# ProCARE News

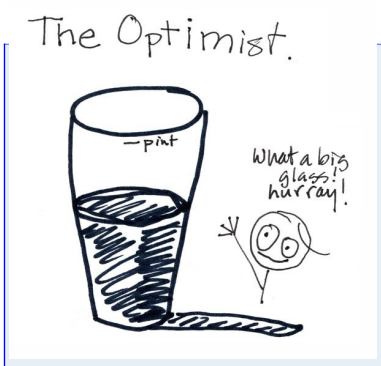
ProCARE Therapy Services Newsletter 1st Quarter 2018

## Spring Has Sprung!

Welcome to Spring! Baseball season is finally here — and before you know it, we will be struggling into bathing suits! This has been an eventful quarter in the news. Healthcare is always changing, and this season brings changes to therapy caps, claim reviews and the continuing discussion about the possible reimbursement alternatives to PPS (Prospective Payment System). We expect an adventurous year.

**AND...Please give a warm ProCARE welcome to:** Kristina Berry, COTA, Valley Springs; Kajuana Jacobs, COTA, Southern Hills; Mandy Lawson, SLP, ONRC; Lynn Youmans, PTA, Rich Mountain. We are glad to have you with us! Welcome!


**2018 Winner! Mrs. Mary Anne Satterfield of River Ridge, Wynne, AR won the AHCA District 5 Beauty Pageant. Seen with emcee Brian Brady**




*"A Pessimist Sees the Difficulty in Every Opportunity; an Optimist Sees the Opportunity in Every Difficulty."*

*— Bertram Carr*

## In This Issue

CLINICAL CORNER

## JUST WHAT DOES MEDICARE WANT FROM US?

Okay. So. Answering that question may seem like solving the Theory of Everything… (the unifying theory of physics), or like being in a Monty Python movie. How you ask?

Well, as for the Theory of Everything: That is the search for the unifying theory of physics. Einstein's gravitational physics and the physics of quantum mechanics don't always get along. Well, nor do the basic dictates of good patient care, survey requirements of patient care, and Medicare restrictions of providing that same care.

As for Monty Python movies, they are full of absurdities and dark comedy. Much like the CMS dictate that tells us that Range of Motion (ROM) and Endurance training are not considered skilled services… unless we can prove medical necessity for that service, and that only a therapist can safely and effectively render that treatment.

Or, giving us a system based on therapy minutes (PPS) and reassessments every 8, 14, 30, 60, 90 days. Then tightening that system into a rolling 7-day minute review (COTs)…. Only to design a new system (RCS-1 and related, which may or may not be implemented next year), that completely removes therapy minutes from the equation.

**Let's look at Range of Motion** as our example. Take the shoulder. What do we know? Now, *we know* the shoulder is the least stable joint. Most of our geriatric patients have osteoarthritis at a *minimum*, requiring careful shoulder gliding and positioning prior to movement.. And, the great and wonderful brachial plexus nerve center is nestled in the armpit...And that impingement of the supraspinatus happens in a blink… And any patient with neurological conditions requires scapular mobilization and tone control prior to Range of Motion… And that post-menopausal women's chance of getting RSD or shoulder-hand syndrome from improperly handled shoulders and injury is greatly increased. And….. (shall I go on?)

**There *is* skill to Range of Motion**. It takes skill and care to provide ROM to geriatrics and to neurologically impaired patients. It should be performed proximal to distal, using stabilization, external rotation, knowledge of end range, specific techniques depending on underlying conditions. This is all part of therapy basics. The ABC's. Self-evident. Right?

Wrong. It is apparently only self-evident to us. We must prove medical necessity and skill to everyone else.

If a patient requires the service, we must provide the service. ROM *is* skilled patient care, unless there are no complications and the patient can self-perform, and until the facility staff (restorative or maintenance aides) can be trained on a specific safe technique for that individual. Further, survey guidelines require that the facility address these same needs…. Spending time documenting the self-evident is frustrating. **But. We. Must. Do. It**.

**WHERE TO START?**

**Document risk factors clearly in the evaluation**: Impingement, edema, skin breakdown and appearance, worsening contractures, injury, dislocation, circulatory impingement, etcetera. Re-visit factors at discharge.

**Document the skilled techniques**: What did you do? Tapping, icing, deep pressure, facilitation of antagonist muscle group, stroking, modalities, stretch and hold count, active-assist ROM. Scapular mobilization, external rotation prior to flexion or extension ROM, ROM proximal to distal.

**Document your preparation and your observations**: Note your proper body positioning, *specifically*, prior to beginning tone control and ROM. Document the beginning and ending Range. Document the tone. Skin. Pain or lack thereof.

**Document *why* you must perform this task** or perform the task prior to turning it over to restorative program.

**Document the *specific* training** you performed. Staff must return demonstrate *with the patient. Document this.*

**What DON'T you document?** Don't ever simply document "ROM performed on xyz."

We used ROM an example, because it is frequently misunderstood. This same example can be applied to therapeutic exercise, to gait, to endurance training and any other intervention that seems self-evidently skilled to us, but routine to a Medicare reviewer. **Therapeutic exercise** suffers from the same misconception. If we don't describe the muscle groups, position of patient body, sub-goals of the task, our own interventions and assessment of task, the risks inherent to independent exercise, how we graded it and why we chose it, Medicare assumes it is not skilled.

***Stay strong and do the right thing. Patients first!***

## IN THE NEWS:

***For those of you living under a rock, the Medicare Part B caps were repealed in February. So what does that mean?***

***It means you continue to treat as you have been, using the kx modifier for exceptions. Tracking of expenditures for PT and ST combined, and OT separately continues. While the technical $3700 cap with automatic review as been removed, there is now a $3000 cap at which time claim reviews may be performed based on data analysis.***

***Unfortunately, a decrease in SNF payment updates and other cuts have been applied to Medicare .***

***What about changes to PPS and move to RCS-1? Well, that is up in the air. It is unlikely to happen this year, (10-2018) though there has been speculation that a watered down version may be introduced, or some aspects of the system introduced.***

***Variations on the new payment system are also under discussion. The final rule generally comes out between April 12 and May 6 every year, defining our new Medicare expectations….***

***We are still waiting…..***

## proCARE THERAPY SERVICES Patient Case Study—Southern Trace Rehab & Care

www.procaretherapy.net 501-725-0379

***Patient Information:*** Male, Age 68

***Diagnosis:*** Pressure Ulcer / Chronic Stasis Dermatitis

***History:*** This gentleman, a long-term skilled nursing facility resident, received standard nursing care for a pressure ulcer (wound) on his right heel. After six weeks of non- healing with dedicated wound management of nursing, he was referred to rehabilitation for therapeutic intervention. Prior to the onset of the wound, this gentleman was unable to walk, but he was independent with transfers.

### Pre-Therapy Status:

- Right Heel Pain: Moderate (5/10) at rest; severe (10/10) with movement and with wound dressing changes.
- Transfers: Dependent (100% assistance), requiring the use of a mechanical lift.
- Right Heel Wound Dimensions: 2.1 cm x 2.3 cm x 0.1 cm (length X width X depth).
- Right Heel Wound Characteristics: Unstageable, with 25% eschar (non-viable) and 75% granulation (healthy) tissue present in the wound bed; no clinical signs or symptoms of infection.

### Therapy Information:

- **Modality: Megapulse® II Shortwave Diathermy.**
- Frequency: 5x per week.
- Protocol Specifics: Subthermal diathermy applied over the wound bed to increase circulation and promote tissue healing.
- Duration: Seven weeks.
- Other Therapy Services Provided: Transfer training, patient/caregiver education, and orthotic therapy.

### Outcome:

- Right Heel Pain: Absent (0/10) at rest and with movement.
- Transfers: Independent.
- Right Heel Wound Dimensions: Wound closed with new skin intact.
- Right Heel Wound Characteristics: 100% re-epithelialization tissue present over the wound bed.

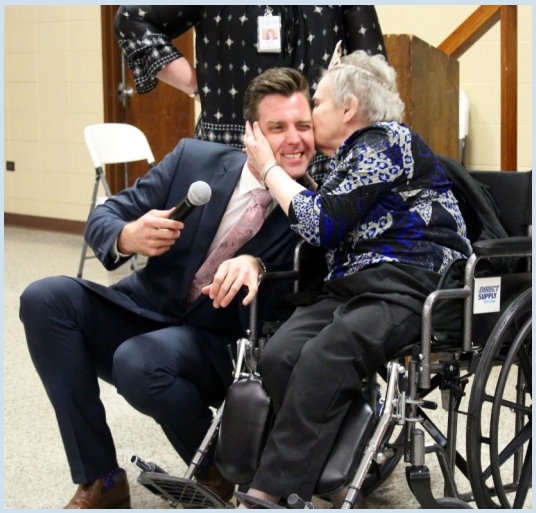
ACP® A Hanger Company

**This gentleman is extremely happy that his wound has healed! As a result, he is now pain -free and able to transfer independently again. The rehab and nursing staff are very excited with how quickly his wound healed as a result of therapy intervention with shortwave diathermy.**

## 2018 AHCA BEAUTY PAGEANT, DISTRICT 5!!

On March 22, 2018 ProCAREs very own Brian Brady had the privilege of emceeing the Arkansas HealthCare Association (AHCA) District 5 Beauty Pageant! Sixteen facilities were represented, and many of the homes represented were ProCare clients.

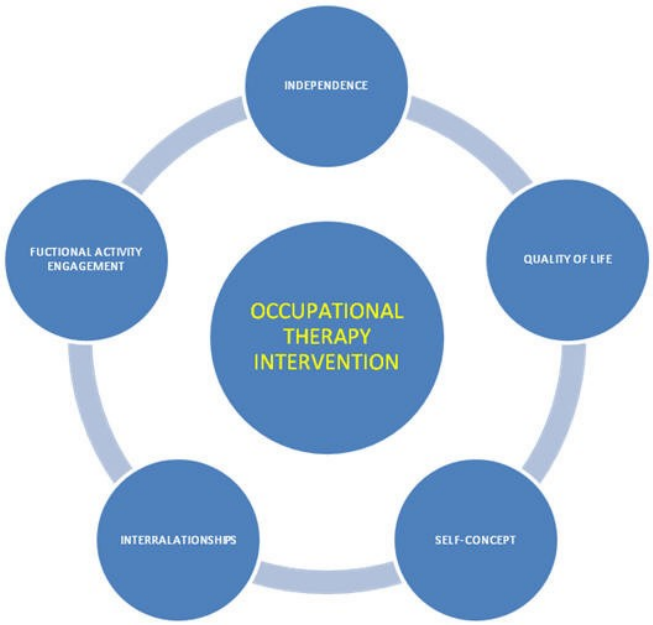
Mrs. Jean Chesser from Walnut Ridge Nursing and Rehab, Mrs. Mary Anne Satterfield of River Ridge, and Mrs. Bonnie Gatlin from The Greenhouse Cottages at Belle Meade were SAS pageant contestants. They presented wearing pageant gowns, hair and makeup, and all earned awards! The personalities of the contestants were as big as the sky, and they represented their homes well!



Each contestant was asked a few questions for the benefit of the audience and the judges. Most told the audience how proud they were of their families and loved ones. Some responses may have been a bit unexpected. A surprise description given by a lovely contestant about how much she enjoyed “wrestling and beating all the men” was certainly a crowd favorite. The contestants also bragged on their facilities, often citing their favorite experiences in the homes, including favorite activities, meal times, and going to the beauty shop.

Brian, had the honor of being photographed with many lovely contestants, and some are included. This year’s crowning moment was especially exciting, as Mrs. Mary Anne Satterfield of River Ridge in Wynne AR was crowned the winner! River Ridge was especially thrilled to win the District Pageant two years running. (They must have the secret to pageants…)

We wish Mrs. Mary Anne Satterfield ***Good Luck*** at the State Pageant in Hot Springs, AR!




*April is*

*Occupational Therapy Month!*

*Love your OT and COTA's!*

## Contact Us

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

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**PROCARENEWS**

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