

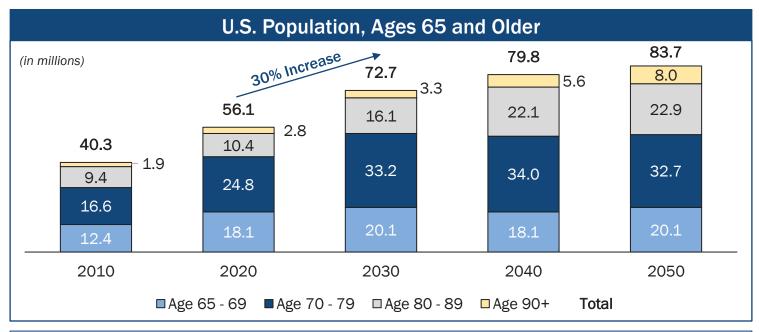
## **Post-Acute Care Industry Outlook**

The Post-Acute Care ("PAC") market will undergo significant transformation over the next five years and beyond as various demographic and industry trends develop. Some sectors of the PAC market have already seen significant investment activity (e.g. home health, hospice), but other relatively untapped sectors stand to benefit from the overall market trends and could represent attractive investment opportunities.

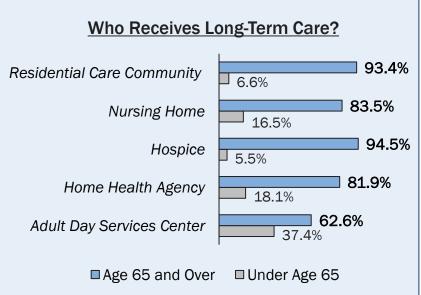
# AVONDALE PARTNERS

## **Key Demographic Trends**

In 2018, approximately 16% of the U.S. population was 65 or older. This group is projected to increase by 30% to more than 70 million people by 2030, representing 20% of the U.S. population



The increase in the number of older Americans will have a dramatic impact on the amount of long-term care needed. The vast majority of post-acute, long-term care services are provided to the 65-and-older age group



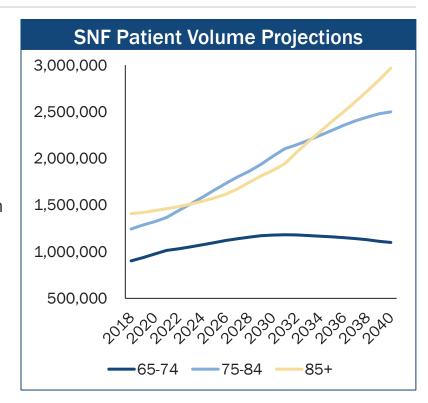
~43%

Lifetime healthcare costs incurred after age 65 by the average American

#### "Boomers vs. Beds"

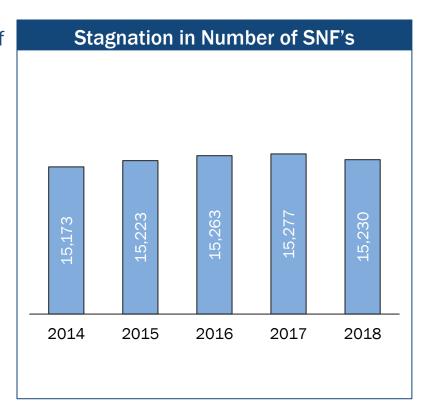
By 2040, the aging Baby Boomer generation is projected to fuel an increase of more than 32% in Skilled Nursing Facility ("SNF") patient volume

 Most of this growth will be realized in the 75+ segment of the population



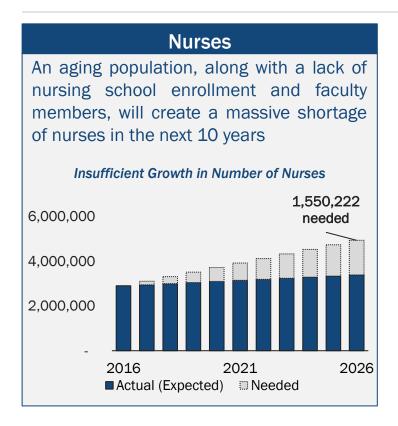
Despite these trends, the number of Post-Acute Care providers has remained stagnant over the past five years

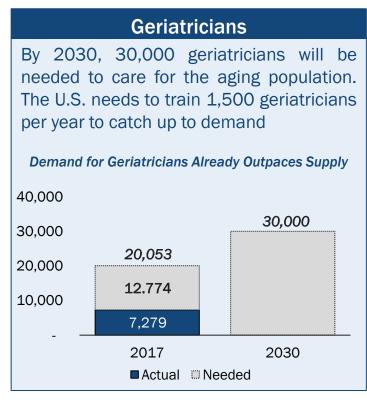
- The average number of beds per facility certified for Medicare/Medicaid residents has remained flat
- SNF's, home health agencies, inpatient rehab facilities and longterm care hospitals have all experienced declines in the number of providers

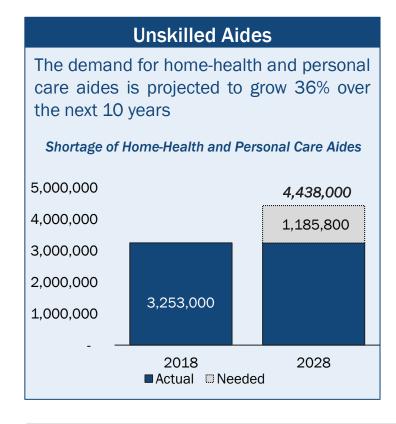


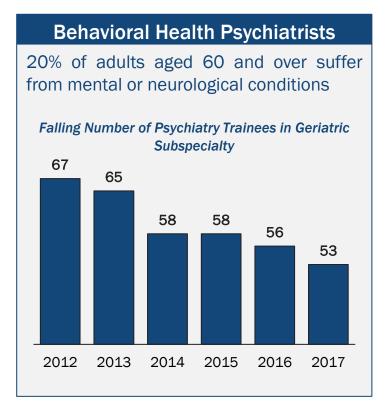
Sources: MedPAC and AHCA

### **Post-Acute Staffing Shortage**



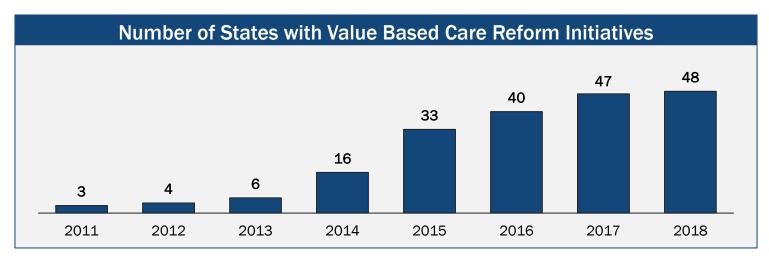


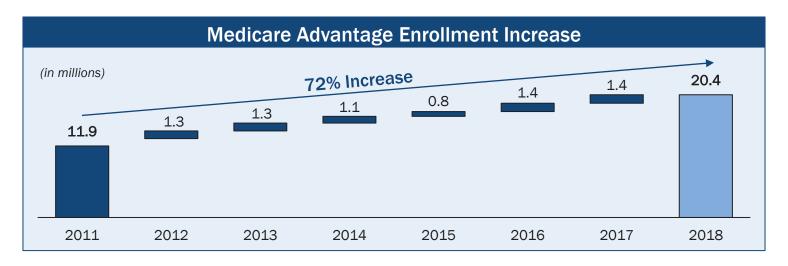


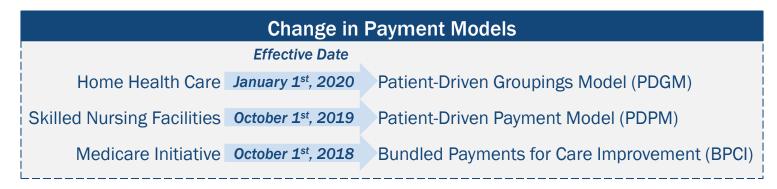


## **Shift in Reimbursement Landscape**

Changing payment structures: the transition to value-based care models is underway and big changes are already being seen, specifically in post-acute care. More changes are to be expected







#### **Telehealth**

Post-acute providers are also reducing unnecessary hospital and doctor visits by utilizing telehealth for either pre- or post-treatment services

- Studies show that 60 70% of all nursing home transfers to hospitals are unnecessary
- In 2016, U.S. healthcare providers saved almost \$2,750 per patient when utilizing telehealth in place of in-person treatment for post-discharge physical therapy



Medicare and Medicaid reimbursement for Telehealth services varies state by state and is currently still relatively limited:

| Telehealth<br>Service           | Description  | Medicare Coverage   | Medicaid<br>Coverage |
|---------------------------------|--|---|----------------------|
| Live Video                      | Two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology  | Only for specific services  | Varies by state      |
| Store-and-<br>Forward           | Collecting clinical information and sending it electronically to another site for evaluation (Ex: medical documents, demographic data)   | Prohibited, except for CMS demonstration programs in Alaska and Hawaii  | Varies by state      |
| Remote<br>Patient<br>Monitoring | Use mobile medical device to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to health care providers. | Reimburses for certain kinds<br>of services that are furnished<br>remotely using<br>communications technology<br>but are not considered<br>Medicare "telehealth<br>services." | Varies by state      |

Sources: CDC, Kaiser Family Foundation, and eHealth

## **Impacts of Industry Trends & Issues**



Increasing Demand



Clinician & Staff Shortages



Reimbursement Changes

#### Issues

Access to Care



Productivity & Cost Pressures



Increased Uncertainty

#### **Impacts**

**New Models of Care** 

Risk Allocation Amongst Payer/Provider

Increased Technology Utilization

**Partnerships** 

Outsourcing

#### **New Models of Care**

#### **Possible Developments**

#### **Example Companies**

**Multi-Sector Providers** 







**Care Coordination Companies** 



















Wellness





Walgreens

**Retail Care Expansion** 





**Post-Acute Care Industry Outlook** 

Q1 2020

## **Risk Allocation Amongst Payer/Provider**

**Possible Developments** 

**Example Companies** 

**Payer/Provider Convergence** 







**Post-Acute Care Industry Outlook** 

Q1 2020

## **Increased Technology Utilization**

**Possible Developments** 

**Example Companies** 

**Outcomes Measurement & Analytics** 





**Patient Engagement** 





**Risk & Value Based Payment Technology** 



**Remote Patient Monitoring** 





## **Partnerships and Outsourcing**

#### **Possible Developments**

#### **Example Companies**

















#### **Select Avondale Transactions and Senior Team**

Avondale Partners is an investment banking firm focused on the healthcare services and healthcare technology sectors. We differentiate ourselves by achieving superior outcomes for our clients through senior-level attention from bankers averaging more than 20 years of experience. More information can be found at www.avondalepartnersllc.com.















Jonathan Morphett Managing Partner jmorphett@avondalepartnersllc.com pkrebs@avondalepartnersllc.com pshepherd@avondalepartnersllc.com abrown@avondalepartnersllc.com Office: 615.467.3533 Mobile: 615.594.5905



Philip Krebs Managing Partner Office: 615.467.3482 Mobile: 615.403.6530



Pat Shepherd Managing Partner Office: 615.467.3515

Mobile: 615.430.2282



**Allison Brown** Managing Director Mobile: 312.952.2078