

MEDICAL REHABILITATION: OPPOSITION TO THE 75% RULE

A book produced on “Disability Prevention” by the Institute of Medicine, sponsored by the National Council on Disability and Center to Disease Control and Prevention has amplified a five-step process of becoming disabled. Interventions can be applied at any step of the process to ameliorate, stop or reverse the process toward disability. Medical rehabilitation interventions are critical in prevention of disability.

Federal policies are being implemented that may result in more not less disability. The CCD Prevention Task Force supports policies of effective rehabilitation that will prevent disability. There are at least three conditions in rehabilitation policies that may yield less than adequate rehabilitation outcomes that can lead to greater prevalence of disabilities. These adverse health policies are 1) the inpatient 75% rule, 2) determinations by fiscal intermediaries that may diminish effective rehabilitation, and 3) outpatient therapy caps.

The 75% Rule

The consequences of the 75% rule are that Rehabilitation Hospitals and units are beginning to reject patients that are clearly in need of inpatient rehabilitation that do not meet the 75% rule criteria. The “75% rule” requires 75% of patients for inpatient rehabilitation to meet one of 13 conditions by 2007. These conditions are stroke, spinal cord injury, congenital deformity, amputation, major multiple trauma, hip fracture, brain injury, neurological disorders, burns, arthritis, severe joint inflammations, osteoarthritis, knee or hip replacements or extreme obesity.

There is evidence that inpatient rehabilitation is more intense, comprehensive and provides better outcomes than less intensive and comprehensive rehabilitation when compared to the alternative placements of Skilled Nursing Facilities.

Fiscal Intermediaries and Outpatient Therapy Caps

Fiscal Intermediaries have discretion to make determination of “medical necessity” for inpatient rehabilitation that unfairly restricts access to needed medical rehabilitation. The result is less effective rehabilitation outcomes in Skilled Nursing Facilities. These decisions may be in conflict with federal regulations. Therapy caps on outpatient therapy also exacerbate effective outcomes of rehabilitation for persons who may become disabled.