

perspectives

for PTs and PTAs in the first 5 years of their careers
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Spring 2019



Measures Make The Difference

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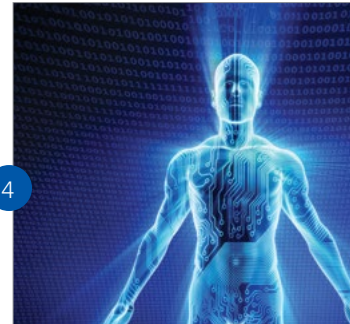
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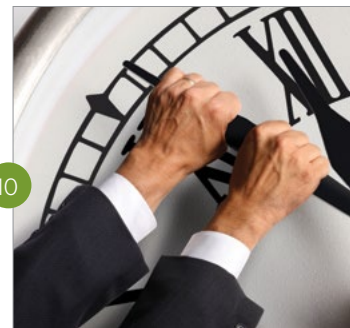
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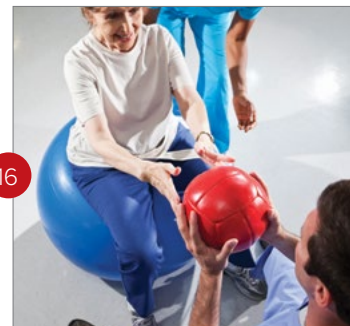
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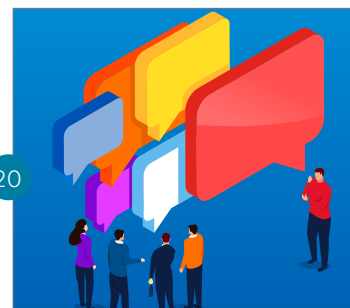
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Measures Make The Difference

Discover the importance of showing the true value of physical therapy.

By Katy O'Grady

Your data has power. Every day, physical therapists (PTs) and physical therapist assistants (PTAs) use data from patient measures to guide their treatment decisions. But those measures—and, in fact, every piece of information that goes into a patient's chart—can do more. Data can demonstrate your efficacy and the value of physical therapy on a broad scale. And as value-based payment, merit-based incentives, and interprofessional care teams become more prevalent, communicating the impact of physical therapy will be crucial.

PTs and PTAs play a vital role in patient outcomes across an entire episode of care—and a patient's life. For those early in their career, "it's going to become very important to say, 'I help manage people over a lifetime,'" said Paul Rockar, PT, DPT, CEO of the UPMC Centers for Rehab Services in Pittsburgh, Pennsylvania. When a PT or PTA helps a patient's situation, such as overcoming low back pain, and becomes "their go-to person to keep in touch and



Mike Osler



Paul Rockar

help them manage that problem," Rockar said, the practitioner's information about that success is a significant selling point. "We've realized that a lot of health care providers still may not fully understand what happens in physical therapy," said Mike Osler, PT, vice president of growth and development for Rock Valley Physical Therapy, an orthopedic practice across Iowa and Illinois. "Frequently, it's 'I didn't know you guys treated fill-in-the-blank.'" Rock Valley Physical Therapy has used case data to demonstrate how

10 or 12 physical therapy visits can increase a patient's level of functionality to 80% or 90%.

"A lot of times we make assumptions that people know what we do or what we can bring," said Heather Smith, PT, APTA's director of quality initiatives. She encourages early-career practitioners to



Bud Langham

feel empowered and understand their role in educating others about what PTs and PTAs do and the benefit they bring to the health care team. "Everybody needs to understand what kind of outcomes can be derived from the type of evidence-based care that we do," said Bud Langham, PT, chief clinical officer of Encompass Health's home health and hospice division.

Across the episode of care, Smith emphasizes tracking not only factors PTs and PTAs affect directly, such as function in activities of daily living, but also tracking how they help the health care team ensure patients' successful transitions to other health care settings or how physical therapy might help a patient stay at home and avoid a readmission. "Collecting data and being able to look at that data on a regular basis is critical to understanding our role and the value that we bring," she said. Rockar agrees: "Data is going to be what you really need to show your value."

APTA provides extensive resources and continuing education on outcome measures in patient care (see www.apta.org/OutcomeMeasures/).

Early-career PTs and PTAs can be central to a practice's success in fully understanding outcomes data. "It's important for our new grads to be on board with wanting to measure performance and standardize how we collect information so we can honestly represent an episode of care and make sure we're doing it



Randy Boldt

in a consistent, reliable manner,” said Randy Boldt, PT, CFO of Rock Valley Physical Therapy.

Peyton Fandel, PT, of Columbus Orthopaedic Clinic in Columbus, Mississippi, has been a PT for just under 5 years. The practice participates in the Physical Therapy Outcomes Registry, APTA’s platform that analyzes a practice’s EHR data and benchmarks patient outcomes. Physical therapists can view their performance metrics in an easy-to-use dashboard and use these insights to improve their practice. Using the registry helps the practice “make sure we’re going in the right direction, we’re recording the right things, keeping us a step ahead,” Fandel said. The



Peyton Fandel

registry allows providers to track their data and outcomes over time, providing a longitudinal view of their outcomes and of patient populations. “If they see an area where they have an opportunity for improvement, they would be able to change something about the delivery of care and then be able to follow that measure out over time to see how they’ve impacted it,” Smith said.

(Read more about the Physical Therapy Outcomes Registry at www.ptoutcomes.com/home.aspx.)

The increased use of data is a cultural change in health care, Smith said. Although PTs and PTAs collect extensive data in practice with patients, it typically is used only at the individual level to evaluate the plan of care. But a larger picture of the outcomes a practitioner and a whole practice achieve is essential for value-based health care.

Promoting the Profession

Promotion begins when PTs and PTAs “do your job and do it well,” Langham said. Clinicians can then share outcomes data with the community, which he refers to as “your ecosystem of health care providers.” This sharing benefits patients, the community, and the profession.

The insights Columbus Orthopaedic has gained from the registry have helped its staff be sure they are making patients better, by both objective measures and patients’ subjective impressions. “So many times, we get caught up in numbers and measurement,” Fandel said. “We look at the patient and say, ‘You’ve got full range of motion, and you’ve got full strength.’ But the patient says, ‘Well, I still can’t do X, Y, or Z.’” The required documentation and patient questionnaires “help us look more at the patient as a whole and make sure we’re helping them achieve their goals, not just our goals.”

The assessments and documentation that build the data are critical, Smith said. “It’s those objective data that will allow you, over time, to really look at the impact you have. It really starts with every patient you see.”

With a solid grasp of that impact, PTs and PTAs can then take Langham’s second step:

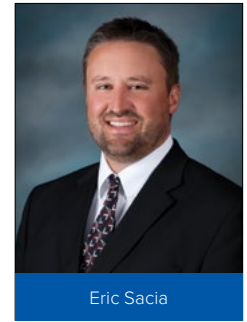
professionally advocating and explaining “what we can do, what we should be doing, how we can benefit, and how we can help.” He urges practitioners to network and explain the value of what PTs and PTAs do in a way people can understand.

Osler quotes the founder of Rock Valley Physical Therapy: “I quickly realized I had 2 options. I could just stand here on an island and hope that people send me patients, or I can engage the medical community and become a peer with other providers.” He notes that the push toward autonomous physical therapy practice doesn’t mean practicing in isolation but engaging other providers.

Kara Gainer, JD, APTA director of regulatory affairs, also urges early-career practitioners to be self-promoters and marketers, using data to show employers and other providers how PTs and PTAs reduce costs and improve quality. Practitioners can share their specific assessments, tools, and protocols for care coordination and transition that contribute to lower costs and higher quality. Taken together, this information supports a “pitch to these other providers to say, this is my value, this is why you need me” to succeed in value-based payment models, Gainer said.

To paint a picture of their impact for 1-on-1 meetings with some partner physician groups, Rock Valley Physical Therapy has developed handouts with information such as, “We saw 86 of your patients last quarter. Here’s what they looked like from a data standpoint when they started, here’s what they looked like when they ended, and here’s how many visits it takes us on average,” said Eric Sacia, PT, DPT, Rock Valley Physical Therapy’s COO.

Rockar points to the APTA vision statement: “Transforming society by optimizing movement to improve the human experience” and its guiding principles. He sees the emphasis on interdependence as central to the PT’s role going forward: “We need to work out there in the community if we’re going to promote our message and the value of what we do and how we can lend that to all the other disciplines.”



Eric Sacia

Connecting With Interprofessional Teams

Real, in-person conversation is Langham’s recommended method for building connections among health care

For More Information

Medicare Postacute Care Reform:

www.apta.org/PostacuteCareReform

New Medicare Payment Models:

www.apta.org/Payment/Medicare/NewPaymentModels

APTA's Physical Therapy Outcomes Registry:

www.ptoutcomes.com/home.aspx

Alternative Payment Models Under Medicare and Medicaid:

www.apta.org/Payment/Medicare/AlternativeModels

Value-Based Care: www.apta.org/VBC

Medicaid Resources: www.apta.org/Payment/Medicaid

The PT's Role in Promoting a Productive and Healthy Workforce:

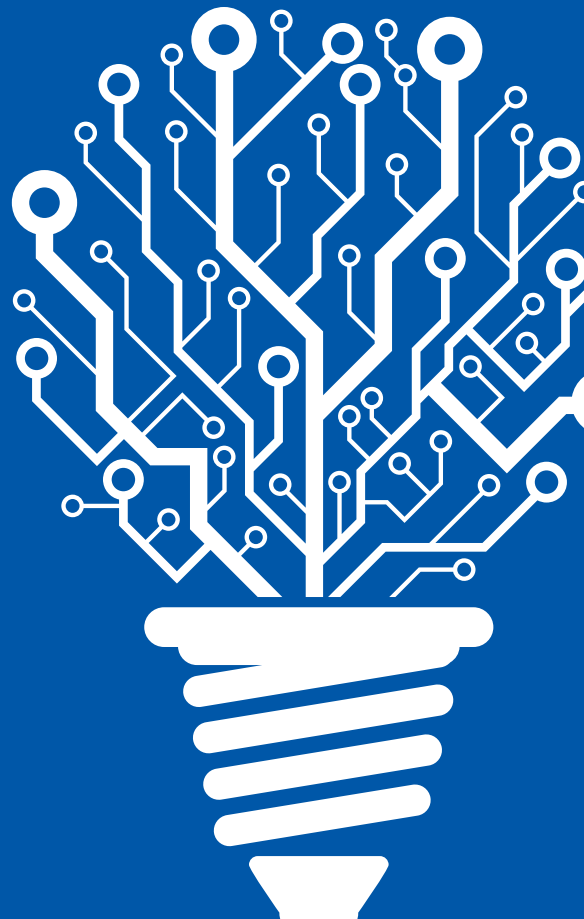
www.apta.org/Practice/WorkingWithEmployers

Strength in Numbers: The Power and Potential of Clinical Data Registries:

www.apta.org/PTinMotion/2017/11/Feature/Registries

PTNow's Database of Tests and Measures (members only):

www.ptnow.org/tests-measures



professionals. He suggests contacting referring physicians or their office staff to say that you appreciate being trusted with patients' care and report back about patient progress. "Communicate only the relevant information related to that patient and let them know through your frequent, consistent communication that they can trust you with patients," Langham said. PTs and PTAs can then seek opportunities to come in and just talk. "You don't have to bring cupcakes, you don't have to bring lunch. Just to come in and build those relationships."

From connections with other providers, PTs and PTAs can look to participating on an interprofessional care team. Before pursuing involvement, PTs and PTAs should get a picture of that team, who they aim to serve, and how they will evaluate their success.

Questions to consider:

1. What is the team's purpose and the PT or PTA's role? Ensuring that team members work cohesively is vital; Rockar has encountered team situations in which the members "started to run into each other because everybody was going in their own direction."
2. What is the specific patient population?

3. What are the primary sources of reimbursement?
4. Are measures in place to demonstrate the team's outcomes, and, if so, which of those measures could the PT or PTA affect?
5. Does the team work only in a particular setting, or are there other roles in which they're reaching into another setting?
6. What are the opportunities for a PT or PTA to continue to grow and learn (in terms of support for attending national conferences or courses)?
7. What technologies is the team using? Is telehealth included? "You want to be able to join a practice or team that's looking toward the future and not stuck in the past," Gainer said.
8. Does the team have everyone it needs? Rockar encourages practitioners to ask questions and suggest others who may be of value on the team.

Gainer acknowledges that, to date, value-based or alternative payment models across health care, whether Medicare or commercial payers, generally exclude physical therapy providers and other nonphysicians. But understanding the new models and the impact they will have is vital.

“All of us have to be doing our homework, understanding what’s going to happen, anticipating the consequences, and reaching out with our association to legislators and the Centers for Medicare and Medicaid Services, communicating our concerns to make sure we get this right,” Langham said.

“The shift for us is within our organization, of trying to make sure we’re ready [for value-based care],” Boldt said.

Gainer notes that coverage is not changing and patient needs are not changing, but the government is trying to better align payment with resource use. “We’re going to see a significant shift in employment and use of PTs just in the postacute care space over the coming year,” she said. Collaboration with hospitals, physicians, and local and state agencies will require self-promotion by PTs and PTAs who are equipped to demonstrate their value with data. “That contributes overall to the physician better understanding the physical therapy profession and when PTs can be utilized,” Gainer said. “It’s all wrapped together, and it helps the profession in the long run.”

Although change can be intimidating, Langham points out that it creates opportunity. He believes demand will

always exist for skilled rehabilitation providers. “If you’re driving value, better outcomes, and satisfaction with your patients, and you’re a good employee and coworker, driving the culture of your organization, there’s always going to be a place for you. We still need to strive to be the kind of professionals we thought we would when we were in school. You’ve got to stay positive, strive to do better, and lift your peers to help them do better.” ■



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