

Robert G. Dicus Award 2008

Comments by award recipient Peter J. McMEnamin, PT, MS, OCS

Thank you, Steve.

Members of the board of directors and of the Awards Committee, esteemed past Dicus Awardees whose ranks I am enormously proud to join, private practice colleagues, members of APTA and PPS staff, and guests:

With profound thanks and gratitude, I accept this award from you my peers. It means so much to me to have my work recognized by those whom I hold in such high esteem. On a personal note, it is vindication, in a sense, of my *obsession* with professional issues these past years, and a most welcome affirmation that yielding to the passion is a good thing. Thank you so much for giving me this honor, and I hope I can continue to live up to that high standard of dedication and service that Bob Dicus set for this Section many years ago.

Having the confidence and nerve to follow my passion has been possible only because of the support and encouragement of many

leaders and members of the Section, and the faith they placed in me is what has kept me forging ahead.

I want to thank four members of the Board with whom I served for all five years of my term as treasurer: Steve Anderson, our phenomenal president, who finds a way to bring out the best of each member of the team; Patrick Graham, who once chided me tongue in cheek by suggesting that I might be just a one-trick pony—I had to prove Patrick wrong; Laurie Kendall-Ellis, who kept us focused on the task at hand; and Elmer Platz. Elmer and I make an unlikely pair of allies: He talks too little; I talk too much! He served in the military in Vietnam; I protested against that war. It was on a cold drizzly day at the end of two dreary days of Finance Committee work 10 years ago that we stood together in front of the Vietnam War Memorial in Washington, DC, and in that silence, developed a friendship and bond that has served us both well in trying to move our profession forward. Elmer is one of the people I call when I have a possibly crazy idea that needs to be cross-checked with reality. Elmer, thanks for your friendship and support!

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I want to thank former PPS President John Hendrickson who first invited me to get involved with the Finance Committee, and later to run for treasurer. But it was Jim Milder who put him up to it. Jim is a stalwart veteran volunteer serving APTA and its components. Each time I was asked to join a committee or run for office, I would ask Jim for his opinion, and he would say: (1) "You'll get a lot more out of this than you put into it"; and (2) "It's really not that much work." The first part of that answer is the absolute truth and I can vouch for the fact that service *is* its own reward. The second part—not really that much work?—is a bald-faced lie that I fell for each time! Jim and I have been business partners; he is another trusted confidant in all matters of physical therapy and my co-conspirator as we quietly plot strategies to ban POPTS [physician-owned physical therapy services] in Illinois.

My daughter Kristina is here, coming from New York City where she works as a writer and public relations associate with an international investment firm. Thanks, Krissie, for spending some precious vacation days with dad, celebrating the award, which recognizes me for all that time I spent *away* from you! My wife of 27 years, Kaarina, will arrive tonight. Kaarina is CEO of the Executives Club of Chicago and this morning is at her annual board meeting in Chicago. Without Kaarina's success in the business

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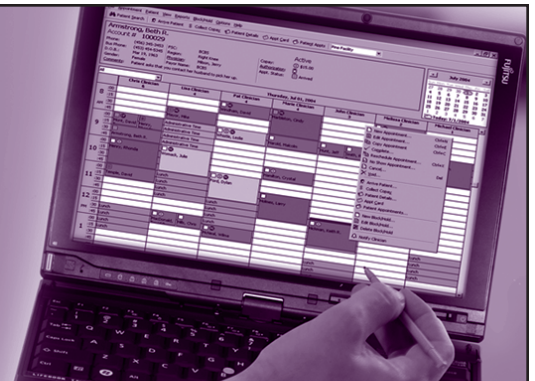
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world, I would have been hard-pressed to devote so much attention to the profession beyond my own practice. I thank you both, Kaarina and Kristina, for giving me your love, and the free rein you gave me to pursue my vision for the profession I love.

I would now like to take this opportunity to reflect on the issues that have preoccupied me, summarize my findings, and offer insight I have gleaned from the process.

For eight years, I have studied the answer to what is ultimately a very simple question: Why is it that in my state of Illinois, only a lawyer can own a law firm, only a physician can own a medical practice, only a dentist can own a dental practice, but anyone can own a PT practice? For years I got poppycock answers to this fundamental question, and I finally realized that if I wanted a *real* answer, I would have to research the question myself.

I started with research on the laws of professional ownership, corporate structure, fee splitting, and professional regulation in my state. Then, as I accepted invitations to speak in other states, I started studying the same issues in those states. I have now

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examined statutory opportunities and obstacles in 19 states, and dialogued with chapter leaders in most of those. I have brainstormed with some of the seasoned thinkers of our profession who have also undertaken battles around these issues: individuals at APTA such as Frank Mallon, Jack Bennett, and Joe Black, along with the entire current Government Affairs staff; and PPS members such as Phil Tygiel, Michael Weinper, Charles Magistro, Jim Milder, both Jim Glinn Sr. and Jim Glinn Jr., Helene Fearon, Peter Towne, and so many others.

So, what have I learned from all this?

1. I learned that physical therapy grew as a health care profession, over the past 90 years, like mushrooms on the forest floor. Within the health care forest we were virtually invisible and considered of little importance...until it was discovered that physical therapy could be a valuable profit center. When that happened, our success became our greatest threat as physical therapy came to be viewed as a commodity to be exploited by hospitals, physicians, and corporate players.

As our success exploded, we utterly failed to understand or even appreciate the need for a self-sustainable professional business model to support the physical therapy profession. Other professions had developed successful professional business models a hundred years ago and then proceeded to perfect and defend those models for the next century. But we muddled along, and still today, we lack a national commitment, strategy, or plan for a business model that can support the *Vision 2020*, doctor of physical therapy (DPT), evidence-based, publicly recognized, and accessible profession which we aspire to become. If we think that the current business model of physical therapists as employees serving the business interests of physicians, commercial enterprises, and hospitals, can support DPT graduates burdened with that \$100,000-plus mountain of debt—we delude ourselves.

2. I have learned that professions and their business structures are fundamentally regulated at the *state* level, and that *our* profession desperately needs to develop the *legal structure* for a viable professional business model of ownership at the state level, first by challenging physician ownership and eventually by securing dominant *physical therapist* ownership of PT practice.

But the leadership traditions and culture within APTA are not conducive to meet our most dire needs at the state level. Our chapters have functioned as training grounds for national APTA leadership, and our most seasoned leaders at the state level move up to national leadership.

The problem is that the accumulated wisdom, experience, administrative know-how, and social skill set of these most seasoned leaders rarely circle back to the states where the business infrastructure for the profession is determined, and where their talent is desperately needed.

That recognition is what led me to run for president of the Illinois Chapter. During my four years in that role, Illinois has been gaining strategic ground on the POPTS issue by hiring legal counsel for the first time, doing the legal footwork preparatory to asserting physical therapy professional autonomy, and then implementing a strategic plan to realize that autonomy in law and regulation. We have quietly laid out the legal theory and the case for a broader concept of fee-splitting consistent with the traditionally broad medical concept of fee-splitting, which we expect will lead ultimately to the end of POPTS in Illinois. While quiet now, this fight will not be quiet when it comes! Hopefully, we will be able to tell the rest of this story sooner rather than later. When that story is told, I will owe the PPS for giving me the exposure to be able to figure out how to accomplish these things!

3. What will the *sustainable professional business model* for PT look like?

Easy question...other professions have already figured this out! We merely have to reverse-engineer what they've done, and then make the necessary adaptations so that the model adequately reflects our history and values. The model is simple:

Legislate and regulate to ensure ownership of professional services by the professionals who provide the service.

But our challenge will be the *cultural change*—the *will* to change—the will to build *consensus* around such a model—and then the power to make change happen. Such change will require (a) recognition of the *necessity of achieving this goal* to succeed with *Vision 2020*, and massive education to bring that awareness to all physical therapists; (b) APTA investment in such an effort, including a more strategic focus on chapter leadership; and (c) a major infusion of energy from members of the Private Practice Section, as leaders at the chapter level, to commit the profession in each state to build the legal and regulatory infrastructure for a viable physical therapy business model in which physical therapists are the dominant owners of all physical therapy practices. Without this across-the-board commitment on business structure, I predict we will not arrive at the *Vision 2020* promised land.

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If You Were Named in a Malpractice Lawsuit Today, Would Your Employer-Sponsored Liability Coverage Protect Your Best Interests?

Probably not. In fact, it's likely that your workplace plan is meant to serve as a group policy that covers all employees mentioned in a lawsuit with limits that put your best interests at risk.

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Now, here are my two suggestions for the future:

1. PPS can be a major player in the transformation of the business of physical therapy. While continuing to serve the individual private practice owner, it is time for the Section to also invest resources to accelerate the transformation of the business culture of the profession as a whole. This can be done through education, the development of policy papers, and through still greater collaborative involvement with APTA, and the Sections and chapters. PPS is now in a financial position to allocate resources to such projects and we have an Educational Institute ideally positioned to undertake the task.
2. I propose that our annual PPS conferences include an element of chapter activism and leadership. Too often at the chapter level, successful private practitioners and chapter leaders inhabit completely separate worlds. We could create one event at the PPS Conference every year to assemble conference attendees by chapter, grouping small chapters together if need be, with the goal of creating cohesion, building agenda, and forging leaders who will return to influence their chapter with fresh ideas, energy, and resources. We did an accidental pilot project on this

last year when I discovered that Illinois had over 40 registrants at the PPS conference. We arranged a hasty get-together in one of the lounges and had a half-hour meeting at which Jim Milder and I rolled out the outlines of our confidential Illinois anti-POPTS strategy. Out of that gathering emerged a Referral for Profit Quiet Campaign which in 10 months raised \$100,000 to support our anti-POPTS efforts, giving us the financial base we needed to move forward. That was achieved based on the energy emerging from attendees at *this* conference, and by converting that energy into a strategic focus for the Illinois Chapter. Bottom line: A new way of looking at the PPS conference is as a leadership building vehicle to promote private practitioners collaborating with chapter boards and leaders, to effect the transformation of the profession at the state level.

Of course, PPS member involvement with their chapters must be collaborative. I can cite three cases in which private practice leaders took unilateral action in states, without bothering to build consensus with the majority of colleagues and leaders in the chapter. All three cases resulted in disaster! But chapters that have managed to corral the energies of private practice in the interests of the whole profession, and build a consensus on key issues, have achieved terrific results.

I want to close with a final thank-you to my physical therapist colleagues in Illinois. As we pursue strategies to secure our professional autonomy and stop POPTS, the trust and professional unity of colleagues in every sphere of practice, including POPTS, has been humbling and inspiring. While the final chapter of the story is yet to be written, such trust and unity of purpose give me great hope that we can indeed realize the dream of *Vision 2020* and support that vision with a viable and sustainable professional business structure. ■

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