



In this issue, read about a project recently funded by the National Institute on Disability and Rehabilitation Research that aims to develop quality measures for post-stroke rehabilitation. This timely project, led by Dr. Anne Deutsch, will make recommendations specific to this population and fits with

the mandate in the The Patient Protection and Affordable Care Act of 2010 that the Secretary of Health and Human Services will select and publish quality measures for inpatient rehabilitation no later than Oct. 1, 2012.

In addition, we highlight a pre-conference symposium on this topic at the American Congress of Rehabilitation Medicine - American Society of Neurorehabilitation Annual Conference in Atlanta on October 12, 2011. Read more on page 7.

This issue also contains a profile of a valued collaborator, Dr. Kenneth Ottenbacher. Read about his clinical experience and current research at the University of Texas Medical Branch. In addition, read about occupational therapist and clinical research coordinator Lauri Connelly and her contributions to the department and RIC.

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*Allen Heinemann, Director*

## New study will identify quality measures for post-stroke rehab

In its 1999 report, "To Err is Human: Building a Safer Health System," the Institute of Medicine (IOM) describes an epidemic of medical errors: "Health care in the United States is not as safe as it should be — and can be. At least 44,000 people, and perhaps as many as 98,000 people, die in hospitals each year as a result of medical errors that could have been prevented." The report argues that preventable medical errors are costly, leading to the loss of human lives, extra expenses for hospitals and patients, and loss of trust in the health care system.

CROR clinical research scientist Anne Deutsch, Ph.D., R.N., points to the IOM report as an illustration of the increasing prominence of the issues of quality of medical care and medical outcomes.

"Rehabilitation facilities need to have good quality measures so that we can evaluate our performance."

*Dr. Anne Deutsch*

Deutsch is the principal investigator on Development of Quality Measures for Post-Stroke Rehabilitation, a new CROR project that stands at the intersection between this rising concern about care outcomes and one of the nation's leading causes of death and disability: stroke.

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## Dr. Ken Ottenbacher: Going the distance

At the University of Texas Medical Branch in Galveston, Ken Ottenbacher, Ph.D., is a long way from his native Montana, in miles, years and learning.

In covering that distance, he has built a career that combines research, administration and teaching and still maintains ties to clinical practice. Yet there has been one constant through it all: Ottenbacher's concern for those who are at-risk and disadvantaged.

Ottenbacher, 60, grew up in Missoula, Montana, where five valleys converge amid five mountain ranges.

Though his father died when Ottenbacher was only 4 years old, he downplays what must have been a devastating loss, noting that in his large extended family, there was no lack of male role models. Two uncles, for example, owned and ran a 4,000-acre cattle ranch not far from Missoula.

He grew up hunting and fishing in the area and says, "I go back at least once a year," usually in the fall. "We'll always do something in the mountains."

As an undergraduate at the University of Montana in Missoula, Ottenbacher was intrigued to learn about the group now known as Big Brothers Big Sisters of America. Discovering that its greatest need was for "Bigs" to work with children with disabilities, he wound up teaching swimming to

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## Inside

### Quality Measures Conference

Read about the upcoming ACRM pre-course on quality measures for rehabilitation in Atlanta on *Page 7*.

### Life of a CROR Scientist

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### CROR Publications

A list of recent CROR manuscripts, abstracts, and presentations is on *Page 6*.



# Lauri Connelly, Clinical Research Coordinator



“Luck is what happens when preparation meets opportunity,” wrote the Roman philosopher Seneca.

And if luck has played a role in Lauri Connelly’s career, it’s been merely the trigger for her preparedness and her willingness to seize opportunities.

Connelly, a CROR clinical research coordinator, was first inspired by a co-worker to enter occupational therapy, then grabbed an unexpected opportunity to join the Rehabilitation Institute of Chicago and add an active role in research to her substantial clinical experience.

Not too long ago, says Connelly, she thought her career was set and didn’t anticipate any changes. But instead, she explains, “I couldn’t ignore unexpected opportunities that arose, and it’s worked out really well.”

## From small town to the big time

Connelly originally hails from Stillman Valley, a small town of 1,000 people outside Rockford, IL, about 75 miles west of Chicago. She played volleyball and was a cheerleader in high school and later attended Illinois Wesleyan University, in Bloomington, IL, where she received an undergraduate degree in psychology.

After graduating, Connelly returned to the Rockford area and spent several years working with people with developmental disabilities, a time she considers instrumental to her professional development.

It was here that Connelly first met an occupational therapist (OT), a woman who served as a consultant to the facility. As an OT, she created treatment goals to support each client to be as independent as possible, for example developing self-care or community integration skills.

What struck Connelly most, she recalls, was the rapport the woman had with patients. “She actively involved each client in the evaluation process and truly took into consideration their strengths and the barriers they faced in achieving their goals. She had a way of looking at a person and intuitively figuring out what was standing in their way.”

Prior to committing to graduate school, Connelly shadowed occupational therapists in different practice settings and continued to see that common element: “They were able to establish a connection with patients

and use clinical insight to make a difference in their patients’ lives.”

In 1998, Connelly moved to Chicago, and in 2000 earned a master’s degree in occupational therapy from Rush University. The next eight years saw her practicing her profession as a clinician, having the opportunity to work first in inpatient rehabilitation and then outpatient pediatrics. She took the initiative to work for herself as an independent contractor for the Illinois’ Early Intervention program, seeing children under the age of three. She valued the chance to truly impact children’s development as well as collaborating with parents.

It took only one phone call, however, to expand Connelly’s career in a major way. The call was from the Rehabilitation Institute of Chicago, where her resume was on file. With her previous rehabilitation experience, she was an ideal candidate for a sponsored trial taking place at RIC.

When the call arrived, Connelly says, she hadn’t thought about research and still enjoyed her role as a pediatric therapist. Nonetheless, she says, “After a lot of thought and discussion, I decided it was an opportunity I could not pass up.” So in 2008, she began working as a part-time contract occupational therapist for the Everest Randomized Trial of Cortical Stimulation and Rehabilitation for Arm Function Following Stroke, sponsored by Northstar Neuroscience. Meanwhile, she continued to see pediatric patients part time and as she moved into other research roles, was able to continue her practice on weekends.

Connelly soon seized the opportunity to work directly for the Rehabilitation Institute, in its Sensory Motor Performance Program. She was responsible for coordinating and providing one-on-one therapy for a project focused on the development of the PneuGlove, an experimental pneumatic glove. The glove is used to assist stroke survivors refine functional grasp-and-

Connelly admired occupational therapists because “they were able to establish a connection with patients and use clinical insight to make a difference in their patients’ lives.”

release movements, either with real objects or in a virtual-reality environment.

“It was a wonderful opportunity to work with a great team of innovative and dedicated people,” she says, one to which she also brought her own therapy skills. Connelly assisted in writing a paper based on the results of the study. The paper was published in the journal *IEEE Transactions on Neural Systems and Rehabilitation Engineering*.

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# Extra duties educate, challenge CROR researchers

You might think it would be challenge enough to balance a full-time research position at a nationally renowned hospital like the Rehabilitation Institute of Chicago with a home and family.

You might be wrong about that.

For the senior staff researchers at CROR, the job doesn't end with the job. Rather, each has taken on a diverse set of extra responsibilities, for reasons ranging from the professional growth they offer to a desire to give something back to their professions.

And though it isn't easy, they say they still manage somehow to have time for their personal and family lives.

## Plays well with others

One of the most common outside commitments is involvement with professional organizations.

For example, clinical research scientist Linda Ehrlich-Jones, Ph.D., R.N., stepped down in November 2010 after serving a year as president of the Association of Rheumatology Health Professionals (ARHP), a multidisciplinary group that includes physical and occupational therapists, physician assistants, and nurses.



Ehrlich-Jones (pictured left, with her ARHP presidential gift) has been a member since 1987 and picked an interesting time to be president. "This past year, we had a lot going on," she says, because the organization was being restructured.

"I learned a lot about myself," Ehrlich-Jones says. "I think I learned to be more assertive," even while she also had to do a lot of negotiating. Overall, she says, "It's been a fairly large time commitment," about 10 percent of her weekly workload for those 12 months.

Anne Deutsch, Ph.D., R.N., also a CROR clinical research scientist, has served on two steering committees/expert panels for the National Quality Forum, a nonprofit that, among other missions, endorses national quality standards for healthcare.

One panel is the National Voluntary Consensus Measures for Clinician-Level Non-Physician Professionals, which Deutsch co-chaired in 2008. She also served for about 18 months on the Patient Outcomes Project, which ended in December 2010.

Both positions were fairly intensive and took "a high level of commitment," she says, including document review, conference calls and some travel.

Deutsch also serves on two committees for the American Congress of Rehabilitation Medicine and recently served on an expert panel for MedPAC, the Medicare Payment Advisory Commission, which advises Congress on Medicare issues.

CROR director Allen Heinemann, Ph.D., was concurrently president of the American Congress of Rehabilitation Medicine in 2004–05 and president of the Rehabilitation Psychology Division of the American Psychological Association.

"That was a very busy year," he deadpans, adding that he "would never recommend" simultaneous presidencies.

Committee work is another part of life in academia, and here too Heinemann has some extra duties, on a curriculum committee in Northwestern University's Institute for Healthcare Studies that's developing a master's program in health services research.

And despite starting at CROR only last September, research associate Al Kozlowski, Ph.D., is already serving on a committee that's developing a course on clinical outcome measurements.

Scientific journals need many experts to review manuscripts, so they're a common added professional duty.

As a deputy editor of Archives of Physical Medicine and Rehabilitation, Heinemann is deeply involved in this side of research. Though he estimates that he averages probably two to four hours a week on this post, his duties are highly varied.

He meets with the editor-in-chief and the other deputy editor monthly by phone. They complete an initial screening of submissions and either assign them to other editors, reject them, or take the papers themselves. Heinemann also helps recruit new editors.

In addition, he typically spends a couple of hours every month reviewing articles for other journals, including Rehabilitation Psychology and The Journal of Head Trauma Rehabilitation for which he serves on the editorial board.

Deutsch, too, does "a lot of review of manuscripts" for multiple journals, including The Lancet and Archives of Physical Medicine and Rehabilitation. "To do a good job," she comments, "it takes time."

## Both sides of the classroom

Working with professional associations and journals certainly helps provide an ongoing education, but for some CROR researchers the route is more direct.

In 2007, while still working on his doctorate, Kozlowski began a three-year advanced diploma program, for doctoral students and postdocs, in work disability prevention through the University of Toronto. He took a year off, but now has just one more course to finish.

Most of Kozlowski's clinical experience in his native Canada was related to workers compensation, and the program, he says, has helped him gain a broader understanding of worker disability around the world, such as how the structure of a nation's insurance system affects the nature of the problems that workers present.

Ehrlich-Jones, too, is still a student. Under a career development grant from the National Institute for Nursing Research, she recently finished a class at Northwestern called "Taking Responsibility for Responsible Conduct in Research," which covered financial, ethical, methodological and cross-cultural issues in research.

"It's been a good course," she says. "You can always learn new things."

And at the end of March, Ehrlich-Jones started taking two new classes: one on qualitative research methods and a psychology course on motivation in health behavior. The latter is directly relevant to her research project on getting people with arthritis to be more active.

A favorite way for CROR researchers to give something back is to step to the front of the classroom.

In January, Kozlowski began teaching a distance-learning course on measurement in practice, as part of a master's degree in rehabilitation science offered by the University of British Columbia, his alma mater, and McMaster University. Ten students took the course, which was intended primarily for current practitioners in physical, occupational or recreational therapy or in mental health.

Because the course used a problem-based learning approach, Kozlowski did little traditional lecturing. He mostly worked on the course at home, putting in one or two hours an evening, plus time on weekends. The class concluded in April, and though the next session starts in Septem-

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# Dr. Kenneth Ottenbacher (Continued from page one)

children with developmental disabilities children, mostly of middle-school age.

“I was interested in that population,” he says, but eventually realized that “to really have an impact, I needed more education.”

So after finishing his B.S. in health sciences (physical therapy concentration) at the University of Montana in 1972, he followed it with a second B.S., this one in occupational therapy, from the University of Central Arkansas in 1975.

Ottenbacher then picked up the pace. His next degree, an M.S. in special education and rehabilitation from the University of Tennessee, followed in 1976. “I started out with this idea of learning more about developmental disabilities,” he says, and also got heavily involved in research while working on his master’s.

He then spent two years teaching at the University of Central Arkansas, but Ottenbacher’s sights were set still higher. Bitten by the research bug, he realized that to work in research full-time, he really needed a doctorate.

He completed a Ph.D. in special education/mental retardation at the University of Missouri in 1982, having worked as an occupational therapist while earning the degree.

While finishing his doctorate, Ottenbacher became an assistant professor in the Department of Occupational Therapy at the University of Wisconsin – Madison. “From there on, I just did the academic thing,” he says. “It was a wonderful environment,” with a very strong research focus.

In early 1990, Ottenbacher’s career took another turn, when he moved to what is now the University at Buffalo – State University of New York. He’d been recruited to be the associate dean for academic affairs at the School of Health-Related Professions. His role in this administrative post, Ottenbacher says, was to “create a research environment” and develop graduate programs.

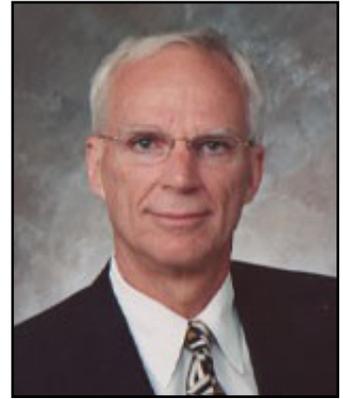
Ottenbacher later transferred to the university’s Department of Rehabilitation Medicine as the associate director of the Center for Functional Assessment Research.

In late 1995, he moved to Galveston and the University of Texas Medical Branch (UTMB), where he’s been able to combine all the threads of his career.

For five years, Ottenbacher held the administrative post of vice dean, but in 2000 he created the Division of Rehabilitation Science within the School of Health Professions, became its first director and established a doctoral program.

He still holds that position and is also UTMB’s senior associate dean for graduate education and research and associate director of the Sealy Center on Aging. He spends

about 50 percent of his time on research, 20–30 percent on administration, and the rest on teaching and other duties, Ottenbacher says, but he also still keeps his occupational therapy license current.



His current research projects include studies using data from the Hispanic Established Populations Epidemiological Studies of the Elderly, a large population-based study of older adults. Funded by the National Institute on Aging, the study has been going on since the early 1990s, having begun as a look at “the natural history of aging,” Ottenbacher says, and evolved to focus more on frailty and comorbidities.

He’s also the principal investigator of the Center for Rehabilitation Research using Large Datasets, in collaboration with, among others, CROR’s Dr. Allen Heinemann and Dr. Anne Deutsch. [See the Fall 2010 CROR Outcomes.]

At CROR, Ottenbacher also serves on the Center’s advisory committee and works on rehabilitation outcomes projects with Deutsch. And at the end of March, Ottenbacher was the NIDRR invited lecturer for the Center’s annual lecture on rehabilitation outcomes and measurement.

Heinemann has known Ottenbacher since the late 1980s and calls his long-time collaborator “one of the most thoughtful, insightful researchers I know, one who’s also very good at the grant-writing game.”

Deutsch has worked with Ottenbacher since 1992 and says that with his breadth of experience, he’s skilled at helping colleagues clarify difficult issues. “He is a very strong mentor,” she adds. “He has taught lots of people to be researchers.”

Finally, family is another place where Ottenbacher is a long-distance traveler; he and wife Margaret have been married for 35 years. She’s a nurse-practitioner with a doctorate in nursing and directs the Clinical Research Center at UTMB.

Their older daughter is a dietician in a teaching-and-administration post at the University of Arizona in Tucson. The younger daughter earned a master’s in biostatistics and just completed a Ph.D. in epidemiology at the University of Texas School of Public Health.

Oh, and Ottenbacher’s hobby? He runs marathons, 38 of them — so far.

## Acknowledgements

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# Quality Measures for post-stroke rehabilitation (Continued from page one)

Stroke is one of the most common diagnoses for patients undergoing inpatient rehabilitation, says Deutsch, more than 85,000 patients per year receive inpatient rehabilitation care following a stroke.

The project's eventual goal is recommendations for quality measures that can be used in post-stroke rehabilitation care.

CROR director Allen Heinemann, Ph.D., who is also an investigator on the project, says such quality measures will let rehabilitation hospitals and units compare themselves to their peers and let patients compare facilities with each other.

## Healthcare reform and quality measures

A main driver of the current focus on patient outcomes is recent healthcare reform legislation.

"A segment of healthcare reform focused on improving the quality of care in the U.S.," Deutsch says, adding that "In general, healthcare reform pushes a lot more transparency" about quality and outcomes.

The problem, she points out, is that "In healthcare, unfortunately, it isn't all that easy to define good care based on available data."

Easy or not, the clock is counting down to when quality measures won't be merely optional. The Patient Protection and Affordable Care Act of 2010 mandates that no later than Oct. 1, 2012, the Secretary of Health and Human Services will select and publish quality measures for inpatient rehabilitation, Deutsch notes.

Further, starting in federal fiscal year 2014, every inpatient rehabilitation facility will be required to submit data on quality measures, with a penalty for noncompliance.

Compounding the situation, Heinemann points out, is the state of the field: "Rehabilitation medicine has lagged behind other medical specialties in developing quality measures."

He adds that stroke patients are a good group to start with, simply because of the large numbers involved.

## No shortage of possibilities

There's plenty of potential ground for this project to cover. For example, Deutsch references the Structure-Process-Outcomes model for quality assessment developed by the late Avedis Donabedian.

Structure measures track whether a particular mechanism or system is in place. For example, is a physician board-certified? Is a hospital accredited?

Process measures track performance of a particular action. For example, is each stroke patient evaluated for problems with swallowing?

Outcomes measures refer to the end results of care, the desirable or undesirable changes in individuals. For example, did the patient's functional status improve? Did the patient get an avoidable complication?

Slicing the territory a different way, the project's aims are threefold. To address the need and opportunity to develop quality measures that can be used to document the quality of care provided to patients with stroke undergoing rehabilitation, the study will:

1) Identify candidate quality measures for post-stroke rehabilitation that are currently used or endorsed for use.

2) Evaluate the importance, scientific acceptability, usability and feasibility of candidate quality measures using criteria from the National Quality Forum <[www.qualityforum.org](http://www.qualityforum.org)>.

3) Disseminate quality measures to clinicians, the Centers for Medicare and Medicaid Services, private payers and consumer organizations.

To get the project under way, the team, which includes project manager Holly DeMark Neumann, plans to review the scientific and "gray" literature, convene a technical expert panel and conduct a modified Delphi survey to rate and rank possible quality measures.

In the project's early phases, Heinemann says, the team will decide which aspects should be studied, with possibilities including functional status measures and discharge destination.

The project is funded by the National Institute on Disability and Rehabilitation Research and is scheduled to run from October 2010 through September 2013. Pimjai Sudsawad, PhD is the NIDRR project officer.

## The strategic side

The reason all this matters is simple, Deutsch says: "We need to have good quality measures so that we can evaluate our performance. Reporting data to the public means that hospitals really pay attention to the data, and this transparency seems to improve patient care."

Exactly how that happens is a bit indirect, she adds. According to a study by Dr. Constance H. Fung and colleagues that was published in *Annals of Internal Medicine* in 2008, although public reporting was not associated with higher use of quality information for selecting health providers by the public, it did nevertheless stimulate hospitals to engage in quality-improvement activities.

The reason for this seeming disconnect, Deutsch says, is that insurers pay more attention to quality and outcomes data than patients or even employers do. "There's definitely a reputation angle" that hospitals pay attention to, she says.

More evidence of the power of transparent healthcare quality data is plain in an article that appeared in *The Wall Street Journal*.

Under the headline "Data Spur Changes in VA Care," the article began: "Hospitals serving U.S. military veterans are moving fast to improve care after the government opened a trove of performance data—including surgical death rates—to the public."

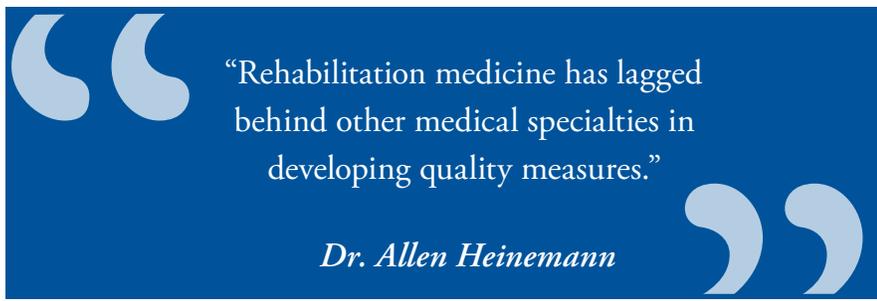
"The U.S. Department of Veterans Affairs in November started posting online comparisons of the nation's 152 VA hospitals based on patient outcomes: essentially, how likely patients are to survive a visit without complications at one hospital compared with the rest...."

"... the quick response by some poor-performing VA hospitals underscores the potential impact of releasing such data."

After noting specific improvements made by hospitals whose scores were behind the curve, the article points out, "The same sort of information is nearly impossible for most Americans outside of the VA system to get."

"Medicare, the nation's largest medical-insurance program, publishes risk-adjusted death rates only on patients suffering from congestive heart failure, heart attacks and pneumonia...."

Once this new CROR project is completed, patients, insurers and others should be a step closer to having measures that will help them find the best rehabilitation care for stroke survivors.



# Lauri Connelly, Research OT, continued from page 2

## High tech and hands-on

After the study concluded three years ago, Connelly moved to CROR, where she's currently carrying out varied roles in four research efforts. "I enjoyed the work I was doing, but I was also ready for new challenges and took advantage of the opportunity to contribute in a different way."

Lauri currently coordinates a research study, The Use of Pelvic Ultrasound to Investigate the Etiology of Pregnancy Related Pelvic Girdle Pain, being conducted by Dr. Colleen Fitzgerald, Director of the Women's Health Rehabilitation Program. Connelly serves as the Clinical Research Coordinator, organizes the entire effort, and ensures the study meets all regulatory requirements.

In another CROR study, Motivational Interviewing and Healthy Lifestyle Behavior Change in Arthritis, Connelly serves as the project's "Healthy Lifestyle Coach" and has been instrumental in updating the Arthritis Comprehensive Treatment Assessment, which guides the study's intervention.

She will see each participant (who has either rheumatoid arthritis or osteoarthritis) twice. In these sessions, she will explore the participant's motivation and ambivalence about becoming more physically active. Together, they will determine physical activity goals that address identified barriers to being active, such as fatigue, pain or a lack of time.

Linda Ehrlich-Jones, Ph.D., RN is Connelly's supervisor in CROR. She first worked with Connelly a few years ago, when Ehrlich-Jones was the project manager on a study that evaluated ways to increase physical activity in arthritis patients.

"As an occupational therapist," Ehrlich-Jones says, Connelly "has a lot of background and experience in working with this patient population."

Moreover, Ehrlich-Jones adds, in the current study,

"She has a lot of good ideas for improving the intervention," which goes beyond just motivational interviewing.

In the Development of Quality Measures for Post-Stroke Rehabilitation study [see "Quality Measures," page 1], Connelly helps define quality measures that would be appropriate for use in an inpatient rehabilitation setting specifically for stroke.

CROR clinical research scientist Anne Deutsch, Ph.D., R.N., the study's principal investigator, says that with Connelly's backgrounds in occupational therapy and research, "She is a perfect person to work on the Quality Measures project." Deutsch especially praises Connelly's ability to understand both the clinical and scientific sides of a published paper.

Finally, in Enhancing Quality of Prosthetic and Orthotic Services with Process and Outcome Information, a project jointly undertaken with Northwestern University's Prosthetic and Orthotic Center, Connelly is also the study coordinator. Her recent tasks included writing an article for the Prosthetic and Orthotic Center's newsletter, and in June she spoke at a meeting of the Midwest Chapter of the American Academy of Orthotists and Prosthetists.

Connelly currently lives in Chicago's Little Italy neighborhood with her husband of five years, Mike. Connelly enjoys that she's still learning on the job; she likes research and being at the Rehabilitation Institute, with its vision of connecting clinicians to current research. She looks forward to contributing to RIC's mission of advancing human ability through science and research.

"I never dreamed my career would have gone in this direction, but I'm very glad it did!"

## Recent CROR Dissemination Activities

### Manuscripts

Kalpajian CZ, Houlihan B, Meade MA, Karana-Zebari D, **Heinemann AW**, Dijkers M, Wierbicky J, Charlifue S. **Marital Status, Marital Transitions, Well-Being and Spinal Cord Injury: An Examination of the Effects of Gender and Time**. *Archives of Physical Medicine and Rehabilitation*, 2011 Mar; 92(3): 433-40.

Marciniak, C., Choo, C., Toledo, S., **Semik, P.** & Aegesen, A. **Do Co-Morbidities and Cognition Impact Functional Change and Discharge Needs in Parkinson Disease?** *American Journal of Physical Medicine & Rehabilitation*, 2011 Apr; 90(4): 272-280.

Qu H, Chen Y, **Deutsch A**, Shewchuck RM. **Impact of Medicare's Prospective Payment System on Acute Rehabilitation Outcomes of Patients with Spinal Cord Injury**. *Archives of Physical Medicine and Rehabilitation*,

2011 Mar; 92(3): 346-51.

Stenson K, **Deutsch A**, **Heinemann AW**, Chen D. **Obesity and Inpatient Rehabilitation Outcomes for Patients with a Traumatic Spinal Cord Injury**. *Archives of Physical Medicine and Rehabilitation*, 2011 Mar; 92(3): 384-90.

Whiteneck G, Gassaway J, Dijkers M, Lammertse D, Hammond F, **Heinemann AW**, Backus D, Charlifue S, Ballard P; Zanca J. **Inpatient and post-discharge rehabilitation services provided in the first year after spinal cord injury: Findings from the SCIRehab study**. *Archives of Physical Medicine and Rehabilitation*, 2011 Mar; 92(3): 361-8.

See more at:

<http://www.ric.org/research/centers/cror/publications/index.aspx>

# CROR researchers, continued from page 3

ber, Kozlowski might not have time to teach it again, since he'll be taking "a couple of heavy-duty statistics courses" this fall.

Kozlowski is concerned about the lag time before the increasing number of outcomes measures goes into actual use by physical therapists. "If I can convince even one person to think more broadly about their practice," he says, "I think I've made a contribution."

That's very much how Deutsch feels about being a mentor for medical residents at the Rehabilitation Institute. She meets with her mentees periodically to answer questions about research methods and literature or even to assist with research, depending on the exact relationship.

"I love working with people who are learning," she says. "The learning goes both ways."

## When too much is barely enough

Taken together, all these extras (and there are even more) raise an issue that many professional people wrestle with: When is enough, enough? All of the researchers in this article say they worry about when and how to say "No" to yet more volunteer opportunities.

Kozlowski says he usually doesn't realize he's overcommitted until after the fact, though he's getting better at seeing that point coming.

"It is terribly difficult" to say no, says Ehrlich-Jones, as a health professional you want to help others." She, too, says she's getting better at saying no and probably is less overcommitted now as a result.

Deutsch says that when she feels overcommitted at times, she thinks back to her own mentors, who went the extra distance for her.

As part of maintaining work-life balance, several of our researchers make sure they find time for exercise. For example, Ehrlich-Jones makes a

point of exercising six or seven days a week.

Chicagoans Kozlowski and Heinemann both commute to work by bicycle. Kozlowski was an avid cyclist and bike racer when he lived in Vancouver, riding 200 to 500 km a week. He recently joined a bike club here and ordered a new bike.

"That's part of balance," he says.

He notes that this form of exercise actually saves him time. At 22 minutes door to door for a six-mile one-way commute, he says, "I can make it faster than the bus."

By coincidence, Drs. Deutsch and Ehrlich-Jones both live in the far western suburbs, Deutsch in Naperville and Ehrlich-Jones in Aurora, and in fact they take the same commuter train to work.

Each has a commute that runs close to two hours one way, but the long ride on a commuter train presents an opportunity to be productive. Deutsch often uses that time to edit papers.

Though all the researchers seem to carry a smartphone or BlackBerry in addition to a laptop, sometimes the old-fashioned way also works.

"I just carry papers with me all the time," says Heinemann, so he can work on them when he has an hour free.

Paradoxically, several of the researchers say they value the flexibility their busy, fragmented schedules give them. Deutsch mentions that being able to do things like attend her 10-year-old son's recent band concert is a real upside, compared to having a more rigid schedule.

Retaining balance, it seems, is all about setting limits.

For Ehrlich-Jones, that often means not taking her laptop on the train. "If I carry it, I'm going to use it," she says. "Sometimes, it's nice to just relax."

## Upcoming Conference on Quality Measures for Rehabilitation: Policy, Provider and Patient Perspectives

Dr. Anne Deutsch is pleased to announce a pre-course to the American Congress of Rehabilitation Medicine - American Society of Neurorehabilitation Annual Conference in Atlanta this October. "Quality Measures for Rehabilitation: Policy, Provider and Patient Perspectives," will be held Wednesday, October 12, 2011 at the Hyatt Regency Atlanta.

This course is a timely addition to the national conversation: The Patient Protection and Affordable Care Act of 2010 requires the Secretary of Health and Human Services to publish quality measures for inpatient rehabilitation hospitals and units by October 1, 2013 and data on these quality measures will be submitted to CMS starting in fiscal year 2014.

The course will begin with a review of the key characteristics of a quality measure, including the review criteria (importance, scientific acceptability, usability and feasibility) used by the National Quality Forum.

The second segment will include a review of the current status of quality measures from several perspectives. Dr. Barbara Gage will discuss the public policy perspective. Ms. Suzanne Snyder will discuss work underway by the rehabilitation industry through the Quality Committee of the American Medical Rehabilitation Providers Association (AMPRA), and Ms. Holly Neumann will summarize research describing the public's response to rehabilitation quality measures.

The third segment of the course will focus on data collection and data analysis challenges. This will include presentations focused on several case-mix adjustment approaches and challenges in defining adverse events occurring in inpatient rehabilitation programs.

The final segment of the course will include a panel of researchers who will discuss possible future policy changes that would affect rehabilitation care and potential research opportunities related to these changes. Topics include proposals that bundle acute and post-acute care presented by Dr. Gerben DeJong, updates on the CARE tool, and potential unintended consequences. Participants will have time for discussion with course faculty.

### Registration:

Please visit [www.acrm.org](http://www.acrm.org) to find out about registration. For more information about the pre-course, please contact Dr. Deutsch at [adeutsch@ric.org](mailto:adeutsch@ric.org).

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