

IMPLEMENTATION OF MIRE THERAPY PROGRAM IN THE HOME HEALTH SETTING

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9 pages including cover

The use of Monochromatic Infrared Photo energy (MIRE) in the home health setting has increased substantially over the past several years. This presentation will detail the implementation of a MIRE therapy program in a large, not-for-profit home health agency. Included will be the stages of Discovery, Due Diligence, Pilot, Implementation, Marketing, and Evaluation of Outcomes. In addition, an emphasis will be placed on obstacles encountered, as well as a retrospective review of the implementation process to identify the areas which worked well, and those areas which required post-implementation revision. Upon completion of this course, you'll be able to: 1) Identify the key components of the initiation of a MIRE therapy program. 2) Identify obstacles and possible solutions to the successful initiation of a MIRE therapy program. 3) Understand key concepts of marketing and reimbursement for a MIRE therapy program. 4) Understand the importance of interdisciplinary involvement in the successful implementation of a MIRE therapy program.



HOME HEALTH SECTION
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Implementing MIRE Therapy In The Home Health Environment

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Objectives

- Identify key steps in the initiation of a MIRE therapy program.
- Identify obstacles impeding successful implementation and discover possible solutions.
- Understand the reimbursement for and the marketing of a MIRE therapy program.
- Discover key clinical and financial outcomes for 1 year of MIRE treatments.

KEY COMPONENTS OF IMPLEMENTATION

- Discovery
- Due diligence
- Pilot program
- Implementation

Discovery

- CSM 2004 – Nashville, TN
 - Clinical Electrophysiology presentation
- Internet research
- Company contact
- Company presentation

Due Diligence

- Experience of other users
- Literature review
- Physician / other professional interviews
- Discussion with finance team

Designing the pilot program

- Training and competency
- Policy and Procedures
- Selecting Outcomes
- Logistical considerations

Training and Competency

- Use of company personnel
- Selection of therapists
- Development of a competency

Policy and Procedures

- Company pre-packaged P&P
- Local Modification
 - Pilot program
 - Future Implementation
- Administrative approval

Selecting / Tracking Outcomes

- Outcome selection - Clinical
 - Tinetti score
 - 5.07 monofilament testing
 - Pain scale
 - Wound size

Outcome Selection - financial

- Dictated by finance / administration
- Productivity
- High therapy threshold cases
- Service utilization

Logistical considerations

- Branch offices
- Patient Selection
- Geographical considerations
- Physician considerations

Pilot results

- Neuropathy patients
 - Patient A – 4 week
 - 12/12 sites sensitive to 5.07 filament
 - 23/28 on Tinetti
 - Independent ambulator with straight cane
 - Functional gains
 - Subjective report

Pilot results

- Patient B – 4 weeks treatment
 - 11/12 sites sensitive to 5.07
- Ambulate with straight cane Independently
- 24/28 on Tinetti
- Functional gains

Pilot results

- Patient C – 4 weeks
 - 11/12 sites sensitive to 5.07 filament
- 21/28 on Tinetti
- 0/10 pain
- Functional gains

Pilot results - wounds

- Patient D – 36 treatments
 - On service 4+ years, >1,000 SN visits
 - 1cm x 2 cm primary pressure ulcer with extensive tunneling
 - 8 cm, 7 cm, 7 cm
 - Significant reduction in tunneling to <1.5 cm each
 - D/C due to no further progress / noncompliance
 - Since healed

Pilot results - wounds

- Patient E – 42 treatments
 - On service 3 + years, > 400 SN visits
 - 2 primary sites 2cm x 2.5cm connected by 6cm tunnel
 - Healed tunnel and 1 primary site
 - D/C to nursing and wound since healed

Pilot results – wounds

- Patient F – 29 treatments
 - Diabetic toe ulcer – 3 year duration
- 1.5 cm x 2.0 cm x .6 cm deep
- Full wound healing
- No return of sensation

Implementation

- Financial considerations from pilot
- Clinical considerations from pilot

Clinical Considerations

- Outcomes were all very good
- Patient satisfaction was excellent
- Therapist satisfaction

Financial Considerations

- 3 MCR cases covered ROI
- Productivity was low for therapist
- Nursing visits were reduced for wounds

Implementation

- Purchased pilot unit + 4 additional units
- 3 units in Erie county
 - Northern
 - Southern
 - City of Buffalo
- 1 unit each in 2 next largest branches

Implementation - Logistics

- Units divided per geographic area
- Training and Competencies for ALL physical therapy staff / OT staff (select)
- Reviewed and updated policy and procedures to reflect coordination with WOCN team

Implementation - Marketing

- Physician visits
- Facility visits
- Article publications
- Radio ads

Marketing Physician groups

- Set up by marketing department
- Focus groups
 - Podiatrists
 - Endocrinologists
 - Nephrology / Dialysis
 - Infectious disease / Plastics

Marketing Facilities

- Area considerations
- Literature presentations
- Actual results – honesty
- Competitive considerations

Obstacles to Implementation

- Reimbursement issues
- Therapist issues
- "Territorial issues"
- Patient issues

Reimbursement Issues

- Medicare
- Medicaid
- HMOs
- Worker's Compensation / Other payers

Reimbursement - Medicare

- Neuropathy cases
 - 33 MCR patients
 - 28 High therapy threshold cases
 - Cleared use of Anodyne with UGS representative
 - Difficulty extracting information from UGS.

Reimbursement - Medicare

- Wounds
 - No direction from UGS
 - Representative uniformed and difficult
 - Selective cases / Additional therapy needs documented requiring skilled PT

Reimbursement – Other

- 1 HMO refused to pay for MIRE as a stand alone service – (wounds)
- 1 HMO covered MIRE as long as the usual guidelines
- Medicaid – no problems
- Workers compensation

Obstacles – Therapists

- Time in the patient's home
- Productivity
- Burn-out

Territorial Issues

- Wound care team
- WOCN
- Nursing staff

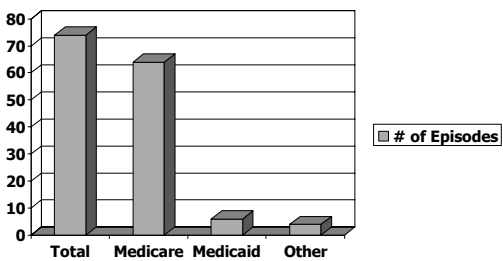
Obstacles - Patient

- Sensation return
- Compliance
- Follow-up

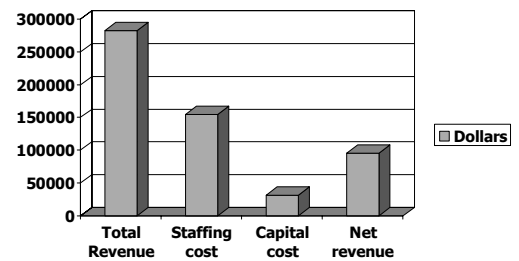
OUTCOMES

- Financial
- Clinical

Financial Outcomes



Financial Outcomes - Revenue



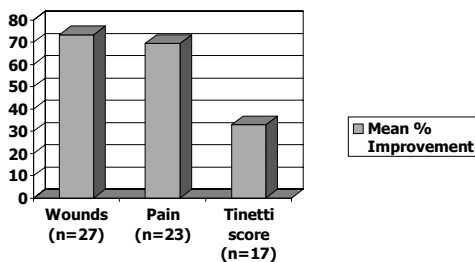
Financial Outcomes

- Average visits per episode – 23.8
- Mean productivity – 4.36 visits / day

Clinical Outcomes

- Wounds – total surface area (l x w)
- Pain – (0-10) subjective reporting
- Sensation – x/12 sites (LE / UE) to 5.07
- Balance – Tinetti (x/28)

Clinical Outcomes



Clinical Outcomes

- Sensation
 - N= 30
 - Mean increase of 4.8 sites
 - +/- 2.8 sites

Clinical Outcomes - wounds

- N = 27
- Mean improvement of 73 %
- 10 wounds to complete healing
- 9 wounds d/c to care of patient ranging from 50 – 98 % healed
- 8 wounds d/c'd due to non-compliance, MD, patient, or hospitalization ranging from 0 to 47 % healed.

Clinical Outcomes - Pain

- N=27
- 9 with 100 % improvement
- 11 with 50 to 78 % improvement
- 1 case – no improvement – MD d/c early.

Clinical Outcomes - Balance

- N=17
- Mean increase = 4.6 points on Tinetti
- Not all patients appropriate, therapists getting used to tool.

Future Direction
