

2019 UDSMR® Annual Conference | August 15–16, 2019

The Leading Forum for Rehabilitation: Strategies and Plans for the Future

AGENDA: DAY 1

Thursday, August 15, 2019

7:00 a.m.–8:00 a.m. Continental breakfast and registration

8:00 a.m.–8:15 a.m. Welcome

8:15 a.m.–9:15 a.m. **Where Will the FY 2020 IRF PPS Rule Take Us? And Is There Life after the IRF PPS?**

Carolyn Zollar, JD, Senior Policy Council, American Medical Rehabilitation Providers Association, Washington, DC

This session will review the FY 2020 IRF PPS final rule and its extensive changes. It also will explain the state of Medicare's approach to the various postacute care providers, as well as the multiple new payment methodologies and their potential effects on rehab providers. Finally, the session will outline the state of play for a unified postacute care prospective payment system.

9:15 a.m.–10:15 a.m. **A Siloed Approach Is Not the Answer: How Shared Strength Is the Greatest Defense against Unknowns in the PAC Sector**

Steven Rees, MD, Vice President of Medical Affairs Lafayette General Hospital, Lafayette, LA, and Benjamin Doga, MD, Chief Medical Advisor, LHC Group Inc., Lafayette, LA

In an environment in which legislative uncertainty and operational restrictions can threaten the quality of care patients receive, a postacute care partnership can help providers thrive. This presentation will examine the roles and experiences of two providers who developed a successful partnership that led to the creation of the Post-Acute Care Center, a localized facility specifically focused on the complete postacute continuum of care.

10:15 a.m.–10:30 a.m. Break

10:30 a.m.–11:15 a.m. **The Journey from FIM® to FOM**

Lynn Fleming, MS, CCC-SLP, SVP Clinical Operations, Ernest Health, and Kara Simpson, MPT, National Director of Patient Outcomes, Ernest Health, Mechanicsburg, PA

As one of the world's largest and fastest growing industries, healthcare continues to evolve on a daily basis to support the growing need of the industry. As cultural shifts, policy changes, and overall cost continue to drive a more patient-empowered philosophy, we are challenged to be nimble in order to preserve our patients' benefits and access to inpatient rehabilitation. Because of CMS's proposal to replace the FIM® instrument with data collected pursuant to the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act), known as sections GG and H, we have had to alter both our thought processes and our practices. Come join us on our journey to develop the best methods for ensuring efficiencies and accuracy in the biggest sweeping change across IRFs since the implementation of the FIM® instrument in 1987. Together with our industry partners, we have enacted processes in relation to this transition in order to best serve those at the center of our practice and outcomes: our patients.

11:15 a.m.–12:00 p.m. **The Value of Nurses Coding QI Items: Self-Care and Mobility**

Janet Patrick, RN, CRRN, Clinical Support Specialist, UDSMR, Buffalo, NY

Input from the nursing team is vital to ensuring the accuracy of the QI codes for self-care and mobility items at admission and discharge. This presentation will identify how the nursing team's communication and documentation of the patient's self-care and mobility performances can help support the nurse's role as a vital member of the interdisciplinary team, as well as how these codes can affect payment and outcomes.

12:00 p.m.–1:00 p.m. Lunch



Uniform Data System
for Medical Rehabilitation

270 Northpointe Parkway, Suite 300, Amherst, New York 14228
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1:00 p.m.–2:00 p.m.

Empowering Staff to Create a Culture of Improvement for Inpatient Rehabilitation

Erika Cooley, MSHA, OTR/L, PPS Coordinator, and Lindsey Lawrence, MHA, Performance Improvement Analyst, Keck Medical Center of USC, Los Angeles, CA

Performance improvement projects require ongoing monitoring and revision for continued success. Actively seeking and incorporating input from team members can improve the process beyond project completion. In addition, providing Lean methodology tools and education to frontline staff can empower teams to engage in their own performance improvement initiatives. Keck Medicine of USC offers a Lean Academy where students learn how to identify opportunities for improvement and develop leadership skills. This presentation highlights how to sustain success, as well as one staff member's journey through the Lean Academy.

2:00 p.m.–2:45 p.m.

Becoming One Intermountain: Aligning Local Cultures with System Priorities

Rusty A. Moore, DO, Associate Medical Director, Rehabilitation Services; Jamie D'Ausilio, MSN, RN, CRRN, System Nursing Director, Rehabilitation Services; and Nancy Christensen Mayer, MBA/HSA, CCC-SLP, Director, Inpatient Rehabilitation System Operations, Intermountain Healthcare, St. George, UT

This presentation will discuss the opportunities and challenges Intermountain Healthcare experienced over the last year as it incorporated its inpatient rehabilitation facilities into an aligned system.

2:45 p.m.–3:00 p.m.

Break

3:00 p.m.–3:45 p.m.

Educational "Rounds"

UDSMR Staff

Take a break from the conference table and engage in open discussion! Staff members from UDSMR will host interactive educational discussions on a variety of subjects, including quality indicators, ICD-10 coding, reporting, compliance, appeals, software demonstrations, and much more. Make your rounds, and join the topics that mean the most to you!

3:45 p.m.–4:30 p.m.

Change Is Inevitable: An IRF PPS Update

Troy Hillman, Manager, Analytical Services Group, UDSMR, Buffalo, NY

This session will examine the changes to IRF payment and the CMGs used for payment purposes, review the methodology for calculating CMGs, and analyze the potential effects of the proposed changes on IRFs and their patients.

5:15 p.m.

Depart for social event and dinner



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The Leading Forum for Rehabilitation: Strategies and Plans for the Future

AGENDA: DAY 2

Friday, August 16, 2019

7:00 a.m.–8:00 a.m.

Continental breakfast and registration

8:00 a.m.–8:45 a.m.

Applying New Technology to the Science of Neurorehabilitation

John Lockhart, MBSA, MS, Head, Advanced Therapies, Penumbra, Inc., Alameda, CA

Stroke is the #1 cause of long-term adult disability in America, affecting about 800,000 additional people in the US every year. Acquired brain injuries add another 1.7 million newly affected individuals. Neurorehabilitation drives motor learning via a set of processes associated with repeated practice or experience and leads to relatively permanent changes in capacity for producing skilled action. Neuroplasticity is the main source of these changes. The intention-action-observation loop is known to drive the rewiring of neurons in order to enable motor learning. Mirror therapy, in which the brain is “tricked” into seeing the body’s disabled side as functional, is a well-established neuromuscular reeducation technique. Modern computer technology, customized for this specific application and for use in the healthcare setting, can enable and facilitate these procedures in the form of a tool that is easy to use and has a low capital cost.

8:45 a.m.–9:45 a.m.

Caring for Patients with Advanced Cancer: More Than “Getting Strong Enough for Chemo”

Lynne Padgett, PhD, Director of Research, American Psychosocial Oncology Society; Rehabilitation Psychologist and Scientist, Washington DC Veteran Affairs Medical Center

Patients diagnosed with advanced cancer often differ from traditional patients typically seen in inpatient rehabilitation settings. Quality care for these patients should emphasize both quality of life and physical function. This presentation will identify differences in philosophies and care of each discipline while spotlighting the notable similarities between palliative care and rehabilitation. Evidence, recommendations, and resources for collaboration at the system, provider, and patient levels will be discussed.

9:45 a.m.–10:00 a.m.

Break

10:00 a.m.–10:45 a.m.

The Transition to QI for Inpatient Rehabilitation: Development of Supporting Documentation for Accurately and Efficiently Capturing IRF-PAI and CMS-Required Data

Tara Altenritter, OTR/L, Clinical Technology Supervisor, UDSMR, Buffalo, NY

Staff education regarding regulations is extremely important. Ensuring that staff understand the “why” behind each regulation results in more compliant documentation. This presentation will explain how to develop QI decision trees/ dataflow in order to streamline interdisciplinary clinical workflow and capture CMS-required elements in an electronic record. It also will examine the importance of effective communication between clinical staff and IT staff when developing clinical documentation forms and workflows, as well as highlight how the UDS-PRO Doc™ System can help accomplish these tasks.

10:45 a.m.–11:30 a.m.

Functional Outcomes Management Using Quality Indicators

Brandi Damron, OT/L, MBA, Program Director, Inpatient Rehabilitation Unit, Norton Community Hospital, Norton, VA

This session will review the quality reporting measures related to function and outcomes management considerations for the leadership team and will provide practical scenarios related to functional outcomes and strategies for overcoming common hurdles. In addition, it will review the importance of ensuring that your team’s documentation and coding reflects the actual care provided in your IRF, and it will identify potential problems related to poor documentation and coding practices.

11:30 a.m.–12:15 p.m.

View from the Physician’s Office

Dexanne Clohan, MD, Physician Executive, Consultant, Colorado Springs, CO

This agenda is subject to change.



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