Learning Objectives
Upon completion of this course, you will be able to:
• Articulate the regulations regarding medically necessary services in the acute setting
• Determine the right provider to address the patient's functional needs in the acute setting
• Identify the right time to initiate and discontinue therapy services
• Describe an education plan for staff regarding right patient, right provider, right setting, right amount and right time in the acute setting

Healthcare is Rapidly Changing
• Affordable Care Act/Healthcare Reform
• Decreased length of stay (LOS) and higher acuity
  • Subjective: more competition for the patient’s time
• Stricter rules on inpatient stays
• Evidenced-based practice standards

Phase 1: Triage Tool for Acute Care Referrals
• 2007- 1st quality improvement project centered around management of referrals in acute care
• Access to therapy services was limited
• Published in PTJ in October 2010
• Purpose: Improve patient access to medically necessary therapy services in the acute care setting

Background
• Moved from therapy department to bedside practice
• Efficiency problems
• More consults due to visibility of therapists
• Nursing advocated for PT/OT services for their patients
• Slippery slope?
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February 6, 2014

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Data Analysis of Triage Tools

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Eight Item Tool</th>
<th>Six Item Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total no. of referrals</td>
<td>170</td>
<td>56</td>
</tr>
<tr>
<td>No. (%) of appropriate referrals</td>
<td>86 (51)</td>
<td>40 (71)</td>
</tr>
<tr>
<td>No. (%) referrals recommended for cancellation</td>
<td>29 (17)</td>
<td>16 (29)</td>
</tr>
<tr>
<td>D/C SNF</td>
<td>p &lt;0.0001*</td>
<td>NA</td>
</tr>
<tr>
<td>Dysphagia</td>
<td>p = 0.0339*</td>
<td>NA</td>
</tr>
<tr>
<td>Therapy Relevance</td>
<td>p &lt;0.0001*</td>
<td>p = 0.0006*</td>
</tr>
<tr>
<td>Able to Participate</td>
<td>p = 0.0247*</td>
<td>p = 0.0117*</td>
</tr>
<tr>
<td>At or Near Baseline Level</td>
<td>p &lt;0.0001*</td>
<td>p = 0.0010*</td>
</tr>
<tr>
<td>Has Patient Mobilized</td>
<td>p &lt; 0.1339</td>
<td>P = 0.0001*</td>
</tr>
<tr>
<td>A waiting Tests/Consults</td>
<td>p = 0.3513</td>
<td>NI</td>
</tr>
<tr>
<td>Is this request for equipment only (rather than therapy intervention)?</td>
<td>p = 0.0619</td>
<td>NI</td>
</tr>
</tbody>
</table>

*statistical significance (α = 0.05)
NA = not applicable (too few data points)
NI = not included in revised tool

Six Item List of Questions

<table>
<thead>
<tr>
<th>Triage Tool (Revised)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Triage Tool (Revised)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Phase 2: Assess Therapy Needs for Patients on Caseload

- Establish criteria for appropriate patients to remain on caseload in the acute care setting
- Following CMS guidelines to define "medical necessity and skilled intervention"
- Dearth of literature regarding defining the right patient in the acute setting
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Acute Care PT Relevant Study Findings
- Nov. 2009 PTJ: Jette at al. “Physical therapists’ management of patients in the acute care setting: An observational study.”

Acute Care PT Relevant Study Findings
- Oct. 2010 PTJ: Gorman et al. “Nationwide Acute Care Physical Therapist Practice Analysis Identifies Knowledge, Skills and Behaviors That Reflect Acute Care Practice”.

Acute Care PT Relevant Study Findings
- June 2011 PTJ: Masley et al. “Physical Therapist Practice in the Acute Care Setting: A Qualitative Study”

Quality Improvement: DMAIC Method
Phases:
- Define
- Measure
- Analyze
- Improve
- Control

Plan Do Study Act

Define
- Created a Charter
  - Objective
  - Scope
  - Approach
  - Team
  - Justification
  - Communication plan
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Define

- Acute care hospital patients may not receive appropriate therapy interventions as determined by impairment level due to high demand for Physical Medicine & Rehabilitation (PM&R) services.
- No standardized method to determine when a patient should be discharged from therapy.
- Concerns about therapists’ capacity to provide care for patients who require skilled therapy services.

Measure

- Determined baseline performance
  - Documentation review tool
- Obtained staff input regarding appropriate/inappropriate patients for acute care PT/OT
- Discovered waste and variation in the decision-making process
  - Dependent on therapist opinion
  - Number of patients on caseload

Analyze

- Identified the “service lines” with greatest variation
- Continued to modify the Documentation Review Tool (version 4)
- Validated interrater reliability of the documentation review tool(s)

Acute Care PT/OT Decision Making Tool

![Acute Care PT/OT Decision Making Tool](image)

Improvement

- Identified method to try to reduce variability in the decision making process
- Experimented with the Documentation Review Tool
- Asked staff to use the tool and make recommendations
- Implemented required education to all PT/OT staff

Control

- Continue to monitor the process
- Ongoing monthly patient care scenarios “what would you do?” using Audience Response System
- Provide feedback to individual staff when necessary
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Awareness

• Why?
  • Subjective sense that this was a problem
  • Asked staff to provide patient examples
    • Received a lot of examples

Desire

• Sought staff input regarding “the right patient”
  • Patient advocacy
  • Staff want to do the right thing

Knowledge

• Required educational module using “real” patient scenarios
  • Quick reference guides (QRG)

Ability

• Staff could use the tool to guide their decision
  • “Common language” in the QRG to assist staff with communication with other stakeholders
  • Empowered the therapist to make decisions about individual patient’s plan of care

Reinforcement

• Monthly use of ARS with different patient scenarios at staff meetings
  • Provider feedback when necessary
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Educational Module

“Getting it Right in Acute Care”

Mayo Clinic- Florida

Mayo Clinic- Arizona

Mayo Clinic- Rochester
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The Challenge - Getting it Right

- Who is the right patient?
- Who is the right provider?
- Where is the right setting for providing therapy services?
- What is the right amount, frequency and duration of services?
- When is the right time to start and discontinue therapy services?
- Why is it right to get it right?

How Do We Get it Right?

- Ask clarifying questions
- Apply Medicare guidelines for Medical Necessity
- Act on your professional standards of conduct
- Administer your clinical judgment

Right Patient

Who is the Right Patient?

Ask clarifying question:
- Does the patient have a functional loss?

Apply Medicare medical necessity guidelines
- Medicare pays for items and services that are reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Social Security Act, Sec. 1862(f)
Who is the Right Patient?

Ask clarifying question:
• Is the functional loss transient and will improve without therapy services?

Apply Medicare medical necessity guidelines
  • "Therapy is not required to effect improvement ... when a patient suffers a transient and easily reversible loss of function (e.g., temporary weakness which may follow a brief period of bed rest following abdominal surgery) which could reasonably be expected to improve spontaneously as the patient gradually resumes normal activities. Therapy furnished in such situations is not considered reasonable and necessary for the treatment of the individual illness or injury and the services are not covered".

Medicare Benefit Policy Manual Chapter 15, section 220.2C

Who is the Right Patient?

Ask clarifying question:
• Is the acute decline in functional status amenable to therapy services?

Apply Medicare medical necessity guidelines
  • "Services must be considered, under accepted standards of practice to be specific and effective for the patient's condition."

Who is the Right Patient?

Ask clarifying question:
• Does this patient have good restoration potential?
  • If not, do they need the skills of a therapist to establish a maintenance program?

Apply Medicare medical necessity guidelines
  • "There must be an expectation that the patient's condition will improve significantly in a reasonable (and generally predictable) period of time. If the potential for improvement is not evident, the establishment of a safe and effective maintenance program required in connection with a specific disease state, in the case of a progressive degenerative disease, service may be intermittently necessary to determine the need for assistive equipment and/or establish a program to maximize function."

Medicare Benefit Policy Manual Chapter 15, section 220.2C

Who is the Right Patient?

Ask clarifying question:
• Can the patient actively participate in therapy?

Apply Medicare medical necessity guidelines
  • "Reasonable and Necessary Questions to Ask..."
    • What is the beneficiary's ability to participate and benefit from rehabilitative services?"

Any references in 100-02 chapter 15 relate to the therapist's active participation in the Progress Report
Who is the Right Provider?

Ask clarifying question:

- Does the unique clinical condition of the patient require the specialized skills of a qualified therapist?

Apply Medicare medical necessity guidelines

- “The deciding factors are always whether the services are considered reasonable, effective treatments for the patient’s condition and require the skills of a therapist, or whether they can be safely and effectively carried out by non-skilled personnel without the supervision of qualified professionals.”

Medicare Benefit Policy Manual Chapter 15, section 220.2C

Examples

Not Skilled
- Ambulation for endurance
- Repetitive exercise
- Supervision of previously learned material
- Any activity that could be carried out by a non-therapist (family or restorative aide)

Skilled
- Gait Training
- Therapeutic exercise
- Establishment of carryover programs
- Activities that have the complexity/ sophistication only a qualified therapist could do

Who is the Right Provider?

Ask clarifying question:

- Aren’t all services provided by a therapist skilled?

Apply Medicare medical necessity guidelines

- “Services that do not require the performance or supervision of a therapist are not skilled and are not considered reasonable or necessary therapy services even if performed or supervised by a qualified professional.”

APTA Guide for Professional Conduct

Who is the Right Provider?

Ask clarifying question:

- Am I the most appropriate provider for this patient?

“ When a physical therapist’s judgment is that a patient will receive negligible benefit from physical therapy services, the physical therapist shall not provide or continue to provide such services if the primary reason for doing so is to further the financial self-interest of the physical therapist or his/her employer. A physical therapist shall avoid over-utilization of physical therapy services.”

APTA Guide for Professional Conduct
Where is the Right Setting for Providing Therapy Services?

Ask clarifying question:
- Would a delay in provision of therapy services until they arrive in their discharge setting negatively impact the patient’s outcomes?

Apply your clinical judgment:
Examples of when we would provide treatment in acute care
- Concerns about the patient’s safety for home vs another setting (Safety evaluations)
- New neurological deficit
- TKA pt going to SNF after acute stay

Where is the Right Setting for Providing Therapy Services?

Ask clarifying questions:
- Will providing therapy services decrease length of stay?
- Will providing therapy services change discharge disposition?
- Is it more appropriate for therapy services to be provided in the acute care setting or the discharge setting? (Consider if chronic vs. acute issue)

Where is the Right Setting for Providing Therapy Services?

Administer your clinical judgment
- Generally acute problems are addressed in an acute care setting and chronic conditions in an outpatient setting.
- Will therapy services in this setting increase value by improving outcomes or safety and/or decreasing cost?

Mayo Clinic’s Equation for Value

\[ \text{Value} = \frac{\text{Quality}}{\text{Cost}} \]

Value increases when quality is improved and when cost is decreased

Where is the Right Setting for Providing Therapy Services?

Ask clarifying question:
- What are the patient’s disposition options and the disposition admission requirements?
Where is the Right Setting for Providing Therapy Services?

Administer your clinical judgment

- Assessing a patient’s readiness/tolerance for therapy services is critical to making admission decision for the Inpatient Rehabilitation Facility (IRF)
- Admission to a Transition Care Unit (TCU) requires a therapy evaluation in the hospital if therapy will be their qualifying service.
- Admission to a skilled nursing facility (SNF) does not require a therapy evaluation in the hospital.

Where is the Right Setting for Providing Therapy Services?

Ask clarifying question:

- Does the patient have unmet goals which need to be achieved in the acute care setting?

Administer your clinical judgment

- Would achieving these unmet goals allow the patient to discharge to home instead of a post acute care setting?

When is the Right Time to Discontinue Therapy Services?

Ask clarifying question:

- Shouldn’t I keep treating the patient until they discharge from the hospital, even if they aren’t making “progress”?

Act on professional standards:

<table>
<thead>
<tr>
<th>Occupational Therapy</th>
<th>Physical Therapy</th>
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<td>Principle 4: A therapist shall exercise sound professional judgment</td>
</tr>
<tr>
<td>A. Patient/client’s best interests</td>
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</tr>
<tr>
<td>B. Independent judgment</td>
<td>B. Independent judgment</td>
</tr>
<tr>
<td>C. Responsible for examination, evaluation, diagnosis, prognosis, intervention, re-examination, modification of POC and records</td>
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</tr>
</tbody>
</table>

What is the Right Amount, Frequency and Duration of Therapy Services?

Ask clarifying questions:

- Does this patient need BID or QD therapy or would less than daily therapy be more appropriate for this patient?

Act on professional standards of conduct:

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When is the Right Time to Discontinue Therapy Services?

Ask clarifying question:

- Shouldn’t I keep treating the patient until they discharge from the hospital, even if they aren’t making “progress”?

Apply Medicare guidelines

“The concept of rehabilitative therapy includes recovery or improvement in function and, when possible, restoration to a previous level of health and well-being. Therefore, evaluation, re-evaluation and assessment documented in the Progress Report should describe objective measurements which, when compared, show improvements in function, or decrease in severity, or rationalization for an optimistic outlook to justify continued treatment.”

Medicare Benefits Policy Manual100-02 Ch15 220.2 section C.
Why is it Important to Get it Right?

Getting it right is the right thing to do because:

• We uphold our professional standards
• We comply with our licensure requirements
• We meet third party payor expectations
• We help control the cost of care and make the best use of limited resources

Professional Standards Guide Therapy Practice

• "Rehabilitation services must be provided according to national standards of practice as established by professional organizations such as, but not limited to, the American Physical Therapy Association, the American Occupational Therapy Association, and the American Speech-Language-Hearing Association."


Why is it Important to Get it Right?

The False Claims Act applies when a company or person knowingly bills for:

• Services or supplies never provided
• Service was provided for some dx code other than the true dx code
• Claim indicating a higher level of service than was actually provided
• **Claims not reasonable and necessary**
• Claims provided by unlicensed individuals

31 USC § 3729 - False claims

Communication – Talking Points

• This is not the RIGHT patient because:
  • No acute functional loss
  • Loss is transient and will improve without therapy
  • Patient does not need skills of a therapist
  • Patient does not have the capacity to learn
• Therapy is not the RIGHT provider because:
  • Nursing or family members can provide service
  • The clinical condition does not require specialized skills

Communication – Talking Points

• This is not the RIGHT setting because:
  • Therapy will not change the length of stay or discharge disposition
  • It is most appropriate to address the condition in an outpatient setting
  • The patient has met all acute goals
• This is not the RIGHT time to continue therapy services because:
  • The patient is not making functional gains
  • The patient has met all acute care goals
  • The patient’s medical condition will prohibit them from participating meaningfully in therapy

Documenting Medical Necessity

Keys to documenting medical necessity:

• Services are consistent with nature and severity of illness, injury, medical needs.
• Services are specific, safe, and effective according to accepted medical practice.
• There should be a reasonable expectation that observable and measurable improvement in functional ability will occur.
• Services do not just promote the general welfare of the patient/client
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Action Plan

• Establish practice guidelines for acute therapy services
• Additional scrutiny of current therapy caseload to ensure medical necessity
• Deferral of some therapy services to optimal time and setting
• Appropriate hand-off to other care providers
• Efficient use of PM&R department and institutional resources
• Emphasis on “value-added” services

Quick Reference Guide

• Tri-fold, pocket-sized resource
• A job aide for busy clinicians
• Summary of the key instructions

References


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Clinical Scenarios