

The Foundation to Advance Brain
Rehabilitation (FABR): Advocacy for
Postacute Brain Rehabilitation and Persons
Served through Collaborative Outcomes
Research

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CEO, On With Life;
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of Rehabilitation Medicine Virtual Annual
Conference, September 26-9*

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presented at:*

*Brain Injury Business Practice College
Virtual Meeting, February 4, 2021*

*and
International Brain Injury Association Virtual
World Congress on Brain Injury, July 28-30,
2021*



The Foundation to Advance Brain Rehabilitation (FABR): Advocacy for Postacute Brain Rehabilitation and Persons Served through Collaborative Outcomes Research

1. FABR Organization and Goals

Jean Shelton, MBA, FACHE
CEO, On With Life;
Chair, FABR



FABR Mission & Purpose

- FABR endeavors to create an opportunity for members to pool patient outcome data in a high-quality database project with the eventual goal being to demonstrate the value of rehabilitation and increase access to care.
- The project will allow for not only clinical change data, but ultimately a measure of cost or resource utilization incurred in obtaining the level of clinical change.
- FABR will utilize aggregate membership data in an effort to demonstrate the value of rehabilitation services and to complete research. As a result of the intended use of the data, the database must be established and maintained with the highest levels of credibility.

FABR Founding Members



IN PARTNERSHIP WITH



ON WITH LIFE
BRAIN INJURY + STROKE + NEURO



Progressive Rehabilitation
Associates



Shepherd Center

Built From Experience

- Past efforts and experiences of founding members
- Collaborative effort with Inventive Software Solutions and Dr. Jim Malec
- Work of PARF Pennsylvania Association of Rehabilitation Facilities (PA & NJ) to develop an outcomes benchmarking project and share resources to gather & analyse outcomes data
- Input from other key stakeholders, for example, Dr. Michael Choo, Medical Director Paradigm: demographics and key data elements from a payer perspective

FABR Building Blocks

- Executive Committee & representative voting member from each organization
- Membership agreement and contract with commitment to fund first 2 years
- Research Policy
- Data Use Agreements
- Software and Business Associates Agreements
- Subcommittee structure including: Admin. Policy Cmt, Clinical Cmt., Research Committee, etc as needed. New Membership Committee to identify protocols for eligibility and inclusion of new program partners.

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II. Database Organization and Management

Thomas Murphy

CEO Inventive Software Solutions;
Chief Information Officer, FABR



FABR Demographic Data Forms

◆ Indicates Required Data Element; ** Indicates Desired Data Element ¶

FACILITY: _____

CLIENT DEMOGRAPHICS – INTERVAL - OutcomeInfo¶

Exclude from Brain Rehabilitation Database (Check only if you do NOT want client data included)¶

PERSONAL INFORMATION:¶

◆ Client Code #: _____ ¶

◆ Year of Birth: _____ ¶

◆ Type of Funding:

Auto Non-capitated

Medicare Public: (_____)

Other _____

◆ Marital Status: No _____

Married _____

** MEDICAL INFORM

Refer to ICD 10 Code Bc

The following are the ge

** ICD 10 Primary (BI re

Chpt 2. Neoplasms

Chpt 6. Nervous Sy

• Meningitis

• Epilepsy

• Other cor

Chpt 9. Diseases of

Chpt 19. Injury (S00-

Other, please specify:

** ICD 10 Medical Is

Chpt 1. Infectious Dis

◆ Indicates Required Data Element; ** Indicates Desired Data Element ¶

FACILITY: _____

CLIENT DEMOGRAPHICS SHEET - OutcomeInfo – INITIAL¶

Exclude from Brain Rehabilitation Database (Check only if you do NOT want client data included)¶

PERSONAL INFORMATION:¶

◆ Client Code #: _____ ¶

◆ Year of Birth: _____ ¶

◆ Sex: M F Transgender Other ¶

Marital Status:¶

Pre-Injury: Married LT Union Single Separated Divorced Widowed¶

At Admit: Married LT Union Single Separated Divorced Widowed¶

Primary Language: English Spanish Other If Other, what Language: _____ ¶

◆ Ethnicity:¶

Hispanic/Latino Non-Hispanic/Latino _____ ¶

◆ Race when Ethnicity IS NOT Hispanic/Latino: ¶

Black/African American White Asian Hawaiian or Pacific Islander ¶

American Indian or Alaskan Native 2 or more Races Some other Race alone: _____ ¶

◆ Race when Ethnicity IS Hispanic/Latino: ¶

Black/African American White Asian Hawaiian or Pacific Islander ¶

American Indian or Alaskan Native 2 or more Races Some other Race alone: _____ ¶

◆ Type of Funding: (Indicate Primary Funder for BI prog.)¶

Auto Non-capitated Auto Capitated Worker's Comp Private Pay Health Ins. VA DOD ¶

Medicare Public: (Circle: VocRehab, State Medical Assistance, State MA Waiver Prog, State Rehab Fund, School, Other)¶

Other _____ ¶

◆ Indicates Required Data Element; ** Indicates Desired Data Element ¶

FACILITY: _____

CLIENT DEMOGRAPHICS SHEET – FOLLOW UP - OutcomeInfo¶

Exclude from Brain Rehabilitation Database (Check only if you do NOT want client data included)¶

Note Source of Info: Medical Record Patient/Client Report Proxy¶

PERSONAL INFORMATION:¶

◆ Client Code #: _____ ¶

◆ Year of Birth: _____ ¶

◆ Discharge/End Date: _____ ¶

◆ Follow Up Info: _____ ¶

◆ Marital Status: _____ ¶

At Follow Up: _____

RESIDENTIAL / SERVICES:¶

◆ Residence & BI Services at time of Discharge

In Care:¶

Setting Acute

— Acute Ca _____

— Rehab H _____

— Outpatie _____

— Psych H _____

— MTF (Mil _____

Setting Post

— BI Progr _____

— BI Prgm. _____

— BI Prgm. _____

— Warrior _____

Setting Long

— Skilled N _____

— Sub-Acu _____

— Group H _____

Not In Care:¶

◆ Indicates Required Data Element; ** Indicates Desired Data Element ¶

FACILITY: _____

CLIENT DEMOGRAPHICS SHEET – DISCHARGE - OutcomeInfo¶

Exclude from Brain Rehabilitation Database (Check only if you do NOT want client data included)¶

PERSONAL INFORMATION:¶

◆ Client Code #: _____ ¶

◆ Year of Birth: _____ ¶

◆ Discharge/End Date: _____ ¶

◆ Marital Status:¶

At Discharge: _____ Married _____ LT Union _____ Single _____ Separated _____ Divorced _____ Widowed¶

RESIDENTIAL / SERVICES:¶

◆ Planned Residence & BI Services at time of Discharge

In Care:¶

Setting Acute¶

— Acute Care Hospital _____

— Rehab Hospital¶ _____

— Outpatient Txy _____

— Psych Hospital _____

— MTF (Military Treatment Facility)/VA or DOD _____

Setting Post Acute¶

— BI Program Residential Rehab/BI Residential Supported Living ¶ _____

— BI Prgm. Out.Pt/Home & Community Based _____

— BI Prgm. Behavioral / Restricted _____

— Warrior Transition Program/VA or DOD _____

Setting Long Term Care¶

— Skilled Nursing Facility /Long Term Care¶ _____

— Sub-Acute (some therapy)¶ _____

— Group Home / Assisted Living¶ _____

Not In Care:¶

— Home / Ant-independent _____

FABR Demographics Sheet - Initial



- Personal Information:
 - Birth Yr., Marital Status (pre-injury, at admit), Ethnicity, Race, Funding, Military Experience
- Injury Information:
 - Injury Date, Coma Length (hours, days), Previous Injury, Injury Type and Cause, Severity of Brain Injury
- Medical Information:
 - ICD 10 Primary, ICD 10 Medical Issues Secondary
- Residence/Services:
 - Care Setting, Pre-Admission Services
- Psychological:
 - Diagnosis (pre-injury, post-injury), Psych Hospitalizations
- Vocational/Educational:
 - Education level, Employment History
- Program Registration:
 - Assigned Program Type, Hours of Supervision

FABR Demographics Sheet - Interval



- Personal Information:
 - Marital Status, Funding
- Medical Information:
 - ICD 10 Primary, ICD 10 Medical Issues Secondary
- Psychological:
 - Diagnosis (post-injury), Psych Hospitalizations
- Program Registration:
 - Assigned Program Type, Hours of Supervision

FABR Demographics Sheet - Discharge



- Personal Information:
 - Marital Status
- Residence/Services:
 - Care Setting, Services at time of Discharge
- Medical Information:
 - ICD 10 Primary, ICD 10 Medical Issues Secondary
- Psychological:
 - Diagnosis (post-injury), Psych Hospitalizations
- Vocational/Educational:
 - Education level, Employment History
- Program Registration:
 - Assigned Program Type, Discharge Reason, Treatment Assessment, Hours of Supervision

FABR Demographics Sheet – Follow Up



- Personal Information:
 - Marital Status (at follow up)
- Injury Information:
 - Injury Date, Coma Length (hours, days), Previous Injury, Injury Type and Cause, Severity of Brain Injury
- Medical Information:
 - ICD 10 Primary, ICD 10 Medical Issues Secondary
- Residence/Services:
 - Care Setting, Services
- Psychological:
 - Diagnosis (post-injury), Psych Hospitalizations
- Vocational/Educational:
 - Education level, Employment History
- Treatment Hours:
 - Hours of Supervision, Individual Treatment Hours (allied health, alternative), Group Treatment Hours

FABR MPAI & SRS Rating Data

Mayo-Portland Adaptability Inventory-4

Muriel D. Lezak, PhD, ABPP & James F. Malec, PhD, ABPP

Name: _____ Clinic # _____ Date _____

Person reporting (circle one): Single Professional Professional Consensus Person with brain injury Significant other: _____

Below each item, circle the number that best describes the level at which the person being evaluated experiences problems. Mark the greatest level of problem that is appropriate. Problems that interfere rarely with daily or valued activities, that is, less than 5% of the time should be considered not to interfere. Write comments about specific items at the end of the rating scale.

For Items 1-20, please use the rating scale below.

0	None	1	Mild problem but does not interfere with activities; may use assistive device or medication	2	Mild problem; interferes with activities 5-24% of the time	3	Moderate problem; interferes with activities 25-75% of the time	4	Severe problem; interferes with activities more than 75% of the time
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Part A. Abilities

1. Mobility: Problems walking or moving; balance problems that interfere with moving about	0	1	2	3	4
2. Use of hands: Impaired strength or coordination in one or both hands	0	1	2	3	4
3. Vision: Problems seeing; double vision; eye, brain, or nerve injuries that interfere with seeing	0	1	2	3	4
4. *Audition: Problems hearing; ringing in the ears	0	1	2	3	4
5. Dizziness: Feeling unsteady, dizzy, light-headed	0	1	2	3	4
6. Motor speech: Abnormal clearness or rate of speech; stuttering	0	1	2	3	4

Part B. Adjustment

13. Anxiety: Tense, nervous, fearful, phobias, nightmares, flashbacks of stressful events	0	1	2	3	4
14. Depression: Sad, blue, hopeless, poor appetite, poor sleep, worry, self-criticism	0	1	2	3	4
15. Irritability, anger, aggression: Verbal or physical expressions of anger	0	1	2	3	4
16. *Pain and headache: Verbal and nonverbal expressions of pain; activities limited by pain	0	1	2	3	4
17. Fatigue: Feeling tired; lack of energy; tiring easily	0	1	2	3	4

Name: _____ Date: _____

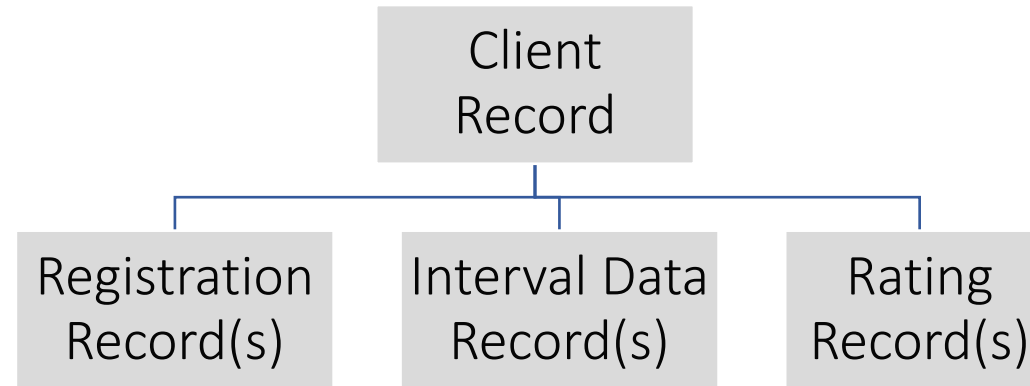
Rater: _____

SUPERVISION RATING SCALE (SRS)

Instructions: Circle the rating that is closest to the amount of supervision that the patient *actually* receives. "Supervision" means that someone is responsible for being with the patient.

Rating	Description
Level 1: INDEPENDENT	
1	The patient lives alone or independently. Other persons can live with the patient, but they cannot take responsibility for supervision (for example, a child or elderly person).
2	The patient is unsupervised overnight. The patient lives with one or more persons who <i>could</i> be responsible for supervision (for example, a spouse or roommate), but they are <i>all</i> sometimes absent overnight.
Level 2: OVERNIGHT SUPERVISION	
3	The patient is <i>only</i> supervised overnight. One or more supervising persons are always present overnight but they are <i>all</i> sometimes absent for the rest of the day.
Level 3: PART-TIME SUPERVISION	

OutcomeInfo Database Architecture



- Client Demographic Data
 - Personal Info, Injury Info, Medical Info, Residence, Services, Psych, Vocational and Educational Info
- Registration Data
 - Type of Program, Name of Program, Location
- Periodic Interval Data
 - Funding, Marital Status, Medical Information
- Outcome Rating Data
 - MPAI-4, SRS, DRS, ABS, etc.
 - Rating Date, Person Reporting, Rating Type (Admission, Interval, Discharge, Follow-up)

OutcomeInfo Reporting Examples

Individual Client Level or Aggregated Analysis



08. MPAI Ratings Detail and First Rating Detail, Item Scores Listed by Section - OutcomeInfo - Windows Internet Explorer

Page 2 of 3 Pdf

Org Name: Org70
MPAI Ratings Detail and First Rating Detail, Item

Client Name-DOB: Bennett, Nicole - 9/22/1959

Sequence #: 2 Rating Date: 6/5/2009 Rating Type: Interval Rating Person Reporting: Professional Consensus

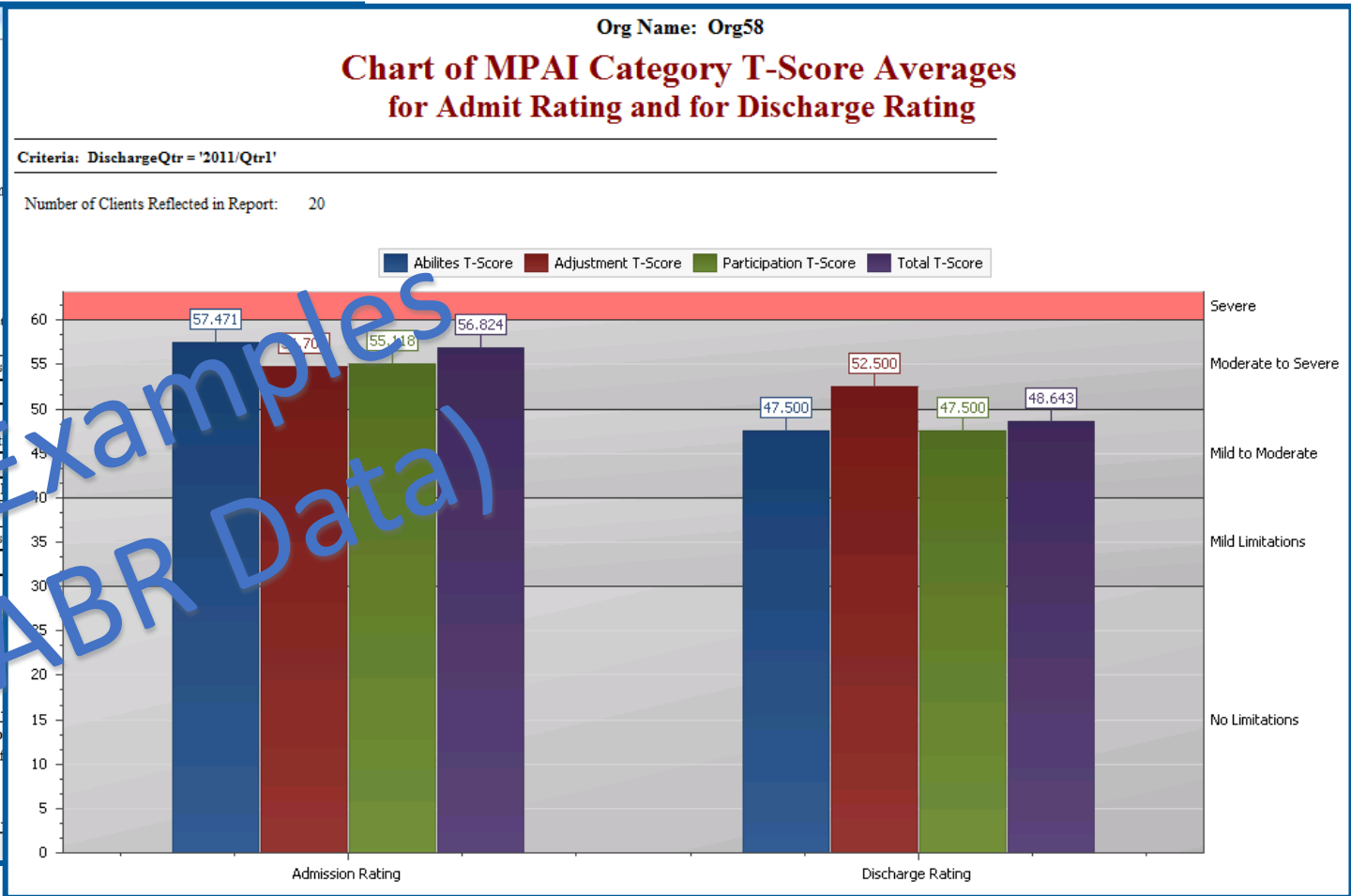
Part A. Abilities	Rating: Curr. / First	Part B. Adjustment	Rating: Curr. / First	Part C. Participation	Rating: Curr. / First	Part D. Pre-existing
1. Mobility	1 1	13. Anxiety	2 3	22. Initiation	2 3	30. Alcohol use
2. Use of Hands	1 1	14. Depression	3 4	23. Social Contact	2 3	31. Drug use
3. Vision	1 1	15. Irritability	2 3	24. Recreational Activities	2 3	32. Psychotic
4. Audition	1 1	16. Pain	3 3	25. Self Care	0 0	33. Law violat
5. Dizziness	1 2	17. Fatigue	3 3	26. Residence	2 2	34. Physical
6. Motor Speech	0 0	18. Sensitivity	1 2	27. Transportation	0 0	35. Cognitive
7a. Verbal	1 1	19. Social Interaction	2 3	28a. Paid Employment	1 1	
7b. Nonverbal	1 1	20. Self Awareness	2 3	28b. Other Employment		
8. Attention	2 3	21. Relationships	3 3	29. Money Management		
9. Memory	2 2					
10. Fund of Information	1 2					
11. Novel Problem-solving	3 3					
12. Visuospatial	0 0					

Current Rating

Score Totals - Ability	Score Totals - Adjustment	Score Totals - Participation	MPAI Rating
Raw Score: 14 T-Score: 45	Raw Score: 26 T-Score: 55	Raw Score: 38 T-Score: 42	Total Raw Score
Level of Severity: Mild to Moderate	Level of Severity: Moderate	Level of Severity: Mild to Moderate	Total - Level of

Previous Rating

Score Totals - Ability	Score Totals - Adjustment	Score Totals - Participation	MPAI Rating
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Report Examples (Not FABR Data)

OutcomeInfo Database Security



- Database Hosted on Microsoft Azure SQL Server
 - Azure Advanced Data Security to include Data Encryption
- SSL Web-based Application Hosted on Microsoft Azure VM
 - Integrated User Security, Multi-factor Authentication
 - Users Only Access Their Own Organization's Data
 - Collaborative Reports Only Reflect Aggregated Summarized Data
- Secured by Multiple Levels of Firewalls
- Routine Vulnerability Assessment Scanning and Analysis

FABR

Data Submission, De-identification & Aggregation



Limited Data Set



De-identified,
Aggregated
Data Set



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Research

III. Research Process and Outcomes

James Malec, Ph.D., ABPP Cn, Rp
Chief Science Officer, FABR;
Senior Research Professor
Emeritus, PM&R, Indiana University
School of Medicine;
Emeritus Professor of Psychology,
Mayo Clinic



FABR Goals



- Partner with Inventive Software Solutions utilizing OutcomeInfo to create a high-quality database to conduct research on post acute brain rehabilitation services by pooling data received from FABR member organizations
 - Data are de-identified for the FABR member's patients/clients and the FABR member organization
- Conduct research to evaluate both the outcomes associated with models of treatment and the cost-effectiveness of such treatment
- Disseminate research findings for advocacy and policy development for the industry and for persons served

FABR Research Process



- Study Conceptualization and Approval
 - Study proposals developed by Research Committee from input of FABR members
 - Study approval by Governing Board prior to initiation
 - Internal research or program evaluation studies of individual organization data do not require Governing Board approval
- Study Design and Implementation
 - Chief Scientific Officer responsible for final design and implementation of each approved study
 - Data of persons served that are used in FABR studies are de-identified in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.
 - Data used in FABR studies are also de-identified for the organization, facility, and institution by which the person was served.

FABR Research Process



- Study Participation and Authorship
 - Governing Board members may participate in any FABR study
 - Other individuals in FABR organizations may participate on recommendation of FABR Governing Board member
 - Authorship follows International Committee of Medical Journal Editors (ICMJE) recommendations
- Dissemination
 - Paper submitted to peer-reviewed journal
 - PowerPoint presentation developed for national and local/regional presentations
 - Lay summary posted on FABR website

Research Agenda: Potential Studies

1. Introductory paper describing FABR
 - Program types & definitions
 - Demographic and injury related information describing persons served by various program types
2. Retrospective outcome analysis (pre-2020) to assess effectiveness of postacute BI rehab by program type
3. Comparison of pre-2020 outcomes to post-COVID outcomes
 - Exploration of potential causes of differential outcomes
 - Reduced therapy time
 - Telehealth vs. in person therapy
4. Analyses of factors contributing to differential outcomes
 - Time post-injury
 - Severity of disability
 - Intensity/duration of therapy by severity of disability
5. Cost-effectiveness of outcomes
 - Increased productive activity
 - Increased independence/reduced supervision needs

Intensive Rehabilitation Program	Description	Intensity Levels
NEUROBEHAVIORAL RESIDENTIAL REHABILITATION	<p>For individuals who display complex behavioral challenges that may include verbal and physical aggression as well as property destruction.</p> <ul style="list-style-type: none"> • Highly structured and supervised setting • Behavioral team of experts that include certified behavioral analysts, psychologists, and behavior technicians • Specifically designed behavioral programming 	<ul style="list-style-type: none"> • 20+ hrs/week • 10-19 hrs/week
NEUROREHABILITATION RESIDENTIAL	<p>For individuals who require intensive rehabilitation services to support ongoing progress and recovery.</p> <ul style="list-style-type: none"> • Participants have potential to make significant gains on rehabilitation goals • Home-like setting including community-based apartment living 	<ul style="list-style-type: none"> • 3-9 hrs/week
DAY TREATMENT	<p>For individuals who reside in the community.</p> <ul style="list-style-type: none"> • Participants have potential to make significant gains on rehabilitation goals • Individualized and group therapy services driven by the Care Plan • Services occur in a clinic or facility-based environment • Based on an interdisciplinary model • Supervision by the program between treatment sessions and during down times, as needed 	

Intensive Rehabilitation Program	Description	Intensity Levels
OUTPATIENT NEURO-REHABILITATION	<p>For individuals who live in their own homes or apartments.</p> <ul style="list-style-type: none"> • Participants have potential to make significant gains on rehabilitation goals • Supervision is usually not provided by the program between therapy sessions or during down time 	At least 6 hrs/week
HOME AND COMMUNITY NEURO-REHABILITATION	<p>For individuals who can live safely in their own homes or apartments with or without supervision.</p> <ul style="list-style-type: none"> • Participants have potential to make significant gains on rehabilitation goals • At least 80% of services are provided in the individual's own home and community • Services provided in individual treatment sessions • Based on an interdisciplinary model 	<ul style="list-style-type: none"> • 10+ hrs/week • 3-9 hrs/week

Supported Living Program	Description
NEUROBEHAVIORAL RESIDENTIAL SUPPORTED LIVING	<p>For individuals who have completed active rehabilitation but continue to have behavioral challenges that necessitate living in a highly structure setting.</p> <ul style="list-style-type: none"> • Highly specialized behavioral programming provided by a behavior analyst, neuropsychiatrist, and team of behavior technicians • Limited clinical services, ongoing behavioral programming and periodic rehabilitation follow-up, as needed • Progress expected to be slow and incremental
RESIDENTIAL SUPPORTED LIVING	<p>For individuals who have completed active rehabilitation but are unable to live on their own without external supervision and oversight provided up to 24 hours per day.</p> <ul style="list-style-type: none"> • Environment ensures safety, supervision and quality of life programming • Limited clinical services, ongoing behavioral programming and periodic rehabilitation follow-up, as needed • Group home or congregate living based • Progress expected to be slow and incremental
COMMUNITY BASED SUPPORTED LIVING	<p>For individuals who have completed active rehabilitation, no longer need ongoing clinical services and can live in their own home or apartment setting with support.</p> <ul style="list-style-type: none"> • Participants may independently engage services like psychological counseling as might any community-dwelling adult

FABR

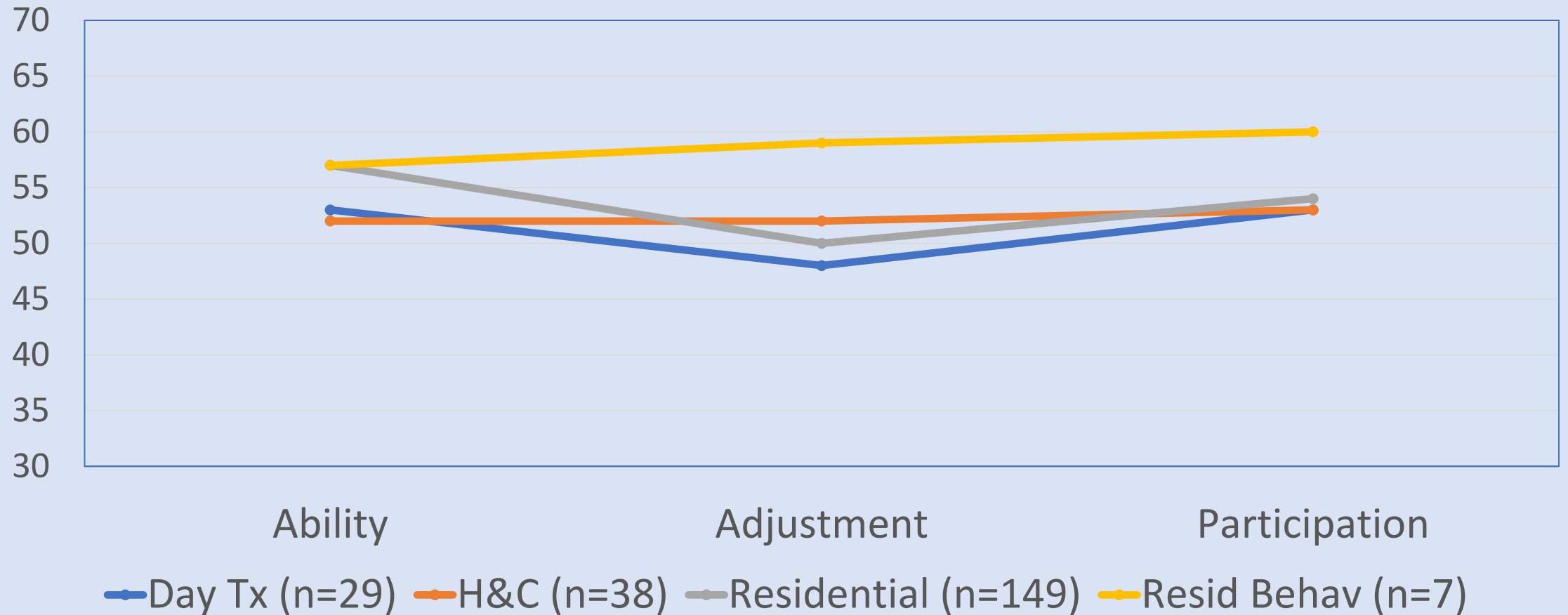
Discharges

3/15/20-4/30/21

- Pandemic practice changes in place
- Admissions tended to favor residential programs
- SRS varied in expected directions among more intensive rehabilitation programs
- H&C participants tended to be longer post-injury

Program Type	Discharges	Median Admission Supervision Rating Scale	Mean Months Post-injury
Day Treatment	29 (12%)	8	5.4
Home & Community	38 (16%)	7	12.4
Outpatient	9 (4%)	2	>10 yrs
Behavioral Residential	7 (3%)	9	5.1
Residential Rehabilitation	149 (64%)	8	5.0
Supported Living	1 (<1%)	--	--
Total	233 (100%)	8	--

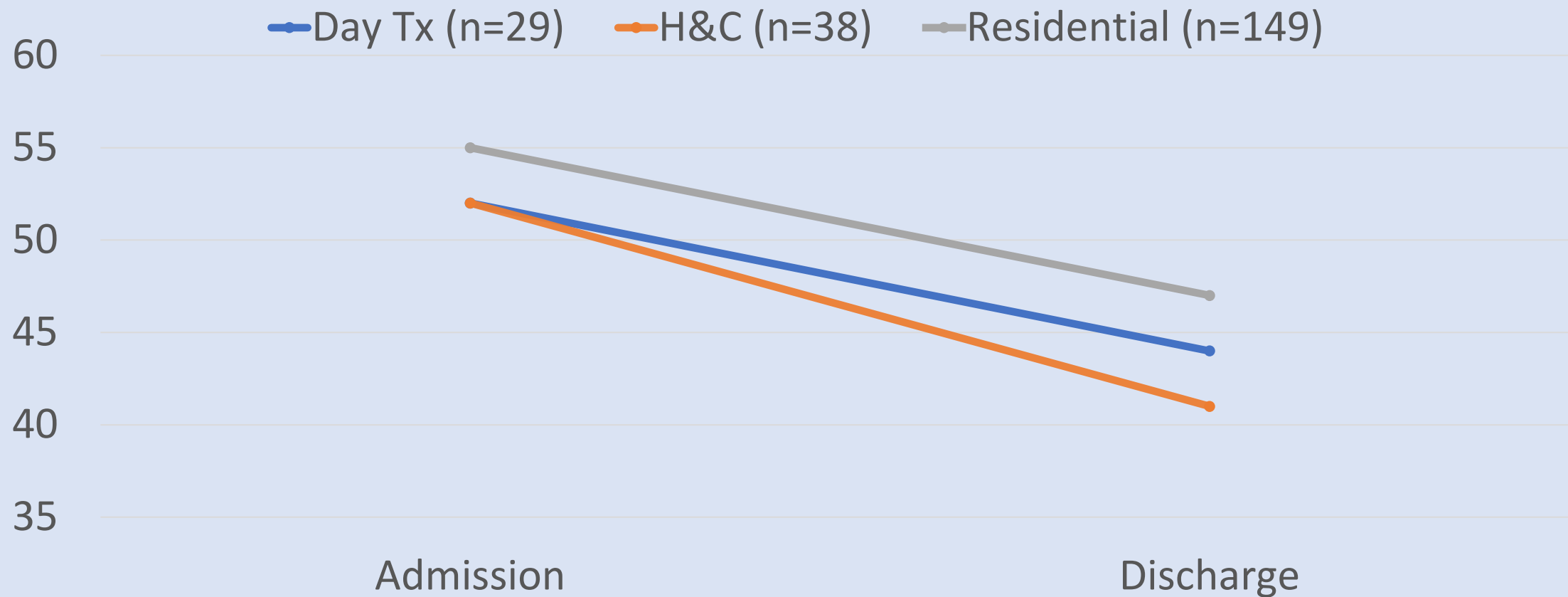
Mayo-Portland (MPAI-4) Index T-scores on Admission by 4 Program Types



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 - Increased productive activity
 - Increased independence/reduced supervision needs

MPAI-4 Total T-score Changes for 3 Program Types



Percent with Meaningful Change on SRS and MPAI-4 for 3 Program Types

Supervision Rating Scale

Program Type	Change ≥ 1	Change ≥ 2	Change ≥ 3
Day Tx	62%	48%	21%
H&C	72%	59%	34%
Residential Rehab	71%	50%	33%

MPAI-4 Minimal Clinically Important Difference (MCID) and Robust Clinically Important Difference (RCID)

Program Type	MCID= T score Change ≥ 5	RCID= T score change ≥ 9
Day Tx	62%	41%
H&C	76%	58%
Residential Rehab	65%	38%

Research Agenda: Potential Studies

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Archives of Physical Medicine and Rehabilitation

journal homepage: www.archives-pmr.org

Archives of Physical Medicine and Rehabilitation 2020; ■: ■ ■ ■ - ■ ■ ■



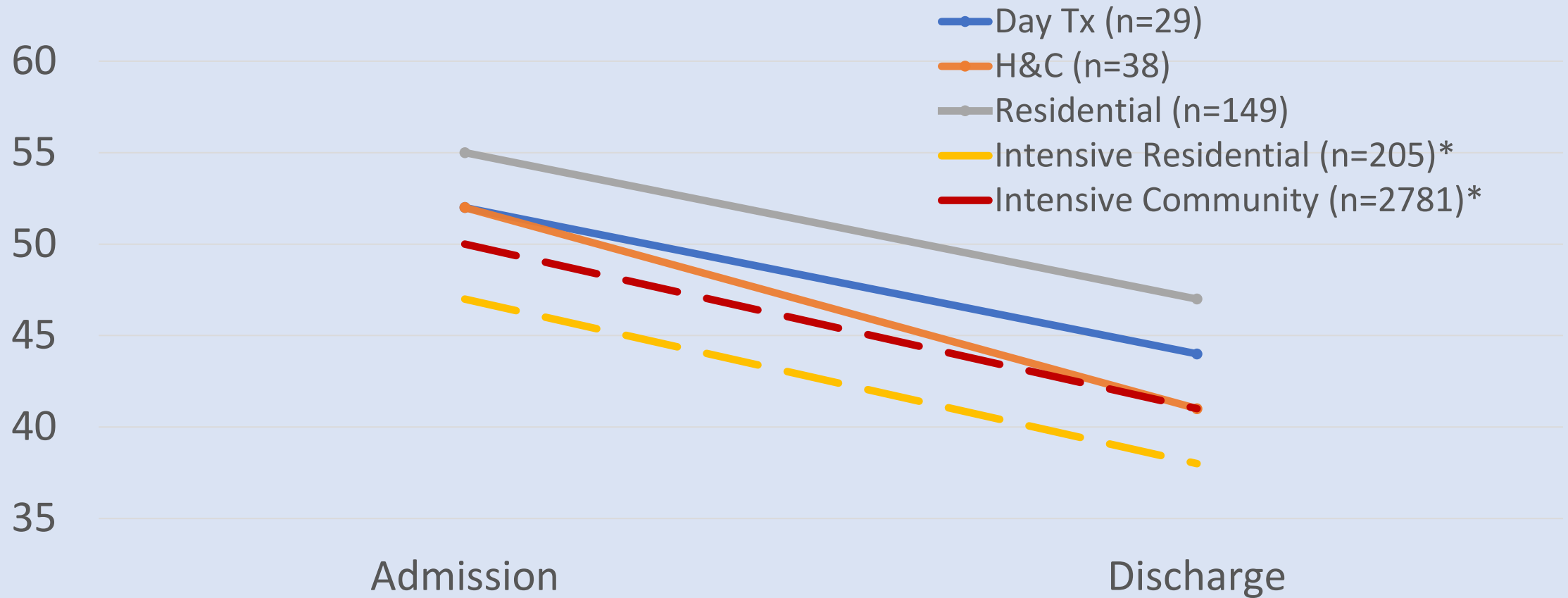
SPECIAL COMMUNICATION

Response to the COVID-19 Pandemic Among Posthospital Brain Injury Rehabilitation Providers

James F. Malec, PhD, ABPP/CN/RP, FACRM,^{a,b,c} David B. Salisbury, PsyD, ABPP/CN,^d David Anders, MS, CCC-SLP, CBIST,^e Leanne Dennis, CTRS, CCM,^f April R. Groff, PhD,^g Margaret Johnson, PhD,^h Mary Pat Murphy, MSN, CRRN, CBIST,ⁱ Gregory T. Smith, PhD^j

From the ^aFoundation for the Advancement of Brain Rehabilitation, Philadelphia, Pennsylvania; ^bPhysical Medicine and Rehabilitation, Indiana University School of Medicine, Indianapolis, Indiana; ^cMayo Clinic, Rochester, Minnesota; ^dPate Rehabilitation, Dallas, Texas; ^eOn With Life, Ankeny, Iowa; ^fShepherd Center, Atlanta, Georgia; ^gLearning Services, Raleigh, North Carolina; ^hRehab Without Walls, San Jose, California; ⁱReMed, Paoli, Pennsylvania; and ^jProgressive Rehabilitation Associates, Portland, Oregon.

MPAI-4 Total T-score Changes for 3 Program Types Compared to Pre-Pandemic National OutcomeInfo Data



Percent with Meaningful Change on SRS and MPAI-4 for 3 Program Types & Prepandemic National OutcomeInfo Data

MPAI-4 Minimal Clinically Important Difference (MCID)

and

Robust Clinically Important Difference (RCID)

Program Type	MCID= T score Change \geq 5	RCID= T score change \geq 9
Day Tx	62%	41%
H&C	76%	58%
Residential Rehab	65%	38%
Intensive Rehabilitation (Residential & Community)*	72%	54%

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CAVEAT

- Results presented are intended to describe the *potential* of the developing FABR database.
- However, these results are based on preliminary data collected during the COVID19 pandemic which resulted in significant practice changes for all FABR member organizations.
- Consequently, they may under-represent future processes and outcomes for FABR organizations as the pandemic remits.

Looking Ahead

- Policies for admitting new member organizations will be developed by January 2022.
- Organizations may subscribe to the OutcomeInfo database at any time; data will not be used for FABR research without explicit permission.
- Policies for making data available to external researchers are also planned for development.

FABR Founding Members



IN PARTNERSHIP WITH



ON WITH LIFE
BRAIN INJURY + STROKE + NEURO



Progressive Rehabilitation
Associates



Shepherd Center