How to Have Candid Discussions About Physical Therapy Practice in Home Health

Objectives

- Discuss clinical decision making that is patient driven and fiscally responsible
- Interpret the operational challenges and opportunities for therapy leadership in home health
- Recognize the impact of regulation and payment on therapy referrals and care planning
Our Panel Today

- Kristin Mattson - PT
  - Director of Rehabilitation Development, Masonic Health Systems / Overlook Visiting Nurse Association

- Dee Kornetti - PT
  - CEO, Co-owner, Integrity Home Health Care, Inc.

- Sherry Teague - PTA
  - CFO, Co-Owner, Integrity Home Health Care, Inc

- Roshunda Drummond-Dye – JD
  - Director of Regulatory Affairs APTA

- Moderator: Cindy Krafft - PT
  - President, Home Health Section APTA

Your agency recently did a billing review and confirmed that the G Codes for Maintenance Therapy had never been used in the last year.

In a staff meeting, the therapists insist that no maintenance is being done and there are no plans to start.

The agency has concerns about the re-hospitalization rate and the number of frequent fliers with chronic diseases.

Senior leadership thinks maintenance therapy could be an option – but the therapists are resistant.
After reading an article examining therapy visit distribution, the manager compares the included table to her own agency. She notices that her percentage of patients in the 0 – 5 tier is higher by 5%.

She is concerned that the therapists are not doing enough visits per patient.

Her therapy staff inform her that they are doing “what is necessary” and other agencies keep people “too long”.

Senior leadership is concerned about recent citations on a state survey regarding the lack of care coordination.

The decision is made to have formal case conferences on a weekly basis.

Overall, staff express frustration about having a meeting as it is “not productive”, “a waste of time” and “means I make fewer visits that day”.

Physical therapists insist that communication is occurring and a formal meeting is not needed.
Agency data shows that the mandatory functional reassessment is being completed timely (13/19/30 days) with very few errors.

Supervisory and scheduling staff are pleased with these results and confident that there is no problem.

Quality department staff have implemented the use of the evaluation form to document these visits.

Physical therapists express frustration about the amount of work this is taking and the length of the form.

During a training on medication management, some of the PT staff assert that they are not able to complete drug regimen review as it is outside their “scope of practice”.

Some of the PT staff indicate they ARE able to complete this activity.

The State Practice Act is silent on this specific issue.

PTs are performing this task in other agencies in the same state without issue on survey.
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Resources

- www.apta.org
- www.homehealthsection.org
- www.valuebeyondthevisit.com