DECISION-MAKING FOR POST-ACUTE CARE

Joel Stein, MD
On behalf of the NECC
Rehabilitation Working Group

WHICH ROAD TO RECOVERY? FACTORS INFLUENCING POST-ACUTE DISCHARGE LEVEL OF CARE – A DELPHI STUDY

WHY?

- Two-thirds of individuals who have a stroke require rehabilitation services, yet the process by which a stroke survivor's post-acute level of care is selected has not been adequately studied.
- Limited research in this area exists, however clinical and non-clinical factors must be taken into consideration
- There are limited resources available to assist practitioners in making appropriate discharge decisions.

HOW?

- A panel of 25-30 subject matter experts, across varying disciplines will develop consensus on the factors influencing post-acute level of care.
- Consensus will be achieved using the Delphi Method, which consists of iterative rounds of surveying and feedback to determine the order and weight of the influencing factors.
- Phase II and III of the study will include development of the decision support tool based on the agreed upon factors and validation of the tool in the field.

Delphi Study-Before

We propose the Delphi process to garner expert opinion and consensus

National Survey of experts (neurologists, physiatrists, discharge planners, and others)

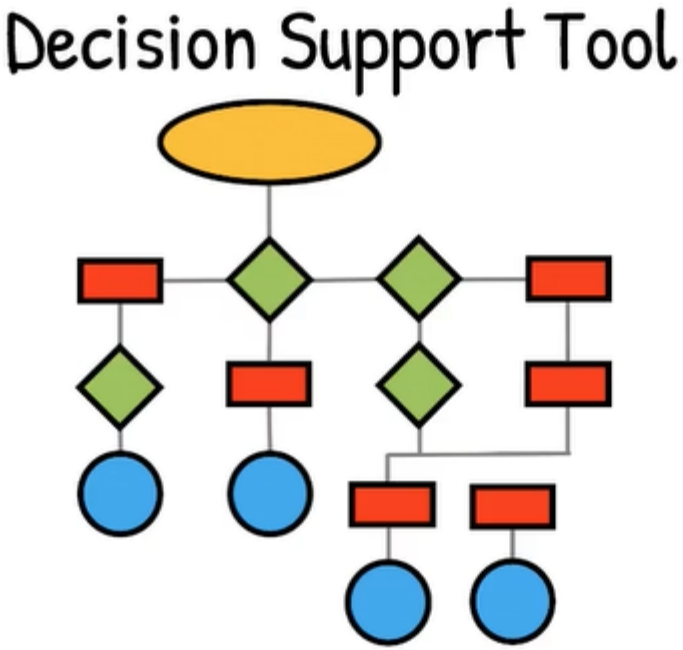
Surveys-discussions;

Surveys-discussions;

Surveys-discussions;

to arrive at the final algorithm

Delphi Study-After



Which Road to Recovery? Factors Influencing Post-Acute Discharge Level of Care - Delphi Panelists

Physiatrist – Clinical Practice		
Randie Black-Schaffer, MD	Spaulding Rehabilitation Hospital, CT	rblackschaffer@partners.org
Richard Harvey, MD	Shirley Ryan Ability Lab, IL	rharvey@sralab.org
Vu Nguyen, MD	Atrium Health, NC & SC	vu.nguyen@atriumhealth.org
Joel Stein, MD	New York Presbyterian – Columbia Medical Center & Weill Cornell Medical College, NY	js1165@columbia.edu
Physiatrist – Skilled Nursing Facility / Rehab		
Barry Rodstein, MD	Baystate Health, MA	Barry.Rodstein@baystatehealth.org
Neurologist – Rehab		
Douglas Katz, MD	Braintree Rehabilitation Hospital, MA	dkatz@bu.edu
Neurologist – Acute Stroke		
Cheryl Bushnell, MD	Wake Forest Baptist Health, NC	cbushnel@wakehealth.edu
Steven Levine, MD	SUNY Downstate Medical Center, NY	Steven.Levine@downstate.edu
Brian Silver, MD	UMass Memorial Medical Center, MA	Brian.Silver@UmassMemorial.org
Physical Therapist		
Kristin Parlman, PT, DPT	Massachusetts General Hospital, MA	KPARLMAN@PARTNERS.ORG
Dorian Rose, PT, PhD	University of Florida, FL	dkrose@phhp.ufl.edu
Occupational Therapist		
Glenn Gillen, EdD, OTR	New York Presbyterian – Columbia Medical Center, NY	gg50@cumc.columbia.edu
Lorie Richards, PhD	University of Utah, UT	lorie.richards@hsc.utah.edu
Pamela Roberts, PhD	Cedars-Sinai Health System, CA	pamela.roberts@cshs.org
Speech Therapist		
Lynne Brady-Wagner, MA, CCC-SLP	Spaulding Rehabilitation Hospital, MA	LBRADYWAGNER@PARTNERS.ORG
Kristine Lundgren, ScD, CCC-SLP	University of North Carolina-Greensboro, NC	k_lundgr@uncg.edu
Sarah Wallace, PhD, CCC-SLP	Duquesne University, PA	wallaces@duq.edu
Physiatrist - Long Term Acute Care Hospital		
Alyse Sicklick, MD	Gaylord Specialty Healthcare, CT	ASICKLICK@gaylord.org
Stroke Coordinator – Acute Care RN		
Jennifer Brackman, RN	Aultman Hospital, OH	jbrackman@aultman.com
Michelle Whaley, MSN	Sky Ridge Medical Center, CO	Michelle.Whaley@HealthONECares.com
Nurse Liaison – Rehab		
Linda Gealt, RN	Memorial Hermann Rehab Network, TX	Linda.Gealt@memorialhermann.org
Nurse – Rehab		
Michelle Camicia, PhD, RN	Kaiser Foundation Rehab Center, CA	Michelle.Camicia@kp.org
Stroke Survivor		
Deidre Hannah	Consulting, TX	Dm_hannah@msn.com
Gladys Lundy-Lamm	Women's Minority Health Project, NC	minwomen@hotmail.com
Primary Care Physician		
Walter Kernan, MD	Yale School of Medicine	walter.kernan@yale.edu
Insurance		
Debra Poskanzer, MD	Tufts Health Plan, MA	debra_poskanzer@tufts-health.com
Charlotte Yeh, MD	AARP, Washington DC	cyeh@aarp.org
Epidemiologist		
Judith Lichtman, PhD	Yale School of Public Health, CT	judith.lichtman@yale.edu
Health Care Policy		
Janet Prvu-Bettger, ScD	Duke Global Health Institute, NC	janet.bettger@duke.edu
Discharge Planner		
Rajinder Kaur, BDS, BSN, RN	Providence St. Vincent Medical Center, OR	Rajinder.kaur@providence.org
Rural Health		
Dawn Becker, RN	UNC Lenoir Health Care, NC	dbecker@lenoir.org
Home Health Care/VNA		
Bud Langham, PT MBA	Chief Clinical Officer, Encompass Health	Bud.Langham@encompasshealth.com

Established Multidisciplinary Group of Panelists from:

- Physiatry
- Skilled Nursing/Rehab
- Long Term Acute Care
- Neurology
- Physical Therapy
- Occupational Therapy
- Speech
- Nursing
- Rehab Nursing
- Primary Care
- Discharge Planning
- Rural Health
- Home Health
- Insurance
- Epidemiology
- Health Care Policy

American Heart Association.

Survey Rounds

Round 1:

- **Question 1:**
  In your professional opinion and/or clinical practice, please list up to 10 factors that you believe should *ideally* determine post-acute discharge level of care.

- **Question 2:**
  In your experience, what additional factors, beyond what is provided above, *actually* influence selection of post-acute discharge level of care?

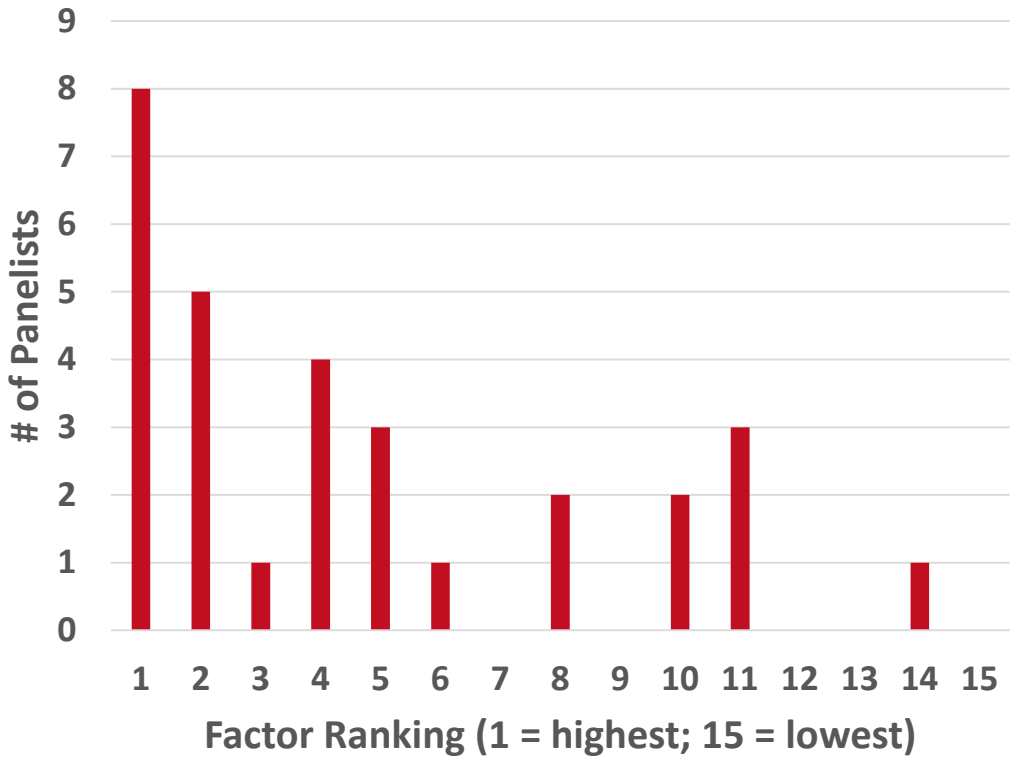
Round 2:

- Based on your professional opinion and/or clinical practice, rank order the factors that influence a stroke patient's post-acute discharge level of care.

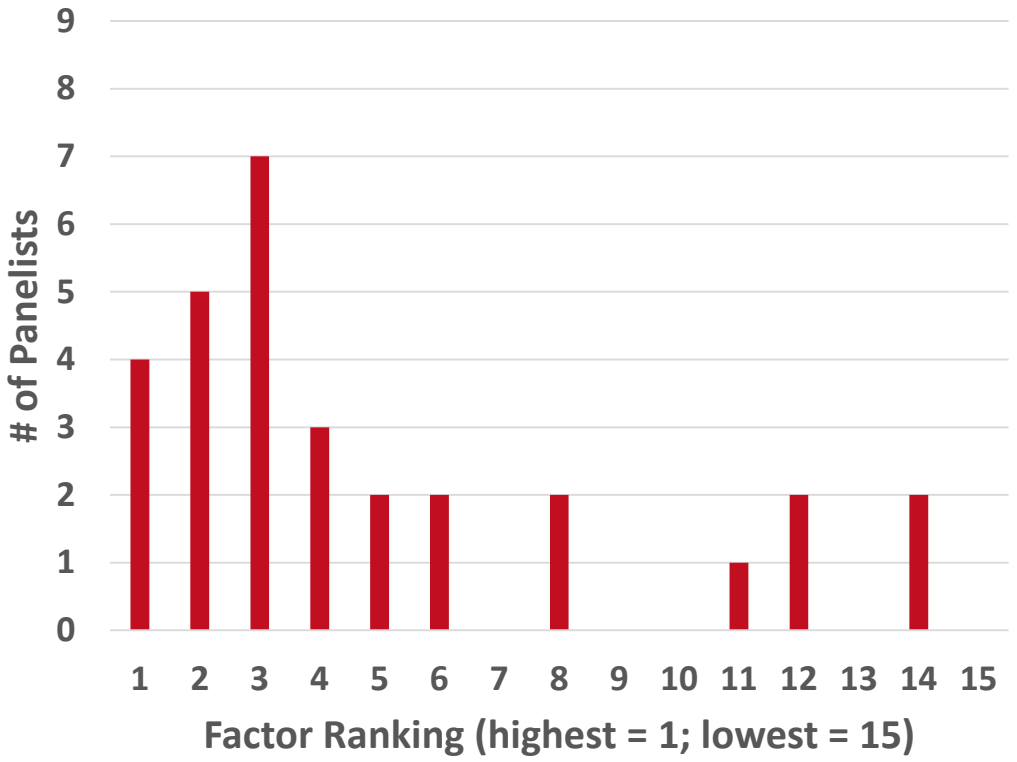
Overall Rank	Factor	Score
1	Need for intensive rehabilitation therapy services (PT, OT and/or SLP)	339
2	Need for active and ongoing medical management and monitoring	332
3	Ability to tolerate an active rehabilitation program	331
4	Likelihood to benefit from an active rehabilitation program	330
5	Need for clinicians with specialized rehabilitation skills	315
6	Functional status	278
7	Cognitive status & communication ability	265
8	Patient motivation	260
9	Pre-morbid functional status	191
10	Family/caregiver support	188
11	Stroke severity	183
12	Patient and/or family preference	176
13	Ability to return to physical home environment	149
14	Likelihood of return to community/home	139
15	Age and frailty	124

DISTRIBUTION OF VOTING (N=30)

#1 - Need for Intensive Rehab Therapy Services (total score = 339)

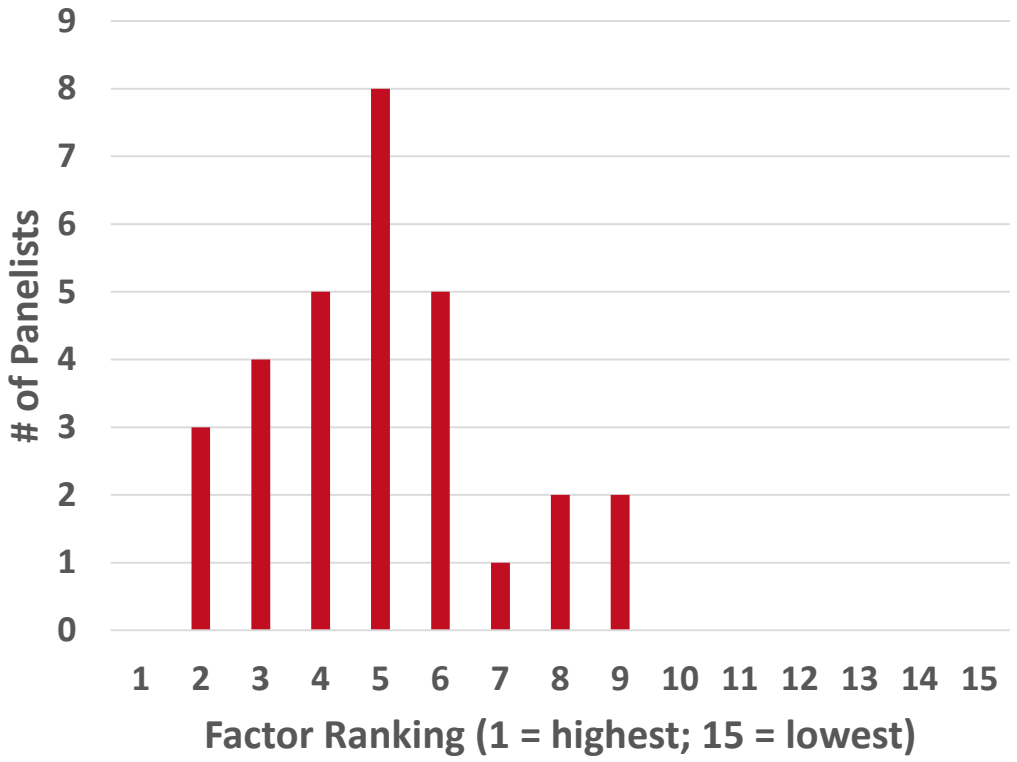


#2 - Need for Active and Ongoing Medical Mgmt. & Monitoring (total score = 332)

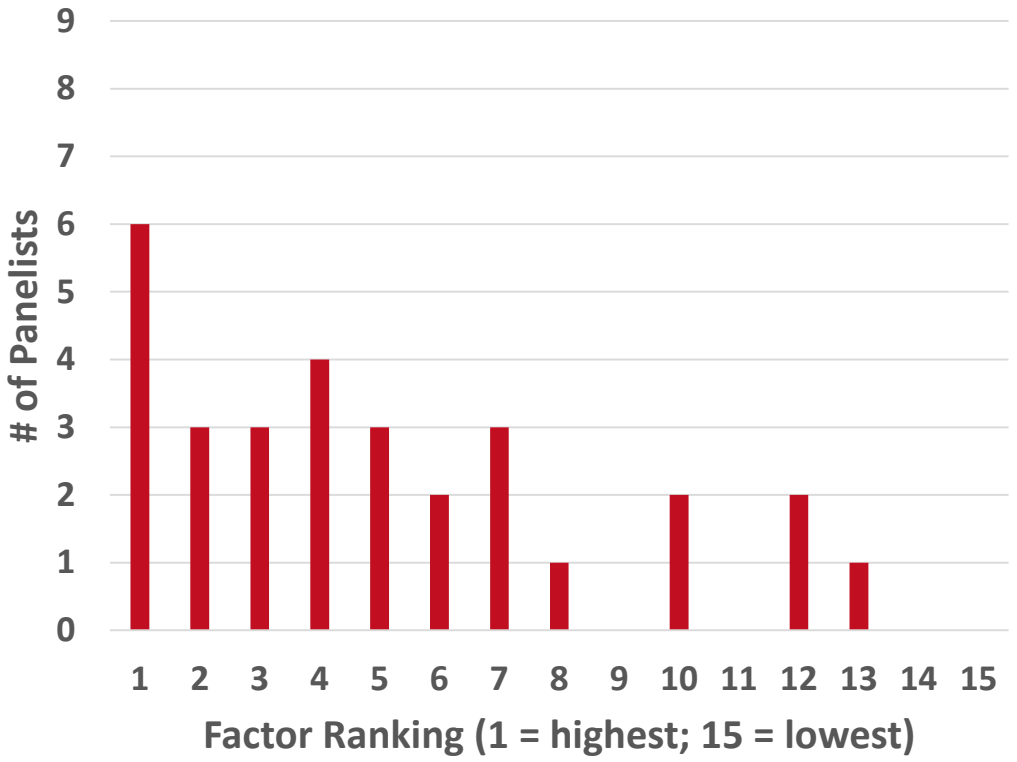


DISTRIBUTION OF VOTING (N=30)

#3 - Ability to Tolerate Active Rehab Program (total score = 331)

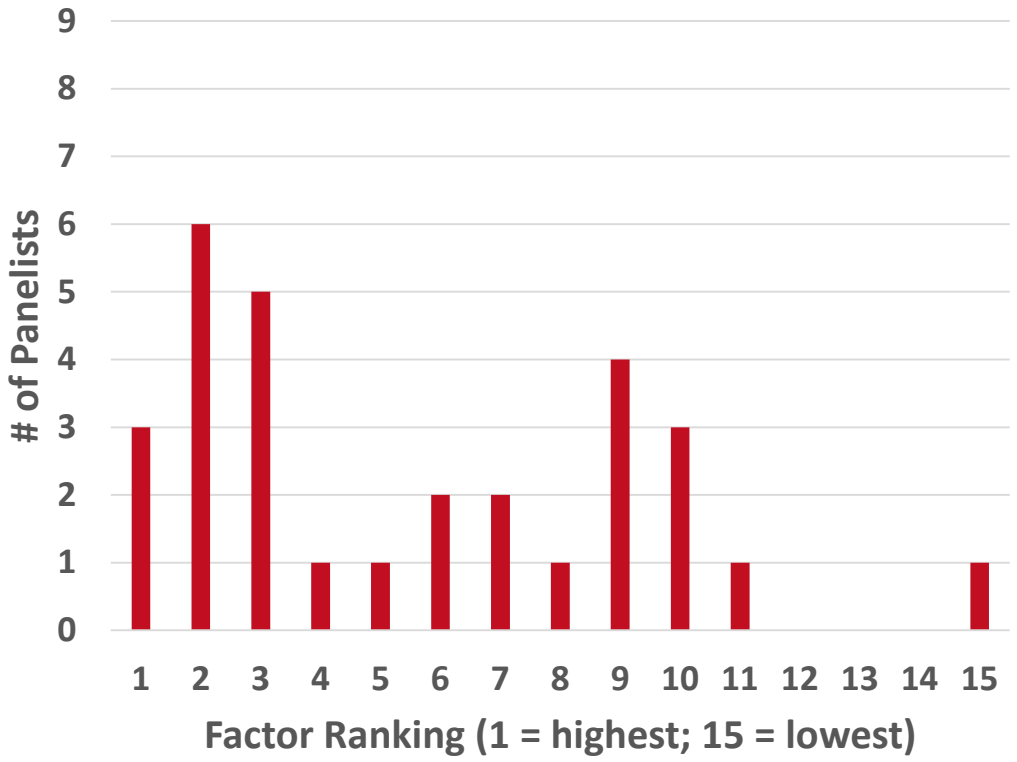


#4 - Likelihood to Benefit from Active Rehab Program (total score = 330)

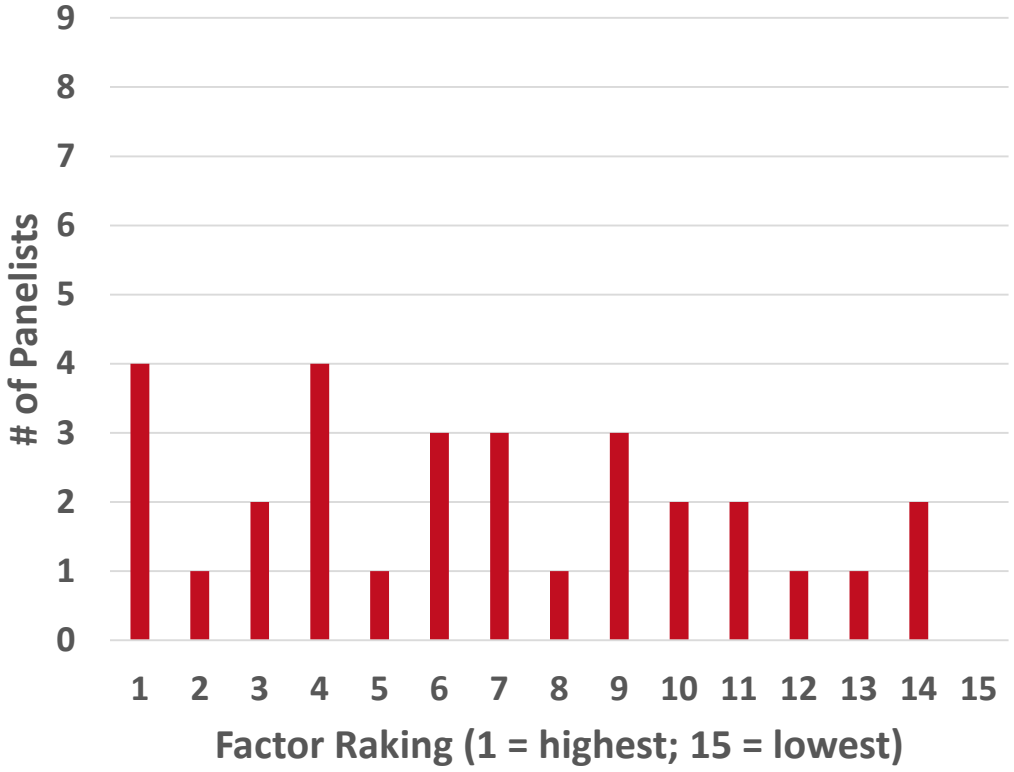


DISTRIBUTION OF VOTING (N=30)

#5 - Need for Clinicians with Specialized Rehab Skills (total score = 315)

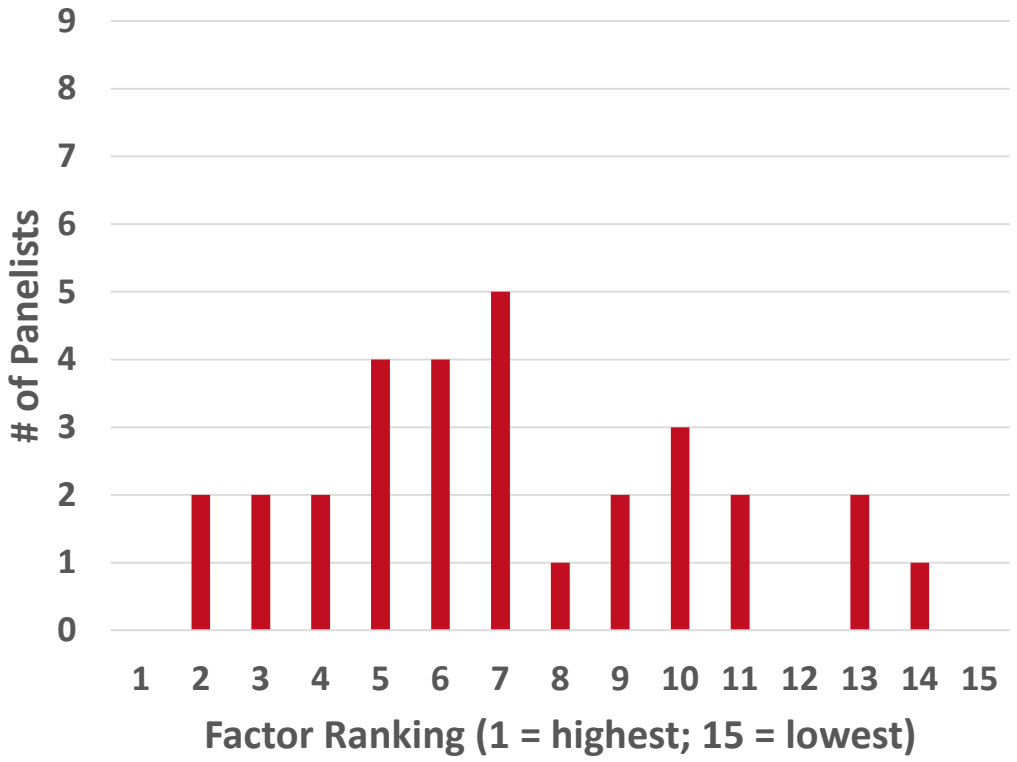


#6 - Functional Status (total score = 278)

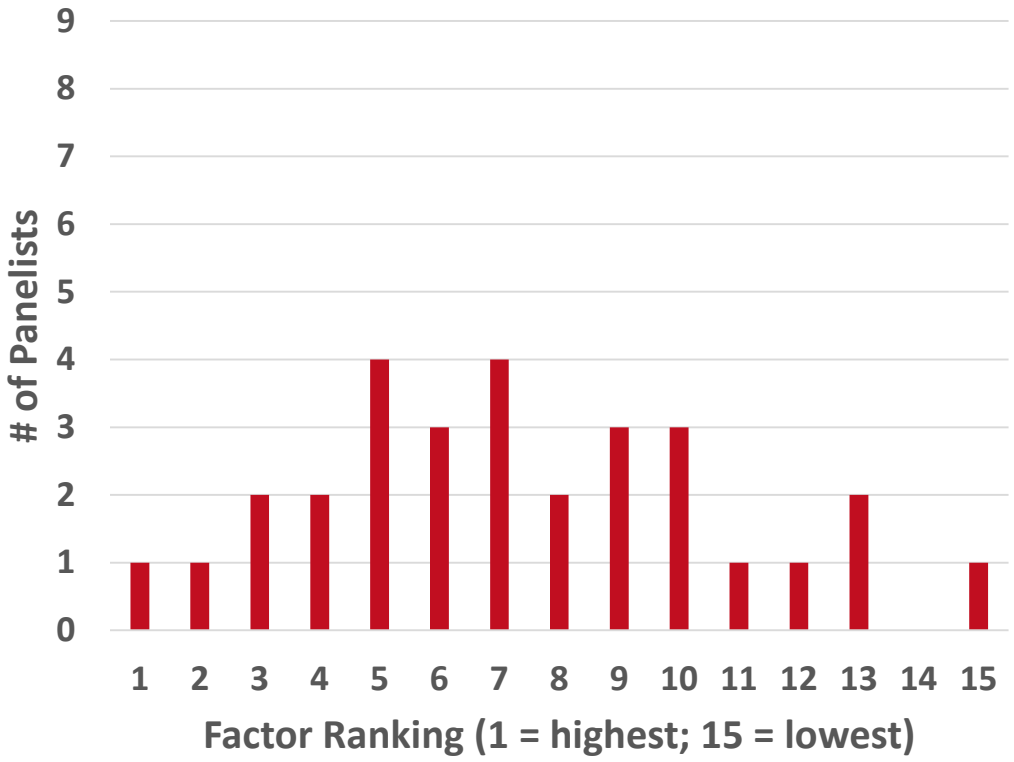


DISTRIBUTION OF VOTING (N=30)

#7 - Cognitive Status & Communication Ability (total score = 265)



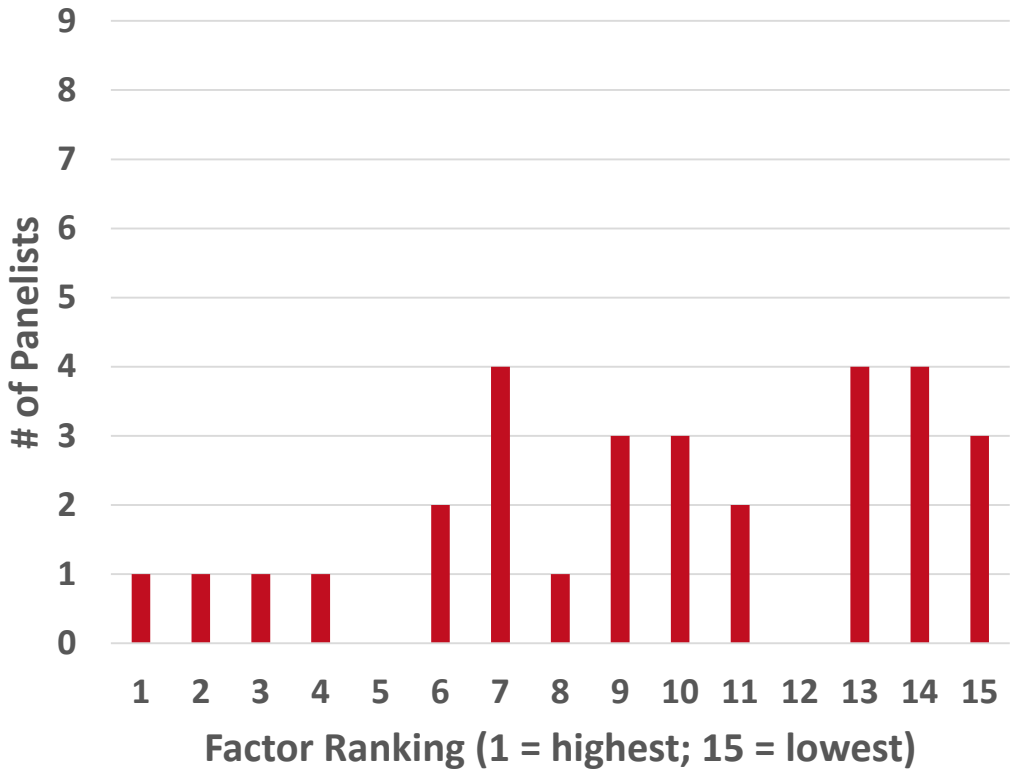
#8 - Patient Motivation (total score = 260)



DISTRIBUTION OF VOTING (N=30)

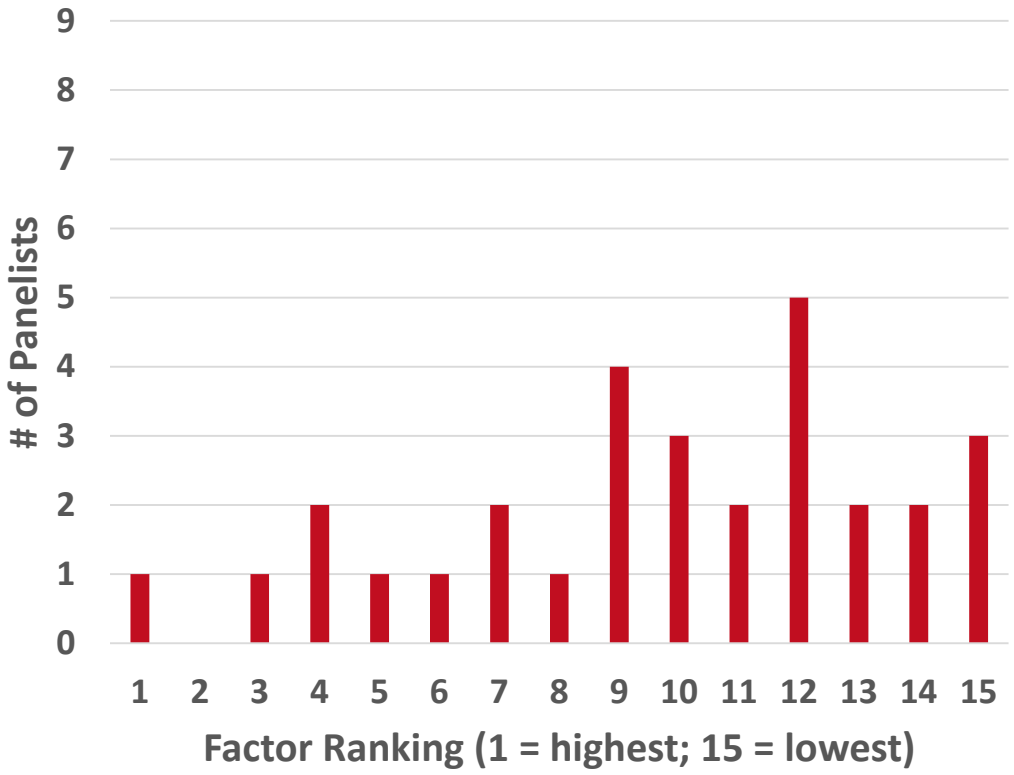
#9 - Pre-morbid Functional Status

(total score = 191)



#10 - Family/Caregiver Support

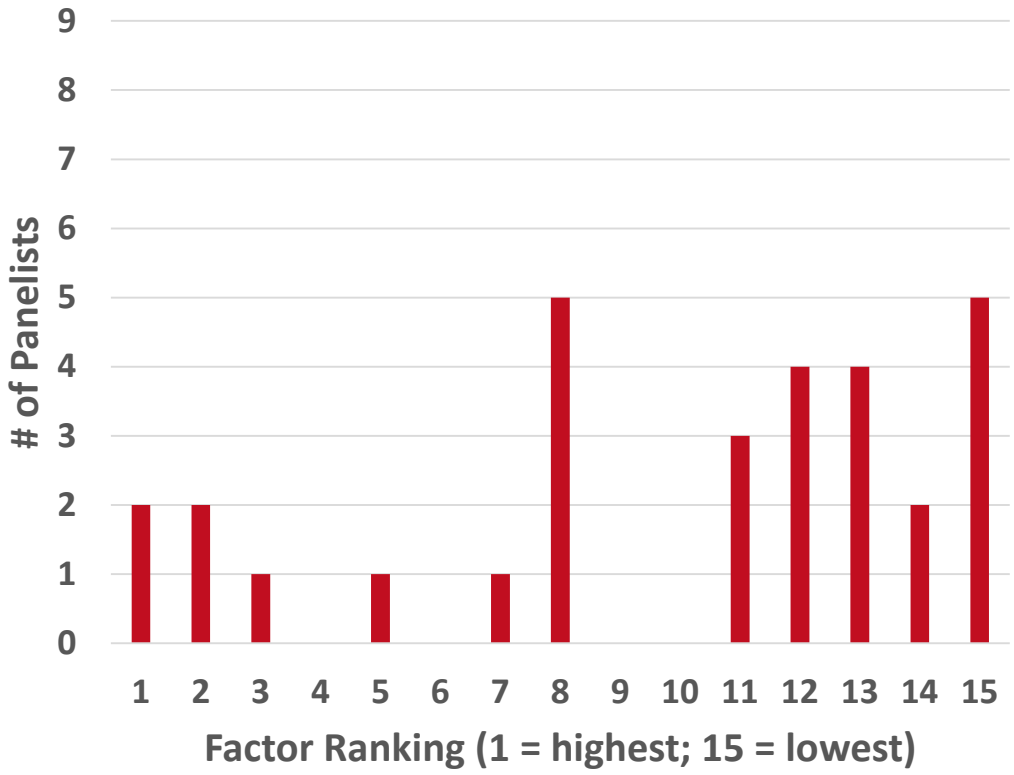
(total score = 188)



DISTRIBUTION OF VOTING (N=30)

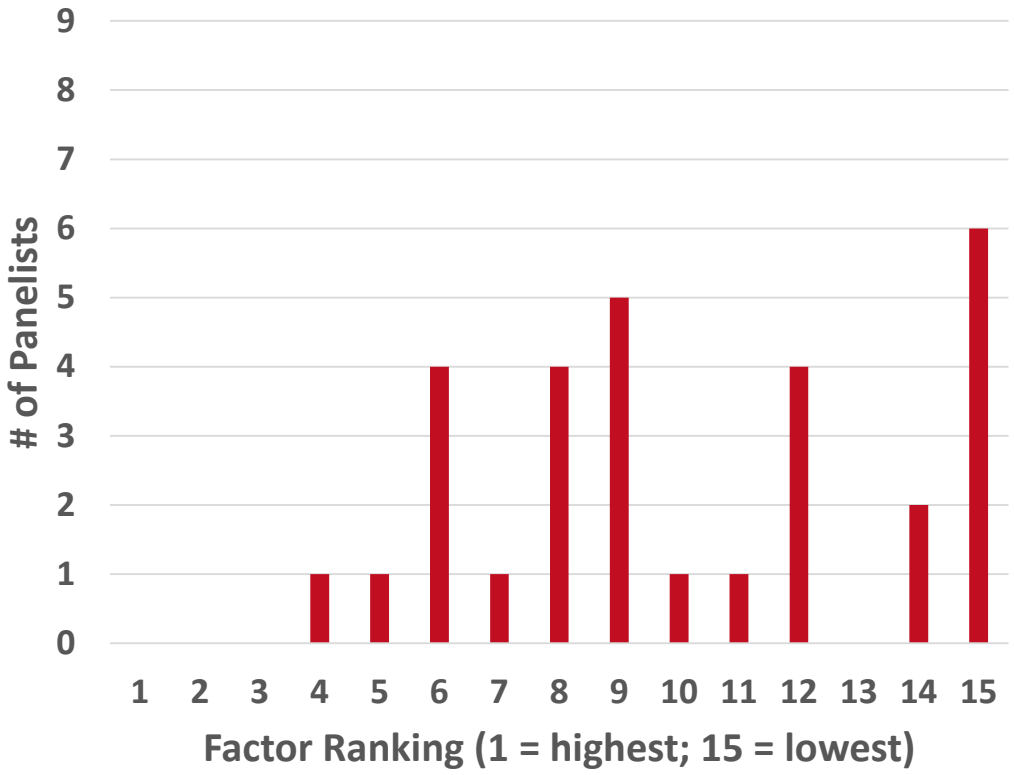
#11 - Stroke Severity

(total score = 183)



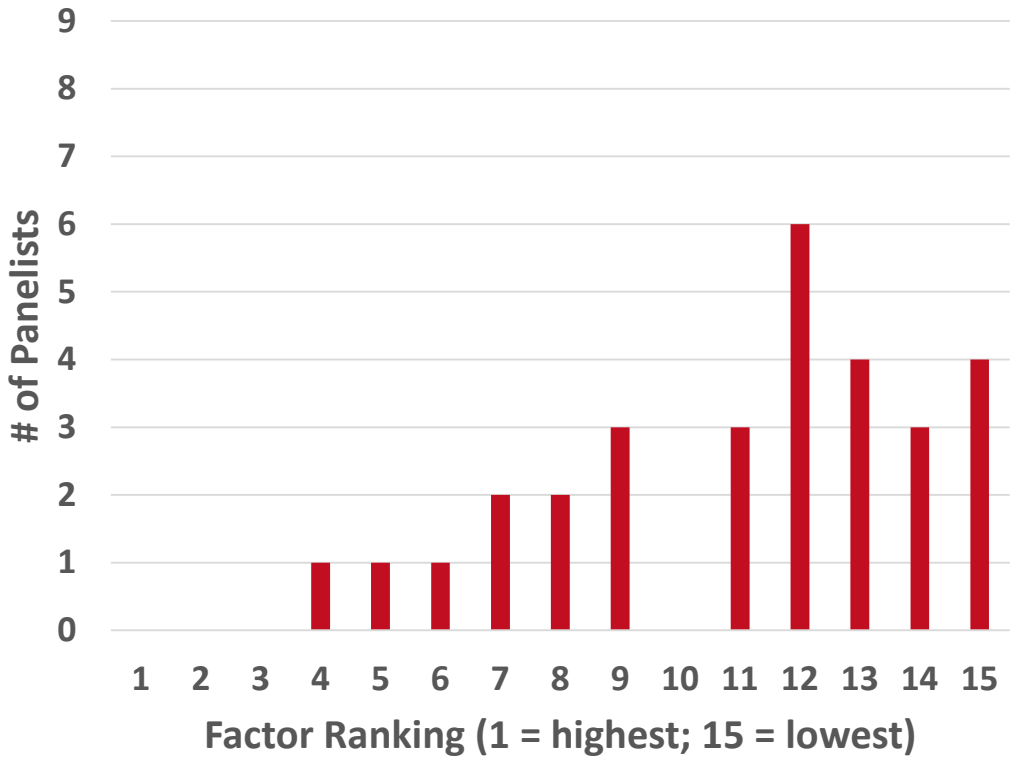
#12 - Patient and/or Family Preference

(total score = 176)

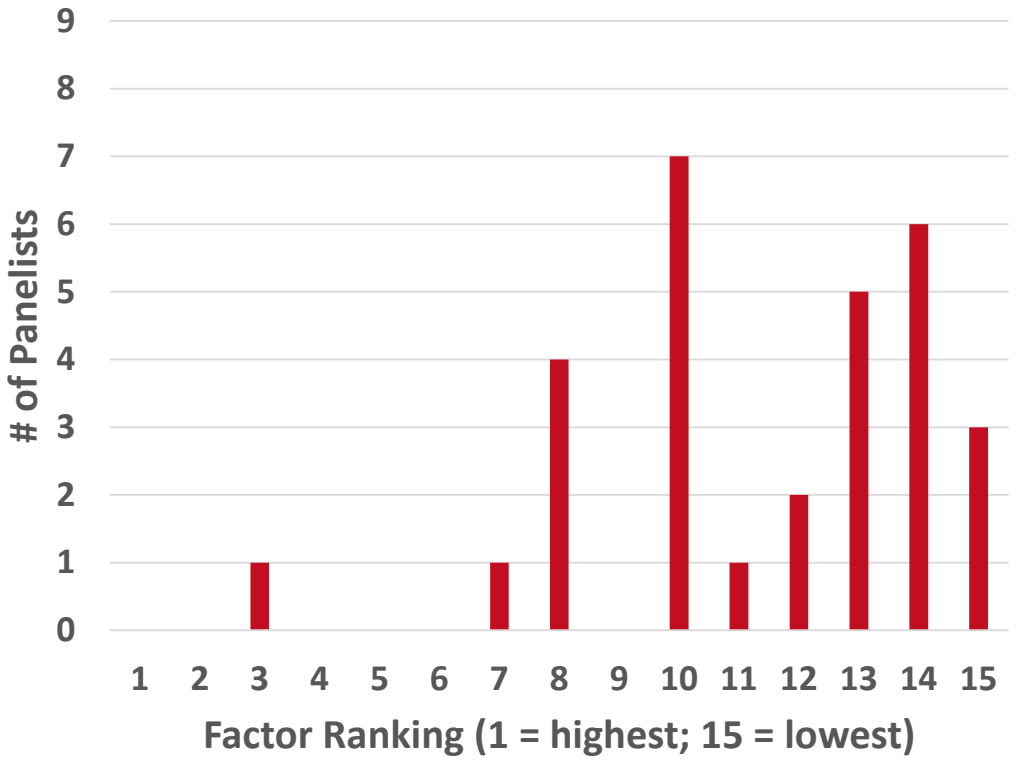


DISTRIBUTION OF VOTING (N=30)

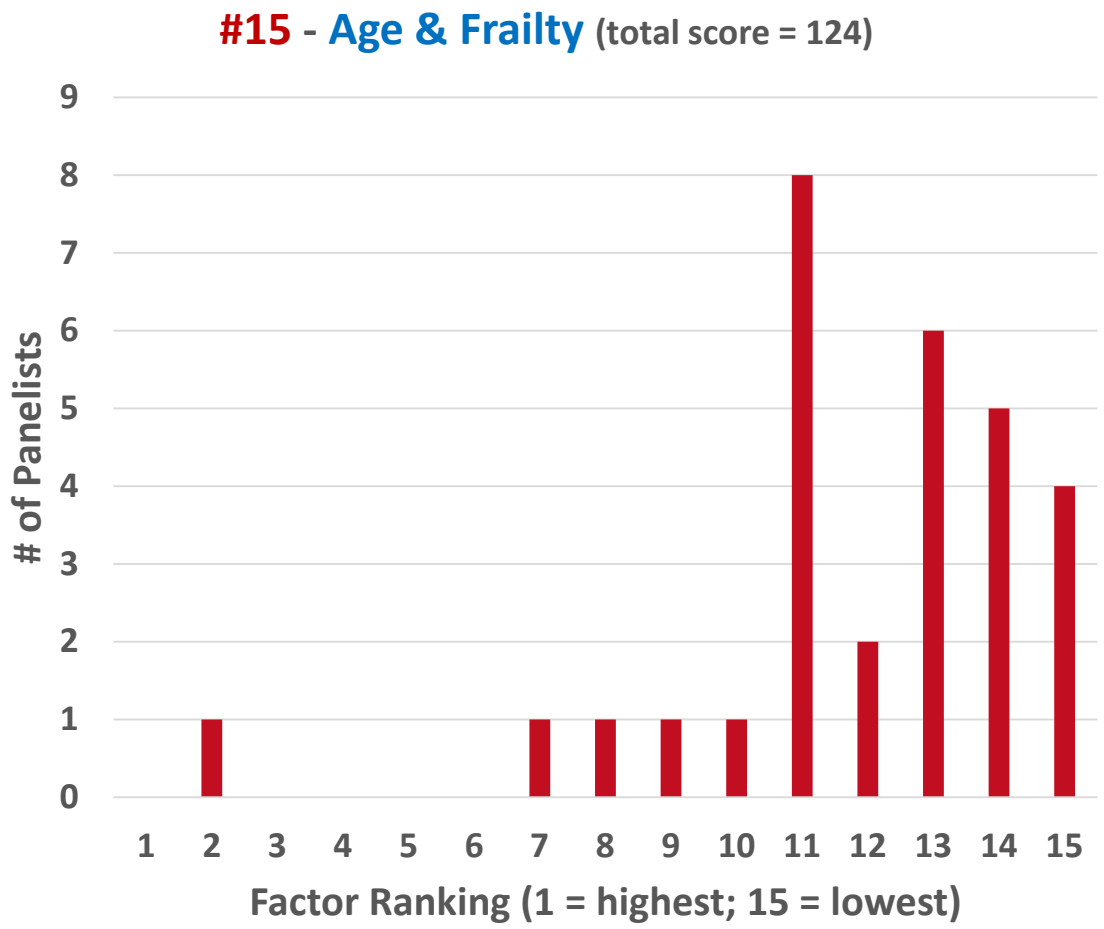
#13 - Ability to Return to Physical Home Environment (total score = 149)



#14 - Likelihood of Returning to Community/Home (total score = 139)



DISTRIBUTION OF VOTING (N=30)



NEXT STEPS

- Identify metrics to evaluate each of the fact
- Refine factor list