



What's new for 2019 in the Workers' Compensation Space?

Combined Sections Meeting

OHSIG board meeting: National and Association trends' report

January 23, 2019

A. Trending Industry Wide:

¹2018 Workers' Compensation Benchmarking Study: Claims Management operational study. Advancing Medical Performance Management.

Since the Workers' Compensation Benchmarking Study launched in 2013, claims leaders have consistently ranked medical management as the core competency most critical to claim outcomes. With medical costs representing more than 60 percent of claims costs in many jurisdictions, the study's Advisory Council recommended the 2018 study further investigate how high performing claims payers are surmounting this top industry challenge.

The 2018 Report draws upon first-person, focus group research with over 40 claims, clinician, and managed care executives examining forefront topics. These topics were chosen based on data results from the five prior annual studies, and include:

Executive Summary"

- Focusing on a Triple Aim model to improve claim outcomes
- Employing a medical concierge model and moving away from discount methodologies
- Integrating behavioral health into programs
- Using predictive and prescriptive modeling to effectively manage treatment and interventions
- Enabling employee self-reporting
- Leveraging technology to enhance employee resilience and recovery
- Incorporating employee wellness and patient-centered outcomes
- Enhancing employer education around employee advocacy and communication
- Utilizing universal provider scorecards and publishing results
- Measuring provider outcomes by using existing benchmarking data and tools more effectively
- Leveraging value-based payment and Accountable Care Organization models

²**One in two Americans has a musculoskeletal condition.**

According to a recent report³ by the United States Bone and Joint Initiative (USBJI), half of American adults are affected by a musculoskeletal condition. This amounts to 126.6 million

Americans – comparable to the number suffering a chronic lung or heart condition. In fact, musculoskeletal injuries are the leading cause of healthcare visits⁴ and account for 77 percent of injury-related healthcare visits. That’s approximately \$213 billion in annual treatment, care and lost wages. But what about workers compensation?

²31% of all workplace injuries are musculoskeletal.

According to the Bureau of Labor Statistics (BLS), musculoskeletal disorders, including injuries resulting from overexertion such as sprains and strains, made up 31 percent of the total cases for all workers⁵ in 2015.

While claims rates are falling due in large part to workplace safety programs, the numbers show that accidents will always be a risk. And if you’re a growing company, more employees mean more risk and more injuries. Falls, slips, and trips accounted for 27 percent of the total occupational injuries and illnesses, and the incidence rate of workers being struck by an object or equipment increased year over year. Professions at a high risk for musculoskeletal disorders include laborers and freight, stock and material movers; nursing assistants; and heavy and tractor-trailer truck drivers – each accounting for five percent of the private sector’s musculoskeletal cases in 2015.

²Workers with musculoskeletal injuries are out of work 44% longer.

Musculoskeletal disorder cases can often be more challenging to treat and manage than other workplace injury or illness. In fact, according to BLS data⁶, in 2017, the median number of days away from work for musculoskeletal injuries was 13 days compared with only 9 days for all other workplace injuries. Unless properly managed, the road to recovery for patients with musculoskeletal injuries can be unnecessarily complicated. Following diagnosis, a referral to a physical therapist or other specialist is typically needed to formulate and execute a treatment plan. If not managed properly, workers with musculoskeletal injuries often get lost in a labyrinth of unnecessary MRIs, injections, opioid prescriptions and even surgery.

²13% Increase in Claims with Physical Medicine involvement

While injury rates and frequency has been declining, data from the Workers’ Compensation Research Institute (WCRI) shows that the percent of claims with physical medicine involvement has been increasing. In 2011, 56 percent of lost time claims included outpatient physical medicine services⁷ (physical therapy, occupational therapy or chiropractic care). By 2017 the 18-state median was up to 63 percent⁸ with some states like California and New Jersey even higher at 72 and 71 percent. This consistent, year-over-year increase can be attributed in part to a better understanding of the value physical medicine brings to the workers’ compensation community and the benefit it plays in supporting return to work goals. Physical medicine not only helps address musculoskeletal issues, it also promotes patient participation in recovery and self-management, and reduces the risk of re-injury. Today, mounting evidence now shows that early physical therapy also reduces the risk of opioid addiction⁹ and can reduce downstream healthcare costs¹⁰ suggesting that this trend of increased PT involvement will continue and even escalate.

Workplace safety programs are a big part of keeping workers' comp claims in check, but for the injuries that cannot be prevented, employers must set their workers up for success. Considering the prevalence of musculoskeletal injuries in the workplace and the current trends pointing to a continued increase in physical medicine involvement, a patient-focused managed care program for physical rehabilitation is a must-have for employers

B. APTA Initiatives that may be useful to your practice:

Association centered initiatives:

³APTA and OSHA reignite relationship:

For Sharing:

- 2008: APTA and OSHA formed a regional Alliance (MidWestern States: Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin) to focus efforts towards reducing and preventing injuries among physical therapist and other health care employees. The cooperative effort focused on prevention of work-related musculoskeletal disorders and safe handling of patients. Outcome: share information and to inform decision making/policy development
- 2017-Current
 - APTA reaches out a variety of federal agencies to build upon existing relationships and forge new relationships. This includes OSHA.
- Oct 2018
 - Introductory meeting between APTA and OSHA
 - Attendees: Assistant Secretary Sweatt + Curt DeWeese, + Lorena Pettit (OHSIG) + APTA staff
 - Thereafter, it was deemed we would be better off with a more comprehensive approach to the ART question with OSHA... APTA + PPS
- Upcoming
 - Scheduled meeting with OSHA for February 6, 2019 to discuss ART
 - APTA is becoming a supporter of OSHA's Safe and Sound Campaign
 - This is the beginning of a relationship, and is only 1 issue of many that we will be working on with them.

⁶Population Health: Employer Relations initiative:

Lorena Payne, past-President of OHSIG and OHSIG member Mike Eisenhart have been involved in the workgroup working on initiatives. Strategy committee will be sun setting this year as APTA has now incorporated Employer relations into the 2019-2021 strategic plan for the Association.

⁶Working with Employers moving Toward Population Health

APTA supports physical therapist efforts to create, implement, evaluate, and lead new initiatives to introduce population health approaches to transform society. An initial focus in this area is employers, because they are common aggregating points in society for large groups of people. Following are resources for exploring the roles physical therapists can have working directly with employers toward prevention and amelioration of noncommunicable diseases before they become symptomatic, disabling, and costly.

⁴PT outcomes registry:

About Us: The Physical Therapy Outcomes Registry

The Physical Therapy Outcomes Registry supports APTA's vision for the physical therapy profession to "transform society by optimizing movement to improve the human experience." A powerful tool to assess the quality and value of physical therapist services, the Registry will assist the profession in its pursuit of the "triple aim" of health care: improving population health, improving the patient's experience, and lowering costs.

The Registry: What Is It?

The Registry collects and aggregates participating practices' electronic health record (EHR) data on patient function and other clinically important measures for patients receiving physical therapist services. The Registry will improve practice, fulfill quality reporting requirements, promote research, and inform future payment for physical therapist services.

The Physical Therapy Outcomes Registry empowers you to:

- **Benchmark outcomes—*without* additional data entry**
- **Easily participate in MIPS and maximize your payment incentive**
- **Optimize your practice with insights from easy-to-use dashboards**
- **Empower PTs to provide the most effective patient care**
- **Market your practice to referring physicians, payers, patients, and employers**
- **Maximize payment from private payers with outcomes data**

Enrollment: <http://www.ptoutcomes.com/Enrollment/>

FAQs: <http://www.ptoutcomes.com/Enrollment/FAQ/>

Benefits of participating: <http://www.ptoutcomes.com/Benefits/>

⁵Opioids:

<http://www.apta.org/PTinMotion/2018/10/Feature/Opioid/>

Along with the NQF (National Quality Forum (NQF)—a leading nonprofit health care and advocacy group aimed at improving American health care—to create what it describes as a "playbook" focused on "improving prescribing practices and identifying strategies and tactics for managing care of individuals" at risk of opioid dependence. The playbook, Bell told *PT in Motion* News, "highlights the importance of incorporating a multidimensional approach to pain

management, including physical therapy, as a critical component of addressing this epidemic in a meaningful way." playbooks, other programs also have been launched to help bring the opioid crisis to an end—ranging from an event led by the Academy of Integrative Pain Management called the "Integrative Pain Care Policy Congress" to APTA's own #ChoosePT opioid awareness campaign, which encourages consumers and prescribers to follow the CDC's opioid-prescription guideline.

The bottom line is that the opioid epidemic is a complex problem that will be solved only through multidisciplinary collaboration, and that individuals with chronic pain must be offered interventions that not only control pain but also address the causes of pain. The CDC, NQF, and other major health agencies and organizations all have affirmed that nonpharmacological and nonopioid therapy can be effective in managing chronic pain. It's time for the health care system to look beyond opioids to options such as physical therapist interventions that treat pain and combat chronic pain by addressing its sources.

⁹Workers' Compensation State Resources

State Regulations provide links to pertinent sections of each state workers' compensation authority website, as well as answers to commonly asked questions regarding coverage of physical therapy services in workers' compensation. If summary information is not available for your state, download the State Resource Guide listed below.

Each chapter has a reimbursement committee or chair person who is responsible for payment issues at the local level. Some chapters have also been able to identify a WC liaison who is anyone already in a chapter leadership role or any APTA member well versed in the state's WC environment can serve as the WCL. It is up to the chapter's discretion. Some states have identified the reimbursement chair as the WC liaison.

C. News updates from across the nation

⁷NY's Revised Medical Fee Schedule (see additional resource for specific chapter advocacy on this issue)

The New York Workers' Compensation Bureau proposed a revised medical fee schedule and established a 30-day period to receive comments on October 3. Although the regulation has yet to be adopted at time of posting, it's likely that the final rule will significantly increase regulatory rates for physical therapy, occupational therapy and chiropractic treatment. New York has not increased its medical fee schedule in 20 years.

MedRisk has analyzed the recently published draft regional conversion factors and individual CPT relative values and estimates that, if adopted, it would increase PT/OT fee

schedule rates by 24% to 30% and chiropractic treatment fee schedule rates by 24% to 43% (depending on the applicable region).

New York wins an increase:

In October, we received word that the board had decided to increase the RVUs from 8 to 12 for follow-ups and increases to 18 RVU's for evaluations, and 15 RVU's for re-evaluations. The net result of this change, plus the fee schedule increase will result in a payment increase of 86-96% depending on region. On 12/26/18 the board issued their final ruling stating that these changes would become effective on 4/1/19.

This is a huge win for payment in NYS but is only a part of necessary overall changes. We have long felt that since many commercial insurers have aligned their fee schedules with our dismal WC rates, we would need to make headway with WC in order to achieve more global payment changes.

⁷Legislation in Ohio provides clarification for scope of practice: Ohio was successful in passing legislation to include language in our scope of practice that better positions physical therapists as a primary care providers for musculoskeletal health. House Bill 131 as signed by Governor Kasich on 12/19/18 provides clarification in our Ohio scope of practice that physical therapy includes determining a physical therapy diagnosis in order to treat the person's physical impairments, functional limitations, and physical disabilities; determining a prognosis; and determining a plan of therapeutic intervention. Physical therapy diagnosis does not include a medical diagnosis. This required over five years of advocacy persistence from many committed PT professionals.

⁷OH Requires PT-First over Surgery

A recent study has persuaded the Ohio agency that oversees the workers' compensation program to reject spinal fusion surgery and opioid prescriptions as an early response to back pain.

The change came about after research showed that spinal fusion surgery is "often ineffective," and can lead to complications. In return, the complications may then result in increased opioid use. The state now requires workers with occupation-related back injuries to participate in a minimum of 60 days nonsurgical care – including physical therapy – while avoiding opioids.

Ohio is not the first state to diminish payments for surgery, however, they are the first to include a warning on the use of opioids. The 60-day approach is more aggressive than other states but is defended by the Ohio Bureau of Workers' Compensation. This policy went into effect on January 1, 2018.

Early indication from MedRisk book-of-business data suggests that this policy may be making an impact.

⁷In January of 2018, Ohio Bureau of Workers' Compensation mandated 60 days of conservative care before the authorization of lumbar fusion surgery. Accordingly, MedRisk has seen a rise in non-surgical PT referrals. But we've also seen a decrease in post-surgical referrals. The data suggests that Ohio's ruling is making an impact.

TRENDING AT MEDRISK
Conservative Care in Ohio
11%
Surgical OH LBP Cases 2017
5%
Surgical OH LBP Cases 2018

⁷A number of states have moved to electronic billing and payment for health care services in 2018, including Virginia, Tennessee, Illinois and New Jersey. However, these new regulations differ considerably between regions. For example, payers and their designated agents are usually required to receive bills electronically if the provider transmits them electronically, but providers' use of e-billing is voluntary in many jurisdictions, and exceptions exist for low-volume providers.

Further, some regulations apply to both e-billing and e-payment while others do not, e-bill processing time limits placed on payers vary state-to-state, and bill formatting standards differ (or, in the case of New Jersey, are non-existent).

The International Association of Industrial Accident Boards and Commissions (IAIABC) has strongly supported a uniform EDI bill format, but achievement of that goal has been elusive. The complexity of workers' compensation and its state-by-state regulatory variability will likely create compliance challenges, at least in the short term.

⁷The California Division of Workers' Compensation (DWC) has solicited a second round of stakeholder comments on its adoption of the 32-region Geographic Practice Cost Indices (GPCIs) used by Medicare as a way to provide greater sensitivity to local variations in the cost of medical care.

At the time of posting, the implementation date of the new Official Medical Fee Schedule is still open and may be postponed from the proposed January 1, 2019, to a later date, but the general direction taken by the DWC appears to have drawn only muted criticism from payers and is strongly supported by health care providers.

Although the shift to GPCIs represents a major shift in fee schedule methodology, the direct impact on California fee schedule rates is not that significant. A recent RAND study estimated that implementation of the GPCI methodology would result in modest decreases (1% – 5%) in the more rural, low-cost areas of the state and material increases (5% – 9%) only in Northern California areas encompassing San Francisco and Santa Clara. The Los Angeles area, which

represents over 42% of California WC payments, would be relatively unaffected, with an increase of less than 1%.

⁷WI Kills New Fee Schedule

The Wisconsin legislature declined to pass an agreed-upon bill proposed by the Wisconsin WC Advisory Council which would have adopted a fee schedule for medical services delivered to WC claimants. By tradition, bills drafted by the Advisory Council, composed of management and labor representatives, are passed without substantive amendments.

Although Wisconsin WC medical services are priced very high compared to other states, which is typical of charge-based systems in the six states without fee schedules, Wisconsin medical costs per claim are moderate because of low utilization. Consequently, business community support for a fee schedule has been tepid. Further, the proposed fee schedule mechanism, based on in-state average payments made by group health and self-insured health plans, appeared complex and expensive to create and maintain.

Wisconsin House Speaker Robin Vos was quoted as saying that the WC Advisory Committee's bill was "dead on arrival." It is unlikely that Wisconsin will attempt another run at establishing a WC fee schedule in the foreseeable future.

⁷PT Treatment Reduces Costs and Opioid Use for Arthroscopic Hip Surgery

PT is now recommended by the CDC as the preferred first treatment for chronic pain and an effective alternative to opioids in many cases—and the research supporting this recommendation continues to mount. A 2018 study, for example, found that:

- PT-first treatment following arthroscopic hip surgery resulted in lower downstream costs and lower opioid use
- PT-only treatment resulted in significantly lower total health care costs and fewer additional hip surgeries

While the researchers note the conclusions need to be validated with additional studies, specifically controlled trials, the results are promising regarding the effect PT might have on reducing opioid prescriptions.

⁸More success in reducing long-term opioid usage by more payers.

We've learned that diligent, persistent, intelligent and caring approaches to managing chronic pain and long-term opioid usage produce results. The State Funds of California, Ohio, and Washington along with Sedgwick are a few of the payers achieving remarkable success in helping patients handle their chronic pain while reducing their opioid usage.

Vendors including Carisk are also delivering solutions to this knottiest – and most problematic – of work comp problems.

References:

- 1) Workers' Compensation Benchmarking Study of 2018: wcbenchmark@risingms.com
- 2) Trends in Physical Medicine: Why PT is Bigger Than You Think: WorkCompwire: January 7, 2019. <https://www.workcompwire.com/2019/01/partner-post-trends-in-physical-medicine-why-pt-is-bigger-than-you-think/?fbclid=IwAR2xRIlwLApD22w18yLN97wyR0QSUTXwqh33p4CMY1Fvqw4q1ZYJM2cJ5kY>
- 3) <http://www.apta.org/Practice/WorkingWithEmployers/OSHA/>
- 4) PT outcomes registry: Main PTOR website: www.ptoutcomes.com
- 5) <http://www.apta.org/PTinMotion/2018/10/Feature/Opioid/>
- 6) <http://www.apta.org/Payment/Billing/WorkingWithEmployers/>
- 7) <https://www.medrisknet.com/industry-trends-report-2018/#>
- 8) <https://www.joepaduda.com/2019/01/10/predictions-for-workers-comp-part-2b/>
- 9) [http://www.apta.org/apta/workerscompensation/workerscompensationMap.aspx?navID=10737428729:](http://www.apta.org/apta/workerscompensation/workerscompensationMap.aspx?navID=10737428729)

Additional APTA resources:

Telehealth: <http://www.apta.org/Telehealth/>

Telehealth, the use of electronic communication to remotely provide health care information and services, is gaining more and more attention as providers, patients, and payers all seek more effective and cost-efficient ways to deliver care. Physical therapy is no exception, and while those services have developed mostly in rural areas to accommodate the long distances between patients and providers, telehealth in physical therapy is being considered in other geographic and clinical settings. (See [APTA's Board of Directors definition and guidelines on telehealth.](#))

This isn't to say that you should jump right in and begin providing services via telehealth. You'll first need to consider federal and state legislation and regulations that govern your practice, risk management implications, billing and coding issues, and hardware/software requirements. The resources below aren't meant to give you detailed instructions on developing and using telehealth in your practice, but they identify areas most important for you to investigate and consider.

- [Position on Direct-to-Employer Population Health Services by Physical Therapists \(.pdf\)](#)

APTA proposes that as health care management continues to evolve, physical therapists should provide evaluative and preventive services to mitigate risks related to chronic

noncommunicable diseases—working directly with employers or employer groups to manage population health in addition to individual patients and clients.

<http://www.apta.org/Payment/Billing/WorkingWithEmployers/PositionPaper/>

Position on Direct-to-Employer Population Health Services by Physical Therapists An American Physical Therapy Association Perspective

Summary Widening the lens of the physical therapy profession to include population health strategies will require a shift in practice from the traditional focus on individual patient care. Preventive interventions will be needed before and during the long asymptomatic preclinical phases for chronic non communicable disease, and will occur through managing health risk factors that could result in the development of disease, corresponding disablement, and costs. Physical therapist interventions should influence people through their workplaces, a common aggregating location for populations. As stated in the APTA positions Health Priorities for Populations and Individuals, Physical Therapists' Role in Prevention, Wellness, Fitness, Health Promotion, and Management of Disease and Disability, and The Association's Role in Advocacy for Prevention, Wellness, Fitness, Health Promotion, and Management of Disease and Disability, APTA supports physical therapist efforts to create, implement, evaluate, and lead new initiatives to introduce population health approaches to transform society.

- [Transformation Requires Reinvention](#)

Transforms Blog: Guest blog post by member Michael Eisenhart, PT, calls for an "employer initiative" to build demand among employers who want to work with PTs and increase the resources available for PTs who are interested in population health approaches.

- [Direct-to-Employer Physical Therapy—Building Supply and Demand](#)

Recorded Webinar With Q&A: An introduction to the concept of population health as a tool to "transform society." This webinar and accompanying Q&A session explains why employers offer opportunities for PTs to address population health, and discuss the potential challenges and pitfalls in establishing employer-based programs.

- [Employer Self-Insurance Offers Opportunities for PTs](#)

PT in Motion Magazine (June 2017): As more employers opt for self-funded health plans, a growing number of physical therapists are finding ways to benefit.

- [Self-Insured Health Plans and Physical Therapist Services](#)

PT in Motion Magazine (June 2016): Should you tap the market? Some points to consider.

Third-Party Administrators (TPA): Utilization Management & Utilization Review

Some vendors are not only the management the benefit they are also the payer

<http://www.apta.org/UMToolkit/>

<http://www.apta.org/Payment/PrivateInsurance/TPAUtilizationMgmtReview/>

Third-Party Administrators (TPA): Utilization Management & Utilization Review

As private payers explore ways to cut health care costs and reduce utilization, they are increasing their use of contracts with third-party administrators (TPAs) to perform utilization management (UM) and utilization review (UR) of the physical therapy services.

This increasing use of UM/UR services is due in part to growth in physical therapy expenditures, but it also is a result of a provision of the Affordable Care Act called the medical loss ratio (MLR). The MLR is intended to limit insurer profit by requiring that payers spend a minimum percentage of dollars from insurance premiums on medical care, as opposed to administrative costs. Midsized insurers (individual insurers and businesses with 1 to 100 employees) are required to maintain an 80/20 ratio—meaning that at least 80% of premium dollars is spent on medical care, and no more than 20% is spent on administrative costs. Large-group plans (employers with more than 100 employees) must maintain an 85/15 ratio. If an insurer does not achieve the ratio, it must pay a penalty in the form of customer rebates.

While rebates to consumers may be viewed as beneficial, the MLR also has produced unforeseen consequences, such as the outsourcing of UM/UR. When a payer perform its own UM/UR, the expense is considered administrative under the MLR. If, however, the payer outsources UM/UR to an external vendor that offers quality-improvement services including prospective and concurrent review, UM/UR is considered a medical expense, which can be included in the medical care portion of the MLR. Given this ability to transfer the cost of UM/UR from administrative to medical, the trend toward UM/UR outsourcing can be expected to continue.

General Information

- [What Is Utilization Management?](#)
- [Utilization Management Toolkit](#)

Utilization Management Toolkit

Insurers are increasingly contracting with third-party vendors of utilization management programs, or "UM," to administer the rehabilitation benefit. This toolkit offers an overview of challenges and opportunities for physical therapists in the commercial sector, strategies to mitigate the current and future impacts of UM use, and ways to foster cooperation between providers and UM vendors so that both parties benefit. The ultimate goal is the provision of

patient-centered care at the lowest cost and maximum outcome. [Download the Utilization Management Toolkit \(.pdf\)](#).

Worker's Compensation Liaison

WHY: The Workers' Compensation (WC) industry varies across regions, states and payers. As such, it is necessary to develop a relationship with a contact person from each state that can assist in keeping our membership current on pertinent WC issues

What is a Worker's Compensation Liaison?

The Workers' Compensation (WC) industry varies across regions, states and payers. As such, it is necessary to develop a relationship with a contact person from each state that can assist with keeping membership current on pertinent WC issues.

We request that each state identify a WCL as the first point of contact for WC issues/changes/trends. It is not an "official position" as much as it is a "first point of contact" as it relates to WC issues.

What does being identified as the Workers' Compensation liaison mean?

The liaison will be the first point of contact for questions on issues or trends regarding Workers' Compensation and how it may impact physical therapy in your state.

The WCL's will assist APTA in maintaining current information for members and updating the workers' compensation page on APTA's website:

<http://www.apta.org/Payment/WorkersCompensation/>.

Who can serve as the WCL?

Anyone already in a chapter leadership role or any APTA member well versed in the state's WC environment can serve as the WCL. It is up to the chapter's discretion. Some states have identified the reimbursement chair as the WC liaison. As he/she is keeping abreast of the overall reimbursement issues in the state, they are often able to monitor WC issues as well. States with challenges in specific areas have identified members to fulfill this need. Other chapters have been unable to identify anyone to assume the WCL role. In those instances, we will contact the chapter pay chair for assistance with workers' compensation related issues.

What information does APTA need? And how often will this information be requested?

Biannually APTA will email a request seeking updated information on trends in your state such as:

- ❖ Are there any policy changes on the horizon in your respective legislative or regulatory commission that will impact Workers' Compensation in your state?
- ❖ Have you noticed any broken or outdated links on the APTA website's information pertaining to your state? <http://www.apta.org/Payment/WorkersCompensation/>
- ❖ Are there any trends developing with third party administrators in your region?

Efforts made to facilitate an increase for the WC fee schedule in the state of New York:

Summary from the New York Chapter: Pay chair- Jake McPerson: January 10, 2019

“As you may know, the New York State Workers' Compensation Board announced in April 2018 that they would be revising their medical fee schedules for all providers within the system. We had been told this in 2014, but the difference this time was that there would not be a "budget neutral mandate" (i.e. no winners and losers). In 2014, the board's proposal included a Medicare +20% recommendation but unfortunately that proposal did not pass and no changes were made.

Fast forward to 2018, when NYPTA was asked by the board what would be a fair payment, we created a workgroup to develop and implement a plan to secure an adequate payment increase. We initially responded with the same Medicare +20% that was previously proposed by the board. The board's initial proposal in June 2018 provided for an increase of 15-30% depending on region. If factoring in inflation, this increase would have still left us with an overall payment decrease. Our strategy shifted to not just increasing the fee schedule amount but also to adjust the RVU cap to force WC to cover an increased treatment intensity/duration per session.

At this time we had hired a PR consultant and initiated a member "call to action" to get practice owners to describe the current inadequacies of the system and to advocate for an increase in the RVU cap to ensure that injured workers can receive the appropriate amount of care. This was accompanied by a media campaign targeting relevant web and radio outlets. We had one member of our workgroup who was able to pull data together demonstrating that early and adequate PT reduced opioid use. To this end we found support from other state organizations whose missions are related to curbing opioid use. These organizations also wrote letters of support on our behalf. Lastly we had multiple members of our state legislature support our initiative. The board indicated that they received in excess of 600 letters supporting our position.

For additional information please contact:

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