

Transforming Patient-Reported Data into Actionable Analytics

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Disclosure

- Gerard Brennan was involved in the development and commercialization of Intermountain ROMS
- Hawkins, Pierce, Woodfield & Minick: No relevant financial relationship exists

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Learning Objectives

- Be able to identify potential sources of data in the electronic health record system and understand the common terms used to describe data infrastructure in order to speak the same language as a data analyst
- Be able to describe how integrated analytics can be used in rehabilitation and to understand the key steps to achieve integrated analytics in a rehabilitation practice
- Be able to identify key components of creating a datadriven culture



PT Northwest Fast Facts



Based in Salem, Oregon Started in 1977

- Provide All Rehab Therapies
- Provide Services at 12 Outpatient Clinics, 2 Hospitals, 3 Universities, & 6 High Schools
- Roughly 150 Employees

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- PATIENTS are sharing a greater portion of the cost
- · PAYERS will base reimbursement on episodes, bundles, and population health
- PROVIDERS need data to determine their value
- MOST REHAB PROVIDERS do not have an outcomes tracking system



US Health Care Disruption is aimed at delivering VALUE

Jeff Bezos of Amazon, Warren Buffet of Berkshire Hathaway, Jamie Dimon of JP Morgan Chase

What does "value" actually mean for companies and individuals?

- It seems unclear and depends on whom is setting the agenda
- . Healthcare stakeholders are not aligned in their aims:
- Competing perceptions of patients, physicians, care providers, employer health plans, all sorts of payers

We Won't Get Value-Based Health Care Until We Agree on What "Value" Means Harvard Business Review

by Robert C, Pendleton





The key characteristics of high value depends on whose perceptions?

- 45% chose "My Out-of-Pocket Costs are Affordable"
- 32% chose "my health improves"
- 90% of patients chose combinations of (5) value characteristics that were different than physician choices.
- Cost and Service were far more important in determining value for patients than for physicians



"Price is what you pay, value is what you get" (Warren Buffett)

Analytics can help us understand the opportunity to improve Analytic Solution: Opportuni

- Massive variation in clinical
- practices (beyond even the remote possibility that all patients receive good care)
- High rates of inappropriate care Striking inability to "do what we know works" 3.
- Not implementing guideline-recommended care into practice
- Unacceptable rates of "failure to progress." · Overuse and misuse of care
- Huge amounts of waste, leading to spiraling prices that limit access to care.

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1. Helps to understand our clinical practice patterns and processes of . work

- (2 & 3) Helps to detect processes 2 and outcomes that might indicate inappropriate care.
- If there are outcome measures in place somewhere in the system.
- Helps to understand where the 4. waste is happening and points us toward solutions.

The Value-Based Health Care IT Agenda: Restructure care delivery and measure results.

Leverage IT to help achieve two key aims:

- To restructure care delivery .
- To measure the results
- 1. Establish common and precise definitions to improve reporting
- 2. Combine and leverage all types of data
- Aggregate data on the full cycle of care for the condition. 3.
- 4. Create standard templates for evaluation and treatment visits
- Collect structured data (not text boxes) 5.
- Allow easy extraction of outcomes, process, and activity-based cost measures for each patient and medical condition. 6.
- 7. Adopt interoperability standards.

We need data to make the case for change: Internally

Internally for physical therapy to show value.

- Create Data systems and management structures that:
- \circ Increase accountability
- o Drives improvement
- Produces savings
- · How? Through measuring, understanding, and managing variation among clinicians providing care.
- Why?

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Health Policy & Economics

Bundled Payments for Care Improvement: Boom or Bust?

Brian M. Curtin, MD "", Robert D. Russell, MD ", Susan M. Odum, PhD " Bill Carete et al. / The Journal of Arthropiusty 32 (2017) 2013-2019 checks, Name Co.



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Trends in Post-Acute Care Use Among Medicare Beneficiaries: 2000 to 2015

- Use of post-acute care increased
- LOS was increased.
- SNFs (85%) paid per diem→ strong incentive to maintain longer LOS.
- Need policy incentives to reduce LOS
- Little evidence that PAC improves patient outcomes: preventing rehospitalizations or improving functional recovery

Building a data system

1. Pick a high priority process



2. Build a conceptual model



Building a data system: 3. Generate a list of desired reports



Building a data system: 4. Generate a list of data elements.



Clinical condition Visits—from billin

- Visits—from billing system
- 3. Failure rate: derived from admit and final scores
- 4. Facility, Dept, PT, MD, Payer

Building a data system

- 5. Negotiate what you want with what you have
 - Identify the data sources for each element: existing/new. automated/manual
 - Consider the value of the final report vs. cost of getting the data
- 6. Plan data flow
- 7. Test final system

Building a data system: 4. Generate a list of data elements.





Does Adherence to the Guideline Recommendation for Active Treatments Improve the Quality of Care for Patients With Acute Low Back Pain Delivered by Physical Therapists?



Fritz JM, Cleland J, Brennan GP. 2007

Examined relationship between adherence and nonadherence to the recommendation for an active treatment approach to acute LBP

Measured Physical Therapists' quality indicators

- Work processes (procedures)
- Clinical Outcomes
- Cost of care

Physical Therapy for Acute Low Back Pain

Associations with Subsequent Healthcare Costs Fritz JM et al. Spine. 2008.

- **493 patients** included in the analysis were SelectHealth patients
- Examined physical therapy outcomes related to adherence for these patients
- Examined subsequent healthcare consumption and charges for one year after physical therapy services
 - 18 (4%) no longer covered by SelectHealth (n=475)

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Physical Therapy for Acute Low Back Pain

Associations with Subsequent Healthcare Costs Fritz JM et al. Spine. 2008.

Adherent care in Physical Therapy was associated with:

- A mean reduction in PT charges of about \$170
- A mean reduction in overall cost of care for 1-year of approximately \$1400
- 18% relative risk reduction (RRR) for additional care
- 37% RRR for muscle relaxant prescriptions
- 56% RRR for MRI
- 58% RRR for fluoroscopic-guided injections



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We need to make the case for change: Externally

- PATIENTS are sharing a greater portion of the cost
- PAYERS will base reimbursement on episodes, bundles, and population health
- PROVIDERS need data to determine their value
- MOST REHAB PROVIDERS do not have an outcomes tracking system



Take a "Measurement for Improvement Approach"

- Focus on the care delivery process and • NOT the clinicians who executed the processes.
- Reducing variation is associated with better outcomes and lower costs \rightarrow VALUE
- Quality Improvement is the science of process management
- The best way to reduce cost is to improve quality



Focus on processes of care NOT the providers who execute them!

- "Measurement for Improvement" generates data for frontline process management and improvement.
- "Measurement for Selection" ranks the performance of care . providers.
- · It incentivizes clinicians to improve their reported performance but does nothing to drive improving the process of care.

Improve clinical care by reorganizing its delivery

Researchers need to partner with clinicians to evaluate and to demonstrate not only best care models but also innovative financial models that can provide the best clinical result at the lowest necessary cost.





Data and Analytics Program Definition

The convergence of people, processes and technology that *ensures important data assets are formally managed and leveraged throughout the enterprise*

- Managed = Data Integration (EDW), Data Governance
- Leveraged = Analytics & Business Intelligence
 Leads to optimized decision making and business strategy execution

Formula for Success

The success of a Data and Analytics Program is influenced by its collective capabilities across each of these dimensions:



From Data to Value



Healthcare Data Value Cycle



Healthcare Data Sources



Analytics Levels



The Who of Analytics - a Team Sport

Business/Clinical Champion	 Determines vision – an executive analytics champion, sets the expectation to use data for decision making
Business/Clinical Analytics Leader	 A leader that day-to-day makes sure the analytics strategy and focus is being achieved
Clinic Leaders, Staff	 Contribute to data entry, data quality, running and using reports, using data for better decision making

Data Resources	
Data Analyst	Creates reports and dashboards Technical and/or Statistical Skills Database knowledge and skills Data knowledge
Data Architect	 Designs, develops, and maintains data warehouse/data integration

Analytics Terminology



Data/Analytics Focus - What difference has it made?

- Improved Outcomes

 Lower pain and suffering by doing what we know works

 Lower Costs
- Lower Costs
 Saving \$1400 per low back pain case
 PT vs. MRI/Opioids \$4900 per case
 Prediction Algorithms
- Improved Relationship with Payers
- Research

 Nearly 30 published studies and articles

 Therapist Engagement
- Patient Engagement
- Therapist Training/Education
 TKA, Neck Pain, Low Back Pain helped focus



Outcomes Improvement Approach







- VP For Clinical Transformation At
 - Advocate Health Leader in Accountable Care
 - Organizations Nationally "Organizations with the best data & understand how to use it will thrive under the Affordable Care Act".

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Our Journey Continues . . .



The Epiphany

- The story of how Billy Bean brought data analytics to baseball with great success.
- "They are asking all of the wrong questions." "Thinking is medieval. "We have got to think differently."
- The same thinking needed to permeate healthcare & physical rehabilitation.
- If America's oldest & most change resistant game could change, so could physical rehabilitation.

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TED Talk-How Great Leaders Inspire. One of the most watched TED Talks ever.

It all starts with Why We Do What We Do.



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Our Journey Finally Comes Together. . .



- I witnessed how a Data Driven "Mindset" was driving continuous improvement across all of Intermountain Healthcare.
- This was the future of healthcare. This "Mindset" could be brought into an **organization of any size** including PT Northwest.

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How Did We Implement A Data Driven Coaching Model?

- Data Driven Coaching Defined: Identifying the key performances indicators (KPI) in each area of the organization, systematically collecting data on those KPIs, sharing the data on these KPIs throughout the organization, and **working collectively** as an organization to **coach** individuals to **achieve** these KPIs.
- Do It Yourself v. Bring In Outside Help Approaches

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The Data Driven Coaching Objectives

- A More Accountable Culture
- Eliminate Waste (Core LEAN Principle)
- Become A More Efficient Healthcare Organization
- Determine The Key Performance Indicators That Truly Drive PT Northwest

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Our Key Performance Indicators...

- 3 Quality Measures & 2 Productivity Measures
- Keep It SIMPLE!!!
- PT Northwest's Key KPIs
 - ROMS (Clinical Outcomes) Admission %
 - ROMS (Clinical Outcomes) Classification %
 - Patient Satisfaction % (Net Promoter Score)
 - Units/Visit
 - Vacancy Rate

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Our Data Driven Huddleboards v. 1.0



- The Clinic/Department focused on collectively improving and achieving our KPIs.
- Solutions to other problems often arose.

An unanticipated benefit was communication improved throughout the organization.

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Our Data Driven Huddleboards v. 2.0

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Weekly & Monthly Scorecards



Weekly & Monthly Scorecards

The Benefits Of a Data Driven Approach

Year	DASH/Q DASH	KOS	LES	NDI	ODI
2014	16	22	13	10	9
2015	18	23	13	12	9
2016	18	24	14	12	9
2017	16/17	22	13	11	9
2018	21/19	21	13	12	9

Minimum Clinical Important Difference (MCID): DASH-10/QDASH-9, KOS-10, LEFS-9, NDI-10, ODI-6

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The Benefits Of a Data Driven Approach

Improved Patient Engagement

Objective way to access status & treatment response at each visit

- Improved Clinical Learning Experiences With Therapists
 - · Easier conversations based on objective data
 - · New level of accountability through utilization reviews
- Drives decision making on unified & individual continuing education
 - Example-Psychologically Informed Physical Therapy

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The Benefits Of a Data Driven Approach

- Provides information to drive our Clinical Enhancement Meetings Start with data, couple with benchmarks/comparatives, & follow up with clinical practice guidelines
- Improved capture of billable time
- 39.3% increase
- Improved vacancy rate
- 20.3% decrease
- Stronger emphasis on patient satisfaction
 - Net Promoter Score-83 World Class (Scale: -100 to 100)

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What Did Employees Think Of A Data Driven What Did Employees & The Industry Think Of A Data Driven Approach? Approach? In 2015, PT Northwest outsourced our annual employee survey to the Best Survey Ever Employees felt PT Northwest national firm of Workplace Dynamics (now Energage). was heading in the right direction, and embracing the future. At the time, a record number of employees responded in 2016 (84%). A Data Driven Coaching approach finally brought clear expectations & accountability. · We were expecting a tsunami of negativity. Millennials loved it. They would not go back. Data Driven Coaching is now part of "The PT Northwest Way". Innovation Award PT NORTHWEAT PTNORTHWEAT



How Did PT Northwest Create An Analytics Culture?

- Town Halls At Company, Department, & Clinic Levels. Promote An
- Be Totally Transparent & Expect Accountability From Everyone.

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The Journey Comes Full Circle In 2019	Contact Info:
We are currently talking about embedding physical therapists in their sites. We are discussing an alternate payment mode to treat this patient population.	 Kennedy Hawkins, MBA, JD, LLM President-PT Northwest Past President-National Association of Rehabilitation Agencies Phone: 503.540.8701
 The goal is to improve care, better assist the Primary Care Physical astress, and better manage this caseload. Our Data Driven Coaching experience is a big reason why they are talking with us. 	Email: khawkins@ptnorthwest.com





What is an Analyst?

Think Data, Data, Data

- Retrieve Data
- Gather Data
- Organize Data
- Visualize Data
- Analyze Data

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• Provide Insights with Data





Becoming Familiar with Analyst Jargon



Becoming Familiar with Analyst Jargon



Educational Background of Data Analysts

 Mathematics Statistics

- Statistics
 Computer Science
 Information Systems
 Finance

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Economics
 Many, Many More

Many Colleges are beginning to offer specialized majors and emphases in Data Science, Data Analytics, Machine Learning, Business Intelligence, etc.

A lot of analysts had no formal education in analytics, but learned it on the job



When I First Started...

Devyn, can you pull the ODI scores for this clinic? What's an ODI score? It's the Oswestry Disability Index. What's the Oswestry Disability Index? It measures LBP. What's LBP? Low Back Pain. How many reached MCID criteria? What's MCID? It stands for Minimal Clinically Important Difference e to to the

When I First Started...

Devyn, I don't have access to the report. Can you help? I forgot to embed my credentials.

Ok... I still don't have access. Oops. I forgot to grant you access privileges on the server. I can see it, but the data looks wrong

I made an error in my SQL query

How long until it's fixed? Couple Hours. When the data extract is refreshed, I'll push this to the production server for you to view.

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Working with an Analyst

- · Identify the individual(s) that will retrieve the data
- · Communicate, Communicate, Communicate
- Here are some real examples of how NOT to do this:

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Example – The Vague Requestor

From: Doctor Strange Sent: Thursday, August 30, 2018 9:39 AM To: Devyn Woodfield Subject: Readmission Rates Report

Hi Devyn,

I have been asked by our medical director to look at our readmission rates at our facility. Could you create a report for us to look at this information? Let me know if you have any questions.

- Doctor Strange

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Example – The Vague Requestor

What's wrong with this?

- How do you define a readmission?
- Within X days?
 Same facility? Different Facility?
 - Related to first visit? How do we identify if visits are related?
- What's the deadline?
- What's your facility?
 What date range do your facility?
- What date range do you want to look at?Is this a one-time report?
- Do they want a spreadsheet? An interactive Dashboard?
- What is this going to be used for?

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Example – The Procrastinating Requestor

From: Doctor Mario Sent: Thursday, September 19, 2018 9:39 AM To: Devyn Woodfield Subject: Opioid Prescription Report needed ASAP

Hi Devyn,

I need a report showing how many Opioids have been prescribed by this doctor in the past year. I need this by 5 pm today or else we will receive a fine from the state, we'll lose revenue, we'll cause patient harm, and I will lose my job. No pressure. Thanks!

- Doctor Mario

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Example – The Procrastinating Requestor What's wrong with this?

- In addition to the vague details,
 This request does not give the analyst enough time to complete the request.
- Solutions do not get created as quickly as you think



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Example – The Hit and Run Requestor From: Doctor Who Sent: Thursday, October 24, 2018 9:39 AM To: Devyn Woodfield Subject: Physical Therapy Patient List

Hi Devyn,

I need a list of patients that have received physical therapy for low back pain at our facility in the last month. We'll need this by the end of the current month. Reach out if you have questions. Thanks!

- Doctor Who

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Example - The Hit and Run Requestor



This is a Duet

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- Therapist: Make Request
- Analyst: Gather Additional Information
- Therapist: Provide Clarifying Information
- Analyst: Communicate Progress
- Therapist: Provide Clarifications and/or Deadlines
- Analyst: Provide First Draft of Report Analyst: Provide Hist Diarcon Report
 Therapist: Review Report. Provide Feedback

Analyst: Review and Implement Feedback

Repeat until in sync

Remember This

- · Be specific
- Communicate Openly and Often
- Avoid jargon and acronyms
- · Explain the WHY of the request
- Communicate deadlines
- Provide screenshots and examples for the analyst
- Think of how you would like to
- receive the data • Be mindful of PHI

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Other things to remember

Free text is not your friend

Intermountain

Healthcare Healing for life

- When you say, I want Sit to Stand data, this is what the analyst sees:
- · It's much better in a standard field

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Case Examples

Analytics in Action

Kate Minick, DPT, OCS, CSCS Internal Process Control Coordinator Rehabilitation Services

How do you gain insight through so much variation? All patients with starting ODI score of 34.

Low Back Pain & Depression Example

Start with an idea





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Low Back Pain & Depression Example

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Low Back Pain & Depression Example

What else do we need to know?	
Chronic Pain registry → barrier	
Opioid prescriptions?	
What about clinics that have implemented Mental Health Integration?	
Who else do we need input from?	
Behavioral Health	
Data Experts	

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What if you don't have a Data Person?

- Do what makes sense for you
- Excel Spreadsheets
- Hire
- Etc. (To be filled out later)

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Quality Improvement Methodology

- 1. Identify a high-priority clinical process
- 2. Build an evidence-based best practice protocol
- 3. Blend it into the clinical workflow
- 4. Embed data systems to track results
- 5. Demand that clinicians vary based on patient need
- 6. Feed data back in a Lean Learning Loop



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Quality Improvement Methodology





Quality Improvement Methodology

3. Blend it into the clinical workflow

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Quality Improvement Methodology



Quality Review Template

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Quality Review Template



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2017 Q4 & 2018 Q2 Combined

Classification	MATCHED	NOT MATCHED	Total
Manipulation	37	35	72
Specific Exercise: Extension	68	22	90
Specific Exercise: Flexion	43	19	62
Stabilization	48	58	106
Traction	22	12	34
Total	218	146	364
Pearson ch	ni2(4) = 23.41	6, p=0.000	

2017 Q4 & 2018 Q2 Combined

Classification	MCID Failure	MCID Success	Total
Matched	163	55	218
Not Matched	91	55	146
	254	110	364

Pearson chi2(4) = 6.4188, p=0.011

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Next Steps

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- Standardize documentation fields
- Electronic quality reviews

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