7:00 a.m.–8:00 a.m.  Continental breakfast and registration
8:00 a.m.–8:05 a.m.  Welcome
Beth Demakos, RN, BSN, Government Relations Manager, UDSm, Buffalo, NY
8:05 a.m.–8:15 a.m.  20-year awards
Kathleen M. Dann, COO, UDSm, Buffalo, NY, and Carl V. Granger, MD, Executive Director, UDSm, Buffalo, NY
8:15 a.m.–8:30 a.m.  Why Function and Burden of Care Matter
Carl V. Granger, MD, Executive Director, UDSm
8:30 a.m.–9:30 a.m.  Embracing the Unthinkable in a Culture of Constant Change for Today and Tomorrow
Carolyn Zollar, JD, Vice President for Government Relations and Policy Development, American Medical Rehabilitation Providers Association/FIRM
This session will provide a review and update of the many critical legislative and regulatory issues that affect rehabilitation inpatient and outpatient providers, including sequestration; changes to the IRF PPS system in the FY 2014 payment rule or notice; and implementation of the ICD-10-CM codes and their impact on the entire field of rehabilitation, the payment system, and the classification rules. It also will touch on the IRF Quality Reporting Program, new metrics, and metrics currently in development.
Today’s issues include the actions of recovery auditors (RAs) and Medicare administrative contractors (MACs) and their medical necessity reviews. Tomorrow’s issues are not fully known, but now is the time to be aware of the dynamic changes in the delivery and payment of post-acute care services, be it via accountable care organizations (ACOs), episodes of care (EOCs), or, more globally, true bundling efforts. The session will examine the coming healthcare exchanges, health plans, and essential health benefits.
9:30 a.m.–10:30 a.m.  The Integration of Quality Measures in Post-acute Care
Anne Deutsch, PhD, RN, CRRN, Clinical Research Scientist, Center for Outcomes Research, Rehabilitation Institute of Chicago, and Senior Research Public Health Analyst, RTI International
The Affordable Care Act directed the Secretary of Health and Human Services to establish the Inpatient Rehabilitation Facility Quality Reporting Program. This presentation will review the current status of this program, including the factors considered when selecting quality metrics, the current quality metrics, key program resources, and an update on the development of the functional status quality metrics.
10:30 a.m.–10:45 a.m.  Break
10:45 a.m.–11:30 a.m.  Financial Health within the Rehabilitation Unit
Donna J. Cameron, MAT, CC-SP, HFA, Managing Director, Navigant Consulting, Inc., and Chris Scotten, Associate Director Healthcare Practice, Navigant Consulting, Inc.
Changing regulations, a volatile reimbursement environment, and the acceleration of healthcare reform initiatives will pressure IRFs to find ways to achieve financial success. IRFs often face many challenges to knowing their true financial picture, including capturing accurate costs, analyzing margins by CMG, and evaluating staffing relative to industry benchmarks. This presentation will provide practical strategies for assessing your IRF’s financial health.
11:30 a.m.–12:30 p.m.  ICD-10 Implementation
Brenda Faust-Thomas, Principal, Noblis
12:30 p.m.–1:30 p.m.  Lunch
1:30 p.m.–3:00 p.m.  Recharging the Rehab Team: Strategies for Improving Rehabilitation Team Care and Patient Outcomes  
Dale C. Strasser, MD, Associate Professor, Department of Rehabilitation Medicine, Emory University, and Jay M. Uomoto, PhD, Faculty Neuropsychologist, Barrow Neurological Institute, St. Joseph’s Hospital and Medical Center  
The team approach is not only well established in rehabilitation but also codified into credentialing and regulatory guidelines. Ironically, the implementation of these same administrative mandates inhibits effective interdisciplinary teamwork. This session reexamines a core tenet of medical rehabilitation—namely, the centrality of the interdisciplinary team—with the purpose of understanding, improving, and finally incorporating effective team functioning into contemporary clinical service delivery.

3:00 p.m.–3:15 p.m.  Break  
3:15 p.m.–4:15 p.m.  Recharging the Rehab Team: Strategies for Improving Rehabilitation Team Care and Patient Outcomes (continued)  
Vignette analysis and group exercise  

4:15 p.m.–4:45 p.m.  UDS-PRO® Update  
Pawel Wieczorek, CIO, UDSmr, Buffalo, NY  
This presentation will highlight UDS-PRO® software updates for 2014, initial plans for 2015 (including ICD-10), HL7® interfaces and what they can do for your facility, inpatient rehab documentation system (EMR) highlights, and much more!

5:00 p.m.–7:00 p.m.  Shuttles to Goat Island (Cave of the Winds) and The Maid of the Mist
7:00 a.m.–8:00 a.m.  Continental breakfast

8:00 a.m.–8:45 a.m.  Creating a Virtual Continuing Care Hospital (CCH) to Improve Functional Outcomes and to Reduce Readmissions and Burden of Care

Robert D. Rondinelli, MD, PhD, Medical Director Rehabilitation Services, UnityPoint Health Des Moines, and Paulette Niewczyk, MPH, PhD, Manager of CFAR / Director of Research, Center for Functional Assessment Research, UDSmr, Buffalo, NY

UnityPoint Health Des Moines (UPHD) is developing a test case of the continuing care hospital (CCH) option under the Affordable Care Act. In formal collaboration with UDSmr, UPHDM will track the functional outcomes of acute and post-acute adult ischemic stroke patients throughout the continuum of care; track the outcomes in terms of functionality, burden of care, and cost of care within the developing CCH; and compare the outcomes to baseline data to guide development.

8:45 a.m.–9:30 a.m.  Superstorm Sandy: Lessons Learned!

Joe Muravski, MA, CTRS, Operations Manager, New York Presbyterian Hospital

Natural disasters create stressful situations in your personal and professional lives. Superstorm Sandy wreaked havoc on a region and served as a great teaching experience. This presentation will explain how one organization survived a catastrophic event that “crushed the Apple” and the entire surrounding region.

Do you know what to do when the lights go out and don’t come back on? Take a moment to understand the personal and professional challenges that impact disaster planning.

9:30 a.m.–9:45 a.m.  Break

9:45 a.m.–10:45 a.m.  Tried and True Tips for Improved Documentation and Successful Appeals

Angela Cannon, RN, Clinical Appeals Coordinator, UDSmr, Buffalo, NY, and Marjorie Mantione, PT, Appeals Specialist, Clinical Implementation Specialist, UDSmr, Buffalo, NY

Many facilities are receiving multiple denials for cases the IRF team and the physician believe are appropriate inpatient rehabilitation cases. This presentation will provide documentation tips for avoiding the most frequent reasons for denial, pointers for arguing denied cases, and tips for preparing for an administrative law judge hearing.

10:45 a.m.–11:30 a.m.  Developing and Building upon the Disease-Specific Care Certification Experience

Michelle McCann, OTR/L, CBIS, Therapy Manager, HealthSouth Rehabilitation Hospital of Sewickley

In healthcare today, there is a growing trend in acute rehabilitation for facilities to develop and pursue disease specialty services through the Joint Commission’s Disease-Specific Certification Programs. This presentation will provide an overview of one facility’s experience with the progression of initial certification and the advancement of services post-initial certification. Keys to initiating, developing, and sustaining disease-specific programs will be reviewed, and ideas about how these programs have enhanced quality of services, patient care services, and post-acute care follow-up will be presented.

11:30 a.m.–12:15 p.m.  Heads-up: A Leadership View of Brain Injury Protocol

Patty Haggen, PT, MHA, Executive Director, Neurosciences, Orthopedics and Rehabilitation Services, John Muir Health

Accountable care organizations will demand increased value, quality care, and safety, as well as decreased costs. The increasing incidence of traumatic brain injury and the limitation of hospital resources require standardized clinical protocols. Experience how one UDSmr® metric, which demonstrated clinical effectiveness, resulted in a facility’s “aha!” moment and drove their brain injury protocol (BIP) to a system-wide program that has improved clinical quality and patient safety.

The result? External validation by the Joint Commission’s “Best Practice” distinction, the Commission on Accreditation of Rehabilitation Facilities, and The Advisory Group.
12:15 p.m.–1:15 p.m.  Lunch

1:15 p.m.–2:15 p.m.  Outpatient Therapy: Escalating Risk

Nancy J. Beckley, MS, MBA, CHC, President, Nancy Beckley & Associates LLC

Therapy risks have escalated for all therapy providers, as exemplified by the manual medical review process for therapy services over the $3,700 threshold, which began in 2012. Hospitals are no longer safe havens for providing therapy services above the therapy caps. Beneficiaries assume liability, years into the future, for therapy services delivered today, even when their physicians and therapists attest to the medical necessity of those services. Management of therapy benefits has escalated over the past year as hospitals have come under the therapy cap, the threshold of manual medical reviews, and the oversight of the recovery auditors (RAs) in the manual medical review process, as well as implementation of functional limitation reporting. This session will provide insight into the increased risks in providing outpatient therapy and will offer insights and best practices for risk mitigation and compliance in documentation, billing, and coding.

2:15 p.m.–2:45 p.m.  Measuring Functional Change in Outpatient Therapy: A Pilot Study Using LIFEware® Measures for CMS Compliance

Paulette Niewczyk, MPH, PhD, Manager of CFAR, Director of Research, Center for Functional Assessment Research, UDSmr, Buffalo, NY, and Tammy Schneider, Supervisor of Testing and Technical Support, LIFEware® Co-product Manager, UDSmr, Buffalo, NY

As of July 1, 2013, outpatient therapy practices that accept Medicaid and Medicare for payment must begin measuring functional change, using one or more instruments of the provider’s choice to yield a “functional modifier.” This functional modifier, which is created by CMS, denotes the level of impairment. In addition, the provider must submit an accompanying G-code when submitting a case for reimbursement. This presentation will describe a pilot study conducted in outpatient therapy sites using a new form—the CORE™ tool, which consists of existing, validated LIFEware® measures—for assessing functional change and complying with CMS reporting requirements. UDSmr has created the CORE™ tool to measure functional change, help providers document impairment for CMS submission, and provide a uniform measurement for outpatient benchmark reporting. This presentation will discuss the research conducted to date, explain the CORE™ tool, and describe how the tool and UDSmr can help outpatient providers meet the new reporting mandates.

2:45 p.m.–3:00 p.m.  Conference wrap-up