



APTQI
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Greetings! We are sending you this e-mail (with attachments) because we know how much you appreciate and value our profession. Over the past few years, there has been significant discussion regarding coding and payment reform related to physical therapy services. The Alliance for Physical Therapy Quality and Innovation (APTQI) formed in response to our growing concern regarding the lack of open discussion/transparency and potential negative impact of the Alternate Payment System (APS) proposal endorsed by the American Physical Therapy Association (APTA). The APTQI has invested significant time and resources over the last two years to understand exactly the path and seemingly unwarranted risks that our professional organization is taking in supporting the coding proposal that has been working its way through the American Medical Association's (AMA) CPT coding committee process. We feel strongly that the lack of inclusion of value and quality in addition to the potential reimbursement and audit harm to the profession is more significant than we have ever faced. Our Board member companies, as well as Affiliate members in large and small private practices, felt compelled to join together to address this issue. Further, we want to update you on some key points regarding healthcare reform, what we support and what has been done thus far.

HEALTH CARE REFORM:

- According to the Institute for Healthcare Improvement (IHI), health care reform consists of the following three focus areas known as the triple aim of healthcare:
 - improving patient experiences (satisfaction, quality and outcome)
 - decreasing cost
 - improving population health
- Many have predicted that in future years this will result in bundled payment/episodic care. Therapists deserve a seat at that payment reform table and there are many more suitable options than what is being endorsed by the APTA and working its way through the AMA committee process.

WHAT WE (APTQI) SUPPORT:

- We support reform initiatives in alignment with the above principles and a transparent health care environment.

- We support Physical and Occupational Therapy as a lower cost alternative to other options (imaging, surgery, medications) which is consistent with the ACA healthcare reform law that encourages less costly interventions and results in improved patient reported outcomes.
- We believe our position is also consistent with the Physical Therapy Business Alliance (PTBA) position which can be found here. <http://www.evidenceinmotion.com/blog/2012/06/13/physical-therapy-business-aliance-ptba-position-on-alternative-payment-system-aps/>
- We support moving away from regulatory administrative burdens that impact our clinicians and moving towards incorporating value, quality, clinical complexity and clinical judgment.
- We support the premise that PT/OT services are a key component in the continuum of care.
- We believe that to obtain the best seat at the table in negotiating for these services in any current or future episodic care or ACO environment, we must demonstrate quality care delivery, successful patient reported outcomes and exceptional patient experiences.
- We believe that any transformational payment reform should be successfully piloted for reliability and validity as well as financially modeled.
- We have been told on multiple occasions by the APTA “the APS coding and payment reform train has left the station and you better get on Board.” We support transparency and collaboration in the process beyond lectures at conferences and this level of communication to its members. Transparency means more than patronizing lectures.
- We believe the APTA’s effort at driving payment reform is a fear based and strategy decision (if we don’t do it someone else will and that will be bad) that wrongly assumes consolidating misvalued codes into an alternative fee for service system will somehow make coding valuation a non-issue for CMS and commercial payors.
- We believe there may be some issues with the current therapy coding system, but we are not aware of any study that substantiates the degree of variability noted with the Proposed APS CPT Codes. In any case, transforming the “current fee for service” CPT therapy coding system with an “unreliable and subjective fee for service system” that does not consider quality and outcomes is strategically flawed.
- We believe that all of the above are important to consider across all practice settings (private practice, acute care, skilled nursing, etc.) as any risk, benefit or change will result in an impact to all.
- Last, but most certainly not least, we FULLY support our employees’ professional development in numerous areas as evidenced by our support of continuing education, Board Certifications, etc.

APTA and ACTIONS TAKEN:

- The APTA 2013 position statement on payment reform can be found on its website.
- The APTA has chosen to propose coding system changes (Alternate Payment System-APS) through the AMA CPT Editorial Panel/RUC process.
- The APTA’s effort at driving payment reform is a fear based decision and strategy that wrongly assumes consolidating misvalued codes into an alternative fee for service system will somehow make coding valuation a non-issue for CMS and commercial payors.
- Over the last year or two, we have expressed significant concerns about this proposal (detailed in the attached letters) including:
 - Lack of value/quality components
 - Lack of any published reliability and validity in the piloting
 - Lack of member involvement
 - Lack of transparency

- Despite the significant changes in codes/code definition to capture clinical judgment, severity and intensity, there is no clear connection to value or quality.
- Associated payment methodologies for the APS proposal have received little or no attention. Reimbursement is a critical issue for any practice and must be part of the discussion now, not after adoption. The AMA RUC process does not prohibit interaction with APTQI beyond surveying.
- As a result of APTQI and other trade group insistence, the APTA/AMA CPT workgroup agreed to conduct a pilot and then failed to be transparent in sharing those results with its own members! The latest information on the website dates back to 2013.
- The proposed system of new CPT codes will still be “Fee For Service” with all of the existing burden that exists today and lacking any clear plan to address regulatory concerns (MPPR, etc.).
- It has been argued by APTA that the current CPT therapy coding system was never tested for statistical reliability and validity and that is not important and slowing down the process.
- Despite numerous attempts to collaborate with the APTA, including offering resources (financial and otherwise) in an effort to be both solution and action oriented, the APTA’s action has been to continue pushing forward the plan at the AMA CPT Editorial Panel/RUC level.
- In various communications over two years, both informal and formal, our concerns have been communicated to the APTA by the APTQI including a presentation by APTQI members to the APTA Board in April 2015.
- The APTA has acknowledged our concerns yet continues to move forward with the current flawed payment model at AMA. Their primary message is centered around on convincing us as to why the APS proposal “is the only way” to accomplish physical therapy coding and payment reform.

We have also attached copies of various comment letters we have sent to CMS, APTA and the AMA. We do not support the current alternative fee for service payment system and we think others would agree if given all the facts. We encourage you to inquire about the proposed APS model working its way through the AMA committee process and gather your own conclusions. We also encourage you to acquire a copy of the “confidential” pilot study results. Our message in these attached letters over the past few years is very clear: ***The APTQI shares the core belief that any coding and payment reform related to physical therapy services should drive payment in line with the value physical therapy services deliver to the patient and other providers in the continuum of care; reduce unnecessary regulatory and administration burdens unrelated to improving the quality of patient care; and be transparent to all parties.***

You may reach out to any of our Board member company representatives if you wish to have further discussions involving the most significant issue facing our industry in the past forty plus years. Millions of dollars have been spent on this issue by CMS and others. Other proposals, as mentioned prior, do exist. We by no means think that we (or anyone) have the perfect ultimate answer today. That said, we do believe that there are many great minds in our profession across the country and with true open discussion and collaboration we can create a promising future that supports the triple aim of healthcare. We look forward to collaborating with our physical and occupational therapy delivery partners!