

Eli's Rehab Report

Pay for Performance: Brace for New Reimbursement Model on the Horizon

Help drive the change rather than wait for what's handed to you

Freezing, capping and slashing your reimbursement has been the unfortunate theme from both private payers and Medicare. But luckily the powers that be are experimenting with a new way to reimburse your healthcare services -- value-based purchasing.

What this means: Policymakers across the government spectrum have been moving in the direction of reimbursing provider services for value -- as opposed to patient volume. Specifically, the CMS has launched the Physician Quality Reporting Initiative (PQRI) to track providers' performance with 74 quality measures.

Moneymaker: One of those 74 quality measures, "screening for future falls risk" applies to physical and occupational therapists in private practice and physician-owned therapy practices -- and if you fall under this category and start reporting this measure the right way, you could land yourself a 1.5 percent bonus for doing so. See the article on the next page for more details on how, but read on to see more importantly why therapists in every setting should be gearing up for measuring their performance.

Stay 1 Step Ahead

From July 1 through Dec. 31, 2007, CMS is opening the door for physical and occupational therapists to report (for a bonus) that they screened patients for future falls risk -- but you can guarantee that once pay-for-performance becomes more established, therapists will be required to do more than just say that they screened. In other words, you should start tracking your practices and performances on your own.

Example: "We should be looking for and developing a mechanism to screen for future falls risk," says **Gregg Altobella, MS, CCC-SLP**, chief operating officer of Comprehensive Therapeutics in Chicago and president of the National Association of Rehabilitation Providers and Agencies (NARA).

Why: If and when the time comes to report on your actual screening methods and follow-through, you as therapists will not only want to be seasoned in reporting falls risk screening mechanisms but also want to have enough experience doing so to give your two cents to lawmakers when they start forming the performance measures.

Zero in on 4 Key Metrics

Looking at the big picture, lawmakers are investigating four key ways of measuring performance, according to experts. These include:

1. structural measures (e.g., sending appointment reminders),
2. process measures (e.g., performing a falls risk screen),
3. outcomes measures (e.g., tracking improvement in a patient's ability to walk), and
4. patient satisfaction, according to a course titled "Transforming Physical Therapy: Patient Assessment, Outcome, Measurement and Payment Policy," at the APTA annual conference in Denver.

Insight: In other words, "what's coming is not simply going to be a required outcomes system like FOTO," Altobella says. "So providers and agencies need to look internally and strategize now about how they can begin articulating the value of

their services" to stay ahead of the curve.

In addition, "therapists should be aware that all of this ties into increased requirements for evidence-based practice," **Christina Metzler**, chief public affairs officer for AOTA, tells TCI. "Being familiar with research results related to your practice area and making evidence-informed clinical decisions is fast becoming the basic standard of practice for all professions."