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Consumer Awareness: Are we doing enough?

This article is based on a presentation by Nancy R. Kirsch, PT, DPT, PhD, FAPTA, Mark Lane, PT, FSBPT Staff Vice President, and Justin D. Moore, Executive Vice President, Public Affairs at the American Physical Therapy Association (APTA), at the 2015 FSBPT Annual Meeting.

How do boards assure that a licensed physical therapist or assistant is competent? Currently boards rely on two main mechanisms, continuing competence requirements and complaints from consumers and others. The latter is a reactive mechanism and requires that the consumer understands what effective care is. This session explored these issues as well as what boards can do to enhance current mechanisms and identify other ways boards can meet their charge of assuring competent care. The interactive session also presented some of the new initiatives the American Physical Therapy Association (APTA) has been working on to increase consumer awareness and possible ways licensing boards can collaborate in these endeavors.

Attendees were asked a series of questions, many of which had surprising results.

In response to the question, "Is it the job of the licensing board to assure 'minimal' competence for both licensure and re-licensure?" 82% responded "yes," 13% "no," and 5% "maybe." When asked why someone would respond "no," one attendee offered that she did not like the word "minimal."

In fact, it is a board's role to assure competence for licensees, as shown in the Model Practice Act. It states, "It is the legislature's intent that only individuals who meet and maintain prescribed levels of competence and conduct may engage in the practice of physical therapy as authorized by this [act]." It further stipulates the powers and duties of the Board, which are to "establish mechanisms for assessing the continuing competence of physical therapists to practice physical therapy."

Referring to *Demystifying Occupational and Professional Regulation* by Kara Schmitt and Benjamin Shimberg as the "Bible of regulation," Lane noted regulation is intended to:

- Ensure the public is protected from unscrupulous, incompetent, and unethical practitioners
- Offer some assurance to the public that the regulated individual is competent to provide certain services in a safe and effective manner
- Provide a means by which individuals who fail to comply with the profession's standards

can be disciplined, including the revocation of their licenses

New PTs ensure competence by graduating from an accredited program or one substantially equivalent, by passing a qualifying exam, and through proof of good moral character. Renewing PTs will have to show continuing competence or education. Complaints against them will be reviewed as will clinic audits conducted in Mississippi and Ontario, or practice hours in Arkansas, Minnesota, New Hampshire, Virginia, and Washington.

To the question, "How well do you think your jurisdiction's continuing education / competence requirement assures competence of your licensees?" 41% of attendees responded "Somewhat" and another 35% responded "Minimally." Only 17% responded "Extremely well / Well."

That's not surprising, considering that most complaints come from patients. That implies that if boards are going to rely on patients for complaints about poor care, patients need to be educated on what poor care is.

That implication was also reflected in answers to the question, "How well do you think the complaint system identifies incompetent physical therapists and physical therapist assistants in your jurisdiction?" Forty-six percent responded "Minimally," with another 39% responding "Somewhat."

Another telling question was, "For consumers, which of the following do you think is the most important factor in establishing trust in their practitioner's competence?" Thirty-eight percent responded "Personality: bedside manner." Another 31% responded "Referral from someone." Only 12% responded "Education, training, and credentials."

For another question, 43% responded they personally have been unhappy with a healthcare provider because the provider didn't listen, 27% because their problem wasn't addressed, but only 16% because the provider lacked a good bedside manner.

Only 6% of those who experienced less than satisfactory care reported it to appropriate authorities. Nearly 7 in 10 just never went back. More than half of the attendees surveyed (53%) reported their state board's website does not provide consumer information that explains what PT care is.

Competence is defined as "the application of knowledge, skills, and behaviors required to function effectively, safely, ethically, and legally within the context of the individual's role and environment."

Quality is "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

It is doubtful, however, that the typical consumer is aware of those definitions.

According to the Institute of Medicine, patients should expect safe, effective, patient-centered, timely, efficient, and equitable healthcare.

The evidence shows that poor care and high costs are often aligned with good customer satisfaction. The most satisfied customers are 12% more likely to be admitted to the hospital,

their healthcare and drug expenditures are 9% higher, and they are 26% more likely to die.

The literature corresponds to what the attendees said, that if you like the practitioner's bedside manner you're more likely to believe the practitioner is competent. But there is very little correlation found between Emotional Intelligence and clinical performance in the literature.

It's interesting that commercial environment, like Zagat, is partnering with the more medical environment, like Wellpoint, to assess patient satisfaction. But do five stars translate into medical skills? Does the pressure to get better scores affect medical treatment? Can patient satisfaction surveys lead to bad medicine?

The evidence suggests "yes."

Physical therapy students are in a unique role to identify practice issues. They have been taught good practice and can recognize deviation from good practice. And they do report in some instances. The most common issues identified by students are inappropriate use of resources, improper supervision, sexual harassment, lack of honesty, and blatant wrongdoing.

But although they are an informed group, students do not report to the degree one would expect. Some of the reasons could be they are low in the hierarchy, did not recognize the action as an issue at the time, fear of not being a team player, and fear of personal consequences.

Unfortunately, there is a disconnect between the clinical and ethical/legal coursework. Students also do not understand their role as future clinicians with a duty to report inappropriate care and behavior.

When asked to rank a list of eight grounds for disciplinary action based on frequency, attendees gave them pretty equal weight. In reality, fraud and abuse followed closely by substance abuse were far and away the most frequent grounds for disciplinary action. Those were followed in descending order by not meeting continuing competence requirements, criminal convictions, unlicensed practice, substandard care, sexual harassment, and boundary violations.

Three-quarters of attendees believe PTs and PTAs are, for the most part, competent in their clinical skills. But it is unclear whether the complaint system verifies that. The complaint system really is not geared toward getting at that substandard care. The highest complaints come from easily recognizable problems by peers and patients — fraud and abuse and substance abuse. It's hard to tell competency from complaint data. Patients don't know what substandard care is so they're not going to complain about that.

Attendees also were nearly evenly split on whether licensing boards should focus more on behavioral and ethical issues over technical issues. The dilemma is that boards don't know how technically competent their physical therapists or licensees are. Continuing education really isn't insuring that. The complaint system isn't identifying it. Do we have an obligation to educate consumers on what good, quality care is? What substandard care is? What the difference is between substandard and quality? Or should boards increase things like auditing and visiting clinics?

Educating clients is behind APTA's Choosing Wisely campaign.

The American Board of Internal Medicine (ABIM) Foundation launched Choosing Wisely® in 2012 with a goal of advancing a national dialogue on avoiding wasteful or unnecessary medical tests, treatments, and procedures. Choosing Wisely centers on conversations between providers and patients who are informed by the evidence-based recommendations of "Things Providers and Patients Should Question." More than 70 specialty society partners — including APTA — have released recommendations with the intent of facilitating wise decisions about the most appropriate care based on a patients' individual situation.

Consumer Reports is a partner in this effort and works with specialty societies to create patient-friendly materials to educate patients about what care is best for them and the right questions to ask their physicians. Through a coalition of consumer groups like AARP and the National Partnership for Women and Families, *Consumer Reports* ensures patients get the information they need when they need it.

APTA began meeting with legislators and other stakeholders over the recurring theme of waste, fraud, and abuse about five years ago. The association sought to keep its brand as a highly reputable provider in the healthcare system. The conversation started with, how do we maintain our reputation and how do we ensure PTs are seen in a positive light? What it turned into was how do we partner with the consumer, other services, and leading organizations that are on the regulatory or enforcement side.

APTA's first consumer-directed campaign started about a year ago in partnership with FSBPT. APTA is the first non-physician group to enter into the Choosing Wisely campaign.

Key messages included:

- Encourage conversations between providers and patients about care that is really necessary
- Encourage care decisions based on evidence
- Reduce fraud, abuse, and waste
- Support the role of consumers in care decisions
- Promote professionalism and responsibility

About 2,600 APTA members were involved in coming up with the first list of five practices that should not be undertaken for safe and efficient practice, which was released in September 2014. Because they are based on the ABIM program, they focus on what not to do rather than what to do.

The "5 Things PTs and Patients Should Question" are:

- Don't employ passive modalities except when facilitating an active treatment plan
- Don't prescribe under-dosed strength training for older adults
- Don't recommend bed rest following acute deep vein thrombosis (DVT) after anti-coagulation therapy, unless there are significant medical concerns
- Don't use continuous passive motion (CPM) machines postoperative for uncomplicated total knee arthroplasty (TKA)

- Don’t use a whirlpool for wound management

These have been published. APTA is working with *Consumer Reports* to not only get this information to practitioners but also to consumers.

Whether it’s reaching consumers has yet to be quantified, but that the message is being spread is quantifiable. So far, 179 major media outlets have reported on the APTA list, there have been 6,800 “likes” for APTA’s Choosing Wisely list on the *Consumer Reports* Facebook page, 91,688 people have viewed the APTA Choosing Wisely story on *Consumer Reports*’ website, and 661,170 subscribers received the *Consumers Reports* OnHealth story on APTA’s list.

Normally APTA would send such a list to its 95,000 members and that would be it. This was all about getting it out to consumers.

The next steps are to engage PTs, consumers, and employers. PTs will be engaged through communications from the APTA and state boards, through educational sessions, through decision support and online tools, and through the use of PT “champions.” Consumers will be encouraged to talk about their treatments and to be partners in treatment decisions. Standard messages to communicate with employers will be created and brought to area business groups.

For better or worse, audits also will be part of the mix because the federal government has ramped up audits in wake of passage of ADA. It is now looking to partner with APTA on how to more specifically target audits rather than trying to regulate the entire industry.

The FSBPT Ethics and Legislation Committee is working on a potential document on what you should expect from your physical therapist, to put a positive spin on consumer education. The document would be more from a patients’ rights perspective.

Nancy R. Kirsch, PT, DPT, PhD, FAPTA, received her PT degree from Temple University, her Master’s in Health Education from Montclair University, Certificate in Health Administration from Seton Hall University, her PhD concentration in ethics from Rutgers University (formerly UMDNJ), and a Doctor of Physical Therapy from MGH. She owned a private practice for more than 20 years and currently practices in a school-based setting. In addition, she is the Director of the Doctor of Physical Therapy Program at Rutgers, The State University of New Jersey. Nancy has been a member of the New Jersey Board of Physical Therapy Examiners since 1990 and was chairperson of the Board for 12 years. Nancy is currently Vice President of the FSBPT Board. Nancy also has been active in the American Physical Therapy Association since she was a student. She served the New Jersey Chapter as Secretary and President, and as a delegate and chief delegate to the House of Delegates. She served the national association as a member of the ethics document revision task force. She also served a five-year term on the APTA Ethics and Judicial Committee and the APTA Reference Committee. She received the Lucy Blair Service Award and was elected a Catherine Worthingham Fellow from National APTA and received the President's Award from the FSBPT. Nancy writes a monthly column in *PT in Motion Magazine*, called Ethics in Practice.

Mark Lane, FSBPT Staff Vice President, received his Master of Physical Therapy degree from the University of Washington in Seattle. Mark has practiced physical therapy as a staff physical therapist and a director of a large physical therapy department in a rehabilitation hospital. He was Chapter President of the Washington State Physical Therapy Association for four years and was on the Washington State Licensing Board for seven years. Mark worked on the first edition of the FSBPT Model Practice Act as a volunteer. Mark has been working on staff of the FSBPT since February 1998, where his duties include assisting State Licensing Boards with various legislative practice act and ethics and compliance issues, including professional standards and assessing ongoing competence. Mark has been the staff lead on the Physical Therapy Licensure Compact.

Justin D. Moore is Executive Vice President, Public Affairs at the American Physical Therapy Association (APTA). Prior to his current position, Justin held several positions at APTA, including leading its Federal and State Government Affairs departments and serving as the Association's lead lobbyist on Capitol Hill. Justin has been honored for his contributions to physical therapy and public policy by receiving the R. Charles Harker Policymaker Award from APTA's Health Policy and Administration Section and the Distinguished Service Award from APTA's Section on Pediatrics. Justin received his Doctor of Physical Therapy (DPT) from Simmons College in Boston, Massachusetts, his Masters of Physical Therapy (MPT) degree from University of Iowa, and his Bachelors of Science in Dietetics from Iowa State University. Justin was honored by Iowa State University's College of Human Sciences with the Helen LaBaron Hilton Award in 2014 and recently completed a three-year term on Iowa State University's College of Human Sciences Board of Advisors. Justin was part of the inaugural Leadership Alexandria class in 2004 and served the Northern Virginia Health Policy Forum Board of Directors in 2013 and 2014.