

Annual Conference Agenda

Thursday, August 11, 2011

2011 UDSMR® Annual Conference

Niagara Falls, NY



Uniform Data System
for Medical Rehabilitation

270 Northpointe Parkway, Suite 300
Amherst, New York 14228
tel: 716-817-7800
fax: 716-568-0037
www.udsmr.org

- 7:00 a.m.–8:00 a.m. Continental breakfast and registration**
- 8:00 a.m.–8:15 a.m. Welcome and 20-year awards**
Kathleen M. Dann, COO, UDSMR
- 8:15 a.m.–9:15 a.m. Bundled Payment: From Compliance to Innovation**
Gerben DeJong, PhD, FACRM, Senior Fellow & Director, Center for Post-acute Innovation & Research, National Rehabilitation Hospital and MedStar Health Research Institute, Professor, Department of Rehabilitation Medicine, Georgetown University School of Medicine, Washington, DC
This presentation will outline the many choices around bundled payment for acute and post-acute care needed to make bundled payment successful for all stakeholders. Participants will learn about the opportunities for innovation and best practice inherent in bundled payment that cannot be achieved with today's payment systems, where compliance trumps innovation and creativity in patient management. The speaker will update participants on how CMS and Medicaid are likely to implement bundled payment pilots starting in 2013.
- 9:15 a.m.–10:15 a.m. Legislation, Regulation, and the Core Components for a Successful Accountable Care Delivery Organization (ACO)**
Dennis R. Horrigan, President and CEO, Catholic Medical Partners, Buffalo, NY
Beginning in 2012, the Patient Protection and Affordable Care Act will allow hospitals, physicians, and other qualifying providers to form accountable care delivery organizations (ACOs) and share in the cost savings that result when quality and financial goals are reached. This presentation will provide insight into the legal and practical challenges of organizing and operating as an ACO. The presenter will expound on strategies for creating greater cost efficiency and effectiveness, identifying gaps in care, redesigning work flow to improve the management of patients, and facilitating information exchanges to improve the coordination of care among primary care, specialty care, and hospitals.
- 10:15 a.m.–10:30 a.m. Break**
- 10:30 a.m.–11:30 a.m. Health System Reform and Post-acute Care**
Rochelle M. Archuleta, MSHA, MBA, Senior Associate Director Policy Development – Post Acute Care, American Hospital Association, Washington DC
This presentation will cover current legislative and regulatory activity pertaining to IRFs and post-acute care overall. Discussion will center on how post-acute providers are embarking on new partnerships with other providers to improve care coordination for an episode of care.
- 11:30 a.m.–12:15 p.m. FY 2012 Final Rule Overview and Potential Impact on Inpatient Rehabilitation Facilities**
Steve Forer, MA, MBA, Rehab Management Consultant, Quality Outcomes Management, San Ramon, CA, and Kevin Gibson, MS, OTR/L, Co-manager of Education, Training, and Consultation, Uniform Data System for Medical Rehabilitation, Buffalo, NY
This session will provide an overview of the 2012 IRF PPS final rule and the potential impact on facilities in terms of changes in the standard payment conversion factor, labor share, wage index, rural adjustment, teaching adjustment, low-income patient (LIP) adjustment, case-mix groups (CMGs), relative weights, geometric mean lengths of stay, federal outlier threshold, national cost-to-charge ratio ceiling, estimated change in the individual total blended hospital rates, consolidation of IRF certification criteria for freestanding rehabilitation hospitals and acute rehabilitation units, proposed quality measures, penalties, and other outcome measures under consideration. This presentation will also provide a brief overview of recent and proposed medical necessity reviews for IRFs under the recovery audit contractor (RAC) and Medicare administrative contractor (MAC) programs.
- 12:15 p.m.–1:15 p.m. Lunch**

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1:15 p.m.–2:00 p.m.

Measurement of Functional Health: The Science of Tracking and Reporting Quality of Daily Living Outcomes

Carl V. Granger, MD, Executive Director, Uniform Data System for Medical Rehabilitation, Buffalo, NY, and Timothy R. King, LMSW, Director, River Park Hospital, McMinnville, TN

This presentation describes how a patient's entire life is affected by disorder. Measurement of function is a better indicator of quality of daily living than information derived solely from medical data and objective tests. This presentation describes the meaning of functional health, its measurement of latent traits, and its relationship to ICF. The presenters will showcase aspects of self-affecting healing, including scales that convert ordinal scale data into interval measurement data in order to gauge quality of daily living. The presenters will educate the audience about the importance of developing precision case management of both inpatient and outpatient rehabilitation patients in order to demonstrate the benefits of professional rehabilitation care.

2:00 p.m.–2:45 p.m.

IRF Physician Documentation: New Standards

Jerome Stenehjem, MD, Medical Director, Sharp Memorial Rehabilitation Services, San Diego, CA

The role of the rehabilitation physician has evolved greatly over the last several years. Once a provider of direct patient care, the physician now oversees policy and compliance and must ensure that documentation demonstrates medical and functional management throughout a patient's inpatient rehabilitation stay. This session will focus on best practices to satisfy Medicare's criteria to support appropriate admission to, and stay in, an IRF. The presentation will reveal elements of strong physician documentation and tactics to engage physicians' understanding of, and compliance with, their new role.

2:45 p.m.–3:00 p.m.

Break

3:00 p.m.–3:45 p.m.

Becoming Part of the Revenue Team

Janet Patrick, RN, PPS Coordinator, Glancy Rehabilitation Center, Duluth, GA

This presentation will demonstrate how important it is for the rehabilitation unit members (e.g., program directors, rehabilitation managers, and PPS coordinators) to become part of a revenue team. Examples will be provided on how miscommunication or lack of communication between different departments can affect reimbursement in a negative way. An example of a working revenue team and how it increases reimbursement potential will be shown.

3:45 p.m.–4:30 p.m.

Implementing Change: One Facility's Experience Implementing the UDS-PRO Doc™ System*

Barbara Gresham, PT, MS, Director of Clinical Services, Herring Campus, Hillcrest Baptist Medical Center, Waco, TX

This presentation will illustrate one facility's decision process and subsequent implementation of the UDS-PRO Doc™ System, a rehabilitation-specific documentation system offered by UDSMR. Discussion will include reasons and readiness for making the change, steps in planning and managing the project, the importance of the implementation team and team communication, and lessons learned along the way.

4:45 p.m.

Buses depart for social event

* Contact hours will not be awarded for this presentation.

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Annual Conference Agenda

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7:00 a.m.–8:00 a.m.

Continental breakfast

8:00 a.m.–9:00 a.m.

Critical Elements: The Road to Inpatient Rehabilitation Compliance

Pamela Roberts, PhD, MSHA, OTR/L, SCFES, CPHQ, FAOTA, Manager of Rehabilitation and Neuropsychology, and Richard V. Riggs, MD, Medical Director and Chairman of the Department of Physical Medicine and Rehabilitation, Cedars-Sinai Medical Center, Los Angeles, CA; Paulette Niewczyk, PhD, Manager of CFAR / Director of Research, Center for Functional Assessment Research, Uniform Data System for Medical Rehabilitation, Buffalo, NY; and Maggie DiVita, MS, Manager of Analytical Services Group, Uniform Data System for Medical Rehabilitation, Buffalo, NY

The Medicare program enables millions of beneficiaries to obtain healthcare services. Effective January 1, 2010, inpatient rehabilitation facilities (IRFs) had to begin complying with new Medicare policies governing medical necessity criteria and medical record documentation. IRFs throughout the United States had to develop and implement policies and procedures to meet the new Medicare requirements for medical appropriateness documentation. A study was conducted with Cedars-Sinai Medical Center and Uniform Data System for Medical Rehabilitation to assess the impact of the 2010 CMS regulations on IRFs' actual admission patterns, case mixes, diagnostic categories, lengths of stay, and perceptions of changes and outcomes on the rule requirements for pre-admission, post-admission evaluation, plan of care, and interdisciplinary team conference, aggregated by CMS region. The purpose of this presentation is to provide practitioners with an understanding of the IRF rules, challenges, and emerging themes within the rehabilitation industry since the implementation of these regulatory changes.

9:00 a.m.–9:45 a.m.

Prepare Today for Tomorrow: ICD-10 Implementation

Pat Trela, RHIA, Consultant with PATrela Consulting, Quincy, MA

This presentation will provide information on the challenges facing rehabilitation facilities in planning, preparing for, and implementing ICD-10-CM. The similarities and differences between ICD-9-CM and ICD-10-CM and the impact on the rehabilitation facility will be presented. Find out how improved physician education on the ICD-10 classification system and the documentation required for assignment of codes that include a greater degree of specificity can improve your reimbursement. A suggested timetable and content for coder education will help you provide the necessary coder education.

9:45 a.m.–10:00 a.m.

Break

10:00 a.m.–11:00 a.m.

The Marriage between Nursing and Therapy (Or Is It a Pending Divorce?)

Stacey Belgard, PT, Manager of Therapy Services, CHRISTUS St. Frances Cabrini, Alexandria, LA

This presentation will show how the relationship between therapy and nursing is much like a marriage. Each discipline brings different characteristics, talents, and personalities to the team, and they do not always harmonize well together. The presenter will identify some of the basic reasons nursing and therapy do not get along in the rehabilitation world, explain how respect for each person's contributions can begin to foster the healing of a potentially broken relationship, and illustrate how continued efforts by rehabilitation leaders who take small, consistent steps to build a strongly bonded team will pay off with higher satisfaction for patients and employees.

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CAUTI Prevention in a Rehabilitation Nursing Unit: “Naughty CAUTIs”

Shelly Clauson, RN, CRRN, Sanford Medical Center, Sioux Falls, SD

A multivariate and multidisciplinary approach to catheter-associated urinary tract infection (CAUTI) reduction began in January 2009 on the Sanford Medical Center rehabilitation unit, which placed significant emphasis on decreasing utilization of catheters and discontinuing their use entirely when they were no longer medically necessary. As a result, the rehabilitation unit was able to decrease all CAUTIs by nearly 50 percent. The average rate of CAUTI at the beginning of the program was 6.91 infections per 1,000 bed days; this rate has since decreased to 3.53 infections per 1,000 bed days. This improvement represents a statistically significant trend and illustrates marked advances for patient safety. The methods utilized resulted in a significant improvement in CAUTI rates for the rehabilitation unit at Sanford Medical Center. CAUTI has been established as a “never event” by CMS and has become a pay-for-performance quality indicator.

11:45 a.m.–12:45 p.m.

Lunch

12:45 p.m.–1:30 p.m.

Recipe for Success: Achieving and Maintaining a Top 10% Ranking

Linde Spuhler, MS, CCC/SLP, Program Coordinator, PPS Coordinator, Alta Bates Summit Medical Center, Inpatient Rehabilitation, Berkeley, CA

This presentation will discuss how to be recognized as a “top performer” while maintaining a CMI (case-mix index) and discharge-to-community rate that are above national and regional benchmarks. “Best” practices that have been successful for a top 10% facility will be shared. Many opportunities for program improvement will be addressed, including pre-admission screening, admission assessments, FIM® rating accuracy, coding accuracy, discharge planning, staff issues, and communication.

1:30 p.m.–2:00 p.m.

Inpatient Rehabilitation Reporting across Canada: 10 Years of Functional and System-Level Assessment Using the FIM® Instrument

Ian Joiner, BScPT, MPA, Manager, Rehabilitation and Mental Health, Canadian Institute of Health Information, Ottawa, Ontario, Canada

This presentation chronicles the development of the National Rehabilitation Reporting System (NRS) by the not-for-profit Canadian Institute for Health Information (CIHI) and the evolution of the reporting system to meet the clinical, system planning, and policy development activities of a broad range of health and health information stakeholders. With the FIM® instrument at its core, analysis of NRS standardized functional assessment data and indicators provides an opportunity to contribute to international comparisons and to further inform best practices and outcome measurement.

2:00 p.m.–2:30 p.m.

Conference wrap-up



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