ROLE OF SLP IN LTC-
Surviving and Thriving in Geriatric Practice

Objectives

• Discuss Healthcare Reform & Challenges
• Thriving vs Surviving as a SLP
• Documenting your Value as a SLP.
• Advocacy & Action

What is the Job Outlook for SLPs?

• Employment Growth for SLPs:
  — 2008 - 2018: Projected to grow 19%

What is Skilled Treatment?

Anything that requires the unique training and education of you the speech therapists to administer in order to improve or maintain a patient's function.

So, Where Are We?

We exist in an unhealthy health care environment. The system is going broke and needs reform. New reimbursement models are coming forward to control and/or decrease the cost of health care. ACA is first major step but does not cover everyone although economists are unified in that it will save significant dollars for healthcare over 10 years without compromising healthcare. Forecast changes in reimbursement models — Change proposals for treatment regimens are very active — Change proposals for diagnostics still speculative with some action already completed.

So what does that mean for SLP? Do we survive or THRIVE?

• Technology & how it could affect SLP’s
• Top of License
• Power of Data Using Objective Measures to our Advantage
• Moving Beyond Typical Roles — Reducing Re-admissions/Dysphagia Screens, Health Literacy
• Functional Goal Writing
• Improved Services Delivery

Depiction of Traditional FFS vs. Bundled Payments

Communication and collaboration are key. No one wants to be the provider who adds cost.
Disruptive technologies

- Be prepared for a time when technology takes the place of something SLPs do—what if?
  - Apps on i-pad could improve receptive language as well as 1:1 therapy
  - Digital screening device for dysphagia eliminates need for clinical swallow exams
  - Medication advances eliminate Parkinson’s, Dementia
  - Computer-based program can diagnose language disorders
  - An implantable device eliminates pharyngeal dysphagia
  - Tele-health becomes the standard method of providing services

Top of License (AKA Leveraging)

- HC providers should ONLY spend time doing things that require their professional skills and training
- HC providers should NOT spend time doing things that can be done by those who are less skilled and lower paid
- SLPs should provide only those services that require a level of complexity and sophistication that only an SLP can perform

The power of data

- Analyze and improve the way SLPs provide services
- Provide answers for clients and their families about expected outcome
- Provide information to administrators/third party payers about the value of SLP services
- Benchmark performance against system and national data

Moving beyond “typical roles”

- Understand what your facility is trying to do to survive in the new health care arena
- Requires you to understand things like:
  - Reimbursement methodologies
  - Value-based purchasing
  - Pay for performance

Reducing readmissions

- Hospitals are penalized financially if patients are readmitted within 30 days of discharge
  - One of the target populations is patients with pneumonia
- The SLP can have a role analyzing re-admissions and working with the re-admissions team to reduce re-admissions
- Dysphagia screening for any patient with pneumonia?

Example: Poor health literacy costs the health care system $$$

- The SLP could lead the effort at the facility to address health literacy
  - Training other staff in what health literacy is
  - Helping develop teaching materials and methods to utilize with patients who have varying degrees of health literacy

Example: Improving patient experience by using more effective teaching methods

- SLPs are experts at communication
- They could be the resource at their facility for teaching other staff how to effectively convey information to patients
  - Teach-Back
  - Ask Me 3
- SLPs can detect subtle comprehension deficits in patients to determine they are not understanding discharge instructions

SLPs: Seize the Opportunity to “Showcase” Critical Importance of Functional Status

- Use the ICF framework with care teams to structure care to achieve outcomes that matter to patients’ everyday lives.
American Geriatric Society: Currently 7600 certified geriatric specialists

Address goals with meaningful materials and in the environment where the patient/client will be responsible for carrying out the exercise. Focus is on generalization!

Address goals with un-meaningful materials in separate settings without concern for carry over or generalization. Focus on skill drill in the separate setting.

### Challenges in Geriatric Practice

**US Healthcare and Aging**
- Training and Education in Geriatrics:
  - 3 out of 145 medical schools required mandatory rotation in geriatrics
  - <25% of all medical students take a course in geriatrics
  - Due to reduced training, physicians:
    - May have difficulty performing an accurate geriatric assessment
    - Consider memory loss or insomnia to be a normal component of
      APM
    - Hesitate to prescribe exercise
    - Confuse depression with cognitive impairment

- Current Training in Geriatrics (2011):
  - American Geriatric Society:
    - Currently 7600 certified geriatric specialists

### Functional Goals

**This**
- Focusing on what is important to the patient/client
- Information from assessments inform mastery criteria but are not the sole source of goals
- Focus is on the real world and is multidimensional!

**Not This**
- Focusing on arbitrary goals
determined by the DoH alone
- Goals are derived from the hospital given tests alone.
- Focus is one dimensional!

### US Healthcare and Aging

- Training and Education in Geriatrics (2002):
  - Number of geriatricians is expected to fall to <6000
  - Estimated US will need 30,000 geriatricians in the next 30 years

- Current Training in Geriatrics (2011):
  - American Geriatric Society:
    - Currently 7600 certified geriatric specialists

### Management of Dementia: An Opportunity For SLPs to LEAD

- Unnecessary Hospitalizations: Patients with dementia are at risk for falls, pneumonia, medication non-compliance, anxiety and other co-morbid conditions that could lead to long hospital stays.
- How can we help prevent these complications and co-morbidities? Can we help treat the family as well? Can we model team communication and collaborative interdisciplinary care to leverage everyone on the care team?

### REASON/HISTORY

- Tell the WHOLE story in paragraph format
- Recent history/triggers/events
- Don’t just state MD dx

"Weight loss" vs. "Significant weight loss of 10 lbs. in a one month period. Nursing observed patient having difficulty chewing; suspect dysphagia.

**What’s the big deal?**
- Increased level of scrutiny
- Aggressiveness by Medicare to ensure claims qualify for reimbursement and meet medical necessity
- We must be PROACTIVE in making sure our documentation is defensible and able to stand up to review in order to get the payment we DESERVE for the services we provided
- Advocacy for our profession & our patients

**The Evaluation**

- This happened
- This didn’t happen
- Significantly better do that
- And now TX is needed for That
Prior Level of Function

- You want to describe how the patient was functioning as it relates to your POC. Simply “pt living at home” is not enough.

Pt lived in her home independently completing shopping, paying bills, ADL’s and leisure activities. Pt consumed regular diet w/ thin liquids with no difficulty or signs of dysphagia. Pt enjoyed sewing, church and spending time with her family and family reports no known confusion and communication intact.

Measures

- Must have baseline measures of all areas you will be addressing in your goals!
- Standardized Testing-Criterion OR Norm referenced Testing
- Formal Vs. Informal
- Screening Tools

LTG’s

- What will be accomplished during their short term stay prior to d/c to home/AL/LTC.
- Reflect the final level the Pt is expected to achieve as a result of your treatment in the current setting.
- Function based, measurable, attainable.
- Be specific, avoid “most appropriate diet” or “least restrictive environment”
- LTG CAN be updated at your Updated POC

STG’s

- Focus on Function(that has been measured), not treatment activities
- Attainable by next progress note(1-2 weeks)
- Are NOT what you plan to do for further assessment
- “Pt will participate in objective measure of swallow to r/o aspiration”

ICD-10 Begins Oct 1, 2015

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- Standardized Testing-Criterion OR Norm referenced Testing
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Coding

- Diagnosis: ICD-9 and CPT codes must agree

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Importance of Nursing Documentation

- Make sure nursing documentation supports the need for your evaluation/treatment. If a denial occurs, the claim may be denied.
- If the referral comes from nursing, make sure they are documenting their concerns.
- If the referral doesn’t come from nursing, document the interaction and the Pt’s responses.

DON’T:

- Use vague language
- Document what YOU did and the Pt’s responses
- Avoid words like “suspicious”
- Be Specific: “Pt’s responses to orientation questions were measured”

DO:

- Use clear, concise language
- State factual information
- Document what YOU did and the Pt’s responses
- Avoid words like “suspicious”
- Be Specific: “Pt’s responses to orientation questions were measured”

Daily Notes

- Ask the nurse if they have observed the problem behavior(s):
- Share the concerns and ask to document their observations

Terminology

- Use clear, concise language
- State factual information
- Document what YOU did and the Pt’s responses
- Avoid words like “suspicious”
- Be Specific: “Pt’s responses to orientation questions were measured”

DON’T:

- Use vague jargon language
- Offer your opinion
- Duplicate information unnecessarily if it’s found in other places in the record
- Verbal/accuse about care of the Pt by others
- Be specific, avoid “most appropriate diet” or “least restrictive environment”
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- Document the interaction and the Pt’s responses

ICD-9 and CPT codes must agree

9/21/2015
**Progress Notes**

- Summarize the SKILLED intervention used for EACH CPT code
- Reviewer is looking for what YOU did differently or new since the last report and updated goals

*Changed *Modified *Advanced *Analyzed *Progressed *Higher Level Challenges

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**SKILLED INTERVENTION**

- Progress Feedback Therapy
- Cycle-skilled therapy
- Higher Level Challenges
- Autosequence Learning Techniques
- Anxiety Management
- Brief Instruction
- Strategy Training
- PMP TX
- Special Needs (NT)
- Meal Areas
- Spacing & Revising
- Script Training
- Cognitive Therapy
- Schedule/Sequence Therapy
- Therapy in activities (i.e. auditory)
- Attention Initiator treatment
- Auditory Perception Training
- Activities & Affecting Treatment
- Auditory Perception Therapy
- Auditory Perception Training

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**JUSTIFICATION FOR UPOC**

- Judging by the progress made thus far and probes for additional use upon discharge in skilled strategies & increased to 50% with SLP using cuing

*Higher Level Challenges*

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**Do not be afraid to report when progress is slow. Tell it like it is. Slow progress is still progress!!!**

**SLOW PROGRESS**

Don’t be afraid to report when progress is slow. Tell it like it is. Slow progress is still progress!!!

**Why was the pt treated?**

- Completed UPOC/RECERT for physician certification
- Continue skilled ST for goal completion

**Discharge Summary**

- Why was the pt treated?
- What did you do?
- What was the result?
- What’s happening next?
**Overcoming….**
- Set the patients up (I'm going to be jotting down some notes...I'm not ignoring you, etc...)
- pt. and family accepts it bc MD's do it
- Accuracy enhanced
- Prepared--have note for day and next treatment planned
- ALL GYMS ARE NOT CREATED, so change them
- Start small….what's 1 thing you could do with a pt. on caseload right now

**Your Advocacy Agenda**
- Ethics? Zero Tolerance for Fraud and Abuse
- Productivity: Refer to Tri-Alliance Position Statement on Clinical judgment under Productivity Demands in ICF.
- Documentation: Success and focus on functional!
- Mentorship (ASHA STEP Program) to prepare our students for Value vs Volume shift!
- Advocacy in New Congress and with ASHA to CMS. It works...CMS retracted its SGO policy and welcome feedback between 11/7 and 12/7/14.
- Continuous Learner- ASHA Practice portal now has 21 practices including cog rehab...be a best practitioner!
- Become a Model Team Player with doc, nurse and therapy become an indispensible col in care team!

**Consider a Student/Volunteer Program**
- Use students to:
  - Setup and clean up
  - Organize materials & cabinets
  - Make copies
  - Run errands
  - Call families
- **Make communication boards, handouts, etc.**
- Take a history over the phone
- Do literature reviews
- Do crafts for use in therapy

**“Changing Lives Through Communication”**

“If all my possessions were taken from me with but one exception, I would want to keep the power of communication, for by it, I would soon regain all the rest.”
—Daniel Webster

**QUESTIONS?**

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**References**