

PRINCIPLES AND OBJECTIVES FOR THE UNITED STATES HEALTH CARE SYSTEM HOD P06-13-20-18 [Initial HOD P06-04-17-16] [Position]

The American Physical Therapy Association (APTA) supports a health care system that provides all individuals within the United States access to and provision of high-quality health care that meets the needs of individuals, patient populations, and communities. The system must include provision of coordinated, collaborative, comprehensive, effective (cost, quality, and value) care, including physical therapist services. Physical therapists are integral to health care and health care teams and make unique contributions that are essential for comprehensive health care regardless of the model of health care delivery.

APTA endorses the following guiding principles for the United States health care system:

PRINCIPLE I: ACCESS TO CARE

The health care system provides access to care 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 care services, including physical therapists.
- Provision of health care services within the full scope of providers' practice as supported by their education, training, and professional standards, including direct access to physical therapist services.
- Health care service delivery models that facilitate high-quality patient-centered care. These health care 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 care coverage based on transparent and complete information regardless of type of plan (government, employer, private). These plans should allow for pre-tax accounts that can be used for long-term care and other patient-defined health care needs.
- Coverage that cannot be denied due to preexisting or congenital health conditions.
- Education and training of sufficient numbers and types of health care professionals.
- Coverage for programs and incentives that prevent injury, impairments, activity limitations, participation restrictions, and illness; and that promote wellness and aid in maintenance of functional independence for individuals with chronic disease and long-term disability.
- Coverage for medically necessary assistive technology, including but not limited to durable medical equipment.

PRINCIPLE II: QUALITY OF CARE

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

- Care is delivered based on clinical evidence.¹
- Care is delivered competently, including technical and cultural competence.¹
- Delivery of care is patient-centered, inclusive of patient goals and desired outcomes.
- Care is delivered using appropriate measures, including examination, evaluation, diagnosis, prognosis, intervention, and outcomes.²
- Positive indicators of high-quality care as defined by physical therapists should 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 patient/provider satisfaction.

- Physical therapists will hold themselves accountable to the public and to payers through peer review, and physical therapists are the only appropriate professionals to review the delivery and utilization of physical therapist services.

PRINCIPLE III: VALUE-BASED PAYMENT

The health care system must provide equitable payment based on value of care 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 care system.

- Mechanisms to control costs must include models that provide innovative care delivery, including the use of and payment for telemedicine and virtual visits.⁴
- Models of health care delivery that improve efficiency, decrease cost, improve patient satisfaction, and result in positive health outcomes will include physical therapists as care entry points for individuals who can and should be safely and effectively managed by physical therapists.
- Value-based payment must include wellness and prevention services that result in higher health status, less cost, and fewer hospitalizations and procedures, with payment or sharing of savings to the practitioners involved.
- Practitioner referral arrangements that result in profit back to the referring practitioner must be prohibited by law.
- Value-based payment must include sensitive and refined measures that consider the severity of individual condition and intensity of services provided and that result in positive health outcomes.⁵

PRINCIPLE IV: TEAM-BASED CARE

Team-based health care 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 should change with the changing needs of the patient.¹ Team-based care must identify, establish, and measure the basic principles and expectations that result in improved care to the individual or patient population.

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

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. www.iom.edu/tbc http://www.peerpt.com/website/index.php?option=com_content&view=article&id=10&Itemid=10.
2. Guide to Physical Therapist Practice. 2nd ed. *Phys Ther*. 2001;81:9-744.
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). <http://content.healthaffairs.org/content/30/9/1689.abstract>.
5. American Physical Therapy Association Guiding Principles, Alternative Payment System Task Force

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Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/**month**/**year**/**page**/**vote** in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

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