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LIFECARE ANNOUNCES MEDICAL ADVISORY BOARD

The LifeCare Family of Hospitals has announced the formation of a Medical Advisory Board or "MAB." Over the last several months we have been developing the process and structure to create this small work group that will interface with LifeCare's senior executive team.

In addition to our existing LifeCare national physician committees, the MAB will be a brand new high level group comprised of six LifeCare physicians from around the country representing different specialties of care. The mission will be to provide analysis and feedback to LifeCare's senior management team on clinical issues, projects and strategic plans for the company.

The MAB will be the official "sounding board" for the most important planning and implementation ideas across the LifeCare system.

The MAB will be an exciting and dynamic group charged with being the official "sounding board" for the most important clinical planning and implementation ideas across the LifeCare system. It will also be a critical resource for discussing future growth plans throughout the post-acute continuum – both for LTAC and other levels of post-acute care, as well as for possible partnership and joint venture opportunities). The six physician members of the new MAB were recently selected for their expertise in the post-acute continuum in specialty areas representing pulmonary medicine, hospitalists, wound care, infectious disease, physical medicine and rehabilitation, nephrology, and medical staff issues (MEC/credentialing/bylaws/policies). The group is expected to be fully functional by early fall. ■

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LIFECARE BEGINS PHYSICIAN CDI TRAINING

LifeCare Hospitals has rolled out an extensive Clinical Documentation Improvement (CDI) program for physicians and hospital staff. This education project will be ongoing and will incorporate training needed to improve current documentation in the medical record to better reflect our patients' acuity. In addition, the CDI program will provide an opportunity to prepare for the implementation and roll-out of ICD-10 in Fall.

As part of the CDI launch, the designated Physician CDI Advisors for each LifeCare facility recently gathered in Plano, Texas, for an initial in-depth education program. Run in parallel with our annual LifeCare National Medical Directors meeting, the Physician CDI Advisor initial training included more than six hours of CME-approved course work, as well as a chance to network with LifeCare's medical directors and senior executive management team.

Each local Physician CDI Advisor will now be working closely with the facility CDI nurse to educate the medical staff and to be a resource for documentation and coding issues and questions at each of our facilities. Follow-up CME approved CDI education sessions for physicians will be taught over the summer and into the autumn at each of our hospitals. Please be on the lookout for an invitation to an upcoming program for your facility and plan to attend! ■

The LifeCare Family of Hospitals



A BUSY YEAR AHEAD FOR LIFECARE PHYSICIANS!

It is often said that the only constant in life is change. Well, that will certainly hold true as LifeCare physicians look at the year ahead. But first, we should look at some of the things that will not change anytime soon:

This tenth revision to the “International Classification of Diseases” will be the largest and most complex set of changes ever devised.

Flu Shots – As we approach the upcoming flu season, please remember that all LifeCare physicians are required to provide proof of influenza vaccination or a medical explanation of why you cannot receive it in order to see patients in our hospitals.

CDI Education – In our clinical documentation education program for physicians, we will continue to focus on the “pearls” that help us to most accurately reflect a patient’s true acuity level in our history and physicals, progress notes, procedure notes, and discharge summaries.

Working Together – Working with each other and with LifeCare clinical staff to provide the best clinical care possible for our LTAC patients!

Now, let’s look ahead at some of the big changes that are coming our way in the next year or so:

ICD-10 – on October 1, 2015, we will be changing over to the new ICD-10 diagnostic and procedural coding system. This tenth revision to the “International Classification of Diseases” will be the largest and most complex set of changes ever devised. If you think it will be a small process change, keep in mind the number of diagnosis codes will increase from the approximately 13,000 that are in ICD-9 to more than 68,000 in ICD-10 – and that’s just the diagnosis codes. The procedure codes will increase from just fewer than 4,000 in ICD-9 to almost 72,000 in ICD-10!

The good news is that LifeCare has been preparing for ICD-10 for several years. Most of the preparation has been “behind the scenes,” but our coding and technical staff as well as our CDI team is ready to go, and that includes physician education and assistance with the ICD-10 transition. We will not be alone during the ICD-10 conversion. LifeCare will have resources available to help each of us transition into this new coding system. Keep an eye out for education sessions and resources as they become available at your facility.

“The LTAC Criteria Law” – About 18 months ago, Congress passed what has come to be known as the “The LTAC Criteria Law.” This new law will likely take effect at most LifeCare hospitals in September 2016. In addition, the law will be “phased in” over several years.

Under the new law, which is really a financial rather than a clinical definition, specific requirements for “LTAC compliant” patients are spelled out. These include a three-day stay in an ICU during the short-term acute care hospital stay immediately preceding the LTAC admission and/or 96 hours or more on a ventilator (described as invasive mechanical ventilation – so BiPAP or CPAP won’t meet this criteria).

“LTAC compliant” patients will be reimbursed at the LTAC rate. All other patients admitted to the LTAC hospital that do not meet the above criteria will be labeled as “site neutral” patients and will be reimbursed at essentially a short-term acute care rate.

LTAC hospitals will be free to admit “site neutral” patients but after the complete phase-in of the law in 2018, a majority of LTAC admissions must be “LTAC compliant” patients in order to retain the LTAC hospital designation.

The new LTAC Criteria Law, which will be phased in over several years, spells out specific requirements for “LTAC compliant” patients.

At LifeCare, we have already been working diligently to prepare for the effects of this new legislation. It is important for clinicians to keep in mind this is a reimbursement set of criteria and not clinical criteria, and that we will be able to admit “site neutral” patients as appropriate up to the limits as described above.

LifeCare fully intends to maximize our ability to admit any patient whose acuity and clinical needs will benefit from an extended acute care inpatient stay – both now and in the future! We will be working closely with all LifeCare physicians to provide additional education on the requirements of this new legislation as the implementation date in the fourth quarter of 2016 draws closer.

So, more to come...and, as always, thank you for all you do each and every day in caring for our deserving LTAC patients! ■



Specificity, Teamwork, Accountability, Results and Sustainability

These are the key components to LifeCare’s clinical resource management program focusing on the impact of documentation.

NEW PATIENT SATISFACTION PARTNER FOR LIFECARE

The LifeCare Family of Hospitals has selected a new vendor to support the monitoring of patient satisfaction in our facilities. National Research Corporation (NRC) was selected to assist us with monitoring and improving patient satisfaction beginning July 1, 2015. NRC’s patient satisfaction survey tool and reporting process will actively support the “Transforming Patient Experience” program known throughout LifeCare as the “Petal Phenomenon.”

NRC is a nationally known company that monitors patient satisfaction for approximately 650 clients in more than 700 hospitals nationwide. Access to this range and depth of comparative hospital data will enable LifeCare to provide even better benchmark analysis and process improvement in the area of patient satisfaction and customer experience. ■

Ann Corrigan, RN, Ph.D., Vice President, Professional Services, contributed to this article.