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November 27, 2019

The Honorable Richard Neal
Chairman
House Ways & Means Committee
1102 Longworth House Office Building
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member
House Ways & Means Committee
1102 Longworth House Office Building
Washington, DC 20515

Dear Chairman Neal and Ranking Member Brady,

On behalf of our more than 100,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association (APTA) is pleased to submit comments to the House Committee on Ways & Means for the Rural and Underserved Communities Health Task Force Request For Information (RFI).

The mission of APTA is to build a community to advance the physical therapy profession to improve the health of society. Physical therapists play a unique role in society in prevention, wellness, fitness, health promotion, and management of disease and disability by serving as a dynamic bridge between health and health services delivery for individuals across the age span. While physical therapists are experts in rehabilitation and habilitation, they also have the expertise and the opportunity to help individuals improve overall health and prevent the need for avoidable health care services. Physical therapists' roles may include education, direct intervention, research, advocacy, and collaborative consultation. These roles are essential to the profession's vision of transforming society by optimizing movement to improve the human experience.

To ensure that Americans in rural and underserved areas have access to quality health care, APTA offers the following comments and recommendations for the committee's consideration.

1. What are the main health care-related factors that influence patient outcomes in rural and/or urban underserved areas? Are there additional, systems or factors outside of the health care industry that influence health outcomes within these communities?

APTA Response: Health is an output, the product of a variety of factors that influence the development of individuals and groups throughout the lifespan. Unfortunately, both the lifespan (measured in years) and the "health span" (broadly measured as thriving

during those years) of people in the United States are at unacceptably low levels, especially in rural and underserved areas. The physical therapy profession is closely examining what factors actually determine health and explore ways to leverage our skills to maximize them. Some factors directly connect to traditional physical therapy services and our historical goals (broad access to health services), while others may be less obvious or appear less connected to our practice (education, housing, and safe and economically viable working conditions). They all influence and ultimately determine health and all are of concern to physical therapists and physical therapist assistants (PTAs). These factors specifically influence rural or urban underserved areas:

- Obesity, which is a challenge and on the rise for child-bearers in rural areas.
- Increased risk of children of women who are obese for obesity and common comorbidities.
- Limited access to usual care and critical care, resulting in chronic conditions (diabetes, hypertension, cardiovascular disease, musculoskeletal problems).
- Lack of providers in the region, including physical therapists.
- Limited telehealth options secondary to out-of-network tower range.
- Housing instability.
- Transportation barriers.
- Lack of health policies that facilitate financial sustainability enabling providers to stay and treat in these areas.
- Hospital closures affecting access to community-based services.
- Distance to acquire food.
- Education and income of the residents.
- Limited health literacy.
- Interpersonal violence.

2. What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities, for example initiatives that address: a) social determinants of health (particularly transportation, housing instability, food insecurity); b) multiple chronic conditions; c) broadband access; or d) the use of telehealth/telemedicine/telemonitoring?

APTA Response: Physical therapy delivered via telehealth has the potential to increase access and prevent falls, functional decline, costly emergency room visits, and hospital admissions and readmissions. Further, the very nature of physical therapy treatment, in that it generally requires multiple sessions per week, makes it well-suited to telehealth. For homebound patients or those in rural areas who need to travel long distances, the ability to replace or supplement some of the in-clinic sessions with those furnished via telehealth greatly reduces the burden on the patient when accessing care.

One model that has the potential for positive impact in rural and underserved communities is the Federal Communications Commission's (FCC) Connected Care Pilot Program. This flexible pilot program will afford health care providers latitude to

determine specific health conditions and geographic areas that will be the focus of the proposed projects. The pilot program will provide funding to selected pilot project health care providers for providing connected care services directly to qualifying patients.

3. What should the Committee consider with respect to patient volume adequacy in rural areas?

APTA Response: One consideration is the impact that low patient volume has on performance measure reporting. In 2014, the Department of Health and Human Services (HHS) contracted with the National Quality Forum (NQF) to convene a multistakeholder committee to identify challenges in health care performance measurement for rural providers and to make recommendations for meeting these challenges, particularly in the context of the Centers for Medicare and Medicaid Services' (CMS) pay-for-performance programs. Many rural areas also have a disproportionate number of vulnerable residents (e.g., those with economic or other social disadvantages, those in poor health, and those with poor health behaviors).¹ As noted in the NQF Rural Health Committee's final report titled *Performance Measurement for Rural Low-Volume Providers* issued on September 15, 2015, rural providers do not have enough patients to achieve reliable and valid measurement results. The challenge of low case volume may be particularly relevant for certain condition-specific measures and/or for providers in more isolated rural areas. The committee's overarching recommendation was to make participation in CMS quality measurement and quality improvement programs mandatory for all rural providers but allow a phased-in approach for full participation across program types and address low case volume explicitly.¹

4. What lessons can we glean from service line reduction or elimination in hospitals that serve underserved communities where —

- a. patients have the option to transition to alternative care sites, including community health centers and federally qualified health centers?**
- b. there is broader investment in primary care or public health?**
- c. the cause is related to a lack of flexibility in health care delivery or payment?**

APTA Response: One lesson as it relates to the transition to alternative care sites, including rural health clinics and federally qualified health centers (community health centers), is the need to ensure access to appropriate health care providers, such as physical therapists, at these locations. Community health centers provide primary health services for more than 28 million people in over 11,000 rural and urban communities across America. However, community health centers currently are not reimbursed for delivering physical therapist services to prevent or treat an illness or injury. Between 2015 and 2018, 73% of community health centers reported an increase in opioid use disorder, and 69% reported an increased number of patients addicted to prescription opioids for pain management. When physical therapists work with patients in pain, they use tests and measures to determine the causes of that pain and to assess its intensity,

¹ National Quality Forum's Rural Health Committee Report, *Performance Measurement for Rural Low-Volume Providers*. September 15, 2015.

quality, and temporal and physical characteristics. Physical therapists also evaluate individuals for risk factors for pain to help prevent future pain issues. These services often can reduce, if not eliminate, a patient's pain, and help people return to work. By adding physical therapists as authorized primary care providers in community health centers, it would better ensure onsite options for rehabilitative services.

5. If states or health systems have formed regional networks of care, leveraging for example systems of transport or the use of telehealth/telemedicine, what states or entities are these, what approaches did they use to form these networks, what challenges did they overcome, and what challenges persist?

APTA Response: To date, 26 states have enacted the Physical Therapy Compact (PTC), a state-based solution to the challenges of interstate licensure portability for physical therapists and physical therapist assistants. The PTC is an agreement between member states to improve access to physical therapy services for the public by increasing the mobility of eligible physical therapy providers to work in multiple states. It will improve patient access to physical therapy services by giving eligible licensees in participating states a faster, less-expensive alternative to traditional licensure. The PTC has the potential to profoundly impact these underserved Americans by making it easier for physical therapists and physical therapist assistants to cross state lines to provide care or through the use telehealth, eliminating an arbitrary barrier that previously made physical therapists and physical therapist assistants inaccessible to nearby patients and clients in a neighboring state. The reach of the compact will continue to grow as more states join in the future.²

6. What successful models show a demonstrable, positive impact on addressing workforce shortages in rural and underserved areas? What makes these models successful?

APTA Response: The National Health Service Corps (NHSC) is a program that has demonstrated a positive impact in addressing workforce shortages in rural and underserved areas. NHSC awards scholarships and loan repayment to health care providers in eligible disciplines, and not only has served as a pipeline for providers in underserved areas but has successfully retained many of its providers to continue to serve in the areas of the country that need it most. According NHSC's 2019 Impact Summary, there are 13,000 providers serving 13.7 million patients. By addressing workforce shortages, NHSC ensures access to health care for everyone regardless of their ability to pay, prevents disease and illness, and provides care for the most vulnerable individuals who may otherwise go without.

Congress should provide additional support and funding for NHSC. For example, there is currently no rehabilitative care component within the NHSC Loan Repayment Program. Adding physical therapists to the list of eligible providers who can participate in the NHSC Loan Repayment Program could greatly complement the current program to

² Additional information can be found at www.ptcompact.org.

promote health across the continuum of care. Including physical therapists in the program will ensure that individuals in rural and underserved areas have access to nonpharmacological options for the prevention, treatment, and management of pain. Physical therapy is an essential component of the multidisciplinary undertaking that will be required to improve patient outcomes and alter the trajectory of the current opioid crisis.

7. Access to providers that address oral, behavioral, and substance use needs in rural and underserved communities can be particularly limited. What approaches have communities or states taken to address such gaps in care delivery?

APTA Response: Payment barriers to nonpharmacological pain management pose one of the biggest challenges to patients accessing such treatments. As a result of these barriers, patients avoid treatment, either allowing their pain to worsen or seeking immediate albeit short-term relief via an opioid prescription. Public and private health plans should reduce or eliminate copays and other barriers to care, such as physician order requirements and prior authorization, to increase patients' early access to person-centered, nonpharmacological pain interventions. Research has demonstrated that [patients with conditions such as low back pain who receive early access to physical therapist services have improved functional outcomes, and there is a significant reduction in overall costs, and reduced risk of opioid use.](#)

UnitedHealthcare is expanding a pilot project that waives copays and deductibles for 3 physical therapy sessions for patients with new-onset low back pain (LBP). The pilot follows a multiyear collaboration between APTA, OptumLabs®, and UnitedHealthCare (UHC). The program is targeted at UHC enrollees in employer-sponsored plans who experience new-onset LBP and seek care from an outpatient in-network provider. The program fully covers up to 3 visits to a physical therapist in addition to visits normally covered. APTA has been working with UHC and OptumLabs to investigate both the efficacy of physical therapy as a first treatment option for LBP and the effects insurer payment policies have on patient access to more conservative approaches to the condition. Those efforts yielded 3 research articles: a study affirming that [higher copays and payer restrictions steer patients away from conservative LBP treatments](#); an analysis that found [lower odds of early and long-term opioid use among patients who see a physical therapist first for LBP](#); and an investigation that linked unrestricted direct access to a physical therapist for LBP to lower health care utilization and costs than would occur with provisional access to physical therapy.

8. The availability of post-acute care and long-term services and supports is limited across the nation, but can be particularly challenging in rural and underserved areas facing disproportionately large burdens of chronic and disabling conditions. What approaches have communities taken to address these gaps in care delivery and the associated challenges of social isolation?

APTA Response: APTA is particularly concerned about access to medically necessary therapy services in post-acute care settings in rural and underserved areas. CMS recently implemented the Patient-Driven Payment Model (PDPM), which marks a significant shift toward a more patient-driven approach to payment for care furnished to patients in skilled nursing facilities (SNFs). It was implemented with the aim of moving away from a volume-driven model and toward one that focuses on the unique characteristics of each patient. APTA supports that goal of improving payment accuracy by addressing each patient's circumstances independently and classifying them into payment groups based on specific, data-driven patient characteristics. However, within 24 hours of implementation of the PDPM, we received reports that some SNFs changed employment terms for therapists, including shifting them from full-time to part-time status and/or reducing wages, or even laying off physical therapists and PTAs. While one would expect a reduction in therapy utilization because PDPM shifts incentives from volume to value, reports of these types of reactions on the part of the SNF industry raise concerns that financial motivations, rather than the needs of patients, are continuing to drive patient care. We are also aware of reports from therapists who have been told by their employer that the new system mandates group and concurrent therapy, sets out productivity requirements, limits medically necessary therapy services, and dictates which therapy disciplines may provide care based on payment categories. PDPM does not “mandate” such changes in care delivery for patients in nursing homes.

The committee should request that by February 15, 2020, CMS provide the committee with SNF Minimum Data Set (MDS) assessment data regarding utilization of individual, group, and concurrent therapy for each discipline of therapy (occupational therapy, physical therapy, and speech-language pathology) from the fourth quarter of fiscal year (FY) 2019 and the first quarter of FY 2020. Further, CMS should compare quality measure percentages among SNFs during those two time periods to further evaluate how well SNFs are caring for their residents' physical and clinical needs. Having the data to compare utilization and quality between the two reimbursement methodologies will help inform whether further investigation or action is needed to address the policy.

9. There are known, longstanding issues with the availability and integrity of data related to rural and urban community health. What data definitions or data elements are needed to help researchers better identify the causes of health disparities in rural and underserved areas, but are unavailable or lack uniformity?

APTA Response: Currently, public and private sector providers have a variety of options for measuring quality, including the National Committee for Quality Assurance's Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS includes more than 90 measures across 6 domains including effectiveness, access/availability, experience of care, and risk-adjusted utilization. CMS has been developing quality measures through its various quality reporting programs, including the Merit-based Incentive Payment System. Utilizing the standards already developed by CMS for Medicare practitioners will be especially beneficial. APTA stresses the importance of using specific functional outcomes measures to assess physical function of individuals in rural communities across the continuum of care. Such measures would help to better prevent a deterioration in

physical function and ultimately the need for increased rehabilitative and habilitative services, helping physical therapists, in conjunction with other members of the health care team, rely on patient-reported data to assess patient function and establish goals under a plan of care.

In addition, qualified clinical data registries (QCDRs), including the Physical Therapy Outcomes Registry administered by APTA, track outcome measures that can be used to assess the value of a provider's services. Furthermore, if enough data is collected, predictions can be made about the course of care for specific conditions. This would allow patients to better understand the anticipated course of treatment before it begins, including the expected time commitment and likely outcome, among other factors that affect their health care decisions. Congress should explore policy options that would incentivize the use of QCDRs by providers.

10. Are there two or three institutional, policy, or programmatic efforts needed to further strengthen patient safety and care quality in health systems that provide care to rural and underserved populations?

APTA Response:

1. The House of Representatives should pass the Physical Therapist Workforce and Patient Access Act of 2019 (H.R.2802), which would add physical therapists to the NHSC Loan Repayment Program to ensure that patients in rural and underserved areas have access to the physical therapy services they need. Including physical therapists will ensure that individuals in rural and underserved areas have access to nonpharmacological options for the prevention, treatment, and management of pain.

2) The House of Representatives should pass the CONNECT for Health Act (H.R. 4932), which would expand the use of telehealth services and ease restrictions on telehealth coverage under the Medicare program. This bill provides flexibility to both providers and patients, and it would do much to increase patient access to care, especially for those living in rural and underserved areas and for individuals with impaired mobility.

3) APTA would like to highlight a proposed policy by CMS that would have a devastating impact on access to therapy services in rural and underserved areas of care. CMS intends to increase the values of the office/outpatient E/M codes in 2021, which requires the agency to make redistributive negative adjustments across specialties to maintain budget neutrality under the Medicare physician fee schedule. Under the plan, physical therapy could see reductions to CPT code valuations that may result in an **estimated 8% cut** in payment in 2021.

These arbitrary, across-the-board cuts to codes physical therapists bill when providing services to Medicare beneficiaries will impede access to essential services for seniors and individuals with disabilities. The timing of these cuts is particularly alarming as physical therapists are on the front lines addressing pain management for many who would otherwise have no other option than to utilize opioid medications to address their pain.

Early access to physical therapy holds the promise of reducing opioid use among patients with pain. Further, a severe and arbitrary payment reduction will create challenging and likely unsustainable financial circumstances that may adversely impact patients' access to care and the ability of providers to continue to furnish care to beneficiaries. Physical therapists, particularly those in rural and underserved areas, will be unable to sustain these lower Medicare payments and be forced to reduce essential staff or even close their doors as a result of this change. Cuts of this magnitude are certain to cause diminished access and force seniors to travel long distances to receive essential services. Therefore, APTA urges the House Committee on Ways and Means to ask CMS to provide additional data and reasoning as to how they determined which providers to cut, especially the proposed cut to payment for physical therapist services.

Conclusion

APTA commends the committee for leading the discussion on issues that impact rural and underserved communities. We are eager to work with your office to assist in the above proposals. If you have questions, please contact Justin Elliott, APTA vice president of government affairs, at justinelliott@apta.org.

Sincerely,

A handwritten signature in black ink that reads "Sharon L. Dunn". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Sharon L. Dunn, PT, PhD
Board-Certified Clinical Specialist in Orthopaedic Physical Therapy
President

sld/jle