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# Qualifications and Criteria for Stroke Rehabilitation

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# Disclosure Statement

- All statements made as a part of this presentation and/or discussion will be based on the best available evidence.
- I have no financial relationship with any of the products or companies mentioned.



# Learning Outcomes

- Identify patients in need of comprehensive post-acute stroke rehabilitation
- Describe the differences between post-acute stroke rehabilitation levels of care



# Stroke Rehabilitation, defined

- *It is the holistic, comprehensive approach to addressing the physical, psychological, social, educational, and vocational needs of individuals with stroke.*



# AHA/ASA's Stroke Rehab & Recovery Guidelines (2016)

- Stroke patients who are candidates for post-acute rehab should receive organized, coordinated, inter-professional care. **(Class I, LOE A)**
- Stroke survivors who qualify for and have access to IRF care should receive treatment in an IRF in preference to a SNF. **(Class I, LOE B)**
- Organized community-based and coordinated inter-professional rehab is recommended in the outpatient and/or home-based setting. **(Class I, LOE C)**

*Guidelines for Adult Rehabilitation and Recovery, American Heart Association, 2016.*



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# AHA/ASA's Stroke Rehab & Recovery Guidelines (2016)

- Stroke survivors should receive rehab at an intensity commensurate with anticipated benefit and tolerance.  
**(Class I, LOE B)**
- High-dose, very early mobilization within 24 hours of stroke onset can reduce the odds of a favorable outcome at three months and is not recommended (Class III, LOE A)

*Guidelines for Adult Rehabilitation and Recovery, American Heart Association, 2016.*



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# Choosing the Right Setting

- Long-Term Acute Care Hospital (LTACH)
- Inpatient Rehab Facility (IRF) \*also known as acute rehab
- Skilled Nursing Facility (SNF)
- Long-Term Care (LTC)
- Home Health Care (HHC)
- Traditional Outpatient
- Intense Outpatient (Rehab Day Program)



# Long Term Acute Care Hospital (LTACH)

- Provide care to patients with complex medical needs requiring longer hospital stays and highly specialized care
- 1 ½ - 2 hours therapy per day (on average)- no hour requirement like in IRF
- Internal Medicine primary with Physiatry consulting
- 24 hour rehab nursing
- Vent/trach weaning
- Goal: prepare patient for transition to acute rehab (IRF) if able
- **Where is this level of care located in NE?**
  - Select Specialty Hospital- Lincoln (Bryan Medical Center- West Campus)
  - Select Specialty Hospital- Omaha (Bergan Mercy Medical Center)
  - Madonna Rehabilitation Specialty Hospital- Lincoln campus
  - Madonna Rehabilitation Specialty Hospital- Omaha campus





# Inpatient Rehab Facility (IRF)

- Separate unit of a hospital or a free-standing facility that provides hospital-level care to stroke survivors who need intensive rehabilitation
  - IRF's provide at least 3 hours a day of intense, active rehabilitation at least 5 days per week
  - Multidisciplinary team approach
- **AHA/ASA recommends IRF care** if you can tolerate at least 3 hours a day of stroke rehabilitation



# Skilled Nursing Facility (SNF)

- A SNF provides rehabilitation care and skilled nursing services for patients who:
  - Are not well enough to be discharged home and cannot tolerate the more intensive therapy provided by an IRF.
  - Can benefit from having a RN on site for a minimum of 8 hours/day
  - Do not need daily supervision (visit) by a physician
- A SNF can be a stand alone facility, but when it is in a nursing home or hospital it must be a separately licensed unit, wing or building.



# Long Term Care (LTC)

- Provide long-term basic nursing care and assistance for people who need help with daily activities such as dressing and bathing. This is residential care for people who cannot live in the community.
- LTC facilities provide limited rehabilitative services except for those receiving care through a separate SNF wing or unit.
- LTC is generally paid out of pocket, by LTC insurance or through the Medicaid program.



# Outpatient Rehab

- Orthopedic and neurological programming
- Occupational health
- Sports medicine
- Specialty clinics and services
- Usually single service (PT, OT or SLP)



# Intense Outpatient (Rehab Day Program)

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- Intense, OP program (4-5 hours/day, 3 days per week)
- At least two skilled therapies required (PT, OT and/or SLP)
- Focus is on activities and participation (IADL, functional mobility, executive functioning, home management tasks, work, school & community re-entry, leisure skills, wellness)
- Less focus on impairments
- Individual and focus group therapies
- Medicare B and most commercial accepted
- At Madonna Lincoln & Omaha campuses
- Only program of this type in the state



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# Criteria for Rehab (IRF) Admission

- Complex medical, nursing and rehabilitative needs
- Active and ongoing intervention of **multiple therapy disciplines** (PT, OT, SLP, or prosthetics/orthotics)
- **Intensive rehabilitation program** with a **coordinated, interdisciplinary team approach**
  - able to tolerate 3 hours of therapy per day at least 5 days per week
- Expected to make **measurable improvement in functional status** in the anticipated time frame
- Supervision by a rehabilitation physician (PMR) with face to face visits at least 3 days per week
- Safe and reasonable discharge plan

(Centers for Medicare & Medicaid Services)



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# Medicare Coverage for IP Rehab

- **Medicare Part A** covers hospital care (acute care, inpatient rehab, LTCH, CAH)
  - 3 day qualifying hospital stay required
  - Coverage for up to 90 days of hospital care per illness (91-150 days are non-renewable lifetime renew days)
    - IP Rehab LOS is based on a DRG (diagnostic related group) and CMG (case-mix group)
    - Average LOS for Medicare patients with stroke at Madonna Rehab in FY 2017-18 was **18 days** compared to region/nation at 14 days
  - Coverage for up to 100 days in a skilled nursing facility (SNF)
- **Medicare Part B** covers outpatient services such as: doctor visits, outpatient therapies/services, home health care, DME
- Medicare beneficiaries account for 60% of IRF cases (2014)

*(Medicare.gov)*



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# Insurance Coverage for IP Rehab

- **Private and Commercial Insurance**
  - Coverage and network participation vary
  - Similar policies to Medicare
  - Precertification and/or authorization required for IRF admission
  - LOS dependent on functional progress and medical necessity
  - Weekly updates provided to insurance CM
  - Subject to utilization review





# What to look for in a quality stroke rehab program

- Accreditation (CARF)
- Levels of care available
- Specialty services available
- Intensity of therapies provided
- Staff specialized training and expertise
- Interdisciplinary team approach to care
- Rehab technology and specialized equipment available
- Use of outcome measures to measure functional progress and assess change over time



# CARF Stroke Specialty Program

- Focuses on the unique needs of persons served who have sustained a stroke, including:
  - Minimizing impairments and secondary complications
  - Reducing activity limitations
  - Maximizing participation and quality of life
  - Decreasing environmental barriers
  - Preventing recurrent stroke
- Contributes to the development of stroke systems of care by partnering with providers within and outside of rehabilitation to increase access to services by advocating for persons who have sustained a stroke
- Utilizes current research and evidence to provide effective rehabilitation and supports future improvements in care by advocating for or participating in stroke research



# CARF Accredited Stroke Specialty Programs in NE

- Regional West Medical Center Acute Rehab- Scottsbluff
- Bryan Medical Center Inpatient Rehab- Lincoln
- Madonna Rehabilitation Hospital- Lincoln
- Madonna Rehabilitation Hospital- Omaha
- Methodist Hospital Rehabilitation Center- Omaha
- CHI Health Immanuel Rehabilitation Institute- Omaha



# Additional Specialized Services often needed for stroke survivors:

- Vision Rehabilitation
- Work and School Re-Entry (Vocational Rehab)
- Community Re-Entry
- Driver Evaluation (Drive Rehab)
- Adaptive Sports & Recreation
- Seating and Positioning (wheelchair clinic)
- Spasticity Management
- Orthotics (bracing)
- Stroke Support Group
- Stroke Follow-Up Clinic



# What does this mean for NE?

- Access to specialized services & community resources is limited in rural areas
- Team-based, coordinated care is less prevalent in CAHs
- Goal: to improve stroke rehabilitation system of care in NE through education of rural HCPs
- Listing of specialized services (by county) on Nebraska Stroke Advisory Council (NSAC) website:  
<https://nestrokecouncil.org/stroke-rehabilitation/>



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