Association *of* Academic Physiatrists

The Importance of Inpatient Rehabilitation Facilities

What are Inpatient Rehabilitation Facilities (IRFs)?

IRFs are a category of rehabilitation facilities designed to provide the care required by individuals with complex disabilities, a population that is steadily increasing. For patients with active complex medical and functional limitations, the IRF serves as a transition facility between the acute hospital and their ultimate living setting, most often in the community. The IRF focuses on returning individuals with significant disabilities to their highest possible levels of health and functioning.

What are the unique characteristics of IRFs?

- Physician rehabilitation specialists supervise their care at least 3 days per week.
- Treatment teams include a wide range of professional specialties: Rehabilitation Medicine, Rehabilitation Nursing, Physical Therapy, Occupational Therapy, Speech Language Pathology, Prosthetics/Orthotics, Case Management, Social Work, Nutrition, and Psychology.
- Patients receive more hours (at least 15hrs per week) of rehabilitation therapy than from other settings.
- Emphasis is on patient-centered, interdisciplinary team care including weekly patient care conferences.

What are the threats to IRFs?

1. The Medicare "60% Rule" requires at least 60% of each facility's patients to have one of 13 specific diagnoses. This rule is outdated and arbitrarily restrictive and leaves out many other individuals with similarly medically complex conditions such as those with cancer and organ transplants. CMS has not updated the list of diagnoses since 2004.
2. Burdensome IRF-specific documentation (such as the IPOC [Individualized Plan of Care] and the IRF-PAI [Inpatient Rehabilitation Facility Patient Assessment Instrument]) with arbitrary time deadlines that, if missed, can result in outright denials from CMS of the entirety of a patient's rehabilitation hospitalization. For example, the IRF-PAI is the assessment instrument IRF providers use to collect patient assessment data for quality measure calculations and payment determination in accordance with the IRF Quality Reporting Program (QRP). It has steadily increased from 7 pages requiring 55 minutes per patient to complete at its inception, to now being over 30 pages and requiring 1hour and 46 minutes per patient to complete!
3. Payers are increasing pressure to use alternative, less expensive inpatient facilities and reduce hospital lengths of stay to reduce cost without consideration of the added value and superior outcomes for IRF patients
4. Payers are also increasing pressure to remove marginal cases (either too complex or too simple) from IRFs. This threatens their ability to maintain the staff and programs needed to provide services to complex cases.
5. Administrative burdens to advocate for patients with Medicare Advantage plans that require time-consuming appeal of inappropriate denials and conducting peer to peers, all while continuing to adhere to overly stringent requirements to get into IRF leaves a significant gap for Americans with complex disabilities.

SUPPORT INPATIENT REHABILITATION FACILITIES

- ✓ Reform Medicare 60% rule to be more inclusive of complex medical conditions resulting in severe disability.
- ✓ Eliminate the Individualized Plan of Care (IPOC) documentation requirement for IRFs and reduce the IRF-PAI documentation burden back to its initial iteration.
- ✓ Support new CMS-requirement of having ONLY board-certified physical medicine and rehabilitation physicians to serve as medical directors of IRFs.

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