Codify by AAPC

Eli's Rehab Report

Inpatient Insights: Cash In -- Don't Cave In -- on Your Neuro Cases

Expert tips help you squeeze more patients under the 60/40 Rule.

Inpatient rehab facilities across the country have tightened their purse strings since the 60/40 Rule debuted. If you're a rehab unit that's struggled to meet the IRF coverage criteria since joint replacements got nixed from the list, take a new look at the potential of a population you may be avoiding.

"The key is getting therapy to adapt their clinical approach to caring for more neurologically-impaired patients," says **Fran Fowler, FAAHC,** principal with Fowler Healthcare Affiliates in Marietta, GA**.**

The missing link: Because joint replacement cases were so popular before the 60/40 Rule, most of therapy was tailored toward that population, Fowler recalls. But many IRFs have not adapted their rehab programs toward patients with serious neurological conditions and multiple medical problems to boot.

"Neuro is a great opportunity, but these patients cannot handle 30-45 minutes of straight therapy," Fowler says. So IRFs often don't admit these patients, or they discharge them to nursing homes. "But they are still a population that could do well in rehab if therapists get creative," Fowler says.

Team Up Your PT and OT

Whitaker Rehabilitation Center in Winston-Salem, NC takes a unique approach to ensure patients meet the IRF three hours a day, five days a week therapy requirement with ease. "Our PTs are involved with starting the patient's day in the morning and working with the OTs and the CNAs in the morning ADL routine," says **Randy Harper, PT,** rehab manager.

Reasoning: This approach takes advantage of "every functional activity of that person's day" to incorporate rehab, Harper says. It also puts the PTs in a more realistic environment than the gym, where many of the everyday pitfalls can be missed. Finally, this approach has helped patients tolerate more therapy, Harper confirms. "Everyone's able to get their job done, patients are able to meet their three-hour requirement, and it's truly focusing on the things the patient needs to focus on once they go home."

Initially team members were uncomfortable with "mixing" PT and OT, "but it's truly a different approach," Harper says. "The OT is really looking at the rehab from an ADL standpoint where the PT is really looking at it from a mobility standpoint."

Customize and Personalize the Rehab Experience

Putting all patients through the same schedule may be easier for you, but this approach will likely have you losing many valuable neuro patients from your caseload.

"We assess what the patient can tolerate and build a schedule that meets their needs," shares **Jody DiMaria, OTR/L,** director of rehabilitation services for St. Joseph Mercy Oakland Hospital in Pontiac, MI."If it is in the best interest of the patient to have six half-hour sessions instead of three one-hour sessions, then we will schedule accordingly."

Good idea: Getting patients involved in setting their goals and weighing in on their program drives rehab success as well. "At SJMO, we strive to get our patients personally and directly actively involved in their rehab program," says **Tim Sesi, MD,** medical director.

"Rather than having the patient assume a passive role in their care, i.e., just attending the therapy sessions, we directly engage them in all aspects of their program," Sesi says. "We engage them to be an active director of their rehab rather

CPT® 2023 American Medical Association. All rights reserved.

Codify by AAPC

than a passive participant."

CPT® 2023 American Medical Association. All rights reserved.