Washington State Physical Therapy Managers Association

WELCOME!!!!!!

February 2016 Conference

General Business

2016 Board Members

President: Scott Spradling
Website, Presenters/Presentations, Liaison to PTWA

Vice President: Kim Stamp
Social Media, Bank Signer, Morris Award Nominating Committee-Chair, By-Law Committee

Secretary: Brendi Perkins
Minutes, Meeting Coordination, Printing and Distribution

Treasurer: Kirsten Olsen
Banking & Financials, Member & Conference Registration, By-Law Committee-Chair

Member at Large: Karen Robblee
Event Coordination/Setup, Morris Award Nominating Committee

General Business

Old Business

By-Laws

November vote to change by-laws determined to be invalid due to procedural issues

Current by-laws are very restrictive and unclear in several sections

Creating a by-law committee comprised of 2 board members and 3 general members.

Drafts of work presented at May and August meetings with general comments, final draft to be sent out in September for November vote.

Can be sooner if all drafts get completed early

Main topic to address membership and voting rights

General Business

New Business

Lanyards/Name Cards

Members will receive new one name card lanyards (colored) and will keep them. If lost, will be $1 replacement.

Guests/Non-Members will get the non lanyard name badge, return at end of conference.

Rebranding

Board has decided to move forward with a rebranding of the association, new logo, identify a mission/purpose statement, improve our footprint in the pacific northwest

General Business

Treasurers Report

General Business

State / National Conferences

PPSIG Spring Conference (Lake Chelan)
2016: March 18th - 19th
Scott Spradling presenting
"Principals of the LEAN Concept" & "Knowing Your Numbers"
Saturday Mar 18th, 10am to 3pm

PTWA Conferences
2016: Sept 29th - Oct 1st
Paul Welk, PT, JD presenting "Legal Compliance" on Friday morning (1/2 day course)

Helene Fearon, PT, FAPTA presenting
"Medicare Compliance" on Friday afternoon (1/2 day course)
"Alternative Payment Plan" on Saturday all day course (PPSIG)

General Business

Nomination Committee
"Morris Award of Administrative Excellence"

Kim Stamp (Chair), Karen Robblee, KC Reto, A Cope, Krista Hamar

Nomination forms are on the website, can be submitted online or by downloading pdf and faxing/ emailing to committee.

Nominations are accepted through the end of August of that year. Nominations go to the Board, recipient is awarded at the November conference.

Criteria for the Morris Award:
- A positive attitude toward work responsibilities, co-workers, and patients and serves as a role model for others
- A willingness to exercise leadership, take initiative, and accept and carry out additional responsibilities beyond regular job assignments
- A passion and commitment to the role in the PT industry as demonstrated by staying abreast of new process/tooling/technologies as related to Practice administration
- Current Member of WSPTMA in good standing

General Business

By-Law Committee

Kirsten Olsen (Chair), Kim Stamp, Member, Member, Member

Objective:
Review and recommend revisions of current by-laws bringing them up to date with scope of association.

General Business

Social Media

Like us on Facebook
Follow us on Twitter

Make connections so we can share current events and news from around our state. We will promote all private practice activities, continuing education, community events.

Medicare Business

Medicare

- 2016 Therapy Cap $1960 w/ $3700 ceiling
- "KX" modifier remains in place for medical necessity > the cap
- Post payment review
- Errors to 2016 Fee Schedule, final version not yet released, APTA will have the Medicare Calculator available for download once errors fixed

Medicare Business

Medicare

- New approach to manual medical review
- contracted with Strategic Health Solutions to conduct a "targeted review process" for claims that exceed the $3,700 cap for physical therapy. Unlike previous years, in which reviews were conducted for all claims exceeding the thresholds, the new approach allows Strategic Health to select only certain claims for review.
- Strategic Health will pay particular attention to 2 main areas:
  - providers with "a high percentage" of patients receiving therapy beyond the thresholds compared with peers;
  - and "therapy provided in skilled nursing facilities, therapists in private practice, and outpatient physical therapy or speech-language pathology providers … or other rehabilitation providers."
- CMS writes that an evaluation of the number of units or hours of therapy provided in a day will be "of particular interest."

Medicare Business

The Affordable Care Act made many changes to the Physician Quality Reporting System (PQRS). CMS will use 2016 (January 1, 2016, to December 31, 2016) data to inform the 2018 payment adjustment of -2.0%.

Changes to Satisfactory Reporting in PQRS

- Reporting options in 2016 continue to include claims based, registry based, qualified clinical data registry, and EHR based.
- The 2016 PQRS requirements for successful reporting will remain the same as in 2015. Physical therapists reporting via claims should report 6 measures (#128, 130, 131, 154, 155, and 182) on 50% or more of all eligible Medicare patients.

128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

130: Documentation of Current Medications in the Medical Record

131: Pain Assessment and Follow-Up

154: Falls: Risk Assessment

155: Falls: Plan of Care

182: Functional Outcome Assessment

Medicare Business

- For eligible professionals overall, to successfully report under PQRS in 2016 and avoid the 2.0% penalty in 2018, those who report individual measures via traditional PQRS registry or claims must report at least 9 measures, covering at least 3 of the NQS domains, unless fewer than 9 measures apply to them.
- In that case, they must report as many measures as do apply (up to 8), and report each measure for at least 50% of the Medicare Part B FFS patients they see during the reporting period to which the measure applies.
- Additionally, if the provider sees at least 1 Medicare patient in a face-to-face encounter, at least 1 of the measures must be a cross-cutting PQRS measure. *Providers who report fewer than 9 measures are subject to the Measures Applicability Validation process to confirm that they are reporting all the measures applicable to them*

Medicare Business

Medicare

- Value Based Payment Modifier
  - creates a merit-based incentive payment system (MIPS)
  - MIPS will replace the existing quality reporting programs under Medicare Part B, including PQRS
  - applicable to all physicians beginning in 2017, extended to other practitioners in 2018
  - PT's can be added in 2019

Insurance Business

General Insurances

- L&I cap $124.44 (eff. July 2015)
- Review new payer fee schedules
- EviCore
  - Satisfaction Survey

Insurance Business

General Insurances

- Regence Accountable Health Networks (AHN)
  - The Everett Clinic (EVT Clinic)
  - EvergreenHealth Partners/Virginia Mason (EHP/VM)
  - MultiCare Health System (MultiCare)
  - Providence-Swedish Health (Prov-Swed)
  - UW Medicine (UW Med)
  - The agreements include an innovative payment model that shifts from traditional fee-for-service arrangements to an outcome-based model emphasizing quality and total cost of care. The payment model includes a risk-based accountable health program with shared incentive measures based on quality and cost benchmarks.

Presentation

The Future of Physical Therapy in this Evolving Healthcare Environment

APTA
American Physical Therapy Association

Vision Statement

Transforming society by optimizing movement to improve the human experience.

APTA
American Physical Therapy Association

Movement is a key to optimal living and quality of life for all people that extends beyond health to every person's ability to participate in and contribute to society.

The complex needs of society, such as those resulting from a sedentary lifestyle, beckon for the physical therapy profession to engage with consumers to reduce preventable health care costs and overcome barriers to participation in society to ensure the successful existence of society far into the future.

APTA
American Physical Therapy Association

2016 Strategic Plan

APTA
American Physical Therapy Association

TRANSFORM SOCIETY:

Barriers to movement will be reduced at the population, community, workplace, home, and individual levels.

Objectives:

- Reform payment policy to reflect the essential role of physical therapists in movement, health and quality of life.
- Establish mutually beneficial partnerships to enhance society's understanding of physical therapists' movement expertise and remove barriers to movement.
- Physical therapists will develop and implement community-based measures of mobility.
- Improve society's recognition and understanding of physical therapy and physical therapists as movement system experts.
- Leverage technology to advance physical therapists' role in enhancing movement.

Washington State Physical Therapy Managers Association

APTA
American Physical Therapy Association

TRANSFORM THE PROFESSION:

Physical therapist practice will deliver value by utilizing evidence, best practice, and outcomes.

Objectives:

- Physical therapists demonstrate consistency in practice based on outcomes and evidence.
- Physical therapists self-identify as movement system experts.
- Ensure that physical therapist and physical therapist assistant education prepares practitioners for contemporary practice.

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APTA
American Physical Therapy Association

TRANSFORM THE ASSOCIATION:

APTA will be a relevant organization that is entrepreneurial, employing disciplined agility to achieve its priorities.

Objectives:

- Develop and refine data sources to drive business intelligence in the areas of public affairs, professional affairs, finance and business affairs, and member affairs.
- Identify the sources and users of physical therapy information in an effort to make APTA the definitive source of such information.
- Achieve a greater market share of membership.

Washington State Physical Therapy Managers Association

Payment Reform

APTA proposes to reform payment for outpatient physical therapist services by transitioning from the current fee-for-service, procedural-based payment system to a per-session payment system.

Alternative Payment System (APS)

between 2010 and 2012 APS was developed and redeveloped several times over, centered around 12 core codes based on severity and intensity, ultimately renamed to redefined into the…

Physical Therapy Classification and Payment System (PTCPS)

This is the model that was submitted and is now in the hands of the AMA.

Washington State Physical Therapy Managers Association

Physical Therapy Classification and Payment System (PTCPS)

Guiding Principals

Guiding Principle 1

The model will recognize the clinical reasoning and decision making by the physical therapist's evaluative process in addition to the planned interventions.

Guiding Principle 2

The model will facilitate and promote the use and reporting of standardized patient assessment instruments, quality measures, electronic health records, and participation in national registries to provide essential data that will improve the model over time.

Guiding Principle 3

The model will promote and encourage accurate reporting and appropriate payment of services and significantly reduce inappropriate use, waste, and fraud.

Guiding Principle 4

The model will be transparent to patients, payers, and policy makers.

Physical Therapy Classification and Payment System (PTCPS)

Guiding Principals

Guiding Principle 5

The initial phase of the model will focus on payment for physical therapist services furnished in outpatient settings. The model will be designed so that it can be adapted in the future for physical therapist services furnished in all settings.

Guiding Principle 6

The model will incorporate the World Health Organization's International Classification of Function framework to the extent possible and applicable.

Guiding Principle 7

The model will allow for separately reported services that do not fit within the model.

Physical Therapy Classification and Payment System (PTCPS)

Guiding Assumptions

Assumption 1

The model assumes that patient management is a continuum of care involving patient interaction across multiple episodes of specified physical therapist-directed services

Assumption 2

The model assumes that on each visit the physical therapist determines, based on the patient's acuity and the planned interventions, the appropriate use of qualified personnel.

Assumption 3

The model assumes that documentation includes clinical reasoning and supports medically necessary services.

Elements of Change in the Old/New Business Model

Element of Change	Today	Future
Care Focus	Sick care	"healthcare" wellness, prevention, disease management
Care Management	Manage utilization and cost within a care setting	manage ongoing health, optimize care episodes
Delivery Models	Fragmented silos	right care, right place, right time
Care Settings	In Office / Hospital	in home, virtual
Quality Measures	Processed focused, individual	outcomes focused, population based
Payment	fee for service	value based
Financial Incentives	do more, make more	perform better on measures, make more
Financial Performance	margin per service, procedure	margin per life

source: Kaufman, Hall, and Associates, Inc.

CMS: to shift the incentives for payment from volume to value – Demonstration of value must be communicated through documentation

– Timeline announced January 2015:

- 2016: 30% of FFS payments based on value and provided through alternative payment models
- 2018: 50% of FFS payments based on value and provided under alternative models that base payments on quality of care http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets- items/2015-01-26-3.html
- Health Care Transformation Task Force: private payers to shift 75% of operations to contracts designed to improve quality and lower costs by 2020 http://www.hcttf.org/

Key Characteristics of Approach to Reporting Services Under a Reformed Payment Method

Factors include:

- Severity/complexity of the patients presentation
- Added dimension of the required intensity/complexity of the therapist's clinical decision making and skill/expertise of techniques
- Visit/Session Based Payment System
  - Transition to Reporting (coding) describing session rather than specific interventions or unit based
  - Based on clinical judgment of the therapist
- 97000 series collapsed (with selected codes remaining as separately reportable)
- Focus on accurately communicating clinical reasoning and decision making by supporting choice of treatment level

Future Payment Based On:

- Patient presentation and therapist clinical decision-making
- Professional skill and judgment
- Mental and physical effort
- Psychological stress of impact of interventions
- Length of involvement to a limited extent In other words, payment based on:
  - The clinical decision making needed to address the severity (complexity) involved
  - The intensity of the services provided to the patient to meet their needs to progress towards return of function

Less Focus on Time spent More Focus on Clinical Decision Making

Evaluation Coding Structure

3 levels of complexity

– Low complexity

– Moderate complexity

– High complexity

The level of the PT evaluation dependent on clinical decision making and the nature of the condition (severity).

PT Evaluation- Low Complexity

History	Examination	Presentation	Decision-Making
Problem focused, No personal factors and/or comorbidities that impact POC	Problem focused, addressing 1-2 body structures and functions, activity limitations and/or participation restrictions	Stable and/or uncomplicated characteristics	Low complexity, use of standard patient assessment instrument and/or measurable assessment of functional outcome

Source: "Payment for Physical Therapy Care is Changing" ; Barbara Gage, PhD, Helene Fearon, PT, FAPTA, Carmen Elliott, MS; NEXT Conference & Expo; APTA

PT Evaluation- Moderate Complexity

History	Examination	Presentation	Decision-Making
Expanded, 1-2 personal factors and/or comorbidities that impact POC	Expanded, addressing 3 of any of the following body structures and functions, activity limitations and/or participation restrictions	Evolving with changing characteristics	Moderate complexity, use of standard patient assessment instrument and/or measurable assessment of functional outcome

Source: "Payment for Physical Therapy Care is Changing" ; Barbara Gage, PhD, Helene Fearon, PT, FAPTA, Carmen Elliott, MS; NEXT Conference & Expo; APTA

PT Evaluation- High Complexity

History	Examination	Presentation	Decision-Making
comprehensive, 3 or more personal factors and/or comorbidities that impact POC	Comprehensive, addressing 4 or more of any of the following body structures and functions, activity limitations and/or participation restrictions	Unstable and unpredictable characteristics	High complexity, use of standard patient assessment instrument and/or measurable assessment of functional outcome

Source: "Payment for Physical Therapy Care is Changing" ; Barbara Gage, PhD, Helene Fearon, PT, FAPTA, Carmen Elliott, MS; NEXT Conference & Expo; APTA

Practice / Treatment Reform

Key Health Care Team Members

Physical therapists provide services that help restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities in patients with injury or disease. They restore, maintain, and promote overall fitness and health.

Physical therapists are the leaders in the rehabilitation that allows individuals with chronic conditions to return to productive lives.

Physical therapists also are key health care team members who address prevention initiatives, such as reducing falls, improving physical activity to mitigate chronic disease and secondary health conditions, and tailoring wellness programs for populations that have chronic conditions and/ or disabilities.

The enhancement of rehabilitation services is a necessary focus in any reform initiative.

Practice / Treatment Reform

In Rehabilitation

Physical therapists are leaders in rehabilitative services that allow individuals with injury, disease or chronic health conditions, impairments in body functions and systems, activity limitations, and participation restrictions (disabilities) to return to productive lives.

Research shows that physical therapists can provide a cost-effective alternative for many patients who currently undergo surgery, take costly prescription drugs, or use a variety of medical devices to treat neuromusculoskeletal and cardiopulmonary problems.

Practice / Treatment Reform

In Prevention and Wellness

Front line providers—including physical therapists—should be included in health care reform prevention initiatives.

Physical therapists are educated to provide insight and interventions to increase physical activity among appropriate patients to reduce excess body mass, improve health status, and reduce associated chronic disease risk. For example, for patients who are obese, physical therapists develop programs that can balance the progression of exercise with the need for joint protection and safety.

Physical therapists can lead evidence-based prevention and wellness programs implemented at the community level.

Practice / Treatment Reform

In the wake of the ACA going into effect, five key things are happening in the field of physical therapy:

1. While not specifically related to patient care, the employer requirement provision in the health care reform law will, require businesses with 50 or more full-time workers (including physical therapy practices) to provide basic health insurance coverage. Practice holders have to adjust their business plans accordingly, while employed physical therapists now have access to potentially better insurance plans themselves.
2. Physical therapists with a focus on prevention and wellness programs are seeing the biggest growth in a variety of business opportunities, since prevention and wellness programs rolled out under the ACA are receiving tremendous amounts of support and investment.
3. In efforts to better address various health issues, doctors or health facilities are inviting physical therapists to assist in critical decision-making when evaluating the best care for a patient after a hospital stay; with this in mind, PTs need to be ready to advise more patients than ever before.
4. As experts across the medical profession look to increase their quality of care, physical therapists are being called on to participate on technical expert panels and other advisory groups as assessment tools and quality measures are being developed for use.
5. Finally, in addition to future increases in involvement in the healthcare field overall, as more patients gain access to health insurance, medical professionals across the board are seeing an influx in the number of patients; just like doctors and nurses, physical therapists need to explore technological tools that will help them speed up their workflow and assist their patients more effectively, all while providing quality care and overseeing their patient's recovery.

Collaborative Care

New collaborative care models under health reform, are a part of the approach to transform the health care system to improve the quality, affordability, and experience of care.

Accountable Care Organizations (ACOs)

An ACO is an organization of health care providers that agrees to be accountable for the quality, cost, and overall care of Medicare beneficiaries who are assigned to it.

Bundled Payment Models (BPCI, CCJR , CMMI)

A bundled payment is a single fee paid related to a treatment or condition and is being used to encourage coordination across providers and to promote more efficient care.

Patient-Centered Medical Homes (PCMH)

A PCMH is an approach to providing comprehensive primary care that facilitates partnerships between individual patients and their personal providers and when appropriate, the patient's family.

Health Systems Rehabilitation Community (HSRC)

The Health System Rehabilitation Community (HSRC) was established in 2011, in collaboration with APTA, by a network of rehabilitation leaders including: Directors, managers, and administrators responsible for the provision of physical therapy, occupational therapy, and speech language pathology services across the continuum of care (inpatient through ambulatory care) within academic medical centers, community hospitals, and integrated health systems.

Accountable Care Organizations (ACOs)

An ACO is an organization of health care providers that agrees to be accountable for the quality, cost, and overall care of Medicare beneficiaries who are assigned to it.

Physical therapists (PTs) in private practice settings should carefully assess their internal and external environments before deciding whether to consider involvement in Accountable Care Organizations (ACOs).

ACO structures will vary depending upon geographic and demographic factors. In turn, physical therapy practices differ in many ways including size, mission, business model, and expertise.

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Evaluating the ACO

Do the mission, vision, and values of the organization align with those of your practice?

Is the ACO leadership team innovative, progressive, and collaborative----or traditional, conservative, and hierarchical?

What is the organizational structure of the ACO? (A health care organization, group of hospitals, group of physicians?)

What size (number of providers and patients) is the ACO, and what geographic area does it cover?

What are the ACO's long-term plans for consolidation? Is partnering a long-term option, or will you become pressured to become an employee?

Does the ACO have a reputation for quality and an attractive brand identity?

What are its gaps in service?

- Geographic
- Staffing
- Levels of care (home health, etc)
- Specialized services (women's health, manual therapy)

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Evaluating the ACO

Does the ACO have a strong physical therapy management team in place?

Does the organization have difficulty recruiting and retaining PT employees?

How does it currently (or plan to) integrate services across the continuum (sites, providers, diagnoses), and how well does it manage transitions of care (from acute hospital to home care, etc)?

What is the ACO's growth strategy?

What will its electronic health records (EHR) requirements be?

Does the ACO have experience with risk sharing (not fee for service) payment contracts?

What is the financial health of the organization?

Would you be proud to be associated with this organization?

Washington State Physical Therapy Managers Association

Potential Opportunities for ACO Contracting

Outpatient coverage

Staffing solutions

Home care and other levels of care

Specialty care (women's health, hand rehabilitation, oncology rehabilitation, etc)

Primary management of patients with certain health conditions prone to functional loss

- Breast cancer
- Diabetes
- Arthritis
- Chronic/recurrent back pain

Disease risk management, health promotion, prevention, fitness

Reduce repeat emergency department visits

Reduce hospital admissions and readmissions

Early mobilization programs to reduce length of hospital stay

Reduce need for surgery

Improve success in transitions of care (hospital to home health, SNF, inpatient rehab, outpatient)

Washington State Physical Therapy Managers Association

Assessing Your Community

- Health and disease demographics (www.countyhealthrankings.org)
- Geographic distribution (rural/urban)
- Needs of your patients/clients
  - Do you anticipate that a significant number of your current patients/clients will be enrolled in the ACO?
  - If you become involved with the ACO, will it make it more difficult to focus on care for those patients/clients who are not enrolled in the ACO?
- Economic demographics and trends
  - Could the community support an out-of-network or cash-based model?
- Your competition
- Potential for success with new practice model
  - Will you lose significant business if you do not become involved with the ACO?
  - Can you survive without becoming involved in the ACO?
  - Is your client base loyal to your practice?
  - What are the other opportunities for growth for your practice if you decide not to become involved with the ACO?

Assessing Your Practice

- Are you able to demonstrate your value with data?
  - Outcomes data
  - Quality measures and reporting
  - Cost per episode of care
  - Solid business metrics
  - Relevant evidence from research
- Do you use evidence-based practice to
  - Improve outcomes
  - Improve efficiencies
  - Control costs
  - Decrease unwarranted variation in practice
  - Select appropriate outcome measures
- What is your payer mix? How much will your practice be affected financially by an ACO in your area if you do not partner?
- Do you have relationships that will be helpful in the process of forming a partnership?
- What is your risk tolerance?

Assessing Your Practice

- Do you have good legal and financial advisors?
- Are you willing to consider consolidation and fully integrating your practice with the health care organization (becoming an employee)?
- How broad and deep is your talent?
  - Clinically—what do you have to offer that is different or better than what is currently being offered, and what data do you have?
  - Management and business skills
- Is your practice open to new concepts, and is your staff receptive to change?
- Do you have a strong clinical reputation in your community?
- Does your practice have the skills/interest to fill gaps in new and different areas?
  - Home health
  - Acute care
  - Prevention, health promotion, and fitness
- Are you prepared to engage in risk sharing or outcome-based payment models? Do you know (or are you willing to learn) how to negotiate for payment in these models?
- Are you willing and able to grow?
- Do you have the financial strength and ability to raise capital if needed?
- Are you willing to partner with other practice(s) in your area to provide full coverage?

Collaborative Care

Bundled Payment Models (BPCI, CCJR , CMMI)

A bundled payment is a single fee paid related to a treatment or condition and is being used to encourage coordination across providers and to promote more efficient care.

The Comprehensive Care for Joint Replacement Model (CJR) will test a new payment model for episodes of care initiated by hospital stays for lower extremity joint replacements. Under the CJR model, hospitals will be at financial risk for the care provided during the initial hospital stay plus 90 days after discharge from the hospital. The model will be tested for a 5-year time period beginning April 1, 2016.

Collaborative Care

Patient-Centered Medical Homes (PCMH)

A PCMH is an approach to providing comprehensive primary care that facilitates partnerships between individual patients and their personal providers and when appropriate, the patient's family.

The Medical Home, also known as the Patient-centered Medical Home (PCMH), is defined as "an approach to providing comprehensive primary care that facilitates partnerships between individual patients and their personal providers and when appropriate, the patient's family."

The medical home model is built on the principle that each patient will develop an ongoing relationship with a personal physician in order to produce patient-centered care. This physician focuses on the care of the whole person, and will direct medical care appropriately. The goal of this model would be to facilitate improved patient care, with increased coordination between specialty providers (via the primary physician, nurse practitioner, or physician assistant). This would ideally improve patient access to preventive care, and shift the focus of health care by providing incentives for the coordination and delivery of efficient, high-quality patient care.

Collaborative Care

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The goal of the HSRC is to collaborate and foster communication among leaders in those settings cited above, as well as with APTA and collaboration between APTA and among leaders in those settings cited above. The HSRC facilitates collective problem solving and providing a consistent response to opportunities to address challenges confronting hospitals, health care networks, and the patients and communities they serve. Through our collective activities, HRSC ensures that members' perspectives and needs are addressed across a spectrum of issues. These issues, including but not limited to, health policy, clinical practice, clinical education and curriculum development, professional development competence and practice management.

The group is characterized by the community practice approach, which is defined as a group of people who share a common interest in a particular domain or area with the goal of gaining knowledge related to their field. We anticipate that members of this community will learn from each other through the process of sharing information and experiences.

"*Our true value comes when we see these patients upstream. We must play a primary care role in health care delivery. By definition, a helping profession has a contract with society. When that profession demonstrates consistent value to society, the population will demand access to those services. Public demand is the key to impacting policy, legislative change, and reasonable payment. Perfecting the physical examination, reducing practice variation, and embracing our role in primary care will assure our value in society and ultimately amplify our voice with payers, legislators, and regulators.*"

- C. Jason Richardson, PT, DPT, OCS, COMT,

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