Podcast series: Value-Based Care

Episode 1: How Good Are You?

Welcome to APTA’s podcast series on value-based care, which explains how value is measured in the provision of health care, and describes different aspects of the Quality Payment Program, including the Merit-based Incentive Program, or MIPS, and Advanced Alternative Payment Models, or Advanced APMs. Episode 1 is How Good Are You?

I’m Heather Smith, APTA’s director of quality.

If someone asked you “how good are you as a physical therapist or physical therapist assistant?” hopefully your answer would be, “I am great.” But to really answer this question you need to know more.

First, who is asking? A patient, a payer, and an employer all are likely looking for different answers to this question. The patient wants to know if you have seen other patients with similar problems and if you were able to make them better. The payer wants to know how many visits it will take and how much it is going to cost to make the patient better. And your boss wants to make sure you are keeping patients happy, and you are not wasting resources.

Second, how is “good” measured? Whether you are being judged on your performance by a patient, a payer, or your boss, you want to know what measure or metric will be used. You want to know if the measure will take into account the individual characteristics of the patient that the metrics you are being judged on are the same as those being used to assess your peers, and that items that are being measured are useful and reliable.

Let’s look at how physical therapy care is currently measured and how that information is used. The most consistent and frequently measured piece of information is cost or utilization data gathered through billing claims. This claims-based data is used when payment for services is bundled in a single payment, such as in hospitals; when services are paid on a fee-for-service basis, such as in outpatient practices; or even in home health settings where there is a complex metric based on multiple factors. In all of these settings, the most commonly used measure of the performance of a physical therapist or physical therapist assistant is the number of patients that they see in a day, number of visits in a week or month, average number of visits per patient, and how many “units” are billed. Sometimes an organization will collect specific information on a patient; however, the information that is collected may or may not be the same within the organization and it may or may not be collected at initial visit and discharge.

One thing is certain—physical therapists, physical therapist assistants, payers, and health care organizations have not adopted a standard framework for how this information should be collected. However, APTA has embraced a framework that is being used by many in health care to help provide clarity that describes how “good” you are. The framework focuses on the term “value,” defined here as the health outcomes achieved per dollar spent. In upcoming podcasts
within this series, we will further define value and help put it in the context of the current health care environment. We will describe how our performance is measured and how working together as a unified voice PTs and PTAs can better define and describe how we should be judged. This will allow us as a profession to communicate to payers how physical therapy can cost effectively meet the needs of patients and communicate to patients that we are the providers of choice to help them optimize their movement.

This has been Episode 1 of the podcast series on value-based care. To find all episodes of this series, go to www.apta.org/MACRA/. You also can find these and all APTA podcasts on iTunes by searching APTA Podcasts or by going to www.apta.org/Podcasts. Thanks for listening.


[Contact: advocacy@apta.org | Last Updated: 1/26/18]