Geriatric Case Studies: Utilizing Best Evidence Across the Continuum of Care with Varied Payment Models

Date: Saturday, October 1, 2016
Time: 7:45 AM - 3:45 PM

Session ID & Location: 5E: MtgRm8
CEU Eligibility: 0.40

Presented by: Ronald Barredo, PT, DPT, DdD, GCS; Linda Bloodworth, PT, MS, GCS, PhD(c); Patricia Flemming, PT, DSc, GCS

Session Description: This course is designed to facilitate evidence based decision making in geriatric physical therapy (PT) practice across the continuum of care. Speakers will discuss selection of appropriate tests and measures used as outcome measures based on patient diagnosis and functional level in multiple clinical settings. Commonly used functional outcome measures in the geriatric setting will be compared. Using best evidence to determine meaningful cut-offs for Claims Based Outcome Reporting (CBOR) and g-code modifiers will be presented. The cases presented will reflect challenges therapists face currently with shorter patient lengths of stay, increased scrutiny, varied payment models, and documentation requirements.

Following the completion of the course, participants will be able to:

1. Identify resources to assist in establishing meaningful cut-offs for CBOR g-code modifiers.
2. Compare and contrast elements of commonly used functional outcome measures used in geriatric clinical settings.
3. Design and discuss elements of comprehensive PT programs based on diagnosis, and clinical setting.
4. Describe the effect of bundled payment models and managed care on PT treatment interventions.
5. Discuss ways to facilitate cash based PT treatment in the care of older adults.
6. Describe strategies by PTs to prevent re-admission to health care facilities.

Presenter Bio(s):

Ronald Barredo, PT, DPT, DdD, GCS (Ron) has been a PT for over 25 years. He is a Geriatric Certified Specialist with the American Board of Physical Therapy Specialties (ABPTS) and a Certified Cardiac Rehabilitation Professional with the American Academy of Cardiovascular and
Pulmonary Rehabilitation. He currently serves as Professor and Chair of the Department of Physical Therapy at Tennessee State University.

**Linda Bloodworth, PT, MS, GCS, PhD(c)** is a 1985 graduate of University of Alabama at Birmingham Physical Therapy Program. She is a Geriatric Certified Specialist with ABPTS and serves as Rehabilitation Regional Manager and Geriatric Residency Program Director with National Health Care Corporation.

**Patricia Flemming, PT, DSc, GCS** (Pat) is a 1975 graduate of Georgia State University’s Physical Therapy Program. She has been a Geriatric Certified Specialist through ABPTS since 1995 and holds a DSc in Geriatric Physical Therapy. Pat has completed competency based training in vestibular rehabilitation through Emory and APTA and has practiced in skilled nursing, home health, acute care, academic, and out-patient settings. Pat currently practices at Vanderbilt where she specializes in geriatric and vestibular rehabilitation.
1. The cost of care for a patient with hip replacement varies greatly between patients in different areas of the country. The largest difference in cost of care is in:
   a. hospital readmissions
   b. physician fees
   c. use of post-acute care services
   d. prevalence of chronic disease causing medical complexity

2. The three part aim of health care reform is:
   a. better health for the population, better care for individuals, and lower cost through care improvement
   b. lower hospital length of stay, reduce avoidable hospital readmissions, and reduce the number of prescriptions per person
   c. provide health care to each patient in the most cost effective setting, reduce the prevalence of chronic conditions, and reduce payment to providers
   d. encourage physical activity in the general population, increase access to health care providers, and reduce unnecessary medical procedures

3. The primary goal of bundled payment models is to:
   a. improve the experience of patients with their health care provider(s)
   b. create outcome measurement tools to compare outcomes across post-acute settings
   c. compensate providers for the quality of their outcomes
   d. reduce costs by reducing cost variation, and reduction in avoidable complications

4. "The use of payment methods and other incentives to encourage quality improvement and patient-focused high value care" refers to:
   a. fee for service reimbursement
   b. pay for performance
   c. bundled payment
   d. patient focused care

5. Which of the following values represent the minimum clinically identifiable difference for distances covered by patients with stable congestive heart failure undergoing a six-minute walk test?
   a. 18 meters
   b. 24 meters
   c. 30 meters
   d. 36 meters
6. Research evidence suggests that improved clinical outcomes in cardiac rehabilitation depend on all of the following components, except:
   a. lifestyle modification
   b. nutritional intervention
   c. physical activity
   d. psychological support

7. True or False: For overweight and obese individuals, a reasonable goal of weight reduction is to achieve a weekly weight loss of 2 to 3 pounds per week.

8. A physical therapy clinician who is trying to determine the primary functional limitation for Claims Based Functional Outcome Reporting should consider:
   a. the functional limitation that would yield the quickest or greatest functional outcome
   b. the limitation that is the greatest priority to the patient (or recipient of care)
   c. the limitation selected in one that therapy services are intended to address.
   d. all of the above

9. Factors to consider when selecting a primary functional outcome measure include all except:
   a. the measure’s sensitivity to change
   b. whether the measure has been tested in the population/diagnosis being treated
   c. whether the measure selected can be completed within 5 minutes
   d. the reliability and validity of the measure selected

10. The Functional Gait Assessment assesses the following: (circle all that apply)
    a. Forward reach
    b. Walking with eyes closed
    c. Turning two 360 degree circles
    d. Tandem gait
Handouts were not provided for this session. If made available, the handouts will be provided onsite and/or in a post meeting supplement of this book.