

July 27th, 2021

America's Best Physical Rehabilitation Centers 2021 – Methodology

Table of contents

1	Introduction	1
1.1	Included States	1
1.2	Scope of Facilities included in the Survey.....	2
2	Scoring Model	2
2.1	Calculation of Reputation Score	3
2.2	Calculation of Quality Score	4
2.3	KPI Data Score	5
2.4	Calculation of KPI Data Score.....	6
2.5	Model Systems.....	7
2.6	CARF	7
2.7	Overall Rating and State Rank	8
3	Disclaimer	8

1 Introduction

“America’s Best Physical Rehabilitation Centers 2021” highlights the nation’s top inpatient rehabilitation facilities (IRFs) based on quality of care, quality of service, quality of follow-up care and accommodation & amenities. Facilities in the 25 states with the highest number of inpatient rehabilitation facilities - according to the Centers for Medicare & Medicaid Services (CMS) - were part of this study.

1.1 Included States

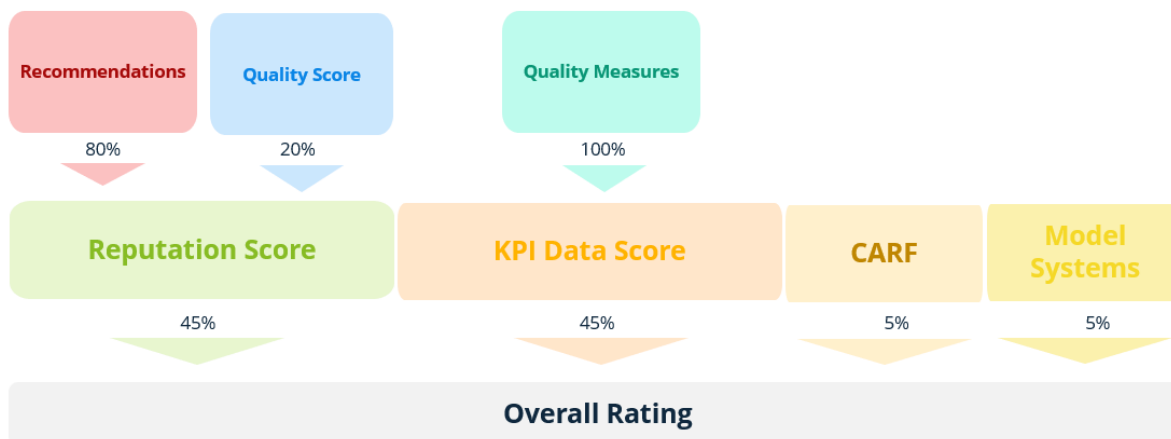
The following states were included in the analysis:

- Alabama
- Arizona
- Arkansas
- California
- Colorado
- Florida
- Georgia
- Illinois
- Indiana
- Kansas
- Kentucky
- Louisiana
- Michigan
- Missouri
- New York
- North Carolina
- Ohio
- Oklahoma
- Pennsylvania
- Tennessee
- South Carolina
- Texas
- Virginia
- Washington
- Wisconsin

1.2 Scope of Facilities included in the Survey

Inpatient physical rehabilitation centers are included, centers which offer outpatient physical rehabilitation services only were excluded. The physical rehabilitation centers were identified according to the definition of Inpatient Rehabilitation Facilities (IRFs) by CMS. IRFs are free standing rehabilitation hospitals and rehabilitation units in acute care hospitals. They provide an intensive rehabilitation program and patients who are admitted must be able to tolerate three hours of intense rehabilitation services per day. CMS collects patient assessment data only on Medicare Part A fee-for-service patients. On average, the top 20% of facilities were awarded per state (230 nationwide). This number is based on the number of facilities within the specific state that meet the aforementioned requirements and therefore varies among the individual states¹. The state of Texas had the most physical rehabilitation centers awarded with 28, while Wisconsin is represented with five physical rehabilitation centers.

2 Scoring Model



To rank the facilities, a score was calculated for each inpatient rehabilitation facility which was part of the analysis. The total score is based on several sub-scores: the reputation

¹ For states where ranking the top 20% of facilities would result in fewer than 5 facilities, the top 5 facilities were awarded, resulting in a maximum share of 27% per state.

score, the KPI data score, and possible bonuses from CARF accreditations and Model System awards, which will be described in the following section.

2.1 Calculation of Reputation Score

The reputation score is based on two sub-scores, for recommendations and for quality (as perceived by survey participants). In cooperation with Newsweek, Statista invited thousands of medical experts (physicians, therapists, medical doctors, administration & staff working in physical rehabilitation facilities) to an online survey. Additionally, experts from all over the US were able to participate in the survey of the “Best Physical Rehabilitation Centers by State” on newsweek.com. All data was collected by Newsweek and Statista during the survey period from May to July 2021. It was mandatory to perform an email verification and self-recommendation was not possible (e.g. a recommendation of the physical rehabilitation centers someone worked for was not counted in the evaluation).

Participants were asked to name up to five of the best physical rehabilitation centers in their respective state. They were asked to recommend physical rehabilitation facilities by considering the quality of care, quality of service, quality of follow-up care and accommodations & amenities.

Entry of recommendations was aided by an autocomplete function, which showed physical rehabilitation facilities based on the letters entered. It was also possible to recommend any physical rehabilitation center that was not proposed by the autocomplete list. For the participation in the survey on newsweek.com it was mandatory to perform an email verification. Recommendations for physical rehabilitation centers that a participant works for (self-recommendations) were excluded from the analysis.

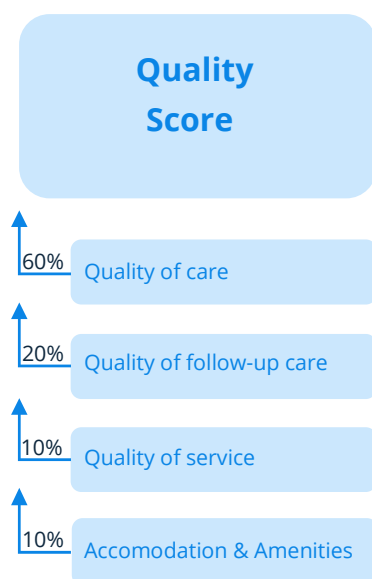
Recommendations received different weights depending on the order in which they were given, with the first recommendation being assigned the highest weight. Recommendations of physical rehabilitation centers that were stated as the best

physical rehabilitation center in a state received a 33% higher weight than those recommendations that were stated as the fifth best physical rehabilitation center. In addition, participants were asked to assign ranks (Top 1, Top 5, Top 10, etc.) to a list of physical rehabilitation centers from their own state. A score was assigned to each physical rehabilitation center based on the number of weighted recommendations. Recommendations constitute 80% of the overall reputation score (as depicted above).

2.2 Calculation of Quality Score

Participants were asked to rank different criteria which influence the quality of rehabilitation facilities during last year's survey. Participants were asked to differentiate between these variables:

- Quality of care (e.g. treatments/ therapies, consultation with doctor/ therapist)
- Quality of service (e.g. meals, leisure activities)
- Quality of follow-up care (e.g. outpatient therapies)
- Accommodation & Amenities (e.g. size of room, quality of furnishing)



The quality dimensions were shown to participants in a randomized order in the survey. Based on the reported importance of each quality dimension a quality score was assigned using the following weights: 60% Quality of care, 20% Quality of follow-up care, 10% Quality of service and 10% Accommodation & Amenities. The same weights were applied this year to keep the definition of the quality score consistent.

For each recommended center the participant rated the four quality variables on a scale from 1 ("Very poor") to 7 ("Excellent"). A quality score was assigned to each physical rehabilitation center based on the weighted average of these ratings. The Quality Score contributes 20% towards the overall recommendation score (as depicted above).

2.3 KPI Data Score

The U.S. Centers for Medicare & Medicaid Services (CMS) publishes KPI data for physical rehabilitation centers. The KPI data includes the following measures:

- Measure 1: Catheter-associated urinary tract infections (CAUTI) - Standardized infection ratio (SIR) (A/B)
- Measure 2: Percentage of patients whose functional abilities were assessed and functional goals were included in their treatment plan - Facility rate
- Measure 3: Patients' ability to care for themselves changed between facility admission and discharge - Average Risk - Adjusted Change Score
- Measure 4: Patients' ability to move around changed between facility admission and discharge - Average Risk - Adjusted Change Score
- Measure 5: Percentage of patients who achieve or exceed a self-care ability expected for their condition at discharge - Facility rate
- Measure 6: Percentage of patients who achieve or exceed the level of movement expected for their condition at discharge - Facility rate
- Measure 7: Percentage of IRF patients who experience one or more falls with major injury during their IRF stay - Facility rate
- Measure 8: Clostridium difficile Infection (CDI) - Standardized infection ratio (SIR) (A/B)
- Measure 9: Influenza Vaccination Coverage Among Healthcare Personnel - Rate of flu vaccination
- Measure 10: Rate of potentially preventable hospital readmissions 30 days after discharge from an IRF - Risk-Standardized Potentially Preventable Readmission rate
- Measure 11: Rate of potentially preventable hospital readmissions during the IRF stay - Risk-Standardized Potentially Preventable Readmission Rate
- Measure 12: Rate of successful return to home and community from an IRF - Risk-Standardized Discharge to Community Rate

- Measure 13: Medicare Spending Per Beneficiary (MSPB) in IRFs - MSPB Score
- Measure 14: Percentage of patients whose medications were reviewed and who received follow-up care when medication issues were identified - Facility rate
- Measure 15: Percentage of patients with pressure ulcers/injuries that are new or worsened - Facility risk-adjusted rate

Inpatient Rehabilitation Facility Compare data is based on the most recently released dataset, downloaded on May 18th, 2021. Further information about the CMS Inpatient Rehabilitation dataset is available at:

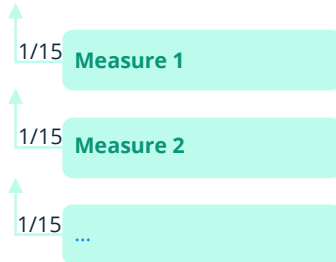
https://data.cms.gov/provider-data/sites/default/files/data_dictionary/IRF-Data-Dictionary.pdf

For a facility to receive a KPI data score it must have reported a minimum of 4 measures within the reporting period. Facilities that have reported fewer measures did not receive a KPI data score. In that case the rating for these centers is based on the reputation survey score only.

2.4 Calculation of KPI Data Score

Statista used CMS data to determine the KPI score of physical rehabilitation centers. Since the number of available KPI measures varies for each facility, the weight for each measure can also be different. If a facility reported the maximum of fifteen KPIs, each measure makes up 1/15 of the total score. For a facility with the minimum amount of four measures available, each of them accounts for 25% of the total score.

Quality Measures



The KPIs related to the quality of treatment and medical conditions are reported by CMS as risk-standardized measures, allowing for a comparison of facilities, even if the patient groups are varying in terms of comorbidities, demographics, etc.

For each of the fifteen KPIs, a sub-score was calculated. The facility that achieved the best result in one individual measure (e.g. lowest infection rate or highest influenza vaccination

coverage among healthcare personnel) received 100% for the respective sub-score. The different sub-scores were then weighted as described above and used to calculate the total KPI data score.

2.5 Model Systems

The Model Systems are funded by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR).² Model Systems are specialized programs of care and available in the areas of spinal cord injury (SCI), traumatic brain injury (TBI) and burn injury (Burn). The aim is to provide high quality research and patient care to improve the health and overall quality of life of people with TBI, SCI and burn injuries. Facilities receive a 5% bonus if they have one or more model system designations awarded by NIDILRR.

2.6 CARF

The acronym CARF stands for Commission on Accreditation of Rehabilitation Facilities. The accreditation is provided by the nonprofit organization CARF International. Medical rehabilitation programs are accredited in a wide range of facilities and specialties. To achieve accreditation, a provider is required to commit to quality improvement, focus on

² <https://msktc.org/>

the unique needs of each person the provider serves, and monitor service outcomes.³ Facilities receive a 5% bonus if they have an accreditation for rehabilitation programs by CARF.

2.7 Overall Rating and State Rank

The overall rating is the weighted average of the reputation score, the KPI data score, the Model System score and the CARF score. The weight for the reputation score is 45%, the CMS based KPI data score is weighted equally with 45%. The Model System score and the CARF score are weighted equally with 5% towards the total score of each facility⁴. Subsequently facilities were ranked within their respective state based on their total score achieved.

3 Disclaimer

The ranking is comprised exclusively of physical rehabilitation centers that are eligible regarding the above-mentioned scope. The ranking was created through an elaborate process. The information provided in this ranking should be considered together with other information about physical rehabilitation centers or, if possible, accompanied by a visit to the facility. The quality of physical rehabilitation centers that are not included in the list is not disputed.

³ <http://www.carf.org/home/>

⁴ For centers without KPI data from CMS the rating is based on the reputation score only. This also applies to Model Systems or CARF accreditation.