

August 2005

The President's Column

Marc Lacroix PT, MBA, NHA
President, NHAPTA



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When I was at the House of Delegates in June I noted how the delegates act and what is said. I am always amazed at the high level of professionalism portrayed by these therapists. Men are in coats and ties, woman in business suit and there is great passion for the issues which affect all of us. It makes me wonder how we act when we are back at our clinics. Do we always act professionally? Are we self aware of the perception we are portraying to our patients and their families? If we did not have the inside information on the quality of care we deliver, would we send our family member to our clinic?

Recently I had an acquaintance who needed therapy. I was asked to recommend a therapist. I knew the person had seen a specific therapist for an unrelated issue and asked if the service and care received was satisfactory. When told it was I recommended seeing the same therapist and compared it to having your doctor or dentist—someone you develop a relationship with and do not change. During the course of treatment I saw this person. I was told in booking the appointment a different therapist was assigned to the case. I was also asked to watch a couple of specific exercises to “see if I am doing them correctly”. I inquired if there was a handout provided and was told “no”. I was then told that there were different exercises given on each visit but none ever taken away and it was hard to remember what to do with each one. There was no maliciousness in these comments but I was disappointed in our profession. If we are to compete with those who would infringe and would limit our profession we must be cognizant of customer service not just clinical delivery. It is a key to our success.

For those who do not see the threat of infringement, I was made aware of an article written by an SLP on pulmonary care for patients. On the basis of working on swallowing for a patient with pulmonary disease the article suggest working on breathing patterns, pursed lip breathing, trunk exercises, and so on. This is not to say an SLP should not be doing this, it is to point out that many disciplines, some we would not even think about, are looking to treat patients which have traditionally been treated by the PT. We must be ever diligent to protect our profession and to demonstrate to our customers, to our payors and to the public our clinical skills and provide excellent customer service in order for our profession to continue to thrive.

On another note, as September approaches our nomination committee is hard at work putting together a slate of candidates. If you are the least bit inclined to run for office and have any questions I may answer, please feel free to call me. Also as always if you have 5 PT/PTAs in a group and would like me to speak re: APTA issues, I would be happy to do so.



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NEWSLETTER

Editor Greg Woodsum, PT 603/663-8182 w gwoodsum@comcast.net	Publisher James H. Bradley, APR 603/497-8989; 497-8983 Fax Office@nhapta.org
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SCHEDULE

February	Legislative Bulletin / Calendar of Events
August	Reports: Caucus; National HoD; Legislative
December	Election Results; Annual Meeting

Bone Health: A Lifelong Commitment
By Mary Ann Gaschnig
NH Osteoporosis Advisory Council

The New Hampshire Osteoporosis Advisory Council in collaboration with Concord Hospital and Exeter Hospital invites you to attend its upcoming conference entitled *Bone Health: A Lifelong Commitment*. This interdisciplinary conference will feature current and comprehensive information on bone health and osteoporosis across the lifespan. Experts from around the country and here in New Hampshire will present the latest findings on:

US Surgeon General's Report on Bone Health and Osteoporosis Bone Physiology, Pathogenesis, Risk Factors, and Diagnosis Patient Management: Pharmacological and Surgical Interventions, Osteoporosis and Quality of Life: Psychosocial Consequences The Power of Prevention: Building and Maintaining the Bone Bank, Bone Nutrition across the Lifespan, New Hampshire Bone Health Initiatives.

The conference details are as follows:

DATE: Thursday, October 6, 2005

TIME: 8:00am – 4:30pm

PLACE: Courtyard by Marriott
Grappone Conference Center
Concord, NH

COST: \$75/\$85 after September 16, 2005
\$35 for full-time students

CEUs: Certificates of attendance will be available upon completion of the conference.

INFO: 1-800-4-EXETER (1-800-439-3837)

Watch for your conference brochure in the mail! We hope to see you there!



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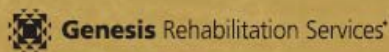
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Government Affairs Meeting - April 2005

Kristine Terrio, PT, Vice President, NHAPTA

There were many speakers including government officials from HHS, CMS and Congressman who spoke as well as Mark Shields, a commentator on CNN amongst other places. I will outline some of what I thought were the high points of the meetings interjected with my thoughts.

Everyone we heard from said the same thing, the growth in healthcare spending is not sustainable. 75% is on chronic disease. Some spoke to us re: prevention and believe the only cure for healthcare spending is prevention. There is growing interest in the government on prevention with many of the speakers thinking it ridiculous the government does not spend \$\$ on prevention.

We were told the political climate is more divisive than ever. Not only were democrats and republicans split but there were splits amongst democrats and within the republican party. The approval rating for the President is 50% and for Congress is 40%. No one is getting rave reviews so the politicians don't know where to go. It is felt it will be hard to get anything done with the division in the parties and that is why filibusters are going on. The concern at the moment is the budget which needs to be reconciliated. (heard on the news senate passed a version Thursday). They are looking at cutting \$10B out of Medicaid over 5 years. Generally cuts are cut in growth rate but this is an actual cut in dollars. We asked Dave Fisher who works with Senator Gregg (Chair of finance committee) where the dollars would come from and he thought it would be from making asset reallocation more difficult for those who are applying for Medicaid. (This is not unlike the GraniteCare Plan being proposed in New Hampshire for Medicaid recipients in nursing homes where they are looking to expand the look back period to 10 years)

The thought with APTA staffers and with the senate and congressional aids we spoke to on the hill is that there will be Medicare legislation late this year (no earlier than Sept but more likely November) or early next year. The areas to be addressed are the areas which are going to change without Congressional action. 3 of the 4 offices we met with told me the solutions are going to need to be budget neutral in their opinion (the 4th guy was relatively new and didn't have a clue). They also told us the drug bill is looking like it was going to cost more than anticipated so they are looking to cut in other areas to make the whole package budget neutral.

We spoke specifically to the hill staffers re: the cap. Representative Bradley believes there should not be a

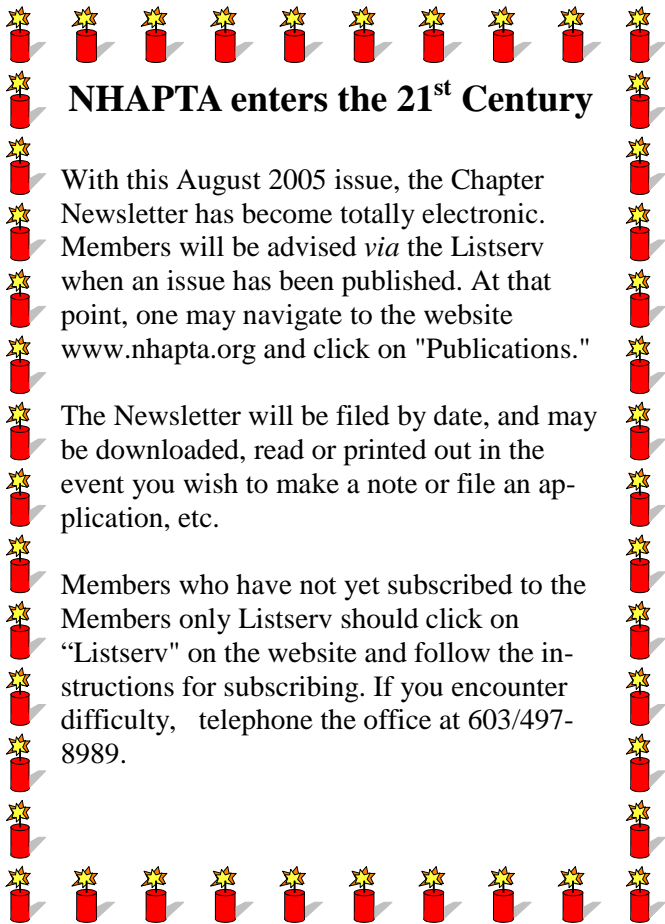
cap and agreed to cosponsor the bill to repeal the cap, Senator Sununu was willing to take a look at cosponsoring (he cosponsored as a congressman) but Senator Gregg and Congressman Bass, both who are on committees who could effect the cap said, we (APTA) needed to come up with a budget neutral proposal. Pay for performance was the key phrase with both of those offices. Those two offices were pretty direct to tell me, they do not see another moratorium, they do not see any alternatives unless they are budget neutral. As we left, it was clear to me we need to prepare for a cap.

As you know, APTA's other issue with Medicare is direct access. We spoke to the hill staffers re: the fact we get hit in the beginning needed MD referral, the middle with certifications and then in the end when we get hit in a cap. Strike four can come at any time with a post-payment review. Why not lessen the legislation. There are fears of over utilization if the need for referral is lifted. The orthopedic docs are saying therapist will miss diagnosis if direct access is granted. Everyone knows that doctors do not manage patient care, nor utilization with referral and certifications and are often non compliant resulting in delayed care and at times lesser quality (as sessions need to be interrupted waiting for recertification). Liability premiums for therapists are the same in direct access states as in non direct access states which speaks to the safety of direct access for therapy.

At a yearly fundraiser which is held at a local brewery, we have found the last few years as the evening wears on APTA staffers become more willing to share personal opinions vs. APTA positions. This year we were told that many groups think if the cap goes into effect it may take 6 months or a year or longer but Congress will be forced to act on the cap once and for all due to the public outcry. There is also a thought as the end of the year gets closer and deals and trying to be made, that APTA could take the position to negotiate for direct access with the argument, your going to have a cap to cover your liability, why do you need to legislate the front end if you are covered in the back end. If direct access is gained, the cap would come back and again, public outcry would be effective in then dealing with the cap in the next year or two. Again this is not an official APTA position but a private thought from 2 APTA staffers.

Fee schedule- CMS staffers spoke re: the fee schedule. will reduce 4.3% in 2006 without Congressional action. Those hill staffers who thought there may be some Medicare legislation this year thought this and drugs

(Continued on page 5)



NHAPTA enters the 21st Century

With this August 2005 issue, the Chapter Newsletter has become totally electronic. Members will be advised *via* the Listserv when an issue has been published. At that point, one may navigate to the website www.nhapta.org and click on "Publications."

The Newsletter will be filed by date, and may be downloaded, read or printed out in the event you wish to make a note or file an application, etc.

Members who have not yet subscribed to the Members only Listserv should click on "Listserv" on the website and follow the instructions for subscribing. If you encounter difficulty, telephone the office at 603/497-8989.

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Government Affairs Meeting (Continued from page 4)

would be the driving force of the bill (no mention of cuts to SNF from anybody). The growth in part B expenditures was 15%. PT was a large part of this 15% with the specific codes of 97110, 97112 and 07140 being the ones who showed the most growth. Surprisingly to me, the most growth was with private practitioners. No one knew what the numbers really meant and they are still being studied but the growth in volume concerned everyone there and it was implied, this may affect any fix for the fee schedule this year. They said they thought cost savings could be had by looking at a global approach limiting # of sessions/episode, # of units/session or a use of more edits. They thought this approach would make clinicians more creative and have them develop more self directed programs. The other thought was pay for performance (there's that buzz word again).

In terms of part B, utilization for therapy in the following settings are as follows:

Hospital	34%	Private Practice	20%
Physician Office	17%	SNF	14%

The other thing I found interesting is there are more PAC's being formed and many are receiving more and more \$\$. Primary care MD's and athletic trainers being the latest to form PAC's.

NH PTA among first recognized for Advanced Proficiency

Janet Lehoullier, PTA of Hooksett has met all the the eligibility requirements for APTA's Recognition of Advanced Proficiency for the Physical Therapist Assistant in Musculoskeletal physical therapy.



Janet L. PTA receiving her recognition from Ben Massey, PT, APTA President and the head of the National Assembly

Meeting these eligibility requirements demonstrates that Janet is progressing toward advanced knowledge and skill in her chosen area of work. She received a Certificate of Advanced Proficiency, a lapel pin and the recognition of her peers and colleagues at PT 2005 in Boston, June 9. She will also be recognized in *PT Magazine* and *Voice*, the Newsletter of the National Assembly.

Janet has served on the New Hampshire Chapter's Continuing Education Committee for the past five years and is very active in the development of the Chapter's PTA/SIG. A Hesser College graduate, she works at Concord Hospital and formerly at Parkland Medical Center in Derry, NH.

Hats off to Janet Lehoullier, PTA!

Celebration of Life Golf Tournament

A memorial golf tournament, celebrating the lives of past President and Chief Delegate, Steve Kidder, PT and his friend and neighbor, Paul Jalbert will be held on Monday, September 19 at Concord Country Club where both held memberships.

David Robator, PT is organizing physical therapists and PT Assistants throughout the state to participate. David's vision is to have all 18 holes sponsored by PT facilities with representation from around the state. Not only would this level of participation demonstrate to the all non-physical therapist players that PT is represented throughout the state and unified in support of the PT Scholarship fund.

Golfers seeking to form foursomes are encouraged to send their applications to David at Merrimack Valley Physical Therapy, 40 S River Road, Bedford, 03110 or call him at 603/626-4205.

Non-golfers may wish to attend the Dinner Raffle, starting around 4:00 PM at Concord Country Club, cost: \$35.00.



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Emerging Leader Award

Josh Brooks, MPT, of Lakes Region General Hospital, and a board member of the NH Chapter, APTA has recently received word from APTA President Ben Massey, PT, MA of his selection as a 2005 recipient of the Emerging Leader Award, one of 31 members across the country to merit such recognition.

The Emerging Leader Award was established to annually honor individuals who have demonstrated extraordinary service to the profession and to APTA early in their careers.

"Josh is a lead therapist in the clinic where he works and has involved himself in several programs," wrote Marc Lacroix, NH Chapter president. "He believes his skills should allow him to be an autonomous practitioner and places effort into developing this in the work setting."

In addition to serving on the Chapter Board, Josh chaired the first PT Wellness Workout last October, and will repeat that success this year at the second annual 5K run/walk to create awareness of PT Month. He spends what is left of his spare time, after family duties, as an officer in the US Army Reserve.

Congratulations, Josh!

December Newsletter
Deadline November 14th



American Physical Therapy Association
New Hampshire Chapter

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