

Can We Avoid Rehab and Send Grandma Home?

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Disclosures

- None relevant to contents of talk

Objectives

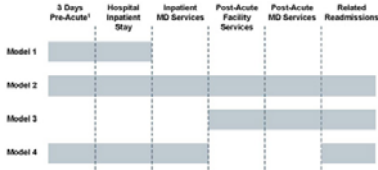
- Evaluate role of Rehab
 - Context of Bundled Care
 - Understand the basics of bundled care
 - Effectiveness?
- Consider alternative post-acute care models

Bundled Care

- Bundled Payment for Care Improvement (BPCI)
 - ACA 2010
 - Concept pre-dates ACA
- Objectives
 - Shared risks between payer and provider
 - Centralizes claims
 - Coordination of Care

Bundled Care


- Various Initiatives being piloted
 - Model 1: Acute Care
 - Model 2: Acute and Post-Acute Care
 - Model 3: Post-Acute Care
 - Model 4 (PROSPECTIVE): Acute Care



Bundled Care: As it relates to us



Bundled Care: As it relates to us



- Items to consider
 - Implants
 - Treatment protocols
 - Operative indications
 - Rehabilitation

Multiple Insurance Payments		Bundled Payment	
1. Consultation	\$200	Total: \$26,384	→
2. Anesthesia	\$1,359		
3. Surgery	\$3,500		
4. Implants	\$4,500		
5. Physical Therapy	\$225		
6. OR, Recovery Rm, Hospital	\$16,000		
Total	\$26,384		

Rehab – is it necessary?

- Is rehab effective in improving:
 - Patient outcomes (morbidity)
 - Complication rates (30-day readmission)
 - Mortality rates (short vs. long term)

Geniatr Orthop Surg Rehabil. 2013 Mar; 4(1): 3-9. PMID: PMC3739408
doi: 10.1177/2151458513484759

The Effectiveness of a Geriatric Hip Fracture Clinical Pathway in Reducing Hospital and Rehabilitation Length of Stay and Improving Short-Term Mortality Rates
Tak-Wing Lau, MBBS, FRCS, FHKAM,¹ Christian Fang, MBBS, FRCS, FHKAM,¹ and Frankie Leung, MBBS, FRCS, FHKAM¹

J Orthop. 2017 Mar 20;14(2):247-251. doi: 10.1016/j.jor.2017.03.004. eCollection 2017.

A multidisciplinary approach to improve the quality of care for patients with fragility fractures.
Lamb LC¹, Montgomery SC¹, Wong Wai B², Harder S³, Meter J¹, Euseby JM¹.

PubMed 310 Surg Rehabil. 2016 Jun;7(2):81-5. doi: 10.1177/2151458516645033. Epub 2016 May 2.

Effectiveness of a Multidisciplinary Clinical Pathway for Elderly Patients With Hip Fracture: A Multicenter Comparative Cohort Study.
Killett RH¹, Koo BB², Himmels B¹, Ten Broeke RH³, Dekkers G⁴, Huatim P⁵, Schotanus MG², Tisman P², Janszq HM⁶, Verkeyn JM⁷, Brink PR¹, Poeze M¹

J Arthroplast. 2018 Sep;31(9 Suppl):S4-8. doi: 10.1016/j.arth.2018.05.001. Epub 2018 May 11.

Physicians With Defined Clear Care Pathways Have Better Discharge Disposition and Lower Cost.
Tessier JE¹, Russo G¹, Gera ZI¹, DeRiet MA², Kowalik TD³, Dumellus P⁴.

Geriatr Orthop Surg Rehabil. 2013 Mar; 4(1): 3-9. PMID: PMC373940
doi: 10.1177/2151458513484739

The Effectiveness of a Geriatric Hip Fracture Clinical Pathway in Reducing Hospital and Rehabilitation Length of Stay and Improving Short-Term Mortality Rates

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Is the effect due to acute care or post-acute care?

BMC Health Serv Res. 2016; 16: 275. PMID: PMC4950780
Published online 2016 Jul 18. doi: 10.1186/s12913-016-1524-1

Post-acute pathways among hip fracture patients: a system-level analysis

Kristen B. Pitzul,^{1,2} Walter P. Wodchis, Michael W. Carter, Hans J. Kreder, Jennifer Voith, and Susan B. Jaglal

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- 36,029 hip fractures
- Analyzed between Rehab vs. SNF distribution

- Evaluated for patient demographics and regional distribution

FINDINGS

- More patients were transferred to Rehab vs. SNF

- Outcomes (mortality) better for Rehab

- Mortality higher for SNF

FINDINGS

- More patients were transferred to Rehab vs. SNF
 - Eventually majority ended with home health care
 - **Morbidity equivalent?**
- Outcomes (mortality) better for Rehab

- Mortality higher for SNF
 - Younger patients went to Rehab
 - **Mortality equivalent?**

What this study suggests...

- Younger patients with less co-morbidities **may benefit** from Rehab
- Older patients with more co-morbidities may have **marginal to no benefit** from Rehab or SNF
- Outcomes are more reflective of co-morbidities than of eventual disposition

How about the first 30 days?

An examination of the first 30 days after patients are discharged to the community from hip fracture post-acute care

Natalie Leland, PhD, OTR/L, Pedro Gozalo, PhD, T.J. Christian, PhD, Julie Bynum, MD, MPH, Vince Mor, PhD, Terrie Fox Wetle, PhD, and Joan Teno, MD, MS

- Successful community discharge – 57%
 - Remainder: death; continued inpatient; readmit
- Readmission rates – 14%
 - Varies based on age, demographics, co-morbidities
- **More patients went to SNF than Rehab**
 - **Majority of these patients >70 yo**

Improvements in Outcomes

- 30-50% did not return to pre-injury levels
 - Regardless of type of facility
 - Associated with pre-injury factors
 - Magaziner, J Geriat 2009
- Pitzul – majority required long-term home health

Improvements in mortality?

- Short term = YES...?
 - Other factors?
 - Prompt surgery
 - Centralized acute care
 - Early THERAPY
- Long term = NO
 - 1-year: 20-30%
 - Miller, JBJS 1978
 - Jensen, Acta Scand 1979
 - Richmond, JOT 2003
 - Panula, BMC 2011
 - Nikitovic, Osteo Int 2013

Alternative models

- Risk stratification models?
 - Based on age and co-morbidities
- Rehab to home discharge?
- Bypass SNF to home health?
- Direct home health?

Conclusions

- The literature is suggestive of moderate to no benefits for SNF
- The literature is suggestive of moderate to higher benefits for Rehab
- **However, all above are related to co-morbidities and age**

Conclusions

- BPCI – force us to critically evaluate all aspects of patient care
 - Is it effective?
 - Clinically
 - Financially
- Rehab is just one of the many factors to consider

Thank you