

Summary

The Innovation being submitted by Access Rehab Centers is our Home Based Outpatient Program (referred to as HBO). The program launched in January of 2014 and was designed to meet the identified need in the community for PT's, OT's, or SLP's to provide outpatient house calls. As a cornerstone of the program a therapist provides a one hour visit in the patients' home, enabling the therapist to address any home safety or functional issues more easily than we are able to in the clinic environment. The program is ideal for patients that have either a temporary or permanent need for a therapist to come to them. Providing an outpatient house call does not require that the patient meet typical home bound requirements of a visiting nurses association. In addition, in the case of a Medicare patient the visit bills under their outpatient Part B benefits so they may qualify even if they have exhausted their Part A home care benefit.

The process of development began with a team of folks including our company President, Human Resources department, a manager/member of our senior management team with experience in home care and outpatient, a member of our compliance team, our finance manager, our billing manager, and an existing outpatient therapist with experience in home care. The HBO team investigated the need for such a program, consulted with our legal team regarding any legal questions or issues, investigated the process to bill out outpatient visits provided in the home, completed a budget analysis and projections to ensure fiscal responsibility, identified marketing strategies and a plan to implement them, designed and updated policies and procedures required for the program, and assessed any resources needed for therapists to provide visits. We held a focus group with some local physicians to obtain feedback and insight into the identified need and marketing points to gain referrals. We designed brochures and marketing material and started with a targeted marketing effort to ensure we grew referrals at the same speed we were able to grow staff.

The process for a physician referral is similar to any other referral. The physician office can call or fax on the referral, the patient or family can call our intake coordinator, or a clinic can forward a referral or patient for HBO caseload. Our intake coordinator will complete the referral process, verify insurance eligibility, and prepare any materials needed for the therapist to provide the service. The initial evaluation visit will then be scheduled. When we are involved in the care of a post operative or weak patient who is anticipated to show improved strength, functional mobility, and safety quickly we can transition them to one of our standard outpatient clinics. When we do so the record can easily be transferred and there is no need for new paperwork to be filled out or a new evaluation to be completed so the continuation of care is seamless.

Measuring outcomes of our program is being done using the following: visits provided in a month and a year as an outcome measure as compared to budgeted visits; visits per therapist per day with a benchmark of 7-8; average daily charge; units per visit per therapist; patient satisfaction; staff satisfaction; revenue and expenses compared to budget projections; number of referrals; and average number of visits per referral. During the current fiscal year the program is far exceeding budget in many of the noted success measures.

Narrative

Describe how the opportunity was identified:

The opportunity was identified by suggestion from physician referral sources and some of our therapists that often there was a need to do an outpatient visit in a patients' home for many reasons. Some of the reasons include, but are not limited to: patient has transportation issues and is not able to get to a clinic, patient has many cancellations and is unable to be consistent with therapy appointments because of unreliable transportation, patient does not meet the homebound requirements of a typical visiting nurses association but is unable to get to a clinic, patient is post operative and needs home therapy on a very temporary basis until they are stronger and not as susceptible to infection and can travel to a clinic, patient is unsafe in a clinic reason because of fall or other risk precautions, patient is so weak that getting to a clinic takes so much energy that therapy becomes nonproductive, and this will allow us to fill a gap in the continuum of care we have ranging from acute care to outpatient therapy services.

How did the solution make a difference with your customers or staff?

Our Home Based Outpatient program allows us to capitalize on missed visits from our clinics that transfer patients who have cancellation and transportation issues. It has also allowed us to better service patients in the community who may not be appropriate for a clinic visit for whatever reason. Many of our HBO staff came from either skilled nursing or home care backgrounds and this program enables them to work with the population they enjoy and have the benefit of doing so from the patients home environment. The HBO staff report satisfaction with their new roles and find the opportunity to assist patients in their home environments rewarding.

Describe how the innovation was tested:

The innovation was tested by trialing a couple of select patients prior to formal inception of the program. In doing so, we were able to identify supplies we would have to purchase for staff, any insurance, billing or Documentation modifications required, policies and procedures that would have to be updated to ensure future success of the program.

What was the process for implementation?

After the process for development was completed as outlined in the summary above we sought to educate potential referral sources and to hire staff. We developed relationships with local senior day care centers, at which, many seniors spend the majority of their time in the community. We initially began the program with a full time PTA and two PT's that spent part of their day completing HBO visits. We target marketed initially as we experienced some challenges with expanding our staff as quickly as we had anticipated. Along the way we continued to assess the program, staff needs, and needs of the referral sources to make modifications as needed.

Did your innovation produce any unexpected results?

The only unexpected result we encountered was our staffing challenges as outlined in the obstacles question to follow.

Describe any obstacles you may have encountered:

The largest obstacle we encountered was staffing. This obstacle had two facets. First, many therapists weren't interested in treating patients in their homes. Second, therapists who enjoyed treating patients in their homes typically come from a visiting nursing background where they can in some cases do a shorter visit and still make the same per visit rate. Many weren't amenable to the idea that we require a one hour visit. The staffing obstacles we faced limited how quickly we were able to grow our Home Based Outpatient program.

Provide examples of tools used to measure the success of the innovation – project plans, metrics, project updates, budget analysis, etc:

Measuring the success of our program primarily is being done using various benchmarks. First, we are using the visits provided in a month and a year as an outcome measure. We can compare the actual visits to our projected or budgeted visits. We are also measuring visits per therapist per day with a benchmark of 7-8 (considering one our visits and travel between homes). Other considerations are average daily charge and units per visit per therapist. These measures allow us to ensure that therapists are meeting standards for billing a one hour visit and to ensure adequate reimbursement. We also analyze the budget including revenue and expense actuals compared to projections, number of referrals, average number of visits per referral, and contractual projections versus actuals.

What were the long term results of the innovation?

As we near our second year anniversary of the Home Based Outpatient program we have far exceeded our budgeted volumes for the current fiscal year. We continue to grow and market our program as we are able to expand our staff. We have gained many physician supporters of our program. We have consulted with several of our affiliate rehab departments to start similar outpatient house call programs using our successful model. We continue to educate our community and referral sources about this unique service we offer their patients.

Potential as a Model

The innovation can absolutely serve as a model that can be replicated or adapted by other departments, communities, or organizations. In fact, it already has done so. Access Rehab Centers has been mentoring one of our hospital management contracts through the steps of starting their own outpatient house call program. We have shared our successful model with them, consulted with them on billing and design questions, policy and procedure updates, marketing analysis and suggestions, and more. As a result, the program they have designed is set to launch soon. In addition, several other companies have started to develop similar product lines in our regional area and throughout the country indicating the identified need in geographic regions other than ours. Developing a home based outpatient program will allow companies to provide services throughout the continuum of care and be competitive in a market trending towards Accountable Care and other Organizaions.

Additional Background

The team involved in the design, implementation, and ongoing oversight are as follows:

- President, Brian Emerick, involved in team that identified, designed, and implemented the HBO program and continues to provide supervision and oversight to staff as needed.
- Human Resources department, involved in seeking candidates, hiring, orienting new staff, and assisting in updating any appropriate policies and procedures related to the program.
- Melissa Pietrantuono, Senior Manager & Member of Compliance team, was involved in the team that identified, designed, and implemented the HBO program and has taken on the duties of management and oversight of the day to day operations of the product line. She is involved in hiring, orienting, training & mentoring new staff, and ongoing supervision of all staff. Ensures compliance with all Medicare, local, state, and federal regulatory requirements.
- Intake Coordinator, involved in support of the program and completing all office responsibilities including answering phone calls, completing intakes, insurance verifications, scheduling new evaluations, charge entry, and preparation of other documents for therapists.
- Finance Manager, Susan Bodyk, involved in initial financial analysis during development phase and continues to provide budget projections and analysis of ongoing revenue and expenses compared to budget. Monitor contractuals for productline and costs of salary and overhead.
- Billing Manager, Bea Brouillard, involved in investigating billing requirements for providing outpatient visits in the home or community. In conjunction with her billing team she sends out bills to insurance company, completes claim scrubber/editing programs to limit any billing errors or inconsistencies.
- HBO Assistant, Shelby Sarracco, involved in assisting with administrative tasks as assigned including payroll and supervision of therapists or intake coordinator as assigned.
- Home Based Outpatient Therapists, involved in providing the direct one-on-one care of patients in their homes for one hour visits. Participate in all orientation, training, and regulatory requirements based on the patients insurance company.