

ProCARE NEWS

ProCARE Therapy Services Newsletter

3rd Quarter 2017

Fall Back and Enjoy the Football!

We have all had a busy summer, and now it is time to enjoy our fall. Welcome the cooling weather, the glorious leaf bags, and... football season! While you rake those leaves, remember Albert Camus said, "Autumn is a second spring, where every leaf is a flower."

Importantly, don't forget to set your clocks back on November 5th and enjoy that extra sleep.

ProCARE also extends a hearty welcome to...

Allen Dauck, PTA Pocahontas; Taylor Edmunds, COTA, River Chase; Shainna Wallis, SLP, and Leona McEntire, PTA at Belle Meade; Lance Patterson, PTA, and Jacqueline Taylor, DPT at Premier. Also Sandra Brossett, PT is now Fulltime at Southern Trace, Ashleigh Brashers is now the full time Rehab Director and COTA at AshFlat. We are glad to have you with us! Welcome!



"A strong positive attitude will create more miracles than any wonder drug"

— Eileen Kennedy-Moore



Premier's awesome rehab team! Jackie Taylor, DPT; Meagan Rosel, SLP; Lance Patterson, PTA; Travis Gilbert, COTA Lacey Canizares, OTR, RD

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ACTIVITY ANALYSIS—A TRUE CLINICIANS BEST TOOL

When constructing treatment interventions for our elders, a simple approach or exercise may be the least effective strategy in your toolbox... or the most effective.



Our population has wide ranging physical, cognitive, physiological, behavioral, social and medical disparities. Our patients rarely fit into a convenient treatment box. Designing activities, modifying activities or using existing activities to provide treatment is our secret weapon, though it takes greater therapeutic skill, training, and dedication. Intervention based upon Activity Analysis, that is measured, graded, and specifically tied to deficits and goals, are the signature of a great clinician —of any discipline.

A clinician must first be able to analyze an activity and determine multiple variables required for performance. Physical and Cognitive skills are the first elements the therapist considers, however Communication, Sensory and Behavioral components must also be considered. Additionally, a thorough therapist will break down the physical components into sub-sets.

Consider the following case:

A cognitively impaired patient with right sided weakness, difficulty with weight shift, gait, and with trunk/pelvic separation, and sit/stand midline 15-20 degrees R of center. This patient does not like “exercise” with all those “old people,” yet he needs to return home with functional movement.



Our therapist designed a leaf raking activity. This requires left to right lower extremity weight shift and weight bearing, crossing midline while grasping and dragging the rake, and turning the trunk and pelvis. It also combines mobility skills set upon stability, and while most activity is gross motor, accuracy, grasp and fine motor are included. This activity provides an opportunity to set actual goals and measure initial to discharge performance in weight shift, reaching, trunk rotation, coordination, change in midline, et-cetera. The courtyard of the SNF provided an ideal place and included the opportunity to interact with others. Ideal, yes?

This gentleman demonstrates successful cowboy roping and creative activities by Bellemeade Therapist and RD, Matt Hartley, and OT student Emily Sisco!

Almost.

In this case the Sensory and Behavioral components were not analyzed and considered. The courtyard was well used, with benches, pathways, music and people. The behavioral and visual perceptual deficits from prior CVA were not considered. (They were not the reason for the current stay!) These deficits required modification to place and area to be raked! Once the Physical, Occupational and Speech Language Therapist consulted with one another, the same raking intervention was successful when provided in a controlled location with fewer visual challenges and auditory stimulation, at the side of the building.



Lesson: Consider EVERYTHING.

What is your role with the dementia patient?

- Know the types of dementia.
- Get to know your patient.
- Know that dementia can rapidly change a person in a short amount of time, so view that person with fresh eyes each time you see them.
- Notice differences in the patient's behavior and stage the level of dementia if appropriate.
- If treating the patient, try to treat them at different times of the day to ascertain the time that best suits that person.
- Learn to communicate with anyone and everyone involved with care for the patient to effectively give the patient the best care.
- Listen to more than words.
- Look at body language and listen for tone when speaking with the patient.
- Be an advocate for this patient.

MEDICARE B CAPS & REPEAL

NEWS ON PART B THERAPY CAPS

The Part B Therapy Caps narrowly lost permanent repeal in 2015- - by only 2 votes! Once more, an attempt for full repeal is in the works. The Medicare Access to Rehabilitation Services Act (H.R. 807/ S 253) is a bipartisan effort for repeal. This is the time to contact your representative.



REMINDERS: The therapy cap is admittedly flawed and requires annual adjustments to override the onerous limitations placed on patient care. The cap “splits” \$1980 between Physical Therapy and Speech Language Pathology, and provides an additional \$ 1980 for Occupational Therapy. There is an exception process to override the cap. The cap “exception process” must be approved by Congress annually, as a “fix.” And, we must lobby each year for this fix, and wait with baited breath.

Additionally, changes to Medicare B processing, implementation and claims have been ongoing. Those of us serving the elderly have experienced (or are experiencing) the “pre-approval process”, the “post-approval” process, the mandatory medical review, the \$3700 automatic reviews, the mandatory RAC audits, changes to individual therapy threshold amounts, and changes to secondary comprehensive threshold amounts, changes to the Medical Review and Claim process, (that deserves a SEPARATE article!) and of course, the annual exception process. (pew! That IS a list!)

ProCARE Therapy Services is active with the National Association in Support of Long Term Care (NASL). The last week of September, the NASL Therapy Cap Coalition met with committee's staff from the Hill, tasked with developing therapy cap language for the bipartisan effort to repeal of the Part B Therapy Caps. (The House Ways & Means, Senate Finance and House Energy & Commerce.) The NASL committee provided the staff with draft language that could be used in bill development. Our therapy associations are also working diligently on this issue.

NOW IS YOUR TIME TO ACT. Contact your representatives, give them the bill names (H.R. 807/ S 253), and let them know that they must stop the Medicare Part B merry-go-round and finally retire this rehabilitation cap!

CMS Moves to Targeted Medical Reviews

CMS announced in August, 2017 that Medicare will be expanding the Targeted Probe & Educate audits (TPE), with the expectation of reaching all jurisdictions by the end of the year.

What is TPE?

In June 2016, Medicare piloted TPE (Targeted Probe & Educate) audits in one Medicare Administrative Contractor (MAC) jurisdiction. The TPE focuses on a reviewing claims of few specific providers billing rather than focusing upon all providers billing for the same service.

The probe review portion reviews a smaller number of claims than the traditional Medicare Administrative Contractor (MAC) audit. The audit is then followed by meetings between the provider and the MAC for education and discussion of how to avoid improper payment in the future. This move could help reduce the flood of backlogged Medicare claims appeals.

Did You Know?

Value Based Purchasing

Value-based purchasing is alive and well. Value-based purchasing is defined as a program from CMS that rewards acute-care hospitals with incentive payments for the quality of care they provide to Medicare beneficiaries. Reminders:

- Hospitals can also be penalized or rewarded in this system.*
- Hospitals literally lose millions of dollars each year because of readmission penalties.*
- Hospitals look to post-acute facilities to prevent readmissions.*
- Hospitals look to post-acute facilities to communicate and begin discharge planning day one.*
- Skilled nursing facilities also have value-based purchasing systems!*
- Providing a protocols for high-risk patients has proven to be effective to reduce readmission and associated costs.*

Contact Us

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

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