

An illustration on the left side of the slide shows a stack of folders in shades of blue and red, with several documents floating around them. The documents are light blue with horizontal lines representing text. The folders are arranged in a slightly overlapping, receding manner from the foreground to the background.

Documentation to Support Rehabilitation

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Happy at Home Consulting

Private practice helping individuals to thrive wherever they call home serving:

Individuals

Caregivers

Organizations

Iowa Occupational Therapy Association

President 2023 - Present

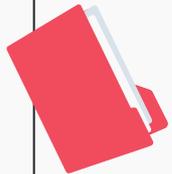


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Introduction



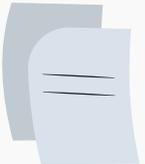
New
Challenges



Documentatio
n Reviewers



Tips





Introduction

**“If it’s not
documented,
it didn’t happen.”**

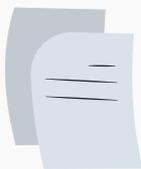
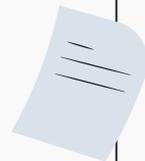


What's the Purpose?

Ensuring Accuracy: Accurate documentation provides a clear picture of the patient's condition, aiding in the formulation of tailored treatment plans.

Tracking Progress: Documentation allows healthcare providers to track the patient's progress over time, identifying areas of improvement and areas that may require further attention.

Facilitating Communication: Effective documentation promotes seamless communication among multidisciplinary teams, ensuring that all stakeholders are aligned in their approach to rehabilitation.



Outcomes & Safety

Comprehensive documentation directly contributes to improved patient outcomes by guiding evidence-based interventions, facilitating timely adjustments to treatment plans, and enhancing safety by maintaining detailed records of interventions and patient responses throughout the rehabilitation process.

Consider: Importance of documenting adverse reaction to NMES, or indicating function within certain modality parameters.



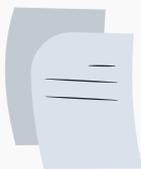


The Introduction of New Challenges



Federal Health Programs

- Historically, policies have provided clinicians the opportunity to determine (and document) continued appropriateness of services.
- Medicare as an example pays claims up front, and recoups payments if an audit finds services not to be medically necessary.



Pros & Cons

Provides the clinician with the opportunity to decide what is reasonable and necessary .

Limited delays to receiving care.

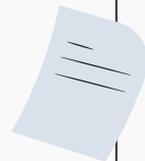
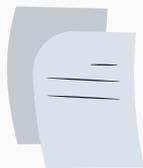
Limited oversight and doesn't provide checks/balances

The liability of a payment recoupment is with the employer.



The Healthcare Shift

- We are (attempting) a shift from a reactive model into a proactive healthcare model.
- Likely related to the growing acceptance of the importance of social determinants of health.
- This has resulted in innovation and new payment models to address the whole person rather than only the presenting diagnosis.



New Payment Models

Private Insurer/Organizations receives funding from Medicare to provide care to beneficiaries = \$\$\$\$

\$ Prevention model that may include benefits such as housing or food allowance or exercise programming

\$ Medical Services

\$ Third Party Services

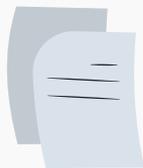
\$ Profit



**Why are
we talking
about
payers?**

Payers are Enlisting the Help of Third Party Reviewers

- Third Party Reviewers assist in reviewing documentation to make a determination for authorizing or continuing care.
- Typically private organizations that are hired by insurance companies to assist in cost containment.
- Often do employ clinicians to assist with reviews.
- Important note* not all innovation programs enlist the assistance of third party reviewers.





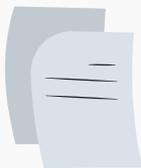
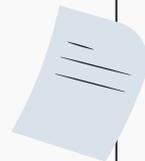
Documentation Reviewers



What's the purpose?

- Enlisting third party reviewers helps contain costs.
- They're also an integral part of ensuring a return on investment for services rendered.
 - Improved Chronic Disease Management = Better Outcomes
 - Care Coordination, SDOH Benefits = Better Outcomes
 - Reducing risks, like falls = Better Outcomes

The better the long term outcome, the less lifetime and overall spend.



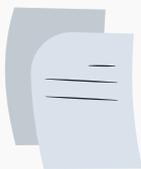
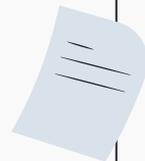
**Ok, but how does
this ACTUALLY
relate to
documentation?**



Documentation Tips

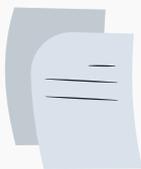
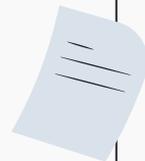
Documentation for Every Audience

- Documentation is likely being read by patients, other providers, and third party reviewers.
- It can be challenging to ensure relevance across different stakeholders.
- Deficit vs Strengths language.



Additional Documentation

- Often third party reviewers require additional paperwork to be completed for prior authorizations and interim progress.
- Levels of function may be reported differently for facility vs. third party (GG vs other)



Assessment

- Ongoing assessment
- Consider factors that may be present at home - function throughout the day, distraction, lack of assistance



Specificity & Validity

- Standardized assessments ARE important, but should show the performance deficits we are assessing with our eyes and ears.
- BIMS vs SLUMS

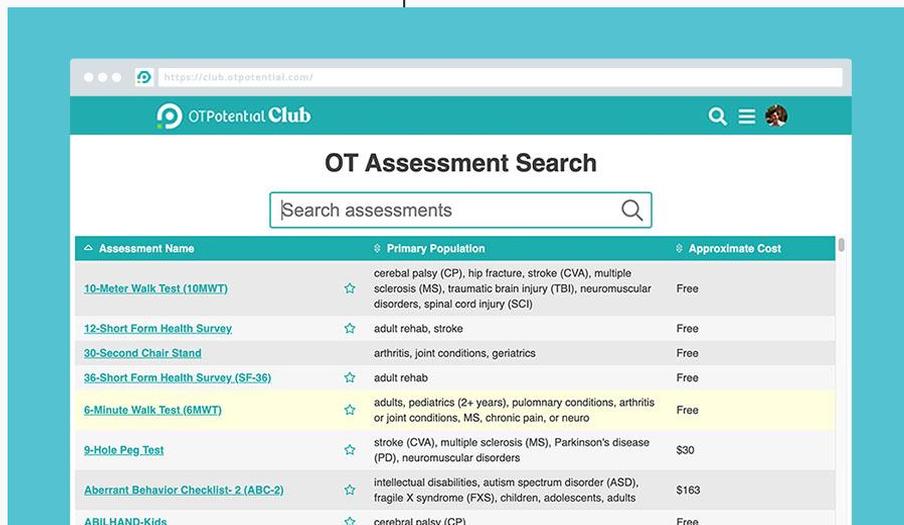




**Who is
completing the
assessment?**



Finding New Assessments

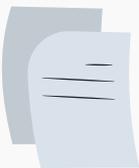


Assessment Name	Primary Population	Approximate Cost
10-Meter Walk Test (10MWT)	cerebral palsy (CP), hip fracture, stroke (CVA), multiple sclerosis (MS), traumatic brain injury (TBI), neuromuscular disorders, spinal cord injury (SCI)	Free
12-Short Form Health Survey	adult rehab, stroke	Free
30-Second Chair Stand	arthritis, joint conditions, geriatrics	Free
36-Short Form Health Survey (SF-36)	adult rehab	Free
6-Minute Walk Test (6MWT)	adults, pediatrics (2+ years), pulmonary conditions, arthritis or joint conditions, MS, chronic pain, or neuro	Free
9-Hole Peg Test	stroke (CVA), multiple sclerosis (MS), Parkinson's disease (PD), neuromuscular disorders	\$30
Aberrant Behavior Checklist- 2 (ABC-2)	intellectual disabilities, autism spectrum disorder (ASD), fragile X syndrome (FXS), children, adolescents, adults	\$163
ABILHAND-Kids	cerebral palsy (CP)	Free

- Ask
- Consult Colleagues
- Use Assessment Libraries
- Collaborate with students and academic programs

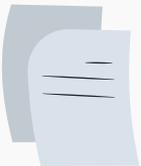
Identifying Discrepancies

- Third party reviewers make determinations based on the information they are provided.
 - Sometimes, this feels like a game of telephone.



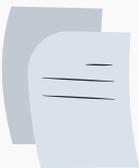
“All Needs on One Level”

- Collaborate with coworkers to ensure consistencies
- Involve family members and care partners
- Review prior documentation and history



It's all about FUNCTION

- Assessments
 - Identify initial functional deficits
- Treatments
 - Continue to identify and assess deficits
 - Provide functional challenges
- Long Term Potential
 - Wheelchair level if applicable





**The more functional we design
(and document!) our sessions,
the more accurate picture we
are painting for the patient's
ability to discharge safely.**



Questions?





Contact Information



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