1111 North Fairfax Street
Alexandria, VA 22314-1488
703/684-2782
www.apta.org

Comments of the

American Physical Therapy Association

Health Subcommittee of the Committee on Energy and Commerce

Wednesday, November 8, 2017

For a hearing titled

"MACRA and Alternative Payment Models: Developing Options for Value-based Care."

On behalf of our more than 100,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association (APTA) appreciates the opportunity to submit comments to the Health Subcommittee of the House Energy and Commerce Committee as it considers the development and use of alternative payment models (APMs).

APTA's goal is to improve the health and quality of life of adults and children in our society by advancing physical therapist practice, education, and research and by increasing the awareness and understanding of physical therapy's role in the nation's health care system. APTA is committed to being a vested partner with the Centers for Medicare and Medicaid Services (CMS) as it moves swiftly toward its goal of shifting from Medicare payment based solely on fee-for-service to a value-based payment system.

To that end, APTA urges the committee and Congress to ensure that physical therapists can participate fully in the development and use of APMs moving forward. As Congress continues to explore the future of APMs, APTA is pleased to make the following recommendations:

Recommendations

Expand Focus of APMs to Include Rehabilitation

Physical therapists are central to the quality of care throughout the health care continuum, and they work cohesively as members of the health care team to ensure the success of innovative delivery models such as bundled payments and accountable care organizations. The success of APMs in improving the quality of care and reducing costs will depend on the collective efforts of all providers throughout the health care spectrum, including physical therapists in private practice, home health agencies, rehabilitation agencies, inpatient rehabilitation facilities, skilled nursing facilities, hospitals, and other provider settings. The care provided by physical therapists is critical to improving patients' function and successfully transitioning patients from one setting to the next. For these reasons, the physical therapy profession is well-positioned to be a key player in innovative models.

However, there are significant hurdles that impede physical therapists from fully participating in APMs. Current Advanced APMs bar specialty and nonphysician providers from participation. To accelerate the adoption and use of Medicare (and Medicaid) APMs, CMS should undertake a stronger effort to promote payment models that are accessible to all providers, including physical therapists. We recommend that CMS apply significantly more time and resources toward developing rehabilitation-inclusive APMs. Greater action must be taken to integrate rehabilitation services into payment models. Further, as the development of APMs continues onward and APM engagement grows, we strongly recommend that CMS provide additional guidance, technical assistance, and other support to providers who have not yet participated in APMs. As illustrated by the current approved list of Advanced APMs and throughout the current roster of projects under way by the Center for Medicare and Medicaid Innovation (CMMI), rehabilitation has not been a focus, and, therefore, the participation of physical therapists in APMs has not been as robust as that of primary care physicians and hospitals.

The true potential to reduce costs and improve the health of individuals and populations will not be fully realized until CMS takes meaningful steps to include physical therapists and other rehabilitation providers within APMs, including Advanced APMs. **APTA urges Congress to promote the inclusion of physical therapy in APMs as it continues oversee implementation of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).**

Develop APM Pathways for Nonphysician Providers

Empowering physical therapists to develop and lead APMs will result in expanded access to medically necessary rehabilitative care for Medicare beneficiaries, leading to improved outcomes and higher quality of life. Numerous physical therapy practices and rehabilitation entities are at the forefront of innovation, and these entities should be able to become key players in health care transformation. **APTA urges Congress to**

direct CMS to create APM pathways under CMMI and through the Physician-Focused Payment Model Technical Advisory Committee that allow physical therapy practices, rehabilitation agencies, and other therapy providers to be the main conveners of approved APMs.

We also recommend that the agency solicit input from small practices when creating future payment models to ensure that a key demographic of providers is adequately represented. This will help to ensure that current challenges associated with APMs are resolved in future model iterations. Moreover, CMS should not advance any new payment model until it can ensure that the model would not perpetuate or intensify patient access issues. Further, implementation of any new model should not occur until CMS can confirm that all stakeholders are adequately prepared to participate in the model.

Promote Quality and Outcome Measures to Ensure APM Success

As previously stated, rehabilitation services such as physical therapy are integral components of APMs. Unfortunately, many of the metrics that have been developed to assess progress are exclusive of nonphysician specialties, including physical therapy. Additionally, some metrics are not attributed to nonphysician specialties due to the measure attribution methodologies; this includes cost metrics and metrics for readmissions at the provider level. APTA believes that both team-based metrics and specialty-specific metrics are important to the delivery of high-quality care.

As CMS undertakes the development of new APMs, we urge the agency to include quantitative and qualitative metrics, including meaningful performance-based and patient-reported outcome measures, by which CMS can ensure that coordinated, patient-specific, outcome-based care is being delivered safely by properly qualified professionals. The variety of measures included within APMs must include measures applicable to multiple types of clinicians. Specialty sets should be developed and adopted for nonphysician providers, including physical therapists. Such measures should contribute to coordinated care, be correlated to positive health outcomes, and not impose an undue burden on providers. The types of measures that we recommend CMS develop and adopt are measures that monitor and track patient outcomes, provider performance, and changes in utilization of services. Including a robust set of quality measures within APMs will help to show the positive effects of nonphysician providers' interventions on patient outcomes.

To ensure that APMs are multidisciplinary, we recommend that CMS mandate the inclusion of functional measure items within APMs that show the value of providers who traditionally have been excluded from APM participation. It is critical that new models include appropriate measures that address function and illustrate the value of each provider to the APM patient population. **To assist Congress and CMS in its efforts, APTA welcomes the opportunity to serve as a resource to CMS and share data results at the**

clinician, practice, and national levels for the measures included in APTA's Qualified Clinical Data Registry (QCDR).

Advance Registry as Integral to Future Success of Models

It is important for CMS to continue to support the development and success of professional registries as we move toward outcomes-based payment and advanced quality reporting structures that will rely heavily on electronic data submission. CMS must look beyond claims to create an affordable, accessible health care system that puts patients first. In recent years, clinical data registries have evolved and are now embraced by more than 20 professional associations. Development of these registries has been spurred by the need to create meaningful quality measures to assist providers in the shift to value-based payment and models of care. These registries will be critical to the success of innovative payment models in the future, as they have the ability to deliver real-time data to providers for monitoring, assessing, and responding to new and dynamic models of care delivery.

QCDRs, such as the Physical Therapy Outcomes Registry, capture relevant data from electronic health records (EHRs) and billing information, and transform this data into meaningful, intuitive, and actionable feedback for providers on the frontline of patient care. New models of care will require providers to have access to real-time data so they can successfully identify and modify care design to maximize patient outcomes. The use of real-time data will allow for better coordination throughout the continuum of care and can be used to break down traditional silos of care. We believe the use of real-time data should be a guiding principle for these future models. Additionally, we encourage CMS to look for ways to incorporate real-time patient data, such as patient-reported outcomes, and other patient-generated data, such as from wearable devices, into innovative models. **APTA asks Congress to direct CMS to incorporate the use of data from registries into future care models.**

Encourage CMS to Address Lack of EHR Standards for Nonphysician Providers

To facilitate an increase in the number of eligible clinicians choosing to participate in Advanced APMs, CMS should establish a policy that permits physical therapy EHR vendors to have certified EHR technology (CEHRT). No physical therapy EHR vendors have certified EHR technology (CEHRT), and the US Department of Health and Human Services (HHS) has not yet addressed how these vendors would meet the CEHRT requirements. While the Office of the National Coordinator of Health Information Technology (ONC) certification process has established standards and other criteria for structured data that EHRs must use, there is no standard certification criteria for EHRs for physical therapists. **APTA urges Congress to direct CMS and ONC to work together to develop standardized certification criteria for EHRs for physical therapists and other rehabilitation providers.**

As CMS moves to establish guidance for physical therapy CEHRT, APTA recommends that CMS implement a temporary waiver for physical therapists and other specialty

providers not yet included in meaningful use. Physical therapists have been exempt from EHR meaningful use and have not been afforded the same resources as physicians and hospitals for health information technology adoption. This waiver would permit physical therapists and similar specialty service providers to participate in Advanced APMs until CMS has adopted a policy for physical therapy-specific CEHRT. **Once a policy has been adopted, we request that Congress direct CMS to provide appropriate resources and support, including implementation assistance and/or consultant support, to physical therapists and other nonphysician providers as they adopt certified EHRs, to better enable small practices, such as physical therapy practices, to participate in these new models of care.**

Create Incentives for Collaborative, Coordinated Care

To enhance the quality and safety of patient care, we encourage HHS to consider revising current regulations so that different disciplines—including physical therapists, occupational therapists, speech-language pathologists, physicians, nurses, physical therapist assistants, occupational therapy assistants, social workers, psychologists, psychiatrists, and nutritionists—are encouraged to work as a unified care team across the care continuum. HHS should incentivize health professionals to work as an interdisciplinary team to not only increase communication and cooperation among providers but also improve the effectiveness of care delivered to patients. Cohesive teamwork across disciplines will lead to improved patient outcomes.

Unfortunately, current Medicare policies fail to effectively promote interdisciplinary collaboration; as such, there is limited communication among providers across settings. Accordingly, APTA recommends that to improve patient outcomes and quality of care, CMS more effectively encourage coordination and communication between health care professionals in such a manner that does not create an increased financial or administrative burden on health care providers. **APTA strongly believes that the success of APMs in improving the quality of care and decreasing costs depends on the collective efforts of all health care providers throughout the health care spectrum.**

Finally, we recommend that Congress direct CMMI to better support the creation of models that no longer rely on the fee-for-service structure, as it will become increasingly difficult to make the appropriate cost adjustments using these types of retrospective cost-setting methodologies in the future.

Should you have any questions regarding our comments, please contact Kara Gainer, Director, Regulatory Affairs, at karagainer@apta.org or 703/706-8547. Thank you for your consideration of these comments from the APTA.