

September 24, 2018

Michael Shores
Director
Office of Regulation Policy & Management
Office of the Secretary
Department of Veterans Affairs
810 Vermont Avenue, NW
Room 1063B
Washington, DC 20420

Re: Notice of Request for Information Regarding Health Care Standards for Quality [FR Doc No: 2018-18440]

Dear Director Shores:

On behalf of our more than 100,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association (APTA) respectfully submits comments to the Department of Veterans Affairs (VA) in response to the VA's Request for Information (RFI) Regarding Health Care Standards for Quality. The mission of APTA is to further the profession's role in the prevention, diagnosis, and treatment of movement dysfunctions and the enhancement of the physical health and functional abilities of members of the public. Physical therapists play a unique role in society in prevention, wellness, fitness, health promotion, and management of disease and disability by serving as a dynamic bridge between health and health services delivery for individuals across the age span. While physical therapists are experts in rehabilitation and habilitation, they also have the expertise and the opportunity to help individuals improve overall health and prevent the need for otherwise avoidable health care services. Physical therapists' roles may include education, direct intervention, research, advocacy, and collaborative consultation. These roles are essential to the profession's vision of transforming society by optimizing movement to improve the human experience.

APTA appreciates the opportunity to provide comment to the VA on health care quality standards required by the VA MISSION Act. Please find below our detailed comments responding to the RFI.

Quality Measures

Currently, public and private sector providers have a variety of options for monitoring quality. APTA recommends the VA utilize existing standards rather than expending resources to develop standards from scratch. There are various options available, including the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS includes more than 90 measures across 6 domains including effectiveness, access/availability, experience of care and risk adjusted utilization. The VA should also look to the Centers for Medicare and Medicaid Services (CMS), which has been developing quality measures through its various Quality Reporting Programs, including the Merit-based Incentive Payment System (MIPS). Utilizing the standards already developed by CMS for Medicare practitioners will be especially beneficial for the VA, allowing veterans to accurately compare providers both within the VA system and outside of it through the use of the same quality standards.

We also recommend the VA consider adding specific functional outcomes measures for a more comprehensive assessment of the physical function of this population. Such measures would help to better prevent a deterioration in physical function and ultimately the need for increased rehabilitative and habilitative services, helping physical therapists, in conjunction with other members of the health care team, rely on patient-reported data to assess patient function and establish goals under a plan of care.

We suggest that the VA consider adopting the following quality measures which physical therapists commonly use to assess patients' physical function across a variety of settings and health conditions:

- *Oswestry Low Back Pain Questionnaire*: Physical therapists who treat patients with orthopedic disorders frequently use this tool to measure patient's functional disabilities resulting from low back pain. This questionnaire asks patients to assess their ability to perform tasks and activities including sitting, standing, socializing, and personal care, among others.
- *Neck Disability Index (NDI)*: To assess function among patients who are experiencing neck pain, physical therapists use the NDI to collect PRO data on patients' limitations in performing activities including lifting, driving, and reading, among others.
- *Disabilities of the Arm, Shoulder, and Hand (DASH)*: For patients experiencing functional limitations in the arm, shoulder or hand, physical therapists often use the DASH tool to assess the level of difficulty that patients experience during work, sports, and daily living activities.
- *Lower Extremity Functional Scale (LEFS)*: When treating patients with limited function in their lower limbs, physical therapists often use the LEFS to assess patients' level of difficulty in performing activities such as work, household activities, walking, sitting, and standing, among others.
- *Focus on Therapy Outcomes (FOTO)*: Physical therapists use the FOTO measure in outpatient settings to precisely measure patients' functional status by body region and condition with Computer Adaptive Testing (CAT).

- *Activity Measure for Post-Acute Care (AM-PAC)*: Physical therapists use the AM-PAC measure to assess patients' abilities across three areas: activities of daily living, cognition, and functional mobility.
- *Patient-Reported Outcomes Measurement Information System (PROMIS)*: Physical therapists use specific domains under the PROMIS tool to assess patients' global physical function.

Comparison Tools

APTA recommends that once the VA has collected data on quality standards, this data should be shared with veterans to better enable them to make health care decisions based upon their individual needs, goals, and desires. Given that the VA is expending resources to establish standards and make determinations based on such, this data should be collected and utilized to the fullest extent possible. As has already been done with Medicare, we recommend the VA establish a dataset for veterans to compare facilities, group practices, and individual clinicians, both within the VA system as well as in comparison to those providers in the community. It is imperative comparative tools include both VA and community providers so veterans may make an informed decision as to whether they want to seek care outside of the VA. Such provider datasets could include demographic information, measure performance rates, and utilization. It may be the case that a veteran is willing to wait longer for an appointment with a more qualified or experienced provider, wherein other cases, time of appointment or distance traveled is the primary factor affecting the veteran's decision. Veterans should have access to information that aids their medical decision-making, as it is the veterans who ultimately should be in control of choosing where, when, and how they receive health care services.

Similar tools are already in existence. For instance, Qualified Clinical Data Registries (QCDR), including the [Physical Therapy Outcomes Registry](#) administered by APTA, track outcome measures that can be used to assess the value of a provider's services. Furthermore, if enough data is collected, predictions can be made about the course of care for specific conditions. This would allow veterans to better understand the anticipated course of treatment before it begins, including the expected time commitment and likely outcome, among other factors that affect their health care decisions. The VA could utilize these existing tools, or develop their own in order to put this information in the hands of veterans.

Value-based Payment Models

In order to ensure quality standards are adhered to, APTA recommends the VA consider alternative payment models (APM) for VA Choice and Patient-Centered Community Care (PC3) providers, such as capitation or episodic payment models. Such models also should promote preventive health care models, rewarding the provider, such as a physical therapist, for preventing rather than treating an illness or injury. The VA may look to the various programs implemented by CMS to determine which model best fits the needs of veterans. By employing APMs, the VA will incentivize providers to prioritize the quality of the care they provide rather than the number of patients they see.

Conclusion

APTA thanks the VA for the opportunity to provide feedback in response to its RFI regarding health care quality standards. We commend the VA for seeking to implement standards designed

to help veterans access high-quality services and look forward to serving as a resource to the VA as it continues to implement the VA Mission Act of 2018.

Should you have any questions regarding our comments, please contact Kate W. Gilliard, Sr. Regulatory Affairs Specialist, at kategilliard@apta.org or 703/706-8549. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Sharon L. Dunn". The signature is written in a cursive, flowing style.

Sharon L. Dunn PT, PhD
Board-Certified Orthopaedic Clinical Specialist
President

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