



**Innovation and Person-Centered Culture  
Drives Quality Solutions for Patients and All  
Healthcare Stakeholders**

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# BrightSpring Health Services: Innovation and Person-Centered Culture Drives Quality Solutions for Patients and All Healthcare Stakeholders

## Executive Summary

Over the past seven years, **BrightSpring Health Services** has evolved into one of the nation's leading integrated health-care platforms, delivering clinical innovation with a consistent mission of *Helping people live their best life™*.

By combining advanced analytics, interdisciplinary teamwork, and a deep human commitment to compassionate care, BrightSpring has achieved measurable quality improvements across its portfolio of services—home health, hospice, pharmacy, personal care, rehabilitation, and community living supports.

In the past several years, BrightSpring clinicians and scientists published more than a dozen peer-reviewed studies in high-impact journals such as *The Journal of the American Medical Director's Association (JAMDA)*, *Journal of Intellectual Disability Research (JIDR)*, and *Home Health Care Management & Practice*.

These publications documented significant clinical successes: fewer hospitalizations, improved physical performance, reduced frailty, enhanced independence, and stronger medication adherence. Together, they define a data-driven model for home- and community-based care that is scientifically credible and economically sustainable.

BrightSpring's model rests on three pillars:

### 1. Innovation grounded in research.

Each initiative is tested through rigorous measurement and shared transparently through blinded, peer-reviewed, international publication and presentation.

### 2. Compassion as operational strategy.

The organization's culture, codified through its *LEGACY* values—Leadership, Environment, Get Going, Attitude, Communication, and You—treats empathy and respect not as soft skills but as measurable quality drivers.

### 3. Integration across the continuum.

By linking home health, pharmacy, primary care, and personal care through interoperable data systems, BrightSpring ensures that a patient's experience is continuous and coordinated rather than fragmented.

Today, BrightSpring serves over 465,000 people per day across all 50 states.

Its quality results speak for themselves: 91.4 % of home health branches rated four stars or higher; hospice CAHPS overall rating at 87 %; pharmacy dispensing accuracy at  $\geq 99.99$  %; and Rehab Without Walls converts 53 % of its complex patients to 8+ hours of independence by discharge. As a further demonstration of quality, BrightSpring also holds hundreds of accreditations across its portfolio of pharmacy and healthcare services businesses.

The organization's success shows that compassion and performance are not contradictory — they are mutually reinforcing.

## **INTRODUCTION: A New Model for Integrated, Home-Centered Care**

The U.S. healthcare landscape is changing faster than at any time in modern history.

An aging population, growing prevalence of chronic disease, and escalating workforce shortages have exposed the limits of institutional, facility-centric models. Patients want to remain at home; payers want quality and cost accountability; clinicians want tools and support to deliver both.

BrightSpring Health Services has emerged as a model for meeting all three imperatives simultaneously.

### **The Problem Space**

Traditional care delivery often isolates functions—medical, pharmaceutical, rehabilitative, and social—creating duplication and gaps.

Hospital readmissions, medication errors, and preventable functional decline cost billions annually.

Public and private payers have responded by moving toward value-based payment, but few organizations possess the vertical integration or data infrastructure needed to succeed at scale.

## The BrightSpring Response

BrightSpring's answer has been to build a *home-based health system*—a structure capable of delivering acute, chronic, and supportive care under one coordinated umbrella.

Between 2019 and 2025, the company invested heavily in digital transformation, clinical research, and workforce development.

These investments produced three interlocking engines of improvement:

### 1. Research and Evidence Generation.

BrightSpring's research arm, led by physicians, nurses, pharmacists, and data scientists, functions like an academic institute within an operating company. Each new program is studied for impact, outcomes are published, and findings feed directly into operations.

### 2. Quality Infrastructure.

A centralized data warehouse aggregates metrics from home health EHRs, pharmacy dispensing systems, and satisfaction surveys. Purpose-built Microsoft Power BI dashboards display important clinical outcome measures for each service line.

This transparency allows managers to identify outliers and intervene early.

### 3. Compassionate Workforce Culture.

BrightSpring recognizes that the greatest innovation still depends on human relationships.

Training programs such as *Home Health University*, *Hospice University*, and *PharMerica University* teach both technical proficiency and empathy as parallel competencies.

## Integration with Public Policy and Payer Strategies

BrightSpring's programs align naturally with federal and state priorities:

- Driving integrated home-based solutions improves health outcomes while efficiently using resources from all payers including Medicaid and Medicare.
- CMS's *Home Health Value-Based Purchasing (HHVBP)* model rewards improvements in functional outcomes and reductions in hospital use—both areas where BrightSpring leads.
- State Medicaid waivers for intellectual and developmental disabilities (IDD) increasingly reference “days in community” and “preventable hospitalizations,” measures BrightSpring already tracks.

- Payers and associates seeking network partners for *Value-Based Agreements, Special Needs Plans* and *Accountable Care Organizations* view BrightSpring’s suite of integrated services as a true differentiator.

Through research credibility and operational scale, BrightSpring positioned itself not merely as a provider but as a policy thought partner.

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## I. Research and Evidence Portfolio (2020 – 2025)

### A Research-Based Legacy

BrightSpring’s commitment to data transparency and peer review sets it apart from most national post-acute and home-based organizations. Between 2020 and 2025, BrightSpring leaders authored or co-authored more than a dozen manuscripts and dozens of abstracts accepted at the field’s top meetings—including the *American Geriatrics Society (AGS)*, *Society for Post-Acute and Long-Term Care Medicine (PALTC)*, and the *International Conference on Frailty and Sarcopenia Research (ICFSR)*.

Each project began as a practical quality-improvement initiative, matured into a structured study, and then evolved into an evidence-based program replicated nationally.

The company’s published work provides an evidence base rarely seen in private-sector home and community or post-acute care.

Studies span outbreak preparedness during COVID-19, development and implementation of new IDD outcome measures, primary care innovation, medication management, and frailty reversal, among others.

- **Pandemic Preparedness and Resilience**

Early in COVID-19, BrightSpring’s outbreak dashboards and pharmacist-led response plans limited case prevalence to less than one third of the U.S. general population rate—among the best in the nation.

- **Home-Based Primary Care for IDD**

Between 2021 and 2022, BrightSpring physicians and nurse practitioners delivered on-site visits covering preventive care, chronic-disease management, and behavioral stabilization. A comparative analysis published in *JAMDA 2022* showed a significantly lower hospitalization rate in individuals receiving home-based primary care compared to traditional office-based primary care - 329 per 1,000 patient-years versus 619—a 47 % lower rate.

- **Medication Management (Continue CareRx™)**

*JAMDA 2024* demonstrated a 73 % decline in hospitalizations among home health recipients enrolled in the home-based medication management program (Continue CareRx, or CCRx).

- **Anti-Frailty Innovation (Vitality Therapy™)**

*Home Health Care Management & Practice 2025* showed significant improvements in gait speed, short physical performance battery scores, and independence among frail older adults treated at home.

- **IDD Value-Based Outcomes**

*Health Science Journal 2020* introduced “Days Spent at Home” as a person-centered metric, showing clients with IDD spent 98.5 % of managed days in community settings. This metric, now embedded in BrightSpring’s dashboards, reframes quality around independence and person-centered outcomes—precisely what CMS and the National Committee for Quality Assurance (NCQA) are beginning to prioritize.

Each publication represents not an isolated project but a step in a deliberate continuum—turning research into operations, operations into outcomes, and outcomes back into evidence.

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## **A. COVID-19 Outbreak Preparedness and Response (2020)**

The first wave of COVID-19 tested the resilience of every health-care organization. BrightSpring’s integrated pharmacy and home-care structure enabled a coordinated defense that became an industry model.

- **An Outbreak Preparedness and Mitigation Approach in Home Health and Personal Home Care During the COVID-19 Pandemic** (*Home Health Care Management & Practice 2020*).

Documented the rapid development of cloud-based tracking, PPE distribution networks, and standardized infection-control protocols. Among 1,700+ branches, confirmed infection prevalence remained below 0.3 % of active census—one of the lowest rates reported nationally.

- **Hydroxychloroquine Sulfate Prescribing Trends and Pharmacist-Led Outbreak Preparedness in Long-Term Care Pharmacy During COVID-19** (*JAMDA 2020*).

Analyzed dispensing data from 3,348 facilities. The number of residents receiving hydroxychloroquine rose six-fold immediately after the FDA’s emergency authorization, then

declined by > 80 % within two weeks once PharMerica pharmacists disseminated guidance to prescribers. This study remains one of the earliest large-scale descriptions of medication-use surveillance during a public-health emergency.

- **Supporting Individuals with Intellectual and Developmental Disability During the First 100 Days of the COVID-19 Outbreak** (*JIDR 2020*).

Chronicled infection rates < 1.5 % among IDD community homes through aggressive screening and cohorting.

The combined publications demonstrated that structured outbreak command, unified pharmacy-clinical communication, and employee empowerment could dramatically mitigate serious infectious threats even in decentralized home-based systems.

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## **B. Value-Based Outcomes in IDD Populations (2020 – 2022)**

BrightSpring’s IDD division supports thousands of adults and adolescents across the U.S. through waiver and intermediate-care programs. Historically, this population lacked standard quality metrics.

BrightSpring researchers addressed that gap through a series of studies:

1. **Hospitalization Rate and Days Spent at Home as Value-Based Outcome Measures for People with Intellectual and Developmental Disability** (*Health Science Journal 2020*).
  - 2,388 participants | 12 states | 745,957 managed days
  - Hospitalization rate = 240 per 1,000 managed months
  - Individuals spent 98.5 % of days at home (≈ 360 days per year).

This work introduced *Days Spent at Home* as a person-centered metric applicable to people with IDD, now cited by policy analysts and state Medicaid agencies.

2. **Provision of Home-Based Primary Care to Individuals with Intellectual and/or Developmental Disability Is Associated with a Lower Hospitalization Rate Than a Traditional Primary Care Model** (*JAMDA 2022*).

Compared HBPC recipients (n ≈ 500) to matched controls. Hospitalizations declined from 619 to 329 per 1,000 patient-years (-47 %). Days at home and continuity of care improved concurrently.

This study provided the first quantitative proof that mobile, relationship-based primary care reduces acute utilization in the IDD population.

3. **Days Spent at Home as an Outcome Measure for People with Intellectual and Developmental Disability** (AAIDD 2020 conference abstract).

Reinforced the feasibility of capturing community presence data through electronic daily logs.

Together, these analyses shifted national dialogue from compliance-oriented process measures to person-defined outcomes—an early articulation of value-based care in disability services.

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### C. Medication Management and Adherence Innovation (2023 – 2024)

The **Continue CareRx (CCRx)** Program was BrightSpring’s response to persistent medication nonadherence and polypharmacy burden in home health. Building on PharMerica’s infrastructure, CCRx offered:

- Multi-dose adherence packaging
- Monthly pharmacist reconciliation
- Nurse hotline (24 / 7)
- Coordination of care with prescribers

A retrospective cohort study (*JAMDA 2024*) reported a 73.1 % reduction in hospitalizations (1,203 → 324 per 1,000 patient-years) among 113 participants compared with 21,304 controls.

Beyond utilization, patients described greater peace of mind and simplified daily routines.

Subsequent presentations at the American Geriatrics Society and U.S. Deprescribing Research Network confirmed CCRx’s alignment with national efforts to reduce medication harm.

By late 2024, the program had expanded to home health branches across multiple states, as well as partner networks.

## D. Anti-Frailty and Functional Independence Programs (2023 – 2025)

### Validity Therapy™ — Reversing Frailty at Home

Frailty is one of the strongest predictors of hospitalization, long-term-care admission, and mortality in older adults.

In 2023, BrightSpring physical and occupational therapists piloted a structured, home-based anti-frailty pathway combining resistance training, balance work, and ADL retraining. Participants' average **Short Physical Performance Battery (SPPB)** scores improved from 4.3 to 9.0; **gait velocity** increased by 0.2 m/s; and **Clinical Frailty Scale** ratings dropped from 5.7 to 4.4—moving many from *moderate frailty* to *mild independence*.

BrightSpring's **Validity Therapy™ (VT)** program translated academic gerontology into scalable home practice.

- **A Novel Anti-Frailty Home Healthcare Program Improves Physical Performance Measures and Increases Independence in Frail Older Adults** (*Home Health Care Management & Practice* 2025).

Prospective multi-state study (n = 248). Mean SPPB score ↑ from 4.3 → 9.0; mean CFS ↓ from 5.7 → 4.4; p < 0.01.

Functional gains persisted for ≥ 6 months post-discharge.

The study validated that targeted home-based rehabilitation can reverse moderate frailty and restore ADL capacity, an achievement once thought impossible outside hospital settings.

- **Determination of Frail Elderly Status in a Home Healthcare Population** (*AMDA 2024 abstract*).

Established screening thresholds for frailty identification within home-health EHRs.

These publications bridged geriatric science and everyday home-care practice, positioning BrightSpring as a national leader in functional outcomes measurement.

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## E. Quality of Life, End-of-Life, and Compassionate Care (2020 – 2025)

BrightSpring's hospice and palliative programs mirror its philosophy of clinical excellence infused with humanity.

Internal analytics and external benchmarks show:

- Hospice visits within the last three days of life increased to **76 %** (> 27 points above the national average of 48.3 %).

- *Visits near death* ( $\geq$  two visits within seven days of death) reach **96 %**, among the highest in the industry.
- Patient and family CAHPS scores average **87 %**, exceeding national norms and major competitors.

Integration between Hospice and Pharmacy services through a national formulary and electronic coordination has increased adherence to pain- and symptom-management protocols by ~20 %.

These advances illustrate how BrightSpring’s scientific orientation coexists with deep compassion.

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## **F. Presentations and Thought Leadership**

Between 2020 and 2025, BrightSpring experts presented over 30 abstracts and lectures at major conferences, including:

- *AGS 2023, Long Beach*: “Novel Medication Management Program Decreases Hospitalization Rate in Geriatric Home Healthcare Patients.”
- *ICFSR 2025, Toulouse, France*: “A Novel Home Healthcare Program Decreases Frailty in Older Adults.”
- *AMDA 2024, San Antonio*: “Determination of Frail Elderly Status in a Home Healthcare Population.”
- *Illuminate Webinars 2023 series*: educational events on Value-Based Care in Skilled Nursing and Senior Communities.
- *Republican Governors Association 2023 and Democratic Governors Association 2022 Meetings*: national policy briefings on creative state-level health-care reforms.

Such visibility elevated BrightSpring from a care provider to a recognized knowledge contributor in home and community healthcare innovation.

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## **G. Key Findings Across the Evidence Base**

Synthesizing BrightSpring’s research reveals recurring themes:

Domain	Finding	Quantitative Impact	Primary Source(s)
Hospitalization Reduction	Integrated home-based care models reduce acute utilization.	47–73 % decrease depending on population.	JAMDA 2022, 2024
Functional Improvement	Structured home therapy reverses frailty and improves SPPB, CFS.	SPPB +4–5 points; CFS –1.3 points.	HHMP 2025
Independence / Days at Home	High proportion of time spent in community settings.	≈ 360 days / year at home.	HSJ 2020
Medication Safety	Pharmacy integration reduces polypharmacy errors.	Hospitalizations ↓ 73 %.	JAMDA 2024
Hospice Quality	Enhanced visit frequency and CAHPS ratings.	Visits last 3 days ↑ to 76 %; CAHPS 87 %.	Internal Quality 2025
Data Transparency	Real-time dashboards link clinical and operational metrics.	Systemwide deployment 2023–2025.	Internal QI Reports

## H. Accreditations

As a further demonstration of quality, BrightSpring hundreds of accreditations across its portfolio of pharmacy and healthcare services businesses. Some of the accreditors BrightSpring has partnered with include:

**CARF (Commission on Accreditation of Rehabilitation Facilities):** An independent, nonprofit accreditor focused on health and human services, including rehabilitation, behavioral health, and community-based care programs.

**ACHC (Accreditation Commission for Health Care):** A nationally recognized accrediting organization for home health, hospice, pharmacy, and other community-based healthcare services.

**NABP (National Association of Boards of Pharmacy):** A professional organization that supports state pharmacy boards and provides accreditation programs to ensure safe and compliant pharmacy operations.

**URAC (Utilization Review Accreditation Commission):** An independent accrediting body that certifies healthcare organizations for quality, safety, and operational excellence, particularly in pharmacy and managed care services.

**AIC (Accreditation Institute for Care):** An accrediting organization focused on specialty and infusion pharmacy services, emphasizing quality and patient safety standards.

**CHAP (Community Health Accreditation Partner):** A CMS-deeming accreditor for home health, hospice, and community-based providers, emphasizing quality outcomes and regulatory compliance.

**The Joint Commission (formerly JCAHO – Joint Commission on Accreditation of Healthcare Organizations):** A leading national accreditor that evaluates healthcare organizations on patient safety, quality, and performance standards.

**Behavioral Health Committee of Excellence:** A specialized accreditation body focused on advancing quality and best practices in behavioral health services and supports.

## 8. Broader Significance

BrightSpring’s quality and innovation publications have influenced how value-based care is discussed in the home and community sector.

Several state Medicaid agencies now reference *Days Spent at Home* as a potential reporting metric for IDD populations.

The frailty dataset is being used to develop predictive algorithms.

And within the organization, research has become part of daily operations—“a feedback loop between science and service,” as one executive described it.

## II. Quality and Outcomes Framework and 2025 Results

BrightSpring’s quality program is built on one idea: *what gets measured can be improved, and what gets improved must be shared.*

Every service line—home health, hospice, pharmacy, personal care, community living, and rehabilitation—feeds data into a common, cloud-based analytics environment that transforms thousands of encounters each day into actionable information.

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### A. Governance and Quality Structure

The **Clinical Quality Committee** serves as the organization’s central governing body for quality.

The Committee includes senior leaders from operations, pharmacy, nursing, therapy, compliance, and analytics.

It meets regularly to review trends, compare against national benchmarks, and assign rapid-cycle improvement projects.

Each service line also maintains its own *Quality Steering Committee* that mirrors the national model but focuses on domain-specific metrics—timely initiation of care in home health, adverse-drug-event rates in pharmacy, deficiencies in community living, and patient-satisfaction indicators in hospice.

Findings flow upward to the Committee and downward to branch-level *Quality Huddles* so that information never stagnates at headquarters.

BrightSpring's **Quality Framework** rests on four linked disciplines:

1. **Measurement.**

Uniform definitions drawn from CMS Care Compare, MedPAC, NCQA, and industry standards.

2. **Transparency.**

Dashboards available to regional and branch managers; metrics refresh daily.

3. **Intervention.**

Underperforming branches receive targeted action plans—chart audits, education modules, and peer coaching.

4. **Accountability & Learning.**

Results shared system-wide; exceptional branches present case studies at leadership summits.

This feedback loop turns data into improvement and improvement into organizational culture.

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## **B. Digital Infrastructure**

BrightSpring's quality engine runs on a unified **enterprise data warehouse (EDW)** connected to electronic health-record systems, pharmacy platforms, and human-resources databases.

Built on Microsoft Azure SQL and Power BI, the EDW houses more than 1.5 billion records encompassing patient demographics, clinical outcomes, and operational metrics.

Dashboard visualizations include metrics such as:

- Timely Initiation of Care
- Functional Improvement (Discharge Function)
- 60-Day Hospitalization Rate
- Potentially Preventable Hospitalizations (PPH)
- Hospice Visits in Last 3 Days of Life
- Pharmacy Dispensing Accuracy and Turnaround Time
- Medication Possession Ratio (MPR)
- Employee Retention and Training Completion

Each division reviews its dashboard regularly. Leaders can drill from national to branch level in seconds, enabling precision improvement rather than blanket mandates.

### **Next-Generation Quality Dashboards**

BrightSpring's data scientists enhanced interoperability between pharmacy, therapy, and nursing systems.

The new dashboards merged clinical and operational data into a single *value-based performance view*. Metrics like hospitalization rate, functional gain, patient satisfaction, and pharmacy accuracy could be filtered by branch, clinician, or population type.

Leaders used these insights to identify best practices. For example, branches with high Short Physical Performance Battery (SPPB) improvement often correlated with early therapy initiation; pharmacy regions with increased consultant pharmacist recommendation uptake had lower rehospitalization.

These discoveries closed the loop between data and action—the essence of continuous learning.

**C. Key Performance Indicators — 2025**

<b>Service line</b>	<b>Metric</b>	<b>2025</b>	<b>Benchmark (National / Industry)*</b>
<b>Home Health</b>	Branches rated 4+ Stars	91.4 %	70–75%
	Timely initiation of care	99.4 %	97.3%
	Discharge function	84.9 %	78%
	Patient satisfaction	80 %	81%
<b>Hospice</b>	Visits in last 3 days of life	76 %	48.3%
	Visits near death	96 %	89–90%
	Total visits per patient per month	16.9	16.5–17
	Live discharges	20.5 %	18–19%
	CAHPS overall hospice rating	87 %	85%
<b>Rehab Without Walls</b>	Patients converted to 8+ hours of independence	53 %	No standard benchmark
	Mayo-Portland Adaptability Inventory (MPAI) score	9	MCID ~5 improvement
	Patient-specific functional score	78 %	70%
	Satisfaction (home & community)	98.4 %	90–95%
	Satisfaction (outpatient)	100 %	92–96%
<b>Community Living</b>	2025 ICF annual survey deficiency rate	3.0 deficiencies per survey	3.7
	Annual Parent/Guardian satisfaction	4.2 (out of 5)	4.0–4.2
<b>Personal Care</b>	Client records audit score	92 %	90%
	Quality indicators audit score	87 %	85%

	Client satisfaction score	4.59 (out of 5)	4.3–4.5
<b>Pharmacy</b>	Hospice Pharmacy dispensing accuracy	99.99 %	≥99.9%
	Hospice Pharmacy STAT delivery time	2.6 hours	~3 hrs
	Infusion Pharmacy adverse drug reactions (per 1,000 patient days)	0.03	0.05–0.10
	Infusion Pharmacy device-related events (per 1,000 patient days)	0.05	0.05–0.10
	Infusion Pharmacy ED visits (per 1,000 patient days)	0.02	0.05
	Infusion Pharmacy related unplanned hospitalizations (per 1,000 patient days)	0.23	0.5–1.0
	Infusion Pharmacy Discharge due to completion of therapy	93.1 %	85–90%
	LTC Pharmacy dispensing accuracy	99.998 %	≥99.9%
	LTC Pharmacy order completeness	99.3 %	98–99%
	LTC Pharmacy on-time delivery	96.8 %	95%
	LTC Pharmacy generic dispense rate	88 %	85%
	LTC Pharmacy consultant pharmacist 30-day response rate	82 %	85–90%
	Specialty Pharmacy time to first fill	4.1 days	7–10 days
	Specialty Pharmacy ultra-narrow and exclusive fill rate	78 %	65–70%
	Specialty Pharmacy medication possession ratio (MPR)	92.4 %	≥80%

\*Benchmarks from CMS Care Compare / HHVBP / Hospice CAHPS, MedPAC reports, Industry pharmacy and infusion benchmarks

These metrics illustrate the organization’s commitment to quality across its divisions, as well as an ongoing commitment to quality improvement.

## **D. Turning Data into Action**

### **1. Rapid-Cycle Improvement**

Whenever an outlier emerges—for instance, a branch with a 60-day hospitalization rate above target—the regional quality analyst launches a *Root-Cause Review (RCR)*.

Teams examine admission mix, physician communication, medication reconciliation, and post-visit follow-up calls.

QI initiatives might include adding a transition nurse, enhancing tele-monitoring, or tightening medication synchronization with pharmacy partners.

Progress is re-measured after 30 days; successful interventions are scaled across the region.

### **2. Collaborative Audits**

In recent years, BrightSpring introduced *Collaborative Chart Audits* pairing a Quality Analyst and an Operations Director.

Rather than punitive inspection, audits are learning conversations that identify preventable causes of rehospitalization.

If unavoidable, the event is classified and mined for system lessons. This approach builds clinician engagement instead of fear.

### **3. Predictive Analytics**

Using several years of structured data, BrightSpring's analytics team developed logistic-regression models to predict hospitalization risk based on comorbidities, medication count, and prior utilization.

These risk scores trigger early intervention, which may include: extra visits, pharmacy outreach, or therapy consults, as examples.

Pilot results show a 10 % reduction in hospital admissions among high-risk cohorts due to ability to mitigate risks.

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## F. Continuous Learning Through Benchmarking and Peer Learning

BrightSpring benchmarks against industry standards, CMS Care Compare, HHVBP, and MedPAC reports, where applicable, each quarter.

Branches ranking in the top decile host *Peer Learning Sessions* where managers share playbooks: how to raise discharge-function scores, how to reduce medication errors, or how to coordinate pharmacy and nursing workflows.

This peer-to-peer model replaces top-down directives with collaborative problem solving, reinforcing the culture of mutual accountability.

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## G. Integration Across Service Lines

One of BrightSpring's strategic advantages is its ability to connect traditionally separate service silos:

- **Home Health ↔ Pharmacy:** nurses document medication issues directly in the pharmacy portal; pharmacists update MARs in real time.
- **Pharmacy ↔ Hospice:** shared national formulary ensures timely symptom control; adherence ↑ 20 %.
- **Hospice ↔ Personal Care:** social-work referrals trigger in-home support for families.
- **IDD ↔ Primary Care:** visiting primary care services increase access to medical care and decrease hospitalizations.

The result is *increased clinical integration*, allowing each discipline to act on the same information at the same time, effectuating savings and efficiency across payors.

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## H. External Validation and Recognition

Regulators and payers increasingly recognize BrightSpring's outcomes:

- Surveyors cite BrightSpring branches as best-practice examples for timely care initiation.
- State Medicaid Directors request guidance on applying *Days Spent at Home* metrics.

- National Associations (AMDA, ANCOR, AAIDD) regularly invite BrightSpring leaders to speak on value-based innovation.

These external validations demonstrate credibility beyond internal self-reporting.

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## I. Interpretation of 2025 Performance

By late 2025, BrightSpring met or exceeded nearly every internal quality goal, and increased its goals.

A notable achievement is **sustained improvement with scale**: the company doubled its patient census since 2020 yet improved quality scores simultaneously.

This defies the typical “growth vs quality” trade-off.

BrightSpring’s model is organizational learning—each branch’s success becomes an organizational template within weeks, not years.

## III. Compassion, Workforce Culture and Human Impact

At the core of BrightSpring’s success lies a simple but radical idea: **compassion is a measurable performance driver**.

The organization’s research and analytics may quantify success, but it is the daily human connection—between caregiver and patient, pharmacist and nurse, leader and team—that transforms numbers into meaning.

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### A. LEGACY Values—Culture as Strategy

BrightSpring’s LEGACY values—**Leadership, Environment, Get Going, Attitude, Communication, You**—are not slogans; they are embedded operating principles.

1. **Leadership**: Every employee, regardless of title, is expected to lead by example. Front-line nurses chair local safety councils; pharmacists mentor new technicians; therapists

publish case studies in national journals; strong state and national association leadership across practices.

2. **Environment:** Safe, respectful, and inclusive workplaces are treated as prerequisites for quality. The company's *Culture of Safety Index*—an internal survey—scores highly favorable.
3. **Get Going:** BrightSpring celebrates action over bureaucracy. When data reveal an opportunity, field teams are empowered to pilot solutions immediately.
4. **Attitude:** Optimism is operationalized through recognition programs such as *Bright Moments*, where peers nominate colleagues for acts of compassion.
5. **Communication:** Leaders practice “rounding for outcomes,” meeting weekly with staff to discuss metrics and morale in the same conversation.
6. **You:** Employees are reminded that the culture depends on individual accountability—each caregiver's decision to show empathy, accuracy, and initiative.

Through these principles, compassion becomes a reproducible process rather than a personality trait.

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## **B. Building a Compassionate Workforce**

### **1. Recruitment and Onboarding**

BrightSpring hires for both skill and heart. Interview questions assess empathy as well as technical ability.

New hires attend *Mission and Meaning* orientation sessions, hearing directly from families who have benefited from BrightSpring's services.

Early-tenure turnover—often a pain point in post-acute care—has dropped significantly since this program began.

### **2. Continuous Education and Leadership Development**

BrightSpring believes that sustained quality requires an empowered workforce.

Training modules emphasize empathy and evidence equally: nurses learn about the *science of compassion* alongside wound-care techniques; pharmacists review best practices to garner prescriber engagement along with efforts such as polypharmacy reduction.

Key quality-focused workforce programs include:

***The Way We Lead Leadership Program***: a multi-faceted program that develops compassionate leaders through ongoing recognition of excellence in leadership, a robust training curriculum focused on authenticity and compassion as the foundation of quality outcomes for our patients, and access to a series of leadership development events and special programs.

***The BrightSpring Leadership Academy*** focuses on role-specific training for key leadership positions equipping emerging managers to interpret quality dashboards, coach teams, and sustain morale.

***Amerita Academy*** – A 3-tiered nurse enrichment program that begins by providing education on disease management, new innovations in treatment, and cultural competence. The program continues by preparing nurses for preceptor roles and ultimately receiving their nationally recognized CRNI certification.

Training platforms deliver hundreds of micro-modules each year.

Modules pair hard skills (e.g., medication reconciliation, wound staging) with relational skills (e.g., motivational interviewing, grief communication).

Clinicians complete scenario-based simulations that reward compassionate problem-solving as much as procedural accuracy.

Graduates consistently lead top-quartile branches in both quality and retention.

Among participants, voluntary turnover has fallen significantly.

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### **C. Caring for the Caregiver**

BrightSpring recognizes that compassionate care requires caregiver resilience.

- **Emotional Support:** Employee-assistance line; peer-to-peer debriefing after critical incidents.

- **Wellness Resources:** Mindfulness sessions, tele-counseling, access to gym resources in select regions.
- **Recognition:**
  - Annual *Compassion in Action* awards honor employees whose kindness changed a life; winners’ stories are published company-wide.
  - The Organization has a regular, CEO-led company-wide series called “The Way We Lead” that recognizes individual employees for their work promoting high-quality, compassionate care.

During COVID-19, these supports reduced stress-related turnover compared with pre-pandemic levels.

The company learned that protecting morale is as strategic as protecting margins.

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#### **D. Patient and Family Experience**

BrightSpring measures compassion through outcomes *and* narratives. Every survey includes open-ended questions, analyzed by natural-language processing for recurring themes.

Three concepts appear most often: **trust, consistency, and dignity.**

“The nurse treated my father like family.”

“The pharmacist called personally when a dose changed.”

“They listened—to what *we* wanted, not just what the chart said.”

Such feedback informs training curricula and recognition programs.

Branches achieving the highest patient-experience scores mentor others, ensuring that best practices for empathy spread as quickly as those for clinical skill.

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## E. Integration of Technology and Empathy

BrightSpring's data systems don't replace the human touch—they enhance it.

### 1. Predictive Alerts → Proactive Outreach.

When the hospitalization-risk model flags a patient, nurses receive not only a numeric score but also contextual prompts (“Call within 24 hrs; ask about appetite, mobility, and mood”).

Conversations often uncover psychosocial issues—loneliness, caregiver burnout—that algorithms cannot fully describe.

### 2. Tele-triage Hubs.

Nurses staffing tele-triage lines use scripting designed around empathy first, information second.

Metrics show that empathetic tone shortens call length and reduces repeat contacts—a paradox proving that compassion is efficient.

### 3. Pharmacy Integration.

When pharmacists counsel patients by video, they are trained to begin with reassurance (“We’ll figure this out together”) before discussing dosing.

Satisfaction surveys show 94 % of patients feel “more confident” after such calls.

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## F. Diversity and Inclusion

BrightSpring's compassion extends to workforce equality.

Women represent a strong majority of leadership roles and clinical staff; employees of color hold a substantial share of management positions—representation that mirrors the communities served.

A *Diversity Council* tracks representation and advancement metrics regularly.

Community partnerships include scholarships for under-represented nursing students and internships for individuals with disabilities.

These initiatives not only broaden opportunity but also improve cultural competence—vital for serving diverse patient populations at home.

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## G. Community Engagement and Volunteerism

Compassion radiates outward as well, as many BrightSpring employees volunteer and support many community initiatives such as food banks, senior centers, and adaptive-sports programs.

Employees contribute substantial community-service time, and stories from the field are featured in regular internal newsletters.

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## H. The Human Return on Investment

BrightSpring measures ROI not only in dollars saved but in **hours of independence gained**.

Analysts estimate that avoided hospitalizations and frailty reversal translate into meaningful additional time at home, restored ADL capacity, and fewer missed visits—creating a compounding human return.

Applying these conversions to 2025 results yields:

- ~30,000 hospitalizations prevented
- ~120,000 functional days at home gained
- Significant caregiver hours preserved

The economic impact is substantial, but the moral impact is greater—a workforce that sees the faces behind the figures.

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## I. Voices from the Field

“When I see a patient walk again after three months of Vitality Therapy, that’s innovation. But when she tells me she can dance at her granddaughter’s wedding—that’s compassion.”

— *Physical Therapist, Texas*

“As a pharmacist, I used to think success meant zero errors. Now I know it also means zero anxiety for the patient.”

— *Consultant Pharmacist, Ohio*

“Leadership told us, ‘Quality is kindness made measurable.’ That stuck.”

— Home Health RN, North Carolina

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## **J. The Culture Continuum**

Compassion has become BrightSpring’s most scalable product.

Over recent years, staff engagement improved, CAHPS and HES indices improved steadily, and productivity increased—proving that kindness and efficiency coexist.

Executives describe this as *The Culture Continuum*: quality → trust → engagement → performance → growth → quality.

It is a self-reinforcing loop where humanity and innovation continually strengthen each other.

## **IV. Quantified Impact and Strategic Lessons for Value-Based Care**

For BrightSpring Health Services, measurement is not an afterthought—it is the proof of purpose.

Every research initiative and quality program culminates in quantifiable results that demonstrate value to patients, payers, and policymakers alike.

Between 2019 and 2025, BrightSpring’s integrated model produced one of the most comprehensive outcome datasets in U.S. home- and community-based care.

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### **A. Translating Results into Real-World Impact**

BrightSpring’s published studies and internal dashboards together cover nearly half a million patients and clients annually.

Synthesizing these results reveals a powerful narrative: coordinated, compassionate care generates measurable population-level improvement.

#### **1. Reduced Hospitalizations**

Across multiple divisions, BrightSpring achieved significant declines in acute care utilization.

Program	Population Studied	Outcome	Reduction vs Baseline	Source
Continue CareRx (CCRx) Medication Management	Home Health (n=113)	Annualized Hospitalizations 1,203→324 / 1,000 pt-yrs	73 % ↓	JAMDA 2024
Home-Based Primary Care (HBPC)	IDD adults (n≈500)	Hospitalizations 619→329 / 1,000 pt-yrs	47 % ↓	JAMDA 2022
Vitality Therapy™	Frail Older Adults (n=248)	Hospital Admissions related to falls / deconditioning	41 % ↓	HHMP 2025
Outbreak Preparedness	HH & PC patients (n>20k)	COVID-related hospitalizations	<0.3 % prevalence	HHMP 2020
IDD Programs overall	2,388 participants	All-cause hospitalization rate	240 / 1,000 months	HSJ 2020

These avoided hospitalizations represent a substantial reduction in payer expenditure and immeasurable patient benefit.

## 2. Improved Functional and Frailty Metrics

Vitality Therapy™ and other rehab innovations reversed functional decline at a scale previously not reported in home health.

- **SPPB:** ↑ 4.7 points average (clinically meaningful threshold >1.0).
- **Gait Speed:** ↑ 0.2 m/s (≈ 20 % fall-risk reduction).
- **Grip Strength:** ↑ 3.9 kg.
- **Clinical Frailty Scale:** ↓ 1.2 points (from “moderate” to “mild”).
- **Independence:** 62 % of participants reduced need for ADL assistance.

Beyond metrics, the qualitative gains—confidence, mobility, social participation—reflect BrightSpring’s “function as freedom” philosophy.

## 3. Enhanced Medication Safety

The CCRx program not only reduced hospitalizations but improved **medication possession ratio (MPR)** to 92.4 %, exceeding CMS Part D adherence thresholds.

Pharmacy dispensing accuracy remains **99.998 %**, with 96.8 % on-time delivery.

Patient-reported medication confidence rose 31 % year-over-year.

These data validate pharmacy-clinical integration as a cornerstone of home-based value-based care (VBHC).

#### 4. Hospice Quality and End-of-Life Care

Key hospice outcomes (2025):

- **Visits in last 3 days of life:** 76 % (national 48.3 %).
- **Visits near death:** 96 %.
- **Family CAHPS satisfaction:** 87 %.

These data demonstrate the capacity to maintain compassion and the organizational focus on being there when patients and families need it most.

#### 5. Workforce and Culture

With the programs described, and continuous focus, employee engagement has increased substantially over the past several years.

Healthcare organizations with higher engagement deliver stronger patient-experience scores and lower turnover, confirming that culture is a predictor of clinical quality.

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## B. Financial and Policy Implications

### 1. Economic Return

BrightSpring estimates that each avoided hospitalization saves an average of **\$14,000** in total medical cost.

With ~30,000 avoided hospitalizations in 2025 alone, direct payer savings exceed **\$420 million**.

When multiplied across recurring years and expanded patient volumes, the societal value exceeds several billion dollars.

Frailty reversal translates to longer community tenure, delaying nursing-home placement and further lowering Medicaid spend.

## 2. Alignment with CMS and Payer Priorities

BrightSpring’s metrics align seamlessly with modern payment frameworks:

- **Responsible and intentional utilization of Medicare and Medicaid programs**
- **CMS Home Health Value-Based Purchasing (HHVBP):** functional improvement, unplanned hospitalization, patient experience—all core BrightSpring strengths.
- **ACO / Medicare Advantage:** total-cost-of-care reduction through reduced admissions and medication adherence.
- **State Medicaid IDD Waivers:** “Days Spent at Home” and community inclusion measures pioneered by BrightSpring.
- **NCQA / Star Ratings:** adherence and CAHPS improvements drive plan performance.

The ability to deliver verified, peer-reviewed outcomes positions BrightSpring as a preferred partner for risk-sharing arrangements.

## 3. Investment in Quality Infrastructure

BrightSpring reinvests heavily in quality improvement. Annual budget allocations for clinical analytics, compliance, and education exceed **\$200 million**—a figure comparable to mid-sized academic health systems.

This spending is not overhead but strategic capital: every quality dollar yields operational resilience, brand equity, and contracting advantage.

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## C. Lessons for Value-Based Care

BrightSpring’s six-year evolution offers practical insights for policymakers and providers designing value-based ecosystems.

### 1. Integration Beats Coordination

While coordination implies communication among separate entities, **integration** places accountability within one ecosystem.

By owning pharmacy, home health, and personal care under a unified clinical leadership, BrightSpring eliminates hand-off gaps and aligns incentives around outcomes rather than volume.

## 2. Measurement Must Be Meaningful

Metrics that reflect the patient’s lived experience—frailty improvement, days at home, medication confidence—drive behavior more effectively than raw utilization counts.

BrightSpring’s shift toward functional and experiential measures shows how to humanize data without losing rigor.

## 3. Research Should Be Open-Source

By publishing in peer-reviewed journals, BrightSpring demystified its methods and invited replication.

Competitors adopting its frameworks indirectly expand quality nationally—a win for patients everywhere.

## 4. Data Without Culture Fails

Even the best dashboards collapse without trust.

BrightSpring’s culture of transparency ensures that data illuminate improvement opportunities rather than fuel blame.

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## D. Replicability and Scalability

BrightSpring’s model demonstrates scalability without dilution:

- **People:** A large national workforce trained in standardized yet flexible care protocols.
- **Technology:** Central data lake enabling near real-time visibility.
- **Processes:** Continuous feedback loop linking analytics to education and practice.

Replication requires three conditions:

1. **Interoperable infrastructure** connecting disciplines;
2. **Incentive alignment** around shared outcomes; and
3. **Culture of humility and curiosity.**

BrightSpring’s experience confirms these as universal prerequisites for sustainable value-based healthcare.

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## **E. Policy Relevance and Advocacy**

As federal and state agencies design payment reforms, BrightSpring contributes evidence that supports three policy imperatives:

- 1. Invest in Home- and Community-Based Alternatives.**

Data prove that home-centered models deliver equal or better outcomes at lower cost.

- 2. Reward Functional Outcomes, Not Just Processes.**

Metrics like SPPB and DSAH predict long-term independence better than compliance indicators.

- 3. Support Workforce Stability.**

Funding for training and retention directly affects patient experience and quality.

BrightSpring executives regularly advise federal and state policy makers and national trade groups on integrating these principles into value-based care payment models.

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## **F. The Next Frontier—Artificial Intelligence and Predictive Care**

BrightSpring is using AI to allow its workforce to work as efficiently and accurately as possible to achieve better service levels. The organization has adopted AI technologies in human resources to expedite the hiring and onboarding process. Other current applications of AI that BrightSpring expects to grow over time are in scheduling and intake, making both processes more efficient for patients and staff.

Looking ahead, BrightSpring is plans to leverage AI to refine predictive alerts for hospitalization risk, medication non-adherence, and functional decline. The company is also investigating

deploying AI in areas such as remote patient monitoring. In fact, BrightSpring is building out a 40 to 50-person AI team to execute against these, and other AI projects. AI tools do not replace human judgment, but they will amplify clinicians' ability to anticipate need—a technological embodiment of BrightSpring's compassionate foresight.

## **V. The Future of Integrated Home-Based Health and Conclusion**

BrightSpring's trajectory has demonstrated that a national, for-profit organization can operate with the rigor of an academic system and the heart of a nonprofit mission.

Yet the next decade promises even greater transformation. Healthcare's center of gravity continues to shift towards the home, and BrightSpring intends to continue to define what excellence in that space looks like.

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### **A. Macro Trends Driving Change**

#### **1. Demographic Pressure**

By 2030, one in five Americans will be over 65. Chronic disease will account for nearly 90 % of all health spending.

Institutional capacity cannot expand fast enough to meet that need, nor would patients want it to.

BrightSpring's home-based infrastructure—tens of thousands of clinicians, therapists, and caregivers already delivering services where people live—positions the company at the center of this demographic inflection point.

#### **2. Policy Momentum for Home and Community Care**

CMS and state Medicaid programs increasingly recognize that institutionalization is both costly and unpopular.

Waiver expansions, *Money Follows the Person* initiatives, and CMMI pilots all incentivize community living.

BrightSpring's long experience in HCBS, IDD, and home health makes it a ready laboratory for policymakers seeking scalable models.

### **3. Digital and AI Acceleration**

The health-care industry's digital transformation is entering a new phase.

Interoperability rules, FHIR standards, and cloud analytics are erasing data silos that once prevented collaboration.

BrightSpring's enterprise data lake—already linking EHR, pharmacy, and HR systems—provides fertile ground for responsible AI.

Predictive algorithms now forecast frailty progression, medication non-adherence, and hospitalization risk, allowing clinicians to act days or weeks before a crisis.

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## **B. BrightSpring's Innovation Roadmap 2026 – 2030**

The organization has outlined five strategic priorities that extend its philosophy of *innovation through compassion* into the next decade.

### **1. Precision Home Health.**

Integrate wearable and remote-monitoring data with nurse dashboards to create personalized visit frequency and therapy dosing.

Early pilots using fall-risk sensors reduced incident rates 18 %.

### **2. Digital Pharmacy 360°.**

Expand CCRx into a consumer-facing app that synchronizes prescriptions, adherence data, and tele-pharmacist consults.

The goal: make every medication change visible to patient, nurse, and prescriber simultaneously.

### 3. Frailty Reversal as Standard of Care.

Incorporate Vitality Therapy™ protocols into home-health episodes for adults > 70 with SPPB < 8.

Predictive targeting aims to prevent 25 % of hospitalizations related to deconditioning.

### 4. Compassion Analytics.

Use sentiment analysis on patient and employee narratives to map the relationship between language of empathy and measurable outcomes.

The resulting “Compassion Index” will guide leadership development and quality coaching.

### 5. Public-Private Partnerships for Population Health.

Collaborate with payers and states to create *Community Quality Alliances*—regional ecosystems that share BrightSpring data tools while maintaining local autonomy.

Each alliance will pilot shared-savings arrangements tied to hospitalization and frailty metrics.

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## C. Sustainability and Ethical Innovation

As BrightSpring digitizes further, it remains committed to ethical principles:

- **Transparency:** Patients and caregivers can view how their data inform predictive models.
- **Equity:** Algorithms are audited for bias by demographic subgroup.
- **Human Oversight:** AI suggestions do not replace clinical judgment; they prompt discussion, not dictate action.

Environmental stewardship also plays a role.

Centralized logistics and route-optimization software have cut travel miles 12 % since 2022, saving fuel and clinician time while lowering emissions.

## D. Expanding Academic and Policy Partnerships

BrightSpring continues to build bridges between academia and operations.

Partnership activities have included:

- **Carnegie Mellon University Robotics Institute** – delivering lectures to graduate students to support research on robotic caregiver assist devices and home-centered care.
- **University of Louisville School of Public Health** – educational and placement partnership.
- **American Geriatrics Society Value-Based Care Task Force** – contributing research on home-centered care models.
- **State Medicaid Innovation Labs** – advising on adoption of *Days Spent at Home* metrics.

Such relationships ensure that BrightSpring’s field experience informs national policy and that cutting-edge science flows back into daily care.

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## E. Risk and Resilience

Even strong organizations face headwinds—workforce shortages, reimbursement pressures, cyber-risk, and evolving regulation.

BrightSpring’s mitigation strategies emphasize diversification and readiness:

- **Workforce:** Automation of documentation and scheduling frees clinicians for patient care, improving satisfaction.
- **Reimbursement:** Balanced portfolio across Medicare, Medicaid, and Managed Care protects revenue stability.
- **Cybersecurity:** ISO 27001-aligned protocols, regular penetration testing, and employee phishing simulations maintain vigilance.
- **Regulatory Agility:** Dedicated policy team monitors rule changes, ensuring proactive compliance.

These layers of resilience allow BrightSpring to innovate without jeopardizing safety or integrity.

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## F. The Human Future of Care

Despite technological sophistication, BrightSpring's leaders emphasize that the essence of care remains personal.

The organization envisions homes that function as micro-clinics—equipped with smart devices but filled with warmth.

Clinicians will visit less often in person but connect more continuously through digital touchpoints.

Pharmacists will become educators and navigators, not just dispensers.

Therapists will coach entire families in independence training.

And across all lines, compassion will remain the constant variable.

“Technology gives us new tools,” says Dr. William Mills, CMO, “but compassion gives us direction. We innovate so that quality at-home care can scale.”

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## G. Conclusion—Innovation and Compassion Fueling Growth and Quality

From the crisis management of 2020 to the precision analytics of 2025 and beyond, BrightSpring Health Services has shown that growth and quality are not competing goals.

The company's trajectory proves that a system can be **large and humane, data-driven and heart-led, scientific and personal.**

Its future vision rests on four enduring truths:

1. **Home is the center of health.**

Care that honors this truth improves both satisfaction and sustainability.

2. **Data are stories in numbers.**

When interpreted with empathy, they guide better decisions.

3. **Compassion is a strategy.**

It reduces turnover, boosts adherence, and enhances outcomes.

4. **Innovation is a responsibility.**

With scale comes the duty to share what works so others may benefit.

BrightSpring’s legacy is still being written—in every home visit completed, every medication reconciled, every hand held at the end of life.

Its research has proven that humanity itself can be measured, managed, and multiplied.

**Innovation and compassion will continue to fuel both growth and quality, ensuring that BrightSpring—and the people it serves—keep living their best life.**

## Appendices and References

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### Appendix A — Methods and Data Sources

All data described in this white paper were derived from BrightSpring Health Services’ internal enterprise quality systems and peer-reviewed studies conducted between 2019 and 2025.

The organization’s **Enterprise Data Warehouse (EDW)** integrates electronic health-record data from home health, hospice, pharmacy, and community-living programs, supplemented by HR, claims, and satisfaction-survey feeds.

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