

# Starting a Rehabilitation program

What you need  
Where to start



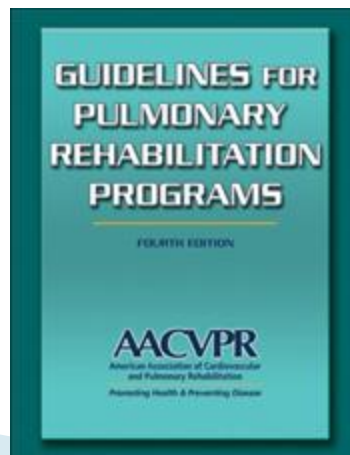
# The word NO!

## ▶ Webster's Definition

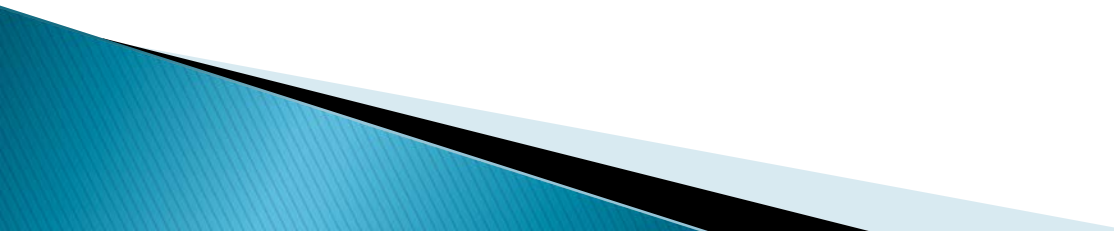
- Not any
- Used to indicate that something is quite the opposite of what is being specified.
- My definition
- Not now, or yet...

# Resources to get started

- ▶ AACVPR Pulmonary Rehab. book
  - Outlines needs to meet CMS requirements
  - Outlines over site structure
  - Gives you a good look at what you need.



# Definition

- ▶ Pulmonary rehabilitation *is an evidence-based, multidisciplinary, and comprehensive intervention for patients with chronic respiratory diseases who are symptomatic and often have decreased daily life activities*
  - ▶ 2006 ATS/ERS statement
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# Where to start

- ▶ It is a good idea to visit an existing program and talk to as many resources as you can
- ▶ Gather resources and get an idea of how it is run.

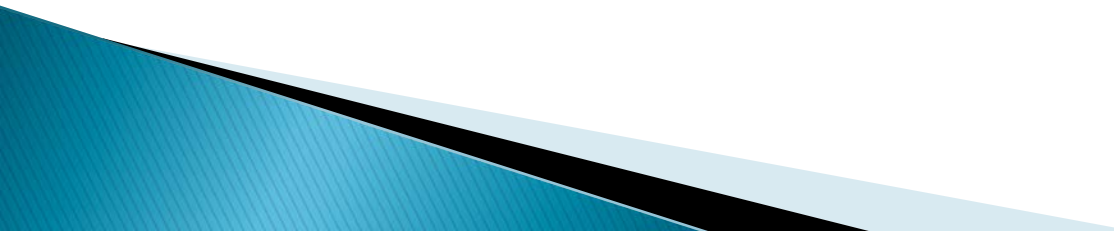


# Set your Goals



- ▶ Decide how you want your program to run and what you want to accomplish
- ▶ Is this just phase II or do you have a maintenance program in mind
- ▶ What equipment do you think you will need
- ▶ What will the work flow look like

# Things that need to be addressed

- ▶ Identify, modify, and manage risk factors to reduce disability, morbidity & mortality
  - ▶ Improve physical functioning
  - ▶ Reduce/alleviate activity related symptoms
  - ▶ Educate patients about the management of heart/lung disease
  - ▶ Improve quality of life
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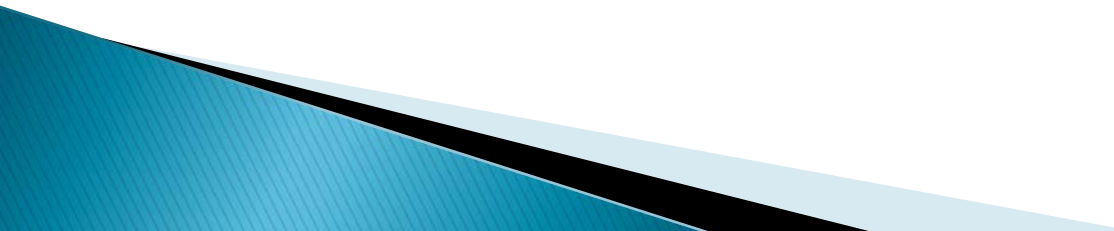
# Things to consider

- ▶ Who do you want to educate your patients?
- ▶ What do you want to teach them?
- ▶ How will you provide the education?
- ▶ When will you provide it?

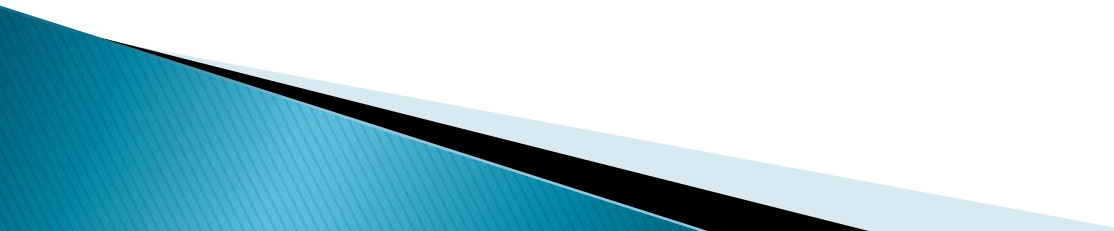




# Getting Started

- ▶ Start with a space. Your entire program will be impacted by the space you have
  - ▶ Get approval to start a program and define a space
  - ▶ Do a study and get a rough estimate on potential attendee's
  - ▶ Decide if it is a single or double phase program
- 

# Work flow

- ▶ Develop a work flow diagram that starts with receiving a referral.
    - This includes making a standard referral form with admitting diagnosis
    - Walk thru the patient experience from entering the facility to finishing your program
    - Make sure they your process is as easy and accessible as possible.
- 

# Designing a referral form

## Diagnosis portion



### Pulmonary Rehabilitation Referral Form & Treatment Plan

Participant Name: \_\_\_\_\_ DOB \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

1. Check appropriate Pulmonary diagnosis:

Primary

- |  |   |
|--|---|
| <input type="checkbox"/> * Persistent Asthma                 | <input type="checkbox"/> * Chronic Obstructive COPD with Asthma                   |
| <input type="checkbox"/> * Pulmonary Fibrosis                | <input type="checkbox"/> * Emphysema  |
| <input type="checkbox"/> * Obstructive Chronic Bronchitis    | <input type="checkbox"/> * Bronchiectasis   |
| <input type="checkbox"/> * Interstitial Lung Disease         | <input type="checkbox"/> * Obstructive Chronic Bronchitis with Acute Exacerbation |
| <input type="checkbox"/> * Emphysema with Chronic Bronchitis |   |

Please note: - One or more \* diagnoses and PFT needed for Medicare Approval

Secondary

- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_

# Referral for continued

- ▶ Determining risk stratification and other needs.



# Simple form for risk

2. Oxygen needed with exercise No / Yes \_\_\_\_\_ liters
3. Use protocol to determine need for oxygen during exercise No / Yes
4. Select the appropriate pulmonary risk stratification:

<input type="checkbox"/> Moderate COPD /respiratory impairment	<input type="checkbox"/> Severe COPD/ respiratory impairment	<input type="checkbox"/> Very Severe COPD/ respiratory impairment
FEV1/FVC = 70 % FEV1 ≥ 80% Predicted (IIA: 50% ≤ FEV1 < 80% predicted IIB: 30% ≤ FEV1 < 60% predicted.) With or without chronic symptoms (cough, sputum production)	FEV1/FVC = 70 % FEV1 > 30% Predicted or FEV1 < 50% Predicted plus respiratory failure or clinical signs of right heart failure.	FEV1/FVC < 70 % FEV1 < 30% Predicted or FEV1 < 50% Predicted plus presence of chronic respiratory failure.

5. Please attach recent Pulmonary Function Test/ABG results \_\_\_\_\_
5. List any special precautions, limitations, or needs \_\_\_\_\_
6. Frequency and Duration: Maximum of 36 mini-educational classes and exercise sessions with progressive time and intensity, and monthly support group meetings available to patient and family.

I recommend the above named patient participate in the Pulmonary Rehabilitation Program and direct the staff to develop an exercise prescription UNLESS designated as follows:

MET Level: Start \_\_\_\_\_ Goal \_\_\_\_\_ Target Heart Rate \_\_\_\_\_ Target PE \_\_\_\_\_

# Finish it up

Please fax, mail or give this form to your patient for processing of orders. Thank you for this referral!

**Good Shepherd CardioPulmonary Rehabilitation Location: 620 NW 11<sup>th</sup> Suite M-11 Hermiston Oregon 97838**  
**Phone: (541) 667-3687 Fax: (541) 667-3668**

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_

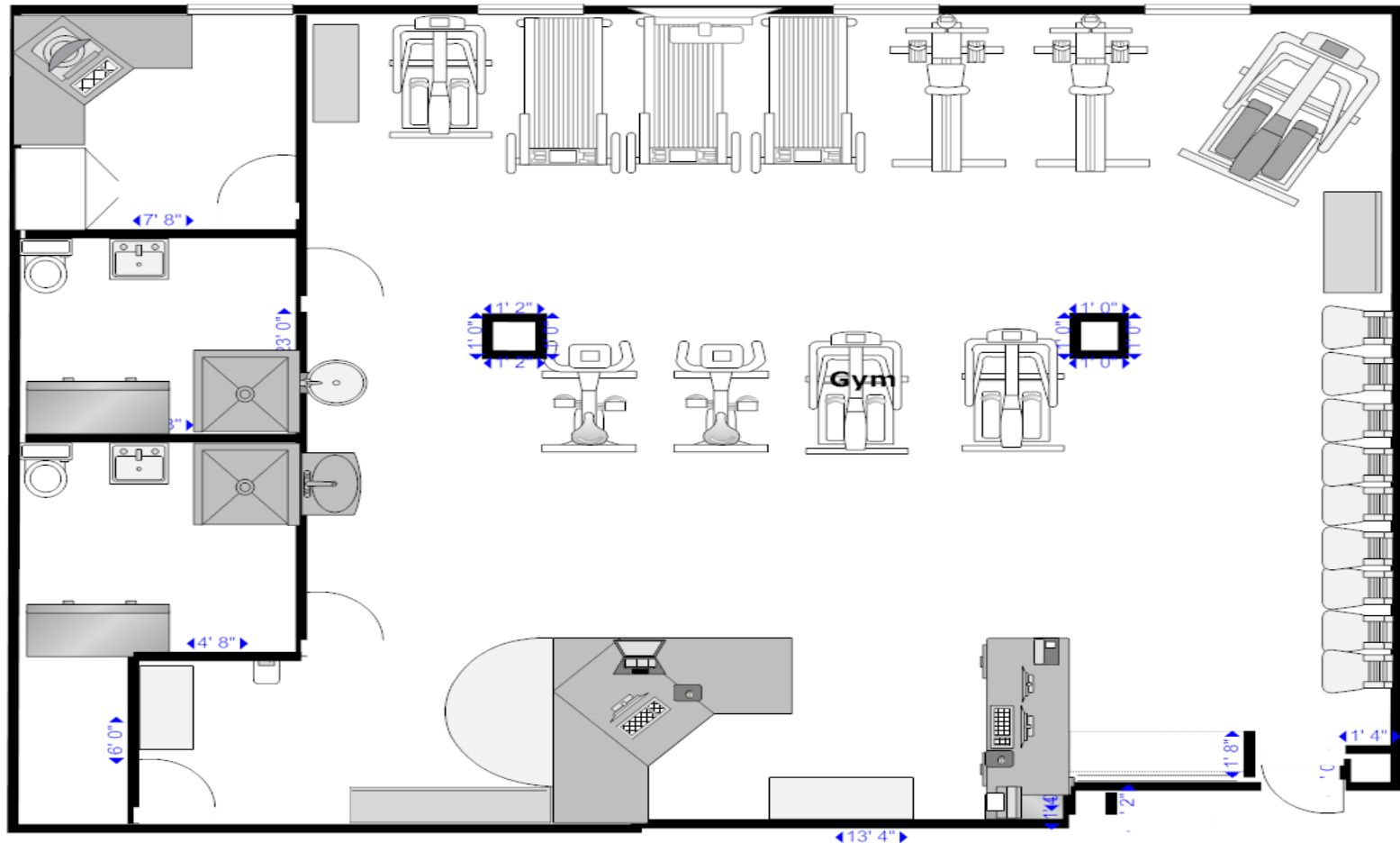
## PATIENT IDENTIFICATION

(MUST BE ON ALL PAGES FRONT AND BACK)

# Use available resources for planning

- ▶ Work with your facilities department and plan each aspect of your department if possible.
  - Flooring, facilities, furniture
- ▶ Use equipment companies to help you lay out your facility.
  - They have software to help you out.
- ▶ Talk with other department in your facility that have built a new department and get their input.

# Moving on with development





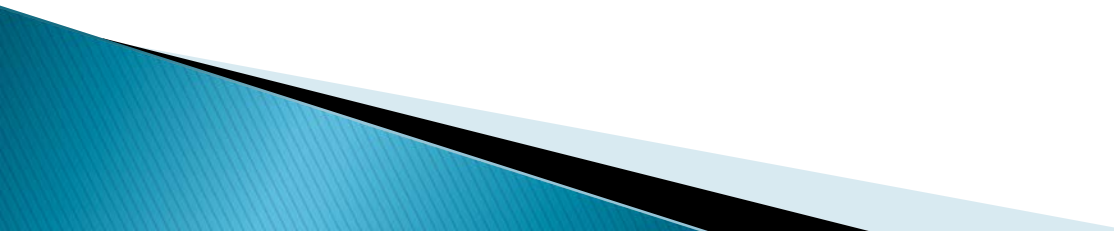
# Finished product



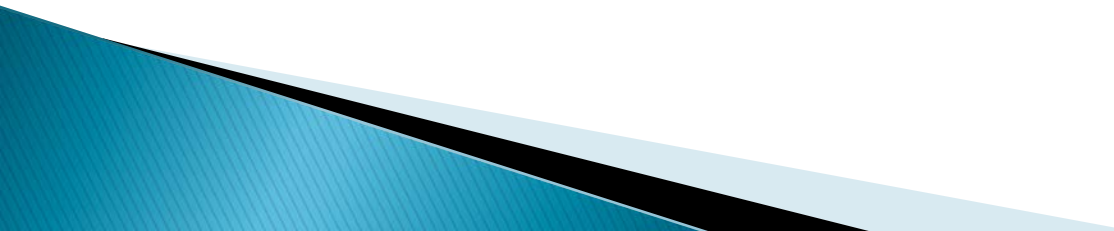
# *Another view*



# Now the program

- ▶ Policies and procedures
    - Keep them to a minimum
  - ▶ Competencies/Instruction
    - Staff competencies and processes for the department
  - ▶ Education
    - Get your educational process in place
    - Materials, location, timing
- 

# Required policies

- ▶ Page 112 of the AACVPR manual
  - ▶ Keep policies to a minimum...
  - ▶ Operational policy that describes how you do what you do.
  - ▶ Pulmonary Exercise Prescription/ITP
  - ▶ Emergency Policy
- 

# Just a suggestion

- ▶ Use existing hospital policies
- ▶ Follow hospital Mission, Vision, Values
- ▶ Reference current resources
- ▶ Give time frame for updating

Vision  
Mission  
& Values

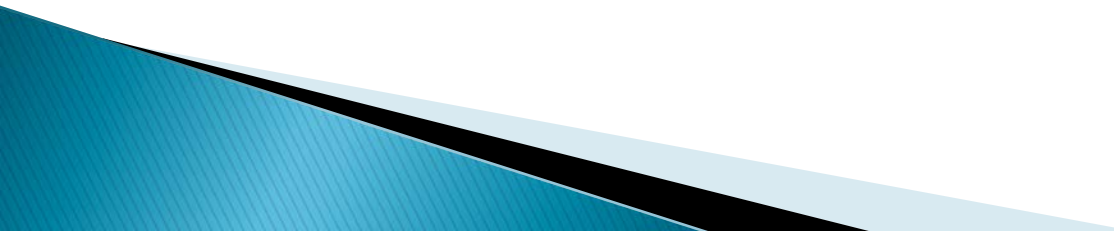


Cartoon of diet joke. >>





# The Goal of Education

- ▶ Promote health and prevent adverse events
  - ▶ Effectively interact with health care providers
  - ▶ Adhere to treatment protocols
  - ▶ Self-monitor physical and mental status and make appropriate management decisions
- 

# Needs and limitations

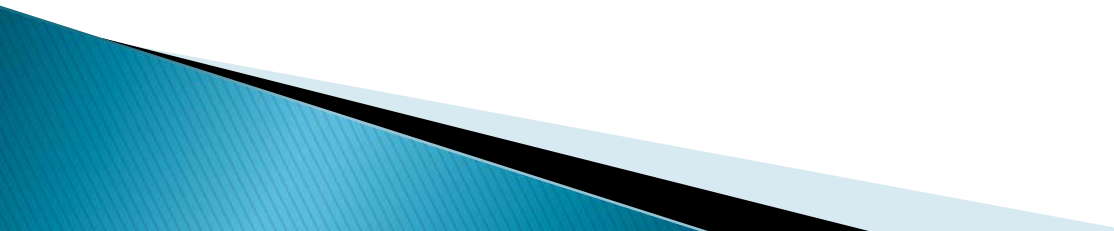
- ▶ The program needs time to work. You cannot change habits in 3 visits.
- ▶ 36 visits – it's a lifetime limit (or is it)



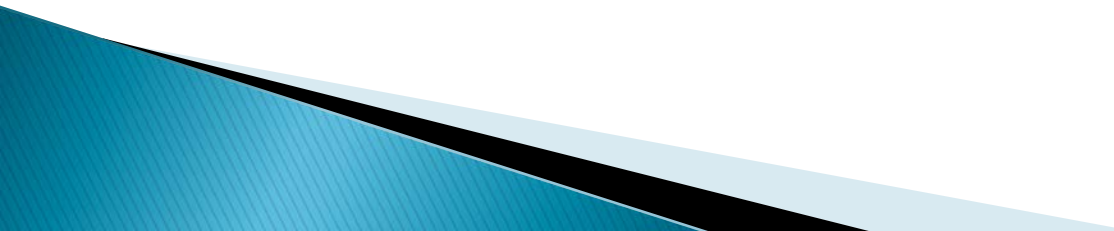
# The program

- ▶ Focus on the following areas
  - Bronchial Hygiene
  - Smoking Cessation if applicable
  - Breathing retraining
  - Medication education and management
  - Decrease incident of exacerbation
  - Exercise
  - Change habits to healthy habits

# What is the Goal

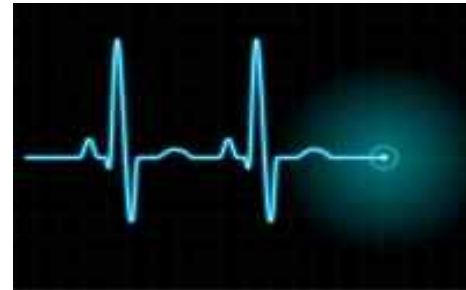
- ▶ Stop destructive behaviors
  - ▶ Regain as much function as possible
  - ▶ Change habits to maintain healthy lifestyle
  - ▶ Get needed resources for patients to maintain
  - ▶ Keep patients out of the hospital
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# Getting started

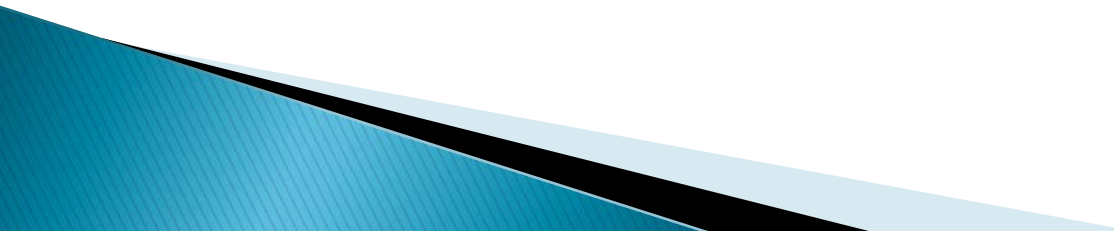
- ▶ We start with a welcome packet – helps to establish expectations
  - ▶ Education – teach them what they don't know
  - ▶ Exercise – individualize it
  - ▶ Change Habits – Support it
  - ▶ Medication – Teach them to manage it
  - ▶ Stress – Help them to manage it
- 

# Where we often fall short

- ▶ Cardiac monitoring/ help recognize risk
- ▶ Complete medication education
- ▶ Complete program – equipment and staff
- ▶ Motivational needs of the patient
- ▶ Social interventions
- ▶ Little things for well being



# Meeting the need

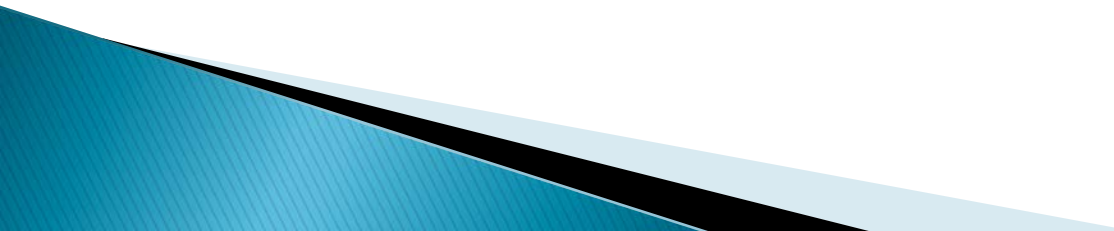
- ▶ Use all your resources
  - ▶ Other specialties to teach and participate
  - ▶ Focus on improvement in all areas
  - ▶ Set achievable and realistic goals and assist the patient in meeting them
  - ▶ Assess the intake and set an achievable workout balanced with positive environment and habit changing behaviors.
- 



# COPD Zones

Green Zone	<p><b>All Clear – This zone is your goal – This is your baseline</b></p> <ul style="list-style-type: none"><li>• Feeling well, usual activity and exercise level, able to do daily activities</li><li>• No increase shortness of breath</li><li>• Usual amounts of mucus/phlegm, easy to cough up</li><li>• Sleeping well</li><li>• Appetite is good</li></ul>
Yellow Zone	<p><b>Caution – This is a warning zone – Time to notify your doctor</b></p> <ul style="list-style-type: none"><li>• Increase shortness of breath</li><li>• Decrease energy or difficulty completing daily activities</li><li>• Increased and/or thicker mucus/phlegm, change in color of mucus/phlegm</li><li>• More coughing than usual</li><li>• Increase use of quick relief inhalers; may feel as if it is not helping</li><li>• Difficulty sleeping</li><li>• Decrease appetite</li><li>• Feeling uneasy; you know something is not right</li></ul>
Red Zone	<p><b>Emergency – Go to the emergency room or call 911 if you have any of the following:</b></p> <ul style="list-style-type: none"><li>• Severe shortness of breath even at rest</li><li>• Unable to perform activities of daily living due to shortness of breath</li><li>• Chest pain</li><li>• Fever or chills</li><li>• Coughing up blood</li><li>• Feeling confused or drowsy</li></ul>

# Billing for the service

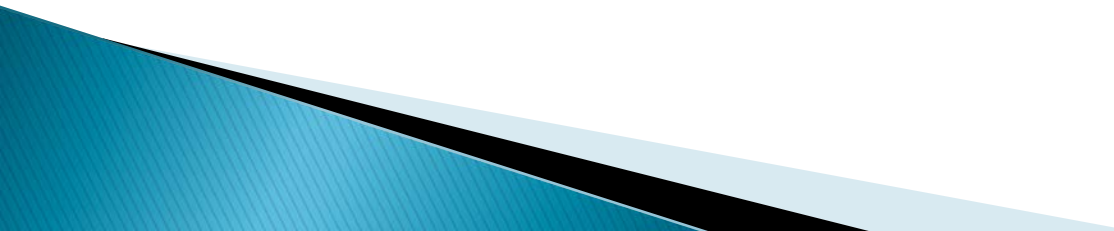
- ▶ Consult the PR program tool kit from AARC
  - ▶ There are only 4 major codes
  - ▶ G0424 – COPD code – use gold standard
  - ▶ G0237, G0238, G0239. The EEG codes for RT
  - ▶ Exercise, Education, and Group
- 



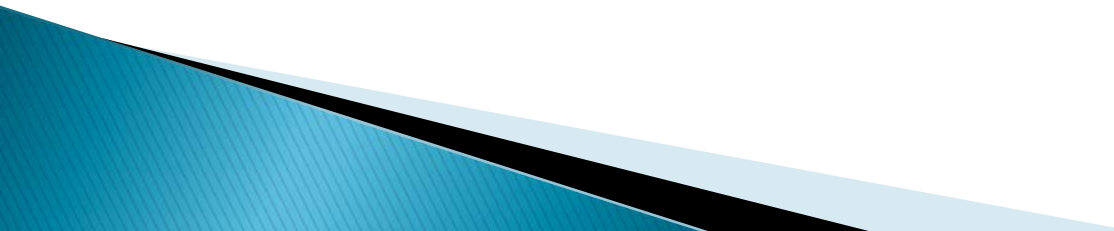
# Basic Understanding of Codes

- ▶ It is how Medicare determines our payment
- ▶ PPS – Perspective Payment System is the predetermined payment processed by MAC's
- ▶ MAC – Medicare Administrative Contractors
  - Distributes the money to the facilities
  - Not all see and pay claims the same way

# More billing

- ▶ APC's. – Ambulatory Payment Classification
    - Set by CMS
  - ▶ HCPCS Healthcare Common Procedure Coding Classification
  - ▶ Level I of the HCPCS
    - Current Procedural Terminology known as the CPT–4 is a uniform coding system used to identify medical services and procedures
    - Level II is used to identify products
- 

# How we get paid

- ▶ OPPS. Medicare hospital outpatient prospective payment system
  - ▶ CMS used 88 million single procedure claims to average out payment
  - ▶ This set the APC or reimbursement rate for procedures.
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# Good Shepherd's Cardiopulmonary Rehab Team



**Thank You!**