

On June 24<sup>th</sup>, 2009 APTA hosted its first Virtual Rally for Health Care reform. There were over six hundred participants during the presentation representing all fifty states. Due to time constraints we were unable to answer the many valuable questions we received during the Town Hall session of the presentation and wanted to make some of these answers available.

A lot of questions we have received pertain to future expectations of Health Care Reform and assumptions on what will be in the final bill. Unfortunately, these are questions that currently don't have answers. Health Care Reform has been gaining momentum and will continue changes on legislation through the mark-up and amendment processes. As changes occur, APTA will notify its members as soon as possible. If you want updates on this, and other legislation please join our PTeam today!

**1. Please explain the Accountable Care Organization in more detail.**

A) An Accountable Care Organization (ACO) would be a group of physicians or hospitals responsible for both providing quality care and managing the health care spending of their clients. A system of incentives would be established to reward ACOs for maintaining patient health and avoiding unnecessary or preventable hospital admissions. One difficulty with establishing ACOs lies in the decision whether or not to make involvement in an ACO mandatory, as voluntary involvement would encourage only those groups who would receive and benefit from the incentives to participate. The overall goal an ACO would be to promote physician coordination and management of health care costs for their patients.

**2. Is there anything in the legislature to provide direct access under Medicare across all the states?**

A) Currently, there isn't anything in the health care reform legislation that includes direct access to physical therapy under Medicare across the United States. APTA has been working with Congress on a direct access bill (H.R. 1829/ S. 950) that will do just that, but it has not yet been included in overall health care reform. In the meantime, APTA is still pushing this bill and currently has 84 co sponsors in the House of Representatives and 9 in the Senate.

**3. How can we get access to the stimulus funds to implement electronic medical records that are now available to the physicians, so we are not left out of the new healthcare model?**

A) The stimulus package included \$19 billion for health information technology (HIT) as part of an effort to make all U.S. health records electronic by 2014. \$2 billion of the allotted funds will be used for HIT grants, which PTs will be eligible for. The other \$17 billion will go towards Medicare and Medicaid bonus payments to assist hospitals and physicians implement HIT, which PTs are not eligible for. APTA pushed hard to have PTs included in that \$17 billion, but at the end of the day

Congress only had so much money this time around to use for HIT. We are continuing this battle as we look at health care reform. In our view, it's hard to set a national goal of integrated HIT in the U.S. if not all health care providers can afford to be connected. You will be able to compete for the \$2 billion in HIT grants once the information is issued by HHS. We do not have a date to when they will start the process; however, we will let you know in an Information Bulletin or PT Bulletin article.

**4. What impact would bundling have on therapy services provided in the SNF setting?**

A) In efforts to reform payment for post acute care (PAC) services under Medicare, a pilot program for bundling PAC services was in the House legislation H.R. 3200. PAC services include skilled nursing facilities (SNFs), inpatient rehabilitation facilities (IRFs), long term care hospitals (LTCHs), hospital-based outpatient rehab facilities, home health agencies, or any other services deemed appropriate by the secretary after the individual is discharged from the hospital.

The Secretary is instructed to speak with stakeholders, collect relevant data, and examine the issues and impacts of PAC reform in the development of the plan. The Secretary must issue a final report no later than 3 years after the date of enactment. By Jan 1, 2011, the Secretary will convert the acute care episode demonstration to a pilot program and expand it so it will include post acute services and other services the Secretary deems appropriate. This program will be expanded by the Secretary only if it is found that the quality of care is increased and the expenditures are decreased.

**5. Where do the DME needs of our patients fit in this plan?**

A) The coverage of DME will depend on which proposed health care reform plan is chosen, so it is difficult to say at this time how DME supply will be affected.

**6. Is there collaboration between AOTA and ASHA to have a more effective voice in health care reform between the therapy groups?**

A) As associations that also represent therapy providers, AOTA and ASHA continue to be effective partners for APTA in crucial issues that share importance among all three of our groups. The most obvious example of our collaboration comes in the pursuit of a permanent repeal of the Medicare therapy caps -- a shared issue that affects all of us as therapy providers. Combining our message has been beneficial over the years as we have sought to extend the therapy cap extensions process, and we will continue our working relationship until the issue is permanently and satisfactorily resolved. Groups such as AOTA and ASHA have also been helpful to collaborate with in such bills as the Access to Frontline Health Care Act (H.R. 2891), since each of our groups are specified in the language as professions of healthcare shortages that would benefit from proposed student loan forgiveness programs.

**7. Have you thought about how we are going to educate the public about their role in keeping the health care costs down? We could utilize PT as a source of prevention for the public to minimize need for excessive medical services.**

A) APTA has been active in making physical therapists a primary care provider for prevention. Through our lobbying efforts as well as APTA's new "Move Forward" program, we hope the public and our Members of Congress will become educated on the importance of physical therapists in keeping health care costs down.

**8. Is there any language on the Senate side to remove the Therapy Cap yet?**

A) Currently (as of 8/11/09), the Senate Finance Committee has not introduced their legislation. The Senate Finance Committee has jurisdiction over Medicare in the Senate and would be the one to address the therapy cap. We are waiting for a draft to come out in September that will indicate what the Senate plans to do in order to handle this issue. This may be similar to the House draft which includes a two year exception process to the cap that has been used for the past several years. There is a possibility that the Senate will come to the same two year conclusion that the House has done, but APTA staff have been pressing the issue of repeal of the Medicare therapy cap during this time of major reform of the healthcare system.

**9. Given APTA's focus on our new brand with respect to movement vs. rehabilitation, do we really want to be so closely associated with "rehabilitation"?**

A) Given physical therapy's reputation as a leader in the area of rehabilitation and the large public demand for rehabilitation services, APTA will continue to work to maintain physical therapy as a practitioner of choice for rehabilitation. The inclusion of physical therapy in a lot of health care legislation is dependent upon our role as a rehabilitation provider and we also benefit from joining with other rehabilitation based associations such as AOTA and ASHA in our legislative efforts. We also continue to advocate for legislation that would support the utilization of physical therapy for health, wellness and preventative health care.

**10. In the spirit of changing the delivery model--has PT been in the discussion of playing a key role for proper and efficient triage of musculoskeletal problems?**

A) Currently much of the focus of a medical home type of model are centered on primary care, however we have had conversations with Committees about the PT role with rehabilitation. Plus, we have been lobbying to have rehabilitation services covered under all proposed health exchange benefits.

**11. What resources are available from APTA to educate our patients and encourage they lobby on our behalf?**

**12.** A) APTA has been trying to not only encourage advocacy through its members, but also give patients the resources to assist in our efforts on legislation that affects them as well.

The Patient Action Center on our website is a way to get them involved using the same format our members do. We have also recently added a printable Patient Bulletin for members who have patients that may not have easy computer access. For each issue (Direct Access and Medicare Therapy Cap) these Bulletins can be found by members in the Resource Centers on the “Advocacy” page of the APTA website. Both the Patient Bulletin describing the legislation and a sample letter can be printed for patients by members to give them all the resources needed for this process. **Can you explain "medical home"?**

A) Previously, the concept of a “medical home” has been utilized in pediatric medicine – in an attempt to generate higher quality care, improve preventative medicine, and improve outcomes in pediatric medical care. The medical home model is built on the principle that each patient will develop an ongoing relationship with a personal physician in order to produce patient-centered care. This physician focuses on the care of the whole person, and will direct medical care appropriately. The goal of this model would be to facilitate improved patient care, with increased coordination between specialty providers (via the primary physician, nurse practitioner or physician assistant). This would ideally improve patient access to preventative care, and shift the focus of health care by providing incentives for the coordination and delivery of efficient, high quality patient care. As could be anticipated, payment reform is an important part of the discussion surrounding the medical home model.

### **13. Can you explain a bit more on RACs**

A) Recovery Audit Contractors (RACs) were a demonstration project by CMS from 2005-2008. The project has now been made permanent, and RACs will begin auditing claims this summer. There are two types of audits which will take place: automated reviews – which will focus on simple billing discrepancies (ex: 2 units billed for a single evaluation), and complex reviews – which will require full evaluation of the patient’s medical record to verify that the documentation supports the services billed. More info is available on the APTA website at: [http://www.apta.org/AM/Template.cfm?Section=Denials\\_Audits\\_Appeals&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=169&ContentID=18291](http://www.apta.org/AM/Template.cfm?Section=Denials_Audits_Appeals&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=169&ContentID=18291).