In the Heat of the Battle. Hot off the Press: Direct Patient Access to Physical Therapy has passed the Senate 31 yea’s and 7 nays. What an exciting time! Over the past month, we have visited nearly every legislator, participated in PT Legislative Day with the best PT turn out to date, and have had LPTA members present at the Capitol nearly every day that there has been a legislator there. Last week, we presented our Direct Access Bill to the Senate Health and Welfare committee, and had one last major “compromise meeting” with LOA, LSMS, LATA, Chiros, our lobbyists and Senator Mills in attempt to find language that everyone could agree on. Based on our hard work, constant phone calls and visits, and our willingness to be part of medical and legislative process, we gained significant legislative support. While it seems we won this Battle, the War is far from over. From this point, we get the opportunity to present our Bill to the House Health and Welfare Committee, and the pressure is on as all opposing groups will be better prepared. There are many moving parts to getting a bill passed, and we need your help in moving these parts forward. We need physical therapists, physical therapist assistants, LPTA members and non-members, patients, friends and family members visiting and calling their Representatives, faxing letters, signing the online petition, filling out the voter’s voice, coming to the Capitol to make visits...plain and simple —> GET INVOLVED. We need you to do this now, tomorrow, and every day until the Bill is passed.

(continued on page 12 and 13)

HUGE thanks go out to this patient access “dream team” - Senator Fred Mills and our very own Cristina Faucheux! These 2 work horses along with our amazing government affairs team have pushed this bill forward in the Senate Health and Welfare Committee and the Senate! GREAT JOB, team!
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 775

Life Members
Current 33

Students
Current 292

PTAs
Current 111

Total
Current 1,211

If you are interested in “opting out” of receiving hard copies of the Bayou Bulletin and receiving you Bulletin in full color by email, please reply to the office (office@LPTA.org) with the Subject line "Opting Out." Make sure you include your name, member number and a contact number in case we need clarification. Join us in "Opting Out!"

Bayou Bulletin Publisher Information

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www.lpta.org
What: Student Assembly #XchangeSA

Date: Wednesday, April 13, 2016

Time: 9:00 pm-10:00 pm, ET

Location: Live Tweet Chat on Twitter

Host: Alexis Morgan, APTA Student Assembly Director of Communications

Guest: Jerry Durham, PT

Topic: Customer Experience

Description: Why in the world would #DPTstudent & #PTAstudent need to know about "Customer Experience?" Customer experience is an integral part of our daily lives serving patients/clients and their families. Creating the best customer experience is arguably as important for us students as it is for licensed PTs/PTAs. Tune in to April's #XchangeSA chat to ask Jerry your questions; submit them early to @APTASA or @AlexisMorganPT, or just tweet them as they come to you!

Watch the live-broadcast conversation via Google Hangout, and ask your questions on Twitter, using the hashtag #XchangeSA. We'll give you a shout-out and our guest will answer YOUR questions. The #XchangeSA is a great way to meet new colleagues from all over the world, learn the ropes on Twitter, and have your questions answered... In more than 140 characters. We can't wait for you to join!

NEXT is leading-edge event for physical therapy professionals with trend-setting programming, innovative content, and exclusive access to the profession’s forward thinkers.
District and Component News

Jenn Watson, Lafayette District Chair

We are continuing our course through the Lafayette District with our next PT Pub Night in Abbeville at Shucks on April 5th! PT Pub Night is more than just getting together to socialize, it is an opportunity to strengthen the ties among PT professionals, not only within our community but ultimately within our State. If there has ever been a greater time for us to come together, NOW is the time. So, with that said, come on out and join us! If you can’t come to Abbeville, don’t worry PT Pub Night will be coming to city near you!

The Lafayette District meeting date will soon be announced. If you’ve been hiding out and missing all the details about Patient Access and other state news, please attend. It’s a great time to be a PT or PTA in the state of Louisiana!

Danielle Morris, Baton Rouge District Chair

PT Pub Night on February 25 was a huge success, with many Baton Rouge District members coming early for an educational session on how to talk to your legislator. We had great attendance from Physical Therapists, as well as from Representatives and Senators from across the state. Baton Rouge District members participated in the Day at the Capital on March 15th, and supported the Cajun Classic wheelchair tennis tournament on March 16th-20th. A special thanks to OLOL PTA program students who volunteered at the Cajun Classic with great enthusiasm for our profession.

Congratulations to Gus Gutierrez and Seth Kaplan from BRPT-Lake who will present at the 17th Annual Outcomes Conference in Knoxville, TN in April.

Stay tuned for information on upcoming meetings and events. And as always, stay active and engaged!

Gail Pearce, Bylaws Chair

LPTA Bylaws Amendment: At the Spring LPTA meeting in Lafayette, the membership approved a bylaw amendment to allow the PTA to have a full vote in Chapter voting. This amendment was added to the APTA bylaws during the 2015 House of Delegates. In Louisiana the ½ vote for the PTA has been a concern by many members. The members have spoken and now the Louisiana PTAs have a full vote.

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
PTA Speak: I hope everyone enjoyed the LPTA spring meeting as much as I did. I especially enjoyed getting to know my colleagues and reaching out to non LPTA/APTA members. There are lots of great things happening within the profession this year and as it’s been said before “It’s a great time to be a PT or PTA in Louisiana!” The biggest lesson I took away from this past meeting was the importance of involvement. Without member involvement there would be no association and the physical therapy profession may become stagnant instead of continuing to grow and advance. Our profession faces so many opportunities and challenges in the ever changing world of health care. The APTA on a nation level and the LPTA at the chapter level—are fighting to ensure that consumers of health care are not shortchanged, and that current and potential patients/clients can receive the physical therapy services they need and deserve, in an affordable manner, from licensed physical therapists (PTs) and Physical Therapist Assistants (PTAs).

As of today, PTA membership in the LPTA stands at 99 (out of approximately 1860 licensed PTAs in the state). It’s no secret that the number of PTA members could and should be higher. It is my hope as a PTA member who has benefited greatly from my membership in the association to promote PTA membership and involvement in our great association.

The LPTA Bylaws Committee proposed a bylaw amendment allowing PTA membership a full vote, and at the Spring Business meeting on March 12, 2016 in Lafayette that amendment passed! Big thank you and shout out to Jason Oliver (My mentor and past PTA caucus rep) for all of his hard work and dedication! With the passage of this new amendment and increased education on the benefits and advantages of membership I look forward to seeing a big jump in the number of PTA members in the LPTA/APTA. You can keep up with current PTA news and find resourceful links on the LPTA website under the PTA tab.

THE LPTA IS #1!! AGAIN!! Congratulations to the LPTA, we are the APTA chapter with the highest percentage of PT-PAC Eagles, again. In 2013 the LPTA had 22 Eagles (members who have given $500 or more in a calendar year). This meant 2.9% of LPTA members were Eagles. In 2015 we had 22 Eagles which means 2.78% of our members are Eagles. The next closest was Arizona at 2.59%.

On behalf of the PT PAC I want to thank everyone who contributed to the PT PAC in 2015 but especially those 22 Eagles.

However there is more good news. Louisiana raised $26,200 for the PT PAC in 2015. That is by far the largest amount we have ever raised, which tells me many more members gave $20 or 50$ or $100 because in 2013 we raised “only” $19,429. THANK YOU!!!!

Never doubt even the smallest amount can make a difference in the success of our Federal efforts. (In case you’re wondering in 2014 we had 2.25% Eagles which put us in 4th place)

Remember, it is very easy to donate to the PT PAC. You can donate on the PT-PAC’s website at www.ptpac.org or contact Michael Matlack, Director, Grassroots & Political Affairs michaelmatlack@apta.org fax: 703/706-3246 phone: 703/706-3163. Also you can also click on the link from LPTA’s homepage entitled "Give to APTA's PT-PAC”.

All amounts, all amounts, are most appreciated but we now have a tough act to follow...our own!! Can we break the 3% mark? (Never been done by the way, our 2.9% is the top mark!) Can we break $30,000? Can we give Sharon Dunn, APTA President bragging rights once again? Yes we can! You can do it!!

On behalf of the PT-PAC THANK YOU for your generous support. Please contact me at revdrpaul1@cox.net if you have any questions regarding the PT-PAC.
District and Component News

Julie Ann Harris, Shreveport District Chair

The Shreveport PT pub night was held at Ristorante Guiseppe on March 23, 2016. We had a wonderful turnout with 50 plus people in attendance. It was great to see everyone and talk about the movement that is heading with our patient access bill. The service was great as always and thanks to all that came out. Our next PT pub night will be in May so keep a lookout for an announcement.

The Shreveport District Meeting for the Spring is set on April 19th at 6 pm at the Highland Physical Therapy Clinic. We are pleased to announce that Henry Richter, CPO, LPO of Certified Limb and Brace will be speaking at the meeting on the topic of “Orthotic and Prosthetics: Fitting and Adjustments for the Physical Therapist.” We will include a business meeting prior to discuss state and national legislative issues. Hope to see you there!

Amanda Brewer, Social Media Guru

As many of you know, our Social Media Campaign is well under way in our push for Senate Bill 291 and House Bill 623. To help our efforts, please like our Facebook Page: Louisiana Physical Therapy Association, Instagram Page: LPTAgram and Twitter Page: LPTAtweet. Please SHARE, Re-Tweet and like any posts that are appropriate for the public. Many posts are simply published just for you to share to help educate the general public, the media and the legislators present on Social Media. When a call to action is issued it is time sensitive and needs to be acted upon as soon as possible. Additionally, please consider sharing LPTA’s Voter’s Voice link and the MoveON Petition Link with any private practice PT companies weather they are LPTA members or not.

Voter’s Voice Link: https://www.votervoice.net/mobile/LPTA/campaigns/45015/respond
MoveOn Petition Link: http://petitions.moveon.org/sign/patient-access-to-physical.fb51?source=c.fb&r_by=15447528

If applicable to you, it would also be beneficial to consider sponsoring a post on your business Facebook Page encouraging patients to use the Voter's Voice and MoveOn Petition link for greater exposure throughout the state. This can be done for as little as $20 and is a great way to advertise both your business and our profession's legislative cause. Thank you for all of the shares and re-tweets thus far! If you have a media contact or patient testimonial video, please email information to abrewer@brewerpt.com.
APTA Virtual Career Fair

Date: April 14, 2016

Time: 1:00 pm ET

Location: Online

Price: FREE to Job Seekers; Employers and Recruiters can Purchase Virtual Booth Space

Description: This live, online event is a great way for you to engage directly with employers, chatting online with recruiters from large and small physical therapy providers, discussing your background and experience, and their current and future career opportunities.

Job Seekers: Visit the fair, from anywhere! Just like a real fair, discover new and exciting opportunities at our Virtual Job Fair for PTs and PTAs. Just forget the entry fee for going to your local fair, this one is FREE! Connect from any device and share your resume with dozens of employers. Whether you are actively seeking a job or looking to advance in your career, this is a perfect way to explore the many options in employment available to physical therapists today.

Worried You Don’t Have Your Resume Updated?
Don’t be! Updating you resume is not necessary to participate in this online virtual fair for PTs and PTAs. Simply show up – from the comfort of your computer, tablet, even smartphone, and connect with the employers who you are interested in discussing career opportunities with, and go from there.

Here’s What Past Attendees Said:
"Having the opportunity to connect with so many potential employers at one event without having to travel all over the state."
"It was very easy to navigate. I was at work so I was in and out quick, but it was perfect."
"The ability to talk to several employers are once without having to leave my home or make small talk."
"The ability to connect with potential employers and gain insight in the career search as a new grad."
"Easy to access; low pressure networking."

Employers/Recruiters
If your company is currently seeking to hire physical therapists, the Virtual Career Fair is an excellent, cost-effective recruiting tool.

Future Dates
The next Virtual Career Fair for PTs and PTAs will be held September 15, 2016.
Governmental Affairs Report
OUR EFFORTS ARE BEING NOTICED AND THE SENATE HAS A CLEAR MESSAGE!

On Wednesday 3-30-16, SB 291 was heard in committee. A big thank you to Al Moreau, Chairman of the LPTB, and Joe Shine, President of the LPTA, for their excellent testimony on behalf of SB 291 and withstanding the “hot seat” as they educated the legislators on the issues at hand. The bill passed out of the Senate H&W committee by a vote of 4-2. Yeas were Norby Chabert, Dorsey Colomb, Regina Barrow and Gerald Boudreaux, Nays were Dan Claitor and Dale Erdey. SB 291 was the 2nd to last bill heard in this committee hearing and it was contested. The Louisiana Orthopedic Association and the Chiropractic Association of Louisiana opposed the bill with their usual anecdotal arguments regarding Safety and Education. On 3-29-16 it was confirmed that the CAL (Chiropractic Association of LA) had directed it’s lobbyist and President to renege on it’s position of neutrality regarding SB 291 and oppose our bill. This changed the dynamic of our lobbying efforts and strategy on Tuesday and in committee. However due to the strong leadership of Senator Mills, SB 291 was passed out of committee with the commitment to work with the opposed parties on compromise language.

On 4/5/2016, The Senate passed SB 291 with 31 yay and 7 nay votes. That vote count is an overwhelming majority with a strong message that our Senators understand that the citizens of LA deserve the right to seek Physical Therapy Treatment and remove the unnecessary barrier of requiring a visit from another qualified healthcare provider first! Please take a moment to thank ALL Senators for their time, patience, and consideration. It is just as important to thank them after this vote as it was to contact them for their support for direct access.

Many thanks to everyone who has gotten their patients, friends and family involved by calling, emailing, or appearing at the Capitol to Lobby. It is absolutely imperative that you, your patients, and your friends, call the State Representatives and ask them to support SB 291. Even if you already contacted your Representative, we want to keep the call volume high. If they plan to support the bill, thank them. Keep in mind this situation is very fluid and their stance can change on any given day. Having our message spread publically is absolutely vital to our success. We need to keep our patients and other citizens of Louisiana engaged by calling the representative’s office, signing the online petition, and emailing their legislators through voters voice. (You can find links for voters voice and the online petition at www.lpta.org).

Please pay attention to your legislative alerts! SB 291 now moves to the House Committee. We have cleared two major hurdles and will continue to work tirelessly on behalf of our patients. Should you have any questions, feel free to reach out to your GA Committee District Liaisons: Rusty Eckel, Errol Leblanc, Karl Kleinpeter, Eddie Himel, Rich Baudry, Oday Laverenge, Troy Bourgeois, Daniel Flowers and Jake Mckenzie. We are continuing to make positive gains each and every day. We have hit a grand slam and ahead in the game but keep in mind there are 3 innings left!

Respectfully submitted by:
Cristina Faucheux, Government Affairs Chair

Please call and send letters/emails to your Legislators asking them to support SB291 and HB623! Also, it is not only important, but NECESSARY that we get our patients involved. Please have your patients write letters, call, or meet with their Legislators to discuss why they would like to have the choice to access their physical therapist! Please collect videos of patient testimonial videos if your patient is willing to do so! Finally, if you have ever referred a patient back to their physician or to another specialist and that referral ended up being crucial in them catching and getting necessary treatment for a potentially detrimental diagnosis, PLEASE ask them if they would be willing to testify for our incredible profession!
CONNECT WITH US!
#Access2PT

UNRESTRICTED PATIENT ACCESS TO PHYSICAL THERAPY
FOR LOUISIANA

SENATE CONCURRENT RESOLUTION 19

Senate Concurrent Resolution 19 by Senator Mills, enacted during the regular 2015 session of the LA Legislature, created the PATIENT ACCESS REVIEW COMMITTEE to INVESTIGATE "the potential benefits of removing the current restrictions tied to patient access to a physical therapist's services by allowing direct access to a physical therapist's services without restriction"

and report its findings as well as
MAKE RECOMMENDATIONS TO THE LEGISLATURE.

Presentations offered by committee members produced

10 REASONS VALIDATED BY EVIDENCE

to support direct patient access to a physical therapist's services without restrictions.

5 MEETINGS

each scheduled for 4 hours where each committee member was offered an open opportunity to present INFORMATION, EVIDENCE & ARGUMENTS relevant to the issue to the committee.

After completion of all committee presentations a SINGLE RECOMMENDATION to the LOUISIANA LEGISLATURE was offered (by motion) and approved by the committee.

There is a CLEAR and obvious BENEFIT to 'remove the current restrictions tied to patient access to a physical therapist’s services by ALLOWING DIRECT PATIENT ACCESS TO A PHYSICAL THERAPIST’S SERVICES WITHOUT RESTRICTIONS' with ‘restriction’ defined as the need for referral and prescription to access physical therapy.

SUPPORT SB 291 & HB 623

Removes unnecessary barrier & outdated restrictions
Louisiana is one of just seven states with the most restrictive law

Cost-effective Helps reduce healthcare costs for patients & LA

Patient-centered Provides better patient self-management & patient choice

Bayou Bulletin March/April 2016
Access to physical therapy allows patients to choose their healthcare provider for their condition.

**SUPPORT**

- **SB 291 & HB 623**
  - Distance to patient access to PT
  - Removes outdated restrictions

**VOTE NOW**

- **14th District**
- **March/April 2016**

---

**FOR LOUISIANA**

Unrestricted Patient Access to Physical Therapy

- #Access2PT
  - Connect with us!
PT Legislative Day!

Our annual PT Legislative Day (previously known as PT Day at the Capitol) was a HUGE success this year! On Tuesday March 15, a group of amazing physical therapists, physical therapy assistants, and physical therapy students from all over the state brought their networking “A-game” to the Capitol to educate Legislators. The clear message this year was unlimited patient access and our amazing volunteers did an incredible job networking and lobbying for our profession.

Huge thanks are in order for all of the amazing volunteers who managed to stick through a marathon of a day...driving in from near and far to be there before the sun came up. Special thanks are in order for

- Amanda Brewer for making a very long drive, for being our historian, for creating our phenomenal PR campaign, and for just being a positive force in our profession;
- Jeff Person, Lorraine Doucet, Andrew Groome, Julie Harris, and Alice Quaid - for being an incredible representation of us clinicians, evaluators, and diagnosticians;
- Alicia Pruitt, Jenn Watson, Marianne Daigle, and Lauren of APTA staff - for being one of the first to arrive, even traveling from out of town, for the incredible organization of set up and for keeping smooth the process of handing out pedometers;
- Cristina Faucheux, Karl Kleinpeter, Oday Lavergne, Joe Shine, Paul Hildreth, Amelia Leonardi, Jane Eason, Daniel Flowers, Amanda Brewer, Errol LeBlanc, Ron Driggs, and all of the government affairs committee - this win will be because of the passion, time, and energy you have dedicated to this patient access cause;
- Networking team Scott Dickie, Rich Baudry, Marc Cavallino, Ben Wilson, Steve Wilson, Nick Cicero, and many, many more!

- and finally, Alice Quaid who has paved the way for us on PT Legislative Day and has provided me with incredible guidance during the past few months. You are a rockstar!
- And thank you to the amazing students who were engaged, professional, and eager to help out in any way - THANK YOU to Caroline Denison, Rebecca Schnadelbach, Kelsi Crain, Megan Flavin, Michael Bass, Zachary Mire, Jackson McNeal, Shea Rogers, and Clint Schaefer!
If you feel you may be getting too involved, you’re not! Tell your Representative that this is so important, that I will call you every day to make sure you have the information you need to make the best possible decision for the “Citizens of LA to have the right to choose their health care provider.”

The citizens of LA should have the right to decide which primary care provider they can see, how they can better manage their health, and how they should spend their limited health care dollars. Physical therapists in other states, in other countries, and in other practice settings have moved to independent practice safely, effectively, and with great citizen satisfaction. In our State, citizens are gaining better access to nurse practitioners, optometrist, and several other health care professionals, and the citizen’s of LA deserve the right to make their own choice. Many citizens are delayed in receiving physical therapy care by long wait times to see a specialist, cost barriers, and are requirement to get unnecessary referrals and specialized test. Our medical system has been based on reactive approach to chronic conditions and injuries, but we are transforming to a proactive approach of addressing acute issues, preventative interaction, and allowing a patient to be in-charge of their own care.

The major opposition stressed these points about direct access to physical therapy: all patients have to be vetted by a physician before going to therapy, a PT will miss a cancer diagnosis, treat a person with fracture, is unable to make medical diagnosis, don’t have adequate education, and basic common sense of the citizens of LA. We heard their testimony, and some of it sounded skeptical. We can tell similar stories, and so can many other medical professions. Comparing our education to an Orthopedic is very confusing to the legislator for many reasons, but the fact is that our referrals from an orthopedic is only 15-25%, and that most of our referrals come from health care providers without a MD degree. We screen for CA and many other illnesses on a regular basis, and on occasion we have found diseases that were missed by others. The red flags are obvious. Fractures: I believe all of us want to practice safe practice, and can professionally screen for fracture and refer out. Yes, we refer out for x-rays all the time via the radiologist or through other avenues. Medical diagnosis – don’t need it! We have always made a PT diagnosis, treated based on PT diagnosis, and talk to physicians based on PT diagnosis. We often don’t get a medical diagnosis with my referral. We have a Doctorate level education with 3 years of intense training on a specialized skill, followed by detailed continued education and back by a profession built on research and advanced practice models. They also implied that physical therapist will over treat patients, drive up cost, and prevent patients from getting “the timely care they deserve.” They make all these claims without any studies, without research, without facts. Common sense: the citizens of LA are smart enough to access physical therapy for their basic sprain and strains because they trust their own judgement along with the professional skills of a physical therapist to determine if PT is appropriate, and if not who to see. Currently, many citizens do not address small issues because of the time delays and inconvenience, so better access will make our citizens healthier and safer. It is a shame that educated professionals have to use scare tactics and misinform our legislators in-order in an attempt to maintain control over the health care system. We presented research and facts from multiple resources. One fact that cannot be argued is that in States with unrestricted access to physical therapy, the services are provided safely, cost effectively, are used by the citizens of those States. Physical therapists work within the medical model by interacting with physicians and other health care providers to ensure that the patients received the health care services they required and deserved. Physical therapists receive advanced levels of specialized education, are required to maintain a level of proficiency, practice under a code of ethics, and are supervised by a State appointed governing board. We have to get involved more than ever to educate our legislators on our ability, that the citizens will be safe, of all the benefits, and that it is the citizens’ right to make a choice as it is in 43 other States!
Payment Chair Report

My last article in the November/December 2015 Bayou Bulletin focused on looking back and recapping the events of the year. This article will focus on looking forward. Socrates is quoted as saying, “The secret of change is to focus all of your energy, not on fighting the old, but on building the new.” As therapists, it is important that we heed this advice now more than ever.

Our new and most challenging change is called “Payment Reform.” While payment reform is currently in the works, no one is certain when it will take effect. Simply put, it involves a transition from paying a PT (per separate CPT codes) for what we do, to a system of payment that pays us for what we know and achieve. This is also known as “Pay for Performance.”

Luckily, we knew this was coming and the APTA has been proactive. For more on this, please refer to the PT in Motion news article from APTA President Sharon Dunn, PT, PhD, OCS dated October 16, 2015. We have time to begin our own changes before they are mandated. Many of the changes, in my opinion, will actually result in improved clinical effectiveness and efficiencies.

Rather than summarize the detailed information pertinent to payment reform, I’d like to refer you to the well-written article “Succeeding in Payment Reform” by Jerry Henderson, PT. You can find this article in the March 2016 edition of Impact Magazine from the Private Practice Section of the APTA.

In the article, Jerry writes, “As we transition to pay for performance systems over the next few years, successful practices will learn how to provide the right amount of care, to the right patients, at the right time, in the right setting, by the right providers. Those that prepare now will be very well positioned to enjoy a very bright future.” On the heels of his advice, please remember that payment reform is inevitable. Don’t fear it—prepare for it.

Switching gears, I’d like to address another change indirectly related to payment. In 1969, our first class of PTA’s graduated from Miami Dade College in Florida. It was not without controversy as some PT’s feared PTA’s were going to replace them and reduce their salaries overall. Eventually, PTA’s were accepted into the APTA/LPTA with a half vote at the chapter level.

Recently, the LPTA chapter members voted to approve a bylaw to allow our PTA members a full vote at the chapter level. Although I don’t know the final count of the votes, I was told it was overwhelming in favor. It has taken 47 years, but better late than never. I am honored to see this significant vote pass because I truly believe it will only strengthen our association. In my opinion, March 12, 2016 was a great day for the LPTA. Change is good and, in this case, right. We are not fighting the old, but building the new.

Respectfully submitted by:
Rusty Eckel, Payment Chair

(continued from President’s Report on page 1)

This is your career, your passion. Show it by getting involved. The citizens of LA want your services, and we can make a difference. By getting involved you will provide the opportunity for our friends, family members, and the citizens of LA the unlimited access to physical therapy they deserve. See you at the Capitol!

Joseph Shine, PT DPT COMT
President, LPTA
Getting Involved!

Please print this letter and have your patients, family, friends, coworkers, everyone and anyone sign-it, add a personal note if they choose to, and then 1) fax it to every representative in the person’s district, 2) then mail the original to the representative’s office, and 3) send a copy to the LPTA office so we can bring these letters personally to the House Health and Welfare committee meeting. Take the leap and sign into the patient portal and send a message, and sign the online petition. If you need help with this process, please email Amanda Brewer at Amanda Brewer at abrewer@brewerpt.com

Dear Representative ________________

Please support HB 623 to allow unlimited access to physical therapy. As a citizen of LA, I should have the right to choose physical therapy when I want to. As a (past) physical therapy patient, I want direct access to my physical therapist. Louisiana is one of the few states in the nation that requires a physician referral before patients can receive physical therapy services. Many other States already allow unrestricted access to physical therapy.

Please vote YES on this important piece of legislation and allow patients like me to access the healthcare provider we choose. I should have the right to choose! This is important to me, and as your constituent, I want you to know this.

Thank you for recognizing my ability to take control of my healthcare decisions!

Sincerely,

John Q Public

Patient Name:________________      Contact number:_________________

When is the last time you reviewed these key documents?

Risk Assessment Tools for Cancer, Heart Disease, Stroke, Diabetes. Canadian C-Spine Rules. American College of Physicians: Managing Low Back Pain and Imaging. Ottawa Ankle and Ottawa Knee Rules. Our PT Journals are full of great research and screening tools – use these great resources!
Highlights from the LPTA Spring Meeting

This was a standing ovation for past president Beth Ward at the LPTA Spring Business Meeting. Beth, we thank you for your incredible service, leadership, and for moving forward the profession of physical therapy in this state. You continue to be in our thoughts, hearts, and prayers, and we are sending all good healing energy to you.
Therapy Cap Repeal Amendment Gives Senators an Opportunity to Keep Up the Drumbeat to End a Flawed Policy

Two US senators are working to keep repeal of the Medicare therapy cap front-of-mind on Capitol Hill. Though the chance of passage is slim this year, sponsors Ben Cardin (D-MD) and Dean Heller (R-NV) hope that an amendment they sponsored will refocus attention on ending the therapy cap, and help to keep the issue well-positioned when the current exceptions process runs out in December 2017.

The amendment calls for a full repeal of the payment caps for physical therapy treatment under Medicare Part B, which sets limits at $1,960—an amount that also includes speech-language pathology services. In past years (including 2015 and 2016) the cap has been accompanied by an exceptions process that allows payment for physical therapy over the limit. APTA describes the therapy cap as a policy that "discriminates against the most vulnerable Medicare beneficiaries," and the exceptions process as an "arbitrary" system.

The senators hope to attach the amendment to a popular bill that addresses the opioid epidemic, but the realistic chances of that happening are not good. Cardin and Heller argue that given the role of physical therapy in the management of chronic pain, it's appropriate to include the cap repeal in the opioid bill. However, both senators feel that even if they aren't successful in getting the amendment added, their efforts will help to remind the Senate that it will take up the issue next year, when the current exceptions process runs out on December 31.

In past years, a debate over the elimination of the therapy cap has been a more-or-less annual event that was part of the fight to end the flawed sustainable growth rate (SGR), a system that routinely required the so-called "doc fix" to the physician fee schedule to avoid severe payment cuts. With the elimination of the SGR in 2015, the 2 issues were separated. Congress came close to a full repeal of the cap, but in the end decided to keep it—and its exceptions process—in place until the end of 2017. Cardin and Heller aim to remind their colleagues that the issue has not disappeared by any means.

"These arbitrary caps create an unnecessary and burdensome financial barrier to Medicare beneficiaries who rely on essential rehab services such as physical and occupational therapy to live healthy and productive lives," Cardin said in his floor speech (video of Cardin's entire speech available here). As for the appropriateness of the amendment in the opioid bill, Cardin cited a recent Centers for Disease Control and Prevention (CDC) clinical guideline that asserts physical therapy and other nondrug approaches to chronic pain "have been underutilized and, therefore, can serve as a primary strategy to reduce prescription drug medication abuse and improve the lives of individuals with chronic pain."

Heller described the effect of a therapy cap repeal in plain terms. "If patients had better access to physical therapy, they would not be as dependent on highly addictive pain medication," he said, adding that "seniors would also have a higher quality of life by treating the sources of the pain and rebuilding their strength."

Repeal of the therapy cap remains 1 of APTA's highest public policy priorities, and APTA President Sharon L. Dunn, PT, DPT, OCS, voiced the association's strong support of the senators' efforts during this session.
“APTA believes the latest extension of the exceptions process must be the last, and the therapy cap must be repealed and replaced with meaningful reforms that are in the best interest of the patient,” Dunn said. “APTA will continue to shine a spotlight at every opportunity before Congress on how the misguided therapy cap policy negatively impacts the patients we serve.”

Repeal of the therapy cap will require a strong, unified voice from the physical therapy profession. Find out how you can take action—and if you really want to get involved, don’t miss the upcoming APTA Federal Advocacy Forum in Washington DC, April 3-5. Registration deadline is March 18.

In its continuing search for ways to reduce avoidable hospitalizations among skilled nursing facility (SNF) patients, the Centers for Medicare and Medicaid Services (CMS) will test a new payment system that would increase some payments and reward multidisciplinary care planning.

The test, set to launch in the fall of 2016, would increase payments to physicians conducting a comprehensive assessment in an SNF to the same amount they receive for providing the assessment in a hospital, according to a CMS news release. The new model would also provide new payments to practitioners “for engagement in multidisciplinary care planning activities,” and for treatment of 6 conditions that CMS says are linked to 80% of avoidable hospital admissions: pneumonia, dehydration, congestive heart failure, urinary tract infections, skin ulcers, and asthma.

CMS plans to select approximately 250 SNFs to participate in the model, which will apply to both Medicare and Medicaid beneficiaries.

The test system will be coordinated through Enhanced Care and Coordination Providers (ECCPs), CMS-funded groups that have been working with the agency since 2012 to reduce avoidable hospitalizations for SNF patients. A total of 7 ECCPs have been collaborating with SNFs to provide training and preventive services; now 6 of those 7 will serve as hubs for the new payment model.

The 6 participating ECCPs are the Alabama Quality Assurance Foundation, HealthInsight of Nevada, Indiana University, the Curators of the University of Missouri, The Greater New York Hospital Foundation, and Pennsylvania-based UPMC Community Provider Services.

Add 1 part hot physical therapy topic to 1 part APTA author. Mix well. What do you get? We’re about to find out. This week, APTA launches the #PTTransforms blog, a new offering that will feature a range of association voices sharing their perspectives on some of the biggest topics shaping—and re-shaping—physical therapy. These quick takes are designed to get you thinking, get you talking, and maybe even get you more involved in the transformations taking place in nearly every corner of the profession.

The debut installment is a 2-for-1: APTA President Sharon L. Dunn, PT, PhD, OCS, on impending payment reform and the "road less traveled," followed by James Irrgang, PT, PhD, ATC, FAPTA, chair of the APTA Physical Therapy Outcomes Registry Scientific Advisory Panel, on why the profession must waste no time in building its outcomes data. Read, think, comment, repeat.
Chronic LBP Correlated With 'Clustering' of Socioeconomic, Behavioral Factors

While the disability and health care utilization burdens of chronic low back pain (cLBP) have been well-documented for some time, a new study finds that those burdens may fall unevenly, with poorer, less-educated, and less-healthy Americans most likely to experience the condition.

Researchers analyzed demographic and health-related data from 5,103 Americans aged 20 to 69 years who participated in the National Health and Nutrition Examination Survey (NHANES) back pain questionnaire in the 2009-2010 survey cycle. Of those, 700 reported experiencing cLBP, which researchers defined as "current pain in the area between the lower posterior margin of the ribcage and the horizontal gluteal fold at the time of the survey, with a history of pain lasting almost every day for 3 months."

Authors of the study then cross-referenced individuals reporting cLBP with different demographic, health, and health care usage data to get a better picture of how factors like income and education correlate with the condition. The results, e-published ahead of print in *Arthritis Care & Research* (abstract only available for free), show what authors call a "clustering of behavioral, psychosocial, and medical issues."

Among them:

- **Overall prevalence of cLPB was 13.1%, with adults between 50 and 69 years old 2 times more likely to experience the condition. Women were more likely to have cLPB, and Caucasian participants were 1.5 times more likely to report cLBP than African American or Hispanic respondents.**

- **Adults with cLBP had generally received less education than those without cLBP—they were nearly 2 times less likely to have a college degree, and 2.2 times less likely to have a high school diploma or associate’s degree.**

- **The odds of unemployment were 1.79 times higher for the cLBP group. The cLBP group was also 2.2 times more likely to have an annual income of $20,000 or less.**

- **The rate of income from disability was 12.8% in the cLPB group, compared with 4.6% among those without cLBP.**

- **More than 1 in 3 adults with cLBP screened positive for depression; the rate was just over 1 in 5 among those without cLBP.**

- **Adults with cLBP were 3.9 times more likely to have reported sleep disturbances than those without cLBP.**

- **Nearly half (48%) of the cLBP group reported 3 or more comorbidities, compared with 17% of individuals without cLBP.**

In terms of health insurance and utilization, adults with cLBP were less likely to be covered by private insurance, and more likely to have Medicare (2.25 times) or Medicaid (3.23 times). They were also 1.9 times more likely to report an overnight hospitalization in the past year. When researchers analyzed health and demographic data among the adults with cLBP who reported 10 or more health care visits per year, they found increased likelihoods linked to unemployment, disability income, depression, and sleep disturbances.

Authors cite several limitations to their study—including an absence of data on institutionalized adults and adults over 69 years of age—but argue that the nature of the NHANES survey makes their findings freer from bias than claims-based studies, and more likely to be accurate given NHANES' use of trained interviewers to administer the questionnaire.

While authors also acknowledge that their findings don't establish causal links between various factors and cLBP, they assert that "the clustering of behavioral, psychosocial, and medical issues should be considered in the care and rehabilitation of Americans with cLBP."
Medicare Reaches Value-Based Payment Goal a Year Ahead of Schedule

Medicare's march toward payment systems that are tied to value and not volume has been moving along at a faster-than-expected clip, according to the Department of Health and Human Services (HHS), which says that Medicare has reached its goal to tie 30% of all payments to value-based systems nearly 1 year ahead of schedule.

According to an HHS announcement, growth of alternative payment models including accountable care organizations (ACOs) and bundled payment systems have allowed Medicare to shift $117 billion out of a projected $380 billion away from fee-for-service payments. HHS says that this shift has resulted in better care and greater savings, including $411 million savings in 2014 attributed to ACOs participating in the Medicare Shared Savings and Pioneer ACO programs.

The move away from quantity was a major feature of the Affordable Care Act (ACA), which created programs such as Medicare Shared Savings and the Center for Medicare and Medicaid Innovation. In a fact sheet from the Centers for Medicare and Medicaid Services (CMS), the agency says that the transition to more alternative payment systems has coincided with other improvements in health care, including a 17% drop in hospital-acquired conditions, lower hospital readmission rates, and slower growth in per-enrollee spending.

"Alternative payment models, such as bundled payments or [ACOs], make doctors and hospitals attentive to the total costs of treating a patient at a high level of quality over time," CMS states. "This focus makes care more accessible to patients, including after-hours availability, quicker follow-up, more seamless transitions from one doctor or clinician to another, fewer repeated or duplicative tests, and keeping patients healthier overall."

Many physical therapists and physical therapist assistants are already involved in alternative payment systems (and some are even helping to pioneer approaches through APTA's Innovation 2.0 program), but that involvement is bound to increase soon, when CMS launches its Comprehensive Care for Joint Replacement (CJR) program. That system, which will require hospitals in 67 metropolitan areas to participate in a bundled payment program for total knee and total hip replacements, is set to start April 1.

APTA has been helping its members keep up with the transition to value-based and collaborative care models, most recently developing resources to help PTs and PTAs understand the CJR. The association will host a webinar on the program on March 24.

At an even broader level, the association has developed a new alternative payment system for the profession. Called the Physical Therapy Classification and Payment System (PTCPS), it's a system that uses a severity-intensity framework as a basis for payment, rather than a procedural-based, fee-for-service system. The evaluation codes associated with the new system will be implemented January 1, 2017.

"The new coding system that will begin in January marks an important step for the physical therapy profession toward exactly the kinds of models CMS says will be the future of health care," said Carmen Elliott, APTA vice president of payment and practice management. "The fact that CMS is achieving its transition goals sooner than expected makes it even more important that we continue to work together to develop a model that will help the profession thrive in a quickly-changing environment."

Why does the move toward value-based systems matter, and what's the big picture? Check out this article from APTA's series, "Physical Therapy: A Profession in Transformation."