Codify
BY AAPC

OASIS Alert

Therapy: CURE YOUR THERAPISTS' DECIPHOBIA BY DEBUNKING COMMON MYTHS

Improve outcomes with an updated approach to therapy.

If your therapists turn away from discussions of M0825 accuracy - or cover their ears when they hear the word "ten" - your profitability and outcomes will suffer.

Warning: Feeling pressured to reach the 10 visit, high-therapy-use threshold remains one of the top ethical concerns of physical therapists working in home health, says PT **Cindy Krafft** with Peoria, IL-based **OSF Home Care**. And not having therapists pulling in the same direction as the rest of the team can undermine your best efforts to effectively manage patient outcomes.

If you can help therapists understand that the conversation is not about manipulating scores, but about improving the patient's quality of life, you can bridge the gap between agencies and PTs, Krafft told listeners in a March 22 teleconference sponsored by **Eli Research** and **The Coding Institute**.

Even though increased therapy use can improve many of the outcomes used to measure the quality of home care, often therapists are not open to discussing changing their practice patterns or treatment approaches, Krafft emphasizes. To win this "uphill challenge," you will need to question these myths:

Myth #1: Therapists should not be concerned with profitability.

Reality: Profitability is every staff member's problem, "unless you intend to volunteer your time and not expect to get paid," Krafft stresses. Giving therapists a clear understanding of how OASIS and the prospective payment system work can help get them on-board with your efforts to stay in the black.

Therapists need to know that number of visits is only one factor influencing an agency's financial performance. Issues such as productivity and cost controls also are important for all staff to understand and contribute to, Krafft says. Give therapists information on cost per visit, productivity, utilization and outcome numbers.

Myth #2: Home health is where old therapists go to die.

Reality: This is a commonly held belief among therapists not in home care, Krafft reports. Look at treatment approaches to find other myths that interfere with good patient care, Krafft suggests. For example, many therapists believe you can't have PT and occupational therapy visit on the same day, or that you can't make daily therapy visits.

Remind therapists about the way therapy works in every other setting, Krafft says. Patients commonly see two or three therapists a day every day of the week in a rehab setting, she argues. Modalities such as hot and cold packs and electrical stimulation are common in outpatient settings. The patients admitted to home health now are much more acute than patients admitted years ago, so don't just do therapy the way it's always been done in home health. Instead, look at the patient's needs and what you can do to reach your goals.

Myth #3: Call in therapy only for hips, knees and strokes.

Reality: Adhering to the traditional types of cases for therapy referrals and using PT as the gatekeeper for OT and speech therapy is a mistake, Krafft says. So is dividing the patient in half and saying PT works with the lower half and OT with the upper half.

A better approach is to focus on what the patient needs and make therapy referrals when patients have functional deficits, Krafft suggests. Often PT will focus on general mobility and strength and OT will focus on helping the patient use that mobility and strength in activities of daily living. ST can help with swallowing problems or cognition issues as well as traditional speech therapy. Evidence-based practice models in each discipline can help expand your agency's understanding of what therapy can do, Krafft says.

Editor's Note: To order a tape of Krafft's March 22 teleconference "Ten Tools To Help Therapy Staff Embrace M0825," go to http:// codinginstitute.com/conference/ tapes.cgi.