August 23, 2021



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Stroke Corner Article Review: Therapy Assistant Staffing and Quality Outcomes in Skilled Nursing Facilities

Reviewed by Rachel Prusynski, DPT, NCS (Stroke SIG Vice Chair and

article author)



Did you know that about 30% of Medicare beneficiaries with CVA receive their rehab in the Skilled Nursing setting? SNFs are an understudied area of rehab for patients post-CVA. Nationally, over half of therapy staff in SNFs consists of therapy assistants. This article examined how the staffing of therapy assistants was associated with patient outcomes of functional improvement, community discharge, and hospital readmissions.

Article Title:

Therapy Assistant Staffing and Patient Quality Outcomes in Skilled Nursing Facilities

Link: https://pubmed.ncbi.nlm.nih.gov/34291695/

Purpose: The patient driven payment model (PDPM) has led to therapy staffing declines in Skilled Nursing Facilities (SNFs), which impacted therapy assistants more than therapists. The overall decline in therapy provision was met with concern for patient outcomes, and the use of lower-paid therapy assistants to maintain therapy intensity at lower staffing costs may be a helpful strategy for SNFs to maintain quality outcomes. This study examines associations between proportions of therapy assistant versus therapist staffing and three outcomes: patient functional improvement, community discharge, and hospital readmissions.

Methods: 2017 Public data from 13,413 SNFs were included to examine associations between the percent of physical therapist assistants vs physical therapists (% PTAs) and the percent of occupational therapy assistants vs occupational therapist (% OTAs) on staff and quality outcomes. Linear mixed effects models were adjusted for overall therapy intensity (minutes of PT & OT/patient day) and a variety of organizational characteristics.

Results: SNFs employed 53.4% PTAs and 49.3% OTAs on average. % Assistants was divided into categories: 0% assistants, low assistants (0-25%), Medium-low assistants (25-50%), medium-high assistants (50-75%) and high assistants (75%).

Model results:

- % assistants was not associated with functional improvement in transfers, locomotion, or ambulation for either discipline.
- Medium levels of PTAs and OTAs were associated with higher rates of successful patient community discharge compared to 0% assistants
- High % OTAs was associated with worse hospital readmission rates
- Higher intensity PT (more PT minutes per patient day) was associated with better outcomes *for all three outcomes*
- Higher intensity OT was associated with *worse* community discharges and *higher* hospital readmissions

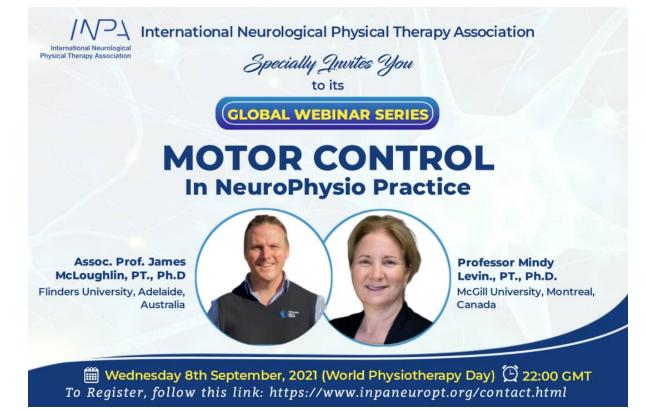
Conclusions/Take-aways

Because more positive community discharge outcomes and fewer hospital readmissions were experienced by SNFs who did not staff very low or very high percentages of assistants, *balanced staffing of therapists and therapy assistants may be ideal for SNFs in terms of balance between efficiency and skill mix*

To reduce staffing costs under PDPM without sacrificing quality, <u>SNFs</u> <u>employing few assistants may consider shifting staffing toward therapy</u> <u>assistants rather than reducing therapy intensity</u>, particularly for physical therapy since more physical therapy had positive associations with all three quality outcomes.

Global Webinar Series on Motor Control in Neurologic PT Practice

Constant Contact



Join the International <u>Neurological Physical Therapy Association</u>, a subgroup of <u>World Physiotherapy</u>, for a global webinar series on Motor Control in Neurologic Physical Therapy practice.

Click on the link to register: https://www.inpaneuropt.org/contact.html

Help APTA Fight the Cut!



For Legislative Action: Your action against the proposed <u>3.75% 2022</u> <u>Medicare Physician Fee Pay Cuts</u> and <u>PTA Differential Cuts</u> (15% cut in reimbursement of PTA provided outpatient services) is vital to our profession and our patients. For a deeper dive into these issues, use this <u>link.</u>

- For the 3.75% 2022 Medicare Physician Fee Pay Cut: PTs, PTAs, students, and patients are asked to meet or contact their members of Congress to encourage them to provide additional funding to prevent these 2022 payment cuts.
- For the PTA Differential Cuts: PTs, PTAs, students, and patients are asked to meet or contact their members of Congress to encourage them to act to pass legislation to delay these cuts until 2023, provide an

exemption for rural/underserved areas, and reduce the current burdensome direct supervision requirements in private practice settings.

If you can not meet with your legislator, APTA members and their patients can use the <u>Legislative Action Center</u> by logging into your APTA account or <u>Patient Action Center</u> to send emails or social media messages.

The Stroke SIG Youtube Playlist



Thanks to great work by our Academy of Neurologic PT staff, all ANPT Special Interest Groups now have Youtube PlayLists where you can access previous & new videos all in one place! Don't forget to subscribe to the <u>ANPT Youtube</u> <u>Channel</u> to access all new content as it is posted.

Click the button below to access our Playlist of videos:

Stroke SIG Youtube Playlist

ANPT Conference Starts in a few weeks!

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Registration for the first ANPT Annual Conference is Open!

Registration link here.

The **first 100 registrants** will receive a coupon for 50% off a course on the ANPT Synapse Online Education Center.

FOR YOUR CALENDAR

- September 8: Asynchronous/on-demand content and Exhibit Hall available
- September 24: Poster Hall available
- October 1-3: Synchronous/live conference

The schedule for all sessions is also now available.

Recordings of synchronous/live sessions, will be available starting October 5th along with the on-demand sessions, posters and exhibit hall through November 22.

CONFERENCE REGISTRATION

VISIT THE STROKE SIG ONLINE!

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