ACADEMY OF
ORTHOPAEDIC
PHYSICAL THERAPY

# AOPT Member Payment & Value Survey Summary

217 AOPT Members responded to the survey. There was good geographic representation, with Alabama, Idaho, Maine, Mississippi, and Wyoming the only states with no participants. Most of the respondents – approximately 65%, have been in practice for 20 years or more. A large majority (67%) practice in privately owned outpatient facilities, followed by corporate owned (16%), and hospital settings (11%). Practice size range from 1 professional staff member to over 1,000. Forty-nine percent of respondents are Orthopaedic Clinical Specialists. Very few are dual certified. Participants hold wide ranging specialty areas of practice outside of ABPTS certification, with individuals reporting other certifications in vestibular rehab, pelvic floor/women's health, sports, neuro, pediatrics, pain management, and manual therapy.

Only 16% of respondents reported they were actively involved in advocacy efforts related to payment or value of PT services.

**Ninety-five percent of survey participants were clinicians, with many playing multiple roles in their practices:**

- 57% in administrative roles
- 50% clinic owners
- 40% provide or coordinate staff education
- 16 % involved in research

**Of those that serve in an administrative role:**

- 90% work in the service delivery realm
- 76% are involved in institutional or organizational policies
- 54% involved in payment negotiations or decisions

**Payment issues that are of greatest concern, in descending order of importance, are:** payment amount, prior authorization, claims denials, and visit approvals.

**Payment resources deemed most important for AOPT members, in descending order of importance, are:**

1. Summary of evidence in support of cost effectiveness of PT intervention
2. How to promote and deliver value in practice
3. Strategies for efficient and effective appeals procedures
4. Guidance on how to define and measure value in practice
5. Strategies to address prior-authorization programs
6. Contract negotiation toolkit
7. Description of value-based care models

8. How to participate in value based care arrangements
9. Guidance on how to develop care delivery relationships with employer groups

Open-response additions included support tools including guidance on site-of-service reviews, access to care, FCE coding, and credentialling.

**With regard to practicing in or out of network with insurance plans**

- 10% participate with all plans
- 56% practice out of network with some plans
- 30% indicate that they are out of network with all plans

**Reasons cited for practicing out of network include:**

- Being a cash-based practice
- Better payment out of network
- Treating out-of-state clients
- Being locked out of networks
- Treating patients that do not want to see in-network providers

**Over 2/3rds of respondents offer services outside of traditional patient care. These include, in descending order of frequency:**

1. wellness services
2. preventive care
3. fitness or personal training
4. women's health
5. chronic pain programs
6. nutrition counseling
7. mindfulness practices
8. primary care
9. lifestyle medicine

**Approximately 15% of respondents reported that they are engaged in alternative payment models (APMs). Of those:**

- 48% were bundled payment
- 27% episode of care rates
- 12% pay-for-performance
- 6% shared risk arrangements
- 3% sub-capitation

For those indicating that the APM was limited to specific diagnoses, the majority were either TKA and/or THA.

**Outcome measures:**
Only 16.5% reported that outcome measures were linked to payment. Of those, many cited the need to submit outcome measure scores as part of the pre-authorization process. A few referred to the MIPS program. Three respondents described a pay-for-performance model that is based upon achievement of pre-determined thresholds for outcome measure change scores.

**Accountable Care Organizations:**
Only 5.5% reported working within an Accountable Care Organization (ACO) arrangement. Most were unsure of how payment is impacted by being a part of an ACO. Two respondents described a bundled payment or episode of care payment agreement with the ACO.

**Percentage of respondents tracking practice metrics:**

- 88% patient volume
- 79% patient satisfaction
- 78% number of units billed per visit
- 72% number of visits per EOC
- 63% functional change scores

Other data being collected includes no show or cancellation rates, employee productivity, and coding practices.

**Contracting with employer groups:**
Approximately 16% are involved in business arrangements with employer groups. Of those, specific examples include contracts to provide services to postal workers, physical agility, and drug testing, DOT physical exams, other employment testing services, and provision of on-site services to businesses.