



President’s Message:

“It’s a great time to be a PT or PTA in the state of Louisiana!”

It’s a great time to be a PT or PTA in the state of Louisiana, and you saw that at LPTA’s Fall Meeting Sept 11-13 this year! With over 330 participants, and the honor of having Sharon Dunn, APTA’s newly elected President, plus Carol Oddo, APTA’s Board Liaison to LPTA from Houston speaking and participating in the meetings, plus the wonderful courses offered throughout the weekend, the excitement level was high! We celebrated the 65th birthday of LPTA with a beautiful cake, engraved napkins, and buttons, plus petit fours that said “65” on them for dessert at the Business Luncheon. There were Student SIG offerings and the first-in-a-while PT PAC (Political Action Committee) and PAIF (Patient Access Investment Fund) party on the Saturday night that was very well attended and raised a considerable amount for both entities! Thanks to everyone who was able to attend the weekend and the parties! And a special thanks goes to those who were able to cover for me in my absence that weekend. Everything ran smoothly because of wonderful Executive Management by Bland O’Connor and his team.

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Respectfully submitted by:
Beth Ward, PT, DPT

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“Facing True North From the Louisiana South”

New APTA President Sharon Dunn, PT, PhD, OCS, talks about movement, the APTA vision, payment reform, listening, smartphones, lessons from her mom, shoe polish, and alligators.

You have an accomplished career, to say the least. What's been your proudest professional moment?

My proudest professional moments have been when I get to contribute to the success of others. I can't choose only one, but here are some examples:

When our DPT graduates move on to their professional and personal lives, and they achieve their individual successes, I'm proud to know I had some small part in that. One of our grads is president of the Louisiana Physical Therapy Association, and the immediate past president also was one of our graduates. Knowing I contributed to their passion for the profession and leadership is awesome.

I'm proud of working with groups at APTA toward a successful outcome. My first big experience with that was when the House of Delegates passed the new Code of Ethics for the Physical Therapist in 2009.

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LPTA MEMBERSHIP

Please continue to encourage your fellow PTs, PTAs and students to join or renew their APTA/LPTA membership!
"Each One Reach One!"

Active members

Current 818

Life Members

Current 31

Students

Current 314

PTAs

Current 132

Total

Current 1,295

Bayou Bulletin Publisher Information

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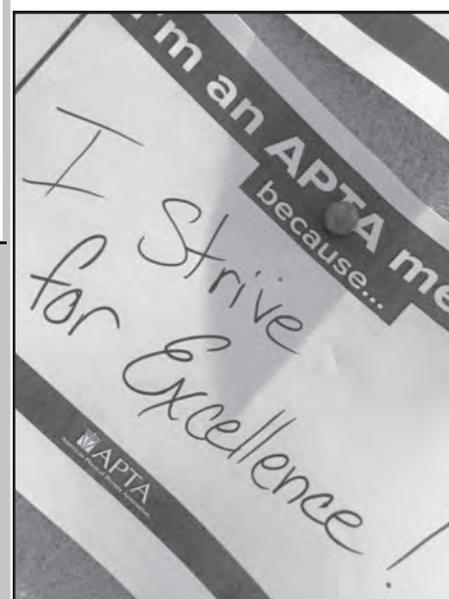
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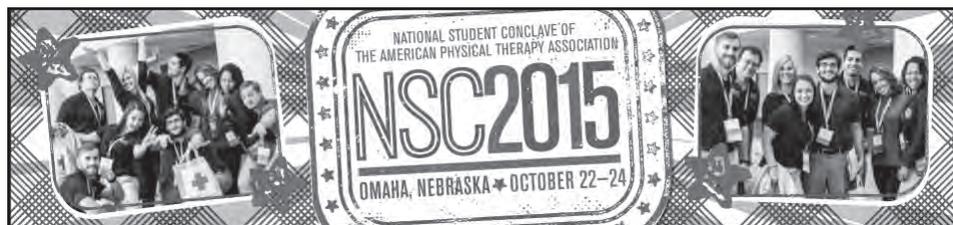
UPCOMING EVENTS

2015

October 22-24, 2015
National Student Conclave
Omaha, NE

November 11-14, 2015
PPS Annual Conference
Orlando, FL

February 17-20, 2015
Combined Sections Meeting
Anaheim, CA



National Student Conclave

NSC 2015 is being held October 22-24, 2015, in Omaha, Nebraska. Detailed programming information for NSC 2015 will be posted here as it becomes available.

Attending NSC provides you with the opportunity to attend the following can't-miss events:

- Develop a framework for exploring career pathways and learn some of the core essentials required to pursue these options! Take advantage of opportunities to explore innovative career paths and fortuitous detours to taking the initial steps in identifying your preferred pathway as a new graduate entering the profession.
- Workshops on resume writing, interviewing skills, and small-group debt evaluation.
- An open discussion with APTA's president, where you'll find out what's ahead for the profession.
- An exhibit hall that features employers, manufacturers, and publishers who are eager to speak with you.
- Network with colleagues, mentors, and other members of the profession at Special Events.

There are 2 students running for Student Assembly at NSC —

One is native New Orleanian who is a student at LSU Health in Shreveport, Alexia-Rae Reed, who is running for Nominating Committee.

The other student is originally from Louisiana but is in school at St. Augustine (although he plans to return to our great state to practice), Miguel Larrea, who is running for Director of Membership.



Component Wrap Up!



Danielle Morris, Baton Rouge District Chair

The Baton Rouge District had a great turnout at our September 29th meeting where our lobbyist David Tatman was our special guest. We discussed current events and planned for upcoming legislative activities. The Baton Rouge District is planning a Legislator Meet and Greet in February 2016, so join us at our next meeting to



help plan and to make this event successful. The Baton Rouge District will support the APTA's Global Day of Service by participating in local activities to show our dedication to our neighbors and friends as we give back to our community.

At our last district meeting, members proudly displayed ribbons to support our president Beth Ward, as seen in the photo! If you are interested in a ribbon please contact Kinta LeBlanc.

Keep an eye out for upcoming meetings and PT Pub night events. And, as always, let me know if there is anything I can do for you!

Stay active, involved and engaged..... because every ounce of effort makes a difference!!



Jake McKenzie, Monroe District Chair

Monroe District, prepare for a Pub Night! We may have a Ruston sub-district and Monroe sub-district to boost attendance. The \$1,000,000 lottery will also be in action. Stay tuned!



Julie Harris, Shreveport District Chair

The Shreveport District chair is hosting it's 12th annual "Hustle for Your Health" 5K fun run and health walk. This year the event will be held on Saturday, October 10th, 2015 at Stoner Skateboard Park. This year the funds raised will go to Independence Regained, a private not for profit advocacy organization that was formed on July 29, 2010 specifically to advocate and raise funds to get a specialized spinal cord and traumatic brain injury rehab and research hospital in north Louisiana. Come join in on the fun for a wonderful cause and to bring PT awareness in the community. Prizes will be given to the winners and refreshments and food will be provided at the post party event. If you are interested in participating go find us at <http://www.sportspectrumusa.com/events/hustle-for-your-health2>.

We also had a successful September PT pub night at Stray Cat's with 40 people in attendance. Thank you for those in attendance and we look forward to seeing you at our October PT pub night that will be announced at a later date.



Alicia Pruitt, Membership Chair

I hope everyone enjoyed the LPTA Fall Meeting as much as I did. I loved seeing everyone so intent on learning new skills to incorporate into his/her practice. I enjoyed getting to know more of my colleagues and reaching out to those who are not LPTA/APTA members. It's so simple! You just start by asking if he/she is a member and start the conversation there. Something to bring up in your conversation with non-members is our new membership drive. In honor of the LPTA's 65th birthday, we are starting a membership drive with a goal of 65 NEW MEMBERS over the next year! I know we can do it and would love to see us surpass the 65. Those who join the APTA/LPTA between September 11, 2015 and the Fall meeting of 2016 will receive \$65 off of the new members first LPTA meeting registration! Spread the word! Get the conversations started! Lets transform our profession by coming together as united PT's and PTA's.



Amelia Leonardi, Nominating Committee Chairman

Elections were held at the fall meeting for the positions of Chief Delegate, Delegate (two were elected) and PTA Caucus Representative.

David Qualls ran unopposed for the position of Chief Delegate. He will continue to serve in this position for a three year term.

Jane Eason and Greg LeBlanc were re-elected as delegates. Gregg Jones was elected to serve as the alternate delegate. Elected delegates will serve a three year term.

The new PTA Caucus Representative is Victoria McDowell; she will also serve a three year term.

Many thanks to ALL those who were nominated and willing to serve our Association and profession!



Jennifer Watson, Lafayette District Chair

Happy National Physical Therapy Month! There are lots of great things happening this October in the Lafayette District! We will be having our Fall District Meeting on October 6th from 6-8 pm. It will be held at the Lafayette Public Library-South Regional Branch. Our guest speaker will be Dr. Judson Penton of The Core Institute® at Louisiana Orthopaedic Specialists.

A Global PT Day of Service will be held on October 17th. During our District Meeting, we will discuss possible community service opportunities. You will be notified once a service project is determined so keep your calendar clear...you won't want to miss it!

On October 29th we will be hosting our second PT Pub Night in Breaux Bridge, Cher! Come meet us at Buck & Johnny's at 6:30 pm for a night of music, food, fellowship and fun!

Congratulations to two of the Lafayette District's very own! Becky Legé, PT, won the 2015 Hall of Fame Award, and Jason Oliver, PTA, won the 2015 PTA Distinguished Service Award at the LPTA Fall Meeting. We are proud of you both! We love celebrating those therapists who are doing remarkable things in the community or accomplishing professional goals. If you or a therapist you know in the District has something brag worthy, please contact me at j_watson77@cox.net. I will be sure to include it in our next issue of the Bayou Bulletin.

National Physical Therapy Month

National Physical Therapy Month (NPTM) is hosted by APTA each October to recognize how physical therapists and physical therapist assistants help transform society by restoring and improving motion in people's lives.

This October, the focus is on healthy aging: informing consumers that they can receive an evaluation directly from a physical therapist, who can help people overcome pain, maintain vital mobility, and preserve their independence as they age.

Support APTA's #AgeWell Campaign

Exercise may be the closest thing we have to the fountain of youth. The right type and amount of it, prescribed by a physical therapist, can help prevent or manage many age-related health conditions. This October, our goal is to educate adults about the many ways in which physical therapists, as movement experts, can help individuals overcome pain, gain and maintain movement, and preserve their independence—without the need, in many cases, for surgery or long-term prescription drug use.

The #AgeWell campaign highlights 9 important things adults can do, with the help of a physical therapist, to age well. Citing APTA consumer research, we also share the ways in which treatment by a physical therapist helps address many concerns adults have about aging.

This October, help APTA insert physical therapy into the ongoing conversation about healthy aging. There are numerous ways to get involved:

- Share our #AgeWell resources (coming in October)
- Direct members of your community to MoveForwardPT.com
- Host a community event
- Return to this page between now and the end of October to access additional resources (listed below) **as they become available.**

PT in Motion — News Now!

The 2016 CMS Payment Penalties Related to PQRS: What You Need to Know

Physical therapists (PTs) in private practice and other providers who participate in the physician quality reporting system (PQRS) are being sent notices from the Centers for Medicare and Medicaid Services (CMS) about a potential 2016 "negative payment adjustment," depending on whether they met satisfactory reporting requirements in 2014. Here's what you need to know:

Who could be affected

The notices affect individual eligible professionals (EPs) and group practices that registered for the 2014 group practice reporting option and billed under the Medicare physician fee schedule for Part B beneficiaries.

What it's about

CMS is following up on a rule that triggers payment adjustments for the affected providers who did not meet satisfactory reporting requirements in 2014. PTs who did not meet the satisfactory reporting requirements for the 2014 reporting year will be subject to a 2.0% penalty in 2016.

How to find out if you're affected

You can access your PQRS report online to find out if you're on the list of providers receiving a payment adjustment.

What you can do about it

If you think that an error was made and you shouldn't be receiving an adjustment, you can request an informal review. But do it soon—CMS says that the review window will only be open for 60 days after notices were sent, and most went out on September 11. Keep in mind that CMS is not issuing hardship exemptions—changes will be made only if CMS has made an error.

CMS issued a fact sheet (.pdf) on the PQRS adjustments that offers details on the notice and additional links to other services and portals, including one that can inform you of all payment adjustments that you may be subject to in 2016, based on your tax identification number. Providers with questions should contact the CMS QualityNet Help Desk at 866/288-8912 (TTY 877/715-6222) or viaqnetsupport@hcqis.org, 7:00 am-7:00 pm Central Time Monday through Friday.

Revised APTA Strategic Plan Locks In On APTA Vision

APTA's vision gives the profession and the association a point on the horizon to pursue. Now the association has an updated map for getting there.

Available at apta.org: the 2016 APTA strategic plan, the document that will guide the association over the next 3-5 years as it works to make its vision of "transforming society by optimizing movement to improve the human experience" a reality.

The plan addresses 3 areas of transformation—society, the physical therapy profession, and the association—and identifies objectives in each area. The objectives in turn help APTA identify operational activities that can help to achieve these objectives.

Far from a static document, the APTA strategic plan is intended to be a resource that will evolve based on environmental changes and member input, and one that resonates with APTA's 8 guiding principles of the vision: Identity, Quality, Collaboration, Value, Innovation, Consumer-Centricity, Accessibility, and Advocacy.

PT in Motion — News Now!

New ICD-10 Resources Added Just in Time for Oct 1 Transition

Surprises are great for birthdays and anniversaries. When it comes to ICD-10—not so much. That's why APTA now provides additional resources that can help make the October 1 changeover to the new coding system as uneventful as possible.

APTA's ICD-10 webpage now features an extensive collection of information that ranges from the big-picture stuff to the nitty gritty of how the coding works—including some case studies of how the codes would be used in physical therapy and links to additional guidance from the US Centers for Medicare and Medicaid Services (CMS).

In addition to the case studies, other resources on the page include: An extensive list of frequently-asked-questions and answers that delve into details you need to know, such as when to use the "7th character," the hows and whys of "X" as a placeholder, and an explanation of the "sequelae."

A list of the common codes used in physical therapy according to practice area
Links to CMS resources that include guidance for small-practice providers
Access to a recording of the highly popular APTA webinar on final steps for successful implementation of the -10 (free to APTA members)

The assistance goes beyond the resources posted on apta.org: the association has also created a special online community devoted to ICD-10, where you can ask questions and share experiences with colleagues.

Prevent Interruptions in Physical Therapy Act Reviewed in House Subcommittee, Called 'Common Sense Legislation'

A bill that would help physical therapists (PTs) in private practice improve continuity of care received supportive comments from several members of a House subcommittee during a hearing that featured the testimony of Sandra Norby, PT.

Norby's comments were provided during a House Energy and Commerce Subcommittee on Health hearing on the Prevent Interruptions in Physical Therapy Act (HR 556) and 2 other health care-related bills. The bill, which has companion legislation in the US Senate, would extend locum tenens provisions to PTs, allowing those therapists to bring in another licensed physical therapist to treat Medicare patients and bill Medicare through their Medicare national provider identifier (NPI) during temporary absences for illness, pregnancy, vacation, or continuing medical education.

APTA and the association's Private Practice Section collaborated on pressing for the legislation, which is one of the goals of the association's public policy priorities.

In her testimony, Norby described the legislation as a change that would provide "needed regulatory relief" through "a simple technical fix."

"Physical therapy is part of the comprehensive care model, therefore it is high time that the PT receives the same protections against unavoidable absences that are available to [other health care providers]," Norby said in her statement.

PT in Motion — News Now!

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Norby outlined the safeguards that would prevent fraud and abuse of the provision, and provided her own personal example of the problems now faced by private practice PTs—a time when one of her staff PTs, the only one for that particular clinic, was off for maternity leave. As the only PT certified by Medicare to continue service at that particular clinic, Norby had to make the long trip to the rural Iowa clinic, often sleeping at the facility so that she could be on hand to see patients the next day—all in addition to her regular duties.

In questions that followed witness testimony Norby explained why the continuity opportunities provided by locum tenens were of particular value for physical therapy by using rehabilitation after a total knee replacement as an example. "Any interruption...is going to be very very detrimental to the progress of their care," she explained. "If continuity is interrupted, "[Patients] are literally going to have more visits to achieve that goal we set up in the first place."

Subcommittee members included Rep Gus Bilirakis (R-FL) and Ben Ray Lujan (D-NM), who introduced the bill and are leading the House efforts for passage. At the hearing, Billirakis described the bill as "pro-patient and pro-physical therapists," while Lujan characterized the change as "common sense legislation." Billirakis showed the real-world effects of the current system by sharing a letter from constituent Alicia Nixon, PT, DPT, BCA, PMDB, who wrote to Billirakis telling him that it was "almost impossible to take a vacation to attend seminars because of my need to be onsite at the clinic," and that "I was recommended to have surgery 6 years ago that I still have not had because it would require me to be away from my practice for over 6 weeks for recovery." Nixon also described an instance in which, in order to respond to a court summons, she had to close her clinic for the day, resulting in lost wages for her staff.

In later remarks, Lujan spoke out in more detail about his personal connection to physical therapy and his understanding of the importance of care continuity. Describing a head-on automobile accident that left him severely injured, he said that "it was physical therapists ... that really put me back together to being able to move, and to be able to just walk."

If there had been an interruption in his care, he said, "I can't imagine what would've occurred."

APTA will monitor the progress of the bills and post updates to its locum tenens webpage. Resources on the website include a podcast on the importance of this legislation and information on how PTs can get involved in advocating for its passage.

Congratulations to this Year's LPTA Award Recipients!

Please join us in congratulating this year's 2015 award recipients!

- **APTA Emerging Leader** — Allison Daly, PT, DPT
- **Dave Warner Distinguished Service Award** — Jane Eason, PT, PhD
- **Hall of Fame Award** — Becky Lege', PT
- **PTA Distinguished Service Award** — Jason Oliver, PTA
- **Friend of Physical Therapy** — Vinod Dasa, MD and Judd Patterson, OT
- **Legislator of the Year** — Representative Bernard Lebas

PT in Motion — News Now!

Study on PT Services: Self-Referrers Bill More, Provide Less Effective Services

ALEXANDRIA, VA, August 11, 2015 – A new study published in the Forum for Health Economics & Policy titled "Physician Self-Referral of Physical Therapy Services for Patients with Low Back Pain: Implications for Use, Types of Treatments Received and Expenditures" reveals insight into the cost and utilization patterns of physicians who self-refer to physical therapist services for low back pain (LBP). The survey builds upon and fills in gaps of a previous US Government Accountability Office (GAO) study on self-referral.

Two significant findings revealed that self-referring physicians refer more patients to physical therapy for LBP, but for fewer visits per episode while, on average, costing significantly more than non-self-referring providers. Patients who saw self-referring providers also received more passive treatment, which is not hands-on, does not engage the patient, and is proven to be less effective for treatment of LBP.

The study, which was funded by the Foundation for Physical Therapy and the National Institute on Aging, took an alternative approach to look at the differences in physical therapist services provided by self-referring providers and non-self-referring providers. The study's focused look at LBP allowed researchers to more accurately classify self-referring and non-self-referring providers than the GAO report could, allowing it to pinpoint whether the physical therapy given was "active," meaning hands-on and engaged with the patient, or "passive," relying on some physical agent or modality; for example, giving the patient an ice pack to place on an injury. It is important to note that "passive" treatments can be performed by a person who is not a licensed physical therapist (PT).

Researchers found that non-self-referred episodes of care were far more likely, 52% as opposed to 36% for self-referrers, to provide "active" physical therapist services. This, according to the study's authors, suggests the care delivered by PTs in non-self-referred episodes is more tailored to promote patient independence and a return to performing routine activities without pain.

Other significant findings to come out of the study indicate that self-referring physicians were more than 2.5 times as likely to prescribe physical therapy to patients but, as previously mentioned, for less time and for more passive treatment. And, on average, spending for self-referring providers was \$144 per episode of care compared with an average of \$73 for non-self-referring providers. This illustrates that, although self-referring episodes consist of 2 or more fewer visits, there are significantly increased expenses associated with self-referred episodes.

"The results of this study further confirm what APTA has firmly believed for years now," said APTA President Sharon L. Dunn, PT, PhD, OCS. "Referral for profit leads to health care practices that benefit the provider and remove the focus from where it should be; the patient. APTA has long advocated for the elimination of referral for profit for physical therapist services from health care."

The American Physical Therapy Association represents more than 90,000 physical therapists, physical therapist assistants, and students of physical therapy nationwide. Learn more about the types of conditions physical therapists can treat, and find a physical therapist in your area, by visiting www.MoveForwardPT.com. Follow Move Forward PT on Twitter and Facebook.

PT in Motion — News Now!

“Of Course We Practice Patient-Centered Care!” So What Does That Mean?

The writing is more than on the wall—it's in Medicare and Medicaid payment rules and fee schedules, in private insurer payment policies, and woven throughout the Affordable Care Act: health care is moving from a fee-for-service model to a "value-based" model that is centered on effective outcomes for individual patients. That transition simply can't happen unless care decisions are patient-centered.

So what's the big deal for PTs? Hasn't physical therapy always been, almost by definition, a "patient-centered" profession? Maybe PTs just need to let the rest of health care catch up with the profession, right?

Not really. The idea of what it means to be patient-centered is not only a moving target, but one that means different things in different professions. Yes, PTs may be more focused on individual patient needs and outcomes than some other health care providers, but there's always more to be done.

To gain a more complete understanding of what patient-centered care means, start with a little refresher on your profession. Take some time to look through the Guide to Physical Therapist Practice 3.0. A free publication for APTA members, it's the profession's primary comprehensive statement about what physical therapy is, and what PTs do. Pay particular attention to what the Guide has to say about collaborative care, information collection, cultural competence, and patient empowerment.

Next, get a perspective on how patient-centered approaches are integrated into professional practice. APTA's Professionalism for the Physical Therapist webpage is a trove of resources, and can help you situate patient and client focus in the broader context of what it means to be a PT. Take a deep-dive into professional through the free 10-module course, which includes modules on developing the patient-therapist partnership, communication, and social responsibility.

Finally, be sure that your patient-centered care is not only effective, but empowering. Don't miss out on chances to provide information that helps patients and clients understand the ways in which the profession is here for them. Share APTA's Choosing Wisely list of 5 Things Physical Therapists and Patients Should Question, and connect your patients and clients with theMoveForwardPT.com website, the only resource solely devoted to consumer-focused, physical therapy-based health information.

State Policy and Payment Forum: Legislative Leaders Honored for Direct Access Advocacy Efforts, Fair Copays, Scope of Practice, More

Fair physical therapy copays, direct access to physical therapist (PT) services, a complete overhaul of a state's practice act, leading a charge to eliminate a referral requirement for spinal manipulation, and a physical therapy advocacy record of over 25 years were among the accomplishments of this year's APTA State Legislative Leadership and Legislative Commitment award winners recognized at the association's recent State Policy and Payment Forum in Denver.

Marc Lacroix, PT, MBA, received the APTA State Legislative Commitment award for more than 2 decades of advocacy efforts on behalf of PTs in New Hampshire. During that time, Lacroix was involved in practice act revisions, title protection efforts, improvements to direct access, and the passage of fair PT copay legislation.

In her remarks at the awards presentation, APTA President Sharon Dunn PT, PhD, OCS, said that Lacroix exemplified the quality celebrated in the award—a long-term commitment to "build ... chapters' resources, infrastructure, and overall state-level advocacy efforts."

(continued on page 11)

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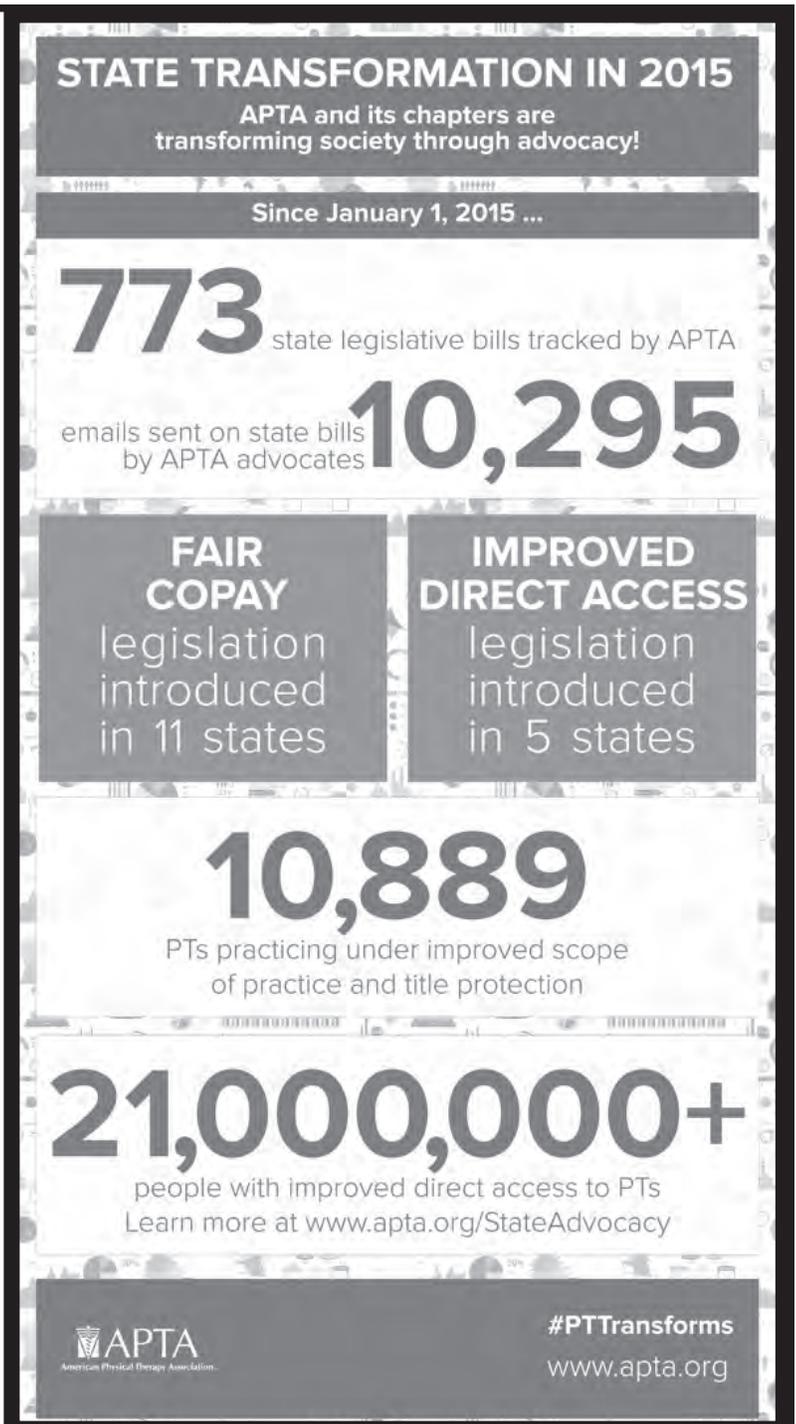
Winners of this year's State Legislative Leadership awards were:

- Don Blackburn, PT, legislative chair of the APTA New Mexico Chapter. During 2015, Blackburn led an aggressive state legislative agenda in pursuit of fair PT copays and successful enactment of legislation that removed restrictions on direct access.
- Joe Donnelly, PT, DHS, OCS, Georgia Chapter president. Donnelly spearheaded a successful effort to implement what Dunn described as "one of the most extensive physical therapy practice act revisions in the country in recent years." The legislation improved patient access, added term and title protection, and a new, modern scope of practice.
- Mary Kay Hannah, PT, DPT, OCS, SCS. A North Carolina resident, Hannah does not have a formal position in the state chapter, but personally took on an effort to change the state's referral requirement for spinal manipulation by a PT. Hannah's leadership generated more than 100 letters from physicians in support for a bill to change the requirement, and she singlehandedly raised more than \$15,000 for the chapter's PAC.

The awards were part a State Policy and Payment Forum that drew more than 230 PTs, physical therapist assistants (PTAs), and physical therapy student advocates from across the country. The September 19-21 event, cohosted with the Colorado Chapter, was designed to increase participants' involvement in and knowledge of the state issues that have an impact on the practice of physical therapy, and improve their advocacy efforts at the state level.

This year's forum featured a mix of presentations on direct access and practice act revision legislative efforts, insurance transparency legislation, network adequacy and consolidation, dry needling, using press and social media in advocacy efforts, information on the proposed interstate licensure compact for physical therapy, Medicaid, and more.

In addition to a focus on providing inspiration for future advocacy efforts, the event was also a celebration of a successful year of state advocacy in 2015. Those successes have been captured in a new infographic that shows how work at the state level has affected the lives of patients, PTs, and PTAs. More information on individual state legislative efforts can be found at APTA's State Advocacy webpage (scroll down to "Briefs").



(continued from *President's Report* on page 1)

Please check out Alicia Pruitt's report in this issue! Because LPTA is turning 65 in December of this year, we have decided to make a big membership push for 65 new PT/PTA Full Members this year, and you have an incentive to join or re-join because LPTA will knock \$65 off the fee if you attend either Spring or Fall Meeting 2016! If we can achieve this goal, the Louisiana Chapter will definitely get another delegate and will have greater representation at the House of Delegates, back to pre-Katrina days! Also, Jason Oliver has written an excellent article on the importance of membership that you need to read as well!

Please note Cristina Fauchoux's article in this issue, as we make strides to seek legislation for improved patient access to physical therapist services in this state. I have been exceptionally pleased with how the representatives from the physical therapy community on the Patient Access Resolution Study Committee have displayed professionalism, passion, and exquisitely prepared power point presentations to the 25-member panel. Their arguments for improved access from cost-saving, patient safety, educational background, and patient access foci were very professionally presented with lots of evidence, and arguments against other groups seeking to limit patient access were very well-thought-out and on point. You are invited to watch these meetings; they are LiveStreamed and also taped for future viewing. If the results are positive for physical therapy (and there is no doubt in my mind that they will be), this sets the stage for moving our legislation forward. Thanks to all who are participating on this Study Committee! There is a website link on LPTA's FB page by Tommy Weber; follow that link to view the meetings.

For the first time, and as part of our Going Green Initiative, LPTA offered the course handouts online in a download format at Fall Meeting. There were some limited paper copies for purchase. LPTA appreciates your participation in this process and the trees appreciate you stepping into the 2000's with the use of digital capabilities!

Soon, very soon, LPTA's new and improved website will be up and running! I think you will be mightily impressed at the format, and with the new software purchase LPTA staff and designees will be able to make instant and up-to-date changes to the website to make it more immediately relevant to you, the user. LPTA wishes to thank Raj Sohi, PT and photographer extraordinaire who allowed LPTA to use some of his amazing photos of Louisiana on our new website! Look for an email blast announcement when the new site is up and running! We would love your feedback!

As was announced so eloquently at the end of the Business Luncheon in Baton Rouge, I wanted to let membership know that I have been diagnosed with lung cancer and am undergoing chemo treatments through the rest of the year. I have made no decisions about my volunteer activities and continue as your President unless and until I can no longer perform my duties. I thank Christina Fauchoux, Joe Shine, and David Qualls for their heart-warming announcement and prayer at that meeting. I definitely felt the love and have continued to feel it with all the sweet cards and well-wishes as I fight this unexpected disease. I continue to see patients as well, with the understanding team at STAT Home Health. I am blessed in so many ways, and love what I do with LPTA on a daily basis so much! I couldn't see my life without it, and am fighting to remain healthy! Prayers appreciated! Please do not put public announcements on FaceBook, as there are some groups of friends I have not yet told.

I'm so proud of all of you who are members and of everything that you all do to help make LPTA the most awesome Chapter in APTA! It truly is a great time to be a PT or PTA in the state of Louisiana!

Paralyzed Man Walks Through Use of Brain-Controlled FES

A new approach that combines functional electrical stimulation (FES) technology with a brain-computer interface (BCI) has allowed a paralyzed man to walk without the use of an exoskeleton or manual controls. According to researchers at the University of California-Irvine who worked on the project, their breakthrough is the first-ever demonstration that "restoring brain-controlled overground walking after paraplegia due to [spinal cord injury] is feasible,"

The subject of the project was Adam Fritz, a 26-year-old man who had suffered a spinal cord injury (SCI) in 2008 that left him with no motor function in the lower extremities and, other than minimum sensation for bladder fullness, no feeling below the T6 site of the SCI. Researchers selected Fritz not only because of the nature of his injury, but because he was physically active both before and after his injury, and thus more likely to respond well to the physical training needed to prepare for the new system. Results of the project were published in the *Journal of NeuroEngineering and Rehabilitation*.

Researchers began by connecting Fritz to a virtual reality environment (VRE) by way of an EEG cap that allowed him to engage in "motor imagery practice." The VRE helped him activate the areas of his brain needed to walk and stand as he advanced and paused in a virtual setting, which in turn counteracted the suppression of the supraspinal areas related to gait that can occur after chronic SCI.

At the same time, Fritz underwent FES training on a commercially available, FDA-approved device. Once Fritz had developed proper walking using the manually controlled FES system, researchers moved to the main event: connecting the FES system to the BCI to see if Fritz could use brain impulses to stimulate overground walking movement in his legs.

The work began with Fritz in a suspended, weight-bearing harness, walking a 3.66-meter linear course with 3 cones, positioned 1.83 meters apart, at which he was instructed to stop and wait for 10 to 20 seconds. Researchers soon moved Fritz to a harness that allowed him to bear almost all of his weight (and could also prevent falls), where he successfully completed the course multiple times.

News of the achievement was picked up by CNET and Time magazine, which also included a video of Fritz making his way down the walking course.

Researchers acknowledge that there is still a long way to go before this approach is refined enough to be widely used, including work to move from their noninvasive to an invasive BCI system that would allow more direct links between the brain and lower extremity prostheses.

The important thing about this work, they write, is in its "proof of concept."

"This robustness in real-time control, together with a high level of performance sustained across months, indicates that BCI-FES mediated restoration of basic walking function after SCI is feasible," authors write. "In summary, the system reported here represents an important step toward the development of technologies that can restore or improve walking in individuals with paraplegia due to SCI."

Dave Pariser Memorial Scholarship Fund

To make an online contribution to the Scholarship fund, go to the Foundation website and at the top right hand side of the page, there is purple box with the words "Donate Now". Choose the amount of the donation and choose the designated fund, the Dave Pariser Memorial Scholarship Fund.

<http://www.lsuhealthfoundation.org/>

Or you can mail to the Dave Pariser Memorial Scholarship Fund:
The Foundation for the LSU Health Sciences Center
450A South Claiborne Avenue
New Orleans, LA 70112

(continued from *Facing True North* on page 1)

Babette Sanders had been liaison to the Ethics and Judicial Committee, but as secretary of the House she wasn't permitted to carry the process through to the deliberations of the House. I was identified as the point person to manage the conversation on the House floor. I relied on the wisdom of the House officers, content experts, and delegates, and when they successfully got through deliberations, it was fun to see them excited about what they'd done.

Students, faculty, the Public Policy and Advocacy Committee, the Board of Directors movement system work group, and more—I can give many examples of working in a group toward an outcome. When the group members are proud of their participation and success, it makes me very happy.

You've just been elected APTA president! What are you going to do next?

Communication, partnerships, and our value proposition are key initiatives. I am listening to stakeholder groups, and our board is committed to fostering alignment toward the association's vision. A high priority will be placed on partnerships to achieve efficiencies and reduce redundancies in our combined work; together we will be best positioned to reach our potential. Key projects toward our value proposition beyond communication include payment reform and the physical therapy outcomes registry.

By the end of your term, how do you want to be remembered?

There are so many key projects in play right now. I don't think any of them will or should be attributed to any one person. What I would like to see is that by end of my term we've aligned our talents and resources toward our new bold vision that the value story of physical therapy is evident, and we're telling it effectively.

Speaking of aligning with the vision—"Transforming society by optimizing movement to improve the human experience"—what's the most important thing an APTA member can do to help achieve it?

I love the vision because it's beyond just us and more toward society's need for us. One of the best things we can do as individuals is bring our absolute best to each patient encounter every day. With pressures for productivity and volume, added to challenges such as busy schedules and documentation, it's harder to do. But it's worth it for the public to understand who we are as a profession. If a patient gets only half our effort, then that will be his or her impression of our profession, and it will influence that individual's perception of whether or not the services were successful.

What's the key to improving member engagement within APTA?

This is something near and dear to me, because as I see members become engaged in a project or initiative, I see the hook being set for their desire to continue to make a difference. To improve engagement we must provide opportunities for members to use their talents to further projects and initiatives toward outcomes that affect the profession. APTA is not a top-down organization; it's an exchange and collaborative effort. I like to think of it as a hub-and-spokes model, where members on the front lines of practice, education, and research are as influential in pushing us forward as the leaders at the hub.

What can our frontline members do?

They can share their positive experiences and invite others to come along, both physically and intellectually. Gathering feedback from others is so helpful to our work.

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What will you emphasize in enhancing member engagement?

Gathering feedback from others is tremendously helpful to our work, and I think we need to become a better listening organization. I would like to emphasize listening and collaboration as a huge part of our communication effort. Part of any disconnect with members is that we shout at them, but we don't give them avenues to talk or even shout back. We think, for example, when we send a member survey that anyone who wants to give us feedback will do so, but time constraints—or a feeling that their response won't matter—keep people from responding, and so we don't hear everything we should.

How will APTA's proposal for payment reform benefit patients and clients, the profession, and the health care system?

The incentives fostered by the current fee-for-services volume-based system aren't patient-centered; they're provider-centered. Under the current system, the more you do, the more you're paid, whether the patient needs it or not. As a result, volume-based incentives drive up health care costs without showing any improvements in patient outcomes. Health care spending as a percentage of gross domestic product in the United States is well above the world average, yet our outcomes are worse than most. This spending growth is unsustainable, and continuing along that path will break our economy without any significant change in the health of society.

The purpose of the value-based approach being ushered in by health care reform is to flip the incentive to benefit the patient. Under value-based purchasing, outcomes-based incentives drive practitioners to provide what the patient needs, when they need it—no more and no less.

Using that approach, APTA's coding proposal moves us away from the time-based and procedure-based codes and toward a value-based system. The proposal in play right now has the PT identify the patient's presentation and determine the intensity of service using a per-visit code rather than multiple time-based or procedure-based codes per visit.

These codes have the potential to move us away from a technical "trade-like" service industry based solely on what we do with our hands (for which others use the same codes and thus profess they are qualified to provide physical therapy) and toward what is happening between our ears: our analytical and critical thinking to determine what the patient needs and how best to meet those needs.

One of the elements of the vision, "Identity," speaks of defining and promoting the movement system as our foundation, and we have adopted a definition. How can recognition of the human movement system enhance physical therapist practice?

Recognizing the human movement system restores and renews our professional identification with human movement. Some would say we're already identified that way; others would argue we drifted away from our core principles and need to come back to what we're most skilled at. Where is our unique body of knowledge, our distinct contribution to health? It's in movement analysis—understanding its efficiencies and enhancing its performance.

If we return to this concept, we have the potential to reduce variation in practice, which is an important objective toward demonstrating the value of our services. But we also can use the concept of the human movement system to gain public appreciation for what we know, over and beyond what we do.

When a consumer recognizes pain as a toothache, she goes to the dentist. If she's having a movement impairment or pain, we want her to think, "I should see my physical therapist."

One challenge is that movement is visual and dynamic—pictures and video are worth more than a thousand words—and we need to add the nomenclature of the movement system, including relevant diagnostic labels, to direct our practice and interventions.

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You've spoken about the importance of professional collaboration. How can APTA facilitate it?

I love that APTA is a federated organization—a national organization with our chapters and our special interest sections. The beauty of it is that we have a single vision with overlapping objectives and the opportunity for alignment. APTA can partner with these internal groups to maximize efficiencies of scale and reduce duplication of efforts to pursue our shared goals. These internal partnerships are vital and, on one hand, require a lot of communication and cooperation.

On the other hand, external collaborations can't wait in the wings—particularly in this health care environment, in which accountable care organizations and patient-centered medical homes are a reality. In rural communities, for example, practitioners may need our participation but lack awareness of or access to PTs who can help them. We need to partner with these providers and the organizations that represent them. What if, say, other providers use Find a PT on the APTA website to connect with local PTs to give their communities better access to physical therapy? Conversely, there are times we're working with patients' movement conditions, and their complex medical needs are beyond what we can manage for them. We need to be part of a team to ensure the patients get the right services for their condition.

There's been discussion about the model used to educate physical therapist students. Do you think the current process is satisfactory, or would you make changes?

The last 2 Mary McMillan lecturers inspired me to look at physical therapist education on a broad scale. I'm not convinced we have a huge problem, but we have had growth in academic programs, and the quality and curricula are all over the map. CAPTE [Commission on Accreditation in Physical Therapy Education] has done a tremendous job setting standards and applying them to this phenomenal growth, but we haven't stepped back to see what the effect of growth ultimately has on the profession. Are our resources—financial, intellectual, capacity, faculty, research, scholarship opportunities—being so diluted across many programs that they have a negative impact?

Turning to clinical education, I think it is a regional issue that depends on the density of academic programs in different regions of the country. In some regions, academic coordinators of clinical education have no problem finding clinical sites for their students. In other regions, they're having to change their curriculum so they can place students in a limited number of positions.

Ultimately, we need some level of standardization for entry-level education, whether it's related to outcome expectations or curricular expectations. The American Council of Academic Physical Therapy (ACAPT) and the Education Section are already grappling with these questions. What curricular models will best produce the kind of clinicians who will meet society's needs? I don't have all the answers, but the need for collaborative effort among ACAPT, the Education Section, CAPTE, and APTA is going to be critical.

In your candidate materials you described physical therapy's "True North." How do you define that, and how does it relate to the vision?

Our True North, and it's true about everyone who chooses to be a PT or PTA, is our fascination with the human body and how it works, combined with the strong desire to help people. I think this is our calling and what we went to school for. When we conduct interviews for students entering programs, they tell us they came to this profession because they want to help people. Their fascination is with their relationships with patients. They do it for those moments when the patient is finally able to achieve a physical goal or an emotional goal, when they can help patients restore whatever brings them not just movement but dignity, joy, and quality of life. Being present for those moments is our True North.

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Your students clearly are a priority for you. What do you like best about teaching, and particularly at LSU?

I love our student body. We're a state-funded institution, so we largely draw hometown, family-oriented kids from all over the state. My students keep me real, they keep me honest and human, and they support me in what I'm doing at APTA. Those 36 sets of eyeballs looking at me every day, with their desire for the profession, is inspiring. They work hard, and they play harder—and I get to work hard and occasionally play hard with them.

Has "playing hard" ever meant playing pranks on you?

At one of our annual "hello, good-bye" parties on July 1, where we send off graduating students and welcome the new class, they shoe-polished my car with some interesting comments.

What words do your students use to describe you? Do you agree?

Passionate. Tough but fair. "She has high expectations, but we know she loves us." A student told me once to "quit looking at me; I feel like you're looking into my soul." Making eye contact with people came from my father, who used to say "Look at me when I talk to you!" He thought eye contact was important. I guess my gaze is scary to students sometimes, like I'm reading their mail. I'm glad they think I can read them that well!

I can't argue with what they'd say, and I'm pleased that's what they think of me.

Was there a moment or particular catalyst that led you to become a PT?

When I was an undergrad, I didn't even know physical therapy was a career. At first I was in secondary education to be a math teacher, but after I substitute taught in middle school the first time, I immediately changed to pre-health profession. [Laughs.] Problem was, I didn't want to do medicine, and even though there was a great pharmacy program, I was less intrigued with it because there's not much engagement with the patient; it's more an across-the-counter approach.

The moment came when I went to a football game and met Myra Buller [PT, now in Baton Rouge], from a small Cajun community, who was in a PT program. She was watching video of a tennis serve for homework, seeing how the muscles produced movement. I knew then I'd finally found the match for who I was. I found our True North—the insatiable curiosity about the human body, how it moves, what makes it work, and how we can channel it into the 1-on-1 personal interactions we have with our patients.

Tell us about your family and interests outside of physical therapy and teaching.

I am a product of education—my mom, dad, brother, grandparents, and great aunt all are or were educators. My brother and I grew up in an environment in which we were allowed to make mistakes, be responsible for our mistakes, and grow from them. My parents never said "you can't do" this or that; they inspired me to do what I love and love what I do—"Do whatever blows your dress up," as Mom would say. Dad, who has a PhD in education, is a retired school principal and immediate past president of the Louisiana Retired Teachers Association. He's a perpetual advocate for his profession and set the bar for me to be the same for mine.

Mom, after being divorced more than 20 years, was remarried 2 years ago to her grade school love, and she moved with him to Phoenix. She has taught me lessons in vulnerability that I never knew existed—being open to love and life like there's no tomorrow.

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My brother, who's 3 years older than me, has 4 kids who are now giving him grandbabies. I get to be the cool aunt in their lives. He texted me over and over after the House of Delegates because he was so anxious to hear about the outcome of the election. Becoming quite frustrated with his little sister's inaccessibility, his texts heightened in tone and language, like only a big brother can do.

It's likely your family won't have the same access to you they used to while you're APTA's president. What's your strategy to stay in touch?

Just do better at it. It's so important to stay connected with people who ground you. My brother and his kids, and my parents, certainly do keep me grounded. They have already made it clear that there is no presidential stroke in the family dynamic and structure.



What's the funniest ICD-10 code you've seen?

I looked through the codes and found "Struck by pig, subsequent encounter" (W55.42XD) under W55, "Contact with pig." I figured that's an occupational hazard for farmers and somewhat regionally biased toward the Midwest, where farming is huge. So I wanted to see if there were codes more biased toward my area of the country and looked up alligators and crocodiles. Yes! I found 35 codes related to them under W58. With separate codes for "bitten," "struck," or "crushed," and for initial and subsequent encounters.

Foodwise, Cajun or Creole?

Both! The difference is in how they're seasoned. Creole is slower cooked, more subtle with the seasoning. Cajun is hot and spicy. To be honest, I'm from north Louisiana, so food-wise I might as well be from Texas or Arkansas. My college suitemate was from southern Louisiana, and I went to visit her and experienced authentic Cajun cooking. It was all so good because of the seasonings.

What else do you want your members and the PT profession to know about you?

Please don't dare me to do anything. I'm always obligated to take a dare. I'm all-in in this role, and I think people who know me understand that. I absolutely love our profession, and I have expectations that we will reach our full potential.

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A Great Time to Be a PTA Member! And Conspiracy Theories...

I'd like to point out that while much of this will be an opinion piece, I'd like to start it out with some hard facts. There are 1204 licensed PTAs in Louisiana. There are 131 PTA members in the LPTA. That's 10.88%. Now, it's time for the opinion portion.

Here are two possible reasons for such poor membership #s. 1) It costs money to be a member. 2) Many don't understand what they are paying for by being a member. There are two types of membership value. 1) The value that directly benefits the member immediately and over time. 2) The value that benefits the profession at the state and national level immediately and over time. I know that if we are in this profession of being healers, we are not a profession of people only interested in immediate gratification. Right? We are all altruistic. Aren't we? Everyone reading this should already know the important but commonly promoted membership benefits of staying on top of practice trends, reimbursement trends, research, and education for the benefit of ensuring quality care for your patients. We have to look beyond our immediate gratification and realize the importance of financing the strength of our chapter voice and the future of the profession. That's right financing. All of the above mentioned benefits are real but this is all about money. Despite the fact that the LPTA's work is done by volunteers, it takes money to protect, promote and advance your profession. Many of us that are members go a step further and contribute to local and national PT PACs (political action committees) as well as the PAIF (patient access investment fund). If you invest in your profession, then you deserve the right to feel that sense of ownership in it.



Respectfully submitted by: Jason Oliver PTA

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To your non-member friends and colleagues, it is perfectly fine, in my opinion to say “I am a member because I take ownership in the PT profession”. Being an “inactive” member is still of great value and worthy of being proud of in comparison to those that are clouded by apathy. If you receive this publication, you deserve to feel a sense of pride in being a member. You can say that you are not allowing others to run your profession without your help. Volunteering our service is important to the success of the chapter and the profession, but not everyone will be active in that way. I dare to say though, that talking your non-member colleagues into joining is by far more important than having your name listed on 10 different committees and workgroups.

Your Chapter voice outside of the state is dependent on chapter membership numbers – PTs and PTAs. The larger your membership is the more voting delegates you are allowed to bring to the House of Delegates. Your chapter’s voice in the House is directly effecting what you will do in the future. The 2015 House majority granted your chapter the right to allow PTAs to have a full vote rather than a ½ vote. Your chapter cosponsored this motion...which leads me into my next soap box.

Anyone that would ever consider the possibility of PTAs having a voting strength in the chapter that would be a threat to that of the PTs should realize two things. 1) If the PTA membership #s would ever rival that of the PTs, who would be to blame, the PTs or the PTAs? Please refer to hard facts at the beginning of this article. 2) To feel that this hypothetical impossibility would be a threat to the integrity of the chapter, would be implying that the PTs and PTAs in the Louisiana chapter would have opposing agendas. On the contrary, we all have the same passion for fulfilling the mission of the LPTA to optimize the health and quality of life of people in Louisiana by advancing the profession of Physical Therapy. There is no secret plan for an uprising. As a PTA, I hope I can speak on behalf of all PTAs when I say that we look to our PT leaders for mentorship within the clinical setting as well as in the leadership setting. We look to support you in promoting what is best for the profession. If having a full vote as a PTA stimulates an uprising in membership to equal that of PTs, I'd say that this would be of great benefit to the Chapter financially. It would also scare PT non-member conspiracy theorists to compete for market share of membership majority. So, I guess then now we have both PTs and PTAs racing to see who can have the most members? Well we definitely don't want that now...do we?

So, now if I can bring the reader out of the make believe land that I just side stepped into, let me just say this. If you as a member want to see increased strength in protecting reimbursement for what you do, progressing the profession into an entry point into the healthcare system for your patients, and have legislative strength to protect those things, it’s your responsibility to recruit non-member PTs and PTAs to join and invest in what you have already invested in. Let’s get to it, let’s own it.

To the 131, thank you for being a member.

Government Affairs Report

There is a great deal of activity going on in LA in the governmental affairs realm.

First, the Physical Therapy Patient Access Review Committee has held 3 meetings thus far. The last two meetings consisted of groups explaining the education level physical therapists obtain, addressing patient safety concerns, cost benefits and utilization, how collaboration with other groups would occur, and a presentation describing that not only do states with Direct Access not see any increase in malpractice claims but states with referral requirements have higher malpractice claims.



Respectfully submitted by: Cristina Faucheux, Government Affairs Chair

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Payment Chair Report

I recently returned from the 2015 APTA State Policy and Payment Forum. It was held in Denver from September 19-21st. This event is designed to increase involvement in and knowledge of state legislative issues that have an impact on the practice / payment of physical therapy and improve advocacy efforts at the state level. Programming involved 3 days of presentations/workshops on state scope of practice issues, payment issues, state legislative advocacy, Medicaid, infringement challenges, effective legislative testifying, state licensure issues and more.

Presenters included influential policy makers and other physical therapy advocates. There were abundant networking opportunities with other PT/PTAs across the country including chapter Presidents, legislative chairs, chapter executives, lobbyists and interested members /students. Other LPTA attendees included Cristina Faucheux PT, Government Affairs Chair and David Tatman our LPTA lobbyist. Danny Landry, PT, was present as an interested LPTA member. He also serves as the Secretary/Treasurer for the Louisiana Physical Therapy Board. Our LPTA President, Beth Ward, was unable to attend and was missed by all.

As your Payment Chair, I will limit my comments to related issues, even though other topics were covered. Much of the discussion included the replacement of the broken SGR formula, with the passing of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)- enacted April 16,2015. At this time, some of the key provisions of this Act include:

- Annual positive payment updates of 0.5% provided from July 2015 to 2019.
- Physicians, physical therapists and other health care professionals in alternative payment models (APM'S); such as ACO's, medical homes, and bundled care models will receive a 5% bonus annually from 2019 to 2024. The fee-for-service payment model is retained and physician participation in APM's is entirely voluntary at this time.
- Current quality incentives and payment programs (such as PQRS) are consolidated and streamlined into a program called the Merit Based Incentive Program (MIPS) beginning In 2019.
- The therapy cap amount for 2015 is \$1940 for PT/Speech combined.
- The therapy cap exceptions process is extended through December 31, 2017.
- Under a new manual review process, CMS will determine which therapy services to review by considering certain factors. These factors would include reviewing providers: (1) with patterns of aberrant billing practices compared with their peers; (2) with a high claims denial percentage or who are less compliant with Medicare program requirements; (3) who are newly enrolled; (4) who treat certain types of medical conditions; (5) who are part of a group that includes another therapy provider identified by the above factors.

In addition, much formal/informal discussion was had regarding nationwide problems including aggressive TPA/UM procedures, network narrowing, limited contract negotiations and dry needling struggles. I will provide more detail about these issues as they become more pertinent to Louisiana. Overall, the Forum proved to be a good and useful experience for me. To say the least we have tremendous challenges ahead. At times I, probably as well as you, wonder if we can overcome these never ending rules and regulations.

In Denver we all shared these trepidations until a certain calming voice we all know and love addressed us. Yes, it was our own Dr. Sharon Dunn, the newly elected APTA President from our great state.

She calmed our fears and doubts by so eloquently (including classic Sharon humor) speaking of her vision and plan for how the Association intends to deal with these issues head-on. When she finished, I can truly say the future of the APTA is in great hands. Sharon is another reason we can all be proud to be from Louisiana.



Respectfully submitted by: Rusty Eckel, LPTA Payment Chair

(continued from *Government Affairs* on page 20)

The next two meetings will focus on recommendations and approval of language to the legislators. These will be held on October 22, 2015 from 10 am- 2pm and November 18, 2015 from 10 am- 2 pm. The public is welcome to attend and public comments are welcomed. If you are unable to attend, you may watch the livestream or the archived video at <http://laptscr19.weekly.com>.

Second, the medical treatment guidelines for Worker's Compensation are undergoing a change. The proposed changes can be found in the September issue of the LA Register (<http://www.doa.la.gov/osr/REG/1509/1509.pdf>). In addition, the Office of WC Administration is proposing a fee schedule change. The LPTA has been very involved with these initial conversations with payers and other provider groups.

Third, as you may have noticed by all the new yard signs, election campaigns for state senate and state representative seats are well underway. 69 legislators ran for re-election unopposed and will return to the capital. There are 18 Senate Races and 53 Representative Races currently underway. If you have a candidate you would like the LPTA to support, please contact Oday Lavergne, chairman of the PT PAC, at olavergne@agilushealth.com. Now is a great time to get involved with campaigns and begin to cultivate relationships. They are eager to listen to their constituents and will gladly accept help in their campaigns.

We are still looking for additional Key Contacts. You can be a key contact if you are a student, PTA or PT that is registered to vote in Louisiana. All that is required is a willingness to be a

resource to your legislator and inform them of issues that impact our profession. All of the training, support, and talking points necessary for these legislative visits will be provided to you. If you do not know who your legislators are, take some time to visit the website, www.legis.la.gov.

If you are already a key contact, stay tuned for additional information from your district liaisons as we would like to schedule visits to those legislators that are returning to the capital.

Thank you to all that have answered the call to assist when called upon. Your willingness to serve is what makes this organization strong!



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December 11-13, 2015 Natchitoches, LA



RARE OPPORTUNITY!

Timothy Crunk, PT, DPT, MS, OCS, CFMT, FAAOMPT rarely teaches outside the big cities but he's coming **HERE!** Dr. Crunk has over 25 years of manual therapy experience and 20+ years of teaching manual therapy courses. He is a board member & tester for the FMT Certification through the IPA and also co-created the FMT Foundations course, which is part of the required curriculum for the FMT Certification. Don't miss this local opportunity to learn from one of the best manual therapists in the country!

Course Description

This course provides the student with the tools to safely and effectively perform a biomechanical examination and develop a comprehensive treatment plan for the patient with lumbar spine and pelvic girdle dysfunction. Students will be instructed in relevant functional anatomy and biomechanics and will gain skills in identifying signs and symptoms that require referral to other medical professionals. Treatment will include Muscle Energy Technique and neuromuscular re-education. This course involves both lab and lecture. More information at URL below.

Location: Natchitoches Regional Medical Center

Registration: 864-373-9520 or www.crunkpt.com/continuing-education-seminars

Cost: \$695

CE hours: 25

LPTA PAC (Political Action Committee) and PAIF (Patient Access Investment Fund) Fund Raiser a Great Success!

The LPTA PAC and PAIF fundraiser Saturday night at the State meeting raised over \$6,000!! The event was held in the lounge of the Crown Inn Plaza where the crowd could watch LSU beat Mississippi State and enjoy some great food. Almost 40 attendees had the chance to socialize with our own Sharon Dunn, President of the APTA while supporting a worthy cause. The LPTA PAC is our state political action committee. It's funds can only be used for state political elections and so this is how you can influence the democratic process in your state. Democracy is not a spectator sport...only those who vote and participate have a say in the outcome. But all of us as citizens have a responsibility for the outcomes of the democratic process.

The PAIF was established in 2001 as a fund for public relations efforts to convince our constituents that direct patient access is safe, affordable and allows care at the right time with the right provider.

The LPTA PAC trustees are planning the next event for our spring meeting in Lafayette March 11-13, 2016. Mark it on your calendars, I'm sure it'll be an event you won't want to miss!

Finally a big thank you to all who attended or donated to our LPTA PAC/PAIF fundraiser.

'Nobody made a greater mistake than he who did nothing because he could do only a little.'

—Edmund Burke



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