Think about a task you routinely complete: yardwork, cooking a meal, or a project at work. Now imagine asking a friend or co-worker to pick up a rake or join you in the kitchen. Your results: being able to complete the same tasks with *improved efficiency* and even *better outcomes*.

Apply this thought-process to providing world-class rehab services for the patients in your care. Research supports: There's strength in numbers!

The post-acute world is looking forward to new rules. Learn more about best practices and potential pitfalls RE: Group Therapy Under PDPM.

Good News: Group and Concurrent Therapy caps will be 25% combined per discipline, ***over the entire episode of care***, giving the increased ease and autonomy providers need when determining the most appropriate mode of therapy to achieve desired outcomes. Under PDPM, clinicians will not need to ensure numbers are within established parameters every 7 days, but instead could be spread out over the entire course of the rehab stay.

HealthPRO® Heritage warns: CMS will be monitoring/recording Group and Concurrent delivery on the Discharge MDS assessment. A "non-fatal warning error" will be given if a MDS is transmitted with Group and Concurrent showing greater than 25% of the allowable minutes. Repeated "non-fatal warning errors" may open facilities up to additional unwanted auditing. HealthPRO® Heritage recommends: Make good use of built-in EMR tools and resources to assist with planning and tracking.

Best Practices: Positive outcomes are contingent upon several important factors. First, groups should be purposeful, planned and should encompass impactful treatment approaches that are meaningful to each participant. Likewise, it's important that all participants are working towards a similarly desired end-goal. It's important to carefully

choose appropriate participants and to prepare a thorough "lesson plan" for group therapy sessions. Consider establishing groups related to important functional "life skills" (e.g.: discharge planning, health literacy/disease management, or medication management) to assure positive outcomes.

Also, to execute on effective Group Therapy sessions, consider the benefits of expanding beyond the four walls of the rehab gym, as therapists seek assistance from interdisciplinary team members. (Think: facility staff to help support the scheduled group-med pass completed prior to the group, ADL's completed timely, transport provided, and promotion of the benefits of this alternative mode of therapy as it may feel "foreign" to some patients and their families.) This approach will not only improve patient experience and outcomes but also serve to enhance operational performance of the rehab department and encourage IDT collaboration. This is especially important in light of many PDPM-related changes, including changing roles of therapy and nursing, caring for higher acuity patients, increased documentation scrutiny, etc.

Additionally, assure proper, supporting documentation is in place. An increase in Group and Concurrent Therapy is certainly expected under PDPM; as such, it's anticipated we may see an uptick in CMS audit activity. It is critical that therapists demonstrate that the delivery of Group Therapy services is truly what is clinically indicated and necessary to achieve desired outcomes. Documentation should include objectives, expected benefits, the patient's response (and carryover) to the group treatment, as well as plans for follow-up/next steps.

HealthPRO® Heritage suggests: This new rule under PDPM offers us opportunity to **Work Smarter, Not Harde**r. Incorporating a mode of therapy that allows us to work up to 4x as efficiently and will ultimately improve workflows, documentation practices, and bolster clinical initiatives (e.g.: complimentary nursing programs like wound care)

CMS defines Group Therapy: *"The treatment of four residents, regardless of payer source, who are performing the same or similar activities, and are supervised by a therapist or an assistant who is not supervising any other individuals."*

So while Group Therapy has been "faux-paus" in the post-acute world since RUG-IV -- simply because of the challenges of managing it effectively, given burdensome RUG thresholds and COT lookbacks every 7 days – the industry should be absolutely certain Group Therapy didn't fall out of favor over the concern of how beneficial it is for patients. On the contrary, Group Therapy is extremely valuable! Research conducted as recent as 2015 (Hammond, et al) and 2017 (Marumoto, et al) support that clinicians and patients see **improved outcomes** with appropriate use of supplemental Group Therapy. The upside for patients include: improved activity tolerance, cognitive stimulation, and accountability for self-care/disease management. Likewise, the socialization, modeling, and participating in varied group activities has been proven to boost physical activity.

There is strength in numbers with Group Therapy, and unlike some trends of the past (we're looking at you, big 80's hair!), this is one that we can't wait to rock again!