

THE ROLE OF PHYSICAL THERAPY IN HEALTH MANAGEMENT FOR PEOPLE WITH CHRONIC DISABILITY HOD P06-13-27-26 [Position]

Whereas, The number of people across the lifespan living with chronic disability is increasing, and they have health care needs that are not adequately being met or covered by the current system of management and reimbursement¹;

Whereas, Those individuals have health care needs that, because of personal income limitations, require reimbursement by both Medicare and Medicaid, and commonly are referred to in the literature as being “dual eligible”²;

Whereas, Those who are identified under dual eligible criteria have a wide range of conditions; often have multiple chronic health care problems, overall poor health, and multiple disabilities, the care for which is described as being high need or high cost; and require extensive support across multiple episodes of care²;

Whereas, The current model of management involving episodic care is not adequate to meet the needs of those living with chronic disability and relying on both Medicare and Medicaid for the reimbursement of physical therapist services;

Whereas, Governmental agencies are the insurers of last resort for the majority of those with chronic or degenerative disability and who are classified as being dual eligible;

Whereas, The Medicare-Medicaid Coordination Office and the Center for Medicare and Medicaid Innovation, created under the Patient Protection and Affordable Care Act, are working with states to develop new approaches to improve care for beneficiaries who are dual eligible²;

Whereas, Finding a means to ensure coordinated and efficient care is necessary in the current climate of reimbursement by Medicare and Medicaid; and,

Whereas, The American Physical Therapy Association Code of Ethics for the Physical Therapist (Code) and Standards of Ethical Conduct for the Physical Therapist Assistant state that physical therapists and physical therapist assistants shall act “in the patient’s/client’s best interest in all practice settings,”^{3,4} and the Code states that physical therapists “shall advocate for the reduction of disparity in health care” and “improved access to health care services”³ for all individuals;

Resolved, That the American Physical Therapy Association support and advocate for timely and regular access to physical therapist services, rehabilitation equipment, and assistive/adaptive devices for children and adults with severe chronic physical disability, with particular attention to the health needs of the population who are disabled and are dual eligible under Medicare and Medicaid, so that all people with chronic disability will experience better health and improved life participation.

1. Murray CJL, Vos T, Lozano R, et al. Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *The Lancet*. 2012;380(9859):2197-2223.
2. Jacobson G, Neuman T, Damico A. Medicare’s role for dual eligible beneficiaries. Washington, DC: *Kaiser Family Foundation*. 2012.
3. House of Delegates. Code of Ethics for the Physical Therapist. (HOD S06-09-07-12) American Physical Therapy Association. <http://www.apta.org>.
4. House of Delegates. Standard of Ethical Conduct for the Physical Therapist Assistant. (HOD S06-09-20-18) American Physical Therapy Association. <http://www.apta.org>.

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