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CASE STUDY

Infinity Rehab Improves Patient Outcomes by Creating an Irresistible Culture

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Overview

The demand for quality health care is higher than ever: increased life-spans, technological improvements, and better-informed patients have led to increased expectations, and many health care companies have been struggling to adjust to these changes while containing societal costs. Driven by these trends in the post-acute care (PAC) industry, clinical care provider Infinity Rehab has begun to shift the focus of their care from volume to value. That means maximizing results, or patient outcomes, in relation to money spent.

In response to payers asking for better results, Infinity Rehab has used data and information to implement a new clinical model powered by a clear people strategy that has created a companywide culture change. By taking a systematic, highly communicative approach toward the shift to value-based health care, the company has been able to create a clear road map that has already shown signs of success. Now, through a revamped approach to HR to create an irresistible culture, Infinity Rehab will prepare its partners and clinicians to succeed in this new environment—and to achieve quality outcomes for the people they serve.

In This Case Study

- Why Infinity Rehab considers value-driven care as a key to future success
- How Infinity Rehab experienced a 5-year evolution from volume-based health care to value-based health care to achieve better patient outcomes
- How Infinity Rehab's leadership applies reassurance, strategy, and opportunity in its data-driven and empirical approach to the Patient Driven Payment Model

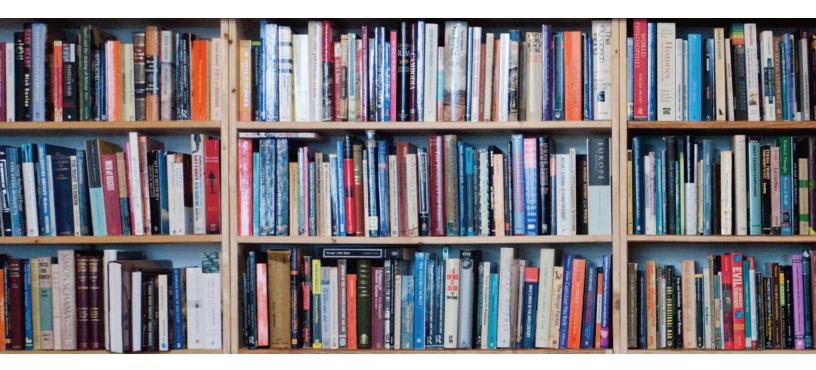


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(PDPM) introduced by Centers for Medicare and Medicaid Services (CMS)







Company Overview

Founded in 1999 and based in Wilsonville, Oregon, Infinity Rehab began as an in-house physical, occupational, and speech therapies solution for the Avamere Family of Companies. Since then, through the leadership of industry-recognized therapists, Infinity Rehab has grown to serve more than 225 skilled nursing facilities (SNF), assisted living facilities, and independent living communities across 17 states. The company delivers care to more than 7,000 patients each month and provides care to more than 1.5 million patient visits each year. The organization's influence doesn't end with its patients: Infinity Rehab's leadership team lends its voice to issues in Washington, D.C., and serves on numerous state and national boards to shape the course and growth of the PAC industry.

The company's vision statement is clear: "We will lead a post-acute care revolution by relentlessly pursuing unparalleled quality; value; and patient, customer, and employee experience. We will create an irresistible culture that inspires individuals to grow as leaders, clinicians, and innovators."

Thanks to this vision and its focus on culture, Infinity Rehab is at the forefront of the changing health care environment.

Figure 1: Infinity Rehab at a Glance

(iii) Year Founded: 1999

Annual Revenue (FY 2018): \$110 million (estimated)

(คุ้คุ้) Employees: 2,110

Headquarters: Wilsonville, Oregon

Source: Infinity Rehab, 2019.

Business Environment and Challenges

Infinity Rehab has long navigated sweeping changes in health care, dating back to such key legislation as the Balanced Budget Act of 1997, Affordable Care Act of 2010, and the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. These policies have a significant impact on not only models of patient care and reimbursement methods, but also the organizational structure and governance of health providers and payers. As volume-based care becomes the model of the past, PAC organizations are discovering that value-based care demands that companies reduce cost and variability in practice while improving patient experience and outcomes (see figure 2).

Figure 2: The Value Equation



Source: University of Utah Health, 2018.

Delivery of post-acute rehabilitation is changing, and not just in small, incremental ways, but in completely new ways.

—Director of Quality and Clinical Outcomes, Infinity Rehab

The U.S. health care marketplace is in a state of transition from traditional, fee-for-service models to innovative payment models, as shown in Figure 3. In skilled nursing, specifically, reimbursement for rehabilitation services faces changes that will dramatically change the delivery of therapy services in the skilled nursing facility (SNF) and encourage a more patient driven care model that requires providers to adjust to the individual needs of every patient. The Patient Driven Payment Model (PDPM) will improve payments made under the SNF prospective payment system in the following ways¹:

- Improves payment accuracy and appropriateness by focusing on the patient, rather than the volume of services provided
- Significantly reduces administrative burden on providers
- Improves SNF payments to currently underserved beneficiaries without increasing total Medicare payments

PDPM consists of five case-mix adjusted components, all based on datadriven, stakeholder-vetted patient characteristics:

- Physical therapy (PT)
- Occupational therapy (OT)
- Speech-language pathology (SLP)
- Nursing
- Nontherapy ancillary (NTA)

PDPM also includes a variable per diem (VPD) adjustment factor that adjusts the per diem rate over the course of a patient's stay.

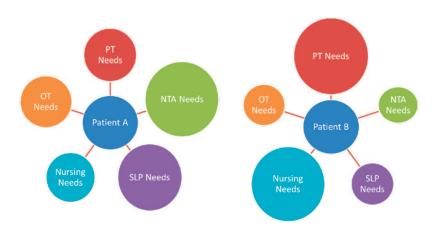


Figure 3: Effect of PDPM

Source: SNF PPS: Patient Driven Payment Model, Center of Medicare and Medicaid Services Presentation, 2019.

PDPM helps to align reimbursement with the shift to value-based care (as apposed to volume). It is designed to:

- Incentivize treating the needs of the whole patient
- Refocus care on good clinical practices
- Decrease focus on the volume of services that the patient receives
- Reduce administrative burden on health care providers

The Health Care Payment Learning and Action Network describes four categories of payment models in the health care industry. PDPM falls

primarily in Category 2, with some aspects that edge toward Category 3. The expectation in the industry is that PDPM will serve as a concrete step on the path from fee-for-service reimbursement toward a unified payment system covering all post-acute care settings that could be in place as early as $2024.^2$

Category 1: Fee-for-Service (FFS) with No Link to Quality

These are traditional FFS payments that are not adjusted to account for infrastructure investments, provider reporting of quality data, or provider performance on cost and quality metrics. Diagnosis-related groups not linked to quality are also classified in Category 1.

Category 2: Fee-for-Service Linked to Quality

These are traditional FFS payments that are subsequently adjusted based on infrastructure investments to improve care or clinical services, whether providers report quality data, or how well providers perform on cost and quality metrics.

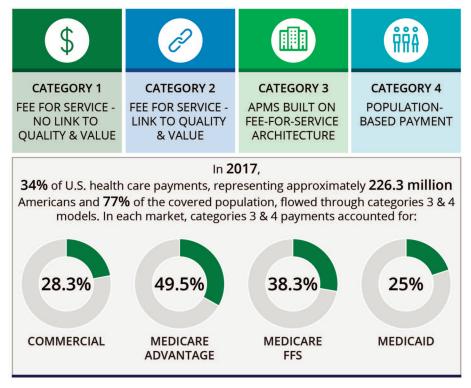
Category 3: Alternative Payment Models (APMs) Built on Fee-for-Service Architecture

These payments are based on FFS architecture—they provide mechanisms for effective management of a set of procedures, an episode of care, or all health services provided for individuals. In addition to accounting for quality considerations, payments are based on cost (and occasionally utilization) performance against a target, regardless of how the benchmark is established, updated, or adjusted.

Category 4: Population-Based Payment

These prospective payments encourage providers to deliver person-centered care within a defined scope of practice, a comprehensive collection of care, or a highly integrated finance and delivery system. These payments also hold providers accountable for meeting quality and, increasingly, person-centered care goals for a population of patients or members.

Figure 4: Volume-Health Value Marches On



Source: Health Care Payment Learning & Action Network, 2019.

Another challenge for the health care industry during this time of change has been a lack of data on costs. A 2018 survey found that two-thirds of physicians have access to their own productivity and quality performance data, but cost information is less common.³

Meanwhile, payers have become more sophisticated, expecting more for the dollars they have been spending.

PDPM rises to this challenge by making patients the focus of the care plan. Instead of paying for therapy minutes, PDPM bases payment on patient characteristics, creating a case mix based on all factors related to the patient and assigning a score based on the specific case mix. As shown in Figure 5, the six components used to calculate the score for each patient (referred to as "residents") are nursing, physical therapy (PT), occupational therapy (OT), speech-language pathology (SLP), nontherapy ancillary (NTA), and noncase-mix.

Figure 5: Patient Driven Payment Model



Preparing for a New Payment Future

To be successful in a value-driven reimbursement model, health care organizations must take a serious look at the care they are delivering and ensure that care is producing the best outcome for the money spent. To do this, companies must have the right people in place and a culture that is unified around this purpose. Infinity Rehab's vision statement makes it clear that this type of output is expected from its employees. The challenge, then, becomes focusing this entire organization on creating the culture and care delivery systems needed to produce these results.

As a mid-market company, Infinity Rehab is in a fortunate position when it comes to implementing wide-scale organizational change on a limited budget.⁴ Research reveals that mid-market firms can drive HR impact by prioritizing the worker experience, breaking down organizational silos, and embracing size and agility for a competitive advantage.⁵

Powered by a diverse and multigenerational workforce, Infinity Rehab wanted to ensure it had the right people in place and the advanced training needed to deliver high-value care to their patients and customers, resulting in accelerated growth and an ability to sustain performance in this new environment. The company's goal was to demonstrate how a human resources function can partner with the quality and operations team to make an impact in this evolving care market—for both employees and the organization—while being resourceful in its use of limited funds.

By leveraging its internal agility and industry expertise, Infinity Rehab has been able to help its clients understand how to handle PDPM. The company's leadership has applied three distinct categories to its approach to PDPM both with SNF partners and clinicians: reassurance, strategy, and opportunity.

Reassurance: Infinity Rehab is well-prepared for the changes based on its history of delivering evidence-based therapy that is proven to optimize patient length of stay and achieve maximal outcomes.

Strategy: Through communication, training, and operational consultation, Infinity Rehab prepares its SNF partners and its therapists to succeed in this new environment and also to achieve quality outcomes for the people they serve.

Opportunity: Infinity Rehab is actively identifying additional opportunities to further meet the needs of all of its patients during this industry change.

Assembling an All-Star Team for a New Strategy

Three years after the Affordable Care Act became law, Infinity Rehab hired a new director of professional development, followed by a director of quality and clinical outcomes in 2014. Together, in coordination with the company's operations team, they helped outline a roadmap for change, identifying needs for:

- Increased standardization in outcomes measurement and intervention because of too much variability in post-acute therapy practice
- Alignment of clinical quality with work success
- · A workforce prepared for unprecedented levels of change

Infinity Rehab also wanted to use an evidence-based approach to this change initiative—the company realized that resources are just too precious to be wasted on poorly conceived and executed initiatives.

KEY POINT: Infinity Rehab undertook a two-pronged strategy to prepare its workforce for unprecedented levels of change: creating a leadership culture and using an evidence-based approach to containing costs and improving patient outcomes in post-acute care.

Figure 6: Infinity Rehab's Organizational Strategies



Source: Infinity Rehab, 2019.

Master the Process SYSTEMS

PEOPLE INFORMATION Master the Data

Figure 7: Infinity Rehab's Organizational Strategies

HR Environment

The Infinity Rehab human resources department reports to the company president. The vice president of human resources directly oversees 23 people, including the director of recruiting and the senior director of human resources. Recruitment supporters, recruiters, and a senior recruiter report to the director of recruiting. The senior director of HR oversees HR and benefits staff members as well as the director of staffing and the director of professional development.

The company benefits from having licensed therapists serving in lead roles for HR, recruiting, and professional development, adding to its ability to deliver on the needs of its clinical workforce and to understand the care delivery model for its patients. Also notable, the director of professional development is an innovative position rarely seen in this market who serves as the primary person responsible for leadership development and finding stretch assignment opportunities for the company's top clinicians. This focused approach to talent development allows the company to quickly leverage front-line leadership throughout the company beyond traditional roles to tackle business challenges, such as rolling out the clinical models that have been key to preparing for PDPM.

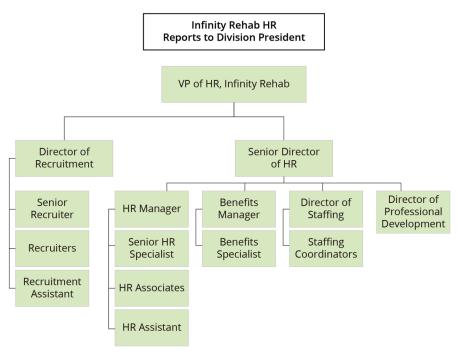


Figure 8: Infinity Rehab's HR Organizational Structure

Using Clinical Data to Drive Clinical Practice

To transition from a volume-driven to value-based reimbursement model, Infinity Rehab set forth the following assumption: different patients need different amounts and types of rehabilitation, and matching these factors outside of a volume-driven reimbursement climate will lead to improved outcomes relative to costs for rehabilitation.

This assumption needed evidence, so Infinity Rehab mined its own data to drive its clinical practice. The company engaged in a multistep process using principles of performance to:

- Measure outcomes
- Analyze the data
- Integrate the results of the analysis into clinical processes
- Develop and implement a value-driven care delivery model

Now we have not only our payers saying we need more value for the time that our patients spend with you, but also some support from external evidence that would help us get there.

—Director of Quality & Clinical Outcomes, Infinity Rehab

Creating an Irresistible Culture

Infinity Rehab's HR team aimed to create a culture that would support the high level of therapy excellence required under the new value-driven care delivery model. Creating this culture requires shared beliefs and values; leadership with a clear, shared vision; a drive for excellence with high expectations; and vital partnerships.

To accomplish this vision, the company prepared its workforce to deliver new models of care, reprogrammed from FFS to episodic thinking, redesigned the delivery of therapy for quality and value-driven outcomes, and created innovative partnerships to help face the evolving health care environment to reach these goals.

Infinity Rehab sought inspiration for its approach from many outside sources, including the Institute for Healthcare Improvement (IHI). The IHI High-Impact Leadership Framework⁶ is a practical method of focusing and organizing leadership efforts for leading improvement and innovation. It is built on excellent social science leadership research and the collective learning of IHI and others over the past decades. The six domains of the updated IHI High-Impact Leadership Framework collectively represent the critical areas in which leaders at all levels of health care delivery systems must focus efforts to drive improvement and innovation and achieve Triple Aim results. The six domains are:

- Focus on persons and community
- Create vision and build will
- · Develop capability
- Deliver results
- Shape culture
- Engage across boundaries

Through a three-pronged approach inspired by the IHI model that encompassed each of Infinity Rehab's people-focused initiatives, the company developed a "People Charter" that served as a roadmap to direct where energy would—and wouldn't—be spent to prepare for delivering the patient outcomes required under PDPM.

Figure 9 explains the different organizational strategies Infinity Rehab implemented:

Figure 9: Infinity Rehab's People Strategies



Vision, Values, and Leadership

To strengthen its organizational culture, Infinity Rehab established a new vision statement and recommitted to its 20-year-old core values:

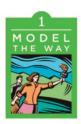
- Integrity above all else
- Passion for the quality of people's lives
- Quality that is obvious
- Innovation not emulation
- A culture of trust and respect
- · Reaching to learn, grow, and embrace change
- · Teamwork, camaraderie, and fun!

We strive for Infinity Rehab to have a culture that speaks for itself. People will hear about it, know about it, and want to be a part of it. That is an irresistible culture. This is also where clinical leadership comes into play. A culture of leaders attracts like-minded talent and becomes self-perpetuating.

—Senior Director of Human Resources, Infinity Rehab

In 2015, Infinity Rehab created a formal Leadership Academy to transform high-potential employees into successful leaders. As part of this program, highly qualified employees receive training through experiential learning. They document real-time examples of how they're deploying Kouzes and Posner's Five Practices of Exemplary Leadership⁷ (see Figure 10) in their work while managers offer ongoing and regular feedback to frontline leaders. Infinity Rehab rolled out this five-practices model to the entire workforce in 2017.

Figure 10: The Five Practices of Exemplary Leadership











Source: The Leadership Challenge, 2019.

To identify and develop the behaviors essential for effective clinical practice, Infinity Rehab launched the Clinical Champions program in 2018. It measures five main skill areas across three levels of progressive excellence. The five main skill areas are:

- Clinical decision-making
- · Patient self-management
- Collaboration and teamwork
- · Readiness for change
- · Ongoing learning and development

The three levels of progressive excellence in each skill area are:

- Level 1: Models core behaviors (required for all clinicians)
- Level 2: Demonstrates mastery (voluntary)
- Level 3: Influences others (voluntary)

Level 1 skill in each of the five core areas is required for all "hands-on" clinicians at Infinity Rehab. All treating therapists and assistants are expected to regularly demonstrate all Level 1 behaviors within 90 days of beginning the job and to maintain Level 1 practice habits throughout the duration of their employment.

After clinicians reach Level 1, Infinity Rehab encourages them to pursue advanced professional excellence by working to consistently demonstrate Level 2 and Level 3 behaviors in each of the five core areas. Level 2 and Level 3 are voluntary levels that are designed to be challenging to attain and are paired with increased incentives and opportunities to reward those dedicated to demonstrating advanced clinical practice with patients.

Keeping Employees Engaged

Infinity Rehab has handled resistance to change with its clearly defined strategy. For example, some employees were uncomfortable by being "put in a box" through a traditional 9-box talent matrix approach aimed at delivering support matched for each employee's individual needs. Others realized through the ramped-up reporting system that they had been making mistakes—a difficult reality to acknowledge. In response, Infinity Rehab took two critical steps: streamlining and clarifying its messaging and measuring adherence. With this clarity and some friendly competition among therapists, resistance and reluctance dissipated.

KEY POINT: Infinity Rehab's human resources team knew it would need a cultural shift in order to prepare for the future of post-acute care.

This was not a group of people that you could just tell them to do things differently and they would. They were going to have questions, and that's what they were trained to do.

—Director of Quality & Clinical Outcomes, Infinity Rehab

The key to keeping Infinity Rehab employees engaged was becoming a "simply irresistible organization" (SIO). An irresistible organization has five elements: meaningful work, hands-on management, a positive work environment, growth opportunity, and trust in leadership. Each of these elements has four primary drivers, as shown in Figure 11.

Figure 11: The Simply Irresistible Organization

(E)	Meaningful Work	AutonomySelect to fitSmall, empowered teamsUnstructured time
(i)h	Hands-on Management	Clear, transparent goalsCoachingInvest in management developmentModern performance management
	Positive Work Environment	Flexible work environmentHumanistic workplaceCulture of recognitionInclusive, diverse work environment
	Growth Opportunity	Training and support on the jobFacilitated talent mobilitySelf-directed, dynamic learningHigh-impact learning culture
(P)	Trust in Leadership	Mission and purposeContinuous investment in peopleTransparency and honestyInspiration

Source: Bersin, Deloitte Consulting LLP, 2015.

In the final lead-up to the shift to PDPM and value-based care, Infinity Rehab's HR team spent a considerable amount of time undergoing an SIO "gap analysis." This exercise matched the company's initiatives against the tenets of the SIO model to see where it's strong—and where it needs to advance its efforts.

For example, as shown in Figure 12, one quality of an SIO is small, empowered teams. Infinity Rehab points to its Leadership Academy and Clinical Champions program, among other strategies, as elements that lead to meaningful work.

Figure 12: Infinity Rehab's Simply Irresistible Organization

Primary Drivers	Secondary Drivers	Key Strategies
strongest group of clinicians, managers, and	f choice in post-acute care rehab by developing c leaders delivering the best patient outcomes four	
MEANINGFUL WORK		
Autonomy	Freedom to contribute. The ability to express our ideas. Creativity in the work place. Giving people the freedom to create.	Freedom within framework with protocol / initiatives (clinical and operational)
Select-to-Fit	Matching between the right job and the right person—people will thrive as they are placed in the correct job title. Looking at hiring patterns.	Staffing and recruiting Predictive hiring data
Small Empowered Teams	Building great relationships between the small groups with whom you spend most of your time.	Practice Councils Leadership Academy Clinical Champions
Unstructured Time	Time to reflect, rest, think, relax, and to collaborate with others to allow for improved success.	Opportunity—could change with PDPM
Primary Drivers	Secondary Drivers	Key Strategies
SUPPORTIVE MANAGEMENT		
Clear and Transparent Goals	Understanding workers' responsibilities. Understanding how workers are measured.	Company goals, vision, purpose Site-specific goals, goals of the region Personal and professional goals
Coaching and Feedback	Building a coaching relationship with upper management, not evaluation only. Empowering and developing people.	New grad mentorship, SLP mentorship, Leadership Academy, Practice Council, annual review process
Investment in Development of Managers	Time and investment in those who are high potential for supervisor positions. Time and practice of leadership skills.	Consider ops and clinical "management" Healthcare Source Individual development guide
Agile Performance Management	Open and transparent management more often than once a year. Continuous performance management.	Digital annual reviews Expectation for ongoing performance management
Primary Drivers	Secondary Drivers	Key Strategies
POSITIVE WORK ENVIRONMENT		
Flexible Work Environment	Providing perks including letting people have a standing desk, letting people influence their own hours and schedules where possible.	Flexible working hours in general in SNF and home health settings, less in outpatient rehabilitation
Humanistic Workplace	Allowing people to have work environments that let creativity flow.	Culture of Caring PTO donation program Emerging Corporate Social Responsibility initiative
Culture of Recognition	Appreciation to another allows for a positive chemical reaction and leads to greater involvement in work.	Asking leaders to present at conferences Program bio boards Improving small team and clinician recognition
Fair, Inclusive, Diverse Work Environment	Transparency, fair recognition, inclusion of all types of people. Emotional and physical wellbeing.	Employee resource groups (i.e. women in leadership, new grad cohort, minority groups) Diversity and inclusion initiatives
Primary Drivers	Secondary Drivers	Key Strategies

Primary Drivers	Secondary Drivers	Key Strategies				
GROWTH OPPORTUNITY						
Training and Support on the Job	Sense of making progress, pushing something forward, and achieving a goal.	New grad mentorship program New hire immersion program				
Facilitated Talent Management	Allow all to advance employees in a new direction. Learning a new skill.	Leadership Academy Targeted Clinical Champion recruitment and facilitation				
Self-Directed, Dynamic Learning	Give employees an opportunity to find their own solutions rather than providing the solution.	Clinical Champions				
High-Impact Learning Culture	Listening to mistakes and aiding in coaching and allow self-learning.	Annual Symposium Clinical initiatives Innovation groups				
Primary Drivers	Secondary Drivers	Key Strategies				
TRUST IN LEADERSHIP						
Mission and Purpose	Making sure everyone understands the vision and progression of the company.	Very well pasted everywhere, branded, referenced often by all				
Continued Investment in People	Investing in all employees.	Leadership Academy Clinical Champions Practice Council Free or low-cost symposium				
Transparent and Honest	Being open about what is going well and what is going poorly.	This happen currently with Infinity culture Insider, Open Book Series				
Inspiration	Continuing to inspire all to be greater than themselves.	Clinical Champions Confident and honest leadership about changes in PDPM Vision statement				

Using this model, the company added new mentorship programs for coaching and feedback, offered flexible working hours where possible for a positive work environment, and continued to develop its Clinical Champions program for self-directed, dynamic learning. Other key strategies to become irresistible included intentionally enacting the company's vision statement and developing trust in leadership through the Leadership Academy.

Business Impact

The overarching goal of Infinity Rehab's recent efforts to prepare its people for value-based reimbursement has always been to show clear patient outcomes that meet or exceed industry expectations. The data shows clearly that Infinity Rehab has been able to improve patient outcomes while adjusting to new payment models. The percentage of patients who reached the critical threshold for each core outcome measure tracked by the company has significantly increased year-over-year from 2016 through 2018, and early indications for 2019 demonstrate continued improvement in this trend.

Along with Infinity Rehab's success in achieving excellent patient outcomes, results from a recent employee survey indicate that more than 80 percent

of Infinity Rehab employees feel that they have received meaningful feedback on their performance. More than 60 percent of employees feel that they have had opportunities to learn and grow at work. More than 50 high-potential employees have learned evidence-based leadership skills through the company's Leadership Academy, and in the 18 months since Infinity Rehab launched its Clinical Champions program, 45 clinicians have achieved the top two voluntary levels, with more than 100 clinicians in the process.

Figure 13: Comparison of Year-to-Year Outcomes

Comparison of Year-to-Year outcomes						
		# of Patients who reached critical threshold*	Difference in number of patients who reached critical threshold from previous year			
Gait	2016 (N=13521)	6612 (48.90%)				
Speed	2017 (N=15013)	7629 (50.82%)	1017			
(ft/s)	2018 (N=15751)	8485 (53.87%)	856			
Total SPPB	2016 (N=13761)	7955 (57.87%)				
(12 points	2017 (N=15390)	9047 (58.79%)	1092			
possible)	2018 (N=16284)	10032 (61.61%)	985			
Repeated Chair	2016 (N=13576)	6914 (50.93%)				
Stands	2017=(N=15088)	7992 (52.97%)	1078			
(ordinal 0-4)	2018 (N=15812)	8064 (54.42%)	612			
	2016 (N=12847)	4796 (37.33%)				
6MWT (ft)	2017 (N=14534)	5463 (37.59%)	667			
	2018 (N=15175)	5892 (38.83%)	429			

Sourcee: Infinity Rehab, 2019.

This Academy experience is literally changing my life. I am learning not only to be a better leader but also how to balance my entire life without sacrifice.

—Leadership Academy participant

Next steps

Infinity Rehab plans to continue emphasis on its People and Quality efforts through the simply irresistible model. As the new PDPM takes hold in October 2019, the company is poised to be nimble and adaptable in supporting its workforce to deliver high-quality care in a value-based

reimbursement environment. Quality efforts will focus on patient outcomes. Infinity Rehab will also tap into its newly established People Priority efforts to drive necessary changes and further develop clinical, management, and leadership skills across its workforce.

We're constantly uncovering talent that's emerging throughout the organization. This allows us to challenge individuals in real time to develop their own leadership skills while exposing reallife business challenges. It's a win-win-win for the employee, the company, and the patients and customers we serve.

—Senior Director of Human Resources, Infinity Rehab

Lessons Learned

Know your distinct needs. Infinity Rehab studied and considered the drivers shaping the PAC industry before undertaking any changes to its HR approach. Fully evaluating these distinct needs—and using clinical data to drive clinical practice—is allowing the company to successfully shift from a volume-based to a value-based reimbursement model.

Engage the grassroots. When Infinity Rehab began such leadership programs as Clinical Champions and the nine-box Performance & Potential matrix, it made sure to include everyone at all levels of the company—not just senior management.

Consistency is king. Aligning more than 2,000 employees was a challenge for the company, but Infinity Rehab's HR team was able to get everyone on board through clear and consistent messaging and a sustained focus on initiatives that endured from year to year.

Leadership is everything. Infinity Rehab learned to empower its employees through companywide initiatives that set new standards in the PAC industry.

Conclusion

At Infinity Rehab, the human resources team is ensuring quality care for patients in the PAC industry while transitioning to a new PDPM model. The company's HR team, in collaboration with its Quality and Operations teams, adopted a two-pronged approach to prepare its workforce, focusing on people and using clinical data to drive clinical practice in bringing practice change to scale. Over the course of six years, Infinity Rehab responded to key legislation by hiring a director of professional development and a director of quality and clinical outcomes, establishing a vision statement, and launching a Leadership Academy, among other initiatives. The team also adopted a "simply irresistible" model for continued, companywide growth and excellence.

This two-pronged approach—focusing on people development to drive clinical practice and patient outcomes—ensures that Infinity Rehab's

employees have the skills and leadership to provide better care for their patients in a value-based health care environment.

Endnotes

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