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APTA Statement on Transition to Alternative Payment Models (Including CJR)

In January 2015, the Department of Health and Human Services (HHS) announced its plan to move aggressively on its goal to transition 30% of traditional fee-for-service Medicare payments to alternative payment models (APMs) such as the Comprehensive Care Joint Replacement (CJR) program by the end of 2016, and 50% by the end of 2018. HHS announced that it has reached the 30% goal ahead of schedule and will move toward the next milestone.

While APTA supports the goal of basing Medicare payment on value and improved outcomes, we are concerned about potential hurdles that may impede physical therapists from fully participating in these new APMs. Specifically, we are troubled by how much focus has been placed exclusively on ensuring the participation of physicians and hospitals in these models.

We strongly believe that the success of CJR and other APMs in improving the quality of care and decreasing costs will depend on the collective efforts of all health care providers throughout the health care spectrum, including physical therapists in private practice, home health agencies, rehabilitation agencies, inpatient rehabilitation facilities, skilled nursing facilities, and other provider settings.

The association has created an expansive advocacy and education plan for the implementation of CJR and APMs. First, we will continue to advocate for regulations that establish the appropriate pathways for physical therapists to partner with hospitals and other health care providers to participate in CJR and other APMs. Second, we will continue to advocate for legal safeguards that will prevent unfair business practices such as cherry-picking and infringement on a patient's freedom of choice. Third, we will continue to advocate that the quality programs within CJR and other APMs contain a robust set of measures that show the positive effects of physical therapist interventions on patient function. Fourth, we will be vigilant in monitoring the implementation of CJR and other APMs and alert HHS to potential wrongdoings for appropriate action.

Last, APTA will diligently educate the profession about rules and regulations that govern CJR and other APMs as well as provide clinical and practice management resources so that physical therapists are fully equipped to operate in these new payment models. Educational resources are already offered around the idea of [APMs in general](#), and the [CJR in particular](#), and we plan on continuing to expand these efforts.

As CJR and other APMs are implemented, APTA strongly urges members to alert the association to the issues they are facing in the field. Feedback from the membership will be critical as we seek to address unfair business practices and advocate for

comprehensive laws that encourage meaningful participation from the full spectrum of providers across the care continuum. Communication can be directed to advocacy@apta.org.

APTA is committed to ensuring the success and viability of the physical therapy profession as health care transitions to APMs, and we will remain steadfast in advocating on behalf of our membership with policymakers as CJR and other APMs are implemented.

[Contact: advocacy@apta.org | Last Updated: 4/14/16]