Continuing the Momentum of Rehabilitation Services Transition to Population Health Management and Value: Is There a Prescient Opportunity for Ambulatory (Outpatient) Physical Therapy?

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Disclosures (DB)

- Active Participant, Focus On Therapeutic Outcomes, Inc.
St. Elizabeth Healthcare

- Six hospitals in four counties
  - Edgewood, Covington, Grant, Florence, Fort Thomas, Erlanger (total of 1200 beds)
- 8500 Associates; 350 Employed Physicians (PCPs, Hospitalists, Specialists)
- Services: Cardiology, Oncology, Orthopedics/Sports, Women’s Health, Obstetrics/NICU, Neurology
- Care Network Partner with Mayo Clinic
- Home health joint venture with Associated Nursing Services
- HSN (affiliation with Tri-Health)
Rehabilitation Services and Sports Medicine

- Physical therapy, occupational therapy, speech language pathology, sports medicine, athletic training services, EMG
- Acute care, skilled nursing (short-term) and multiple outpatient locations
- Clinical specialty programs: lymphedema/oncology, hand, vestibular/balance, TMD, orthopedics, sports, women’s health
- Provide athletic training services for Thomas More College and Northern Kentucky University
- Team Physician services provided
- Provide athletic training services for 23 High Schools, 9 Middle Schools, and several club sports programs
- 42 Athletic Trainers
Objectives

Describe the current healthcare financing system led by CMS including payment updates and models enacted to improve value and provide future cost reduction.

Provide examples of improving value in outpatient orthopedic physical therapy, through a case study approach which address medical history, inclusion of health-related interventions, and addressing barriers from patient behavior adoption and clinical practice inclusion.
What Is Our Value Proposition?

Value = Quality/Cost
Value = Outcomes/Cost
Value as a Consumer

More Value
- Same Low Prices
Quadruple Aim of Healthcare:

- Improve Care
- Improve Health
- Lower Cost
- Health Equity; Joy in Work

Berwick D, Nolan T, Whittington J. The Triple Aim: Care, Health, and Cost. Health Affairs. 27 no. 3 2008 759-769

Bodenheimer T and Sinsky C. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. Ann Fam Med 2014: 12(6); 573-576

Feeley D. The Triple Aim or the Quadruple Aim? Four Points to Help set your Strategy. IHI Blog, Nov 2017
Value in Health Care

- **Value = Outcomes/cost**
  - Need to track longitudinally

- **Challenges:** most measures are process not outcomes

- **Care involves multiple specialties and interventions**

- **Value for patients only revealed over time:** sustainable recovery, future need for interventions, occurrences of treatment induced illnesses

Identification of Best Practices
Measurement of Provider Performance
Value Based Health Care
Policy Development and Implementation
Cost Effectiveness

U.S. Healthcare Spending

$3,500,000,000,000 in 2017

17.9% of GDP

$10,348 per capita (2016)

5.5% growth rate annually projected
What is Driving Costs?

- Demographics
  - 10K people turn 65 every day
- Chronic disease
- Multiple stakeholders with conflicting $$ incentives
- Litigation/defensive medicine

- Fragmented care delivery
- Medical technology
- Fraud and abuse
- Administrative costs
- Others?
Healthcare Cost Realities

- Patients with:
  - Medicare: growing 7.4% annually
  - Medicaid: growing 5.8% annually
  - Private Insurance: growing 5.1% annually
- Uninsured rate at approximately 9%
Patient Protection & Affordable Care Act

- Improve Quality
- Lower Costs
- Financing Redistribution
- PPACA
- Insurance Reforms
- Improve Access
- Key Consumer Provisions
Care Delivery Models: Improve Quality and Efficiency

- Bundled payment (BPCI; CJR)
- Hospital readmission penalties
  COPD, AMI, CHF, PNA, Orthopedics
MACRA:

MIPS

APMS
ACA Changes (2018):

- Repeal of the individual mandate penalty to $0 (begins in 2019)
  - Retains dependent coverage option to age 26
  - Prohibition on pre-existing condition exclusions
  - Retain health insurance market places
- Add state option to require work for qualified Medicaid recipients (legislative challenge under appeal)
  - No change to Medicare benefits
CMS Quality Measure Development Plan (2018)

- Outcome measures
  - Patient reported
  - Functional status
- Patient experience measures
- Care coordination measures
- Measures of appropriate use of services
SNF Patient Direct Payment Model (PDPM) 2018:

- RUGS-IV eliminated for therapy, remains for nursing
- Creation of 10 clinical categories (Section G)
- Scheduled for implementation Oct 2019
MIPS Year 2 Final (2018)

- Physicians
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- CRNAs

MIPS Year 3 (2019 - Proposed)

Addition of:
- Physical Therapists
- Occupational Therapists
- Clinical Psychologists
- Clinical Social Workers
MIPS in 2019:
- PTs in PP
- NOT PTs in Hosp.
- Group practices assessed as a whole
- Can voluntarily OPT-IN
- Review APTA resources

Participate in:
- Quality Payment Program
- Quality and,
- Clinical Improvement activities
- APTA PT Outcomes Registry recognized by CMS as a qualified clinical data registry
2019:

Proposed low-volume threshold includes MIPS eligible clinicians billing more than $90,000 a year in allowed charges for covered professional services under the Medicare Physician Fee Schedule AND furnishing covered professional services to more than 200 Medicare beneficiaries a year AND providing more than 200 covered professional services under the PFS.

To be included, a clinician must exceed all three criterion.
Rehabilitation Continuum

Acute Care

Outpatient

Skilled Nursing
Inpatient Rehab
Home Health
LTACH

Assisted Living

Patient: Post Acute Care Continuum
Payment Methodologies

- Skilled Nursing
- RUGs
- Inpatient Rehab
- IRF-PAI
- MDS
- Home Health
- OASIS-C
- Outpatient
- FFS
- Acute Care
- DRGs
- Observation
- LTAH
- DRG
Professionally…..We are on a Journey!

- Uniform data collection of specified variables in *all* settings
- System delivery redesign
- Culture changes

Jette AM. Moving from Volume-based to Value-based Rehabilitation Care. PTJ 2018;98(1); 1-2
We MUST Be Thinking About Our Value in ALL That We Do as Physical Therapists, in ALL Levels of Care!

- Clinical Interventions
- Time management and efficiency
- Clinical outcomes vs cost
- Overall health of EACH patient and medical history “prognosis”
How do I optimize my time with each patient?

Can I keep my focus on the current realities, with an understanding of the work required for building our future - big picture?
Patients who experience hospital acquired functional decline due to low mobility require costly post-acute care services. The impact of immobility on post-acute care physical function and quality of life is directly at odds with value-based care.

Transition to Value

Present Financing  Population Health Financing

TENSION!
What Are the Implications for Physical Therapy and Rehabilitation Services?
What Is Our Value Proposition?

Value = Quality/Cost

Value = Outcomes/Cost
Goal: Ambulatory Population Management

- Keep patients out of the hospital
  - More than 50% of Medicare beneficiaries have multiple conditions: i.e. diabetes, arthritis, hypertension, kidney disease, obesity, COPD
  - Nearly one in 5 admitted patients are readmitted within 30 days
    - Impact of readmission penalties

- Prevention and management:
  - Chronic disease
Patient Population

Chronic

Some Disease Factors

Relatively healthy-active

Relative healthy-inactive

Adapted from Advisory Board
Chronic Disease Management

- Diabetes
- Congestive Heart Failure (CHF)
- Chronic Obstructive Pulmonary Disease
- Obesity
- Multiple Sclerosis

What other chronic diseases/impairments might PTs assist?
“Providing reassurance and clear advice about the value of exercise in controlling symptoms, and opportunities to participate in exercise programmes that people regard as enjoyable and relevant, may encourage greater exercise participation, which brings a range of health benefits to a large population of people.”

Quality Improvement and Delivering Higher Value

- 47,755 patients in 32 OP clinics (2010-2014)
- Quality Improvement - adult learning and change management:
  - Care delivery expectations
    - Facilitate peer-led operational teams
    - Foster learning environment
    - Collection and analysis of outcomes
- Results: Improved outcomes; decreased utilization; increased adherence to exercise based therapy

Population Health Management

- Retrospective analysis of PT Bundle implemented at Geisinger Health Plan in 2013
- PT Visit rate increased then decreased
- 29-35% reductions in ER visits
- 12-20% reductions in Primary Care visits after six months

Patients who received early physical therapist management had increased odds of achieving MCID on the NDI (aOR = 2.01, 95 % CI 1.57, 2.56) and MCID on the NPRS (aOR = 1.82, 95 % CI 1.42, 2.38), when compared to patients receiving delayed management.

Findings suggest that healthcare systems that provide pathways for patients to receive early physical therapist management of neck pain may realize improved patient outcomes, greater value and higher efficiency in decreasing disability and pain compared to delayed management.

Improving Value: Functional Outcomes Measurement in Outpatient Services

Retrospective analysis of 538 clinics (F.O.T.O.)
90,392 patient episodes (Shoulder and Lumbar Pain)
2040 therapists

Risk adjustment methodology: comorbidities; functional status
at admission; age; exercise level; others.

Clinic and therapist effects explained 11.6% of variation

Gonzalo P, Resnik L, Silver B. Benchmarking Outpatient Rehabilitation Clinics Using Functional Status Outcomes. Health Serv Res 2016 Apr 51(2) 768-89
The Fear Avoidance Model predicts short term pain and disability following lumbar disc surgery:

- Beck Depression Inventory and Fear Avoidance Beliefs questionnaire
  - Moderate relationships with preoperative pain and disability;
  - Preoperative depression and work related fear avoidance beliefs were able to explain leg pain, back pain, and disability

Value Opportunity

Survey 769 physical therapists:
- 19% response rate
- 86% reported rarely or never measuring BMI
- 45% reported consistently addressing overweight or obesity

- Essential that PTs join PCPs in identifying individuals that are overweight or obese and addressing pervasive issue as standard practice

Gostick CL, Blatt D, Cesiro, J. Overweight and Obesity: Physical Therapists Role in Assessment and Intervention. PTJ-PAL 2018: 18(1); 16-27
Value Opportunity

Prediction of Institutionalization after Hip Fracture:

- IADL and MMSE scores taken 4-6 months after hospital discharge may be applicable for prediction of institutionalization among fragility hip fracture patients 1 year after hip fracture
- IADL score of greater than equal to 5 remained in the community-significantly associated with living arrangements

Hongisto MT et al. Does cognitive/physical screening in an outpatient setting predict institutionalization after hip fracture? BMC Musculoskeletal Disorders 2016: 17:444
Case Study # 1

- Medical History
- Health history related interventions
- Barriers
Case Study # 2

- Medical History
- Health history related interventions
- Barriers
Case Study # 3

- Medical History
- Health history related interventions
- Barriers
Case Study # 4

- Medical History
- Health history related interventions
- Barriers
Where Are The Opportunities?

- Develop strategies and tactics around specific patient populations
- Optimize efficiency in each practice segment
- Build collaboration “upstream” and “downstream”
- Position for more integration
Where are the Opportunities?

- Provide evidence based interventions
- Build data capacity in EMR
- Simplify patient access
- Measure and analyze outcomes
  APTA Outcomes Registry
  FOTO
Where are the Opportunities?
Technology Enhancements:

- 1400 + wearable devices for tracking various vitals and activity/exercise levels (Latz B et al, CSM 2016)

Patient Connections Care Sense, Vox TeleHealth; Stryker JointCoach; Strive
Preparing Next Generation

“The next generation of solutions that will require new skills among physical therapists to be partners in the treatment of populations of patients across the continuum of health care settings and coach patients and families in lifestyle management and be accountable for sustaining and improving functional status.”

Dean CM and Duncan PW. Preparing the Next Generation of Physical Therapists for Transformative Practice and Population Management: Example From Macquarie University PTJ 96(3) March 2016
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A Call to Action. PTJ 2013 93:104-114

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Interdisciplinary rounds and hospital readmission rates: Preliminary study.  PTJ 96(11) Nov 2016

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Academy of Acute Care PT Position Statement on Value vs. Productivity Measurement in Acute Care Physical Therapy

The measurement of productivity in acute care physical therapy practice requires an effective system which captures the value of physical therapist services to the patient, as well as value to the healthcare system and society. The current use of time based CPT codes, intended for use in ambulatory care environments, do not capture nor define the value of physical therapist services to the stakeholders of physical therapist services, specifically patients, their significant others, and the health care system. The value for acute care physical therapist services must include the patient’s unique needs that drive the determination of their condition severity and co-morbidities. These include anticipated goals and expected outcomes, taking into consideration the expectations of the patient/client and appropriate others, the intensity of the care provided, and the cost of those services that strive to meet those goals, which can only be achieved through skilled physical therapist services. Physical therapist services in the acute care setting include direct patient care, education to patients/clients, families, significant others, and caregivers and clinical decision making and collaboration with other health care providers to determine the appropriate level of post-acute care. .......

www.acutept.org
Delivery of Value Based Physical Therapist Services
HOD PO6-15-17-09

https://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Practice/DeliveryValueBasedPTServices.pdf

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