

DRAFT DOCUMENT UNDER EDITING

Georgia Trauma System Rehabilitation Access Survey

Demographics

- Title/Role of person completing the survey
- Size of hospital and/or trauma program
- Whether part of health system with integrated rehabilitation/post-acute facilities

Instructions: This survey is primarily intended for case managers working with trauma patients, but can be completed by any trauma team member. Guidelines encourage the referral of trauma patients requiring rehabilitation with complex care needs including multi trauma, amputation, spinal cord injury, traumatic brain injury and pediatric trauma to specialty acute rehabilitation. The purpose of this survey is to better define the barriers Georgia's trauma hospitals encounter in transferring patients to acute rehabilitation facilities.

Please rank order the following common *social* barriers to accessing specialty acute rehabilitation facilities, based on your experience at your trauma hospital. Please order from most common (1) to least common. [Drop down menu design for rank number]

Childcare

Food
Transportation
Lodging
Other ____

If financial assistance could be provided to families so that the trauma patient could receive the highest level of rehabilitation care available, what *social* barrier would you utilize the money for? Please order from most common (1) to least common. [Drop down menu design for rank number]

Childcare
Food
Transportation
Lodging
Other ____

Please rank order the following *insurance* barriers for commercially insured patients (Eg, Blue Cross, Cigna etc), in terms of the frequency with which they delay discharge from the trauma floor to acute rehabilitation:

Insurance says acute rehabilitation is not appropriate, but treatment team disagrees
Insurance will not approve specific facility patient/family wants, offers other facilities
Insurance approval process for rehabilitation level of care is slow
Insurance does not have enough acute rehabilitation facilities in network

Please rank order the following *insurance* barriers for Medicare and Medicaid insured patients, in terms of the frequency with which they delay discharge from the trauma floor to acute rehabilitation:

Insurance says acute rehabilitation is not appropriate, but treatment team disagrees
Insurance will not approve specific facility patient/family wants, offers other facilities
Insurance approval process for rehabilitation level of care is slow

Insurance does not have enough acute rehabilitation facilities in network

Approximately __% of Georgia's trauma patient population is uninsured, presenting a well recognized barrier and delay to transferring patients from trauma floors to rehabilitation facilities. At the same time, it is well known that rehabilitation can be very effective in this patient population in reducing long term disability, regardless of insurance and socioeconomic status. What policy measures do you think would be most effective for improving access of uninsured Georgians to rehabilitation services. Please rank order, and you may use the Other field to enter your own recommendation.

Temporary rapid approval of Medicaid applications. (The state would temporarily approve Medicaid for uninsured trauma patients on the basis of very limited residency and financial information, and handle recoupment of costs as warranted at a later date)

Affordable Care Act expansion.

Require rehabilitation facilities to admit more uninsured patients.

Other: _____

How often do you encounter delays in transferring patients to acute rehabilitation due to lack of bed availability?

Never

1 to 10 %

11 to 25%

26 to 50%

51 to 75%

76 to 100%

When thinking about your trauma patients who need acute inpatient rehabilitation as a whole, and the frequency with which there are delays in transferring them to rehabilitation facilities, how often is transfer delayed by at least **one week**?

Never

1 to 10 %

11 to 25%

26 to 50%

51 to 75%

76 to 100%

When thinking about your trauma patients who need acute inpatient rehabilitation as a whole, and the frequency with which there are delays in transferring them to rehabilitation facilities, how often is transfer delayed by at least **two weeks**?

Never

1 to 10 %

11 to 25%

26 to 50%

51 to 75%

76 to 100%

How often do you have to transfer patients who would benefit from acute inpatient rehabilitation facilities (Such as Children's, Shepherd Center, Warm Springs, Wellstar Rehab, Emory Rehab) to skilled nursing facilities that provide some rehabilitation services instead, due to lack of bed availability at the acute rehab hospitals or insurance or other issues?

Never

1 to 10 %

11 to 25%

26 to 50%

51 to 75%
76 to 100%

Some trauma patients are too sick for rehabilitation, still require ventilator weaning, or have other extended medical complications that prompt their transfer to long term acute hospitals (Select, Kindred etc) but will ultimately need acute rehabilitation services. Please rank order the measures below by likelihood they would speed access to acute rehabilitation after discharge from acute care to LTACH:

Trauma programs provide education to patient/family about acute inpatient rehabilitation

Trauma programs provide recommendation for acute inpatient rehabilitation as soon as ready in discharge orders

Trauma programs verify insurance coverage for acute inpatient rehabilitation and provide this information to patient/family

Other: _____

Does your trauma program have a Physical Medicine and Rehabilitation (PM&R) physician available for consultation to the patients in your hospital?

Yes

No

When discharging patients from your trauma program to post acute rehabilitation services, approximately what percentage of the time do patients who need acute inpatient rehabilitation unable to access it, and instead discharge directly home, or to a skilled nursing facility?

Never

1 to 10 %

11 to 25%

26 to 50%

51 to 75%

76 to 100%

If you could reduce length of stay from trauma floor to rehab, what specific resources do you need to help you complete this task?

Family education

Reduced case load

Transportation

Insurance education

Other _____

What is one resource you wish (hospital, insurance, community, gov't) provided to assist with transition from acute care to rehabilitation that does not exist?

[Open ended question]

What is the single biggest (social, financial, medical) barrier to getting rehab ready patients access to the highest level of acute rehabilitation? Please provide details.

[Open ended question]

What are the top 3 considerations when choosing/directing patients to a rehabilitation/post-acute facility. Rank 1-3: [We'll have to give multiple choices since trauma centers would have to choose Patient Choice/Insurance Network as one consideration.]

Specialized services for injury type

Quality outcomes of the facility

Expertise of providers and staff

Reputation for excellence

Previous experience with transfers
Search result in automated referral software (Careport, Navihealth, etc.)
Continuity of care within the health system
Family support (training & education, housing, counseling, etc.)
CARF Accreditation
Location
Timely bed availability
Ease of submitting the initial referral
Ease of overall referral process and requirements
Educational resources for trauma staff
Communication on patient progress/results
Patient choice/Insurance network
Other _____

What are the 3 top barriers/challenges to transferring patients to the preferred facility? Rank 1-3:

- ☐ Insurance network participation
- ☐ Insurance approving the level of care
- ☐ Insurance requiring use of first available bed at any facility
- ☐ Insurance, other limitations
- ☐ Ease of submitting the initial referral
- ☐ Ease of overall referral process and requirements
- ☐ Prioritizing continuity of care within the health system
- ☐ Timely bed availability
- ☐ Transportation
- ☐ Matching rehabilitation diagnosis needs
- ☐ Non-rehabilitation patient needs (dialysis, chemo, psych, etc.)
- ☐ Patient/Family decision – location
- ☐ Patient/Family decision – other
- ☐ Other _____

• What is the effectiveness of current “automated” referral systems in identifying appropriate rehabilitation options?

- ☐ Helpful
- ☐ Somewhat helpful
- ☐ Somewhat unhelpful
- ☐ Unhelpful

• How can “automated” referral systems improve identifying appropriate rehabilitation options?

- ☐ More refined clinical criteria for searches
- ☐ Add quality/outcomes metrics to help evaluate facilities
- ☐ Additional facility descriptions to understand appropriateness
- ☐ More information on facility amenities
- ☐ More information on family and patient support services
- ☐ Nothing – all is good
- ☐ Other _____