

alternatives

what's the difference between Rehab Without Walls and home healthcare?

It's by far the most common question we receive from payers and referral sources: How does the Rehab Without Walls home and community approach to rehabilitation differ from traditional home healthcare?

We must note upfront, however, that one program is not better than the other. The choice of treatment modality is totally dependent on the specific needs of the individual served. So how do you determine which option is more appropriate? When is the Rehab Without Walls approach most useful and what distinguishes it from other forms of treatment delivered in the home? In this issue of *Alternatives*, we've asked two staffers who have worked both at Rehab Without Walls and at the home healthcare division of Gentiva (our parent company) to share their perspective. Here Cathi Peterson, the Specialty Account Representative for Nevada, and Dana Eriksson, a speech-language pathologist based in Phoenix, address these questions.

Patient Status: “One of the biggest differences between Rehab Without Walls and traditional home healthcare is that in order for a patient to receive home healthcare, he or she must be considered to be homebound,” says Peterson. “That is not true for us. We require the client to be medically stable with a potential for rehabilitation. We work with a very different population and our goal is to actually get them out of the house and back into an active, productive life. We create and implement a program tailored to achieve a functional outcome for each client.”

Setting: With Rehab Without Walls, the setting for therapy includes the home but also stretches into the client's broader community. “We like to say we provide rehabilitation wherever life happens,” says Eriksson. “This can include the client's home, backyard, neighborhood, supermarket, gym, workplace, school or wherever they go beyond the home.”

Language: In home healthcare, the person served is called a patient. In Rehab Without Walls he or she is referred to as the client. “We do this because the word client implies that the person served is an active partner in his or her care. I also think it empowers their performance in the program,” says Peterson.

Functionality: The foundation of the Rehab Without Walls program is functionality—setting functional goals that relate to the client's real life and using both proven and innovative interventions to achieve those goals. Home healthcare, on the other hand, may teach patients coping strategies but it may not be possible to get the patients back into their lives. “It comes down to quality of life,” says Eriksson. “Many of the individuals seen in home healthcare may not have potential to become independent. At Rehab Without Walls, we focus on life skills in addition to the physical recovery from illness.”

Payer Source: Unlike home healthcare companies, Rehab Without Walls does not accept Medicare. We work with private insurance and workers compensation



continued on page 6

Rehab Without Walls occupational therapist Marty Gasner

“In a way, our ability to adapt and shift helps the clients to do the same as they struggle with accommodations and adaptive behavior.”

An occupational therapist for more than 22 years, Gasner spent the bulk of her career working in nursing homes and long-term acute care. Six years ago, she joined Rehab Without Walls—and is thrilled with the approach to rehabilitation. Here is her perspective on the Rehab Without Walls difference.

1 Could you describe your role on the Rehab Without Walls treatment team?

First, let me say that every day is different—that’s one of the hallmarks of Rehab Without Walls—but in general my role includes determining client needs through in-depth evaluation; providing intervention to remediate deficits; training the clients and families in the home setting; interacting with other team members; and making rehabilitation fun.

2 What is different between delivering OT in the home and community setting versus in a facility?

Rehab Without Walls is what I call the real world. We work with clients in the home and community to integrate them as completely as possible back to the life they had before the illness or injury. What’s key is the focus on client goals. Everything we do revolves around their goals. For example, one client I had was a business owner who used to go to the track once a month. The team focused his treatment on what he needed to do to return to his hobby—reading the racing program, working with money, visually scanning a room for the restroom signs, going up and down stairs. The point is, everything we did had meaning for him.

3 What have you learned from your clients?

To listen. You must listen to what the family and clients want because if they are not invested in the rehabilitation goals, their progress will be limited. When you design treatment around their needs and their lives you can get twice as much progress with half as much effort. I’ve also learned that everyone has a story, and no matter what it is, and no matter how small the detail, you must pay attention to it.

4 What do you feel is most unique about the Rehab Without Walls approach to clinical care?

There are so many things, but I’ve noticed that because we [the clinicians] work in a home and community setting delivering interdisciplinary care we are constantly learning from each other. This keeps us fresh and focused. In a way, our ability to adapt and shift helps the clients do the same as they struggle with accommodations and adaptive behavior. We also set the bar high with clients.

We set expectations that they will improve.

Of course, we give them the tools and support to succeed, but I think because we believe so much in their potential they can stretch further and dream bigger. One of the best things we can do is to be the client’s biggest cheerleader. They are dealing with significant and often traumatic life changes. Who better to be on their side 100 percent?

5 What do you personally bring to a case that makes a difference with your clients?

There is something my husband once said to me: “You treat people like they are just a person not a person with a disability.” And it struck me as the essence of what I can bring to a client. I treat everyone as if they are well, as a human being, not a diagnosis. ●



referring to Rehab Without Walls: helpful guidelines for physicians

What do physicians need to know about making a referral to Rehab Without Walls? Mindy Brandt, the Admissions Manager at Arizona Rehab Without Walls, offers the following suggestions.

Timing. Call as early in the process as possible before the patient's discharge. Unlike home healthcare in which the timing between referral and start of service can be less than 24 hours, Rehab Without Walls first will perform a patient assessment to determine if our model of care is suitable for the patient, meet with the patient and family often while the patient is still hospitalized, put together an initial plan of care, and work with the insurer to obtain the necessary authorization. This may take a little more time upfront. However, this also means that when the patient is discharged to home, an interdisciplinary treatment team is in place, functional goals have been set, the family is keyed into the rehabilitation process, the home has been assessed for safety, and the patient can make a smooth transition from an inpatient facility to home to begin treatment immediately. A good rule of thumb is to allow a week between referral into Rehab Without Walls and discharge. We realize, however, that is not always possible and we do everything we can to work quickly and within the patient's timeframe.

Contact Information. Talk directly with the admissions manager at the location you are referring into. If that location does not have an admissions manager, the person answering the phone will direct you to the correct person. If you are unsure whom to contact, call Rehab Without Walls' general toll-free number at 1-866-734-2296.

Diagnoses. While it is true that Rehab Without Walls is not for everyone, it is equally true that the individuals for whom Rehab Without Walls is appropriate return to their lives with maximum functionality and independence with durable outcomes. Rehab Without Walls specializes in complex neurorehabilitation, however, our treatment model is highly effective for a number of other conditions (see box at right), especially complex cases that need intensive, comprehensive treatment. Some general patient criteria for Rehab Without Walls:

- The patient should be medically stable.
- The patient should show clearly definable rehabilitation potential.
- The patient's condition is manageable and does not require inpatient care.
- There is a family or support system in place in the patient's home.

Patient Information. For all potential referrals, the physician's office needs to first send the patient's insurance information so we can verify benefits. If the patient is hospitalized, physicians need to send an order to evaluate so that a Rehab Without Walls representative can go into the facility, get a release signed by the patient or guardian and review the medical records.

continued on page 8

Diagnoses Served

- Traumatic Brain Injury
- Spinal Cord Injury
- Arteriovenous Malformation
- Anoxia/Hypoxia
- Cerebrovascular Accident (Stroke)
- Central Nervous System Tumors
- Meningitis
- Encephalitis
- Complex Orthopedic Trauma
- Neuro-Muscular Disorders (e.g., Muscular Dystrophy, ALS, Guillain-Barré)
- Post-Concussive Syndrome
- Progressive Neurologic Diseases (e.g., Parkinson's Disease, Multiple Sclerosis)
- Other Complex Rehabilitation Diagnoses

from brain injury to community advocacy: returning to a productive & meaningful life

Background: In late January of 2003, California resident Mary Nicholson—an entrepreneur and 25-year media veteran who formerly owned a radio station and was active in community service—began experiencing unexplained symptoms, including severe headaches and a loss of balance. She credited it to the grief she still felt after losing her husband to cancer six months earlier. Still, she checked it out but with inconclusive test results. Then in February, she sustained an aneurysm that caused massive bleeding in the brain. Mary experienced a mal seizure, then subsequent seizures. Following inpatient hospitalization, inpatient rehabilitation and outpatient therapy, she was referred into Rehab Without Walls for home and community rehabilitation. “Actually, it was my outpatient PT who felt that the Rehab Without Walls approach would be a better fit for me,” explains Mary.



Rehabilitation Needs: As a result of the brain injury, Mary was unable to speak, had limited mobility, impaired vision, cognitive issues and was in constant pain. The Rehab Without Walls team, consisting of a physical therapist, speech-language pathologist, occupational therapist, neuropsychologist and clinical coordinator, worked together to address all her issues, especially the pain.

“The big thing with Mary was the pain,” says HollyAnne Fechner, the speech therapist on the case. “She had head pain, back pain and shoulder pain. The PT and OT worked with her to relieve the back pain, and we later got her into an orthopedic program for her shoulder and neck pain. And although Mary saw a neurologist about the head pain, that pain was inconsistent. This affected her cognitive skills which, in turn, had a psychological effect. For example, because she wasn’t always able to follow through with daily activities, Mary was unable to get back into her life the way she wanted to. It was difficult for her to plan and often she felt stressed by her limitations.”

More than anything, however, Mary longed to be back in control of her life and to be productive again.

The Rehab Without Walls team worked with her for one year to help her get there.

The Rehabilitation Process: Here’s how the interdisciplinary Rehab Without Walls Treatment Team addressed Mary’s core issues:

- **Walking.** Because Mary’s right side was frozen, the PT first worked with her on strength and flexibility to relieve the pain, then began taking her out for walks on the neighborhood golf course and for excursions to the grocery store. “This was key,” says Mary. “Doing therapy in a lifestyle environment helped me get accustomed to living again.” The PT also encouraged Mary to join a gym, and then accompanied her on the initial visits to help her learn how to use the equipment safely and effectively.
- **Talking.** Mary’s speech difficulties were compounded by the pain in her head and neck. Fechner took a comprehensive approach with Mary, working on both cognitive and speech issues simultaneously. “I can’t say enough about what my speech-language pathologist did for me,” says Mary. “It went beyond helping me to talk again. She helped with my organization and planning. She helped me develop my thoughts into sentences and, most important, getting to my point more quickly.”
- **Pain Management.** The PT and the clinical coordinator helped Mary develop a pain diary in which she tracked the level of pain, the level of activity, stressors and emotional manifestations of all these daily. Mary would assign a number value to each of these four areas. “Then we’d work with her on how to set up her day according to the amount of pain she was experiencing,” explains Fechner. “For example, if the pain level was a five, we’d ask her if she really wanted to go grocery shopping that day. This helped Mary to understand the cause and effect pain had on her life and kept her from overdoing it, which would only cause setbacks.”
- **Cognitive Impairment.** Like most people who had sustained brain injury, Mary’s awareness of the implications of her deficits was low. The team worked with her to develop compensatory strategies such as setting a “to do” list each morning that the team would help her tweak, as well as verbally reinforce, during the day. “Mary needed to

continued on page 7

Returning to a productive life: Media veteran Mary Nicholson has now become an advocate for people with disabilities.

double trouble: the challenges of treating two complex injuries, TBI and SCI

Background: In August 2004, Utah resident and Irish National Ryan R.* experienced a severe injury in his workplace when a portion of the ceiling fell more than 30 feet and struck the back of his head. This caused three broken ribs, a complex T1 fracture and a traumatic brain injury. While he was unconscious and before help had arrived, Ryan had lain on the floor near a boiler and sustained burns on the left side of his body. At the hospital, he participated in intensive rehabilitation before being discharged home and into Rehab Without Walls by mid-September 2004.

Rehabilitation Needs: “What was most challenging about this case was that Ryan had two catastrophic conditions—traumatic brain injury (TBI) and spinal cord injury (SCI)—and the limitations from one condition at times affected the progress or how we could approach the other condition,” says Miette Murphy, Executive Director, Rehab Without Walls Utah, and clinical coordinator on the case. “In addition, he needed to wear a halo to immobilize his spine, which in turn, affected his mobility, flexibility and pain levels. As a result, we had to get creative with the plan of care and how we implemented it.”

The interdisciplinary treatment team that she put together included physical therapy, occupational therapy, speech-language pathology and social work. Along with Ryan, his significant other and his physician, the team established the following very specific functional outcome goals, all of which were designed to help him lead an independent, productive life and to address Ryan’s top concern: returning to his job as an iron worker/welder:

- To improve standing balance and multi-limb coordination
- To improve physical conditioning to allow four to six hours of productive activity following the removal of the halo brace
- To be independent in all ADLs, including simple meal preparation, kitchen clean up and household maintenance tasks
- To be independent in all aspects of phone use
- To be independent in the use of compensatory strategies for organization needs, which may include a day planner, labels and written instructions
- To demonstrate appropriate safety awareness and judgment to be able to remain home unsupervised for up to eight hours

*not his real name



- To be able to provide complete verbal descriptions to address problem-solving, including identification of problematic situations, generation of alternative solutions and evaluation of outcome
- To be able to provide clear verbal explanations using logical thought sequences when providing directions for designated tasks
- To identify stressors and learn appropriate coping strategies.
- To identify and participate independently in meaningful activities during the day

The Rehabilitation Process: Making a smooth transition from hospital to home and ensuring safety in the home were the two most important concerns when Ryan began with Rehab Without Walls. ‘I have to admit I was scared to go from being in a totally protected environment to being in my home again,’ says Ryan. ‘The team helped me feel safe.’ They did this by overseeing 24-hour supervision, installing a bedside alarm and educating Ryan on safety awareness and problem solving. They also brought his support system such as his significant other, friends and the Irish community, into the picture as fully as possible. In addition, the halo that Ryan wore impaired his ability to scan visually, so compensatory strategies were needed to address the safety issues these caused.

continued on page 7

companies. In fact, our model, with its focus on returning to a productive life, is particularly appropriate for workers compensation cases.

Length of Stay: Home healthcare generally has shorter lengths of stay; sometimes it offers stopgap measures in-between admission to different facilities or is used directly following a hospital discharge. Clients generally stay with Rehab Without Walls for a longer period of time because of the long-term vision for returning the client back to a productive life. The team spends intensive time upfront—as much as five to six hours a day, five days a week, if necessary—then tapers off as goals get met and functionality increases. In addition, home healthcare is generally delivered in 45 to 60 minute increments. Rehab Without Walls visits can last several hours depending on the focus, for example, a co-treatment or a community outing.

Treatment Team: Home healthcare takes a multi-disciplinary approach to care in which each therapist delivers therapy in individual sessions with little interaction with other team members. Notes are usually not shared among the different treating professionals. Rehab Without Walls, on the other hand, uses an interdisciplinary team approach that may include co-treatments along with ongoing consults, brainstorming and group problem solving. Team case conferences are held on a monthly basis with all professionals on the case in attendance. Here they meet with the family, report on progress and describe goals set for the next treatment period. The client receiving the services, as well as family members, has the opportunity to receive feedback directly from treating therapists and provide feedback as far as what goals a priority. During the treatment process with Rehab Without Walls, there can be more than one clinician working with a client at a time if that is what the client needs; in home healthcare this would be considered duplication of services. Further, in home healthcare, the case is led by a case manager/nurse and in Rehab Without Walls it is run by a clinical coordinator—both

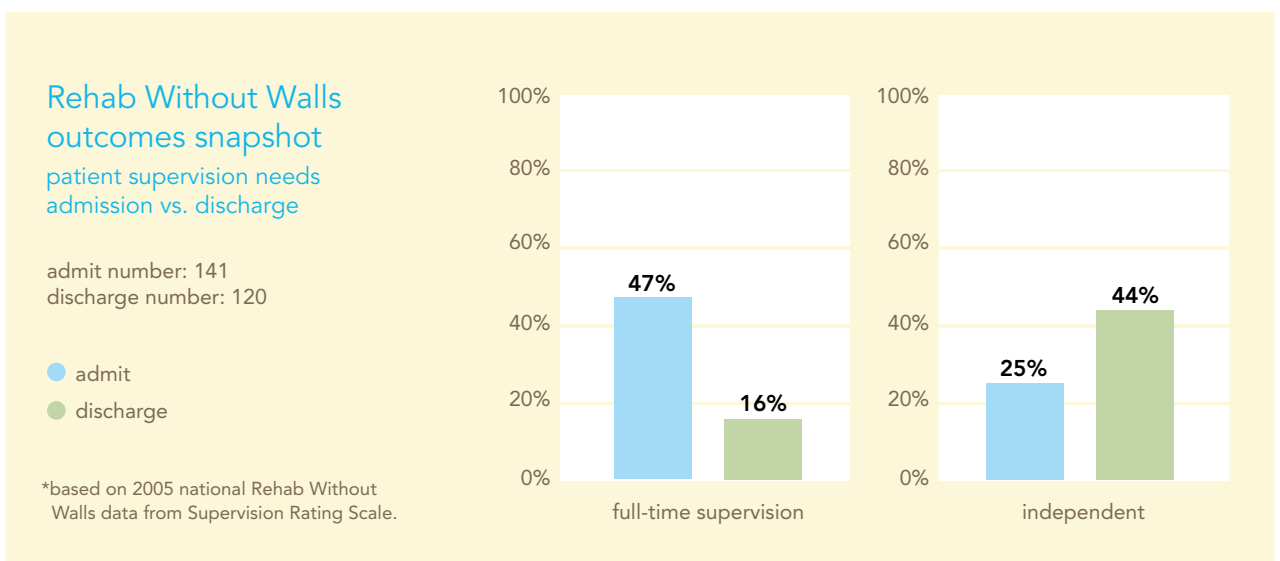
are different specialties with different certifications and different approaches.

Diagnoses Seen: Both Rehab Without Walls and home healthcare work with a variety of diagnoses and conditions. Rehab Without Walls is particularly suited to complex cases with a psychosocial and/or neuro-psyche component that need multiple layers of care, for example spinal cord injuries, stroke and traumatic brain injuries. (See page 3 for complete list of diagnoses served.)

Physician Involvement: Physicians can take an active role on the Rehab Without Walls treatment team and are a key part of the monthly team meetings. Physicians working with home healthcare companies receive regular patient progress reports but on the whole have less day-to-day input.

Programming Structure: Home healthcare takes a fairly structured approach based on best practices. Rehab Without Walls uses best practices as a baseline then personalizes the plan of care to reflect the client's life and goals. This means that no two plans are exactly alike. "We have a lot of flexibility in our approach as long as it brings results," says Eriksson. "We specialize in out-of-the-box problem solving." Adds Peterson, "When developing the plan of care, we are allowed to get as creative as we need to be. For example, we'll tap into the client's hobbies and incorporate them into treatment. This helps with motivation and allows the ability to measure gains post illness or injury."

Outcomes: Each program uses very different criteria for measuring outcomes. Home healthcare looks at medical outcomes. Rehab Without Walls looks at functional outcomes. Rehab Without Walls is also concerned with durability of outcomes—for clients to maintain gains, retain maximum independence and avoid re-hospitalization. "Rehab Without Walls is extremely outcome focused," notes Peterson. "Our teams work hard to get our clients to where they both want and need to be in their lives." ●



“Doing therapy in a lifestyle environment helped me get accustomed to living again.”

case study 1, continued from page 4

self-evaluate, plan and organize. This was the first step in getting back to a work environment,” says Fechner. “Once she could stick to a schedule and follow through with a routine, she would be able to focus outward again. Actually, a lot of what we did with Mary was to help her figure out how to take control again.”

- **Stress.** In addition to the stress related to her injuries, Mary also was still mourning her husband’s recent death. As loving as her family and friends were, they didn’t completely understand how different things were now for Mary. “I’d talk with the neuropsychologist about everything. He helped me understand how much loss I was going through,” says Mary. He also helped her deal proactively with the milestones and anniversaries that could trigger her.

Recovery and Results: True to her word, and with the help of Rehab Without Walls, Mary shifted her life back to the public arena where she had spent so much of her adult life. First she got involved with a program at her church called “40 Days of Community.” This, in turn, mushroomed into Mary serving on the mayor’s task force for persons with disabilities. She coordinated the first-ever county disabilities fair, which also featured an expert panel on learning disabilities.

“Advocating for people with disabilities. This has now become my life’s work and passion,” says Mary. “I know firsthand that when you are sick it is hard to advocate for yourself or when you’re a caregiver, you simply don’t have time.” Mary has tapped into many of her life skills from before her injury—networking, broadcasting, organizing, communicating—for use in this new stage of her life. “In looking further into the world of disabilities, I feel like I had opened the mouth of the hippopotamus—it’s such a wide area, with as much of one-fifth of the population dealing with some kind of disability. I really wanted to work at getting more images of people with disabilities into the visual media and part of mainstream America.” To that end, she has become an ambassador for a stroke awareness program for African Americans called “End the Stroke.” She also has been instrumental in getting the program “Brain Attack” scheduled onto a major television network affiliate and has started her own web site called Healings in Motion. “I see all this work as ‘paying it forward’. The more good I do, the more I heal.” ●

case study 2, continued from page 5

Overall, however, the team worked with Ryan to make slow, steady progress toward his functional goals. “He was in a significant amount of pain from the burns, had limited range of motion and balance issues due to the halo, and fairly severe cognitive impairments, but his diligence and consistent follow-through were remarkable,” says Murphy. “He always stuck with us.” This included rigorous sessions at the local gym (after learning how to safely use the equipment) to develop strength, walking in the park to practice balance and wayfinding skills, transitioning into a new apartment, which tested his ADLs, and rebuilding a skill set that would allow him to return to work. On this latter piece, the OT helped ease the transition back to work. “Ryan’s boss had a brother who had sustained a TBI,” says Murphy, “so he was very compassionate and supportive.” Ryan started with light tasks on the job site, such as framing and painting, with oversight by the OT to ensure safety. As his endurance increased so did his hours.

Recovery and Results: By discharge at the end of February 2005, Ryan had met all his original goals plus some new ones that were established once he began the transition back into work. He was working full time, but was not able to perform all of the tasks in his job description that required above average physical strength and balance. However, he continued to increase upper and lower extremity strength through three to four gym visits a week in anticipation of resuming those duties. A year after discharge, on St. Patrick’s Day, Ryan visited the Rehab Without Walls office with a bag laden with Irish treats. “I wanted to thank the team for sticking with me when my head wasn’t on right. My life is so much better now, and I am very grateful.” Today, that life includes full-time work with no restrictions. He also bought a house where he is now living independently and fully. ●

terms defined

- **Assessment.** For Rehab Without Walls, assessment is a term with multiple levels—all of which are comprehensive. After a client is referred to us, a member of our interdisciplinary treatment team will visit the potential client (often while the client is still in the hospital) to evaluate whether he or she could benefit from our program. This includes reviewing medical records, speaking with the client’s physician, discussing rehabilitation goals with client and family or key support system, exploring community resources, and getting as complete a picture as possible of the client’s life before the illness or injury. If the client is a suitable candidate, the Rehab Without Walls team will make a second assessment of the client’s home to evaluate its safety and determine whether adaptive equipment and other accommodations need to be implemented.

Insurance: Rehab Without Walls works very closely with payers to help them understand what our program does and how it creates effective, durable outcomes. Depending on the diagnoses and the parameters of the insurance plan, we have been able to apply the outpatient, home health, SNF and even the inpatient benefit toward Rehab Without Walls. In addition, because of our focus on returning patients to functional, productive lives, we frequently work with workers compensation cases.

A Few Things Physicians May Not Know About the Rehab Without Walls Approach

- The referring physicians become part of our treatment team and may participate in ongoing meetings and evaluations as needed.
- There is just one point person to communicate with—the clinical coordinator on each case.
- Rehab Without Walls is not a Medicare model with therapies based in 15 minute increments. It is an intensive, structured program that can deliver as much as six hours of interdisciplinary care daily, depending on the needs of the individual served.
- Our comprehensive approach includes things like working with the patient and family on stress management, accompanying the patient on doctor's appointments, helping a child return to school, and working with an individual's employer on-site to facilitate a smoother return to work.
- We can perform in-service presentations at hospitals and physician's offices to further educate medical professionals on how Rehab Without Walls can best serve them and their patients. ●

About Rehab Without Walls

With a focus on functional goals and measurable, durable outcomes, Rehab Without Walls® provides comprehensive rehabilitation in the setting that we've found most effective: the client's home and community. Using an interdisciplinary clinical treatment team developed to meet the specific needs of each client, we help clients return to life as quickly, fully and independently as possible equipped with the functional skills necessary to participate in practical, daily activities at home, school and the workplace—often at a significant cost savings. For more information or to make a referral, please call 1-866-734-2296 or visit us at www.gentiva.com/rww

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in this issue:

LEARN about the key differences between Rehab Without Walls and home healthcare...[cover story](#)

HEAR what a Rehab Without Walls Occupational Therapist has to say about the unique aspects of performing OT in the home and community setting...[page 2](#)

GET a quick guide for physician referrals into Rehab Without Walls...[page 3](#)

SEE what return to functionality means for two different clients...[case studies pages 4 and 5](#)

alternatives