VitalStim Therapy in IRF February 11, 2010

VitalStim Therapy in Inpatient Rehab

VitalStim Therapy is the use of neuromuscular electrical stimulation (NMES) during dysphagia therapy. Patients exercise their swallowing muscles while simultaneously receiving transcutaneous electrical stimulation applied through surface electrodes attached to the skin over the anterior neck. This use of NMES is FDA cleared and proven to be safe and effective, especially in stroke and deconditioned patients. Therapists receive special certification training to ensure competency.

Dysphagia has significant cost impact

- 20% of adult primary care patients seeking unrelated medical care have symptoms of dysphagia of which 46% had not reported problem to their physician¹
- Up to 65% of stroke patients have dysphagia²⁻⁵
- Fluid intake is insufficient in dysphagic patients following stroke⁶
- Dementia and dehydration are significant risk factors for pressure ulcer incidence⁷
- Direct charges associated with tube feeding over 1 year are estimated at approximately \$30,000 (much of this cost incurred during hospital stay)⁸
- Quality of life and ability to participate in therapy are severely affected as a result of dehydration and malnutrition⁹

Treatment of dysphagia is directly related to improved function

- Swallowing treatment improves swallowing function, and improved swallowing function is associated with improvements in nutritional parameters¹⁰
- Thickened liquids do not alter the rate of water absorption in the gut¹¹
- Better nutrition leads to better exercise performance and prevents energy depletion as a result of rehabilitation of the compromised patient¹²

Cost benefit of using VitalStim Therapy

- VitalStim Therapy is effective to treat dysphagia, especially in IRF setting^{13, 14}
- Improved hydration and nutrition is directly correlated with improved patient outcomes and direct cost benefits (decreased associated costs and complications)
- Improved patient participation in therapy leads to better outcomes and faster discharge¹⁴
- Decreased number of patients on modified diets
- Improved staff and patient satisfaction¹⁵

Benefits of implementing VitalStim Therapy Program

- \checkmark length of stay
- \uparrow patient admissions
- ↑ marketability
- \uparrow patient's participation in therapy
- ↑ patient outcomes
- \checkmark cost of dysphagia supplies
- \checkmark reliance on tube feeding









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Cost impact study

Figure 1 below shows a typical scenario in an Inpatient Rehab Facility. In this case study, the facility has 60 inpatient beds with an average occupancy of 50 filled beds. The percentages of dysphagia patients are in line with national averages. The savings are based on a reduction in length of stay and an avoidance of cost associated with dysphagia. This facility realized a net positive impact on the bottom line of \$4,366 per month and a healthy ROI. The investment was recouped within the first few months.

stimate of cost impact prepared for:	IRF	
Demographics		
Total number of IP beds	60	
Average occupied beds	50	
% of stroke pts	50%	
% of stroke pts with dysphagia	50%	
% of other neuro pts	5%	
% of other neuro pts with dysphagia	50%	
Total number of pts with dysphagia	13.8	
Average cost per patient day	\$ 640.00	
Additional cost per dysphagia day	\$ 200.00	
Initial investment		
Training SLP staff (@ \$745.00)	1 \$	745.00
Handheld units (@ \$1,595.00)	2 \$	3,190.00
Experia (@\$13,880)	1 \$1	\$13,880.00
Savings per month	Days	
Decreased length of stay	2 \$	5,500.00
Decreased cost per patient day	1 \$ 2	2,750.00
Net monthly say	/ings: \$ 4,366.44	
Annualized sav	/ings: \$52,397.32	

Figure 1: Cost Impact in typical IRF





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