

University of Toledo Medical Center

Department of Rehabilitation Services

Accreditation

- Accredited by the Commission for the Accreditation of Rehabilitation Facilities (CARF) – 3 year accreditation
 - Comprehensive Integrated Inpatient Rehabilitation Program
 - Brain Injury Program
 - Spinal Cord Injury System of Care
 - Stroke

Service Areas

- UTMC – acute care rehab
- Coghlin Rehabilitation Center – post-acute inpatient rehabilitation
- Comprehensive Outpatient Rehabilitation
- UT Sports Medicine
 - Savage Hall Training Room
 - Larimar Center Training Room

Rehab Services Provided

- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Neuropsychological Testing and Counseling
- Therapeutic Recreation
- Vocational Rehabilitation

Coghlin Inpatient Growth Opportunity Identified by Fowler Health Care Affiliates

Figure 1

Potential Inpatient Performance

Category	FY06 Actual	Capture All Internal Demand	Total Internal & External Admits ¹⁰
Admits	422	497	638
Beds (80% occupancy, 75/25% Compliance)	19	27	34
Net Revenue ¹¹	\$5,441,458	\$6,499,317	\$8,332,918
Additional Net Revenue ¹²	\$307,500	\$362,062	\$475,500
Contribution Margin ¹³	\$1,949,122	\$2,323,891	\$2,983,185
Est. Total Contribution Margin ¹⁴	\$2,256,622	\$2,685,953	\$3,458,685

¹⁰ Source: University of Utah Medical Center FY06 case mix data.
¹¹ Based on FY06 actual admits (347) and acute rehab internal demand (667).
¹² Calculated based on FY06 weighted average revenue per case (\$11,061).
¹³ Assumes \$1500 increase for Medicare payment not being captured at present.
¹⁴ Projected margins based on 35.8% of net revenue, as was the case in FY06. No adjustment for additional Medicare revenue per case.
¹⁵ Adjusted to reflect increased Medicare payments not being captured at present.

- Opportunity to capture additional Medicare revenue (approximately \$1,500 per discharge) for estimated revenue gain of \$300,000 (2006 estimate) to \$500,000 annually
- Internal growth through more effective capture of UTMC acute care patients (216 patients appropriate for rehab not being captured)
- Continued capture of external referral market at same rate of 141 admits
- Assuming an increase in beds, more efficient size to garner economies of scale
- Growth in net revenue to \$8.3 million and contribution margin to \$2.9 million

Ambulatory Rehab Growth Opportunities

- Service (volume) and Program (reputation) models both afford opportunity for business growth and development
- 20-30% growth potential - Per Fowler Healthcare consultation

Service Model Opportunities

Develop within 60-90 days

- Therapy "Express" – Point of service delivery within select areas – orthopedics, ED, others as identified
 - Immediate initial contact in physician clinic
 - Screen patient for needed rehab services
 - Provide initial consult and plan of care development
 - Follow-up therapy sessions scheduled to take place in main OP Rehab department
 - Facilitates enhanced therapist-physician communication, coordination of care, and seamless service delivery

Needs for Development

- Physician buy-in to concept
- Resources
 - Personnel – PT, OT (recruitment is constraint to implementation timeline)
 - Space within physician clinic, ED

Program Model Opportunities

- Multidisciplinary Headache Clinic (in place and expansion being planned)
- Multidisciplinary Parkinson's Disease Clinic in place and has expanded
- New program Opportunities (6-15 months to implementation)
 - Women's Health
 - Diabetes Exercise Program
 - Wellness Consults

Needs for Development Women's Health

- Physician interest to support and refer
- Personnel – clinician with appropriate background
- Space within physician's clinic to provide service

Needs For Development Diabetes Exercise Program

- Physician interest to support and refer
- PT faculty member with clinical and research interest to develop program currently on board
- Can be housed and managed within the OP Rehab facility

Needs for Development Wellness Program

- PT faculty member with clinical and research interest to develop program currently on board
- Will rely on marketing/advertising to select target populations to generate business
- Can be set up to run as cash business with "spa" service menu
- Subject to economic influences on discretionary income

Main Campus Opportunities

- Expansion of Current Sports Rehab Program
 - High school athletes, "weekend" and "aging" warrior programs – can be insurance reimbursed and/or cash business
 - Sport-specific post-injury training camps – cash business
 - Rehab component to current sports camp offerings – musculoskel. screening, individual sport specific exercise programs – stretching, strengthening – can be an extension of rehab marketing effort, or can be offered as a cash option to camp participants
- Will require recruitment of at least 1 PT (preferably also an ATC) to serve as clinical leader and rehab liaison to athletic department
- Development time: 12 -15 months

Main Campus Opportunities

- Main campus rehab clinic – open to employees and students; marketed to alumni and specific other target markets
- Student health services building a potential site
- No bricks & mortar investment; limited equipment needs to get clinic operational
- Potential to offer specialty programming at this site – headache management, wellness consults, women's health services, oncology programs – i.e. lymphedema treatment – in addition to OP PT
- Mix of insurance reimbursed and cash business
- Can be staffed with one clinician stationed at this site, with others on rotational basis for specialty programming
- Development time: 3-6 months for single service clinic; timeframe for specialty programming dependent on time to develop individual programs and recruitment of appropriate clinical staff – estimate 12-15 months (inclusive of the 3-6 month timeframe to open the main campus clinic site)

Key Factors to Accomplishment

- Position Rehab Services in the service line model (Fowler Healthcare Affiliates report)
- Change in philosophy from cost containment to revenue development (Fowler Healthcare Affiliates report)
- Secure resources (i.e. staff) to facilitate program development as opposed to demonstrating volume before approving staff additions (Fowler Healthcare Affiliates report)