The Seating Clinic

A harmony for many parts

BY MEGAN FLAHERTY

ILLUSTRATION BY DOUG DAVIS

The only surefire way to guarantee that patients are equipped with the exact seating and positioning systems they need, without delays, would be to give rehabilitation professionals magic wands and crystal balls.

A wave of the wand would instantly produce complete, multi-component systems that can now take months to order, assemble and customize, and the crystal ball would predict and solve frustrating insurance hang-ups.

Unfortunately, that scenario will always be the stuff of daydreams. But fortunately, there are real-life ways for rehabilitation professionals to simplify the time and labor-intensive seating and positioning process, experts say.

With proper preparation, effective coordination and case management, appropriate use of technology, adequate inventory levels, and thorough documentation, rehabilitation professionals can operate seating and positioning clinics effectively and increase patient satisfaction.

Off to a good start

An efficient seating and positioning process begins before a client makes his or her first visit to the seating clinic, experts say. At the assistive technology clinic at the University of Washington Medical Center in Seattle, prospective patients complete an extensive intake packet before their on-site evaluation is scheduled, says Ann Buzaid, MA, OTR/L, health services manager.

Buzaid also calls the patient or a family member to ascertain specific needs. "I usually know the patient pretty well before they come in," she says.

The Assistive Technology Center at Jefferson Health System's Bryn Mawr Rehab in Philadelphia also gathers information by phone before meeting with the client for the first time, says center supervisor Susan Christie, ATP. Prospective clients provide background on their diagnoses and insurance to an admissions clerk. Then Christie calls the clients to "get a feel for what they'll need," she says. "We find out what they're currently using, what equipment they'd like to see, their height and weight, and where they use their chair, among other things."

Christie shares the background information with the supplier she's working with on the case. "[This] tends to speed up the process quite a bit," says Chuck Hepler, ATS, CRTS, an assistive technology supplier who manages the rehabilitation department for JeffQuip Rehab in Philadelphia and provides equipment to some of Christie's patients. The information guides the supplier in deciding what equipment to initially present to patients, Hepler says. "Before the meeting, we have a good idea of their diagnosis and what their insurance will cover," he says.

At Bryn Mawr, the preparation means about 80 percent of clients decide what they want after the initial evaluation, which usually lasts about an hour and a half, says Christie. At that evaluation, patients usually test a system. "We feel strongly that patients must sit in it and drive it instead of just looking at pictures," she says. "That takes more time, but increases our chances of a successful system when it comes in."

Hepler likes to work with rehab professionals who collect extensive data in the early stages, as Bryn Mawr does. "When there is a lack of preparation, the outcome is a lower level of patient satisfaction," he says. "It leads to more visits [after equipment delivery]. In some cases, we have to make major changes to the system."

Likewise, rehab professionals prefer working with suppliers who are reliable and experienced with sophisticated rehab equipment. "Maintaining good relationships with local commercial vendors is important," says Bill Armstrong, MS, ATP, supervisor of rehab engineering at the Rehabilitation Institute of Chicago. "When we have a client with very special needs, we can usually get the supplier to bring in equipment to show the client. This allows us to conduct a trial with the actual wheelchair base we are interested in. Often this makes a big difference."

Insurance companies sometimes work only with certain suppliers, and this means "some vendors end up with more than they bargained for," says Ginger Walls, MS, PT, a neurological clinical specialist and outpatient clinic manager at the National Rehabilitation Hospital in Washington, D.C.

"They may have never provided power chairs before and they're not familiar with this type of equipment, but all of a sudden they're getting these orders." Sometimes delays occur because the vendor orders the wrong piece of equipment, she says.

Coordinating and managingcases

Coordinating the flow of information between many sources and locations is one of the biggest obstacles to the smooth operation of seating clinics. Physical and occupational therapists, physiatrists, rehab engineers, rehab technicians, case managers, rehab suppliers, and several manufacturers may all be involved in a patient's case.

Sometimes speech/language pathologists, home health or school therapists also might play a role, says Armstrong. "It can be difficult when we're trying to coordinate appointments with that many people," he says. "We do encourage participation by family members and caregivers so we are aware of the varied expectations. This allows us to prioritize goals and to proceed in an efficient manner."

Because the mobility and livelihood of patients are at stake, the many players involved generally cooperate, Walls says. "There are bumps sometimes, but we get through them. We have to work well together and communicate."

At NRH, each outpatient is assigned a case manager who coordinates services and acts as the patient's liaison to therapists, physicians and insurers, Walls says.

Case managers assigned by private insurers can also be very helpful in streamlining the process, says David Kreutz, PT, seating clinic coordinator for Shepherd Center in Atlanta. "Some HMO case managers do a phenomenal job in making sure patients get what they need," he says. "In some cases, this is an improvement over the old [pre-managed care] system."

Some seating clinics are staffed by full-time therapists and open 40 or more hours a week. Others are staffed by therapists who have a range of other hospital responsibilities besides seating and positioning, and are open only a few scheduled hours a week.

Most clinics offer different slots on their weekly schedules for new evaluations, fittings and follow-up, rehab professionals say. New evaluations usually take a few hours and involve the most people. Fitting may be completed in one session lasting several hours or require a series of appointments.

If the equipment is complex, several fittings may be necessary to make adjustments, program electronic components and teach patients to safely use their chair. Follow-up appointments for checks and adjustments are often short.

Seating clinics use a variety of computerized staff-scheduling systems, either linked with the hospital and kept by a centralized scheduling department or specific to the clinic and kept by a clinic assistant. Often, seating clinic staff must be flexible and accommodate patients' schedules, Christie says. Bryn Mawr offers patients some evening hours, she says.

Getting organized

During the past year, the seating clinic at Shepherd Center has transitioned to an automated system of tracking the multiple steps involved with equipping a patient, says Kreutz.

A computer database now includes contact information on patients and suppliers for each case. The clinic therapist working with a patient is responsible for keeping the com-

Building a better chair

Seating and positioning systems are becoming more technologically advanced and easier to assemble and use every day, experts say.

'Ten years ago, most seating systems were custom-made. There wasn't much available commercially," says Bill Armstrong of the Rehabilitation Institute of Chicago. Now, he says, a lot are available. 'We're always looking for commercially available equipment for our clients. The commercial equipment is easily obtained and less expensive than custom components," he says.

"Some of the technology is becoming mote modular, which makes the process easier and faster," says David Kreutz of Shepherd Center, Atlanta. "Some of the stuff we use is working off the shelf. I'd like to see that trend continue."

puter data current by entering dates into the system — such as when the prescription was written, the equipment delivered and the patient fitted.

Specifics of the prescription — such as the model, make, size and dimensions of the equipment — aren't included in the database, however. "You'd have to go look that up in a hard file," Kreutz says.

Shepherd owns an equipment supplier, and that supplier is linked to the clinic's database system, Kreutz says. For example, information the supplier enters automatically shows up at the clinic's scheduling desk, and entries made by clinicians show up on the supplier's computers. Working with other suppliers is still done in the traditional way and requires more calling and faxing back and forth, Kreutz says.

An efficient way for clinicians and suppliers to stay in touch is via e-mail, says Hepler. E-mail is especially helpful on non-urgent matters, because recipients can reply at their convenience, he notes. Patients and clinicians can also communicate via e-mail, Christie adds. "E-mail is a good way to directly contact those people who can't talk on the phone and must use an interpreter, like those with ALS," she says.

Tools of the trade

Technology not only facilitates improved communication and organization at clinics, but also helps clinicians better evaluate and fit patients.

Most seating clinics use pressure mapping systems, experts say. Clinicians at Shepherd Center have been using such a system for years to assess the effectiveness of cushions, Kreutz says. Pressure mapping eliminates the need for a trial-and-error process in which a patient is monitored for several days while using a certain type of cushion, he says.

Walls says a pressure mapping system is the "highest tech" piece of equipment at NRH. "We find it's useful in evaluating people who have a history of skin breakdown," she says. "You can see the extent of pressure and try multiple cushions or wheelchair configurations tofind out what relieves the pressure the best. Then we can be confident that what we're ordering will solve the problem."

Clinicians give mixed reviews to other technological devices such as simulators. They "definitely help" for postural assessments at Shepherd Center, Kreutz says. RIC uses a simulator that can do both linear and contoured seating systems, Armstrong says. The device is especially useful when working with clients who have complex positioning needs such as fixed deformities or excessive tone problems, he says.

However, simulating with actual equipment is preferred when possible, Armstrong notes. The RIC seating clinic has access to a variety of wheelchairs from its in-house fleet or from those that are on loan from vendors or manufacturers. The clinic maintains a stock of most commercially available seat cushions and backrests. It also has linear seating systems set up for trial use. "Rather than pulling out a large simulator, we may put different pieces together on a wheelchair and see how it works for a client," Armstrong says.

Bryn Mawr is also more likely to set up real equipment than use a simulator, Christie says. "That's where a vast array of inventory comes in handy."

The University of Michigan Health System in Ann Arbor also has a big fleet of chairs on hand for patients to try out, says seating specialist Angela Larson, an occupational therapist on staff. The university health system owns a vendor, which often provides patients with loaner chairs similar to what they've ordered, she says.

"That's pretty unique," Larson says. "Not a lot of vendors have the fleet or the cash flow allowing them to do that." Shepherd Center sometimes allows patients to try equipment at home over the weekend, Kreutz says.

The biggest headache

Rehab professionals agree that no matter how efficiently they operate, payers may slow the process. To best deal with payers, clinicians should offer extensive documentation on the patient's medical necessity from the start and keep copies in case paperwork gets lost, experts say.

"Therapists are required to justify every nut, bolt and screw in the prescription," Walls says. "The more documentation you can provide right away, the more likely insurance will be approved the first time," adds Larson, who will soon be issued a digital camera by the University of Michigan Health System to aid her in documenting medical necessity.

Even with a lot of documentation, payers often request more information before authorizing purchases. The University of Washington clinic frequently gets questions from payers asking for more information, Buzaid says. Depending on the funding source, the approval process for equipment can take from one to six months, she says. Then, once the equipment is ordered, it may take several more months to collect all the components from as many as 10 different manufacturers, she says.

The situations that take the most time involve both complex equipment and complicated insurance coverage — like a combination of Medicaid and Medicare — that is difficult for a vendor to navigate, she says.

Getting funded by payers can be the "absolute biggest headache" of the seating and positioning process, says Armstrong. The Assistive Technology Programs at RIC are trying to develop a system for tracking reimbursement for AT devices, and especially for custom equipment provided to outpatients.

To do this efficiently, RIC will need to create a liaison between clinical staff and third-party payers, Armstrong says. This individual would also track approvals, denials, resubmissions and billing.

What RIC learns from the liaison probably won't significantly change the way it operates, he says. "We'll still take on projects where we lose money and end up giving equipment away, but at least we'll be making educated choices."

A rehab team's cardinal rule is to be upfront about the process and the potential problems, rehab professionals say. "It's good to be honest with clients at the time of the clinic visit and to give them a conservative estimate of when their system will be ready," Hepler says. RR

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