

STOP CMS FROM EXPOSING PATIENTS TO UNREASONABLE RISK IN INPATIENT REHABILITATION

SPECIALIZED CARE FOR PATIENTS NEEDING HOSPITAL-LEVEL CARE & REHABILITATION

Inpatient Rehabilitation Facilities (IRFs) are specialized settings of post-acute care (PAC) reserved exclusively for patients who need hospital-level care in conjunction with intensive rehabilitation.

- Patients requiring IRF care often face devastating chronic issues and medical complications resulting from spinal cord or traumatic brain injuries, strokes, cardiopulmonary instability, and other serious illnesses and disabilities.
- IRFs provide comprehensive, multidisciplinary, team-based care, led by rehabilitation physicians who have significant training, experience, and expertise in restoring health and function for high-acuity patients.

PROPOSED RULE CHANGES REQUIREMENTS FOR PHYSICIAN LEADERSHIP

The Centers for Medicare and Medicaid Services (CMS) IRF Prospective Payment System (IRF PPS) Proposed Rule for FY 2021 includes a proposal to allow non-physician practitioners (NPPs) to perform IRF services now required to be performed by rehabilitation physicians. Comment deadline: June 15.

The proposed rule would upend the long-established requirements for IRF coverage – that rehabilitation physicians in IRFs lead the care team, conduct face-to-face patient visits, and strategically coordinate and deliver complex patient care – dramatically altering how IRFs operate and lowering the quality of care these patients receive.

CMS Should Maintain High Standards for High-Risk, Complex Patients

- IRF patients receive an intensive course of therapy from a variety of disciplines, led by a rehabilitation physician who develops a plan of care to restore optimum function, ensuring that the patients' rehabilitative activity recognizes medical complexities and co-morbid conditions.
- The proposed rule would deteriorate the high-level rehabilitation care that sets IRFs apart from other PAC settings, undermining patients' ability to achieve rehabilitation and medical goals.

CMS Should Retain Requirements for the Highest Level of Expert Care

- Rehabilitation physicians receive extensive medical education, often including more than 11 years of education, residency, and fellowship training and more than 10,000 hours of clinical experience in inpatient rehabilitation.
- NPPs have an important role as members of the interdisciplinary team in IRFs, but their skill sets, education, and training are significantly less than and therefore not interchangeable with rehabilitation physicians.

Diluting IRF Care Would Decrease Quality of Care and Increase Costs

- Lowering the standard of care for IRF patients could risk the patient's health and function.
- Allowing less experienced providers to manage IRF patient care could result in additional costs due to the provision of unnecessary or medically inappropriate services, increased IRF admissions for patients who could be more appropriately treated in less costly settings, and inevitable acute care readmissions after receiving substandard IRF treatment.

Please ask CMS not to finalize its proposal that would diminish the vital role physicians play in IRFs in caring for highly complex, medically fragile patients.