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Southeast District Newsletter

Pennsylvania Physical Therapy Association

December 2012

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SED District Activities & Updates from the District Chair



November District Meeting

The November District meeting, held on November 14 at the Main Line Health facility in Newtown Square, was one of our best attended meetings in recent memory. Thanks very much to Main Line Health for donating use of their facility for our meeting. We had an excellent business meeting in which Vice-chair Scott Voshell reviewed the news from the October Pennsylvania Chapter meeting. I was unable to attend due to another APTA commitment. Many thanks to Scott for ably filling in in my absence. Of note from the Chapter meeting was the report on the ongoing struggle against the new Highmark payment policy for rehabilitation. We were pleased to learn that the Chapter has made opposition to this a high priority in the coming year. Due to the outstanding leadership of our Chapter Officers, legal counsel and reimbursement specialists, there has been some favorable news from Highmark for PTs and our patients of late. However, we will need to continue to be vigilant and marshal significant financial resources to represent our interests. More and more payment battles like this are sure to come. Your contributions to the [Legislative Issues Fund](#) are needed.

The November meeting concluded with an excellent continuing education program titled "Advancements in Prosthetic Components" delivered by Joe Ricci, PT, MPT & Tim Rayer, PO. Thanks to them and all who attended.

Next Meeting

Please mark your calendars for the next District meeting, to be held on January 9, 2013 at Drexel University, Drexel University 245 North 15th Street (on 15th Street between Race and Vine) Philadelphia, PA 19102. There is easy (and cheap \$5.00) parking across the street. Sarah Wenger, PT, DPT, OCS will present the continuing education program titled "The Complicated Patient: Don't Panic, Prioritize."

SED Combined Sections Meeting

Finally, the District has formed a Task Force to develop a Southeastern District "Combined Sections Meeting" to be held this spring, date to be announced soon. The Task Force is being lead by Vrinda Hatti, PT, MPT, OTR. The SED "CSM" will bring together content experts from many disciplines within physical therapy practice from our district for a one day continuing education and networking event. This is a bold undertaking and we are pleased to have Vrinda in charge. If you wish to volunteer for the Task Force or to participate as a presenter or vendor, please contact vrinda at vrinda.hatti@aumphysicaltherapy.com.

National Student Conclave

This year the SED sponsored a student to attend the NSD. Brett Samar, from Jefferson University, was our winner of a \$500.00 scholarship. The requirements were to attend the January SED meeting where you will have the opportunity to meet Brett and hear a brief description of his experience. His other responsibility was to provide an update for the e-newsletter which is posted below.

Jeff Ostrowski, PT
SED District Chair
jostrowski@excelphysicaltherapy.com

January SED Meeting

Topic: The Complicated Patient.... Don't Panic Prioritize

Date: Wednesday, January 9, 2013

Time: 6:30-8:30 PM

Presenter: Sarah Wenger, PT, DPT, OCS



Description: The session will review of the factors that make patient cases complicated, including multiple system involvement across multiple areas of complaint, psychosocial and economic issues, poor health and wellness, and chronicity. A patient management model will be presented to help participants prioritize complicated cases and clearly identify the role of physical therapy. The entire patient management model including history, screening and exam, clinical decision making, diagnosis, prognosis, plan of care, goals and outcomes will be discussed. A case study will help participants apply the concepts presented in this course. As our health care system changes from acuity based to include chronicity, prevention and wellness; we should be better prepared to treat complicated patients in all environments. This course will focus on the outpatient setting where typically there is less support for the management of chronicity.

Location:

Drexel University
245 North 15th Street (on 15th Street between Race and Vine)
Philadelphia, PA 19102

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Legislative Update

SB- 1391 Fairness in Co-pay Act

Good news, [our bill](#) made it out of committee. Bad news it was approved to go to the senate floor with one day left in the session. With that action we are planning on introducing the bill again in the next session. Continue to support your patient's ability to receive therapy services by contacting your local senator; they will listen.

Highmark Update

Highmark is implementing its [Physical Medicine Management Program](#) on January 1, 2013. The PPTA has been working on your behalf with negotiations with Highmark. Currently Highmark has taken the position that all issues have been addressed and implementation will follow even with the documentation the PPTA has been able to produce. At the board meeting in October there was a unanimous vote to pursue a legal remedy.

We will need your financial support as this will be a costly endeavor. Please consider making a donation to support your profession. Go to www.ppta.org to make your contribution. For more information, please click [here](#).



Congress has 15 days to extend the Medicare therapy cap exceptions process. If Congress does not act by December 31, 2012 a hard therapy cap of \$1,900 will be applied to rehabilitation services provided to Medicare beneficiaries in 2013. Additionally, without Congressional action providers will experience a 26.5% payment cut under the Medicare physician fee schedule. You can help stop

the cap and prevent these payment cuts by calling or [emailing](#) your members of Congress today!

The message:

- Ask your legislators to extend the Medicare therapy cap exceptions process through 2013.
- Tell Congress that a hard therapy cap disproportionately impacts those patients who need treatment the most.
- Ask your legislators to prevent the 26.5% provider payment cut caused by the flawed sustainable growth rate formula.

TIME IS RUNNING OUT and Congress must take action by the end of the year! Please take five minutes and [contact your legislators](#). You can make a difference and prevent a hard Medicare therapy cap and devastating payment cuts.

If you have any questions please contact advocacy@apta.org.

PPTA Governance Review

The PPTA has been in ongoing dialogue and discussion to reorganize the current structure of PPTA. The primary goals of this reorganization initiative are:

1. To increase participation by members in leadership roles.
2. To increase efficiency of PPTA operations.

We are asking for member feedback which will be reported back to the Governance Task Force for further review. Ultimately, the Task Force will present the Board of Directors of PPTA with summary recommendations and considerations for organizational structure changes. This is another step in gaining your feedback in the process. Along with the previous meetings, the board reports and summary in April 2012, member feedback at state conference, the Task Force will also host several GoToMeetings which will provide opportunity for live discussion and comment. The Task Force hopes to finish collecting data and feedback by January.

Please take a moment to answer these questions. Your thoughts are very important in this process because this is about your professional association. The responses can be emailed to Colleen Chancler at colleen.chancler@uphs.upenn.edu

1. Would you consider working on a group for a short period of time with a focused task?
2. What is a time period you would consider reasonable?
3. What method would you be willing to complete to be chosen for such a group?
4. Do you think use of electronic or virtual communication/meetings would increase, decrease or not change your participation in the PPTA?
5. Do you consider regional representation the best method to form committees and groups at this time?
6. Have you ever served in an office of PPTA or your district and using 20/20 vision, what would you say would have made the process better than it was?
7. If you have not served at the district or state level, what is one thing that might entice you to do so?
8. If you could participate in a GoToMeeting, what night and general time would be best for you?

Thanks for your time and attention and on behalf of the task force. We look forward to your feedback and sharing the process and changes as they happen.

Colleen Chancler, PT, MHS

colleen.chancler@uphs.upenn.edu

Chair, PPTA Governance Review Task Force

Get Involved - Nominating Committee News

The Nominating Committee will be in search of individuals interested in running for the following SED officer and committee positions up for election in 2013: Treasurer and Nominating Committee Member. There will also be a search for candidates for the PPTA position of Secretary in 2013.

If you are interested in one of these positions and would like to learn more about the duties and responsibilities of each, please contact one of the nominating committee members. You may also access the responsibilities each position on the PPTA website in the SED section bylaws.

The Annual PPTA awards will also be open again for nominations in spring of 2013. For more information on the awards and criteria, please visit the PPTA website. IF you would like the nominating committee to know about an individual who meets the criteria and nominate for an award, please contact one of the committee members.

Members of the Nominating Committee include: [Kelly Duszak McArdle](#), [Lisa Hoglund](#) and [Heather Fletcher](#).

The Future of Reimbursement: Quality Measurement and Pay for Performance

The weekend of November 2nd to the 4th saw the annual APTA National Student Conclave take over Arlington, Virginia. The conclave had record numbers attend this year and was packed full of informative lectures and presentations from clinicians all around the United States. One of these lectures was titled "How do you measure up? Quality Measurement in a Reforming Pay for Performance Health Care System", given by Heather L. Smith, PT, MPH who is the current program director of Quality for the APTA. The purpose of this lecture was to inform students on the current and ever-evolving healthcare system in the US. More specifically the session highlighted the use of quality measurements and how these measures are being used by federal/private payers for reimbursement as well as consumers when choosing which healthcare providers to seek for treatment.

The first major point from this lecture focuses on the history of healthcare reform and where the nation is at now. The most recent changes came in 2010 when the Affordable Care Act was passed into action by the government. With this act, the National Quality Strategy was also created. This strategy was the first time where quality measurements began to be tied into reimbursement from both federal and private providers with the goals of decreasing spending, increasing patient safety and improving clinical efficiency (Smith, 2012).

Over the last ten years of healthcare reform, the new system focuses on quality driven care over quantity of services given which has increased transparency and accountability of practitioners and organizations (Smith, 2012). It is this point about accountability and transparency that is the most crucial to PT's. Quality reporting will allow the general public (Medicare beneficiaries) access to data on outcomes, adverse affects, etc. and the ability to compare individuals and facilities in order to receive the best care. This has the potential to significantly change the bottom line/profits for all professionals. It is very exciting to see this 'pay for performance' idea at the same time that EBP is becoming stressed in physical therapy, setting up a very powerful combination to advance PT practice as a whole.

At this time acute care settings, long term care hospitals, inpatient rehab and hospice require quality reporting for Medicare under the Physician Quality Reporting Program (PQRS). By 2015 all settings will be required to report and will be subjected to reimbursement rewards and/or penalties (except skilled nursing facilities). Although reporting is not required until 2015 for outpatient facilities, they are able to receive a 0.5% bonus payment if they report in 2013 and 2014. In 2015, this program will become a penalty payment system for outpatient facilities. At this time only 16% of outpatient PT/OT clinicians are reporting under the PQRS (Smith, 2012). The most commonly used measures that PT/OT's are reporting include pain assessments, falls risk, documentation of current medications, plan of care for falls and preventative care/screening measurements.

The take home messages from this lecture were to be knowledgeable about measures, participate in quality reporting, monitor quality developments, and demonstrating value in practice. These four points will allow all PT's to ensure proper reimbursement and prolong business for years to come.

More information can be found from the following resources:

- Quality Reporting: www.medicare.gov/quality-care-finder/
- Quality requirements: www.cms.gov/QualityInitiativesGenInfo/
- Setting specific requirements for acute & post-acute: www.apta.org/Payment/Medicare/PayforPerformance/
- APTA: Quality Resources: www.apta.org/PQRS
- CMS- PQRS page: www.cms.gov/PQRS/
- Quality Net (general questions or feedback reports): www.qualitynet.org/

Brett Samar, SPT
Thomas Jefferson University

SED Proposed Bylaw Changes

The full version of the Southeastern District's bylaws can be obtained from the SED's section on the PPTA.ORG website - <http://www.ppta.org/Districts/Southeast.aspx> (click on the link on the left side navigation bar under "Southeast"). For the member's consideration, the original language of the sections proposed for amendment and the proposed changes to language are presented below.

There will be opportunity for discussion and a vote on these proposed amendments at the next Southeast District Meeting to be held on January 9th, 2013, which will start at 6:30pm at Drexel University in Philadelphia. Thirty days prior notice was provided in a separate e-mail sent from PPTA.

By-law Amendment Related to the Nominating Committee:

Current Bylaw:

ARTICLE VII. NOMINATING COMMITTEE

- Section 1. Composition
- 1.1 The Nominating Committee shall consist of four (4) elected
 - 1.2 District members who are in good standing and are elected for a three (3) year term.
 - 1.3 At least one (1) member will be elected every year, while at least one (1) member's term shall end each year.
 - 1.4 The Nominating Committee Chair shall be rotated to the most senior member of the committee.
 - 1.5 If a member of the Nominating Committee fails to complete the term, the vacancy shall be filled by an individual elected by special election.

Proposed Editorial Changes:

- Combine 1.1 and 1.2 as a clerical change as this was one sentence that was divided in a clerical error.
- 1.3 becomes 1.2 because of clerical change noted above. There would be no change in the language .
- 1.4 would become 1.3 to keep the numbering sequential.

Proposed Language for 1.1: The nominating committee shall consist of three (3) elected district members who are in good standing and elected for a three (3) year term.

Rationale: This will align the SED with current PPTA standards for the nominating committee and avoid any potential conflicts when two representatives of the committee become the senior members.

Proposed Language for 1.4: (as above, that would become 1.3) The nominating chair shall be offered to the senior member of the committee. If that member is unable to assume the chair position it will be rotated to the next senior member.

Rationale: Due to changes in professional or family responsibilities there are times the most senior member would be able to serve as an asset to the committee but not meet the full requirements of the chair position. This bylaw change would allow for a smooth transition as well as maintain people with experience to serve on the committee.

By law amendment related to election of delegates

ARTICLE VI. DELEGATES TO THE ASSOCIATION HOUSE OF DELEGATES

Section 3: Duties and Responsibilities of Delegates shall be:

- 3.1 Should attend the scheduled May District business meeting annually
- 3.2 Attend at least one (1) of the scheduled District meetings annually (in addition to the annual business meeting). Attendance will be verified by the Secretary using the attendance sign-in sheets from District each meeting.
- 3.3 Upon request of the membership, provide up to one educational program (i.e. in-services, etc.) regarding issues of the House of Delegates
- 3.4 Attend the Chapter Delegates meetings
- 3.5 In the event that a Delegate does not meet the above responsibilities, the First Alternate of the District will be chosen to replace the Delegate. If extenuating circumstances occur and the Delegate requests to remain as the active Delegate, the individual must contact the Chapter Chief Delegate.
- 3.6 Delegates must register with the HOD officers prior to the HOD according to the schedule published by the Association
- 3.7 Vote at the meeting of the House of Delegates or on voting sheets in the best interest of their constituents. Delegates are required to vote consistent with Chapter policy. All votes on motions in the House shall be recorded on vote tally sheets, retained by the Chapter for five (5) years, and which shall be made available to the members on request.

Proposed Change to 3.5: In the event that a delegate does not meet the above responsibilities, the first alternative will be chosen to replace the delegate. The alternate would also fill the remainder of that delegate's term. The delegate who originally could not fulfill their term would have the opportunity to become an alternate delegate.

Rationale: Due to the nature of the House of Delegates preparation for the RC's often are carried over to subsequent meetings. If the elected delegate is unable to complete the two (2) year term allowing the alternate to complete the term will allow for a seamless transition. The original delegate will have the opportunity to compete for the next election cycle.

Future SED Meetings

March 13, 2013

Topic: To Be Announced

Presenter: Phil McClure, PT, PhD, FAPTA

Location: Arcadia University
450 S. Easton Road
Brubaker Hall, Rm. 102
Glenside, PA 19038

Time: 6:30-8:30PM

April 20, 2013 - HOLD THE DATE!

Topics: Mini-CSM 2013

Presenters: District Members who Presented at CSM 2013

Location: To be announced

Time: To be announced

May 18, 2012 SED & PPTA Regional Seminar

Topic: Advanced Manual Therapy Techniques for the Lumbopelvic Region

Presenter: Christine Osman, PT, DPT, OCS, FAAOMPT

Location: Riddle Health Care Center 4, 1118 W. Baltimore Pike, Suite 202, Media, PA 19063

This six hour course consisting of lecture and lab will be limited to 25 participants. More details, including cost, will be emailed to SED members closer to the date of the seminar.

This course is being sponsored by the Pennsylvania Physical Therapy Association and the Southeast District. Authorization for CEUs is pending by the State Board of Physical Therapy.

For more information about the course, please contact Scott Voshell at voshpt@hotmail.com.

About Us

This e-newsletter is a publication of the Southeast District (SED), which is a component of the Pennsylvania Physical Therapy Association. The SED works cooperatively with APTA and PPTA in fostering the development and improvement of physical therapy services and education and to promote legislation to protect and promote the interests of the public and the rights of Association members. The SED seeks to encourage research, foster contributions to the professional literature and promote the development of new knowledge and use of evidenced based practice and to provide for the dissemination and exchange of information related to physical therapy.

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