



## **APTA Integrity in Practice Initiative**

*This article is based on a presentation by Nancy White, PT, DPT, OCS at the 2014 FSBPT Annual Meeting.*

Healthcare fraud is the new easy crime in America. Medicare fraud can result in a great deal of money being lost. Because physical therapy (PT) billing system is so easy – just check boxes – fraud is hurting the patients, the reputation of physical therapy, and the economy.

In a recent survey sampling, about 18% of those practitioners responding said they witnessed fraud and abuse in the past 12 months, while another 7% were not sure.

### **Concerns with Fraud & Abuse**

The Institute of Medicine (IOM ) reported that \$765 billion per year has been lost to fraud, waste, and abuse with \$75 billion of that due to fraud. This results in overutilization of services, increased costs to payers, corruption of medical decision-making, unfair competition, harm to patients, and serves to deter new students from entering the profession due to a negative public perception.

PTs practice in seven Medicare settings with seven different sets of rules and requirements of payment. Thus, it is easy to understand some mistakes will be made. There are inefficiencies / waste, bending of the rules, and intentional deception.

The government has invested resources to fight this fraud. The government views fighting fraud, abuse, and waste and the recovery of funds as a significant source of revenue. For every dollar spent by the Health Care Fraud and Abuse Control (HCFAC) program, an average of \$8.10 was recovered between 2010 and 2013. A total of \$4.3 billion was recovered in 2013.

Medicare and private payers have thus created new rules to prevent fraud and abuse, causing more paperwork and expending time that could benefit the patient.

In response, the American Physical Therapy Association's (APTA) "Integrity in Practice" Campaign has four objectives:

- Step up as a leader and partner in the effort to eliminate fraud, abuse, and waste from healthcare and strengthen the good reputation of PT in the healthcare system.

- Educate members, non-members, new professionals, and students so they can avoid pitfalls that invite more scrutiny and payment cuts, and can focus on delivering value and quality in practice.
- Advocate on behalf of PTs and the profession to reduce or prevent further burdensome regulation and oversight and preserve freedom to practice.
- Communicate our efforts and highlight solutions through every channel while showing buy-in from partner organizations that are key stakeholders in healthcare.

The campaign is multi-faceted and includes its Microsite (<http://integrity.apta.org>), launched September 15, 2014. Most of the site is open to the public. The site provides information about the campaign, which includes upholding integrity (professionalism, state practice acts, ethics), understanding risk (abuse laws and other risk areas for PTs), and reducing risk (through coding, documentation, compliance information, and courses).

A Continuing Education (CE) Module was developed, free to both members and non-members, called, “Navigating the Regulatory Environment: Ensuring Compliance While Promoting Professional Integrity.” It gives real-life examples of PT situations.

Recently released “Preventing, Fraud, Abuse, and Waste: A Primer for Physical Therapists” is available to members, non-members, students, and employers in hard copy and online. It provides basic information on general background; explanation of fraud, abuse, and waste; fraud and abuse laws; PT relationships with payers; PT relationships with referral sources; PT relationships with patients; and professionalism, compliance programs, and whistleblowers.

The Primer Materials provides PowerPoint slides regarding fraud and abuse available to assist in instruction; test questions regarding fraud, waste, and abuse; and a letter to send to academic programs encouraging them to incorporate material in their programming.

A public service announcement-style awareness campaign has been developed that created multiple ads, each including a case scenario involving waste, fraud, or abuse in various practice settings. It also promotes ads that create awareness and promotes the CE Module.

APTA is participating in the “Choosing Wisely” campaign, an initiative of the American Board of Internal Medicine (ABIM) Foundation. In it, each participating specialty society creates a list of “Five Things Providers and Patients Should Question” to encourage wise decisions about appropriate care. It includes medical professionalism, stewardship, professional responsibility, wise use of resources, and generally doing the right thing.

More than 60 medical specialty societies are participating in the “Choosing Wisely” campaign, with 15 more specialties, including APTA, planning to release lists this year. *Consumer Reports* has joined the campaign to provide resources for consumers. APTA and two other non-physician groups were officially welcomed to the campaign on May 1, 2014. This is a resource for patients and consumers as much as for providers.

The real purpose behind this campaign is to encourage conversations between providers and patients about care that is truly necessary, to encourage care decisions based upon evidence, to reduce waste, and to support the role of consumers in care decisions as well as professionalism and social responsibility.

There are recommendations for what to do and not do in many medical decisions. It also gives support to providers.

#### List of Five Things to Question

The criteria for inclusion on *List of Five Things to Question* on the APTA Choosing Wisely Microsite are that they must be evidence-based, frequently done tests or procedures but not necessary, and under your control as a PT. The focus of the campaign is on safety, quality, and social justice, doing no harm, and eliminating waste. This is all part of medical professionalism.

The methodology used to develop the List of Five was:

- Solicitation of items for consideration from all APTA members.
- Use of an expert panel to refine items based upon literature and established criteria applying the modified Delphi process.
- All-APTA member survey.
- Board of Directors approval.
- List submitted to ABIM Foundation for review and approval. Article drafted and submitted for publication.
- Revisions made and final list submitted to ABIM. Communications strategy finalized.

One hundred seventy-eight submissions were received. They were refined using a panel from many kinds of specialties, those who had knowledge in the literature, and those from across the country. Finally, 2,500 members responded to choose the final list that was sent to ABIM. After some final tweaks, the list went public. They are:

1. Don't employ passive physical agents except when necessary to facilitate participation in an active treatment program.

- Limited evidence exists that passive physical agents lead to clinically important outcomes for musculoskeletal conditions.
- A carefully designed, active treatment plan has a greater impact on pain, mobility, function, and quality of life.
- Use of passive physical agents should be supported by evidence and used to facilitate an active treatment program.
- Passive approach to treatment may exacerbate fears of being physically active when in pain.

2. Don't prescribe under-dosed strength training programs for older adults. Instead, match the frequency, intensity, and duration of exercise to the individual's abilities and goals.

- Improved strength in older adults helps improve health, quality of life, functional capacity, and reduced risk of falls.
- Older adults often are prescribed low-dose exercise and physical activity that is inadequate to increase muscle strength.
- Failure to establish accurate strength baselines limits the adequacy of the dosage and progression – and the adequacy of the strength training.

3. Don't recommend bed rest following diagnosis of acute deep vein thrombosis after the initiation of anticoagulation therapy, unless significant medical concerns are present.

- Given the clinical benefits and lack of evidence indicating harmful effects of ambulation and activity, both are recommended following achievement of anticoagulation goals, unless there are overriding medical indications.
- Patients can be harmed by prolonged bed rest that is not medically necessary.

4. Don't use continuous passive motion (CPM) machines for the postoperative management of patients following uncomplicated total knee replacement (TKR).

- CPM does not lead to a clinically important effect on short- or long-term knee extension, long-term knee flexion, long-term function, pain, or quality of life following TKR.
- Rehabilitation protocols support early mobilization unless contraindicated due to medical / surgical complications.
- Cost, inconvenience, and risk of prolonged bed rest with CPM should be weighed carefully against its limited benefit.

5. Don't use whirlpools for wound management.

- Whirlpools are a non-selective form of mechanical debridement.
- Use of whirlpools to treat wounds predisposes the patient to risks of bacterial cross-contamination, damage to fragile tissue from high turbine force, and complication in extremity edema when arms and legs are treated in a dependent position in warm water.
- Other more selective forms of hydrotherapy should be utilized, such as directed wound irrigation or a pulsed lavage with suction.

These five are a means to start a conversation and there are exceptions.

To make this information generally available to the public, there is a communications plan on the Microsite. It includes the *Consumer Reports* partnership; ABIM press release and newsletter; APTA press release; article in *Physical Therapy*; *APTA News Now* article and social media; podcasts and video dispatches; APTA website and microsite; and conference presentations.



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a Board Certified Orthopaedic Clinical Specialist and has been an active APTA member since 1979. She served in leadership positions in the Virginia Chapter, the Orthopaedic Section and the Foundation for Physical Therapy. She has a Master of Physical Therapy degree from the University of Alabama in Birmingham, and a DPT from Marymount University.