

Private Practice Section of the American Physical Therapy Association

Impact

AUGUST 2012



Transforming Ownership Models

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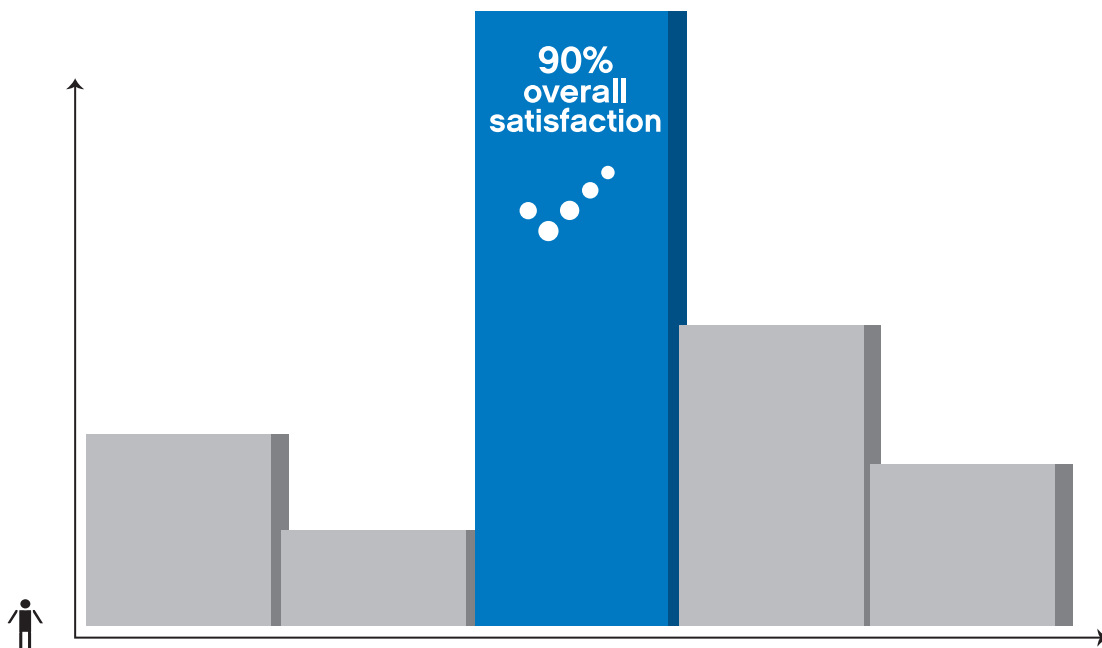
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From the Desk of Tom DiAngelis



Taxation Without...Purchase?

I WRITE THIS IMMEDIATELY FOLLOWING THE Supreme Court's ruling yesterday to uphold President Obama's health care law. I am in no position to give you a sophisticated breakdown or analysis on exactly what it all means. However, for the details, please see Jerome Connolly's article on page 61.

I don't know about all of you, but the one thing that struck me as odd is not that the Court upheld the requirement that certain individuals pay a penalty for not obtaining health insurance, but that it said it should be classified instead as a tax. In the majority opinion, Chief Justice Roberts stated that this "may reasonably be characterized as a tax...." In essence, what the Court is saying is that we can now be taxed when we do not purchase anything! That is a new twist—we have always felt we are being taxed too much on our income, our purchases, and such; but now we can be taxed for not making a purchase? "Thank you for visiting our showroom today Mr. DiAngelis, but since you did not purchase that car, you owe the government money."

Will the government charge our patients a tax when they cancel or fail to keep an appointment? "No, Mrs. Smith, we did not charge you a cancellation fee, but the government did tax you on your missed visit. Sorry, we do have to collect it." Perhaps it will tax patients who do not want to participate in a specific component of their care as well. While this news was just released yesterday, by the time you read this there may be a better understanding or clarification. However, Justice Roberts' words seem pretty specific to me.

I also found it telling to watch the stock market when the decision was announced. Stocks for hospitals and health care went up immediately, while insurers' stocks declined. We have known about the provisions of the health care law for some time, and this ruling cements the fact that as private practitioners, we must form relationships with hospital and medical groups in order to play in the sandbox with accountable care organizations (ACOs), bundled care programs, and more. We must find ways to move out of our silos and complement our practices with alternative business arrangements. The Private Practice Section continues to work on providing resources for our members. With the ACO task force and the newly appointed business model task force, our goal is to provide you with the tools you need to succeed in these emerging markets. However, we need your help. We are a volunteer section with a very small staff. I know that many of you have negotiated contracts and have already found ways to participate in various opportunities that have developed. Any information that you can share with the section and we can pass on to the membership, both successes and warnings, would be a tremendous help. The more you can help the section in sharing information, the better position we are in to help each other.

Think of this: If you fail to submit anything to the section, you just might be taxed! ■

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Tom DiAngelis, PT, DPT
PPS President

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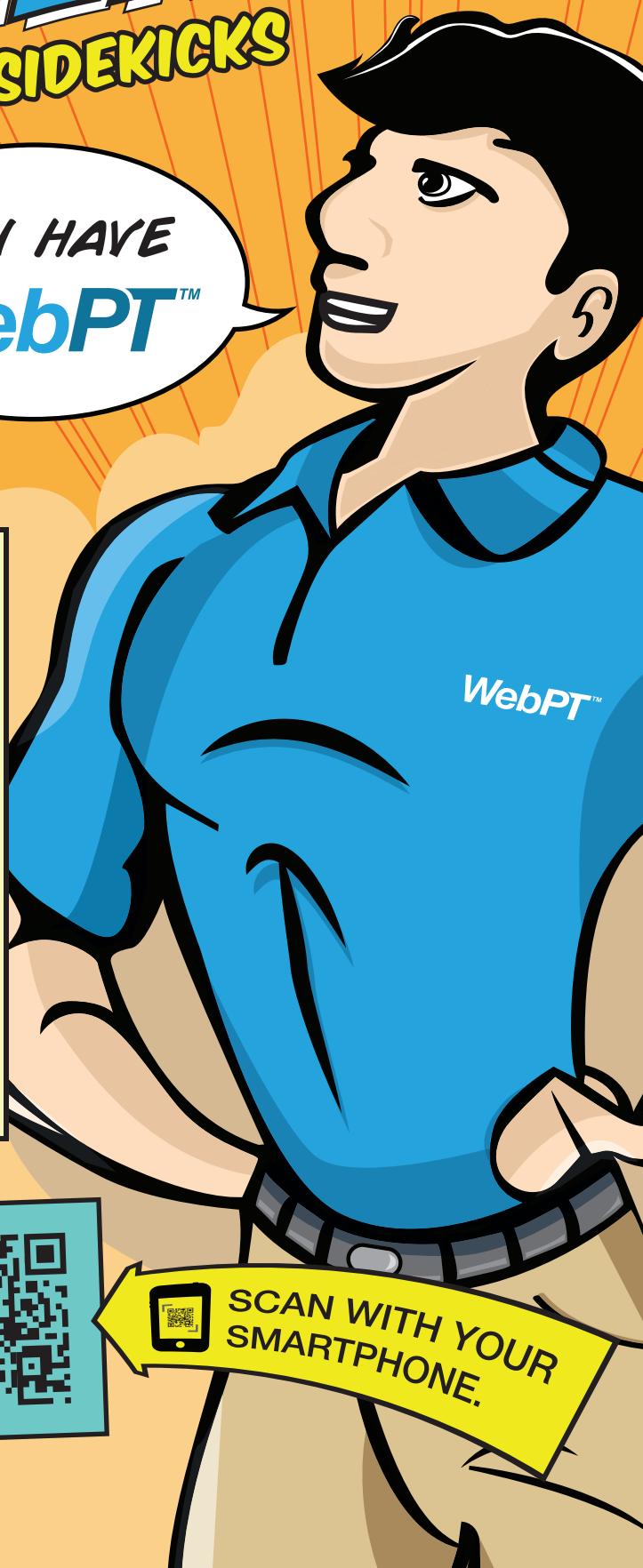
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Editor's Column



By Angela Wilson Pennisi, PT, MS, OCS
Managing Editor

TALI SHAROT, PHD, HAS PARTICIPATED IN SOME interesting research on human beings' emotional outlook and how it relates to our survival as a species.¹ As a practicing armchair psychologist, I will attempt to apply her findings to the health care policy situation in which we find ourselves. As I write this, the Supreme Court has upheld the vast majority of the Patient Protection and Affordable Care Act, and we can now be confident that our future as private practitioners will need to be both flexible and innovative.

Dr. Sharot has concluded from her research that humans in general are overly optimistic about the future, to both our benefit and detriment, depending on the situation. For example, if you ask a group of people how many of them are above average intelligence, you will see more than half the room raise their hands. Now, I will give you that at the PPS Annual Conference, you may indeed find that the majority of attendees actually are above average intelligence—one of the many benefits of attending! However, if you ask people to estimate their personal risk of being affected by a disease, being involved in a car accident, or filing for divorce, they will typically grossly underestimate their potential risk. If you are categorized as a generally optimistic person, like 80% of the population, you will continue to underestimate your personal risk even after being educated with data regarding your actual risk!

Beyond underestimating the risk for negative events to occur in our lives, we also overestimate the likelihood for positive outcomes. Now, this kind of optimism has been linked to the self-fulfilling prophecy, actually resulting in positive outcomes. However, this type of optimism is also linked to the tendency to avoid warning signs and presume that negative information does not apply to us. I suspect that this optimism bias afflicts an even higher percentage of those in private practice physical therapy. After all, you have to believe in the likelihood of your success before taking on the risks of opening the doors of your clinic!

I dare to suggest to you, in this time of health care upheaval, that we need both a healthy dose of optimism—believing that our practices can successfully adapt in a changing health care environment—and a good bit of realism, in order to avoid underestimating the risks and blinding ourselves to the need for change.

In these tumultuous times, PPS has adopted a very direct mission: "Champion the Success of Physical Therapist-Owned Businesses." We work every month at *Impact* to support this mission, and I encourage you to apply the tools available to you from PPS to help ensure your own rosy future! ■

Angela

Reference

¹ Sharot T. The optimism bias. February 2012. Available at: http://www.ted.com/talks/tali_sharot_the_optimism_bias.html. Accessed June 29, 2012.

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Common Threads in Volunteering and Matchmaking

By Laurie Kendall-Ellis, PT

MOST PEOPLE WHO VOLUNTEER DESCRIBE A MOTIVATING moment that made them decide to take action. Some of these “take action” reasons may resonate with you:

1. To learn something about yourself and identify your inner motivation
2. To have fun!
3. Because you are passionate about your profession or a cause
4. To explore career possibilities (as a student or new professional interested in working in a physical therapist-owned private practice, you will meet plenty of practice owners through PPS!)
5. It is time to get involved!
6. To learn new skills
7. To make someone else's day (helping someone else can also make your day)
8. To feel good about yourself for your contribution to PPS and your profession
9. Because networking is an incredible opportunity and benefit of volunteering

What does volunteering have in common with matchmaking? When a friend personally asks you to volunteer, saying “no” can be difficult. If the friend is excited about volunteering for PPS, he or she is the best person to recruit you, but is he or she really aware of your interests, strengths, and available time? Do you want to invest in the relationship? Finding the best volunteer assignment to match your interests, knowledge, and time starts by thinking about the following questions:

What causes or issues matter the most to me?

Do you know which committees address these issues? Do you think the committee is doing a good job and deserves your support? You have already provided your financial support through paying your dues, but is now the time to become involved? Do you have a concern that no one else seems to be

tackling? Are you willing to be the champion of a new effort? The answers to each of these questions will help you to focus on the type of committee you want to approach with your offer to volunteer.

Do I want to volunteer for something that uses the skills I apply in my job, or do I want to do something completely different?

At which types of activities do you excel (and like to do)? These can be professional skills or even hobbies and recreational talents. Almost every type of skill is needed somewhere. The better you are at explaining exactly what you can offer, the easier it will be to find the right type of volunteer work for you.

Keep in mind that some volunteer positions will require prior knowledge or expertise, but PPS has many volunteer assignments that simply require great people skills, such as the ability to be a good listener, nonjudgmental, cheery, and supportive.

When you inventory your assets, also ask yourself, “Do I want to use these talents in a volunteer capacity?” Inquire about the time commitment before you say “yes.” The time commitment varies among committees, task forces, and other volunteer opportunities. Don’t hesitate to find the right match for your knowledge as well as your available time.

What would I most like to learn through volunteering?

As a volunteer, you have the freedom to experiment with new activities. Is there something you wish you had the opportunity to learn? PPS will gladly assign you to something as a beginner, because we know that you will be motivated to tackle something new. This is how volunteering develops your skills and makes it fun. By testing yourself in different ways, you will end up with a fresh perspective to take back to the everyday world of your job.

EXECUTIVE DIRECTOR, continued on page 8

Most people who volunteer describe a motivating moment that made them decide to take action.

What activities do I not want to do as a volunteer?

It's okay to identify certain tasks you would like to avoid. The happier you are about what you will be doing, the better you will be as a volunteer. So do not feel obligated to accept any assignment offered or to say "yes" to your friend. Feel free to ask questions.

Do I want an ongoing, regularly scheduled assignment, a short-term assignment, or a one-time assignment?

Some volunteer assignments do require a lot of time, but others can be accomplished in a short period of time or as little as just a day. More and more frequently, PPS designs volunteer work to match your available time. Be honest with yourself and us about your availability and go from there. PPS does need to know that we can count on volunteers to maintain their scheduled commitments. Starting with a limited number of hours of volunteer work and later expanding your schedule is better than promising many more hours than you will be able to give.

What should I expect when I contact PPS and apply to become a volunteer?

PPS will ask you to complete a volunteer form, helping us learn about your interests, background, and qualifications. Depend-

ing on your answers, we will give your information to the chair of a committee or key individual who will connect with you through e-mail, phone, or a face-to-face meeting. All committee members have term limits that coincide with the PPS Annual Conference & Exposition. The face-to-face meetings that take place at the annual conference enable each volunteer or potential volunteer to engage with and observe the committee meeting and its objectives.

How do I find information about volunteer opportunities?

PPS regularly sends out notifications about volunteer opportunities through our monthly ENews, e-blasts, and *Impact* magazine. The application is also available at www.ppsapta.org under "about PPS."

You may also call the office at 703/299-2410, Monday through Friday from 8:00 am to 5:00 pm EST. We will be happy to discuss which volunteer opportunities are currently available.

Looking for a volunteer opportunity is very much like looking for a paying job—only better! Expect volunteering to be a fun way to spend your valuable time, with the added benefit of helping others. The more you know about what you want to do, the more valuable you will be to PPS and your profession.

Recognize any of your colleagues?

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continued

MEMBER SPOTLIGHT

SHINING ON: ALAN BALAVENDER, PT, MS

PART 1: PERSONAL DATA

Practice, Location: Physical Therapy & Sports Medicine Centers (PTSMC) is a private practice that utilizes a partner model with locations in Connecticut.

Practice Specifics: I purchased the first location in 2000, and our first partner site opened in 2002. We have been fortunate to grow to 12 locations with 130 employees. We continue to actively seek additional growth opportunities.

Little-known fact about you: I am the youngest of 5 boys in a very close family. Three of us hold undergraduate degrees in physical therapy.



PART 2: BUSINESS PHILOSOPHY

Describe your essential business philosophy: My parents were both small business owners. Discussions of integrity, honesty, customer service, and exceptional employees were dinner conversations for as long as I can remember. Your people will make or break you. Do everything you can to choose and develop great people—then get out of their way.

Describe your management style: My management style is about building relationships and trust. We try to create an autonomous environment. I make it a point to be available for guidance and counsel, but I want people to take responsibility and make their own decisions. I am not a micromanager, and I do not want our people to feel like “Big Brother” is watching them. My goal is for our leadership team and all staff to understand our mission and business. Fostering a culture that puts customers first and delivers what we promise is critical to all past and future success.

Hire for personality...train for performance.

Another characteristic of my management style is practicing patience. In our world of immediacy, I find a willingness to invest the time and energy required to “get it right” often pays off for PTSMC.

How do you measure success? As an organization, we measure everything! We have developed complex financial, management, and human resources matrices that we follow closely. However, two far-reaching measures make me extremely proud: In 5 years of patient satisfaction surveys, 99% of respondents report they would come back to us or recommend us to a friend. That is awesome! In addition, last year PTSMC employees voted our company a top-20 workplace in Connecticut.

Our people understand and embrace our mission...and they are proud to be a part of making it happen.

How do you motivate your employees? The biggest “soft” motivator is being a company for which people want to work. Attracting and developing highly motivated and committed people is easier after you have a core group who lead by example daily.

At the other end of the spectrum, my leadership and management team are treated like owners, because in many cases they are. Having ownership has really helped align performance and compensation. In addition, virtually every PTSMC employee participates in goal setting (individual, office, and organizational), and we work hard to ensure

We elected to focus on creating opportunities for our people.
I believe that if we grow our people and our communities,
the business will follow.

that we are on the same page with respect to expectations and rewards. Every position in the company has some form of incentive-based pay or bonus.

I try to recognize and appreciate the individuals on my team in ways that are most meaningful to them. Often the little things go a long way.

PART 3: YOUR PRACTICE

How do you stay ahead of the competition? We stay ahead of our competition by focusing on our mission of “improving the quality of people’s lives by providing: unmatched patient experiences, clinical excellence and lifelong relationships.”

We decided years ago to not worry all that much about the competition. We elected to focus on creating opportunities for our people. I believe that if we grow our people and our communities, the business will follow.

Your best learning experience/s (mistake/s) since inception of your practice:

I think one of the biggest mistakes I have made is waiting to make the difficult decision of letting someone go. You do your best to ensure that you and your organization select and develop your people; however, sometimes the person does not fit or the job grows beyond their ability. I work hard with them and for them, but hoping for a miracle really has never panned out.

What are the benefits of PPS membership to your practice? The opportunity to openly discuss successes and failures with extremely talented professionals from across the country is the biggest single benefit to me. Whether the single practice owner who is exceptional at what they do or one of the “big guns” in our industry who is willing to spend some time sharing ideas, PPS membership helps open the door to those conversations and many other opportunities.

PART 4: THE FUTURE

Life motto: I really enjoy quotes, so picking a motto is a challenge. When my mother was alive, one of her favorites was “Count your blessings.” She would remind our family, in good times and when we faced adversity, that we had so much to be thankful for. It is a life lesson for me.

What worries you about the future of private practice/what are you optimistic about? The obvious concern about the future of private practice is uncertainty in the entire system. Health care is so political and complex that predicting what the next major hurdle will look like is very difficult.

However, I am most optimistic about the value that our profession brings to the table. Physical therapy has the opportunity to move rapidly to the forefront of quality of life, preventative care, and cost-effectiveness. Physical therapy has tremendous value, and we are well positioned to become the primary care providers for the musculoskeletal system. I hope our profession earns the chance to prove it.

New opportunities you plan to pursue in the next year: We are actively seeking new start-up, acquisition, and partner opportunities in Connecticut and other states. PTSMC is also developing a management services organization that will provide a full menu of “back office” services to other physical therapy practices. ■

Alan Balavender, PT, MS, can be reached at alan.balavender@ptsmc.com.

New Members (continued)

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PPS Members on the Move



PPS MEMBER AND *IMPACT* CONTRIBUTOR Helene M. Fearon was recently designated a Catherine Worthingham Fellow (FAPTA) by APTA. "Catherine Worthingham, PT, PhD, FAPTA, was a change agent who was effective, respectful, and honest, and motivated others to make an impact within the physical therapy profession. She

was also a visionary who demonstrated leadership across the domains of advocacy, education, practice, and research."¹ The FAPTA designation is the highest honor among APTA's membership categories.



PPS MEMBER ROGER NELSON, PT, PHD, FAPTA, has been selected to deliver the 44th Mary McMillan Lecture at PT 2013 in Salt Lake City, Utah. The McMillan Lectureship, honoring the association's founding president, is APTA's most prestigious award and recognizes a member who has made a distinguished contribution to the profession.

Congratulations to Dr. Nelson and Helene Fearon for recognition of their many contributions to the profession. ■

Reference

¹ Catherine Worthingham Fellows of the APTA. Available at <http://www.apta.org/HonorsAwards/Honors/WorthinghamFellows/>. Accessed June 22, 2012.

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EXECUTIVE SUMMARY: Private practices come in all shapes and sizes. In this example, two independent practices working together helped both achieve their goals.

THE ONLY CONSTANT IN LIFE IS CHANGE, AND THE profession of physical therapy is experiencing huge changes right now. Payment rates have declined, insurance restrictions and limitations continue to grow, tuition rates are climbing, and physical therapists (PTs) are experiencing burnout owing to increasing pressure to treat more patients in less time. The traditional models of practice are becoming obsolete, and PTs may wonder if our profession is sustainable. I would like to offer a positive perspective: Our profession is not only sustainable, but also uniquely positioned to move to the forefront of health care—if we are willing to think outside the box.

Increasing numbers of PTs are interacting through social media (Twitter, Facebook, LinkedIn, Google+) to discuss ideas for optimizing our position in the health care market. Discussions center around practice issues, public perceptions, con-

tinuing education, specialist certifications, and our professional organization. A common theme in these interactions when the topic of business models and marketing arises is that many PTs express discomfort with the idea of “selling themselves” or feel unprepared to risk a new model of practice. However, PTs can experience success through new business models, and I will share my own experiences implementing a new ownership model.

After practicing for 14 years, I knew I wanted to continue practicing physical therapy for approximately 10 more years. However, I was operating in such a way that I knew I would burn out long before reaching that goal. In October 2011, I decided to leave my steady, adequately paying job and enter private practice.

As I began my initial planning, I knew I did not want to re-create the type of practice I was leaving (high-volume, insurance-driven outpatient clinic). I thought long and hard about a business model that would allow me to see the number of patients I desired and avoid sacrificing quality care. More than anything, I wanted to keep it simple—no ancillary support staff, no front office staff, no billing department, no employees,

A hand is visible at the top of the page, reaching down towards a large, faint question mark that spans the left side of the page. The background is a soft, out-of-focus image of a person's head and shoulders in profile, looking towards the right.

Ownership Models

Thinking Outside the Box

BY ANN WENDEL, PT, ATC, CMTPT

and low overhead. I also did my homework and discovered that office space in my desired location was expensive. Having run several businesses before, I knew that it would take me 6 months to a year (or more) to earn a living that would support my family.

With all this in mind, I created my business model: fee-for-service, outpatient physical therapy provided in one-on-one, hour-long sessions. Through a bit of research, I found several existing practices within the medical, health care, and fitness fields open to the idea of subletting space. Through telephone interviews and networking with other local professionals, I was able to eliminate several options immediately. In the end, I had only one face-to-face meeting, and within 5 minutes I knew I had found the ideal situation: an existing physical therapist-owned private practice in my desired location. We were able to work out a contract that has been mutually beneficial and allowed us to reach our goals in a way that neither of us could have done independently.

Our practice model is fairly simple: The previously existing practice serves as an “umbrella company,” and I am an independent contractor. I have my own corporate registration, busi-

ness license, and professional insurance. I do much of my own marketing and all of my own scheduling. My contract stipulates that all patients treated in the office space become clients of the preexisting company; however, any work I do outside of that office (writing, teaching, seeing private clients) is my own. Clients pay a set fee per hour to the company, and we provide them with an invoice to submit to their insurance company for reimbursement. I am paid per patient based on the number of patients I treat per week, with the maximum number set at 35 patients.

This arrangement has worked so well for us (and our patients) that we were recently able to move into a new, larger, freestanding office space after only 7 months together! We now have storefront space on the town's main street, which has a large volume of walk-by traffic. People stop in daily to ask what we do, and many schedule appointments because they like the fact that we are here to help them reach their specific goals, using evidence-based practice in a one-on-one environment.

OWNERSHIP MODELS, continued on page 16

Our community is wonderful because word of mouth still means a lot, and many of our patients live within walking distance of the clinic. The majority of our new patients come to us because they are referred by existing patients—their coworkers, friends, family, and neighbors. We value our patients and treat them as we would like to be treated.

There are several keys to making this ownership model work:

- Find the right partnership. Make sure that you have similar or complementary styles of treatment and personalities. You want patients to see a practice that is consistent.
- Do your homework to discover if your location will support a fee-for-service model.
- Ask yourself the hard questions first:
 - Do you have the business experience to do this, or can you find a mentor to help you?
 - Do you have the personality to market yourself successfully?
 - Are you ready to work (very) long hours to get the business started and build your client base?
 - Do you have access to health insurance, either through your spouse or private health insurance, which can be costly?

- Do you have adequate savings or the possibility of a loan to sustain you through the first 6 to 12 months?

- Establish good rapport in the community and obtain solid referral sources, including physicians, other PTs, traditional and alternative health care practitioners, and personal trainers.
- Consider the percentage of Medicare patients in your chosen practice location as well as your current clientele to determine whether or not your practice will participate in Medicare.

I want to encourage all PTs to consider this business model, because there is a need for therapist-owned private practices within every community. Educating the public about the benefits of physical therapy and how we can help people achieve their health goals is an exciting opportunity. In addition, we are able to promote ourselves as the practitioners of choice for musculoskeletal injuries and promote change one patient at a time. ■

Ann Wendel, PT, ATC, CMTPT, practices at Prana Physical Therapy, PLLC, in Alexandria, Virginia. She can be reached at pranapt@gmail.com.

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EXECUTIVE SUMMARY: Apply these time management strategies to contribute to practice success and create more time for yourself, your family, friends, and hobbies.

Introduction

How many times have you wished you had more time to spend with your children, spouse, or family members or to spend on your hobbies, travel, and things you always wanted to do? How many times have you wished there were more hours in a day?

The reality is there are only 24 hours in a day, and tomorrow is never a guarantee, so you should try to live for what is important in your life. The following are steps to help you live “truer” to what is most important to you, and achieve a business requirement in a private practice: the ability to spend time *on* your business and not *in* your business.

Step 1: Clear the Clutter

Grab a piece of paper and quickly write down the 10 things that are “undone” in your life. Whether these items relate to home or

work does not matter. The completion of these 10 things should now become a priority over everything else in your life. I guarantee that once you begin to finish a couple of them, you will find you have more free time on your hands. The theory is that your mind is cluttered with things that are hanging over you. If you remove them, your mind is clearer and more focused. Be sure to complete those 10 things in the next 7 days. Now that they are done, you have cleared your plate and your mind should be free, allowing you to use your time wisely.

Physical therapists (PTs) usually have 2 reactions to the idea of a 4-hour workday: (1) How am I going to see all of my patients if I only have 4 hours? (2) Wouldn't that be great!

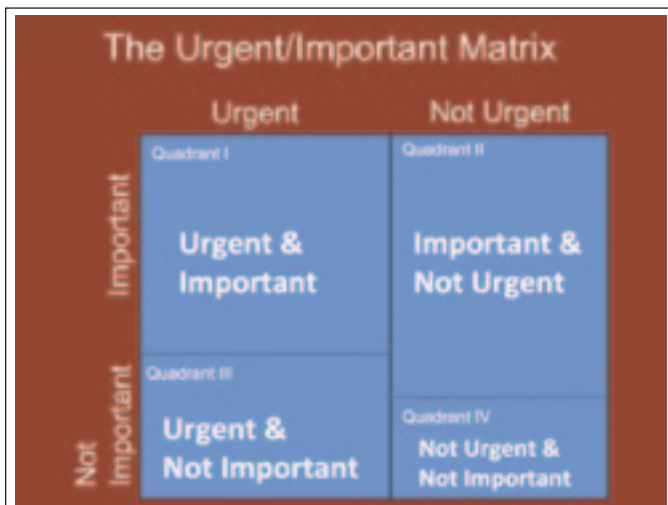
The idea is to spend 4 hours of your day working on your business and not in your business. If you can do that, you will be more productive, have a busier office, and have a more organized life.

Step 2: Commit 4 Hours of Sacred Time

Look at your week and commit 4 hours to working on your business and not in your business. Schedule it during the workday and during normal hours. Make sure you schedule

4-Hour Workday

BY STEVEN T. GOUGH, PT, DPT, MS, OCS



4 hours and nothing less than 4 hours to stay focused. Dedicate that time as sacred time—allow nothing less than death to break up that time. This dedicated time allows you to sharpen the saw and work on the business. You can use the matrix described by Steven Covey—tasks are either (1) urgent and important,

(2) important and not urgent, (3) urgent and not important, or (4) not urgent and not important.¹

In your 4 hours of dedicated time, work on the important/not urgent items. If you do this, you will prevent the not urgent/not important quadrant from taking up time in your life, and you should be able to reduce the demands of the urgent/not important tasks.

Step 3: Use Checklists

Every critical process within your business should have a checklist. Front desk procedures, billing, physical therapy care, documentation, call-off procedures, aide duties, incident reports, inventory, marketing, medical records, orientation process, payroll processing, scheduling, staff meetings, and year-end processes should have checklists. Checklists are not meant to “dumb down” processes, but to make sure that important steps are not missed, increasing efficiency, safety, and accuracy. In his book *The Checklist Manifesto*, Atul Gawande presented a good

4-HOUR WORKDAY, continued on page 20

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4-HOUR WORKDAY, continued from page 19

argument for health care providers benefiting from checklists just as much as airline pilots and surgeons.²

Step 4: Pareto Principle

I schedule every morning with the Pareto Principle in mind.³ The Pareto Principle is the application of 80/20 rule—spend 80% of your time on what is important and 20% on what is not important. I pick the 3 most important things to accomplish each day and make sure I start with those things. We frequently avoid tasks because we do not want to deal with the difficult ones, so I recommend following the philosophy of “eating the frog first.”⁴ After you eat a frog, almost everything tastes better! A common example of not eating the frog first would be reviewing and answering e-mails, which quickly become the bane of your existence. Schedule a time for e-mails and do not deal with them at any other time. Use e-mail controls such as smart folders and filters to block the junk.

Step 5: The Parkinson Principle

The Parkinson Principle is described by Tim Ferriss in *The 4-Hour Workweek* as putting deadlines that seem unrealistic on projects when you delegate them.⁵ Steve Jobs was famous for utilizing this concept. If you have ever “crammed” the day before a test, you noticed that you were able to cram in the information without distraction. With long lead times, one can easily be distracted. However, if you have short lead times on projects when you delegate them, then you will notice a better result from your team because they will be focused on your project.



Step 6: Use Technology

Use tools of technology to help you. If you cannot remember details, a simple app like Evernote can help you remember. When you receive e-mails with plane/hotel/flight information, numbers, or statistics, forward them to your Evernote account,

where they will be easily retrievable and searchable by name. The application and the enclosed information are available on any computer—anywhere, anytime. Followupthen.com is a helpful free e-mail service that allows you to select a time period for following up. If you send an e-mail and are unsure when you might receive an answer, send it to followupthen.com. The program will send you an e-mail at the appropriate time if you have not yet received an answer, allowing you to follow up.

I have also found another app, called Last Pass, that has been helpful for managing Web site passwords. After you enter the password once, the app allows you to hit one button to enter it in the future.

A final free app, Cam Card, has been helpful at networking events.⁶ The app allows you to take a picture of a business card with your smartphone, and automatically stores it in your contact list, eliminating the need to manually type it in later.

Step 7: Understanding Personalities

For the people you deal with on a regular basis, specifically the people to whom you are delegating, it is well worth the money and time to profile their personalities. Choose one of the profiling options, such as Disc, EQ, or McQuade. Understanding the people with whom you communicate regularly will help you

understand their point of view, and they will understand yours, minimizing miscommunications.

Step 8: “Hire a Wife” Philosophy

The purpose of “Hire a Wife” is to identify both your personal strengths and shortcomings, and then to utilize the people around you to make up for your shortcomings, both complementing and completing you. In other words, push the task down the line to people who have better skills than you possess for the job. I suggest multiple wives, making you very efficient! I have spoken to many female practice owners who also recommend hiring a wife over a hiring a husband!

Step 9: 5 Most Important Things

Identify the 5 most important priorities in your life. Once you have identified those 5 priorities, order them by rank, with number 1 being the most important. Answer the following question:

Are you living your life according to what is important to you? If not (which is not unusual), you would benefit from working toward the 4-hour workday.

4-HOUR WORKDAY, continued on page 23



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Conclusion

Since I implemented these steps, my life has changed pretty dramatically. My business grew, I started another business, and I have attended all of my children's functions. In fact, I have missed fewer than 2% of their scheduled activities (like dentist appointments). I have more dates with my wife, more time for my hobbies, and I am generally happier and more effective. In summary, here are the 10 steps for success:

1. Clear the clutter.
2. Set 4 hours as sacred.
3. Use checklists wherever you can.
4. Institute the Pareto Principle.
5. Use the Parkinson Principle.
6. Use technology as a friend.
7. Use personality profiles on key employees.
8. Initiate the "Hire a Wife" concept.
9. Live to what is important to you.
10. Enjoy!

And please, don't tell my coworkers I am doing this! ■

Steven T. Gough, PT, DPT, MS, OCS, is a PPS member and chief executive officer of Allegheny Chesapeake Physical Therapy in Ebensburg, Pennsylvania. He can be reached at sgough@aandc.com.

Additional Reading

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Exploring Partnerships

Majority or Minority Ownership?

BY DARRELL METCALF, MBA



EXECUTIVE SUMMARY: If you are considering selling your physical therapy private practice, consider in advance whether a majority or minority deal will meet your goals.

EVERY DAY THE FINANCIAL NEWS HIGHLIGHTS STORIES about one company buying another for some unfathomable amount of money. While those big-money deals grab headlines, significantly more transactions are occurring at the small business end of the scale. However, the dynamics of these transactions are rarely explored.

Perhaps you are a small business owner who hopes someday to transform your years of hard work into a meaningful payoff, possibly while retaining employment for yourself and/or opportunities for your key employees who helped build your successful operation. What type of structures could help you take some

money off the table while retaining or relinquishing control, depending on your goals?

Once you have decided you no longer want to own 100% of your business, the most important decision you will make is what you want the company to look like after you sell all or a portion of it. Establish goals and write them down before starting the process. In the midst of satisfying a buyer's due diligence requests, attempting to negotiate an agreement, continuing to run a business, and swimming with the details of what a lump sum of cash might mean is not the best time to begin thinking about what you want the final "deal" to look like. Well in advance of identifying potential buyers, you should have 3 to 5 simple goals for the transaction. For example: (1) I don't want to give up more than a 30% ownership stake; (2) I want to work for at least 5 years after the transaction and make approximately \$100,000; (3) My maximum noncompete is 3 years after my employment ends; (4) I want upside potential if the company



continues to grow during my postsale employment. Having your goals written down in advance will help you hold your course as the sirens of the deal begin to sing.

In terms of structure, only one demarcation is meaningful: Will the sale be for a minority or a majority share of your business? Everything in between is simply percentages that define the price that changes hands between buyer and seller.

Sale of a Majority Stake: If you sell 51% of your business, you have given up control. Regardless of what buyers might tell you about their intentions, once you have sold 51% of your business, you no longer have control. Yes, protections can be written into agreements, bylaws, or operating agreements that require unanimous or a high percentage of consent for significant

EXPLORING PARTNERSHIPS, continued on page 26

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decisions, but the culture you have developed and the way you treat patients each day are defined by small individual interactions and decisions with patients and employees. The processes and procedures that define those interactions are now made by the majority owners.

Sale of a Minority Stake: The possible permutations and structure of a sale of a minority stake are as varied as your imagination and tolerance for incurring legal fees. Most buyers will want to acquire at least a 25% stake in your business, if for no other reason than to make it worth their while. Every buyer will want to perform some level of due diligence. A 25% stake is pretty much the entry point to justify the costs that will be incurred to evaluate whether your business is a good investment and will fit within a buyer's business strategy. Between 25% and 49%, the possibilities really come down to how much cash you want and how many conversations will take place if the buyer disagrees with you on strategy.

If you have preestablished your goals, you can be more flexible with the "less important" details of the transaction. Everybody talks about win/win transactions, but the only way for you to measure that is to ensure that you do not give in on something you had preestablished as important. If you do decide to give in on one of your original goals, at least you will have a

A 25% stake is pretty much the entry point to evaluate whether your business is a good investment and will fit within a buyer's business strategy. Between 25% and 49%, the possibilities really come down to how much cash you want and how many conversations will take place if the buyer disagrees with you on strategy.

measuring stick to ensure that you received something of equal value in return. Negotiating a sale is a very dynamic process, but as with most things, preparation is the key to a successful result. ■

Darrell Metcalf, MBA, is senior vice president and chief financial officer for RehabVisions. He can be reached at dmetcalf@RehabVisions.com.

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Is There a Partnersh in Your

BY MARGE EPPERSON, OT

EXECUTIVE SUMMARY: Solo and small physical therapy practices may find enhanced management efficiencies and improved access to payment and contracting opportunities through partnerships and networks.

HOW DO YOU POSITION YOUR CLINIC FOR HEALTH CARE reform changes at the federal and state levels AND combat the yet-to-be-determined outcome of value-based payment? Most physical therapists (PTs) would love to have a definitive answer to the question, but consider whether you have the answer to an equally important question—what are you doing to encourage growth in your clinic and plan for the future? While this also is not an easy question to answer, nor it is one that you will want to answer quickly, it is certainly the more pressing question, and one with more known than unknown variables.

Throughout the industry, decreasing payment and dwindling referral bases have prompted PTs to find innovative ways to establish new service line strategies and ownership models in order to remain profitable. PTs have done their homework to identify a patient referral base, set up a business office, and establish an expense structure, but this work comes with an element of risk, especially in today's evolving and nebulous health care market. From my experience, I would venture to guess that most PTs prefer time with patients as opposed to time spent on employee administration, financial reports, and operating procedures.


How can PTs grow their clinics, establish and sustain efficiencies, and create a succession plan for the future? One opportunity to consider is a partner ownership model. In its most basic structure, a partnership establishes a relationship between two or more individuals who have a common business goal. For PTs, a partnership of this nature allows sharing and implemen-

ip Future?


tation of successful business processes and procedures from multiple partners that benefit from the power of the collective. By organizing networks with management services with other PTs, the group can gain negotiating power for potential hospital joint ventures and purchased service agreements, contract negotiation, accountable care organization (ACO) participation (80 active federal ACOs, 100 private ACOs), and the packaging of multiple facilities for sale to a larger entity.

As with any new venture or restructuring, the key to a successful partnership is finding an experienced partner who can create wealth through facility development and the production of operational and clinical opportunities that will sustain the practice through future health care changes. This partner should also have the capability to help PTs incorporate operational

INNOVATION'S EDGE, continued on page 31



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and clinical best practices into their offices to help maximize payment and decrease expenses.

The first step in determining whether a partnership is the right approach for your practice is to honestly assess your willingness to restructure your current ownership model through a joint venture, merger, or some type of acquisition. Any of these scenarios could be structured to include monetizing a portion of current equity or combining capital assets in the formation of a new company.

Over the past year, many PTs in solo or small-site private practices have voiced concerns over difficulties maintaining a

The first step in determining whether a partnership is the right approach for your practice is to honestly assess your willingness to restructure your current ownership model.

profit margin. These concerns stem from a variety of reasons, including diminished referral base, salary costs, lessening negotiation power to fight payment declines, and an inability to recoup aging accounts receivable due to complicated denials and payment requirements.

With this many cards on the table, evaluate all your options, including creating a new path with a partner who possesses experience in structuring individual partnerships into a network. These types of partnerships have potential to improve efficiencies, decrease costs, and maximize payment, positioning private practitioners for a brighter future and opportunities for succession planning together. A network of practices partnering together can create opportunities to leverage growth strategies for long-term success.

Hospital partnerships and alignment are a strategic option for private practices to consider, with the growing percentage of hospital-employed physicians, plus regulations and health care reforms that place the hospital in the driver's seat. A hospital's strength and focus is its ability to provide quality inpatient services through efficiencies and established best practices. However, many hospitals view outpatient physical therapy as more of a public service than a revenue stream. By joint venturing with an experienced outpatient physical therapy network and a strong management partner, the hospital has the opportunity to increase patient market share and profitable revenue streams.

While we may be no closer to answering the question of where health care is headed, now is the perfect time to maximize your investment of years of hard work by exploring the

Partnership Opportunities:

- Partnering with other practices through mergers and/or a joint venture
- Partnering with hospitals or health systems through joint venture initiatives structured as a hospital outpatient department
- Partnering with hospitals through professional service arrangements involving off-campus facilities

Potential Alignment Strategies:

- Negotiating power with managed care providers
- Participating in an ACO
- Participating in hospital or insurance provider bundled payment
- Decreased administrative costs
- Succession planning opportunities

Long-term Benefits of a Physical Therapy Practice/Hospital Partnership:

- Stronger market position
- Stable referral patterns
- Access to greater market share
- Access to capital for growth and development
- Access to additional PTs
- Potential for greater profit margins

benefits of a partnership that could position you and your clinic for continuing success today and into the future. PTs who network with other physical therapy clinics and create partnerships will be better positioned to deliver the quality care that patients deserve, while achieving economies of scale with other facilities or health systems. ■

Marge Epperson, OT, is president of Nueterra Physical Therapy. She can be reached at mepperson@nueterra.com.



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Evaluating Performance of Your Billing Company

BY JIM HALL AND ANGIE MOSS

EXECUTIVE SUMMARY: Beyond hot-button issues, learn to evaluate a billing service within the context of your own practice and billing practices.

I RECENTLY CAME ACROSS A QUESTIONNAIRE REGARDING evaluating a practice's billing process or billing company and was intrigued by some of the questions. While the questions were relevant, they should be considered in context before you make a decision about your billing practices.

As owner of a billing company, I frequently receive calls with similar questions. The responses can be surprising and sometimes shocking, but the answers assist the owner in understanding the issues and making the best possible decision.

Is your accounts receivable (AR) that is more than 120 days past due over 15% of your total receivables?

Every company wants to keep its receivables as lean and mean as possible, since cash in the bank is better than potential cash on the books. But consider the type of payer mix for your clinic.

If your caseload is mainly workers' compensation and with many disputed cases, you might have an extraordinarily high number of litigation-based accounts. No matter how hard your staff works to collect these cases, you are at the mercy of the court system working to resolve the dispute. I know of one clinic owner with 60% or more of AR sitting over 120 days because attorneys refer their automobile liability patients to this clinic. If you factor those patients out of the mix, the numbers are not as severe.

Do a number of your patients have primary/secondary insurance, or are they self-pay? If the patient owes \$1,000 and is paying \$5 per month, what clinic policies are in place to assist your billing company in keeping these patients' balances off the books, or at least segregated in the aging report? Is your billing company able to send accounts to a collection agency? Or perhaps these patients can be stratified in the AR reports to identify which balances your billing company can affect and those it cannot.

Is your billing company specialized in therapy only?

One mistake I try to avoid is mixing other health care specialties with physical therapy, occupational therapy, and speech-language pathology billing. Rehabilitative therapy has its own set of rules,

ating the ormance ur Billing mpany

requiring constant research to keep up-to-date with any changes. When you throw in the fact that insurance is regulated on a state-by-state basis, and the Medicare administrative contractor's policy is based upon the state in which it is contracted, a billing company will be challenged to bill for other specialties as well.

If my billing company is collecting 45% of charges, is it collecting all it can?

While that statistic sounds pretty bad, no billing company can answer that question without knowing more about your service charges, who is responsible for verifying insurance coverage, and your payer mix. For example, if you charge \$300.00 for one unit of therapeutic exercise (and similar amounts for other direct one-on-one codes) 45% would most likely be a great percentage. However, if you charge \$10.00 for those codes, 45% would not be a good collection rate. Also, if you bill a lot of worker's compensation claims and your state has a published fee schedule, the person answering your question would need to know what Current

PRACTICE FUNDAMENTALS, continued on page 34





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Procedural Terminology (CPT) codes you bill and the number of units you billed. Similarly, if your patients require preauthorization before treatment starts and the clinic staff responsible is not obtaining the information, you will not collect the money due.

Changing billing companies or moving your billing in-house will take time and energy on your part. If it is time to change, then make the change. Just make sure you are asking the right questions.

Is your billing company working every claim to a zero dollar balance?

If your billing were in-house, would you have your staff work to collect a patient balance of \$0.22? Consider the costs of printing the statement, folding the paperwork, stuffing the envelope, running it through the postage machine for \$0.45, and mailing it

out. I've heard owners state that they expect their billing service to send out those statements because it is not costing them anything. However, when you think about it, do you really want the service allocating resources to those types of balances, or would you rather it try to keep the big picture in focus? In addition, patients make a judgment about your practice when they receive a bill like that. Conversely, would you want your billing service to write off a \$4.50 patient balance rather than mailing out a statement? For the \$4.50 balance, I could certainly write it off and conclude that I worked it to a zero balance, but as a billing service, did I really follow the direction you wanted me to take?

The bottom line is that changing billing companies or moving your billing in-house will take time and energy on your part. If it is time to change, then make the change. Just make sure you are asking the right questions by seeking counsel from a mentor, peer, or someone you trust. This will allow you to be more focused on your real goals when you begin evaluating services. ■

Jim Hall is general manager of Rehab Management Services, LLC, and can be reached at jball@rehabmgmt.com. Angie Moss is senior account representative and communications administrator of Rehab Management Services, LLC, and can be reached at amoss@rehabmgmt.com.



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Promoting Your Practice by Publishing a Magazine

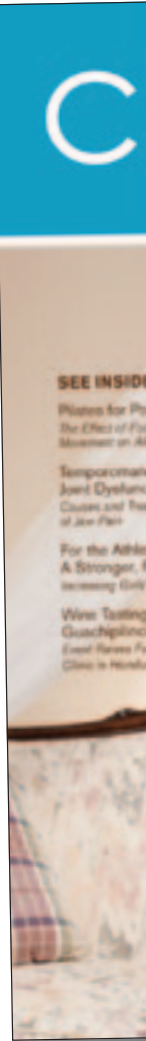
BY MICHELLE COLLIE, PT, DPT, MS, OCS

EXECUTIVE SUMMARY: Consider whether publishing a magazine might be an avenue for promoting your practice with the public, referral sources, and other professionals.

WHILE PHYSICAL THERAPISTS (PTS) OFTEN USE BROCHURES, newsletters, and flyers to promote their practices, few consider taking on the project of creating and publishing a magazine. While magazines require a significant investment of time and resources, a magazine has the potential to become a valuable public relations and marketing tool. A magazine can promote a practice's services, standards of care and professionalism, and specialty and education programs, as well as the expertise and experience of its clinicians.

Why Publish a Magazine?

1. A professionally produced magazine is appealing to display and eye-catching for consumers in a local physician's waiting room, coffee shop, or gym. While brochures and newsletters might be tossed into the trash when left at a physician's office, receptionists frequently are interested in flipping through a professional magazine and do not immediately put it in the recycling bin.
2. A professional magazine provides an opportunity to educate consumers on the role of private practice physical therapy in the management and treatment of musculoskeletal injuries and disease, and on prevention, fitness, and wellness. In the changing health care environment, educating consumers about what physical therapists do is essential.
3. A magazine cultivates and builds relationships with health and fitness providers and vendors. Local running stores and gyms can be approached to advertise, and thereby subsidize production expenses. Typically, stores and gyms will allow you to display magazines at their sites, especially if the magazines include information beneficial to their clients. Include articles and guidelines such as, "Use of the Foam Roller," "Exercise for the Childbearing Year," or "Running Your First 5K."
4. Inviting other health care providers and health industry-related experts (including physicians and specialized fitness instructors) to write relevant articles fosters professional





relationships. For example, a local orthopedic surgeon specializing in the knee could write an article on "ACL Injury Prevalence and Surgical Indications" to compliment an article written by a physical therapist on "Conditioning and Injury Prevention for Female Athletes."

5. Provide the magazine to all patients in your practice as a resource on the range of services and programs available at your site. The magazine can be helpful in educating patients on specialty services that physical therapists provide, such as women's health services, ongoing fitness and prevention services, occupational health consulting, and orthotics.

Planning on Publishing a Magazine

Before committing to publishing a glossy, 30-page magazine (that far exceeds your competitors' marketing materials), take the time to plan for success.

1. Define Your Goals. Typically, the goal of any marketing venture is to drive an increase in patient visits, but carefully consider your company's vision and opportunities in the marketplace. Goals may be developed around promoting

cash-based programs, providing opportunities for relationship building with referral sources, and fostering goodwill with current patients and the community.

2. Establish a Budget. Publishing a magazine can be an expensive project and may divert precious time from other responsibilities. Develop a detailed budget based on your goals, considering expenses such as design, printing, photography, and total hours to develop content. Develop a time frame to share with all involved to ensure completion of each step on schedule. Research and meet with designers, printers, and publishers to develop the optimal group of people to meet your project's goals and budget.

CORNER THE MARKET, continued on page 38

The Content

After considering your goals and budget, carefully plan the content, with particular consideration to the target audience. Be aware that a magazine full of self-promoting information may not be as desirable to the potential new patient as one that provides expert health and fitness information. Carefully plan the articles and provide guidelines to the authors. Quality information and articles written for the magazine also can be used in other marketing campaigns, such as e-newsletters and social networking.

Other considerations for content include the following:

- Advertising to defray costs and promote and develop relationships; plan carefully as you decide with whom you would like to be associated.
- Promotion of your practice, hours, locations, programs, clinician experience, and expertise.
- Community outreach and volunteering, including photographs of staff at local fundraisers, speaking opportunities, health fairs, participation in 5K races, golf tournaments, and dress-down days.
- Real stories about people in the community. These are always appreciated, whether a patient testimonial or an

in-depth personal story about an individual's battle with disease or injury.

The ultimate metric of the success of a publication as a marketing and public relations tool for your practice is in the patient numbers. However, do not discount the less obvious benefits a professionally produced magazine can have for your employees and the community. Staff will typically be very proud of the magazine and may in fact increase their own involvement in the community, especially if it is highlighted in the publication. Over time, local health clubs, running stores, and health care providers may approach your practice regarding future advertising and writing opportunities.

Health care is evolving, and private practice PTs must evolve in their public relations and marketing activities to ensure that consumers view us as the experts in musculoskeletal health and prevention. We must carefully explore how we promote our practices and the profession as we consider whether publishing a magazine is a worthy investment. ■

Michelle Collie, PT, DPT, MS, OCS, is a PPS member and owner and director of Performance Physical Therapy with five locations in Rhode Island. She can be reached at mcollie@performanceptri.com.



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Introducing New into Your Practice

BY MICHAEL T. MULDOON, PT, MS, CWCE

EXECUTIVE SUMMARY: A review of considerations when introducing new technology to your staff for maximum adoption and effectiveness.

“WE’RE GOING TO SWITCH FROM PAPER CHARTS TO COMPUTERIZED documentation.” These are the dreaded words our staff have heard or fear to hear in our clinics. Health care technology is growing by leaps and bounds, and embracing the coming change offers many advantages. A solid plan for introducing and implementing such technology is as important as purchasing the technology itself. As part of the implementation team on many occasions over the past 10 years as a staff physical therapist and manager, I have worked with small clinics and larger organizations with multiple facilities. I have come to appreciate that integrating a new technology into your clinical workflow is both a science and an art form, much like the prac-

tice of physical therapy. New technology requires a behavioral change for everyone involved, and implementing it demands a change in the context in which a person practices.

The first question to ask when introducing a new technology into your practice is *Why?* What benefit will this have for your practice, and is it the *best* solution? New technology should always support the user and provide a pleasant user interface and user experience. Recently, at the second annual Health-care Experience Design Conference in Boston, Massachusetts, the importance of a user experience for staff and patients was strongly emphasized. User experience can mean the difference between effective and destructive use. One of the keynote speakers, BJ Fogg, who heads the Persuasive Technology Lab at Stanford University, suggested that 3 factors must exist in order to have a successful change in behavior: Motivation, ability, and trigger must converge at the same moment. When providing a new technology solution, ask yourself, How is this solution going to *motivate* my staff? Perhaps the solution will offer the



Technology

ability to complete documentation faster and allow them to go home on time. What *ability* is it going to give them that they did not have before? Perhaps the technology will allow them to complete ultrasonography in the outpatient setting for the first time. What behavior is it going to *trigger* that they did not see before? Maybe they will remember to sign their notes at the end of the day or update their plan of care more timely than in the past.

Before introducing the new piece of technology, ask a lot of questions. Can I have a free demonstration? Do I need to buy new hardware, such as computers, monitors, tablets, printers, or servers? What is the backup strategy? Is it secure? Is it Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliant? What support is provided? Is it outsourced? What are the support hours? Is there onsite assistance? Most important for most clinics is, How much will it cost?

PLUGGED IN, continued on page 42

■

The first question to ask when introducing a new technology into your practice is Why? What benefit will this have for your practice, and is it the best solution? New technology should always support the user.

■

The next step in the process is technology integration. Think of this process as similar to introducing a patient to the first session of physical therapy. Break it down into 3 stages: pre-, intra-, and postintegration.

Pre-integration: Assess your team's knowledge of how to use the tool (hardware) on which the process (software) will be delivered. Do they have a computer, iPhone®, iPad® or other device at home or have they used one before? A "demo day" is a great way to evaluate technology before purchasing it. Allow your staff to become stakeholders in the technology adoption and integration process. Stand back and observe without directing on your demo day. Have the creators (developers/designers/engineers) of the technology present if possible. What tasks did your staff have trouble completing? How long did it take them to complete the assigned task? Which staff members were your "early adopters," and who were your "technophobes"?

Plan to discuss your backup strategy before you launch the product. Technology failure is less a question of *if* it will happen than *when* it will happen. What is your plan when the clinic opens after an update or installation fails? Does the company have a rollback strategy? What is your offline backup plan if the technology relies on a live Internet connection? Even the best Web sites and services offer only 99.9% uptime—not 100%.

Intra-integration: On "go live" day, the most important factor is to make sure that support is there when and if needed.

You would never leave a patient in the middle of the clinic on crutches if the chart indicated close supervision. Do not leave your staff feeling as if they have no outside support or supervision. Give everyone a little more time in their day for at least the first week to learn how to use the new system. Schedule "go live" day in middle of the month, on a day when clinic volume is the lowest. Transition "early adopters" onto the technology first to improve the learning process for the entire staff—just like having your best manual therapist demonstrate a skill to a new graduate. However, in this case it may be the new graduate who is educating the skilled manual therapist on the new technology! But make sure your "power user" physical therapist does not become your internal support professional. Pay for the support agreement or have it included in your initial purchase. While your transition may require you to work off two systems for a while, it will allow you to make subtle process changes without completely disrupting your current process. Might I suggest that "go live" day is a great day to purchase lunch for your staff!

Post-integration: "How did it go?" Assess how well the technology was accepted. Take the time to speak to each staff


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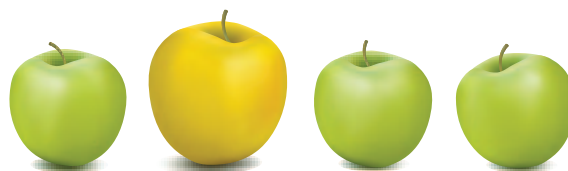
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member and listen to their personal input on how they felt about it. Do they feel as if it has truly made their life easier? Are they better able to perform activities that give more benefit to their practice and/or their patients? If not, do not be afraid to switch your approach, or in "tech" speak, "pivot." Make sure software updates are included in your solution for at least the first year, especially if you are paying a monthly fee for support. If the provider of the technology states that it is adding a "major" update, ask for additional training for a smooth transition. Add quarterly or yearly training for facility disaster drills. Simulate a crash of your system and base your strategy on how your staff prepares and reacts.

Model your adoption of new technology on that of Apple® hardware and software. Engineers and user experience professionals spend many hours testing new technology on users prior to a launch. People adopt Apple technology because it feels comfortable and seems to do what they want it to do. The technology you choose to adopt and introduce in your clinic should do the same for you, your staff, and patients. ■

Michael T. Muldoon, PT, MS, CWCE, is a practicing physical therapist and founder of Interactive Medical Productions, LLC. He can be reached at mike@impnb.com.

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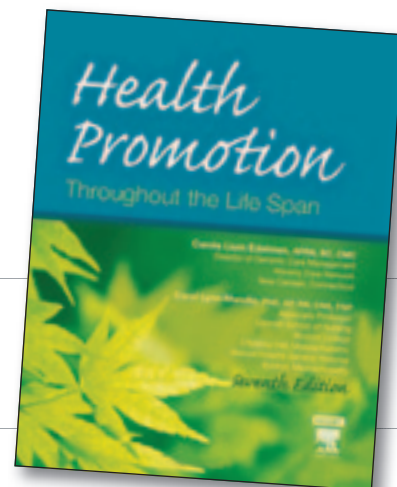
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Health Promotion Throughout the Life Span

By Carole Lium Edelman and Carol Lynn Mandle
Mosby, Inc (2006)
Reviewed by Ilana Kipnis, PT, DPT



THIS 600+ PAGE BOOK IS ONE THAT MANY OF US MAY either have read or are studying as part of a doctor of physical therapy (DPT) curriculum. I still refer to its contents in daily practice of patient care, as well as utilizing it to help mentor and guide our DPT and physical therapist assistant (PTA) students in our clinics. While almost all my other textbooks have become obsolete, this one includes the facts within a deeper context. Utilizing a framework of expanding our responsibility as primary health care practitioners, it provides information we never really learned in our undergraduate physical

therapy programs, and even a few tidbits in which our new DPT graduates may not be well versed.

The textbook was written by highly credentialed nurses, who view the continuum of health and wellness care from preconception through our last breath. The book explores wellness, prevention, disease management, illness progression, and end of life issues. Many of the typical nursing, neuropsychologist, or physician responsibilities are discussed from a perspective of being written in 2006; but in many parts of the country, these duties are now being addressed in part by physical therapists

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(PTs). Additionally, as our profession's scope of practice is expanding and today's health care changes are redefining patient delivery models, we are being expected to provide a continuum of care throughout the life span.

Our traditional PT education is based heavily on enhancing patients' functional abilities by improving their physical abilities. Our roles now include counseling; critical decision making regarding health care dollar expenditures and differential diagnosis; nutritional aspects of healing; handling suspected child, spouse, and elder abuse; and community involvement to enhance the well-being and education of our communities' citizens. Edelman and Mandle do a very thorough job of expounding the interrelated aspects involved in treating the "whole patient." As you read through each chapter, you can easily find multiple areas that PTs can and should integrate into our treatment plans. Some of the areas in which we can be more influential with our patients concern nutrition as it relates to wound healing, injury prevention, and diabetes

control. While we may not be the primary health care providers responsible for disseminating this information, we certainly could be helping our patients understand how nutrition will affect their progress in physical therapy within the context of our scope of practice.

Many advocates in our profession have been tirelessly working toward the standard of the DPT degree. They have succeeded, and in just the nick of time, as our health care system needs us to step up. This text can help us more fully understand and incorporate an expanded, integrative approach to the care we provide our patients throughout their entire life span, thus achieving the goal of becoming appropriate and highly educated primary health care providers for musculoskeletal and neuromusculoskeletal conditions. ■

Ilena Kipnis, PT, DPT, is a member of the Impact editorial board and owner of Kipnis Physical Therapy and Sports Medicine in New Jersey. She can be reached at ilenak@aol.com.

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You Have Content—Use It!

By Tannus Quatre, PT, MBA

DO YOU REALIZE HOW MUCH VALUE YOU CAN OFFER YOUR patients outside the walls of your clinic? From injury prevention articles, to health tips, exercise suggestions, and more—you have information that is of value, and it is within your power to use it!

The hesitation I often see with developing and using good content comes down to time. Who has the time to write articles when they need to be working with patients?

This issue can be easily tackled through these quick tips:

- **Share the load.** Get your staff involved with offering tips, tricks, and advice that can be used for content. You may be the first to understand how to use content in your practice, but you certainly do not have to create it all yourself.
- **Hire a writer.** Good content writers can be hired to interview staff and capture thoughts for them. Look online in your area for local freelance writers who can create content for your practice efficiently and cost-effectively using the brainpower within it.

- **Dictate your content.** If you do not type or write quickly enough to capture your thoughts, dictate and transcribe them, and then edit the content for final use by your clinic. You may be surprised at how useful your thoughts and creative moments may be to others.
- **Simplify your expectations.** Perhaps writing 1,000 words monthly does not work for you, but 150 words every week is not a problem. Do not commit yourself to an unattainable quantity—focus more on that quality and relevance of your content.

I am amazed at how resourceful physical therapists are, and how much benefit could be brought to our communities if we could only find a way to share what we know efficiently. Take a look at the tips above and see how easily you can benefit your patients and community while adding a marketing advantage to your practice. ■

PRIVATE PRACTICE SECTION



AMERICAN PHYSICAL THERAPY ASSOCIATION

APTA and PPS Resources

The APTA and the PPS websites offer a wealth of information on marketing. Much of the heavy lifting has been done, as you'll see when you browse through APTA's website for titles such as:

How to Write a Press Release

Letters to the Editor

How to Market to Health Care Professionals

Take advantage of the great patient handouts on a variety of issues, all of which can be downloaded and printed out for your use. On the PPS website, you can find a “how-to” for setting up a professional Facebook account, the Professional Referral Relations Portfolio, and more.

As you develop your marketing plan, be sure to take some time to mine this plethora of valuable information.

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Benefit of the Practice Administrators Certification Course

By Jill Freund

LAST FALL, I WAS FORTUNATE TO attend the first Practice Administrators Certification course offered at the PPS Annual Conference in Seattle. To be at the conference was a tremendous opportunity, and participating in the certification program for practice administrators was extremely validating and educational.

As many practice administrators know, a portion of our job is gathering and absorbing as much information as possible. Staying ahead of the curve (or just keeping up with the curve) takes organization and diligence. Determining where to go for information is a knack in and of itself. Most of us probably learn on the job, being thrown into the fire and using the results of those situations to shape our decisions or concepts of what works and what does not.

In my community, physical therapy is a small and inclusive world where physical therapists (PTs) from different clinics know each other and see each other at community events, skiing on the mountain, or attending a class, and frequently discuss industry news and changes. Most of these PTs have either worked together directly or know of each other through previous coworkers. Unfortunately, practice administrators are not in the same situation. Most of us cannot name the administrators for any of the other local clinics or identify them as members of our community. In addition, we are rarely offered classes targeted specifically for physical therapy managers or administrators in our communities.

Therefore, the Certified Practice Administrators program through PPS was a welcome opportunity. We were able to meet others doing similar jobs, share experiences, and examine different approaches. Through this program, we were able to avoid concerns of sharing

proprietary information or giving away trade secrets that we might encounter if we were networking with a neighboring clinic. We were simply like-minded professionals learning as much as possible in a short period of time to the betterment of our clinics. Hearing about what is new in our industry, what is up-and-coming in the physical therapy world, and how we can enhance the programs we have already implemented at our own clinics was extremely valuable. We were able to

When people began filling the seats, it was apparent these sessions were attractive to more than just clinical administrators.

compare situations and solutions, discuss problem patients or areas of concern, and share how to deal with documentation issues, coverage, and credentialing issues. No matter your level of experience, the success of your programs, or the uniqueness of your clinic, there is always room for improvement. Trends change, payments decrease, social media invade, and others working in the industry can bring new ideas to the table.

When it came time to attend the first session and people began filling the seats, it was apparent these sessions were attractive to more than just clinical administrators. The room was filled with every type of professional: administrators, PTs, and owners. The first session covered business set up and the requirements of operating

a physical therapy clinic. Lease details, fixed assets, risk management, business and professional liability insurance, and a variety of other topics were covered. What is a business plan and why should you have one? What are the different types of employees and what contracts do they require? Topics specific to physical therapy were discussed, such as insurance contracts and PT credentialing. The program moved on to human resources topics, where we discussed a variety of issues pertaining to hiring and retaining employees and how to handle their employment files. We learned about effective hiring protocols and how having an accurate and detailed job description makes for an easy hiring transition. The presenter discussed a variety of manuals and handbooks needed in the business to help establish rules, regulations, and policies on a clinical basis, as well as on state and federal levels.

We settled in for a very informative and very compact discussion on coding and billing. While this topic could be covered for days and still not address every single requirement necessary to operate a clinic, the speaker did a great job of covering the basics, such as the importance of complete intake paperwork, collecting at the time of service, coding edits and modifiers, and of course, the therapy cap and extension process. I found the material on the "dos and don'ts of clinical documentation," how to document for medical necessity, and how documentation is vital in the successful resolution of any payment disputes with third party payers particularly valuable.

One of the most energizing parts of the certification program was the administrators' luncheon presentation, "What

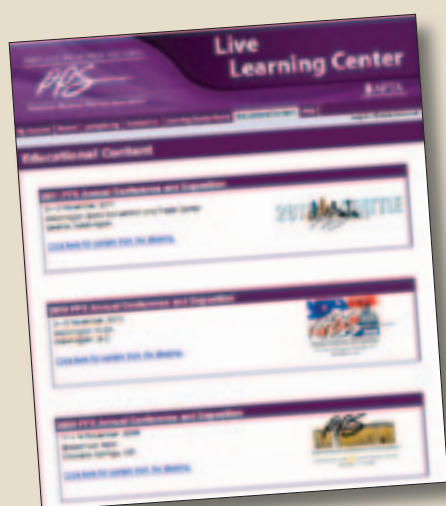
ADMIN. EDGE, continued on page 51



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- Small-group learning communities facilitated by content expert consultants—interactive professional development communities
- Certificate programs
- Individual consultation options—coaching/consulting

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**Contact Laurie Kendall-Ellis at lauriekendall-ellis@apta.org
or 800/517-1167.**

Physical Therapy Practices Have in Common With Nordstrom.” The presentation was upbeat, funny, and full of great information about customer service versus customer engagement. It included how we can influence customer perceptions with small changes in surroundings, clothing, communication styles, and social interactions. The changes in technology and social media have us all scrambling to keep up and take advantage of some of the easy ways to gain customers and keep them interested

Every practice should have a marketing plan that includes avenues of attracting and keeping customers beyond referral sources.

in what we have to offer. Sometimes failure as a practice is less about how excellent (or not) our physical therapy skills are, and more about poor customer service contributing to loss of customers.

Legal compliance is daunting due to its jargon and complexity, but the presenter did a great job of providing examples of case studies and enforcement actions that have actually occurred to other physical therapy clinics. Discussions of fraud and abuse, antikickback laws, the Stark Law, the False Claim Act, Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules and regulations, as well as the consequences for non-compliance, made you sit up and take notice because the fines imposed or the prolonged legal action required to defend the charges can be devastating financially.

Every single practice should have a marketing plan that includes avenues of attracting and keeping customers beyond relying on specific referral sources. Marketing Your Practice taught us to identify the difference between internal and external marketing, right and wrong ways of communicating with customers and potential clients, how to optimize social media, and the evolution of health care consumers and how our marketing efforts need to evolve with them. We were asked the following questions to help us put together our own plans: How is your clinic remarkable? What are things you should and should NOT say to new patients? Are all staff members familiar with your programs and who facilitates them? I interpreted the overall theme of the session to be about educating your entire staff on the importance of customer service and how every single person on staff is continually marketing the practice and needs to be able to do that effectively.

The session on Financial Management and Performance helped me understand how to gauge the financial status of the business at any one moment, and that the excitement of Web site design or customer service promotions cannot happen without under-

standing it. We learned the basics of categorizing and setting up financial accounts, how to make sound financial decisions, how to monitor and control expenses, and how to read and understand financial statements relevant to physical therapy practices.

Over the course of three days, what made the sessions unique and important was that they focused specifically on physical therapy and were taught by experienced PTs and clinic owners. Knowing that the instructors tapped into personal experience and were lecturing on topics with which they were familiar made the sessions more valuable. The question-and-answer session at the end of each class was often as informative as the class itself.

I highly recommend that every clinic owner attend the next PPS Annual Conference. In addition, if you value your business and the growth of your clinics as well as your employees, make it a priority to have your clinic administrators attend the next certification program, as well. The lessons learned are invaluable, and the people met and connections made will last forever, and help support the knowledge and ingenuity you depend upon in your administrator. ■

Jill Freund is the practice administrator for Alpine Physical Therapy & Spine Care in Bend, Oregon. She can be reached at jill@alpinephysicaltherapy.com.



Section on Geriatrics, APTA
2012 Regional Courses

Chicago, IL • Oct. 20 - 21 – 12 Contact Hours
Rehabilitating Your Approach: Maximizing Outcomes in Patients with Cognitive Impairment and Evidence-Based Approaches to Cognitive Rehabilitation
Presented by: Robert Winningham, PhD

Miami, FL • Dec. 8 - 9 – 15 Contact Hours
Manual Physical Therapy for the Geriatric Patient
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Understanding How the Medicare Therapy Cap Affects PT Practice

By Rick Gawenda, PT

Q: I understand that the Medicare therapy cap will apply to hospitals beginning October 1, 2012. How will that affect the therapy cap dollar amount of \$1,880.00 and my practice?

A: The Middle Class Tax Relief and Job Creation Act of 2012 (HR3630) has several implications for physical therapists (PTs) in private practice in terms of the Medicare therapy cap. First and foremost, it extends the therapy cap exception process through calendar year 2012. Second, it requires the Centers for Medicare and Medicaid Ser-

Beginning on October 1, 2012, any physical or speech therapy a Medicare beneficiary receives in a hospital outpatient department will be applied toward the physical therapy/speech-language pathology therapy cap.

vices (CMS) to apply the therapy cap limitations to hospital outpatient departments no later than October 1, 2012. However, note that the therapy cap for hospital outpatient departments sunsets (goes away) at the end of 2012 unless Congress passes additional legislation extending it into 2013.

How does the therapy cap being applied to hospital outpatient departments affect the private practitioner?

Currently, any outpatient therapy a Medicare beneficiary receives in a hospital outpatient therapy department from January 1 through September 30, 2012, does not count toward the \$1,880.00 physical therapy and speech-language pathology cap. However, beginning on October 1, 2012, any physical or speech therapy a Medicare beneficiary receives in a hospital outpatient department will be applied toward the physical therapy/speech-language pathology therapy cap. In addition, any outpatient therapy the Medicare beneficiary received in a hospital outpatient department from January 1 through September 30, 2012, will be applied retroactively to the \$1,880.00 therapy cap limitations beginning on October 1, 2012.

For example, a Medicare beneficiary receives outpatient physical therapy in a hospital outpatient department from March 5 to April 11, 2012, and from July 20 to August 15, 2012, and receives \$2,128.00 in physical therapy benefits. That same Medicare beneficiary seeks outpatient physical therapy in your private practice on October 17, 2012. During the intake process, you ask her if she had any physical therapy this year. She answers "yes" and tells you it was provided at XYZ Hospital and the dates of service. Although the services were provided prior to October 1, 2012, after October 1, 2012, the physical therapy the Medicare patient previously received in the hospital outpatient department (\$2,128.00) is now retroactively applied to the cap of \$1,880.00. Since the patient has already exceeded the allowed amount of physical therapy



RICK GAWENDA, PT, is founder and president of Gawenda Seminars & Consulting, Inc., specializing in CPT and International Classification of Diseases, 10th Revision Coding, Billing, Documentation, Compliance, Denial Management, and Appeals for PT, occupational therapy, and speech-language pathology rehab therapy services. In addition, Rick is the director of finance for a PT-owned private practice with multiple offices in Southern California. He can be reached at rgawenda@gawendaseminars.com.

COMPLIANCE, continued on page 55



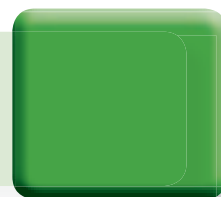
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for 2012, you would need to append the KX-modifier to each Current Procedural Terminology (CPT) code on the claim form beginning with the initial date of service in order to be paid for your services.

Q: I understand that beginning October 1, 2012, the national provider identifier (NPI) of the physician or nonphysician practitioner (NPP) who certifies the plan of care must be on the claim form. How does that differ from our current practice of including the referring physician's/NPP name and NPI number on the claim form?

A: If the physician or NPP who certifies the plan of care is the same one who referred the patient for outpatient physi-

cal therapy, there will be no difference. However, sometimes one physician/NPP may refer the Medicare patient for outpatient physical therapy, yet the plan of care is signed and dated by a different physician/NPP. Beginning October 1, 2012, CMS wants the NPI

number of the physician/NPP who certified the plan of care on every claim form submitted for payment. We are currently awaiting instructions from CMS regarding where this information is to be entered on the CMS-1500 claim form. ■

Beginning October 1, 2012, CMS wants the NPI number of the physician/NPP who certified the plan of care on every claim form submitted for payment. We are currently awaiting instructions from CMS regarding where this information is to be entered on the CMS-1500 claim form.



2012–2013 Board of Directors Meetings and Calls

Board Meeting

August 15 – 18, 2012

October 23 – 27, 2012

January 21 – 24, 2013

February 21 – 23, 2013

Board Retreat

PPS Annual Conference & Exposition

Wynn Hotel, Las Vegas, NV

Board Meeting—Wednesday

General Business Meeting—Thursday

CSM

San Diego, CA

Board Meeting

Annual Graham Sessions

Memphis, TN

Board Strategic Planning



Board Conference Calls

- September 11, 2012
- November 13, 2012
- December 11, 2012
- March 12, 2013
- April 9, 2013



“I Got One” Membership Drive

By Anna Moore, PT, DPT, OCS

THE PPS MEMBERSHIP DEVELOPMENT Committee is excited to announce the “I Got One” membership drive campaign. Following discussions among committee members and receipt of recommendations by Avenue M, the public relations company retained by PPS, we have made plans to launch this campaign to PPS members during the annual conference in Las Vegas, Nevada, in October 2012. The goal of the campaign is to achieve a 3% increase in PPS membership by November 2013.

In preparation for the campaign launch and to motivate our members, we have initiated this campaign with a challenge to our PPS board of directors and committees to achieve 100% participation in the campaign by the annual conference. The board and committees will compete to

see which group will be the first to obtain 100% success with each member of the group recruiting a new member. Will it be the board or will it be a specific committee or committee group? The state of competition among the board and committees will be highlighted with monthly updates on the PPS Web site and then during the annual conference. As committee and board members, we must demonstrate to our members that we are committed to increasing the strength of the section not just through our leadership, but by increasing our membership. We hope that this commitment will motivate you, the members, to do the same!

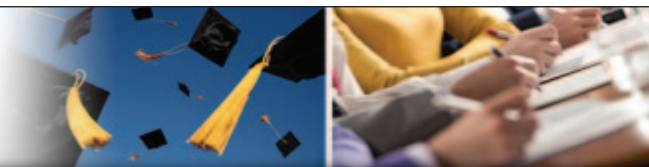
As you monitor the competition over the next few months, begin thinking about the “one” you will recruit to become a PPS member. Do you know of a new

graduate who is interested in private practice and would benefit from membership in PPS to facilitate growth in this area? Encourage him or her to join! Do you have a friend who is currently in private practice, but is not taking advantage of the numerous benefits offered by PPS that would enhance his practice? Invite him to be a part of our section! We will share our success stories with you in the coming months to demonstrate that encouraging someone to join PPS is possible and to give you ideas about how you can “get one” too!

Let the games begin! ■

Anna Moore, PT, DPT, OCS, is chair-elect of the Membership Development Committee. She can be reached at ameans@edgephysicaltherapy.com.

PRIVATE PRACTICE SECTION



EDUCATION

Don't miss out on these valuable 2012 educational offerings! Take advantage of your section member savings on registration fees!

August 14 Webinar: *How Visiting a McDonald's Can Help Your Practice: Using Systems to Increase Referrals & Profitability*

Sept 19 Webinar: *Are You Ready for PR? The 10 Signs*

Oct 24-27 2012 PPS Annual Conference & Exposition
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Administrator Certification	\$ 345	\$ 800

Conference Registrants Postconference Price for Online Access

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Pre-Conference Workshop: Building Brand Identity:... (Session 020) \$ 400 \$ _____

Full Conference (Pre-Conference Workshops and Administrator Certification not included) \$ 395 \$ _____

Administrator Certification: (Pre-Conference Workshops and Full Conference not included) \$ 345 \$ _____

Conference Nonregistrants Postconference Price for Online Access

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Check Your Calendar and Plan Ahead!

Monthly Marketing and Public Relations Tips

By Don Levine, PT, DPT, FAFS

SUMMER IS WINDING DOWN, AND PARENTS ARE BEGINNING to think about preparing their children to return to school. The Marketing and Public Relations Committee hopes that you also are planning your marketing and public relations strategies for the upcoming months, and that your communications will include some timely topics of interest to your current, past, and potential clients. Being an expert in your community involves not only providing the best physical therapy, but becoming the “go to” resource for information that affects your clients.

September Is National Childhood Obesity Awareness Month!

Every day, physical therapists (PTs) see the negative effects of obesity on our patients. The economic costs related to obesity are staggering: In 2008, the costs were estimated at \$147 billion.¹ Children who are obese present to physical therapy with a variety of musculoskeletal and health problems, as well as behavioral symptoms such as depression. See if some of the following ideas fit the needs of your community and have potential to position you as the expert in the care and prevention of childhood obesity:

- Develop a flyer for pediatricians on the effects of childhood obesity and the benefits of physical therapy for this population.
- Team up with a nutritionist to provide an in-service to the physical education department at your local school on the risks and appropriate exercises for this population.
- Provide information on your Web site and Facebook pages on healthy school lunches.
- Provide a lecture to local parents and kids on developing healthy habits, such as setting schedules for meals, healthy snacks, and time for active play or sports.
 - Print up sample menus and schedules for parents:
 - Breakfast: Egg sandwich
 - Lunch: Ham and cheese sandwich, pretzels, apple
 - After-school snack: Cheese stick with grapes
 - After-school activity: Play date and playground activity with friends
 - Homework
 - Dinner
 - Walk the dog after dinner
- Write an article for your local paper on the success of one of your clients who may have struggled with obesity.

Marketing and Public Relations Committee Monthly Calendar

Event	Date	Potential Topics	Website
National Menopause Awareness Month	September	Osteoporosis	www.menopause.org
National Pain Awareness Month	September	Many Topics	www.painfoundation.org
National Yoga Month	September	PTs Utilizing Yoga in Practice	www.yogamonth.org
National Rehabilitation Month	September	Many Topics	www.nraf-rehabnet.org/
Health Aging Month	September	Geriatrics	
National Childhood Obesity Awareness Month	September	Role of Exercise in Weight Management	healthierkidsbrighterfutures.org
National Women's Health and Fitness Day	September 28	Special Considerations for Women with Exercise	www.fitnessday.com
Backpack Awareness Day	September 19	Ergonomics and Backpacks	www.aota.org
National Depression and Mental Health Screening Month	October	Exercise to Decrease Depression	www.mentalhealthscreening.org
National Disability Employment Awareness Month	October	Examples of Reasonable Accommodations	www.dol.gov/
Health Literacy Month	October	Education on All Benefits of Exercise	
Bone and Joint Health National Awareness Week	October 12-20	Arthritis and Osteoporosis Programs, Pool Therapy	
National Physical Therapy Month	October	Everything!	www.apta.org
International Day of Older Persons	October 1	How Physical Therapy Helps People Stay Young and Active	www.un.org/en/events/olderpersonsday
World Osteoporosis Day	October 20	Osteoporosis Exercises	www.worldosteoporosisday.org

September is a great month to celebrate
the women in your community.

September 28 Is National Women's Health and Fitness Day!

Who controls most health care-related decisions in the family? (Hint: Not Dad.) September is a great month to celebrate the women in your community.

- Write an article in the local paper highlighting the success of various female clients of your practice.
- Celebrate a different "success story" each week on your Facebook page, including, for example, stories about patients who completed a marathon or had a successful outcome after breast cancer.
- Hold an after-hours celebration and invite your clients and female health practitioners from your community.
- Highlight the accomplishments of one of your female practitioners.

Backpack Awareness

Overdone? Probably, but PTs should be recognized as the experts in this area.

- Write an article for the local paper on backpack guidelines.
- Provide information on your Web site and Facebook pages.
- Display appropriate styles of backpacks in your clinic.

What ideas will be successful for your community and practice? We would love to hear about your successes and other ideas you may have! Share your events in the Marketing section on the PPS Message Board at www.ppsapta.org.

Don Levine, PT, DPT, FAFS, is chair of the Marketing and Public Relations Committee. He can be reached at dlevine@olympicpt-ri.com.

Reference

¹ Finkelstein EA, Trogdon JG, Cohen JW, and Dietz W. Annual medical spending attributable to obesity: Payer- and service-specific estimates. *Health Affairs* 2009;28(5):w822-w831.

TALENT POOL

Hire Slowly

By Tannus Quatre, PT, MBA

OF THE DECISIONS YOU MAKE AS A PRACTICE owner, building the right team is at the top of the list. As rushed as you may feel in a staffing pinch, never succumb to the pressure of "filling a position." Always insist on "building a team." If you understand the HUGE difference between the two, you are most of the way there already.

By taking the time to hire slowly—carefully considering your applicants—and ensuring that they not only have the skills you need but also match the desired culture of your practice, you will save yourself much in time, money, and painful decisions down the road. As tempting as it may be to rush to "fill a vacancy," realize that it is people who will drive your practice forward, and all are not equally qualified to meet your practice's unique needs. ■

Tannus Quatre, PT, MBA, is an editorial board member and principal at Vantage Clinical Solutions. He can be reached at tannus@vantageclinicalsolutions.com.

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Supreme Court Decision May Not Be the Final Word on Health Care Reform

By Jerome Connolly, PT, CAE, PPS Federal Lobbyist

THE SUPREME COURT, ON JUNE 28, 2012, upheld the 2010 health care law, preserving President Barack Obama's landmark legislative achievement. The Court ruled that Congress did not overstep its power by requiring nearly all Americans to buy health insurance. The majority (5-4) opinion was written by Chief Justice John Roberts, who held that the law was a valid exercise of Congress's power to tax. However, the justices did find fault with part of the health care law's expansion of Medicaid and made some changes to the Medicaid portion of the law.

For PPS members, the ruling means that health policy established under the Patient Protection and Affordable Care Act (PPACA) of 2010 will continue to be implemented, and the landscape for our practices will continue to evolve accordingly, unless and until new legislation can be enacted that supplants the current law of the land.

While the Court's decision effectively upholds the law for now, its future depends on which party controls the White House and Congress after elections in November. President Obama and most Democrats consider the law a signature achievement and plan to continue to implement it. Republicans, including presumptive presidential nominee Mitt Romney, have pledged to overturn it. They say they will offer an alternative proposal, but have not specified what it would include.

From a political standpoint, these positions likely mean continued partisan pugilism, as exemplified by a statement released by House Speaker John Boehner (R-OH) shortly after the ruling. Boehner repudiated the Supreme Court decision, saying, "We don't have to accept Obam-

acare. The House Republicans will continue to work for full repeal."

With the Supreme Court upholding the constitutionality of the PPACA, repeal could be a precarious endeavor for Republican politicians who have for 2 years adopted the mantra "repeal and replace."

While the Court's decision effectively upholds the Patient Protection and Affordable Care Act (PPACA) of 2010 for now, its future depends on which party controls the White House and Congress after elections in November.

Legislative initiatives have been heavy on the former ("repeal"), but light on the latter ("replace"). Any attempt to repeal could meet resistance from an electorate that, while not overwhelmingly in support of the entire law, has grown fond of specific provisions, such as the insurance reforms of ending annual and lifetime insurance caps; prohibition against charging women higher premiums than men; elimination of denials based on preexisting conditions;

ADVOCACY, continued on page 63



JEROME CONNOLLY, PT, CAE, is a registered federal lobbyist whose firm Connolly Strategies & Initiatives has been retained by PPS. A physical therapist by training, he is a former private practitioner who throughout his career has served in leadership of PPS and APTA. Connolly also served as APTA's Senior Vice President for Health Policy from 1995 to 2001.

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outlawing cancelation of insurance coverage once a person becomes ill; allowing children to stay on parents' insurance until age 26; and first dollar coverage for preventive care. Seniors who fall into the so-called "donut hole" have been pleased with the discounts they have been receiving on Part D drugs as a result of the law. Another PPACA provision, setting acceptable medical loss ratios (MLRs), will result in more than 12 million consumers receiving rebate checks this August totaling over \$1.1 billion—an average of \$159 per household.

Nevertheless, we can expect a number of repeal measures to be introduced and voted on by the Republican-led House. The first vote was scheduled for July 11, 2012, but the outcome was not known before this publication went to press. Senate measures could also be introduced, but are not likely to result in a vote. PPS will still need to monitor and be involved in any policy discussions that can shape our business environment.



Since the law was signed, the central question always has been, and remains, If the PPACA were to be repealed, what, if anything, would replace it? Some bills introduced in the 112th Congress provide a glimpse of smaller policies that could be folded into a larger replacement, but no comprehensive approach has been developed.

For example, "repeal" bills have been introduced to remove the individual mandate, repeal MLR requirements, eliminate the 10% excise tax on indoor tanning services, and prohibit the use of federal funds for implementation of the ACA. Some "replacement" legislation would allow for the purchase of health insurance across state lines and permit the use of association health plans. HR 891 requires Medicare patients to meet quarterly with a licensed pharmacist for a review of their medications.

Many bills—such as one that calls for increased funding for research on Alzheimer's disease, another that allows the Internal Revenue Service to issue

refundable tax credits for individuals to purchase health insurance, or another that allows self-employed individuals to deduct health insurance costs on their tax returns—would cost federal dollars.

The issue of paying for any replacement is not insignificant. Since PPACA was scored by the nonpartisan Congressional Budget Office as generating net savings, replacing it could add to the overall government debt unless offsetting funds can be found.


*Since the law was signed,
the central question always
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PPACA were to be repealed,
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replace it?*


HR 2500 would expand incentive payments for electronic health records to allow hospitals to receive multiple payments for multiple campuses. HR 2662 allows self-employed individuals to fully deduct their health insurance costs, creates a new tax deduction on health insurance costs for taxpayers, and adds a new \$1,200 tax deduction for wellness programs such as exercise equipment. All such measures would require offsetting funds in order to avoid adding to the growing federal debt.

One possible source of funding (albeit fairly small) is HR 3827, which would disband the Patient-Centered Outcomes Research Institute that is charged with carrying out a national comparative effectiveness research project. However, the bill requires that all funds made available from rescinding the act are to be

deposited in the Treasury to pay down the national debt.

With political flames being fanned, the partisan wrangling in Washington will spill over into the 2012 presidential and congressional elections. However, the fact that the U.S. Supreme Court has accepted, for the nation, essentially the same health care program Mitt Romney implemented as governor of Massachusetts, could put the presumed Republican nominee in a difficult political position. Congressional candidates will also have to decide if they want to make health care a central campaign issue. Early indications are that many will do so.

Not only does the presumed Republican presidential nominee have to deal with his connection to "RomneyCare" in Massachusetts, he has also publicly endorsed the budget resolution passed by the House 2 years ago that would convert Medicare to a premium support/voucher program.

In a June 12 speech, Romney pledged to retain state responsibility for the uninsured. However, he would help states care for their own uninsured by providing them more Medicaid dollars and flexibility to use them. The difference between this program and the Medicaid waivers that are currently quite popular with the states or the Medicaid expansion included in PPACA is difficult to ascertain.

Romney says he would strive to encourage health care to act more like a consumer market, like purchases of tires, automobiles, air filters, and other products. He would grant individuals a tax deduction for buying insurance. He would also support outlawing rejections and exclusions for preexisting conditions as long as a person has been continuously insured for some time. He would propose to make the purchase of health insurance across state lines legal, as well as association-sponsored health plans. Budget offsets to prevent growing the deficit have not yet been identified by the Romney campaign.

ADVOCACY, continued on page 65

Publications

PRIVATE PRACTICE SECTION



Private Practice Physical Therapy: The How-to Manual

A concise, easy-to-use guide that offers practical, step-by-step advice to physical therapists who are considering starting a private practice or may have just opened a practice. Experienced practice owners will also find valuable information throughout this manual.



Private Practice: Strategies for Everyday Management

This guide contains vital information needed to start up and manage a private practice. Chapters include planning, financial management, personnel management, marketing, reimbursement, office management, and customer service.



The Valuation of a Physical Therapy Practice

Understand the financial and strategic issues involved in valuing your practice and learn how to advance the overall value of your practice.



Transitions: How to Position Your Physical Therapy Practice and Create Your Succession Plan

It is the goal of this manual to assist private physical therapy practice owners in creating succession plans that are beneficial to both buyers and sellers of practice equity. Learn from the authors' experiences of owning and exiting three practices and their work as consultants.



Impact Magazine

Published 11 times per year, Impact provides a wealth of information for the private practice owner. Issue themes include legislative updates, need-to-know tips about managing your practice, the latest resources from the section, and more.

(Impact is a PPS member benefit. Nonmembers may purchase an annual subscription.)



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PPS members would be wise to remain engaged with their legislators and candidates for office, especially during this election season.

While elections are never unimportant, the decisions voters make this November will influence what happens to PPACA, as well as issues of unique importance to PPS, such as the therapy caps and the Medicare reimbursement rate, which is scheduled to be cut by nearly 30 percent on January 1, 2013. Most likely, these issues will not be addressed until a lame duck Congress is convened after the election.

We will continue to advocate for PPS issues in Washington. Meanwhile, PPS members would be wise to remain engaged with their legislators and candidates for office, especially during this election season, to orient and educate them about our concerns. Your relationships and grassroots activity will be essential for us to prevail in the lame duck session and beyond. ■

Five-Minute Fix

Ensuring Patient Privacy in Your Practice

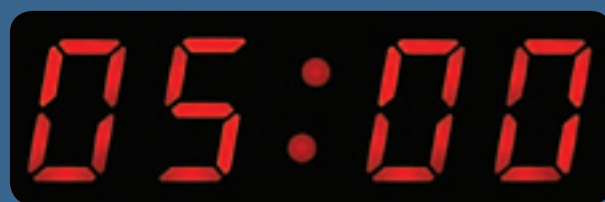
By Tannus Quatre, PT, MBA

I do not know any practice owners who are not concerned about the privacy of their patients, and for good reason!

Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations are serious, and the sanctions for violation severe. Aside from the detrimental impact a violation would have on your patients, the financial implications associated with privacy violation have the potential to upset the greatest of practices.

Here are a few simple steps to add a bit more protection to even the BEST of privacy efforts:

- **Go electronic.** As much buzz as there has been in recent years about the security and privacy of electronic information, the truth of the matter is that paper documents are more susceptible to loss, theft, and damage than their electronic counterparts. The security of protected health information (PHI) has evolved over many years, and many (myself included) now argue that today's standards for encryption, storage, and transfer of PHI are much better than can be achieved in the paper world.



- **Standardize training of your staff.** Putting all staff through standard HIPAA training is as easy as signing up all incoming team members for online training, followed by clinic-specific training within the walls of your clinic. With training programs as low as \$15, this is an investment that any practice can make in the privacy of its patients.
- **Automate electronic lockouts.** Placing an automatic, password-protected lockout on all computer devices that have access to PHI ensures that unattended devices cannot be accidentally (or maliciously) accessed in a way that violates patient information. This is a no-brainer.
- **Monitor your network.** While perhaps perceived as a bit “big-brotherish,” that is your standard when it comes to privacy. Monitoring access on your computer devices is a best practice for protecting your patients and their PHI. Network monitoring solutions can be obtained at a variety of price points, many of which are not cost-prohibitive to practices large or small. ■



Profiles in Leadership

Jay Goodfarb

By Wade Baskin, PT, DPT, RRT

JAY GOODFARB WON THE PRESTIGIOUS Robert G. Dicus Award in 1984. In the days when private practice was only a small territory in a vast land of hospital-based physical therapist (PTs), a small group of dedicated PTs worked diligently through the 1970s and 1980s to bring private practice into its “heyday.” Standing at the forefront of that group was Jay Goodfarb.

From the moment I met Jay in 1996, I was transfixed by his dogged determination to see that our section, along with each associated PT, was put on the pedestal on which he felt it belonged. This pedestal contained the same language that we now find and aspire to in Vision 2020. Jay was and remains adamant that PTs stand on their own and be recognized as independent practitioners. He saw us as being on equal ground economically with our physician counterparts. In fact, Jay saw us more as a referral source to them once we could overcome the problems that faced us. This kind of thinking, while heresy to some in the day, was simply ahead of its time.

Jay’s interest in physical therapy began when he was a trainer at the University of Arizona. He felt he could be a better trainer as a PT, and he was fortunate to have worked with the Denver Broncos and the Dallas Texans during this time. He gained acceptance to the Herman School of Physical Therapy in Houston, Texas, and recalls it being one of the few that would accept men. Jay graduated in 1964 and started with contract work. He opened his first office in 1969.

Inspired by the works of authors such as Ken Blanchard (*The One-Minute Manager*), John Naisbitt (*Megatrends*), and Tom Peters (*In Search of Excellence*), Jay consistently worked toward excel-

lence, and he wasted no time in becoming involved in moving the section and profession forward. In 1969, Francis Guglielmo invited him to a private practice meeting in Las Vegas, and the very next year he was elected secretary of our section after being nominated by Don Wortley, past president of APTA. Jay has remained involved since.

Jay recalls that his first physical therapy meeting in Arizona consisting of 8 people under a tree! He went to work for us early, and in 1970 he was asked to lobby for private practice in Washington. In 1974,

In order to maintain good communication among private practice PTs, Jay came up with the idea of starting the publication Whirlpool, Impact’s predecessor.

he chaired the Self Employment Meeting and recalls achieving a financial windfall. As PPS vice president for a few years and president from 1984 to 1989, Jay was instrumental in getting the “Couch Potato” public relations campaign going. He was also successful in a lawsuit against the Federal Trade Commission (regarding PTs working for physicians in Arizona) at a time when APTA was reluctant to pursue the issue.

In order to maintain good communication among private practice PTs, Jay came up with the idea of starting the publication

Whirlpool, *Impact*’s predecessor. Once a journalistic nightmare, *Whirlpool* became a respectable professional journal, and Jay credits Jack Close for this achievement.

Jay recalls the largest obstacles of his day being lack of payment from Blue Cross Blue Shield (BCBS) and Medicare. In fact, a chance meeting with the president of BCBS of Arizona at a football game inspired him to action on providing more business-related education to PTs. When the battle with Medicare ensued, Jay recalls PTs being allotted \$100/year. He laughingly boasts, “When we got them to \$500/year, we thought we were really in the money!”

A keen businessman, by 1983 Jay had achieved 10 contract operations. In 1992, he decided to sell at a point when his operations numbered 36. Prior to winning the Dicus Award, Jay won the Lucy Blair Award in 1980. Other awards include Arizona Physical Therapist of the Year, Arizona Business Manager of the Year, and the Valley Leadership Award, to name a few.

A member of the Arizona Physical Therapy Association for 47 years, Jay continues to see patients. He has deep concerns about our profession in its current state and cites the “hands-off” treatment approach and the use of physical therapist assistants as key problems. His advice to those wanting to make a difference is simple and straightforward: “Get off the computer, quit texting, and learn to get your hands on your patients. Patients are people, not widgets...and get involved.” ■

Wade Baskin, PT, DPT, RRT, is a PPS member and executive director of GT Physical Therapy, Inc., in Louisville, Mississippi. He can be reached at wadebaskin@mac.com.



Notice of Nomination: 2012 Election

www.ppsapta.org

Dear PPS Colleagues,

Posted for your consideration is the slate of candidates unanimously selected and approved by the Nominating Committee to serve on the PPS Board of Directors and Nominating Committee. After a careful review of their biographies, we believe the individuals slated possess the background, talent, and character needed to achieve the goals established in the PPS Strategic Plan and to carry out the mission of the section.

Voting will take place at the PPS booth during the 2012 Annual Conference in Las Vegas, Nevada, on Thursday, October 25, at 12 noon and will end on Friday, October 26, at 3pm.

Members who are unable to attend the annual conference are encouraged to request, **in writing**, an absentee ballot. Written requests may be sent via email to pps@letsmeet.net or by fax to 877/332-5186. To be counted, absentee ballots **must be received** in the PPS office 14 days (October 10, 2012) before the Section Annual Conference. (Ref: bylaws, Article X)

All elected nominees will assume their offices on Saturday, October 27, at the Closing General Session. Voting is an important membership benefit and we urge you to participate in this election.

Respectfully yours,

2012 Nominating Committee

Brian Boyle, PT, DPT, CSCS, Chair

Chuck Felder, PT, SCS, MBA

Ed Ramsey, PT, DPT

SLATE OF CANDIDATES 2012

Secretary (1 to be elected)	Director (2 to be elected)	Nominating Committee (1 to be elected)
Sean McEnroe, PT, MBA, SCS <i>Spartanburg, South Carolina</i>	Kevin Hulse, PT, DPT <i>Meridian, Idaho</i>	Rich Larson, PT, OCS <i>Hudson, Wisconsin</i>
C. Jason Richardson, PT, DPT, OCS <i>Franklin, Tennessee</i>	Deborah Lechner, PT, MS <i>Mountain Park, Alabama</i>	Marc Rubenstein, PT, DPT, OCS <i>Kendall Park, New Jersey</i>
Treasurer (1 to be elected)		
Daniel Mills, PT <i>Cottonwood Heights, Utah</i>		

Note: Candidate bios and statements will be published in the September issue and at www.ppsapta.org.

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