

PRINCIPLES AND OBJECTIVES FOR HEALTH SERVICES IN THE UNITED STATES HOD P06-19-17-66 [Amended: HOD P06-13-20-18; Initial: HOD P06-04-17-16;] [Previously Titled: Principles and Objectives for the United States Health Care System] [Position]

The American Physical Therapy Association (APTA) supports high-quality health services and business models in the United States that are accessible and meet the needs of individuals, patient and client populations, and communities. Health services must provide for the needs of those with disease and disability and more expansively include services to improve the health and well-being of all individuals. The delivery of health services must be transparent, coordinated, collaborative, comprehensive, and effective (cost, quality, and value); must prioritize patient and client choice; and must include physical therapist services. Physical therapists are integral to health services and health services teams and make unique contributions that are essential for comprehensive health services regardless of the model of delivery.

APTA supports the following guiding principles for health services in the United States:

PRINCIPLE I: ACCESS

Health services provide access for all persons of all ages inclusive of:

- Respect for individual autonomy to select providers who are qualified and authorized by state and other jurisdictional law to provide health services, including physical therapists.
- Coverage that is free of arbitrary restrictions, especially referral requirements, that impede availability of, access to, or payment for physical therapist services.
- Provision of health services within the full scope of providers' practice as supported by their education, training, and professional standards, including direct access to physical therapist services.
- New models that facilitate high-quality health services delivery. These health service delivery models may necessitate changes in law, regulation, payment policy, and institutional bylaws to optimize outcomes, efficiency, and cost effectiveness.
- The ability for individuals to choose high-quality, affordable health services coverage based on transparent and complete information regardless of type of plan (government, employer, private). APTA supports plans that allow for pre-tax accounts that can be used for long-term care and other patient-defined health needs.
- Coverage that cannot be denied due to preexisting or congenital health conditions.
- Education and training of sufficient numbers and types of health professionals, including training in team-based service delivery.
- Coverage for programs and incentives that prevent injury, impairments, activity limitations, participation restrictions, and illness; that promote improved health and wellness; and that aid in maintenance of functional independence for individuals with chronic disease and long-term disability.
- Coverage for necessary assistive technology, including but not limited to technology and clinically related durable medical equipment and services.

PRINCIPLE II: QUALITY OF HEALTH SERVICES

Health services must be patient-centered; must focus on quality, inclusive of safety, effectiveness, efficiency, and timeliness; and must be equitable.¹ Quality is the measure against which individuals and communities achieve desired health outcomes, including functional outcomes.

- Health services are delivered based on clinical evidence.¹
- Health services are delivered competently, including technical and cultural competence.¹
- Delivery of health services is patient-centered, inclusive of patient goals and desired outcomes.
- Health services are delivered using appropriate measures, including examination, evaluation, diagnosis, prognosis,

intervention, and outcomes.²

- Positive indicators of high-quality health services as defined by physical therapists include measures of outcome, including functional outcomes; individual achievement for maximizing independent living; individual establishment of a healthy lifestyle; optimal symptom management of pain, impairment, activity limitations, participation restrictions, and disability; and satisfaction of patients and clients as well as providers.
- Quality health services are promoted when physical therapists hold themselves accountable to the public and to payers through peer review. Physical therapists are the only appropriate professionals to review the delivery and utilization of physical therapist services.

PRINCIPLE III: VALUE BASED PAYMENT

Equitable payment is based on the value of services provided and must be reasonable based on cost over value.³ This core principle of payment, including payment for physical therapist services, must be universal, irrespective of payer or health system.

- Mechanisms to control costs must include models that provide for innovative service delivery, including the use of and payment for telehealth and virtual visits.⁴
- Models of health services delivery that improve efficiency, decrease cost, improve patient satisfaction, and result in positive health outcomes shall include physical therapists as entry-point providers for individuals who are safely and effectively managed by physical therapists.
- Value-based payment must include wellness and prevention services that result in higher health status, lower cost, and fewer hospitalizations and procedures, with payment or sharing of savings to the practitioners involved.
- Practitioner referral arrangements are transparent to patients regarding costs and conflicts of interest in the delivery of health services.
- Value-based payment must include sensitive and refined measures that consider the severity of individual condition and the intensity of services provided, and that result in positive health outcomes.

PRINCIPLE IV: TEAM-BASED SERVICES

Team-based health services must be delivered in an integrated manner that results in the coordination of health services to individuals, families, and/or their communities. The team must function around the needs of the patient, with identification of the team leader based on the needs of the patient. This team leader may change with the changing needs of the patient.¹ Team-based services must identify, establish, and measure the basic principles and expectations that result in improved services and health of the individual or patient population.

- Team-based services must be purposeful and organized, with appropriate “handoffs” of responsibility and information.¹
- Team-based services models must measure outcomes of the services provided to the individual or patient populations, to ensure that services are most efficient and of highest quality.
- Team-based services are broad, including all health services settings, such as primary and acute care, chronic care, rehabilitation, and hospice.¹
- Patient and patient-defined family members are part of the health service team which, at the patient’s request, are included in the identification of patient and client goals, the coordination of services across settings, and the team’s established lines of communication.¹
- Team-based delivery of services must include defined roles, functions, responsibilities,¹ including the concepts of new delivery models that allow all providers to exercise their professional judgment within their full scope of practice.
- The health services team is dynamic, with the needs of the patient determining who best can lead the team at any given point in the service delivery.
- The patient is the center of the health services team. The team does not belong to a single provider, system, or discipline.¹

REFERENCES:

1. Mitchell PM, Wynia R, Golden B, et al. Core principles and values of effective team-based health care. Discussion Paper. Washington, DC:

Institute of Medicine, 2012.

2. Guide to Physical Therapist Practice. 3.0.
3. Porter M, Teisberg E. *Redefining healthcare*. Harvard Business School Press; 2006.
4. Baker LC, Johnson SC, Macaulay D, et al. Integrated telehealth and care management program for Medicare beneficiaries with chronic disease linked to savings. *Health Affairs*. 2011;30(9).

Explanation of Reference Numbers:

HOD P00-00-00-00 stands for House of Delegates/**month**/**year**/**page**/**vote** in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure