CarePort® powered by WellSky®

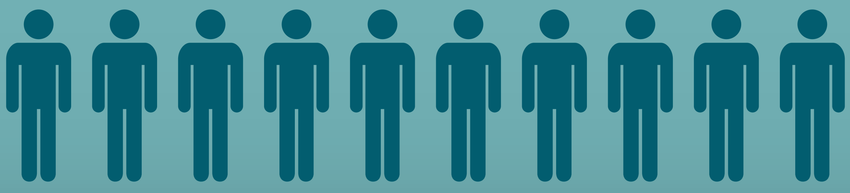
2022 in review

A closer look at how **care transition technology has advanced** and how **CarePort has supported clients through it all.**

It's been almost three years since the pandemic began, and as we move toward a new normal, data from CarePort shows:

- Demand for post-acute care is growing.
- The number of referrals has increased as patient acuity increases.
- The time patients spend in the hospital prior to discharge has lessened from its peak during the pandemic but is still more than pre-pandemic levels.
- Staffing shortages continue to be a challenge.

By 2030, all of the nation's **73 million baby boomers will be 65 or older.**



The aging population is driving unprecedented demand for care.

https://www.census.gov/library/stories/2019/12/by-2030-all-baby-boomers-will-be-age-65-or-older.html

Hospitals are finding it **harder to place patients** in the face of rising demand for post-acute care

2x ↑ Average increase in number of referrals per patient sent to skilled nursing facilities (SNFs) and home health agencies (HHAs)

40% ↑ Increase in HHA rejection rates

Average length of stay in hospitals **remains high**

12% **longer stays among patients discharged to SNFs (2022 vs 2019)**

11% **longer stays among patients discharged to HHAs (2022 vs 2019)**

Patients have **increased acuity** and **comorbidity rates**

6% increase in average comorbidity score[i]

From pre-pandemic 2019 to 2022, patients referred to post-acute care had relative increases in several conditions:

+17% Neurological disorders
+16% Alcohol-use disorders
+12% Drug-use disorders
+8% Pulmonary circulation diseases
+3% Psychoses

[i] *Van Walraven Comorbidity Score*

Staffing challenges continue[ii]

2 out of 3 hospitals report that labor and staffing shortages have "somewhat or definitely affected" daily workflows and the ability to discharge patients.

45% of post-acute providers report that staffing challenges are directly impacting their ability to accept referrals.

63% of hospitals are experiencing clinician burnout and staffing challenges.

8% SNF occupancy is down since 2019

11% Full-time nursing staff is down

[ii] *CarePort Care Coordination Survey, March 2022*

Care is **shifting to the home**

While referral volume to SNFs has recovered to pre-pandemic levels, home health referrals remain high.

22% higher Referrals to home health are higher than pre-pandemic levels

4% higher Referrals to SNFs are slightly higher than pre-pandemic levels

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2022 highlights

Expanding the network

CarePort expanded its care coordination footprint across the United States in 2022:

- **Care Transition Platform (formerly Curaspan) joined CarePort,** expanding our network to provide visibility and influence across the entire continuum of care and help improve patient outcomes
- **2,000** hospitals and health systems
- **130,000** post-acute and community providers
- **41 million +** referrals sent per year
- **13 million** discharges
- **17** new health information exchange connections

Meeting client needs

Physician groups

Physician groups need better collaboration across the care continuum as practices are entering into value-based care programs because they lack meaningful real-time visibility into patient movement.

CarePort Ambulatory bridges these gaps in care and connects physicians to a scaled network of acute, post-acute and home-based providers — giving them the much-needed visibility and intelligence to influence care.

500+
physician practices

14 M
patients served

14% lower
readmission rates than practices that don't use CarePort.

"One of our biggest challenges is having transparency, in real-time, into where our patients are as they move through the continuum of care. With CarePort, we can see information in real time compared to looking at claims data that might be six months old."

Regional Senior Director of Clinical Operations, Agilon Health

Home health providers

Home health agencies using **WellSky CareInsights™** and **CarePort Connect** now have access to real-time hospital admission data from CarePort's robust national network of nearly 2,000 hospitals, providing more visibility into care events occurring outside of the home. With this increased insight, home health providers can make more informed decisions to drive better agency performance in value-based models.

Epic clients

CarePort applications provide Epic users with multiple offerings that help advance all activities related to transitions of care without having to leave the Epic platform.

Cerner clients

CarePort now provides Cerner Acute Case Management clients with an embedded workflow solution and access to CarePort's nationwide network of providers, which can help transition patients more efficiently to the next level of care.

Supporting client care delivery efforts

Predictive analytics

By considering cost, quality, outcomes, and similar patient profiles, new proprietary algorithms in CarePort support hospitals and health systems in making data-driven post-acute care decisions for their patients.

Referral metric visibility

New referral metrics in **CarePort Insight** provides data on PAC volume, time-to-respond, and acceptance rates to control costs and build better referral relationships with quality post-acute providers.

"We've received more referrals from more partners and other hospitals that we probably never would have networked or linked with if we weren't working with CarePort."

Regional Director of Marketing and Business Development, Transitional Care Management

Optimized communication

CarePort Connect enables providers to streamline and improve communications between acute and PAC organizations with the ability to request documentation and information about shared patients directly in the solution.

"Interoperability is extremely important in our organization and CarePort has played a huge role in helping support that. You cannot be effective in value-based care without transparency of data. Now that we have the ability to collect information from our SNF partners, we can share that data back with them and with our hospital teams and identify where those gaps and outliers are. It has been extremely valuable for us."

Medical Director, Integrative Care at Atlantic Health System

Social determinants of health support

CarePort continues to invest in whole-person care with network expansion to community-based organizations and an embedded transitions of care workflow to help streamline patient matching to community-based organizations and services, and track clinical and social care referrals, all in one place.