

ProCARE NEWS

ProCARE Therapy Services Newsletter

1st Quarter 2017

Welcome to Spring!

Spring has sprung, basketball season is closing, and baseball season is upon us....And in healthcare, the slip-and-fall ice is melting (what there was of it), flu season is trying to wind down, and allergies are blooming. This is also the time to write your representative to support the repeal of therapy healthcare caps, as well as to support counting hospital observation days toward the three day required hospital stay for Medicare part A skilled nursing qualifier. Here's to SPRING!

ProCARE extends a hearty welcome to...

Amber Campbell, PTA at Courtyard, Juliane Gaulin, SLP at Walnut Ridge, Rebecca Marth, PTA at Ouachita, and Barbara Anderson, COTA in Conway. Welcome aboard; we are glad to have you!



ProCARE Leadership Workshop in Little Rock.

And in WASHINGTON DC.....

Our own John Montgomery, DPT, who is also the Federal Affairs Liaison for the APTA, has just returned from the APTA Federal Advocacy Forum in Washington DC. While there, he met with representatives to discuss repeal of the therapy cap, a bill which adds Physical Therapy (PT) to the list of health professional shortage areas (which covers all of Arkansas) for student loan repayment, and a bill supporting PT and athletic interstate licensure permissions when traveling within context of sports medicine.



"In the Spring I have counted one hundred and thirty-six different kinds of weather inside of four and twenty hours"

— Mark Twain

In This Issue

- Spring is Here
- Welcome
- APTA in DC
- Success Case Study
- We Love You
- HealthCare NOW
- March Update
- Bundle Update

ProCARE SUCCESS STORY

Patient Information: Male , Age 72

Diagnosis: Dysphagia / Stroke / Pneumonia

History: This gentleman lived at home with his wife and was independent with most functional mobility and communication in spite of having a history of two strokes which resulted in right-sided weakness. He was admitted to the hospital after falling at home and sustaining a right hip fracture. While hospitalized, he was noted to have difficulty with his communication and swallow function. A feeding tube was placed to address his swallowing complications (dysphagia). After hospitalization, he transferred to a skilled nursing facility for rehabilitation, with goals to restore his normal diet and return home.

Pre-Therapy Status:

- **Clinical Swallow Assessment:** Video fluoroscopic swallow study revealed silent aspiration (liquid entering the airway without a protective cough response) with honey thick liquids.
- **Functional Oral Intake Scale Score:** 1; nothing by mouth.
- **Diet Modifications:** All nutrition, fluids, and medication delivered through the feeding tube.

Therapy Information:

- **Modality/Equipment:** OMNIsEMG™, Omnistim® FX2 Portable Patterned Electrical Neuromuscular Stimulation (PENS).
- **Frequency:** 3-5x per week.
- **Protocol Specifics:** Upper extremity biphasic PENS head and neck protocol to improve neuromuscular coordination of swallow function. Effortful swallow exercises performed using biofeedback visualizations (line trace and kangaroo) to improve the force, quality and coordination of swallow muscle contractions.



- **Duration:** Six weeks.
- **Other Therapy Services Provided:** Resistive oral pharyngeal strengthening exercises and oral pharyngeal stimulation with lemon glycerin swabs.

Outcome:

- **Clinical Swallow Assessment:** Video fluoroscopic swallow study revealed no penetration or aspiration with thin liquids, thickened liquids, or solids.
- **Functional Oral Intake Scale Score:** 7; total oral intake with no restrictions.
- **Diet Modifications:** Able to consume food and hydration by mouth, with close supervision during meals and occasional cues to decrease rate and volume of food intake.

This gentleman is thrilled to have achieved his therapy goals, allowing the feeding tube to be removed. He is pleased to be back home with his wife and able to drink coffee and enjoy regular meals!

ProCARE Rehab Director Leadership Workshop was 2 days of hard work, regulations, procedures, best practice, fellowship, and one night of.... bowling.



We Love YOU too!

ProCARE gives a shout out to our wonderful therapy teams, and this month, a special thank you to our caring and dedicated Rehab Directors, Assistant Directors and Rehab directors, Level II.

Thank you for participation in our leadership workshop, supporting ProCARE and patients, and thank you for... well, thanking us!

Here is a sample of "thank-you's" following our workshop. Do you recognize yours?

"I am so excited and energized to some new ideas and motivated to do better and become a much better leader for my team so that together we can make a bigger difference for our patient's. Thank you, Thank you, Thank you...."

"I'm very proud to be a part of our team. Thank you for giving me the opportunity."

"...proud to be a part of a great company!"

"Thank you so much! I am definitely proud to be a part of such an amazing organization. I am also glad to put faces with names!

"Thanks for everything you guys did! We had a blast and really enjoyed the training!"

"Thank you all for the 2017 ProCARE Leadership meeting and how professional it was...I really learned a lot ... It is great to work for a company that invests back into their employees"

"Thanks for allowing me to be a part of the meeting. I really learned a lot and grateful to work for such a great company!"

"Thank you so much! I'm looking forward to learning more and more with ProCARE. Thanks for the opportunity!"

HealthCare NOW

The effort to repeal and replace the Affordable Care Act, or Obamacare was not successful. Ultimately the bill was not brought to the house floor for vote, (scheduled for March 23) after determining there were not the votes to pass the bill in the current iteration.

Concerns were expressed on both wings of the GOP. Among the commonly stated objections: the moderate wing complained about increased premiums to the 50-60 year-old age bracket as well as the state Medicaid parameters. Medicaid currently funds more than 60% of all long-term care costs. The more conservative wing was concerned that the bill did not go far enough in the repeal process and represented unacceptable future costs, particularly in light of the Congressional Budget Office estimate.



So What is Next on the Hill?

The President's Budget, The Debt Ceiling, and Taxes Reform. Those of us in Healthcare are also looking ahead to MACRA Expiring Provisions, the Medicare Health Extenders and Chip Extenders, all of which will be a focus early fall, late summer.

Of specific importance to those of us in long-term care and rehab is 1. Medicare Access to Rehabilitation Services Act, (bill numbers S253, and HR807) legislation to repeal the annual therapy caps (\$1980 OT; \$1980 SLP/PT; \$ 3700 cumulative), and 2. Improving Access to Medicare Coverage Act: to address the three-day hospital stay requirement for part A SNF admission by allowing days/nights spent in the hospital, but classified as observation rather than admission, to count toward the three day hospital admission requirement.



MARCH CMS UPDATE

Value Based Purchasing: The Skilled Nursing Facility (SNF) Value-Based Purchasing (VBP) Program begins in FY 2019, with the SNF 30-Day All Cause Readmission Measure (SNFRM). The SNFRM estimates the risk-standardized rate of unexpected readmissions within 30 days. The quality payment adjustment will be computed per individual SNF PPS payment, starting October 1, 2018.

Facility Confidential Quarterly SNF VBP Reports were distributed in January and March 2017 by CMS, and they are available via the Quality Improvement and Evaluation System (QIES) and the Certification and Survey Provider Enhanced Reporting (CASPER) application systems. Example reports were also provided to SNFs for review in October 2016.

The December, 2016, CMS reports were based on (CY) 2013 data, and the February reports were based upon 2014 data. The June 2017 reports will include data from CY 2015. **Importantly, 2015 is the baseline year for SNF VBP payment adjustment.**

The Quarterly Confidential Feedback Reports Summarize: 1. SNF readmission measure results; 2. The number of eligible SNF stays used to calculate SNF performance during this period; and 3. The number of unplanned readmissions from the SNF during this period. 4. The risk-standardized readmission rate (RSRR) of the facility during the period.

For the June 2017 Confidential Feedback Reports, CMS is considering different patient-level data elements from the hospital stay that could be included in the report.



BUNDLED PAYMENT UPDATE

The demise of bundled payments has been greatly exaggerated. According to CMS and their data associate company Remedy Partners, bundled payments are here to stay secondary to the cost savings recorded in episode of care costs in the Medicare Trust Fund. However, the new cardiac model and orthopedic care model updates have been delayed to October 1, 2017.

Both of the delayed programs are mandatory participation programs. The voluntary bundled payment models, according to Remedy Partners CEO Carolyn Magill, "are here to stay." There is also speculation that movement to make involuntary bundled payment models voluntary, are gaining traction.

Contact Us

Give us a call for more information about our services and how we can help you!

ProCARE Therapy Services, LLC

www.procare@procaretherapy.net

501-725-0379

PROCARENEWS

ProCARE Therapy Services, LLC
P.O. Box 23834
Little Rock, AR 72221

PLACE
STAMP
HERE

FOR: