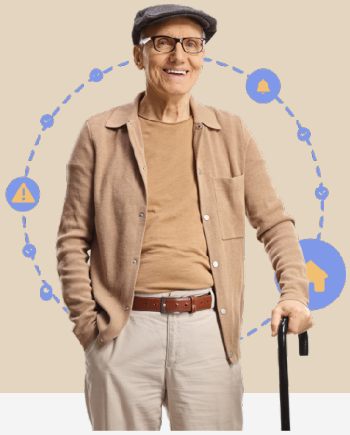
Radial

Case Study: How a Physician-Led ACO Improved Patient Outcomes Through Early Mobilization and Collaboration



At CareMax, innovation drives collaboration. By combining advanced decision support tools with a patient-centered approach, CareMax has achieved substantial improvements in discharge outcomes for Medicare members. A recent initiative at a 140-bed acute care hospital in Massachusetts highlights how early mobilization, guided by Radial's Placement decision support module, leads to better patient outcomes and more effective care management.

The challenge: reducing unnecessary facility post-acute utilization

For Medicare members, discharges to skilled nursing facilities (SNFs) often result in longer recovery times, deconditioning, and increased risk of unplanned readmissions. Many patients, particularly those facing chronic illnesses and social risk factors, could benefit from home-centered recovery. However, identifying which patients are better suited for home discharge and ensuring a seamless transition presents significant challenges.

Sue Horton, RN, CCM, CHC, a CareMax Transition Liaison (TL), observed these challenges firsthand. She knew from the literature that early mobilization during hospital stays reduces deconditioning, increasing the likelihood of patients discharging home instead of to a SNF. She also understood that strong care team collaboration would be critical to preventing unnecessary discharges to SNFs and IRFs.

The solution: early mobilization using Radial's Placement decision support module

Sue Horton designed and led an innovative early mobilization initiative to address this issue. Central to the program was Radial's Placement decision support module. This AI-driven tool identifies hospitalized CareMax Medicare members at high risk for unnecessary facility discharges, offering actionable insights on those likely to benefit from early mobilization and a home-first discharge plan. The software flags patients early — on Day 0 or Day 1 of the hospital stay — giving care teams ample time to act.

Collaborative interventions in action

The initiative included physical therapy (PT), occupational therapy (OT), case management, and nursing teams. The following interventions were implemented:

Enhanced Communication
- PT and OT teams included specific mobilization recommendations in their EMR progress notes, such as "out of bed (OOB) to chair three times daily."
- Mobilization orders were displayed prominently on whiteboards in patient rooms, ensuring clarity for nursing staff.

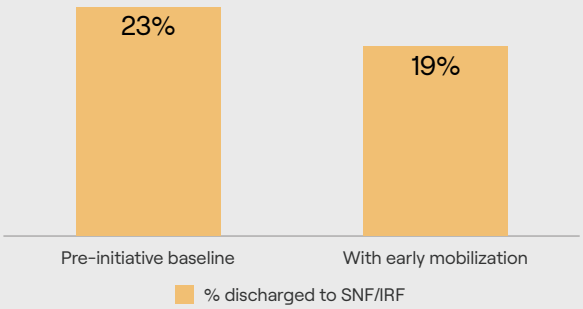
Empowering Nurses
- Nurses and nursing assistants received targeted education on implementing mobilization plans.
- Nurses were encouraged to take a proactive role, including identifying mobilization barriers and collaborating directly with PT and OT teams.

Daily Coordination
- Patients flagged by Radial Placement were discussed during multidisciplinary rounds and daily huddles to align care team strategies.

Focus on Equipment Availability
- CareMax confirmed each patient room had appropriate chairs, enabling patients to mobilize as soon as they were medically cleared.

Results: a 1-in-6 reduction in skilled nursing and inpatient rehabilitation stays

% of hospitalized CareMax Medicare members prioritized by Radial Placement discharged to SNF or IRF



Key takeaways:

The early mobilization initiative achieved significant improvements:
- **1-in-6 reduction in discharges to SNF and IRF:** By systematically identifying and mobilizing patients earlier, the number of discharges to post-acute facilities fell dramatically, from a pre-initiative baseline of 23% to 19% with the intervention.
- **Stable readmissions:** No change in case-mix adjusted readmissions rates, confirming that discharge plans were safe and appropriate.
- **Improved member satisfaction:** Feedback from patients indicated higher satisfaction with their care transitions, citing clear communication and early mobilization as key drivers.

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Culture transformed, discharge planning elevated through collaborative excellence

Impact on hospital discharge planning culture

The program didn't just improve patient outcomes — it also transformed the hospital's approach to discharge planning. Early mobilization became a shared goal across disciplines, fostering collaboration among care teams and embedding a home-first philosophy into the hospital's culture.

A patient-centered example

One standout case was that of a high-risk CareMax Medicare member identified by Radial Placement on day 1 of the hospital stay. The CareMax Transition Liaison built consensus for the documented PT recommendation to state "OOB (out of bed) for meals and for any assessments." PTs discussed early mobilization goals with nursing staff. The CareMax Transition Liaison reviewed the strategy with floor RN case managers. Early mobilization was achieved, and the patient was discharged home with appropriate services, avoiding an unnecessary stay at SNF or IRF.



"Using Radial Care's data intelligence to identify the 'on the border' patients for intervention proved to be an essential component of our early mobilization initiative."

Sue Horton, RN, CCM, CHC, Transition Liaison, CareMax

Conclusion: a vision for early mobilization as the cornerstone of patient-centered discharge planning

CareMax's early mobilization initiative exemplifies its commitment to innovation in value-based care. By leveraging cutting-edge decision support tools like Radial's Placement module and fostering a culture of true collaboration, CareMax has demonstrated how targeted interventions can transform discharge planning, improve patient outcomes, and reduce healthcare costs.

This initiative is part of CareMax's broader strategy to reimagine care transitions, focusing on patient-centered, home-first approaches. The initiative's success not only validates the effectiveness of early mobilization but also highlights the potential for scaling these practices across all hospitals that serve CareMax Medicare members. By enabling collaboration and empowering care management teams with actionable insights, CareMax continues to set a new standard for physician-led organizations managing total population risk.

Together, CareMax and Radial are redefining the future of value-based care with a relentless focus on the patient. By combining innovative technology with deep collaboration, we are enabling a healthcare system where every patient receives the right care at the right time, in the right place — often in the comfort of their own home. This partnership is more than a solution to today's challenges; it is a bold vision for a patient-centered future, where advanced insights and seamless teamwork empower better outcomes and elevate the standard of care for all.



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