CROR Outcomes

Winter 2008: The Launch of *CROR Outcomes* Vol. 3

With the New Year, we launch our third volume of *CROR Outcomes*, the quarterly newsletter of the Center for Rehabilitation Outcomes Research (CROR) located at the Rehabilitation Institute of Chicago.

Previous newsletters covered a variety of topics including: the impact of health literacy and health disparities on rehabilitation outcomes; measuring and comparing rehabilitation outcomes across different post-acute care settings; the impact of physical activity on arthritis; Medicare's inpatient prospective payment system; local coverage decisions; model spinal cord injury care systems; measuring community participation as an outcome; and screening for alcohol and drug abuse in vocational rehabilitation settings – just to name a few. Archives of previous editions are available online at: *<http://www.ric.org/research/centers/cror/CRORsNewsletters.aspx>*.

Allen W. Heinemann, PhD
Director, CROR

Inside

Post Acute Care Payment Reform: Congressionally Mandated Initiative Underway

The Deficit Reduction Act of 2005 directed the Centers for Medicare & Medicaid Services (CMS) to develop a Post Acute Care (PAC) Payment Reform Demonstration. This demonstration is to be in place in early 2008 with a report submitted to Congress in 2011. The goal of this initiative is to standardize patient assessment information from PAC settings and to use these data to guide payment policy in the Medicare program. This demonstration will provide standardized information on patient health and functional status, independent of PAC site of care, and examine resources and outcomes associated with treatment in each type of setting. Consistent case-mix data are needed to determine whether similar patients are treated in different settings. Similarly, good information on resource use within each setting is needed to understand differences in patient treatment and outcomes.

> The Post Acute Care Payment Reform demonstration is an important and exciting CMS initiative. It will be critical in refining CMS approaches to measuring case mix intensity in PAC populations and how this varies by providers in different parts of the country.

CMS has contracted with RTI, International to carry out this mandate. CROR staff is assisting RTI, International with the project through a subcontractual agreement.

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Dr. Barbara Gage: RTI, International Researcher Serves On CROR Advisory Boards

Dr. Barbara Gage, Director of Post Acute Research at RTI International, and a research collaborator with the Center for Outcomes Research (CROR) at the Rehabilitation Institute of Chicago (RIC), has had a longstanding interest in access to health care. That, coupled with her public policy background, laid the groundwork for a career in post-acute care health services research.

"I knew I wanted to go into public policy research because it was a way to contribute to solving real problems," Gage said. "Health care for the elderly and disabled is rarely a one time event; these populations have complex health care issues, many with chronic care needs. Studying post-acute care services allows me to look across the complex continuum of care that usually makes up one's real service needs."

Gage was raised in Pennsylvania and after earning a bachelor's degree in medical sociology from Boston University, and a master's degree in public administration from the University of Maine at Orono, she

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Advisory Committees Help Guide Research

Advisory committees appointed for post-acute care research initiatives not only fulfill specific obligations of particular research grants, they also play a pivotal role in those projects by providing multiple perspectives on a given issue, offering valuable feedback, and suggesting ways to improve methods and analyses.

In fact, according to Dr. Allen Heinemann, director of the Center for Rehabilitation Outcomes Research (CROR) at the Rehabilitation Institute of Chicago (RIC), much of the success experienced by RIC researchers is due in large part to the input of advisory board members.

"Advisory Committees are critical to assuring the research we conduct is relevant to the stakeholders who are interested in our work – patients, caregivers, rehabilitation providers, policy makers and payers of rehabilitation services," Heinemann said. "We get incredibly helpful suggestions on topics to investigate, people to consult, and methods of translating our results to clinical practice and policy. I can't imagine we would have near the impact we do without the support and encouragement of advisory committee members."

A range of perspectives

For Mercedes Rauen, executive director of the Illinois Chapter of the National Spinal Cord Injury Association, serving on the Midwest Regional Spinal Cord Injury Model System advisory board has given her an opportunity to share her 30 years of experience working with individuals with a spinal cord injury.

The Model Systems program is sponsored by the National Institute on Disability and Rehabilitation Research (NIDRR), which awarded SCI Model System grants to 14 designated centers – one of which is RIC/Northwestern Memorial Hospital – in order to facilitate new projects for individuals with spinal cord injuries.

"There are a variety of people from various disciplines, and it's exciting to have a group of people who all have a stake in the research, but who come from such different perspectives," Rauen said. "My experience, for instance, is very different from someone who is actually working on the research, and I think having people from the outside brings something new to the table."

Philicia Deckard, executive director of the Brain Injury Association of Illinois, also cited the team atmosphere as one of the best features of serving on an RIC advisory board. Deckard is currently on the advisory committee for the Health Services Research DRRP on Medical Rehabilitation – a role she welcomes as a way to share her expertise in the field of brain injury.

"I act as a representative from my field, and bring the perspective of the brain injury side," Deckard said. "I have to say, 'Hats off,' to the researchers because when I look around the table, it's not just researchers. I hope it helps to have us bring a different set of eyes and give a more practical side of things based on our experience."

Community advisory boards also provide an essential forum for people with a spinal cord injury, explained Laszlo Nagy, a member of the Model System community advisory board, and chairman of the community advisory board at MetroHealth Medical Center, Cleveland, Ohio, which is another NIDRR-designated Model System program.

The role of individuals with a spinal cord injury who serve on advisory boards is multifaceted, according to Nagy, who had a spinal cord injury six years ago.

"The community advisory board provides insight as far as the research value and its effectiveness, and of course, also provides a level of oversight," he said. "Obviously we have a very vested interest in the research because we are the intended recipients."

"Advisory Committees are critical to assuring the research we conduct is relevant to the stakeholders who are interested in our work – patients, caregivers, rehabilitation providers, policy makers and payers of rehabilitation services. We get incredibly helpful suggestions on topics to investigate, people to consult, and methods of translating our results to clinical practice and policy. I can't imagine we would have near the impact we do without the support and encouragement of advisory committee members."

Dr. Allen Heinemann, Director

Community involvement

Nagy has taken his role on the community advisory boards one step further. While at a recent board meeting, he suggested collaboration among board members to share information about new treatments and innovations, and recruit people for research projects. Finding research subjects often presents a significant obstacle, said Nagy, and a collaborative community advisory board could assist in reaching out to individuals with a spinal cord injury and their families. In addition,

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Advisory Committees

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Nagy proposed the creation of a blog that would consist of updated information from all 14 Model System centers.

"This would not be part of the funded research project, but this entity does exist to promote and facilitate communication," Nagy explained. "It's a good opportunity for us to help each other, and it can also provide feedback to clinicians about what the community thinks is worthwhile."

For instance, several years ago, Nagy was implanted with a diaphragm pacer – a device that electronically contracts and relaxes the diaphragm muscles – for breathing assistance. Increased collaboration could allow him to share information about the device and his experiences with both consumers and physicians, he said.

Rauen agreed, saying the exchange of ideas with a variety of different stakeholders is one of the best aspects of serving on an advisory board.

"That community involvement and sharing of information is something that might not happen otherwise," Rauen said. "Different parties can provide perspectives and ideas that you wouldn't have heard and in that respect, you don't have to reinvent the wheel yourself because you're communicating and collaborating with one another."

Mutually beneficial

Being invited to serve on an advisory committee is an honor, said the members, but is also a practical move for stakeholders who want to have a voice in new innovations and research projects. That is especially true of those on the community advisory board, said Nagy.

"A lot has been developed that is 'here and now' in regards to therapy and equipment, and it has been a great experience to see that," he added. "I think everyone on the community advisory board is interested and enthusiastic about serving, and we are all very pleased with the work that is being done. I'm glad NIDRR and the Model Systems programs had the foresight to say, 'We need end users who can give their insight as to whether we are using our time, money and resources wisely.'"

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>
> *Laszlo Nagy, Advisory Committee Member*

For Dr. Barry McNamara, professor of disability law at Northwestern University, and advisory board chair for both the Health Services Research DRRP on Medical Rehabilitation, and the Rehabilitation Research and Training Center on Measuring Rehabilitation Outcomes and Effectiveness, serving in an advisory capacity has allowed him to bridge the gap between research and the intricacies of disability law. It has also given him a unique benefit, he explained.

"I've gotten to know people in various aspects of rehabilitation that I probably would have never otherwise known, and I've been exposed to so much of the new research," McNamara said. "I think that it's made me a better teacher."

Staff Profile: Joyce Siragusa Keeping CROR Staff On Track

After more than 26 years of experience working in administrative positions – including 20 years spent running a family business – Joyce Siragusa's newest position as business support manager of the Center for Rehabilitation Outcomes Research (CROR) at the Rehabilitation Institute of Chicago (RIC) has proven to be quite a change for her.

"The administrative work itself is the same really, but the environment is very different than anything else I have experienced," Siragusa said. "Research is a totally different animal and I can't really compare it to any of the business environments I've worked at in the past. I find it extremely interesting, and it's very satisfying to know I can help these people be better at what they do."

A native Chicagoan, Siragusa spent two decades operating a commercial and residential cleaning service with her husband. She was responsible for all of the administrative tasks – payroll, bookkeeping – and also managed 18 employees. Owning and managing a family business was exciting and challenging, she said, but the seven-days-a-week schedule became too demanding.

Siragusa then spent six years working in administration at a Chicago machine building company. She was on the lookout for something different when a friend who had previously worked at RIC told her of an opening in research, and recommended she give it a try. She applied, got the job, and began work as an administrative coordinator in August 2006.

The new position at RIC could not have come at a better time, Siragusa said, because she was struggling to choose a rehabilitation setting for her husband who had suffered a bad fall, and whose health was deteriorating rapidly. Like many people faced with difficult decisions regarding post-acute care, Siragusa had a very short timeframe and no idea where to look for information.

"It was a very difficult time for me because I didn't know who to turn to, or what resources were available to me," said Siragusa, whose husband unfortunately passed away last March. "I felt like I was meant to be at RIC because they really helped me to understand what options were available to me, and to make the best choices. I don't think I would have made it through as well if I had been in any other work environment."

In addition to helping her through a difficult time, Siragusa says she genuinely enjoys working with the researchers at RIC. She was recently promoted from administrative coordinator to business support manager, and is now responsible for bookkeeping and payroll.

"I truly enjoy working here," she said. "I respect the people I work with and the work that they are doing, and I get to be part of making sure they are able to do it. I really enjoy that role."

Her hard work and attention to detail have earned the appreciation and respect of her coworkers at RIC, including Dr. Allen Heinemann, director of the Center for Rehabilitation Outcomes Research at the RIC.

"I'm extraordinarily grateful that we were able to hire her, and then to promote her," Heinemann said. "She is one of the most resourceful and talented people we've ever had in that position. She is incredibly helpful in anticipating people's needs and trying to fulfill them."

Dr. Barbara Gage (Continued From Page One)

began her professional career as a budget analyst and program evaluator for the Maine State Legislature. After working for the Legislature, Gage was convinced that public policy was the correct path for her, and continued on to earn a PhD in health policy and administration from Pennsylvania State University.

Gage continued her post-doctorate career at the Prospective Payment Assessment Commission (now known as the Medicare Payment Advisory Committee) in Washington, D.C., where she led the post-acute research team.

"My time at the Prospective Payment Assessment Commission taught me the details of the Medicare payment policies, how these affected beneficiaries' access to services, and the various rules governing participation in the Medicare insurance program, and ultimately, affecting quality of care," Gage said.

After four years with the commission, Gage was given a one-year expert appointment at the Federal Agency for Health Care Policy and Research (now AHRQ). She left AHCPR to join prominent Medicare experts, Dr. Marilyn Moon and Dr. Korbin Liu, at the Urban Institute. where Gage continued her work on post-acute care leading major studies for the Centers for Medicare and Medicaid Services (CMS) and the Assistant Secretary for Planning and Evaluation (ASPE). Her research included studies of the effects of the Balanced Budget Act of 1997 and subsequent legislative changes in Medicare post-acute policies; interviews with PAC providers; claims analysis of post-acute episodes and changes in access, cost and utilization; and studies of specific Medicare benefits, including home health and hospice services. Her expertise served her well when family members' caregiving needs moved Dr. Gage and her husband to Boston, Massachusetts. Dr. Gage leads the post-acute research group at RTI International, a non-profit research institute with a health services research center in Waltham, Mass.

"When I moved from DC to Boston, I knew I wanted to stay in a non-profit like the Urban Institute, and I also knew I wanted to continue my work with CMS," Gage said.

At RTI International, Gage leads studies on post acute populations, including studies of Medicare payment policies, patient outcomes and quality of care, and Medicare beneficiaries' utilization patterns. Because post-acute care patients often require different treatments in various settings, her research focuses on "episodes of care," Gage explained.

"I look at Medicare beneficiaries' total service use related to an acute event," Gage said. "That means everything starting with the acute care discharge and including all subsequent settings and treatments until the end of the episode of care. "

Gage is currently leading several major CMS-funded projects in which RIC's CROR staff are collaborating. One effort is developing a standardized patient assessment tool for post-acute care and a second is using that tool in a national demonstration that will measure case-mix differences across settings and refine Medicare post-acute care payment policies. These studies build on previous collaborations where CROR worked with Dr. Gage on CMS's study to develop quality indicators for Medicare-participating IRFs.

Gage also serves on three RIC advisory boards: (1) the Health Services Research - Disability and Rehabilitation Research Project on Medical Rehabilitation; (2) the Midwest Regional Spinal Cord Injury Care System; and (3) the Rehabilitation Research and Training Center on Measuring Rehabilitation Outcomes and Effectiveness.

According to Dr. Allen Heinemann, CROR's Director, Gage's extensive experience using Medicare data for research purposes is an invaluable asset.

"She makes a very unique contribution to our advisory boards and helps contribute to the success of our projects," Heinemann said.

Occupational and Physical Therapists: Earn Online CEUs

If you need a convenient and inexpensive way to earn CEUs for state licensure or national board certification, the online seminar highlighted below may be of interest to you!

The Rehabilitation Research and Training Center on Measuring Rehabilitation Outcomes and Effectiveness at the Rehabilitation Institute of Chicago (RIC) is offering CEUs for the completion of an archived seminar about planning, conducting, and funding rehabilitation research. This archived webinar is geared toward physicians and clinicians who are relatively new to research. Tuition is only $25. To enroll in this course, visit <*http://content.learnshare.com/courses/64/141000/index_lms.html*> or email <*kstagg@ric.org*>.

The Rehabilitation Institute of Chicago is an approved provider for the American Occupational Therapy Association (AOTA) to offer continuing education in occupational therapy. The assignment of AOTA CEUs does not imply endorsement of specific course content, products, or clinical procedures by AOTA. This beginning level program awards occupational therapists 3.75 CEUs. The Illinois Physical Therapy Board (Approval #216-000069) has approved this course for 3.5 Contact Hours.

This seminar was supported, in part, by a grant (H133B040032) from the National Institute on Disability and Rehabilitation Research of the U.S. Department of Education.

Post Acute Care Payment Reform (Continued From Page One)

The demonstration project involves several initiatives, including:

1. **Development of a Standardized Patient Assessment Tool** for use at acute hospital discharge and at PAC admission and discharge. This tool, the Continuity Assessment Record and Evaluation (CARE) tool, will measure the health and functional status of Medicare acute discharges and measure changes in severity and other outcomes for Medicare PAC patients.
2. **Conduct a PAC Payment Reform Demonstration** to examine differences in costs and outcomes for PAC patients of similar case mix who use different types of PAC providers. CMS recognizes the variation in local practice patterns and available services across the US and will examine how different service compositions affect PAC costs and outcomes, all else equal.

CMS has also contracted with Northrop Grumman to establish a web application at CMS for providers to submit the standardized assessment data.

Adopting techniques that provide greater uniformity in how patients are assessed and quality is measured will allow CMS to refine Medicare payments.

Development of a Standardized Patient Assessment Tool

This initiative, which builds on current measurement science, began in November 2006 with input from the scientific communities, including each of the healthcare provider communities and experts in health services research and information technology. Open Door Forums, Technical Expert Panels, and smaller discussion groups have been held to develop a standardized patient assessment tool that can measure case mix differences in Medicare acute discharges. This CARE tool is using the latest informatics technology to develop inter-operable, web-based data reporting systems for the Medicare program. The effort capitalizes on the current measurement science in the fields of physical and rehabilitation medicine, long term care, and electronic reporting systems. It has been designed to measure outcomes in physical and medical treatments while controlling for factors that affect outcomes, such as cognitive impairments and social and environmental factors. Many of the items are already collected in in-patient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), skilled nursing facilities (SNFs), and home health agencies (HHAs), although the exact item form may be different. The assessment tool is being designed to eventually replace similar items on the existing Medicare assessment forms, including the Outcome and Assessment Information Set (OASIS), Minimum Data Set (MDS), and Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) tools. The web-based technology allows for future changes in the data sets to incorporate advances in evidence-based medicine. The system is also designed to minimize provider burden by enabling item subsets to be used when appropriate for measuring each domain, depending on the patient's characteristics.

Four major domains are included in the tool: medical, functional, cognitive impairments, and social/environmental factors. These domains either measure case mix severity differences within medical conditions or predict outcomes such as discharge to home or community, rehospitalization, and changes in functional or medical status. The development of the CARE tool builds on prior research and incorporates lessons learned from clinicians treating the continuum of patients seen in all four settings. The tool targets a range of measures that document variations in a patient's level of care needs including factors related to treatment and staffing patterns such as predictors of physician, nursing, and therapy intensity.

Timeline for the PAC Payment Reform Demonstration

This demonstration is being carried out in two phases. Phase I has largely been completed. It includesd development of the CARE tool and resource use tools, testing them, and selecting markets for the Phase II demonstration. Phase II began in January 2008 with the first of 10 market areas participating in the PAC payment reform demonstration. Nine other markets will be included by March 2008 and continuing through 2009.

Phase I. During the Summer of 2007, the CARE tool was tested in five types of providers (acute, LTCH, IRF, SNF, and HHA) in the Chicago area. The goal of this pilot test was to evaluate the tool's application in the different settings, examine the psychometric properties of these items as they are used across PAC populations, and refine the tool for its use in the Phase II demonstration.

A second effort also underway during the summer of 2007 was the development of a cost and resource use (CRU) tool. This tool measures staff and ancillary resources associated with different types of patients and was pilot-tested in the various PAC settings in the Boston area. In addition, interview protocols were developed to identify fixed and variable costs within each PAC setting.

Third, providers in 10 different geographic market areas have been selected for participation in the demonstration. Markets were chosen to represent variations in geographic location, population density, PAC provider availability, patterns of corporate ownership, and other factors.

Many providers expressed interest in participating in the demonstration by sending requests to: <*pat-comments@rti.org*>. Other sites were identified for recruitment from analysis of Medicare administrative files.

Phase II. In 2008, the first of 10 market areas will begin collecting data using the CARE tool. Assessments will be completed on all Medicare beneficiaries discharged from participating units in acute hospitals and on all Medicare beneficiaries admitted and discharged from participating units in PAC settings during a selected time period. CRU data will be collected in select sites for 2 week periods intermittently throughout the study period. Interim assessments will also be conducted during the CRU data collection period for patients not being admitted or discharged during that time.

Data will be submitted through web-based data submission systems. These data systems are designed to be used on any computer with web access and will allow direct transfer of data to CMS. The systems are designed to be interoperable so that ultimately, data can be downloaded from provider systems, where applicable. These systems will reduce data entry time and improve reliability for items already stored in a provider system, such as beneficiary insurance information, and other items that are important for improving continuity of care, such as known allergies or prescription medications at discharge.

This PAC Payment Reform demonstration is an important and exciting CMS initiative. It will give CMS and Medicare-participating providers better information on the acuity of Medicare beneficiaries using their services. The information will be critical in refining CMS approaches to measuring case mix intensity in PAC populations and how this varies by providers in different parts of the country. Adopting techniques that provide greater uniformity in how patients are assessed and quality is measured will allow CMS to refine Medicare payments.

An overview of this project is highlighed on Page 6. For additional information, please visit <*http://www.pacdemo.org*> or contact Barbara Gage, PhD, Principal Investigator, at <*bgage@rti.org*>.

At A Glance: Medicare Post-Acute Care (PAC) Payment Reform Demonstration

Summary of Deficit Reduction Act 2005

- Congressional mandate to establish a PAC Payment Reform Demonstration to examine cost and outcomes across different post acute sites:
  - o Single comprehensive assessment at acute hospital discharge.
  - o Standardized assessment in all PAC settings to measure health and functional status and other treatment factors.
  - o Collection of information on resources/patient.

Medicare Post Acute Care Patient Assessment Instrument and Payment Reform Demonstration

- Three components:
  1. Development of a Patient Assessment Instrument.
  2. Development of a web-based, electronic reporting system.
  3. Implementation of a Payment Reform Demonstration.

Component 1: Patient Assessment Instrument Development

- Sponsored by CMS, Office of Clinical Standards and Quality.

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Sources of Feedback for Instrument Development
Input received from pilot test participants, including acute hospitals, LTCHs, IRFs, SNFs, and HHAs.

Component 2: Development of Web-based Electronic Reporting System

- CMS has contracted with Northrop Grumman to establish a web application at CMS for providers to submit standardized assessment data. The application will use:
  - o Inter-operable data standards will allow providers to incorporate specifications into their own application or submit in a standard HL-7 format.
  - o Developed with IRT/CAT structure so that core screening question responses will provide "opt-out" options– respondents do not have to scroll thru supplemental questions that do not apply to them.
  - o Drop-down menus and radio buttons to allow quick data entry.

Component 3: Post Acute Payment Reform Demonstration

- Sponsored by CMS, Office of Research Development and Information.

Project Officer
Shannon Flood, CMS

Project Summary
10 Market Study, 150 providers (Acute, LTCH, IRF, SNF, HHA)
- o Collecting two types of data:
  1. Acute hospitals: Continuity Assessment Record and Evaluation (CARE) tool used to measure patient case mix. *10/29/08 Federal Register*
  2. PAC providers: CARE assessment used to measure case mix severity and outcomes & Cost and Resource Utilization to measure resource use. *8/24/07 Federal Register*
- o Early 2008 - First demonstration site underway.

Update: CROR Bids Post Doctoral Fellow A Fond Farewell

In the Summer '07 edition of *CROR Outcomes*, we featured Susan Magasi, a post doctoral fellow in Northwestern University's Institute for Healthcare Studies and research associate at the Center for Rehabilitation Outcomes Research (CROR) at the Rehabilitation Institute of Chicago (RIC).

It is with mixed emotions that we announce Dr. Magasi completed training and is leaving CROR in order to pursue a research scientist position at the Center on Outcomes, Research, and Education (CORE) at Evanston Northwestern Healthcare (ENH).

At ENH, Magasi will serve as the motor domain manager for the National Institutes of Health's (NIH) Toolbox Initiative. The NIH Toolbox initiative seeks to assemble brief, comprehensive assessment tools that will be useful to clinicians and researchers in a variety of settings, with a particular emphasis on measuring outcomes in longitudinal epidemiologic studies and prevention or intervention trials across the lifespan. Additional information about this project is available online at: <*http://www.nihtoolbox.org*>.

"I look forward to contributing to the Toolbox as I continue to develop my own line of research into the health care access and decision making experiences of women with disabilities," Dr. Magasi said. "The skills and relationships I built at CROR have helped me grow as a scientist and propelled me into new and exciting areas of health service and disability research."

> **"The skills and relationships I built at CROR have helped me grow as a scientist and propelled me into new and exciting areas of health service and disability research."**
>
> ***Dr. Susan Magasi***

Dr. Allen Heinemann, Director of CROR, says Magasi will be missed by her friends and colleagues at CROR.

"It is always bittersweet when one of our own moves on to greener pastures," said Heinemann. "We wish Dr. Magasi the very best of luck with her future endeavors."

A copy of the Summer 2007 staff profile featuring Magasi is available in the *CROR Outcomes* online archive at: < *http://www.ric.org/research/centers/cror/CRORsNewsletters.aspx*>.

Publications and Presentations: Quarterly Highlights

Manuscripts

1. Lai JS, Cella D, Kupst, MJ, Holm S, Kelly M, Bode, RK, Goldman S. Measuring Fatigue for Children with Cancer: Development and validation of the Pediatric Functional Assessment of Chronic Illness Therapy – Fatigue (pedsFACIT-F). Journal of Pediatric Hematology and Oncology 2007;29(7):471-9.

2. Welch G, Schwartz CE, Santiago-Kelly P, Garb J, Shayne R, Bode R. Disease-related emotional distress of Hispanic and non-Hispanic Type 2 diabetes patients. Ethnicity & Disease 2007:17:541-7.

3. Bode RK, Costa BR, Frey JB. The impact of animal-assisted therapy on patient ambulation: A feasibility study. American Journal of Recreation Therapy 2007;6(3):7-19.

4. Chan RCK, Bode RK. Analysis of patient and proxy ratings on the Dysexecutive Questionnaire: an application of Rasch analysis. Journal of Neurology and Neurosurgical Psychiatry 2008;79:86-88.

5. Gage B, Stineman M, Deutsch A, Mallinson T, Heinemann AW, Bernard S, Constantine R. Perspectives on the State-of-the-Science in Rehabilitation Medicine and Its Implications for Medicare Postacute Care Policies. Archives of Physical Medicine and Rehabilitation 2007 Dec;88(12):1737-9.

Manuscripts (in press)

1. Ehrlich-Jones L, O'Dwyer L, Stevens K, Deutsch A. Searching the Literature for Evidence. Rehabilitation Nursing Journal; in press.

2. Magasi S, Heinemann AW, Whiteneck G. Measurement of participation following traumatic spinal cord injury: An evidence-based review for research, Journal of Spinal Cord Medicine, in press.

3. Koren ME, Hertz J, Munroe D, Rossetti J, Robertson J, Plonczynski D, Berent G, Ehrlich-Jones L. Assessing students' learning needs and attitudes: Considerations for gerontology curriculum planning. Gerontology & Geriatrics Education, in press.

4. Papadimitriou C. "It was hard but you did it": Work in Physical Therapy in a Clinical Context among Physical Therapists and Spinal Cord Injured Adults. Disability and Rehabilitation, in press. Available online in advance of publication at: <*http://www.tandf.co.uk/journals/tf/09638288.html*>.

5. Ottenbacher KJ, Kuo Y, Ostir GV, Campbell J, Deutsch A, Granger CV.Racial and Ethnic Differences in Post-acute Rehabilitation Outcomes following Stroke in the U.S. Stroke; in press.

6. Heinemann AW, Lazowski LE, Moore D, Miller F, McAweeney M. Validation of a substance use disorder screening instrument for use in vocational rehabilitation settings. Rehabilitation Psychology, in press.

Book chapters (in press)

1. Magasi S, Heinemann AW. Psychological aspects of living with SCI: Emotional health, quality of life and participation. In E. Field-Fote (Ed.) Spinal Cord Injury Rehabilitation. Philadelphia: FA Davis, in press.

2. Heinemann AW, Mallinson T. Functional status and quality of life. In RG Frank and M Rosenthal (Eds.) Handbook of Rehabilitation Psychology. Washington, DC: American Psychological Association, in press.

Presentations

1. Deutsch, A, Heinemann AW. Rehabilitation Care: Medicare Reform and Research A presentation at the NeuroRehabilitation 2007: Tomorrow's Hopes, Today's Practice – A Focus on Stroke and Brain Injury Rehabilitation; West Orange, NJ; November 16, 2007.

2. Ehrlich-Jones L, Mallinson T, Fischer H, Bateman J. The New Face of Occupational Therapy Treatment for People with Rheumatoid Arthritis, workshop at Illinois Occupational Therapy Association Annual Conference, Naperville, IL, November 3, 2007.

CROR Outcomes

Winter 2008 Issue. . .

CROR Outcomes is the quarterly newsletter of the Center for Rehabilitation Outcomes Research (CROR) at the Rehabilitation Institute of Chicago (RIC). Each quarter, we share updates on exciting new projects and highlight unique contributions made by faculty and staff members, as well as collaborating researchers. Look inside for more information.

Advisory Committees. . .

Several of the large research and training projects at the Rehabilitation Institute of Chicago are overseen by advisory committees. Advisory committee members represent a variety of stakeholders – patients, clinicians, disability scholars, as well as representatives from business and industry. Advisory committee members are volunteers whose time and dedication significantly enhance the quality of our research. This quarter, we highlight their unique contributions to these projects. More on Page 2.

CMS Post Acute Care Demonstration. . .

An exciting new project, mandated by Congress, is underway. The Post Acute Care Payment Reform Demonstration is an initiative funded by the Centers for Medicare & Medicaid Services (CMS). It will give CMS and Medicare-participating providers better information on the acuity of Medicare beneficiaries using their services. The information from this project will be used to refine how CMS approaches measurement of case mix; standardize how patients are assessed and quality is measured; and will allow CMS to refine Medicare payments. This project is featured in our Cover Story and an overview of the project is highlighted on Page 6.

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