

animalrehabilitation

SPECIAL INTEREST GROUP

PRESIDENTS MESSAGE

Amie Lamoreaux Hesbach, MSPT, CCRP, CCRT

Hello and Happy Holidays to the Members of the Animal Rehabilitation Special Interest Group!

We look forward to seeing everyone at CSM 2009 for our Business Meeting and Devine Equine Educational Programming featuring Narelle Stubbs and Lin McGonagle. Of interest at our Business Meeting will be discussions on...

- Legislative update
- Strategic plan
- Practice analysis update
- Educational opportunities

We always need members willing to volunteer, whether as a committee chair, a committee member, a state liaison, or a special project coordinator. Our SIG is only as strong as its members! We look forward to hearing more from you in the near future.

Till next time...

Amie

APTA Policy and Payment Forum Minutes September 20-23, 2008

Day 1: The opening session started with updates on changes at both the Federal and State level. In addition, the APTA's Advocacy Unit has been restructured somewhat, with 4 subdivisions to the unit: State Government Affairs, Grassroots Advocacy, Federal Government Affairs, and Payment Policy and Advocacy. This was done to help streamline some of the processes and make it easier for members to contact the right individuals with their questions and concerns.

On the Federal side, the big issue is Health Care Reform, which the APTA doesn't feel is going to happen soon, due to the upcoming Presidential and other governmental elections in November. Some type of reform will take place following the election, but in what manner is uncertain at this point, as several Congressional seats are up for election this year, so the structure and balance of Congress may change. What is known is that there may be a continued gridlock threat due to neither race having a clear majority in Congress. In order to get many of the issues that APTA wants passed, it will require bipartisan support. Another big area of concern is Medicare issues, most notably the Fee Schedule and the therapy cap/exception process. One model that is being examined as a long-term solution to the therapy cap is the "severity-intensity" model; this model is based on the severity of the patient's problems/co-morbidities, and the intensity of the therapist's interaction in setting up and implementing the treatment plan. In this case, the payment

would be more focused on the work the therapist does, rather than on the outcomes that the patient demonstrates.

On the state level, there has been more progress in the health care reform area. As opposed to the federal budget, states must show a balanced budget, and so, need to look closely at health care costs, especially from Medicaid. Other areas that the states are working with include direct access, POPTS, protection from infringement by other health care practitioners (chiropractors, athletic trainers, etc), and payment issues. To assist state chapters in these areas, APTA has several resources, including information on setting up "fitness clinics/lobbying days" for marketing; direct access grants, legislative tracking and analysis, "take action" packets, and grassroots campaigns.

The next session was devoted to direct access and how to market effectively, both to physicians and the general public. Using the internet and sites such as Facebook and You Tube were discussed, as well as community programs, such as a health screening clinic, sponsoring a fun walk/run, or a booth at a local fair/event. In addition, it was discussed how important it was to talk with the payors also, to remove the blocks to payment for service without a physician referral.

The last morning session was devoted to the challenges being faced by PTs who perform EMG studies. A group of neurologists, the AANEM, has successfully lobbied to prevent anyone except neurologists from performing needle EMG's in Michigan, New Jersey, Nebraska, and Hawaii. However, PTs successfully defeated AANEM proposals in New York, Texas, Washington, and Wisconsin. Performing EMG studies is within the scope of practice for PTs, although additional training is highly recommended due to the more advanced nature of these studies.

In the afternoon, the conference broke into roundtable discussions on topics including Medicaid, Prompt Payment, Quality Measures Reporting, Worker's Comp, and Mandated Benefits. Successes, defeats, and trends in all these areas were discussed. Although there were unique challenges in several of the states, overall many of the states were facing common challenges in these areas, most of which related to fair payment for services rendered and access to services.

The last session of the day was devoted to the Stark Law (referral for profit) and the "loopholes" that physicians use for referring physical therapy in-house. Two exceptions that exist that allow physicians to refer to PT that is in their facility include "Incident-To", in which case services are billed under the physician's provider number and performed by a physical therapist supervised by the physician. The other exception is "reassignment of benefits", where a physical therapist performs the services under his/her provider number, then reassigns the payment back to the physician. This method doesn't require the direct supervision by the MD. The APTA is pushing to have physical therapy removed as an "ancillary service", in order to remove these loopholes for the physicians.

Day 2: The first session dealt with continued competence of physical therapists once licensed. Although most states require some form of continuing education for their licensees, the number of hours required and the way in which those credit hours are approved vary widely from state to state. The APTA and the Federation of State Boards of Physical Therapy are both examining this issue, and are discussing the idea of “continued competence” vs. “continuing education” and trying to come up with new metrics to assess the quality of continuing education courses. They also emphasized the importance of practice-based learning vs. a lecture-only format.

The rest of the morning was devoted to workshops regarding advocacy. The topics included “Organizing a Chapter Advocacy Academy”, “ABC’s of Hosting a Political Fundraiser”, and “PT Power: Grassroots at the State Level”. The workshops provided a framework for setting up an advocacy day at the state level, and provided some case studies of previous activities that states had hosted.

The afternoon session started out with infringement issues by chiropractors. In several states, chiropractors have challenged physical therapists in the use of the term “spinal manipulation,” as well as skills required to perform these techniques. Chiropractors contend that they are the only practitioners skilled to perform manipulations. PTs have countered, citing their practice act does allow for spinal manipulation, continuing education courses available, and the level of the examination required for licensure.

The next session was devoted to revising your state practice act; a case study regarding Pennsylvania’s recent practice act change was given, and the reasons for that change (primarily language changes to better reflect the scope of practice in today’s world, such as PT’s being allowed to accept referrals from physician assistants and nurse practitioners). They also outlined some of the potential hazards once the practice act has been opened and cautioned that the PT board must be alert for any other health care practitioners trying to insert unwanted language into the practice act.

The last session was devoted to infringement by athletic trainers. In Alabama and Vermont, athletic trainers sponsored bills trying to greatly increase the scope of their practice by redefining “athlete” to include persons in the industrial and educational fields as well as in the sporting arena; and how “athletic injury” was defined. After much politicking in Alabama, the legislative session adjourned in May without a vote on the bill.

Day 3: The final day of the conference (a half-day, actually) was dedicated to the topic of referral for profit, with physician-owned physical therapy practices being the most commonly recognized form in the area of physical therapy. One of the speakers talked about referral for profit being a specific type of conflict of interest, and the POPTS (physician-owned PT service) being a specific type of referral for profit. He also discussed strategies for campaigning against POPTS, including how to talk to those therapists who are working in that area.

Overall, this was a very informative conference and opened my eyes to several areas that I was aware of, but

didn’t realize just how much of an impact they can have on our profession. It behooves all of us to stay informed and be active in our state chapters, in order to understand any changes or threats that may be coming our way, so that we may educate others and hopefully protect our scope of practice.

Respectfully submitted,
Lisa Bedenbaugh, PT, CCRP