



Welcome to
Case Study:

*How Structured Modality Programs Improve
Patient Outcomes and Operational Metrics*

Tuesday, June 16, 2015

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Featured Speakers

Case Study:

How Structured Modality Programs Improve Patient Outcomes and Operational Metrics



Mark Besch, PT
Vice President Clinical Operations
Aegis Therapies



Lynn Freeman, PT, PhD, DPT, GCS, CWS
VP of Clinical Research & Scientist
Aegis Therapies

Who's In the Audience?

A diverse audience of over 375 professionals registered from 24 states and provinces.



Poll #1

What are your top two challenges when it comes to modality programs?

- Return on investment is not clear
- Insufficient skilled training resources
- Difficult to drive utilization
- Difficult to quantify impact on patient outcomes
- Other

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Value-Driven Therapy *Historical Compass*

Today's Situation? ► PAC Healthcare Reform

- 2001 – 2012 spending 2x
- Growth in PAC payments related to therapy
- Socialistic vs. capitalistic
- QM show little improvement



No Diversification



Most PAC services
IP, Skilled, and Rely
on Medicare Dollars

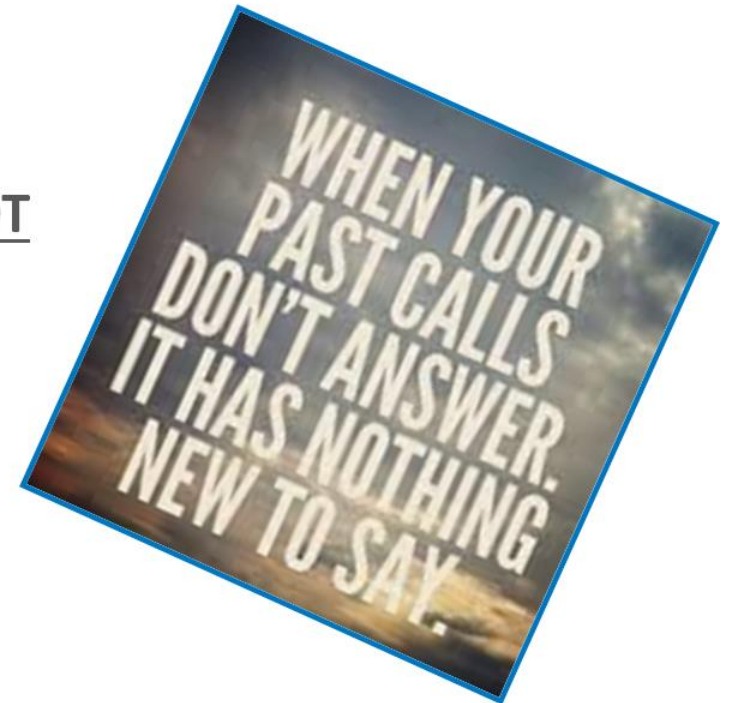
*Medicare Payment Advisor Commission (MedPAC)
Report to Congress January 2015*

Value-Driven Therapy - *Historical Compass*

How Did We Get Here?

- “Medicare payment systems are neutral and sometimes negative toward quality.” *MedPAC Report to the Congress*
- Fee for Service (FFS)
 - Currently reimbursed per procedure, which is based on what we do and NOT on whether the procedures represent best practice, let alone whether they lead to a favorable outcome.

Pre-op Stim for TKA =
↓ LOS



Value-Driven Care - *Historical Compass*

Where Have We Come From?

- **1960s – 90s**

- Cost –based reimbursement
- Fee-For-Service
- Incentives -

**Providers Do More
Patients Receive More
Providers PAID More**

- **1990s – today**

- Balanced Budget Act
- Prospective Payment (PPS)
- Affordable Care Act
- Incentives -

**Focus on patient need
Providers PAID based on delivered service**



Value-Driven Care - *Historical Compass*

Where Are We Headed?

- Manual Medical Reviews (MMRs) – Scrutiny for QA
- PEPPER – Scrutiny for QA
 - Program for Evaluating Payment Patterns Electronic Report
- Accountable Care Organizations (ACOs)
- Site Neutral Payments (SNP) – Align payment between PAC Setting
- Value-based Purchasing [P4P] – “APTA Choosing Wisely Campaign”
 - Care based on need; payment based on results



Diversification



Is EBP now Required by Payers?

- New Terms Applicable to Coverage Policies in PAC
 - EBM – *Data* ▶ *CDM (Skill vs. Tech)*
 - P4P – *\$\$ Incentive* ▶ *Quality (Pay)*
 - CE – *MDC* ▶ *Quality (Pay)*
 - LCA – *MCID* ▶ *Quality (Pay)*
 - CED – *Trial* ▶ *Quality (Pay)*



2012 CED: Transcutaneous Electrical Nerve Stimulation for Chronic Low Back Pain (CAG-00429N)



Evidence-Based Modality Programs in LTC to Improve Patient Outcomes



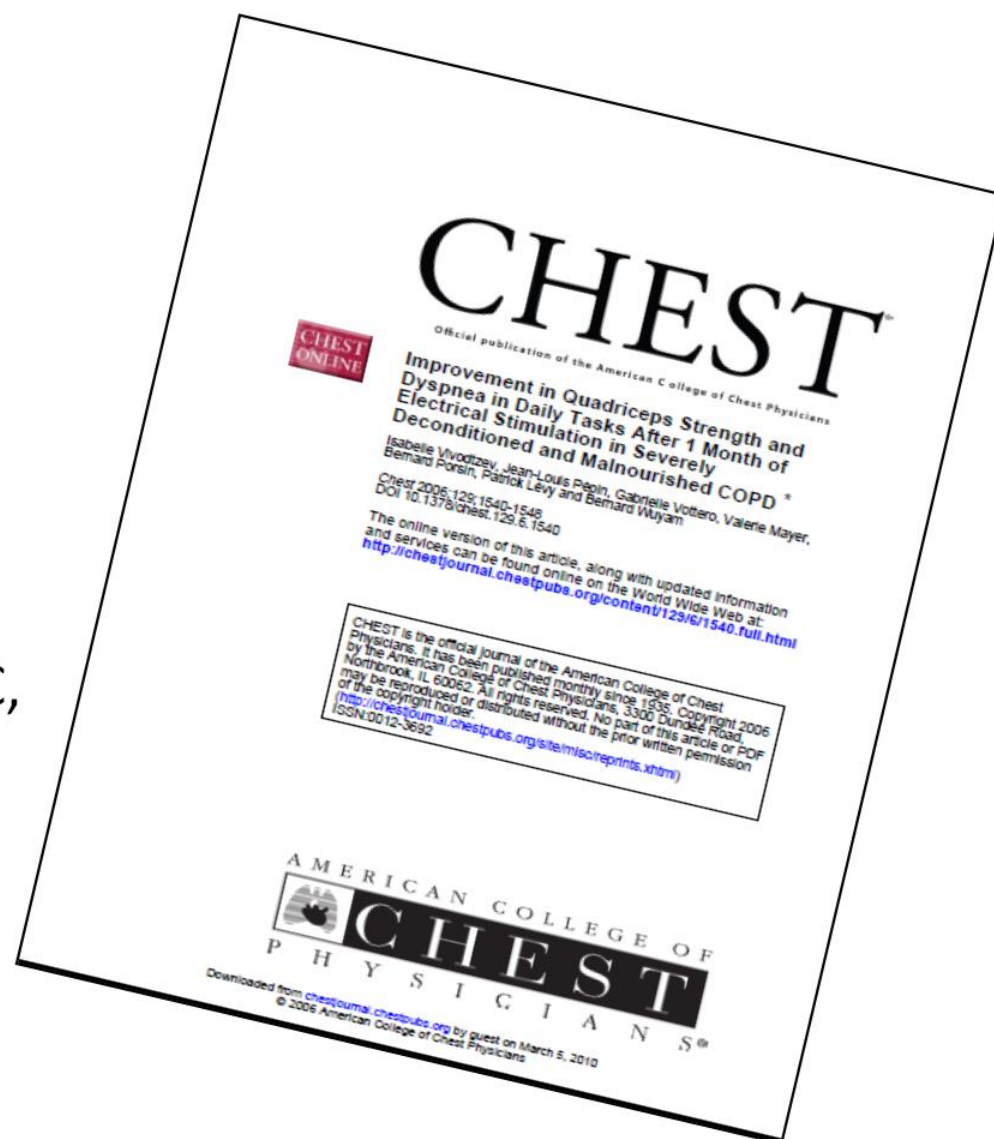
Evidence

“The deepest sin against the human mind is to believe things without evidence.” –

Thomas H. Huxley 1825-1895

Extrinsic Validity: “Ideal” Conditions

- Subject Profile
 - ▶ $FEV \leq 50\%$ predicted
 - ▶ Inability or ↓ ability to exercise (3-5 min)
- Results
 - ▶ EPA Group 2 fold ↑ in MVC, ↓ dyspnea w/ADLs, ↑ walking distance, ↑ muscle mass, ↑ quality of life.



Outcome Instruments

Rehabilitation Outcome Measure (ROM)

- ICF Activity and Participation Level
- Variant of *discipline-free* FIM



OT/PT

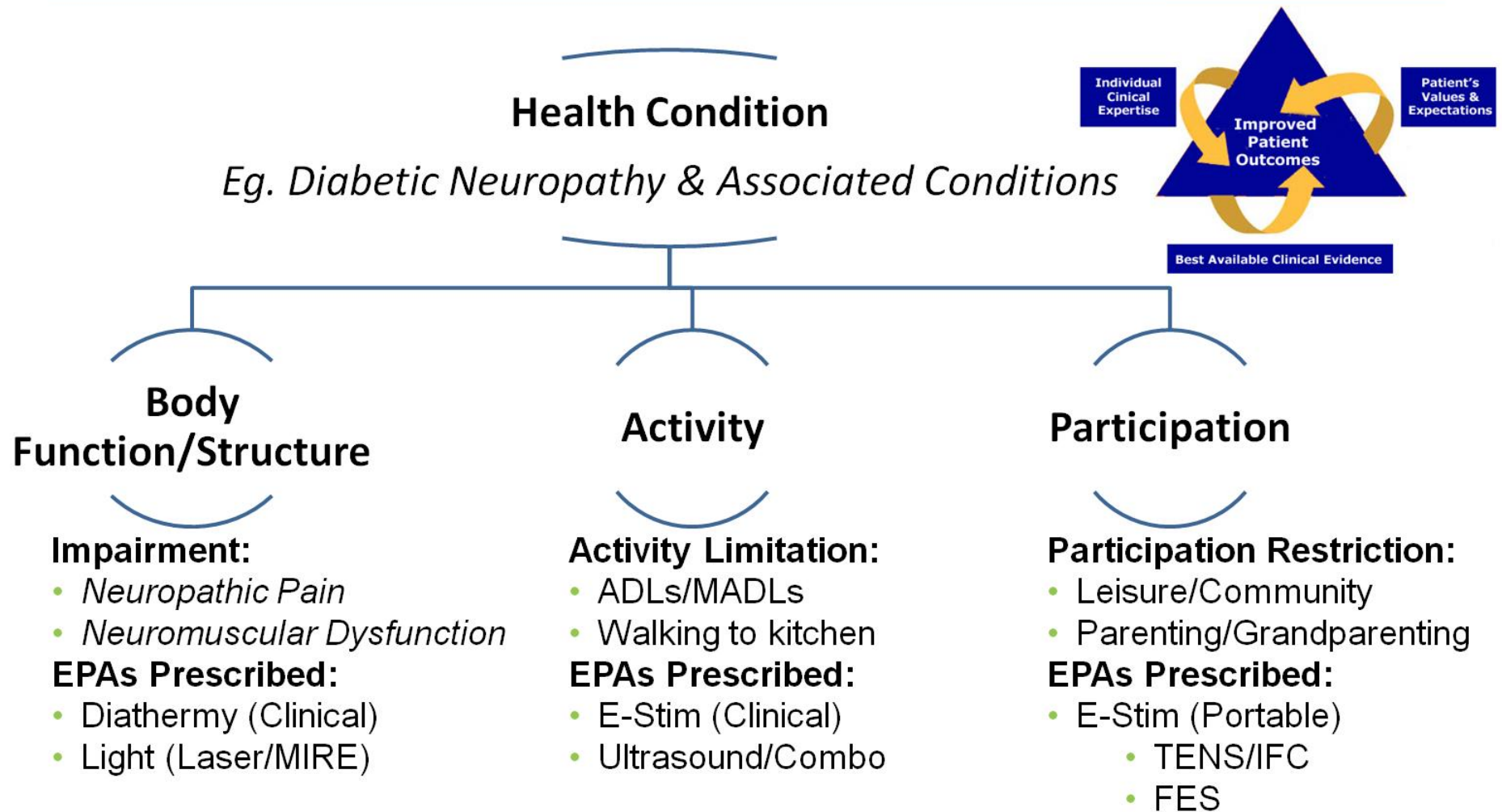
- 0.0 – Dependent
- 0.5 – Maximum
- 1.0 – Moderate
- 1.5 – Minimum
- 2.0 – Standby Assist
- 2.5 – Modified Independent
- 3.0 – Independent

SLP

- 0.0 – Profound (SLP)
- 0.5 – Severe
- 1.0 – Moderate/Severe
- 1.5 – Moderate
- 2.0 – Mild/Moderate
- 2.5 – Mild
- 3.0 – Independent

Practice-Based Evidence

Clinical Practice Guided by ICF



WHO. *International Classification of Functioning, Disability and Health (ICF)*.

Intrinsic Validity: “Real-Life” Conditions

Rehabilitation Outcome Measures

- All data is for planned post-acute (MCR Part A) D/Cs
- All data is for 1-1-14 thru 12-31-14

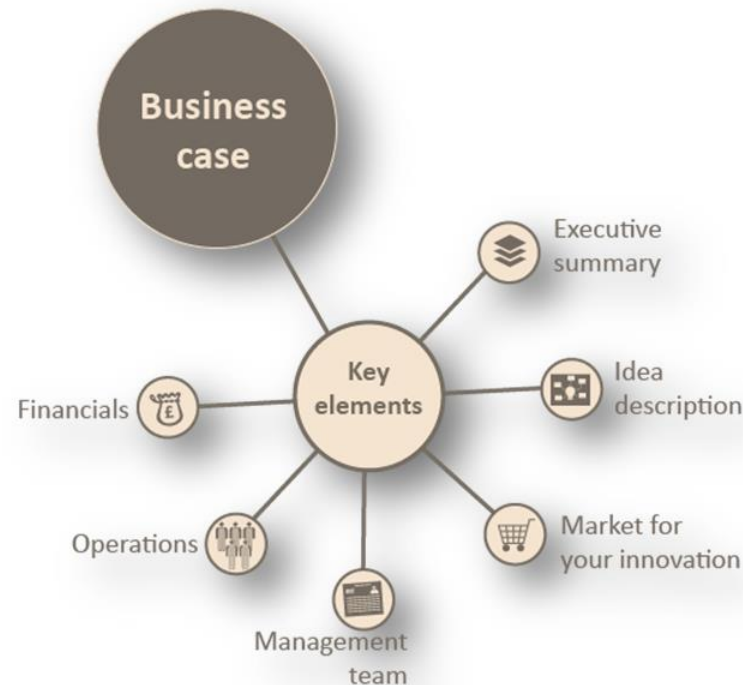
GDG	Deficit Area	% Pts Using EPA		#	Age	Admit	D/C	Gain	LOS	Home D/C
All Pts	All	11.15%	EPA	8,564	78	0.68	1.96	1.28	35	64.98%
			w/o EPA	68,227	78	0.93	2.04	1.11	27	51.76%

What about specific GDGs and deficit areas?

- All Pts (Wounds): 24%
- Dementia (all deficits): 18%
- Respiratory (all deficits): 16%
- Ortho-Hip (all deficits): 13%



Functional and Operational Outcome Metrics to Quantify ROI



Business Case: Biotechnology in PAC
LEAD not Follow **PRACTICE INNOVATION**

Board Definitions of “Specialty”

American Board of Medical Specialties

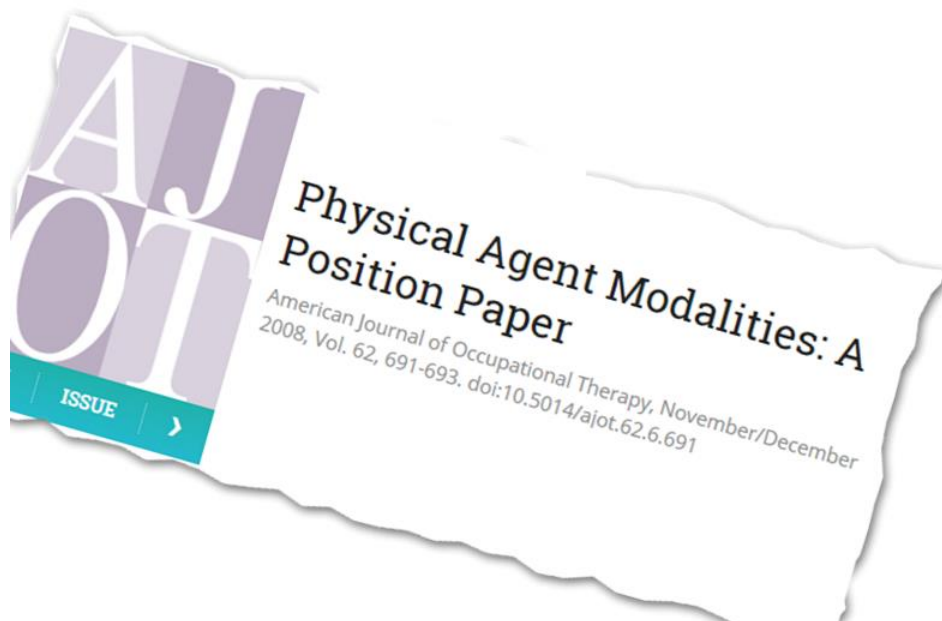
- “...goes above and beyond basic medical licensure.”

American Board of Nursing Specialties

- “...achievement of a standard beyond licensure.”

American Board of Physical Therapy Specialties

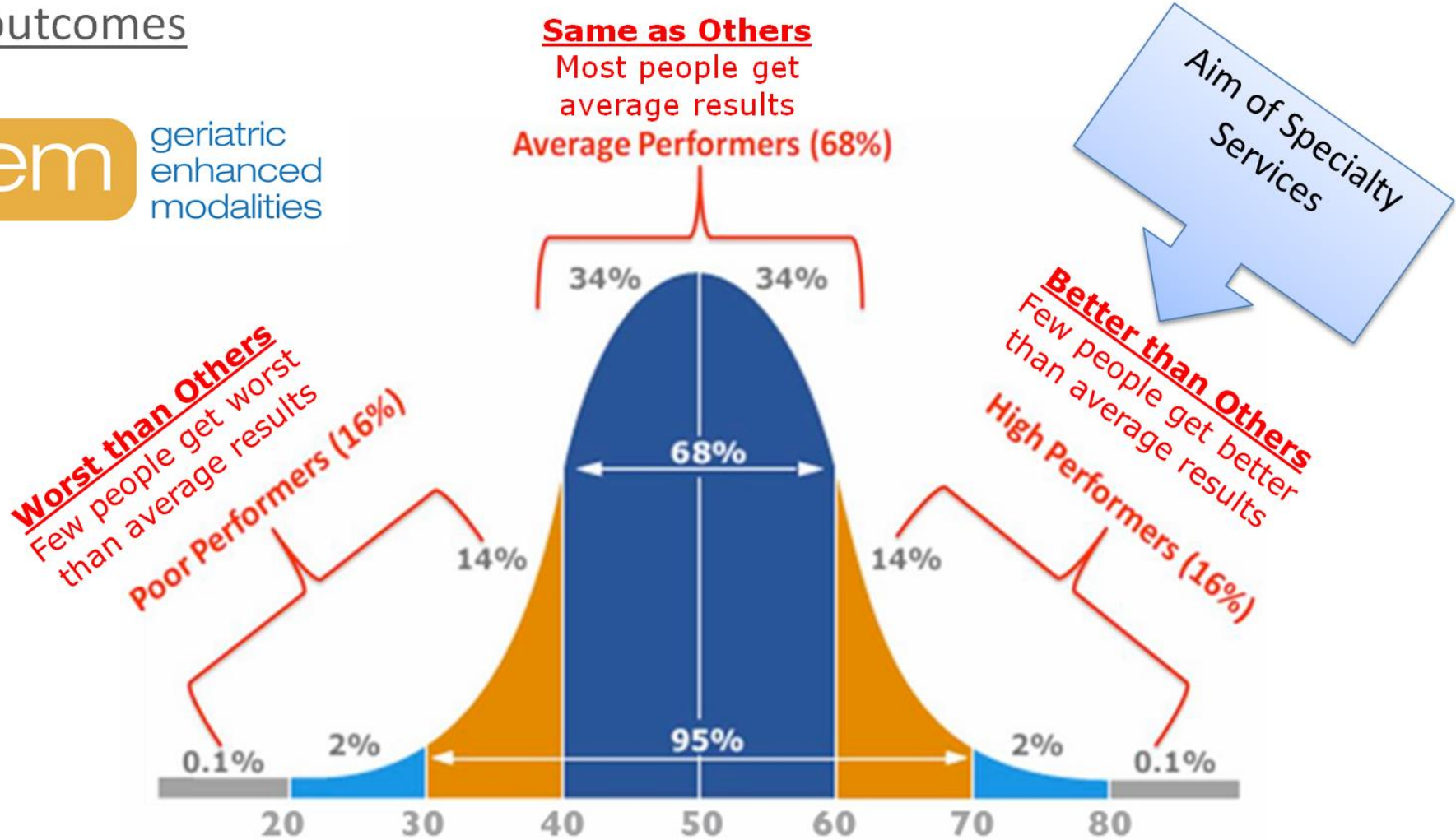
- “... advanced clinical knowledge, experience, and skills.”



NOTE: “Specialty” DOES NOT = Equipment

Clinical Operations – Specialty Practice

The primary objective of Specialty Practice is to achieve optimal outcomes



Regulatory Operations

- Optimize state survey results
- Improves quality indicators/quality measures
- EPA Enhanced ► Contenance Improvement Program
 - Reduction of costs (e.g. disposables, catheters, laundry, barrier creams)
- EPA Enhanced ► Skin Care Program
 - Reduction of dressings
 - Reduction of specialty bed rentals
- EPA Enhanced ► Falls Management Program
 - Reduction in injurious falls – center D/Cs
 - Reduction in specialty equipment
- EPA Enhanced ► Pain Management



Regulatory – Quality Measures

CASPER Report MDS 3.0 Facility Level Quality Measure Report

Page 1 of 1

[Redacted facility information]

Report Period: 10/01/12 - 03/31/13
 Comparison Group: 08/01/12 - 01/31/13
 Run Date: 04/22/13
 Report Version Number: 2.00

Note: Dashes represent a value that could not be computed
 Note: S = short stay, L = long stay
 Note: I = incomplete; data not available for all days selected
 Note: * is an indicator used to identify that the measure is flagged

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
SR Mod/Severe Pain (S)	N001.01		10	43	23.3%	23.3%	20.2%	20.1%	63
SR Mod/Severe Pain (L)	N014.01		5	59	8.5%	7.1%	9.5%	9.4%	47
Hi-risk Pres Ulcer (L)	N015.01		4	60	6.7%	6.7%	6.6%	7.1%	54
New/worse Pres Ulcer (S)	N002.01		0	60	0.0%	0.0%	1.4%	1.4%	0
Phys restraints (L)	N027.01		2	83	2.4%	2.4%	1.2%	1.7%	77 *
Falls (L)	N032.01		28	84	33.3%	33.3%	45.0%	44.5%	20
Falls w/Maj Injury (L)	N013.01		1	84	1.2%	1.2%	3.1%	3.4%	23
Antipsych Med (S)	N011.01		0	34	0.0%	0.0%	2.9%	3.0%	0
Antipsych Med (L)	N031.02		14	67	20.9%	20.9%	20.7%	22.1%	52
Antianxiety/Hypnotic (L)	N033.01		0	42	0.0%	0.0%	11.1%	11.6%	0
Behav Sx affect Others (L)	N034.01		6	69	8.7%	8.7%	19.4%	25.2%	15
Depress Sx (L)	N030.01		1	74	1.4%	1.4%	4.7%	7.2%	34
UTI (L)	N024.01		0	83	0.0%	0.0%	5.6%	7.2%	0
Cath Insert/Left Bladder (L)	N026.01		2	78	2.6%	2.7%	4.4%	4.4%	37
Lo-Risk Lose B/B Con (L)	N025.01		19	32	59.4%	59.4%	55.9%	43.5%	79 *
Excess Wt Loss (L)	N029.01		11	83	13.3%	13.3%	8.9%	8.5%	83 *
Incr ADL Help (L)	N028.01		14	74	18.9%	18.9%	17.6%	16.6%	65

Clinical Operations



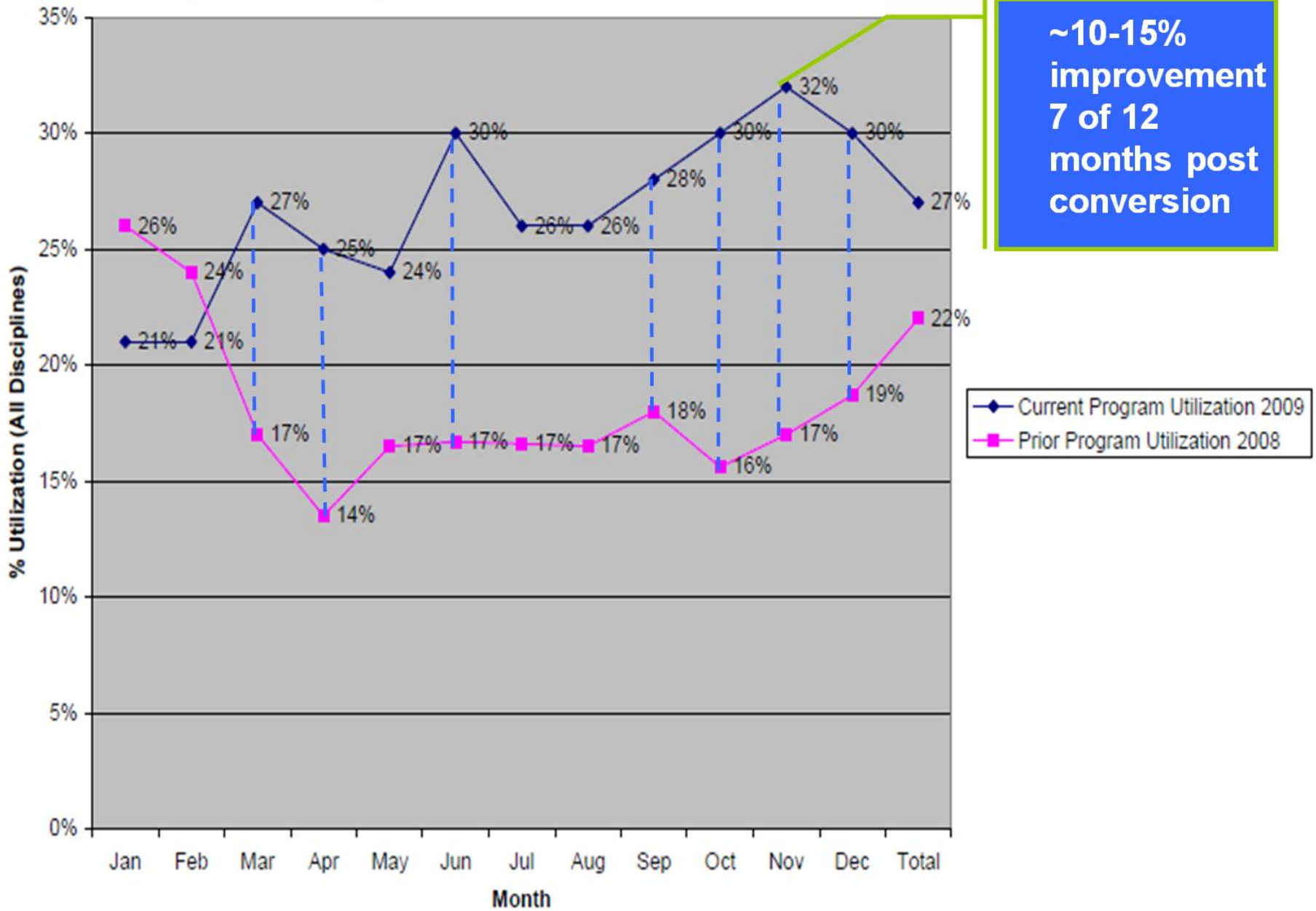
Pay-For-Performance

- Improved clinical outcomes
 - Based on comprehensive, evidence-based clinical procedures
 - ~20% greater scores
- Enhanced ability to treat chronic conditions
 - 68% of Medicare beneficiaries have 2 chronic conditions*
 - 36% have 4 or more*
- Decreases patients' impairments and functional limitations

*CDC: Preventing Chronic Disease; Special Topic; April, 2013

Evidence (Clinical)

Program Utilization: Region 1 - All



**~10-15% improvement
7 of 12 months post conversion**

Financial Operations

- Improved financial outcomes
- Enhanced ability to treat across continuum
- Improved provider & pt. satisfaction
- Improved therapist satisfaction
- Increases patients' ability to manage self-care needs
- Additional marketing opportunity



Actual Clinical & Financial Data

Facility Profile: 118 bed facility; Q1 2015 data (3 mos); 38 patients treated; 19% utilization

	Quantities	Revenue	Labor	
Modality	393	\$ 5127.24	\$ 4993.80	
Incremental Other	119	\$ 3020.25	\$ 1724.10	
Total	512	\$ 8147.49	\$6717.90	\$ 1429.59

ROI

Assume equipment purchase cost of \$25K; amortized over 7 years (\$298/mo)

Revenue per month = \$2715/month

\$ 1429 net for quarter = \$ 476/month

$\$476 - \$298 = \$178$ (6.5%)



LTC Market Strategy - Diversification



What's your Competitive Edge?

An Ideal Modality Program

“Cook”



“Chef”



Customer Perspective: Key Elements
EVOLVING from **COOK** to **CHEF**

Getting Starting: Key Elements

Program Features

- Service Options
- Procurement Options

Resources

- Human
- Capital

Development

- Implementation ► Sustainability



Turn-Key and Customizable

Based on the therapy needs of your patient population, you have several options when choosing GEM for your facility:

Service Options	
Internal full-service program <small>Powered by Chattanooga Group</small> <ul style="list-style-type: none"> • Standard equipment suite recommended by Aegis: <ul style="list-style-type: none"> • 4-channel electrical stimulation/electromyography unit with cart option • 2-channel electrical stimulation/electromyography and ultrasound unit with battery and cart options • Short-wave diathermy unit • Extended warranties • Managed by dedicated Aegis clinical support 	External full-service program <small>Powered by Accelerated Care Plus (ACP)</small> <ul style="list-style-type: none"> • Standard equipment suite <ul style="list-style-type: none"> • Electrical stimulation • Therapeutic ultrasound • Short-wave diathermy • Managed by non-Aegis clinical support staff
À la carte program <ul style="list-style-type: none"> • Choose any combination of: <ul style="list-style-type: none"> • Electrical stimulation/electromyography (2- or 4-channel) • Therapeutic ultrasound • Laser and/or infrared therapy • Short-wave diathermy unit 	

Equipment Options	
Purchase <small>(Chattanooga Group)</small> <ul style="list-style-type: none"> • Purchase the recommended equipment suite through Ceres Select GPO at a corporate discounted rate and subscribe to the Advanced Clinical Support Service from Aegis Therapies. Call 800-677-6447. • Purchase the recommended equipment suite through Ceres Select GPO at a corporate discounted rate without subscribing to the Advanced Clinical Support Service from Aegis Therapies. • Purchase the recommended equipment at list price with or without subscribing to the Advanced Clinical Support Service from Aegis Therapies. 	Lease/Rent-to-Own <small>(Chattanooga Group)</small> <ul style="list-style-type: none"> • As a member of the Ceres Select GPO, call 800-677-6447 to discuss lease financing options through Patterson Medical: <ul style="list-style-type: none"> • Qualified buyers can make monthly lease payments the standard net-30 • Have advanced-dedicated, licensed clinician support to manage (monthly) • No down payment
Rent <small>(Aegion)</small>	

GEM protocols are consistent in accordance with the guidelines. If you are a current Aegion member of Rehab or Area...

www.aegion.com
Email: info@aedgion.com

geriatric enhanced modalities
by aegis therapies

Geriatric Enhanced Modalities by Aegis increases marketability, clinical outcomes

Hospitals, outpatient clinics and rehabilitation therapy providers use electrical stimulation, ultrasound, diathermy, electromyography and/or infrared therapy to help reduce pain and swelling, increase circulation and strengthen weakened muscles. Joint flexibility, functional impairments, such as pain, swelling, circulatory compromise, and joint instability are common in the elderly. Geriatric Enhanced Modalities (GEM) program, in collaboration with Aegis Therapies' innovative, offers the same treatment regimen on-site at skilled nursing, assisted living and in-home settings.

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GEM technology also provides clinical protocols, treatment sequencing, graphic anatomical management systems. Ongoing clinical education and training by a licensed clinician provides access to maximum clinical outcomes from Aegis Therapies and Chattanooga Group that help populations that are integrated into a single, results-driven program. Ability to participate in the Senior Solutions Program, a comprehensive technical education at your equipment suite, but is not limited to, worry-free repairs, maintenance, 24-72 hour loners and upgrades.

Because the GEM program is offered exclusively by Aegis Therapies, a leader in therapy solutions, you will enjoy the many benefits of a relationship with Aegis:

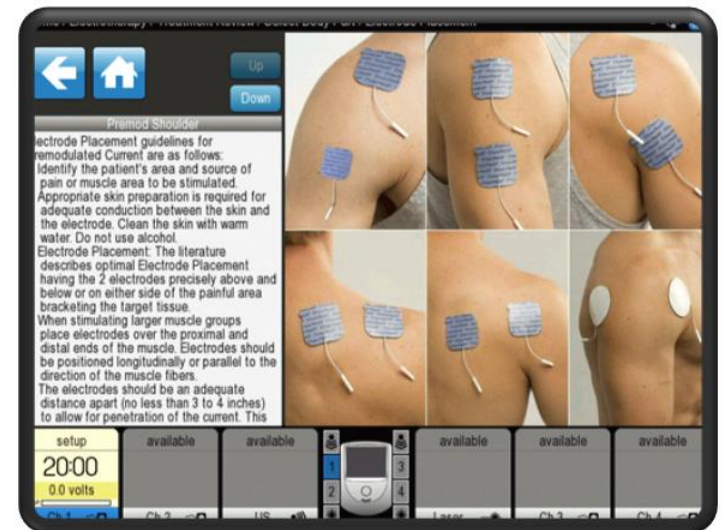
- Access to evidence-based clinical pathways from Aegis Therapies and Chattanooga Group that help providers achieve maximum clinical outcomes from Aegis Therapies and Chattanooga Group that help populations that are integrated into a single, results-driven program.
- Ability to participate in the Senior Solutions Program, a comprehensive technical education at your equipment suite, but is not limited to, worry-free repairs, maintenance, 24-72 hour loners and upgrades.
- Access to advanced pricing
- Access to licensed clinicians with advanced training to achieve the best outcomes with the GEM program

Access to advanced continuing education and training
Access to licensed clinicians with advanced training to achieve the best outcomes with the GEM program

Aegis GEM Equipment

Technical Advantage – Efficiency of Care:

- Multimodal
- “On-board” support
- Procedural Sequencing
- User-defined prescriptions
- Extended warranty services
- Field upgradable (wireless)



Aegis GEM Equipment

Clinical Advantage – Efficacy of Care:

- Combination procedures
- “On-board” FDA cleared pathways
- “On-board” Databases
- Data management system
- Coupling/contact indicators
- Flexible parameters



Aegis EPA Philosophy - *Evolving from Cook to Chef*

Clinical "Cook"	Clinical "Chef"
<p>Protocols</p> <p>Application based</p> <p>Options → simplicity</p> <p>Poor Results → abandon</p> <p>Knowledge → authority</p> <p>Rationale → defer & regurgitate</p> <p>Outcomes → good</p>	<p>Reasoning</p> <p>Theory & application based</p> <p>Options → flexibility</p> <p>Poor Results → adjust</p> <p>Knowledge → evidence</p> <p>Rationale → explain & elaborate</p> <p>Outcomes → optimal</p>

NOTE: "Cook" DOES NOT = Inferior

Next Steps

- Request evidence on the clinical impact of modality use and review.
- Learn more about how to implement a modalities program in your long-term care community
- Speak with a clinical professional on how to implement an ideal modality program
- Request more information: Tina.Voss@djoglobal.com

Ask the Experts



Case Study:

How Structured Modality Programs improve patient outcomes and decrease patient denials



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