

PHYSICAL THERAPY PATIENT ACCESS REVIEW COMMITTEE

MEETING AGENDA

Thursday, October 22, 2015 | 10:00 AM to 2:00 PM

Woman's Hospital, Conference Room 3
100 Woman's Way Baton Rouge, LA 70817

A recording of this meeting is available online at:
<http://original.livestream.com/ssaconsultants?t=24913>

AGENDA ITEMS

I. Welcome and Roll Call – 10:15 AM

Rudy Gomez, Committee Facilitator, asked the Committee members to find their seats to begin the Physical Therapy Patient Access Review Committee meeting. He also reviewed the meeting material provided to members. Committee members were then asked to state their name and organization for the record. The following Committee members were present –

1. Tina Gunaldo, PT – Health Policy and Administration Section of the American Physical Therapy Association
2. Stephen Walker, MD – Louisiana Association of Health Plans
3. Captain Lindsey Gordon, PT, DPT, OCS – Bayne-Jones Army Community Hospital
4. Paul Hildreth, PT, DPT, MPH – Louisiana Physical Therapy Association
5. Judith Halverson, PT – American Physical Therapy Association
6. David Qualls, PT – Private Practice Section of the American Physical Therapy Association
7. Thuha Hoang, PT – LSU HSC New Orleans – School of Allied Health Professions
8. Suzanne Tinsley, PhD, PT, NCS – LSU HSC Shreveport – School of Allied Health Professions
9. Ned Martello, DC – Louisiana State Board of Chiropractic Examiners
10. Joe Shine, PT, DPT, COMT – American Academy of Orthopaedic Manual Physical Therapists
11. Mark Milligan, PT, DPT, OCS, FAAOMPT – Evidence in Motion
12. Joe Bonck, CMBI – Louisiana State Board of Medical Examiners
13. Don Cassano, MPT, DPT, OCS – Louisiana Physical Therapy Board
14. Valerie Viosca, L.AC – Acupuncture Association of Louisiana
15. Leah Beyl – Coalition for Patients' Rights
16. Brandi Cannon – Louisiana House of Representatives

17. Tiffany Howard – Louisiana Department of Health & Hospitals
18. Leslie Adrian, PT, DPT, MS, MPA – Federation of State Boards of Physical Therapy
19. Ray Castle, PhD, LAT, ATC – Louisiana Athletic Trainers' Association
20. Sabrina Noah – Louisiana State Medical Society

The 20 Committee members present established a quorum for the meeting. The following Committee members/organizations were not present:

1. Louisiana Department of Insurance
2. Louisiana Senate
3. Louisiana Orthopaedic Association
4. Chiropractic Association of Louisiana
5. American Academy of Orthopaedic Surgeons

II. Facilitator Introduction – 10:20 AM

With a quorum established, Al Moreau, Committee Chairman, called the meeting to order and welcomed the Committee members to the fourth meeting of the Physical Therapy Patient Access Review Committee, thanking them for their continued commitment to the Committee's work.

Rudy Gomez, Committee Facilitator, reviewed the agenda and plan for the meeting. He also asked the Committee members to review the minutes from the September meetings. Committee members offered edits to both sets of minutes.

The Chairman then opened the floor to a motion to accept the September 23, 2015 minutes as amended. Ned Martello, DC seconded the motion. There were no objections by the Committee members and the minutes were accepted.

Next, the Chairman opened the floor to a motion by Judith Halverson, PT to accept the September 24, 2015 minutes as amended. Ned Martello, DC seconded the motion. There were no objections by the Committee members and the minutes were accepted.

The amended minutes for both meetings will be posted on the Committee's website – laptscr19.weebly.com.

III. Louisiana Physical Therapy Board Informational Presentation – 10:30 AM

Don Cassano, MPT, DPT, OCS, Committee member and Louisiana Physical Therapy Board member, presented information about the Louisiana Physical Therapy Board. Review of the mission and operations of the Board including licensees, investigations, discipline options, and overview of complaints received. See PPT slides provided on Committee web portal – laptscr19.weebly.com. Following the presentation, Committee members and the presenters engaged in a question and answer session.

A request was made to the Louisiana Physical Therapy Board to provide information (date issued and topic area) to the Committee on the Declaratory Statements published by the Louisiana Physical Therapy Board.

IV. Review and Consideration of Committee Recommendations – 10:55 AM

Rudy Gomez, Committee Facilitator, distributed the six suggested Committee recommendations submitted to SSA in advance of the meeting. The submitted recommendations are included as an **attachment** to these minutes. Each author provided an overview of the recommendation content. Committee members were asked to read the recommendations to prepare for a discussion after a break.

BREAK – 11:15 AM to 11:40 AM

Upon returning from break, Committee members engaged in a discussion of the submitted recommendations, goals of the Committee, and Committee members' various opinions of submitted recommendations. As a review, Rudy Gomez, Committee Facilitator, read from Senate Concurrent Resolution 19 of the 2015 Louisiana Legislature, which established the Committee and charged the Committee to "investigate the potential benefits of removing 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 and report its findings and make recommendations to the legislature."

V. Lunch – 12:27 PM

VI. Continue Review and Consideration of Committee Recommendations – 1:00 PM

Rudy Gomez, Committee Facilitator, reviewed with the Committee members the remaining work of the Committee – next meeting in November to review the draft report and approve the report for submission to the Louisiana Legislature.

The Chairman read the recommendation of the Committee as “It is 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’ as stated on page 2, paragraph 4 of SCR 19 with ‘restriction’ defined as the need for referral and prescription to access physical therapy.” There was additional discussion by Committee members regarding the recommendation. The motion before the Committee was the approval of the stated recommendation. The Chairman, with Committee approval, allowed a period of public comment around the recommendation. Courtney Newton, Louisiana Physical Therapy Board attorney, provided public comment around recommendation approval process.

The motion was seconded by Suzanne Tinsley, PhD, PT, NCS. The Chairman called for additional discussion and hearing none, he called for a roll call vote of the Committee on the adoption of the recommendation.

Roll Call Vote of the Committee:

1. Tina Gualdo, PT with Health Policy and Administration Section of the American Physical Therapy Association – FOR
2. Stephen Walker, MD with Louisiana Association of Health Plans – AGAINST
3. Captain Lindsey Gordon, PT, DPT, OCS with Bayne-Jones Army Community Hospital – FOR
4. Paul Hildreth, PT, DPT, MHS with Louisiana Physical Therapy Association – FOR
5. Judith Halverson, PT with American Physical Therapy Association – FOR
6. David Qualls, PT with Private Practice Section of the American Physical Therapy Association – FOR
7. Thuha Hoang, PT – LSU HSC NO with School of Allied Health Professions – FOR
8. Suzanne Tinsley, PhD, PT, NCS with LSU HSC Shreveport – School of Allied Health Professions – FOR
9. Ned Martello, DC with Louisiana State Board of Chiropractic Examiners – ABSTAIN
10. Joe Shine, PT, DPT, COMT with American Academy of Orthopaedic Manual Physical Therapists – FOR
11. Mark Milligan, PT, DPT, OCS, FAAOMPT with Evidence in Motion – FOR
12. Joe Bonck, CMBI with Louisiana State Board of Medical Examiners – ABSTAIN
13. Don Cassano, MPT, DPT, OCS with Louisiana Physical Therapy Board – FOR
14. Valerie Viosca, L.AC with Acupuncture Association of Louisiana – ABSTAIN
15. Leah Beyl with Coalition for Patients' Rights – FOR
16. Brandi Cannon with Louisiana House of Representatives – ABSTAIN
17. Tiffany Howard with Louisiana Department of Health & Hospitals – ABSTAIN
18. Leslie Adrian, PT, DPT, MS, MPA with Federation of State Boards of Physical Therapy – FOR
19. Ray Castle, PhD, LAT, ATC with Louisiana Athletic Trainers' Association – AGAINST

20. Sabrina Noah with Louisiana State Medical Society – AGAINST

The recommendation was approved with 12 for the motion, three against the motion, and five in abstention.

Rudy Gomez, Committee Facilitator, asked the Committee members if there were any other recommendations to be considered by the Committee. The Chairman opened the floor to any additional recommendations or discussion.

Stephen Walker, MD, Committee member added his statement on his vote to the record and is included with these minutes as an **attachment**.

VIII. Public Comments – 1:54 PM

There was no additional public comment offered.

IX. Wrap Up – 1:55 PM

Before ending the Committee meeting, Rudy Gomez, Committee Facilitator, reminded the Committee members to look for a report draft to be circulated to them a week before the next meeting scheduled for November 18, 2015. The Chairman then adjourned the meeting.

Note: The Committee did not formally receive and approve the October 22, 2015 meeting minutes. These minutes were compiled by SSA Consultants, the Committee's facilitator, and reviewed by the Louisiana Physical Therapy Board.

One of the major concerns of opponents of patient access that has been expressed over the last decade is that there is a risk to the public and that patient access is not safe. This has also been brought forward as a concern during this committee for the people of Louisiana.

We were asked to present evidence to in relation to this claim. We looked at data from the Health Provider Service Organization (HPSO), the Federation of State Boards of Physical Therapy, other states, and multiple published studies and other resources. This information was presented to the committee. These studies and data demonstrated no increase in litigious actions in states with patient access. Nor did these studies show an increase in disciplinary actions taken by any state board of physical therapy with unfettered patient access or modified access. Studies and data was also presented that demonstrated that there is no increase in incidents of patients being harmed in states with unfettered or modified patient access. Data was also presented that supported the basic principle that physical therapists are ethically bound to refer patients to the appropriate provider if the patient's condition is outside the scope of physical therapy. We also demonstrated with several studies that demonstrated the level of physical therapists knowledge and screening process to be exceptional and safe. We also need to reiterate that the removal of restrictions does not in any way expand the scope of practice for physical therapists, just the way patients access it.

There was no evidence or data provided to the committee that proved that there was increase in patient harm or an increase in threats to public protection when physical therapists were allowed to treat absent a physician referral, nor was there any evidence presented showing any increase in public harm when restrictions tied to treatment via direct access were removed.

Therefore, based on the research and evidence that was provided to the committee, concerns about public harm due to the removal of the current restrictions tied to treatment provided via direct access are warrantless. Based on the experience in other states, the data suggests that physical therapists in the state of Louisiana will provide patient care in a safe and appropriate manner and will make sure that the patient is seen by the appropriate care provider if the condition is out of the scope of practice of the physical therapists. Therefore, the recommendation of this committee is that there is clear and obvious benefit to "removing 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" as stated on page 2, paragraph 4 of SCR No 19.

Senate Concurrent Resolution No. 19 by Senator Mills states clearly that “Louisiana is one of nine states that have the most restrictive and limited patient access to physical therapy”. It further states that “the restrictions and provisions tied to the current patient access law are a barrier to access, resulting in increased healthcare costs and preventing a majority of the patient population from seeing their physical therapist unless they have a referral or a prescription” and that “studies have shown that improved patient access to physical therapist services promotes a free-market health care environment, reduces health care costs, and improves patient outcomes thereby promoting the public health, safety and welfare”.

The potential benefits of removing the current restrictions tied to patient access to a physical therapist's services by allowing direct patient access have been investigated as stipulated in Senate Concurrent Resolution No. 19. The resolution task force also afforded those questioning these potential benefits the opportunity to bring forth counter arguments against the potential benefits.

The appropriate utilization of health care dollars is essential as the delivery of health care rapidly changes in the 21st century. The removal of restrictions tied to patient access to a physical therapist's services has the potential for cost savings and improved health benefits of Louisiana residents without negatively impacting the collegial and important relationship between the physical therapist and physician communities.

Numerous studies underscore that:

- ✦ Direct access episodes of care, on average, are short in duration and are relatively inexpensive
- ✦ Overutilization of services has not occurred in the states that have unrestricted access
- ✦ Increased utilization of PT services has not occurred
- ✦ Both PT and related non-PT claims per episode were less in self-referred vs physician-referred groups studied
- ✦ Continuity of care was not hindered in self-referred groups studied
- ✦ Self-referred patients were still in contact with physicians during and after physical therapy
- ✦ Individuals in self-referred and physician-referred groups were similarly engaged with the medical care system during the course of care and afterward

The military has long recognized forms of direct patient access to physical therapists since 1971. The military has recognized cost savings and 50% higher return-to-duty rate for patients whose primary care provider was a physical therapist. For the citizens of Louisiana, there have been no adverse health or safety issues related to increased access to physical therapy services since a less restrictive form of patient access to physical therapist services was passed in Louisiana in 2003. Our troops have direct access to physical therapists for care, yet the citizens of Louisiana do not.

No arguments have been made to show that direct access to physical therapists increases the cost of care or the over utilization or inappropriate utilization of care. Direct access to physical therapists has not been shown to fragment the delivery of health care or diminish the patient centered team approach to care. No state with direct access has rescinded its law or increased restrictions after the passage of direct access. There is no evidence to support continuing the current restrictions tied to patient access to a physical therapist.

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The delivery of healthcare in the 21st century will continue to rapidly change in this age of health care reform. It is incumbent upon state legislatures to seek solutions to expand access to affordable health care services for their citizens. One of the most effective tools for cost control and increased access is to allow unrestricted patient access to physical therapy care. It is the recommendation of the Louisiana Physical Therapy Association and the American Physical Therapy Association that this task force recommend to the Legislature the removal of 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.

Respectfully submitted,
Judith L Halverson, PT, MHA on behalf of Sharon Dunn, PT, PhD, OCS, President, APTA

and

Paul Hildreth, PT, DPT, MPH on behalf of Beth Ward, PT, DPT, President, LPTA

Louisiana citizens are under-served by the primary care workforce as documented in National Conference of State Legislatures reports, as reported in several reports from the Health Journal of Baton Rouge, and recently by Dr. Ronald Hubbard in The Shreveport Times. The term **primary care** “includes issues related to the health promotion, disease prevention, health maintenance, counseling, patient education, and diagnosis and treatment of acute and chronic illnesses in a variety of healthcare settings.” Primary care physical therapy model was studied using 3 different settings, US Army medical facility, Kaiser Permanente Northern California, and the Department of Veterans Affairs Salt Lake City. Each program showed efficiency in services (faster care), reduced cost, less use of expensive test, and improved delivery of patient care. Physical therapists are currently serving as entry-points in several hospital settings, and specific studies were presented from Utah Health Plans, University of Wisconsin Hospital and Virginia Mason Medical Center. Physical therapists working on the front-lines of medical services as the entry-point has proven to be safe, cost effective and provide faster care. Literature reviews from UK and Australia where physical therapists were “gatekeepers” to hospital orthopaedic outpatient care had very similar results to the studies in the US. Several systematic reviews were presented comparing “direct access” to physical therapy versus referral to physical therapy. The results in the cases of direct access were significant for decreased cost, decreased use of medication and adjunctive testing, while having improved outcomes and patient satisfaction. In Spine, the official journal of North American Spine Society, a retrospective analysis of data was completed comparing early access to physical therapy to delayed access, and the results for early access were decreased likelihood of advanced imaging, decreased physicians visits, decreased chance of major surgery, injections and use of opioid medications. In summary, the citizens of Louisiana are currently under-served by the primary care workforce, and the issue is continuously growing. Most citizens are delayed in receiving care by long wait times, cost, and the requirement for referrals and specialized test. Physical therapists are currently working under unrestricted access in many States, and as entry-points or gatekeepers to the medical system safely, while saving cost to individual and payer sources (which is often the State system), and are providing better patient/citizen outcomes. There has been no research presented that unrestricted access to physical therapy or using physical therapist as entry-points to the health care system has been unsafe, has increased cost, or has prevented the citizens of Louisiana from receiving the proper care they deserve.

In closing, the resolution committee heard strong evidence that physical therapists receive advanced levels of medical education, are required to maintain a level of proficiency, practice ethically, and are supervised by a State appointed governing board. The committee also heard that physical therapists practice professionally and safely, especially in states which do not require referral for services and were they operate as the entry-point into the health care system. Research was presented on the need for improved access to the primary care workforce team, and that physical therapists are currently serving in this role safely and efficiently. Discussion was held in relations to the physicians’ concerns of safety, over utilization of services (increased cost), and the lack of supervision, but no factual studies or data was presented. These concerns were addressed during the presentation, and their concerns have been answered. Based on these lengthy discussions and the presentations, the recommendation of this committee is that there are potential benefits of better outcomes with

less cost to “removing 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” as stated on page 2, paragraph 4 of SCR No 19.

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The mission of the Health Policy and Administration (HPA) Section of the American Physical Therapy Association is “to transform the culture of physical therapy through initiatives that enhance professionalism, leadership, management, and advocacy to foster excellence in autonomous practice for the benefit of members and society.” Based upon our mission and reflecting upon the discussion and facts presented, our recommendations for the Louisiana Physical Therapy Patient Access Review Committee are as noted below:

- 1) Use the terminology “patient-centered” team-based care rather than physician-led team-based care.
 - Rationale: Current health care delivery system reform hinges on a team-based approach to care. In this model, patients become active participants in their own care and collaborate with health professionals to determine services that focus on their individual needs and preferences. (U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality – Retrieved from <http://archive.ahrq.gov/hcqual/cborr/chap4.html>)

- 2) Support direct access for physical therapists in Louisiana to promote patient choice in the health care industry.
 - Rationale: “Access to health care means having “the timely use of personal health services to achieve the best health outcomes.” Attaining good access to care requires three discrete steps:
 - 1) Gaining entry into the health care system.
 - 2) Getting access to sites of care where patients can receive needed services.
 - 3) Finding providers who meet the needs of individual patients and with whom patients can develop a relationship based on mutual communication and trust.” (U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality – Retrieved from <http://archive.ahrq.gov/research/findings/nhqrdr/nhdr11/chap9.html>)
 - Rationale: Patients have the right to a choice of health care providers that is sufficient to ensure access to appropriate high-quality health care (President’s Advisory Commission on Consumer Protection and Quality in the Health Care Industry – Retrieved from <http://govinfo.library.unt.edu/hcquality/cborr/chap2.html>)



The Physical Therapy Patient Access Review Committee is charged with investigating the potential benefits of removing the current restrictions tied to patient access to a physical therapist's services by allowing direct patient access to physical therapist's services without restrictions. The opposition has held that the educational standards of physical therapy programs do not provide knowledge and preparedness to provide direct patient care through physical therapy services.

Specifically, there is an incorrect perception that physical therapists are ill-prepared to conduct a thorough initial examination including a diagnostic core interview and a body system screening in order to identify red flags in patients that would warrant a referral to the appropriate health care provider. However, based on the evidence provided to the committee, the perception that physical therapists are not educationally prepared to treat via unrestricted direct access is false. With accreditation standards put forth by the Commission on Accreditation in Physical Therapy Education (CAPTE), all accredited physical therapy programs must include didactic information regarding patient/client management, which includes both differential diagnostic and clinical decision-making skills. These aspects of patient/client management include skills such as screening, examination, evaluation, diagnosis, prognosis, and a plan of care. Contained within the 122 credit hours of didactic instruction and 700 clock hours of clinical internship, differential diagnostic and clinical decision-making skills are embedded throughout the entire length of the curriculum. Upon graduation from an accredited academic program and in order to begin practice, physical therapists must take and pass a national licensure board exam which determines competence and public safety in a direct access environment. All U.S. jurisdictions now have some form of direct access to physical therapy care and the licensure exam is based on contemporary, nationwide practice. Licensed physical therapists are competent to identify conditions and refer patients to the proper provider for additional medical attention. Currently, licensed physical therapists who graduated from either of the LSU programs can practice in states with unrestricted patient access without additional training.

No evidence or data was presented that contradicted the educational preparedness of graduates of an accredited physical therapy program to provide direct patient care physical therapy services.

Based on discussion and facts presented to this committee concerning the education of physical therapists in the state of Louisiana, graduates of both accredited programs in the state have the knowledge and skill to provide direct patient care physical therapy services including appropriate referral to other healthcare practitioners when required. Physical therapists in Louisiana should be allowed to practice to the full extent of their education and training. Therefore, it is our recommendation that all restrictions to physical therapy direct patient care services should be removed.

On behalf of Louisiana Association of Health Plans (LAHP), we are voting to not expand current Direct Physical Therapy (PT) Access law to “unrestricted” status. LAHP has kept an open-minded approach while participating on Review Committee in discovering ways of improving healthcare quality and access while optimizing cost-effectiveness. However, there is insufficient empirical evidence from relevant nationally recognized healthcare or medical publications that Direct PT Access will enhance “Triple Aim” framework for optimizing health system performance.

Over several years, payers and healthcare organizations have heavily invested in new care delivery networks to meet “Triple Aim” objectives - improving patient experience of care (i.e., quality and satisfaction), improving population health management and improving efficient care (i.e., reducing per capita cost). Care delivery model development is now geared toward Patient-Centered Medical Homes/ Accountable Care Organizations, largely primary care physician-directed.

Healthcare is in major transition with a goal of making healthcare less fragmented. Direct PT Access proposal will likely encourage more silos, resulting in added cost to current system as a whole. Regulatory and market demands are requiring more accountability, care coordination and better outcome measures (both health and financial). Pay-for-value rather than pay-for-volume is proving to be a better methodology in delivering better care that is more cost-effective. Until risk-sharing is fully achieved, Direct PT Access conflicts with these objectives outlined above.

Health plans and healthcare management organizations rely on accreditation programs (i.e., NCQA, URAC), requiring same “Triple Aim” objectives and principles in promoting quality. These objectives are well established across Medicare, Medicaid and commercial lines of business.

Patient-Centered Connected Care Recognition is an opportunity offered by NCQA for physical therapist, encouraging a team approach by fully integrating with primary care physicians.

Therefore, LAHP votes against “unrestricted” Direct PT Access given healthcare transformation trends and need for value-based reimbursement opportunities.

References: please see LAHP presentation from September 24, 2015 (Review Committee) that included reference material.