The Health Care Imperative: Reading tea leaves, redesigning health care and the role of rehabilitation professionals

Nazareth College – HCR Home Care – Monroe Wheelchair
8th Annual Continuing Education Event
Rochester NY
March 14, 2015

Justin Moore, PT, DPT
Executive Vice President, Public Affairs

The Patient Protection & Affordable Care Act

1. Coverage & Insurance Market Reform
   Make insurance more accessible and affordable for all individuals

2. Delivery & Payment System Reform
   Pay for quality instead of volume of care

3. Financing Strategies for Health Reform
   Find sustainable funding to pay for reform provisions

Right Professional, Right Patient, Right Time

Implementation at a Glance

Well Positioned

Rehabilitation Therapies

Under Leveraged
[Health Care is] a challenge of diligence rather than of brilliance.

- Ezra Klein

Better is possible. It does not take genius. It takes diligence.

- Atul Gawande
Integrated Models of Care Delivery
- Team Based Care / Chronic Care Management
- Role Changes and Differentiation

Re-alignment of Care
- Direct Access for Right Patients
- Population Health Models / Approaches – Consultant Roles

Payment Reform
- Quality Based – Differential Payments
- Bundles and Episodic Systems

Standardization of Practice
- Adherence to EBP and CPG
- Use of Data for Continuous Quality Improvement

Enhanced Accountability
- Patient Engagement / Transparency
- Outcomes

Tomorrow’s Practitioner
- Use of Data – To show outcomes of care, to improve practice, to demonstrate value to payers, employers, public.
- Use of Evidence – Adherence to Known Standards of Practice, Contribution to Improving Standards through Clinical Research
- Use of Enterprise Thinking Skills – How to be part of and contribute to systems: pit crews over cowboys
- Interprofessional Experience – Collaboration, Communication, and Consultant Roles to Augment Clinical
- Challenge Known through Innovation – Quest for Triple Aim of Lower cost, Better Care, and Improved Health

Identify Best Practices
- Use of Performance and Outcome Measures
- Contributes to Registry
- Create and Revise Clinical Practice Guidelines

Adopt Best Practices
- Implement Best Practice / CPGs
- Documentation of Performance and Outcomes Measures
- Generate Transitional Research

Measure Provider Performance
- Participate in Quality Reporting
- Adopt Health Information Technology
- Use of Evidence to Differentiate Performance

Evaluate Cost Effectiveness
- Analyze Relationship between cost and outcome (value)
- Conduct cost-effectiveness research
Collaborative Care

Integrity

Value

Access to Care

- Chronic Care Management
- Participation in ACO
- PT as an entry point

- Term & Title Protection
- Reduce Fraud & Abuse
- Eliminate the in-office ancillary services exception
- Scope of practice issues

New Delivery Models
- Remove Direct Access Restrictions
- Co-payment Fairness

Innovative Care Models
- Quality Initiatives
- Rehabilitation Research Funding

Term and Title Protection
Program Integrity Efforts
Policy Initiatives to Advance Profession
Quality Initiatives

Fraud and Abuse Campaign

Take Action Now

PREVENT REGULATION

ENHANCE REPUTATION

EXCELLENT
GOOD
SATISFACTORY
POOR
Don’t employ passive modalities exception when facilitating an active treatment plan
Don’t prescribe under-dosed strength training for older adults
Don’t recommend bed rest following acute DVT after anticoagulation therapy, unless significant medical concerns
Don’t use CPM machines postoperative for uncomplicated TKA
Don’t Use Whirlpool for Wound Management

Payment Reform

Current System
- Evaluation / re-evaluation
- (45+) Procedures and Modalities
- Primarily Timed Based
- Value in volume – Current Currency of Utilization and Productivity Measures
- Over regulation Norm – 8 minute rule, multiple procedure payment reduction (MPPR)
- Poor Component of Larger System Level Reforms

Proposed System
- Expansion of Evaluation (3) – Maintain Re-evaluation
- Collapse of “treatment” to session level (based on patient served / care needed) – (i) Primary Body, Structure and Function Codes
- Clinically Based – Opportunity for Outcomes and Performance Measures
- Opportunity for Appropriate Regulation
- Adaptable to Larger System Level Reforms

Physical Therapy Outcomes Registry

- Guide payment policy
- Inform payment contract negotiations
- Demonstrate the value of PT services
- Promote health services research
- Determine clinical practice patterns
- Assess adherence to CPG’s
- Fulfill quality reporting requirements
- Support quality improvement initiatives
Justin Moore, PT, DPT
Executive Vice President, Public Affairs
American Physical Therapy Association
1111 North Fairfax Street
Alexandria, VA 22314

@Policy4PT
justinmoore@apta.org
www.apta.org
703-706-8533