

Casa Colina Centers for Rehabilitation: A unique physician-directed model of care that works



Emily R. Rosario, PhD



Why is Casa Colina unique?



- Continuum of care offering medical and rehabilitation services from acute to long-term care and support

Providing a Rehabilitation Continuum



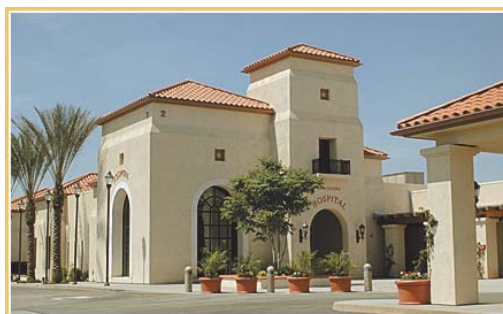
- Acute Inpatient Rehabilitation Program
- Comprehensive Outpatient Rehabilitation Services
 - Multi-specialty Physician Clinics
- Children Services Program
- Post Acute Rehabilitation
 - Transitional Living Center
 - Rancho Piño Verde
 - Apple Valley
- Adult Day Center



Acute Inpatient Rehabilitation



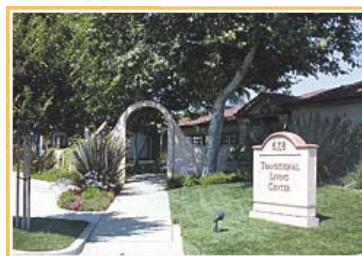
- 68-bed acute rehabilitation hospital
- Physicians lead multi-disciplinary teams to coordinate care and services
- 3 hours daily of physical, occupational, and speech therapy
- Internal medicine model



Transitional Living Center



- 38-bed community based living for adolescents and adults
- Specializes in traumatic brain injury, spinal cord injury, and other neurological trauma
- Residential and outpatient treatment models
- 6 hours of rehabilitation services daily including 1 on 1 therapies, group therapies, and support groups



Outpatient Services



- Physical, Occupational, and Speech therapy
- Neuro and Ortho therapy gyms
- Aquatic therapy
- Neuropsychology
- Audiology and Vestibular Centers
- Physician Specialty Centers
- Hyperbaric Medicine Center
- Sports Medicine Center
- Sleep Center
- Imaging Center
- Surgery Center



Children's Services Center



- Serves children from infants to teenagers
- Specializes in helping children at risk for physical, social, learning, sensory, and communication delays
- Conditions include
 - Autism
 - Cerebral palsy
 - Downs syndrome
 - Brain injuries
 - Cancer



Adult Day Center



- Serves adults with cognitive or physical impairments
- Daily program includes
 - Customized medical and rehabilitation care plan
 - Physical, occupational, and speech therapies
 - Individual and group settings
 - Social work services
 - Individual and group counseling
 - Recreational and social activities



Long-term Care Facilities



- Rancho Piño Verde and Apple Valley
 - Supervised residences for adults with brain injuries
 - Provide vocational opportunities on site, plus community education and recreational activities.
- Padua Village Homes
 - Supervised residences for adults with developmental disabilities



Outdoor Adventures



- Serves wide array of individuals with physical or cognitive disabilities
- Promotes social skills, confidence, development of new skills, and increased independence
- Encourages physical well being and a healthy life-style
- Encourages participation in new experiences





Why is Casa Colina unique?

- Continuum of care offering medical and rehabilitation services from acute to long-term care and support
- Physician-directed model of care



Physician-directed model of care

How does it work?

Why is it unique?

What does it mean for our patients?

Physician-directed model of care



How does it work?

Outpatient services

- Physician Specialty clinics

These specialty clinics are designed to provide one-stop coordination of outpatient medical care and rehabilitative treatment.

Programs include:

Arthritis	Multiple Sclerosis	Urinary Dysfunction
Foot & Ankle	Wound Care	Vestibular & Balance
Pediatric Neurology	Spine	Pain Management
Hearing	Physiatry	Infectious Disease
Sports Medicine	Pulmonary	Hyperbaric Medicine
Neuro-optometry	Headache	Movement Disorders



Physician-directed model of care



How does it work?

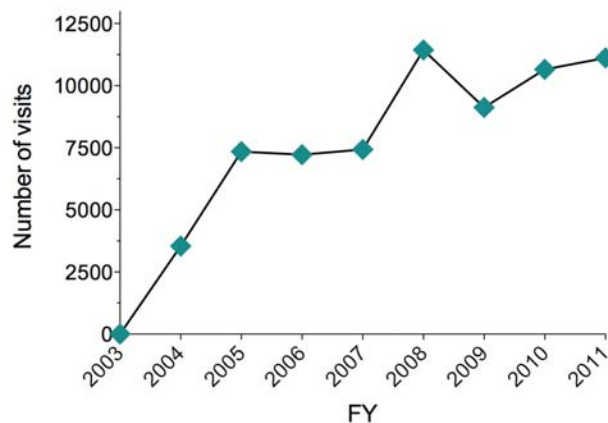
Outpatient services

- Physician Specialty clinics
 - Casa Colina has 32 medical program directors
 - Lead a multidisciplinary team to implement and oversee a specialty clinic
 - Assure the needed resources are available to allow for developing and maintaining a center of excellence
 - Manage the complete clinical product
 - Influence policy and procedure regarding patient care throughout the Casa Colina continuum

Physician clinics serve the various medical and rehabilitation needs of the community



of visits for physician clinics



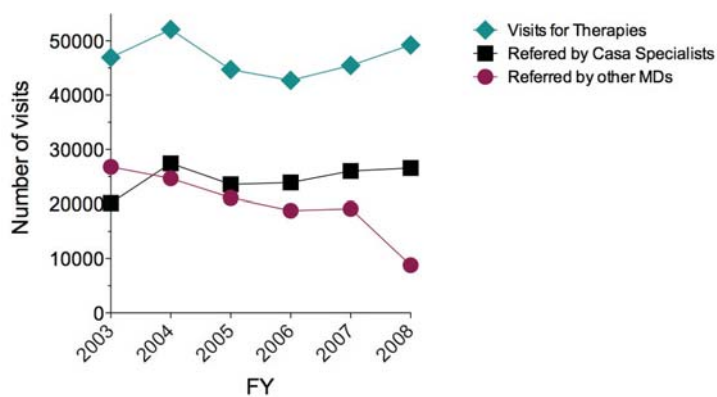
Data represent 2003 - 2011 (estimated)

Data represent 2003 - 2008

Physician clinics serve the various medical and rehabilitation needs of the community



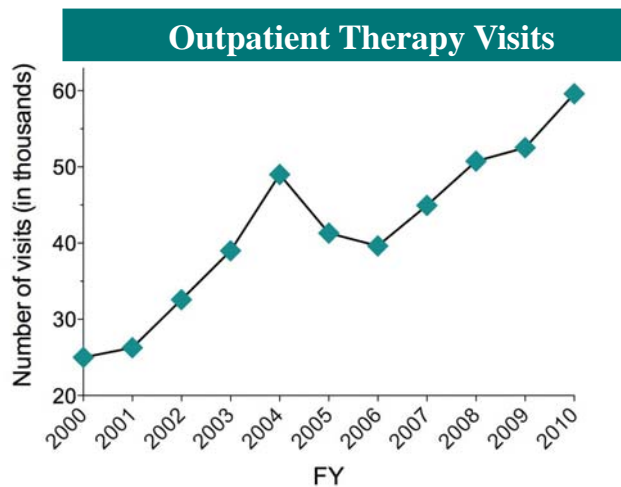
of outpatient therapy visits



Data represent 2003 - 2011 (estimated)

Data represent 2003 - 2008

Steady increase in outpatient volume under
this physician-directed model



FYE 2000 to FYE 2010 (estimated) Numbers in thousands

Physician-directed model of care



How does it work?

Outpatient services

- Physician Specialty clinics
 - Lead a multidisciplinary team to implement and oversee a specialty clinics
 - Oversee and manage the complete clinical product
 - Assure the needed resources are available to allow for developing and maintaining a center of excellence
 - Influence policy and procedure regarding patient care throughout the Casa Colina continuum
 - Provide community education about rehab
- Collaborative ventures
 - Imaging center
 - Surgery center

Ambulatory Surgery Center



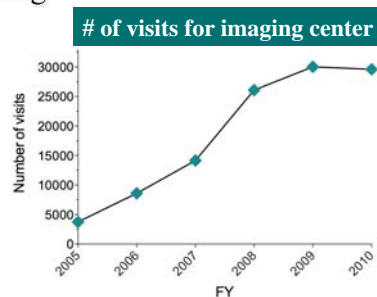
- Started in 2005 as multi-specialty surgery center
 - General surgery
 - Orthopaedic
 - Pain management
 - Neurosurgery
 - Gastroenterology
- Partnership between Casa Colina and community physicians
- 3 Operating rooms
- 2 specialty procedure rooms with a GI laboratory
- 16 beds for pre-op and post-op recovery



Imaging center



- Started in 2005 to serve Casa Colina and the surrounding community
- Fast and easy access to diagnostic imaging and rapid results for patients both on and off campus as well as referring physicians
- Wide array of imaging services including
 - X-Ray
 - Ultrasound
 - Bone density
 - MRI
 - CT
 - Mammography



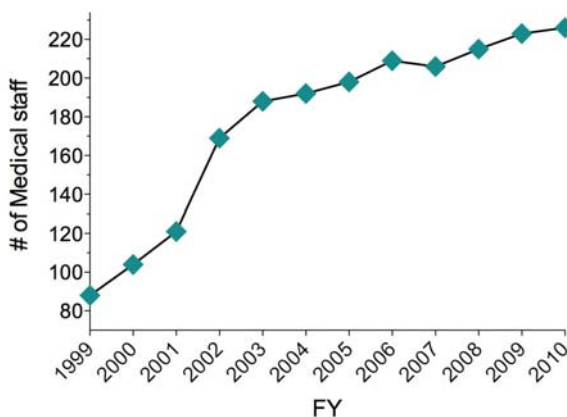
Physician-directed model of care



Internal Medicine model

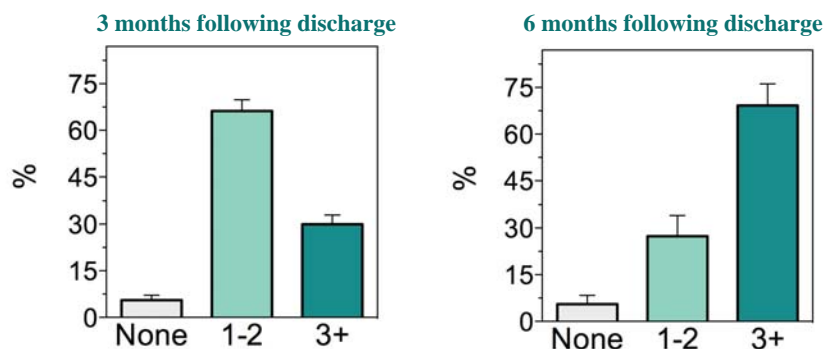
- Attending Physicians
 - Internists or specialist - coordinate medical care for the patient
 - Community physician
- Consulting Physicians
 - Psychiatrist at Casa Colina
 - Coordinate rehabilitation care
 - *When possible oversee total care of patients*
- 100% referral based hospital
- Open medical staff
 - Over 200 physician in a variety of specialties

Increase in Medical Staff at Casa Colina



Data represent FY 1999 through FY 2010

Casa Colina patients continue to manage their care with their primary care physicians



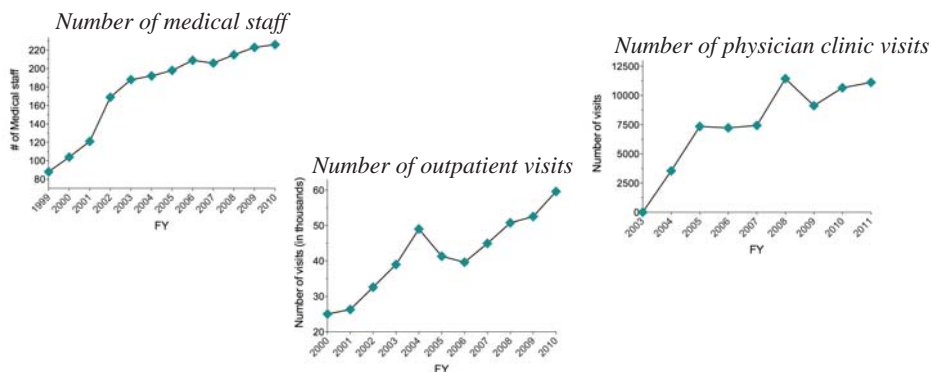
IdHealthTrack 3/2010 - 8/2010

Physician-directed model of care



Why is this model unique and beneficial?

- Educates community physicians on rehabilitation services and outcomes



Physician-directed model of care



Why is this model unique and beneficial?

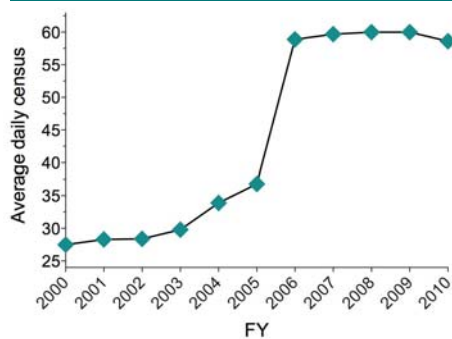
- Educates community physicians on rehabilitation services and outcomes
 - Increases patients coming to rehab
 - Facilitates the ability to fill our beds

Physician-directed model of care

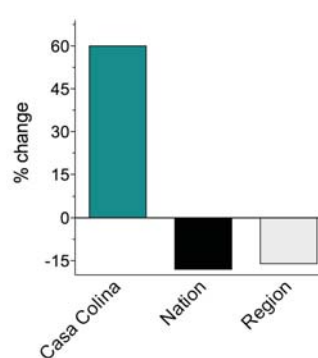


Changes in volume at Casa Colina

Average daily census for Casa Colina Hospital



% change in total volume

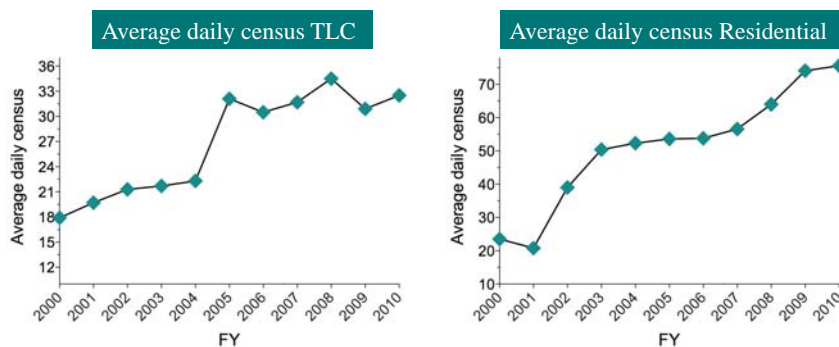


FY 2000 to FY 2010 (est.)

Physician-directed model of care



Changes in volume at Casa Colina



Data represent 2000 – 2010

Physician-directed model of care



Why is this model unique and beneficial?

- Educates community physicians on rehabilitation services and outcomes
 - Facilitates the ability to fill our beds
 - Increases patients coming to rehab
- Keeps patients in our area versus looking elsewhere for services
- Manage sicker patients
- Fee for service, no managed care
- *Provides a more effective complete clinical package that results in better patient outcomes*

Physician-directed model of care



What does it mean for our patients?

- Patients receive the highest quality of care
- Provide excellence in their “backyard”
- Bring the experts to them if they are not in the area
- Physician-directed model + continuum of care makes Casa Colina unique and highly effective in providing the most complete medical care and rehabilitation services
- Better overall outcomes

How do we evaluate our patient’s progress and outcomes throughout the rehabilitation process?



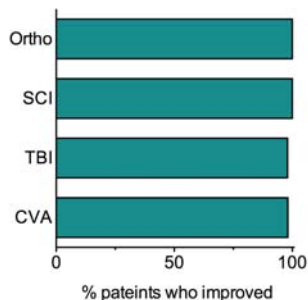
- **Functional outcomes - FIM**
- **Medical outcomes**
- **Discharge location**

How do we evaluate our patient's progress and outcomes throughout the rehabilitation process?

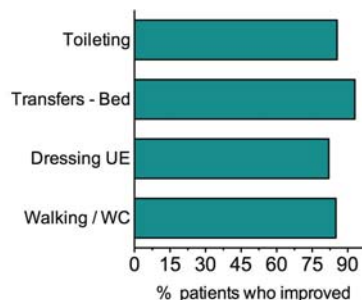


•Functional outcomes - FIM

Nearly 100% of patients show improvement on FIM

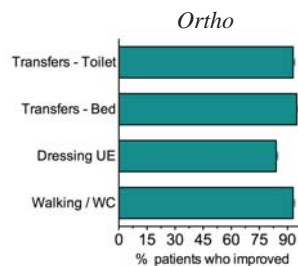
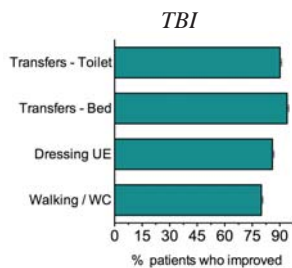
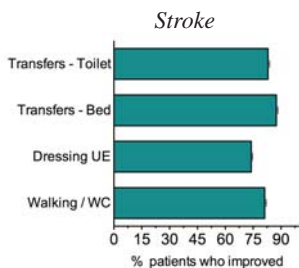


Nearly 90% of all patients show improvement in key FIM areas



Data represent 1/2009 - 12/2009

Significant functional gains are made in areas related to daily living and increased independence



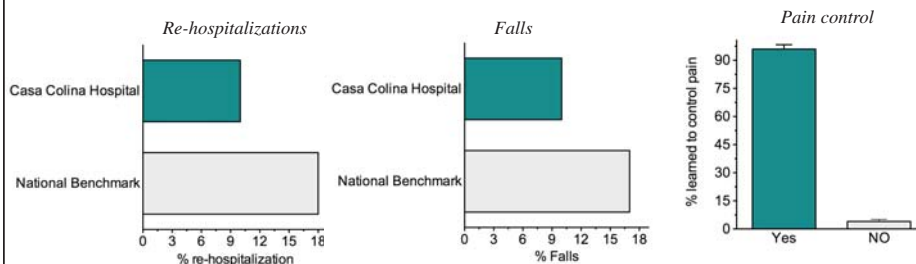
Data represent 1/2009 - 12/2009

How do we evaluate our patient's progress and outcomes throughout the rehabilitation process?



•Medical outcomes

3-months following discharge, Casa Colina patients have fewer falls and re-hospitalizations than the national benchmark



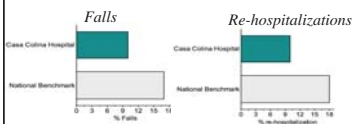
Data represent 1/2009 - 12/2009

How do we evaluate our patient's progress and outcomes throughout the rehabilitation process?

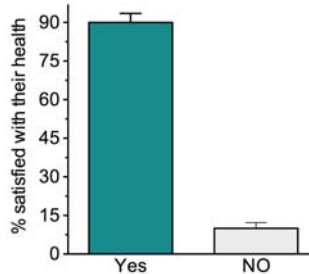


•Medical outcomes

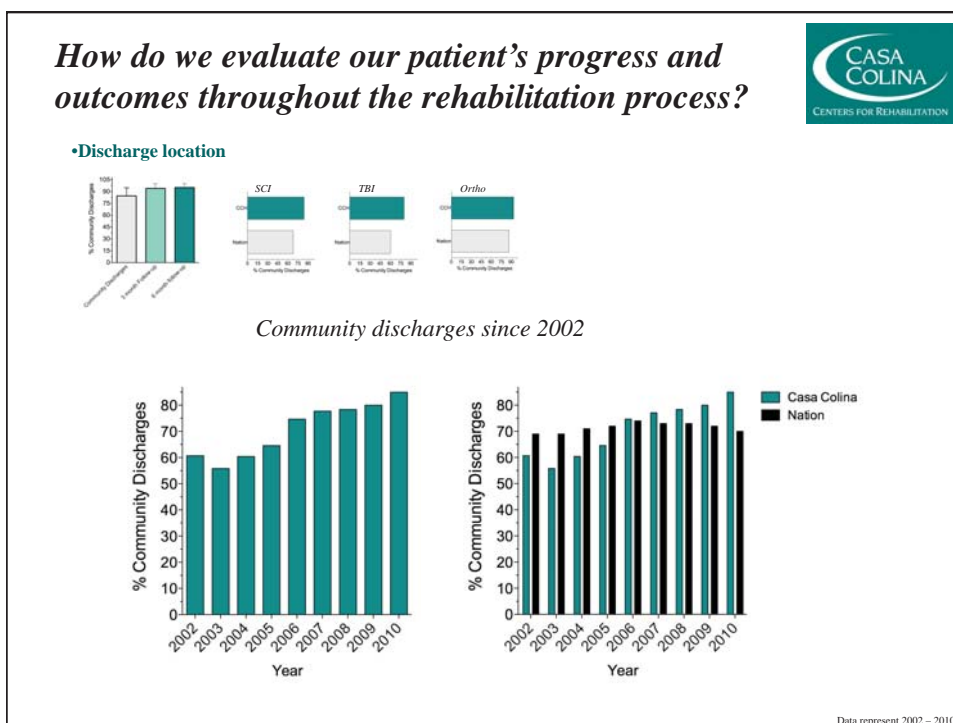
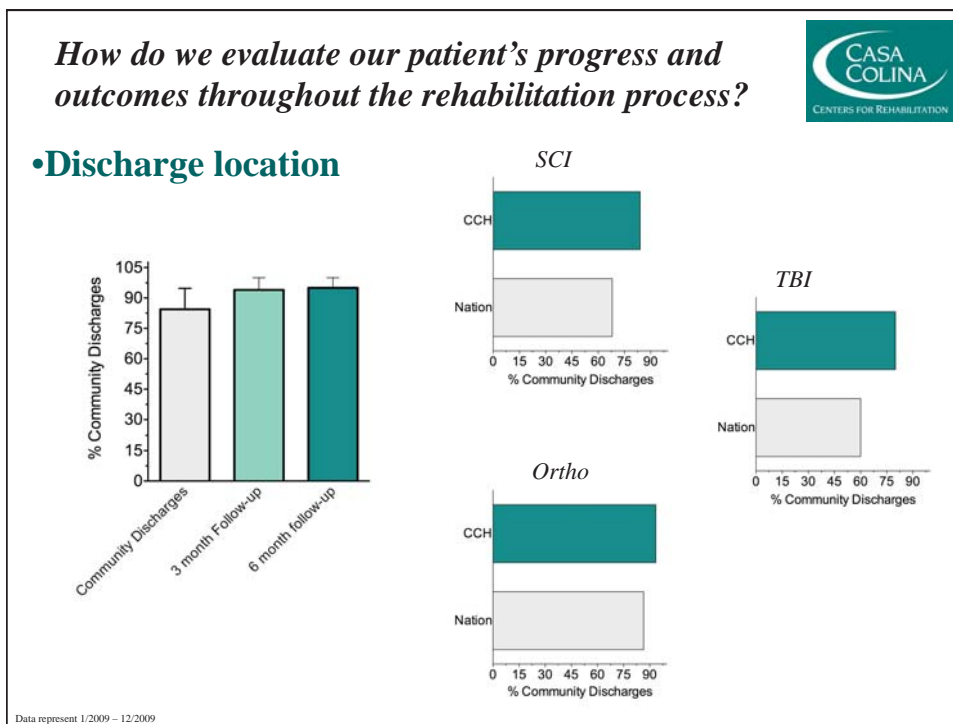
3-months following discharge, Casa Colina patients have fewer falls and re-hospitalizations than the national benchmark



Patients learn to manage their pain and are satisfied with their overall health



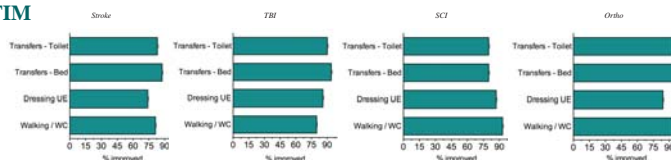
Data represent 1/2009 - 12/2009



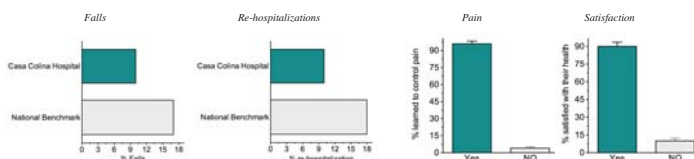
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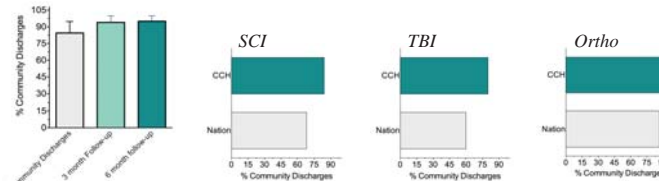
•Functional outcomes - FIM



•Medical outcomes



•Discharge location



Data represent 1/2009 - 12/2009

Quality of Life Measures

Physical, emotional, and social functioning are the key components to an individual's quality of life. These help to define an individual's adjustment to a medical condition or disability.



Outcome Measures

Functional Measures

Systematic attempt to objectively measure the level at which a person is functioning in a variety of domains and allows examination of the relationships between treatment (dose, duration, type) and patient response (outcome, gains).





Outcomes by Clinical Pathways

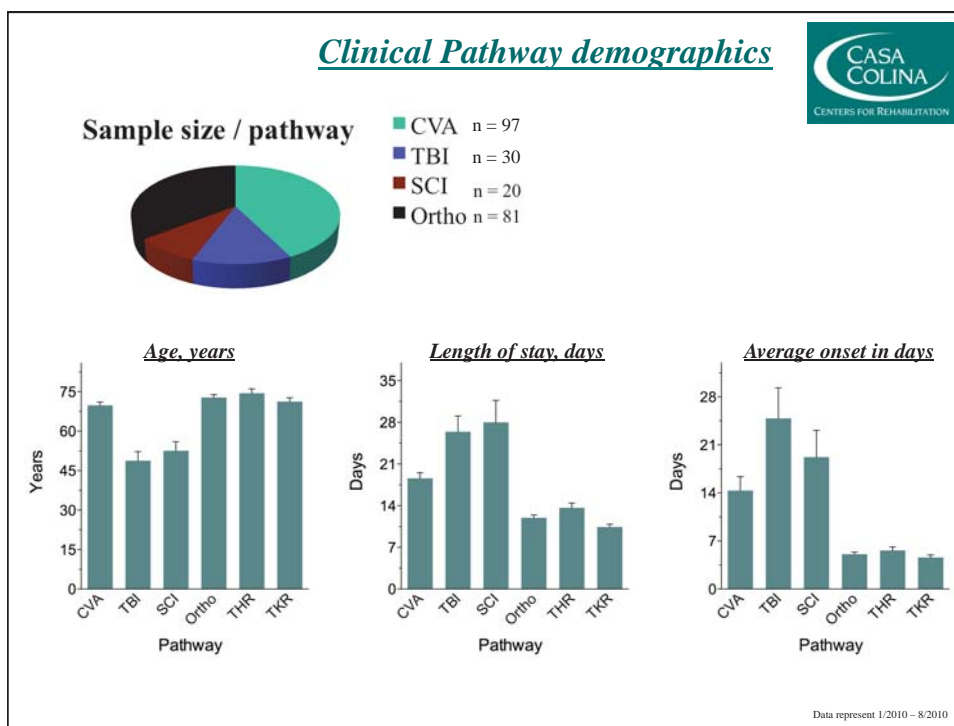

(PM&R confirms inclusion on pathway at admission)

- **Stroke**
- **Brain Injury**
- **Spinal Cord Injury**
- **Orthopedic**



Clinical Pathway

- Diagnoses:
- Time frame: \leq 6mo post-onset
- Outcome measures
 - Quality of Life
 - Functional measures
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy

Outcomes by Clinical Pathways

Stroke Pathway

Stroke Pathway



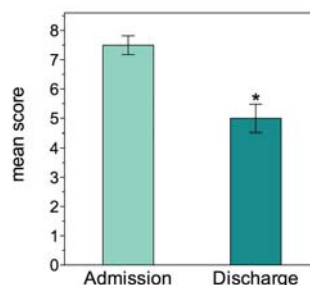
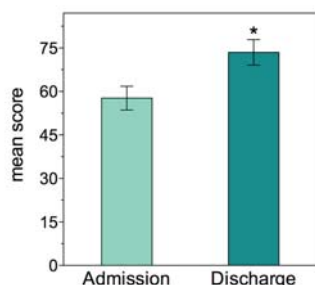
Functional outcome measures

Functional gains impacting everyday life

Decrease in the need for supervision

Stroke Rehabilitation Assessment of Movement

Supervision Rating Scale



Measures impairment in voluntary movement (UE, LE) and basic mobility

Measures level of supervision, here we see a decrease in the level of supervision from full-time indirect to part time

Data represent 1/2010 – 8/2010

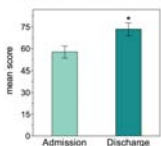
Stroke Pathway



Functional outcome measures

Functional gains impacting everyday life

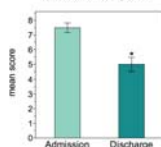
Stroke Rehabilitation Assessment of Movement



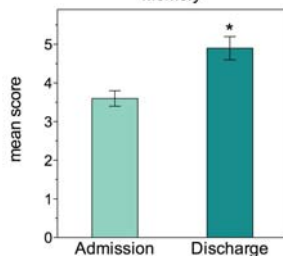
Clinically significant gains in functional communication measures

Decrease in the need for supervision

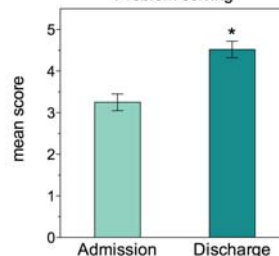
Supervision Rating Scale



Functional Communication Measure Memory



Functional Communication Measure Problem solving



Developed by ASHA to describe different aspects of a patients functional communication ability. (part of the national outcomes measurement system, NOMS)

Data represent 1/2010 – 8/2010

Stroke Pathway

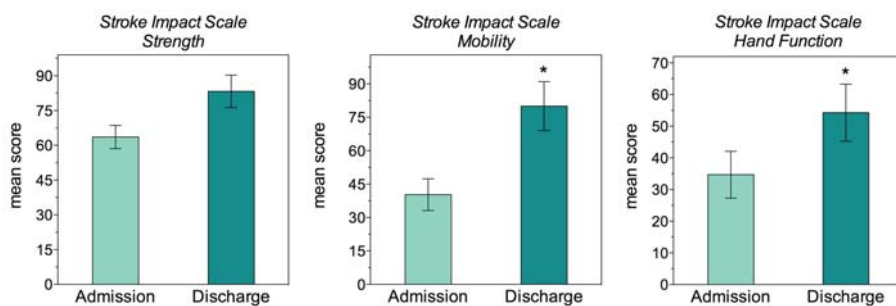


Quality of Life

Stroke Impact scale

8 domains of quality of life and a global measure of recovery

Patient reported functional recovery



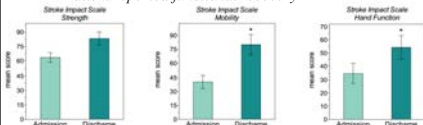
Data represent 1/2010 – 8/2010

Stroke Pathway

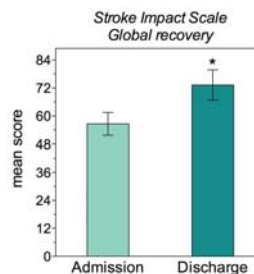


Quality of Life - Stroke Impact scale

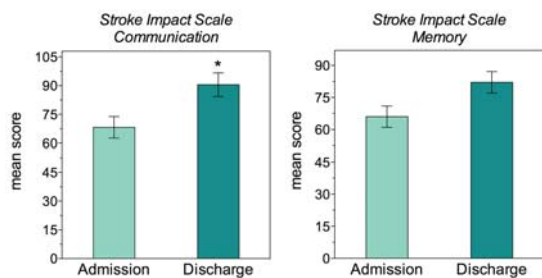
Patient reported functional recovery



Patient reported overall recovery



Patient reported cognitive recovery



Data represent 1/2010 – 8/2010



Outcomes by Clinical Pathways

TBI Pathway

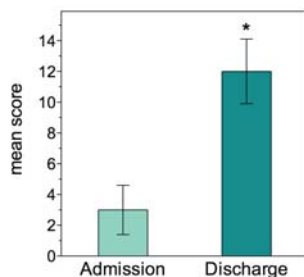
TBI Pathway



Functional outcome measures

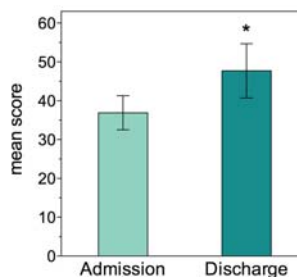
Significant functional gains that impact everyday life

Functional Gait Assessment



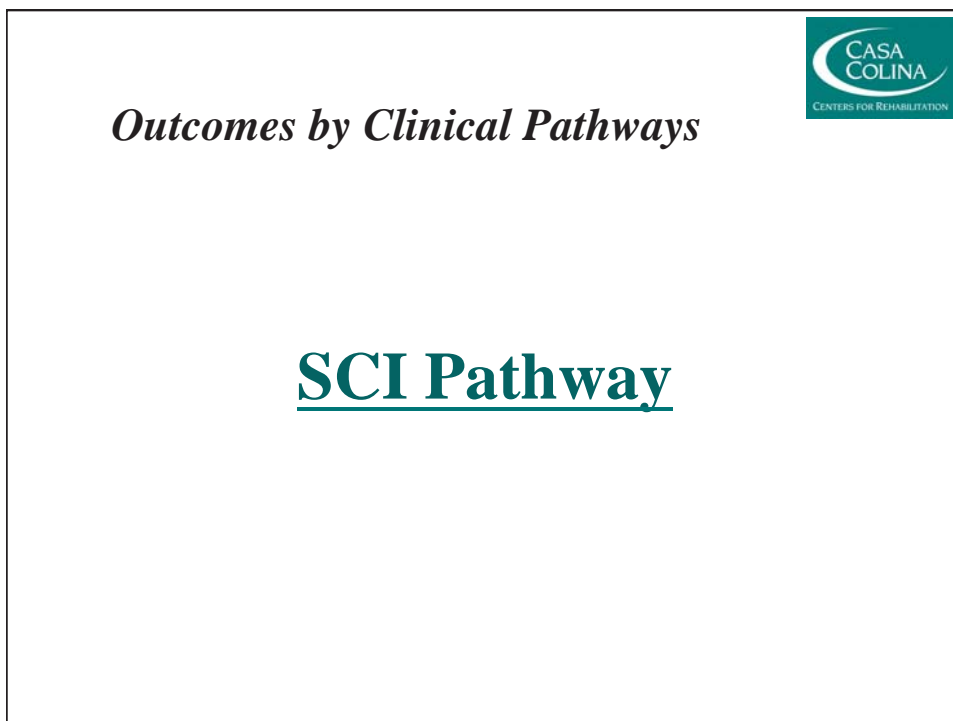
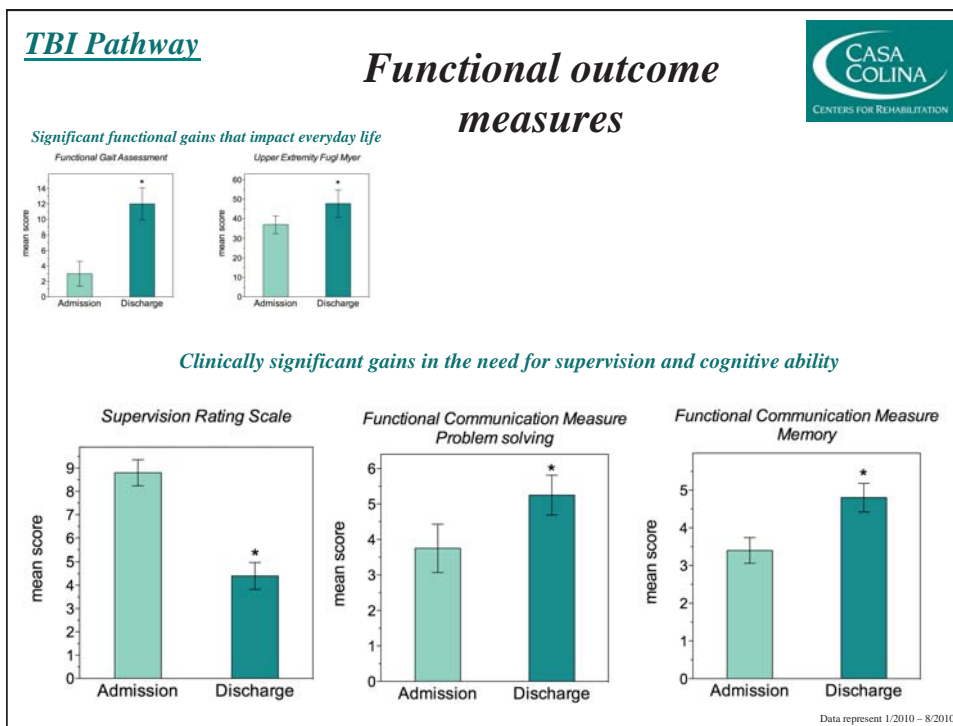
Measures postural stability during walking tasks (functional gait) in individuals with vestibular disorders

Upper Extremity Fugl Meyer



Measures impairment in upper limb movement (reflex and voluntary)

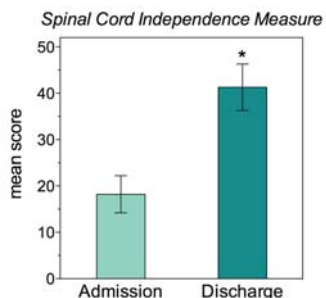
Data represent 1/2010 – 8/2010



SCI Pathway

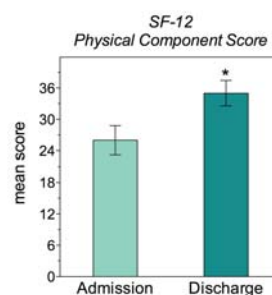
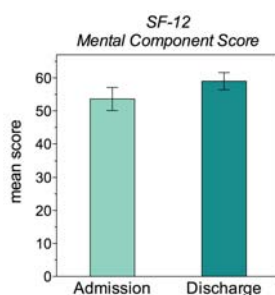


Clinically significant functional changes



Changes in patient reported quality of life

Measures ability to perform daily routine tasks, domains include self-care, respiration and sphincter management, and mobility



Data represent 1/2010 – 8/2010

Outcomes by Clinical Pathways



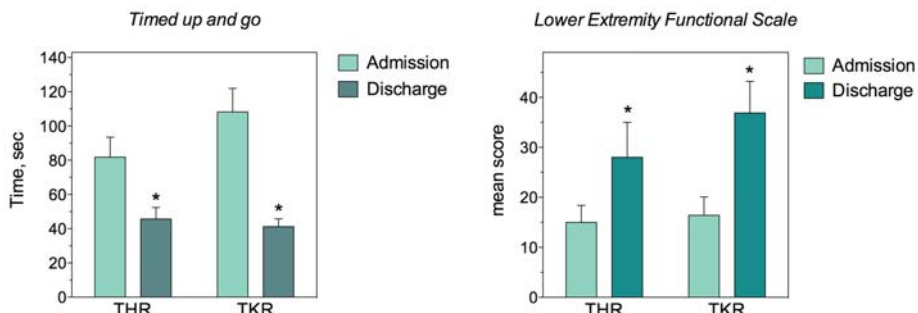
Ortho Pathway

Ortho Pathway



Functional outcome measures

Functional gains impacting everyday life



Measures impairment in functional ability, stand up from sitting walk 3 meters turn around and sit back down

Measures impairment in functional ability related to activities of daily living

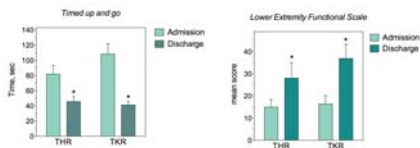
Data represent 1/2010 – 8/2010

Ortho Pathway

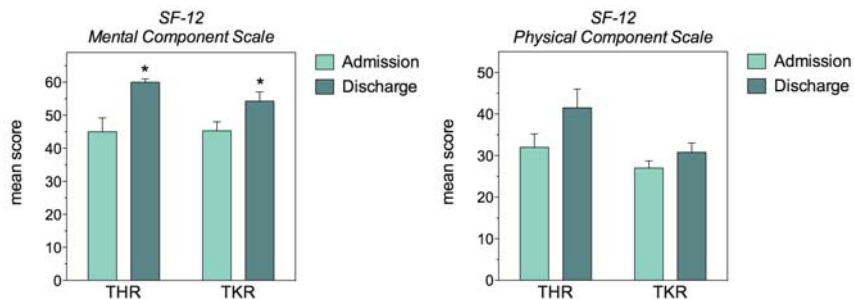


Functional outcome measures

Functional gains impacting everyday life



Changes in patient reported quality of life

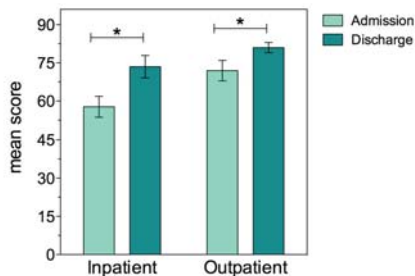


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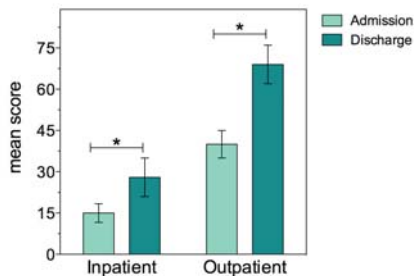


Patients continue to make gains from inpatient through outpatient

Stroke Rehabilitation Assessment of Movement



Lower Extremity Functional Scale



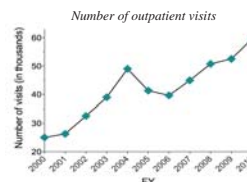
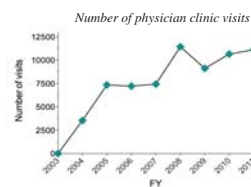
Data represent 1/2010 – 8/2010

Summary



Physician-directed model of care

- Outpatient – 32 Program medical directors
 - Multi-Specialty physician clinics – one stop for medical and rehabilitation care
 - Oversee and manage the complete clinical product
 - Influence policy and procedure regarding patient care throughout the Casa Colina continuum
 - Provide community education about rehabilitation to physicians and potential patients



Summary



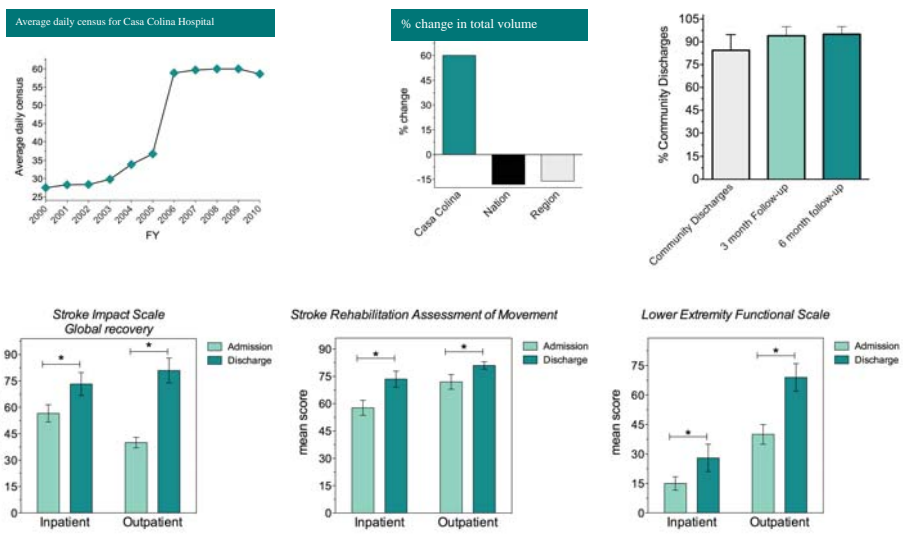
Physician-directed model of care

- Inpatient – Internal medicine model
 - Internist (Attending) - medical care
 - PM&R (Consulting) - rehabilitation services and coordinates care
 - Over 200 physicians in a variety of specialties
- Due to this model, Casa Colina...
 - Continues to see expansion and growth
 - Provides highest quality of care possible

Summary



Physician-directed model of care





Future of Casa Colina

- Continuing to recruit new physicians
 - Internal medicine
 - Specialists
- New medical office building
- New 31-bed acute care hospital
 - Complete our continuum
 - Allow us to provide the most comprehensive and highest quality of care possible to our patients

