-day readmission rate 6.9% increase in patient admissions

*Pointright Client Data

Talking points:

- The pandemic has shown us how much we need data and the ability to leverage it to track such things as staff and patient exposures, medical equipment and financial information. Many of you demonstrated agility as you quickly saw the benefit of data and developed reporting and business intelligence programs.
- In order to survive, many rehab therapy businesses feel they have to do things like:
    - Cut staff
    - Accept lower margins
    - Cut costs and services
    - Ask vendors to sharpen their pencils
- This is not sustainable, but data can help turn this around.
- Using algorithms, the data in electronic health records can be analyzed to help SNFs, nursing homes and private practices:

    - Get more hospital referrals
    - Increase patient volume
    - Increase reimbursement per patient
    - Increase Medicare PDPM per diem
    - Decrease hospital readmissions
    - Increase star rating
    - Become a preferred provider
    - Increase Part B revenue
- Into the future, data will become a crucial part of your success – to promote your care and outcomes to the Centers for Medicare and Medicaid Services (CMS), and prove your business to be a worthy partner for acute-care providers and value-based care organizations.
- In addition to partnerships, data can be used to influence patient care outcomes by providing insights clinicians can use to improve clinical decision-making.
- By proving areas of specialization with data, nursing homes and SNFs can continue to solidify their position in the post-acute care environment in the post-COVID era as well.

Summary Slide – Stay Agile, and Keep Winning



Talking points:

- Jan Frodeno, the triathlete who won three Ironmans, said that each one made him better and stronger for the next one.
- It may not feel like it, but you're more in shape now than you were when the pandemic first hit – simply because you made it to the finish line.
- You're now a pro at recognizing a new situation and adapting.
- Keep doing it!

Slide – Q&A

Josh's contact information