




Peoplefirst Government Affairs Update

By Ray Sierpina
Director of Government Relations

With the moratorium on the Medicare Part B outpatient therapy cap set to expire on December 31, 2005, long-term care and therapy service providers are working together to advocate common sense solutions to avert the implementation of the therapy cap on January 1. Understanding that the therapy cap undermines quality patient care, and is generally considered poor public policy, members of Congress from both sides of the aisle understand our concerns and are working with us to legislate possible solutions.

The difficulty in enacting comprehensive reforms, however, can be linked to the economic realities of the federal budget process. Currently, Medicare Part B therapy services cost the government between \$700-\$800 million per year. With deficits on the rise and the President and other fiscal conservatives eager to slow the rate of Medicare entitlement spending, it is likely that some type of financial limitation will be put into place regarding the prescription of Part B therapy services.

While this does not mean we will abandon our position in advocating for additional resources required to provide these services, it does mean that we will continue to evaluate alternative solutions that will comport with the administration's desire for fiscal restraint and our goal of ensuring that quality patient care is not sacrificed as a result.

As we move into the late summer and early fall months, grassroots advocacy will be more critical than ever. When the time comes to ask our federal legislators to support outpatient therapy legislation, I hope we can count on your continued support. 



Medicare Part B



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It's All About Putting People First.



Rehab and Your Interdisciplinary Team Can Overcome Urinary Incontinence

Urinary incontinence affects 25 million Americans, mainly persons 65 and older. It is the second leading cause for placement in a nursing home.

Urinary incontinence is an involuntary loss of urine, which is severe enough to be a social or hygienic problem. The causes of incontinence include multiple pregnancies, high impact physical activity, immobility, diminished mental status, medications, smoking, environmental barriers, low fluid intake and diet. Incontinence impacts a resident's quality of life through decreased socialization and embarrassment, and also interrupts the resident's sleep, leading to fatigue. It increases the risk of falls and skin breakdown, as well as the burden of care and the possibility of abuse from family and caregivers.

Depending on the type of urinary incontinence a patient may have, the rehab team can effectively help treat patients by using one or more of the following treatment options:

- behavioral interventions
- pelvic muscle exercises (PMEs)
- adaptive equipment
- gait and balance training
- ADL and functional mobility training
- electrical stimulation


CMS program memorandum recognizes the use of electrical stimulation in the treatment of stress and/or

urge incontinence after the resident has failed a documented four-week trial of an ordered plan of PME training to increase periurethral muscle strength. Implementation of PME's while the resident is already receiving skilled rehab and nursing services, ensures the success of the resident and center in improving the outcome of the continence management program.

For further information, please go to the following links:

http://cms.hhs.gov/manuals/pm_trans/AB00120.pdf

http://cms.hhs.gov/manuals/pm_trans/AB01135.pdf

To learn more about effective ways to treat urinary incontinence in your center, please contact your Peoplefirst Rehab Representative at 1.800.545.0749 ext. 7640. 



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