

February 2004



The President's Column

Marc Lacroix PT, MBA, NHA
President, NHAPTA

As I sit here wanting my first Presidents message to be meaningful, I am in doubt as to what to write. There are so many things affecting and challenging our profession, so many good things which have happened because of the work of APTA and the work of many of you in New Hampshire. There are so many issues to discuss where the answer will only be clear in time to come. It is hard to know where to start but let me try.

I have been a physical therapist for almost 28 years. I have worked at Concord Hospital, Parkland Medical Center and then made the switch to rehab corporations working for a short while for Sundance and now with Genesis Rehabilitation Services. I am a currently a manager who rarely gets to treat patients. Despite this, when asked what I do for work, I always answer "I am a therapist." This inevitably leads to an ache or pain the person has and what do I think they should do for it. I am never prouder when asked, as it shows that our profession of physical therapy is honored and respected.

Recently as a management meeting, one of my colleagues was upset at not making her budget. I have not seen statistics but I would venture to say, those residents who live in nursing homes were the hardest hit with the Medicare cap. When I asked her why she was upset as she had a good "excuse" as to why she missed budget she said, "My employees count on me to make budget to protect their jobs and to make certain they can receive yearly salary raises and that we continue to provide benefits".

Her sentiments are exactly why I wanted to become President of the New Hampshire Chapter of the APTA. I believe APTA national and more specifically NHAPTA can make a difference in protecting our scope of practice, our reimbursement, our income and our livelihood. I am humbled and awed at the responsibility of being elected and leading the board of directors into achieving our goals. I have a lot to learn and feel like I have been on a crash course since the election. I will make this pledge to all members. I will listen to all who have an issue, concern, compliment or cause which relates to APTA.

I was overwhelmed by the responsiveness and preparedness of the current board of directors at our first meeting January 10. There were 10 very busy individuals who gave up willingly of a full Saturday to better the profession of physical therapy so that you can continue to practice as you are already doing and to provide for you better control of patient care to achieve better outcomes. Each board member presented a plan to further the attainment of the primary goals of the chapter for 2004. The emails have been flying ever since to each other as to how to make the plans become a reality. Our small group of non board member volunteers has been extremely active particularly in reimbursement, government affairs and continuing education. I have to admit to being proud to be part of this group of dedicated individuals.

The primary goals of the Chapter for 2004 are as follows:

- Goal # 1 Reimbursement of PT Services across settings
- Obj - ONLY PT Services by PT/PTAs reimbursed
 - Obj - Educate legislators, professionals, 3rd party payers, public re: above
 - Obj- Educate members on changes in reimbursement
- Goal # 2 Increase state membership 20 %
- Obj - Educate re: Value of membership, vision of APTA
 - Obj - Retention
 - Obj - Students – recognition & PR enrollment, professional recruitment

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Volunteers are needed, and appreciated.
call 627-7970 for information



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NEWSLETTER

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SCHEDULE

February	Legislative Bulletin / Calendar of Events
April	Nominations Call / Caucus Reminder / Academic Update Benefits of Membership (Circulation: All PT/PTAs in NH)
August	Reports: Caucus / National / HOD / Legislative

The Role of the Ethics Committee

By: Tambi Rondinone, PT

As a recently elected member to the Board of Directors, I'd like to introduce myself and briefly discuss my appointment as liaison for the Ethics Committee that serves our Chapter.

I am grateful for the opportunity to work on behalf of physical therapists and physical therapists assistants in New Hampshire. I have enjoyed a career in physical therapy since 1985 when I became a physical therapist assistant. In 2001, I became a physical therapist when I graduated from Notre Dame College's program. I have continued my formal education toward the DPT degree at Simmons College where I expect to graduate in May 2004. I have always been proud of my chosen profession and I hope to promote the highest quality of practice that we physical therapists and physical therapist assistants can provide through my work on the Ethics Committee.

The Ethics Committee is charged with investigating any ethics complaints against a member in accordance with the Association's stated procedures. We would also like to assist in maintaining and promoting ethical principles and standards of conduct for all of our members. We are guided by the Standards of Practice for Physical Therapy set forth by the House of Delegates of the American Physical Therapy Association.

In addition, we have the Guide for Professional Conduct which serves to interpret the Code of Ethics for physical therapists and the Guide for Conduct of the Affiliate Member to interpret the Standards of Ethical Conduct for the Physical Therapist Assistant. These documents can be viewed at www.apta.org or found in the Guide to Physical Therapist Practice.

Lawful practice is closely tied to ethical practice. Our state practice act mandates that physical therapists and physical therapist assistants shall adhere to the code of ethics established by the board in rules (Section 328-A:9 Lawful Practice).

In future newsletter articles, I hope to bring you useful and pertinent information to enhance your practice. Topics may include use of supportive personnel, the scope of PT practice as defined by our state practice act, and documentation to name a few.

We must be mindful of following the legal and ethical principles that guide our practice of physical therapy at all times. It is the best means of assuring good outcomes with our clients and promoting our profession within the community.



American Physical Therapy Association
New Hampshire Chapter



Being an Effective Advocate

Susan Abis PT
Chief Delegate

While all of us advocate daily for our patients, by way of patient/ family teaching, insurance coverage of services, helping negotiate the health care system and relating information to pertinent health care professionals - very few of us are skilled in advocating for our patients in the legislative arena.

APTA has successfully waged many battles on both our and our patients' behalf legislatively to insure our continued existence as a profession and to insure that we can continue to provide the care our patients deserve. A few examples include the recent moratorium on the \$1500 Medicare Part B cap, spinal manipulation (where chiropractors seek to limit us in this area), IDEA funding in schools, and coverage of physical therapy under the Medicaid plan. While this has been done by our national leaders, what have YOU been doing?

Legislators are really just ordinary human beings- they get upset when their kids get a bad grade, they worry about getting to work in bad weather, they wonder if they will have a comfortable retirement, and they fight with their spouses from time to time. In short, as the saying goes "they put their pants on one leg at a time... just like you and me". They acknowledge their responsibilities to their constituents, and when an issue is brought to their attention, they usually seek to represent our interests. When one or two therapists are the only ones voicing a problem, it's difficult to take notice. If 50 therapists contact them on a particular issue, it becomes more concerning.

While the task of talking face to face with your congressman or senator about physical therapy issues is certainly daunting for most of us, it is necessary. To help us all along, national APTA has developed a Legislative Action Center on the national web page. Simply log onto www.apta.org, and click on "advocacy". Follow the prompts to the legislative action center, and plug in your member # (minus leading 0's), and last name as password. You will see legislative action alerts about important issues. By simply clicking on these, you will receive a pre-formatted letter you simply have to put you name on and POOF, it's sent to your congressman/ senator. It takes about 45 seconds. I've toasted bagels in less time....

Give it a try - become active, and fight for our patients and our profession!

Bits and pieces. . .

As we begin thinking of the Caucus season (not to be confused with the NH Primary, your president, Marc Lacroix, wants all to know that he will meet with any group of ten therapists/assistants/students throughout the state to talk about this Chapter and the Association. Member or non-Member, do you know how much has been done on your behalf? Or who has done it?

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The March evening lecture topic is Diabetes, a topic that every health care professional should be familiar with. In addition, there will be a Chapter Business meeting at 6:00 PM, including a discussion on the Chapter's mission and vision statements.

Are you in favor of the current direction for APTA and the NH Chapter? Have your say on March 11, at the Concord Holiday Inn.

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Watch your mail!

In addition to information about the Spring day and a half course, you will soon receive the Part Two of Adventures in Learning. . . save these dates:

April 22

Rotator Cuff Injury

May 20

Update on NH PT Laws

June 10

Return to Work—Predictive Testing

September 9

Multi System Aspects of Shortness of Breath

October 14

Oncology Rehab for Physical Therapists

Be there!

Reimbursement Update

Marc Lacroix, PT, MBA, NHA and Kathleen Hanlon, PT

MEDICARE UPDATES:

On January 9, 2004, CMS published transmittal 5, located on the web at http://www.cms.hhs.gov/manuals/pm_trans/R5BP.pdf. This transmittal appears to clear up many points which were interpreted differently from many intermediaries and changes the requirements of MD follow up. First it states very clearly a patient must be under the care and referred by a physician or non physician practitioner. It now states an optometrist can refer and certify a plan for low vision patients only. It also states that chiropractors, doctors of dental medicine and dental surgery do not qualify to be able to certify a plan of care.

There must be a recertification every 30 days by the referring physician or non physician practitioner. The patient does not need to see the physician or non physician practitioner at the 30 day point. The 30 days start on the date the patient was seen by the physician or non physician practitioner. This clarifies the often asked question as to whether the 30 days begins at MD visit or initial eval by the therapist.

If the therapy care continues beyond 60 days, there must be evidence in the clinical therapy chart of the physician or non physician practitioner seeing the patient within 60 days from the start of service (not the original MD visit) and every 30 days thereafter. It also states the timing of the visit and recertifications should coincide.

The transmittal has new language re: part B services furnished in a hospital or SNF setting. It states whenever a hospital provides outpatient therapy to a Medicare beneficiary, it must bill the program under Part B and may charge the patient only for the applicable deductible and coinsurance.

The transmittal clearly states services which could have been provided safely (by non therapist) and are required for maintenance of function do not require the skills of a therapist.

There is a section on defining what is a private practitioner physical therapist and rules which are mandatory for those who fall under these rules. The implications of the rules are beyond the scope of this article but for those who are employed by or work in a physician office there may be changes in the way billing is currently performed.

Lastly, there is wording which defines where therapy can be provided and what can be considered office space.

Your local intermediary/carrier should be issuing guidelines and interpretations of this transmittal. Generally, transmittals do not take effect until the intermediary interprets and sets guidelines. My interpretation may not coincide with those of an intermediary/carrier therefore I would suggest everyone check with theirs before making policy/practice changes.

In addition, the recent passage of the Medicare Prescription Drug Improvement and Modernization Act on December 8, 2003 authorizes a two-year Moratorium on the Therapy Caps. Also a provision was included in the conference report (Section 647) to require the Medicare Payment Advisory Commission (MEDPAC) to conduct a study on the feasibility and advisability of allowing Medicare fee-for-services beneficiaries direct access to outpatient PT services. This legislation provides a 1.5% increase in the Part B fee schedule payments in 2004 and 2005. Previous to this bill's passage, there was a 4.5% payment cut scheduled. There is also a co-payment to home health services that would boost payment by 5% in rural areas for services delivered from April 1, 2004 to April 1, 2005. Durable Medical Equipment rates will be frozen for three years from January 1, 2004 to January 1, 2007.

PRIVATE INSURERS UPDATE:

The reimbursement committee has been meeting regularly with Cigna and Anthem. Authorization processes are being discussed with Cigna in the hopes of developing an ICD list of complex diagnosis. This would allow for easy approval of 20 visits in complex cases vs. authorizing the initial 6 visits and having to repeat the authorization process. Claims processing issues, peer review, credentialing and fee schedules are being discussed with both insurers. By beginning dialogue early in the fiscal year and being a part of analyzing statistical data with each carrier, it is our goal to improve reimbursement rates for PT services in NH.

If you have an interest in improving reimbursement rates for our profession in NH, please join the reimbursement committee and get involved as we need committee members from many varied practice settings to be effective. Call Kathy Hanlon, PT at 669-7716.

Goal # 3 State Government Affairs

- Obj - Address disclosure, POPTs
- Obj - Rules & Regs – Allied Health Board
PTA/PT Sign off
- Obj - Monitoring/informing re: state legislation

With the energy, vision and skills of this board our only limitations are time and money. We will be asking if you are willing to donate either. I promise you will be well rewarded professionally and personally.

We often read of negative happenings in the profession such as \$50 copays, limits on the number of visits and so on. Let me end by saying we must not be fooled by thinking the “bad things” happening to the profession are in other states far away. We as a profession must step up to the plate to meet these challenges and shape our future here in New Hampshire as there are many who would shape it for us.

As for me and our new board, let me say this about the work and challenges that lay ahead, “This isn’t single A ball, were in Fenway now”.

I would love for anyone to drop me a line to give me feedback on this column or anything else. My contact numbers are in this newsletter.



Spring Course

April 2-3, 2004
Site: TBA

Caroline Creager, PT

**member of the Colorado Chapter,
Orthopedic and Women’s Health Sections
author of eight books and a video,
will offer**

Dynamic Stabilization & Core Strengthening

**a one and one half day course,
limited to 45 students.**

**Watch your mail for the brochure & full
information.**

Continuing Education Committee

Affiliate Special Interest Group (ASIG) Update

By Stacy L. Thrall, PTA

Happy New Year! It is an exciting time for the NHAPTA. Under new leadership and direction, the board of directors held its annual retreat on January 10 to set and discuss committee goals for 2004. The day long retreat set the stage for the development of year long chapter activities and stimulated lively discussion about the issues that are affecting our profession. The philosophy of the newly elected leadership provided a forum for discussion and the sharing of ideas on the hot topics that affect the PT/PTA team in the clinic and on the legislative front.

Included in this discussion, was the renewed effort to develop an affiliate special interest group (ASIG). The goals of the committee include identifying statewide PTA issues, increasing affiliate membership/chapter involvement and identifying PTA student liaisons to ASIG to foster involvement and communication. In addition, there are several initiatives that have been carried forward to include developing a special interest page in the chapter newsletter/website and continuing to pursue a clinical ladder model for career advancement of the assistant.

If you would like more information on how to get involved, contact your local chapter or stacy_thrall@hotmail.com or (603) 425-6365. I look forward to an exciting new year and hope to meet you all at upcoming Chapter events.



New Hampshire PTA named to National Task Force.

Stacy Lashell Thrall, nhapta representative to APTA’s Affiliate Assembly, and PTA Liaison on the Chapter’s Board of Directors, has been named to a national task force on PTA Recognition, according to Karl Gibson, PT, a member of the national Board of Directors and Liaison to the NH Chapter.

Appointed to the chapter’s board to fill an unexpired term in 2001 she was elected in her own right in 2002. She took an active role in her first Affiliate Assembly and has been a prominent advocate for the PTA in our association.

Stacy spent a number of years at Northeast Rehab in Salem, and is presently *per diem* in several facilities as she completes her academic work in Gerontology.

“Way to go, Stacy!”

April Newsletter Deadline
March 14th

Physical Therapists

Per diem opportunities available on our Rehab
Medicine Unit and Acute Care Departments.

2 Temporary Full/Part Time Positions available in
our Acute Care and Outpatient Departments.

NH Licensure and CPR required,
experienced preferred.

Genesis ad

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