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MEDIA CONTACT:
Susan Hart
(615) 642-0800
shart@hartpr.com

NEW STUDY PROVIDES THERAPY GUIDELINES IN SKILLED SETTING, AN INDUSTRY FIRST

NASHVILLE, Tenn., March 22, 2005 – For the first time ever, providers in skilled nursing facilities have guidelines on therapy utilization that clearly show improved patient outcomes in functional independence, as well as reduced lengths of stay.

The new clinical study, published in the March issue of *Archives of Physical Medicine and Rehabilitation* (www.aapmr.org), found that higher therapy intensity resulted in better patient outcomes, shorter lengths of stay for nearly 5,000 patients with strokes, orthopedic and cardiovascular/pulmonary conditions in 70 different skilled nursing facilities across the country.

Results indicated that for all three study groups (stroke, orthopedic and cardiovascular/pulmonary), overall therapy hours of 1-1.5 hours per day produced shorter lengths of stay than therapy hours of less than 1 per day (calculated on a 7-day basis). Converted to typical patterns of therapy provision, this sets the bar for minimal therapy utilization at 1.75 hours per day and 1.50 hours per day for 5 and 6 day therapy models, respectively.

“Prior to his study, there were no available benchmarks regarding appropriate levels of therapy in the skilled setting. Professionals previously had no evidence-based models to refer to when determining therapy intensity levels for patients,” explained Dr. Reg Warren of Nashville-based SeniorMetrix, a leader in predictive patient modeling and co-author of the study with Dr. Diane Jette of Simmons College in Boston. “Considering that patients receiving therapy account for more than 70% of total skilled costs, this new work represents a powerful step in demonstrating to health plans, providers and patients that appropriate levels of therapy are important in managing both the cost and the outcomes of skilled nursing rehabilitation.”

The new study reinforces findings of a study (September 2004 issue of the *American Journal of Physical Medicine and Rehabilitation*, www.amjphymedrehab.com) completed last fall, which showed similar overall results without specifying patient groups or the contribution of specific therapy types. “Health Plans should find this new study, which examined the specific contributions of individual therapies (PT, OT and SLT) helpful in establishing optimal daily therapy requirements for their provider networks,” Warren added.

About SeniorMetrix, Inc.

Founded in 1999, SeniorMetrix offers health plan providers real-time, predictive modeling data for optimal case management of members requiring post-acute care. The company has helped clients reduce costs related in post-acute care by 15 to 25 percent. Most recently, SeniorMetrix was asked to participate in the three-year Voluntary Chronic Care Improvement Program (CCIP), authorized by the Medicare Modernization Act. Led by Boston-based Health Dialog Services, SeniorMetrix is supplying the data management technology for the program, the only subcontractor able to provide such a service.

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