

Moving Forward Toward Value

In the January issue of the *Journal of Neurologic Physical Therapy*, the Academy of Neurologic Physical Therapy (ANPT) Board of Directors published a position paper stating, “the position of the Academy of Neurologic Physical Therapy is to emphasize the use of the best available evidence and research in the treatment of adults with acute-onset movement disorders following neurological injury.”¹ As I write this, we are enjoying a robust discussion about the paper on the neuro list serve, many members have submitted questions through the form posted on the ANPT Web site, and Board members are developing a frequently asked questions document as a means to respond to questions and engage in the conversation. I am encouraged by the obvious thought and consideration that is reflected in the comments from members.

I would like to focus this President's Perspective on why I believe *Moving Forward* in a manner consistent with the position paper is so vital, now. During 2020, in the midst of the global pandemic, we have had to argue that we are essential health care providers while having expanded access to telehealth. We have been recognized as crucial in the recovery of individuals with coronavirus disease-2019 (COVID-19) while being threatened with severe reductions in reimbursement. And, as more and more postacute care is shifted to the home, reimbursement for rehabilitation in the home has been reallocated from an incentive to a cost, with the subsequent potential of reducing the amount of rehabilitation provided.² Before we were in the age of COVID, we were in the era of value-based health care, and, based on our experiences in the last year, I believe it is fair to say that we have not fully delivered on the value proposition. In 2013, the Institute of Medicine published an often-referenced report examining regional differences in health spending.³ A primary finding in the report was that 73% of the variability in Medicare spending occurred in postacute care. This finding prompted the further development of alternative payment models including bundling of acute and postacute services for specific conditions, including stroke. All of these efforts are designed to reduce unwarranted variability in care and produce more consistent value, where value is defined as outcome divided by cost.⁴

While our profession has struggled for open access to our services, I submit to you that once we have the referral or authorization to evaluate and treat an individual, we have significant autonomy in the “nitty-gritty” of care. The procedure codes we use for billing are broadly defined providing for variable application among providers, and while we may

experience limitations in care based on payer rules, these are largely related to the amount of care we provide, not the specific care we provide. As such, we have, each of us, developed our own practice standards. We have built on tradition, and through trial and error experience, have developed individual reasoning for the treatment strategies we employ. For many of us, our clinician-specific approaches were developed before we had any knowledge from research to apply. And, while it is easy to see how we got here, persisting down this path of variability in practice will not move us forward in demonstrating our value to the health care system. We must demonstrate that we bring unique insight about the nature of an individual's problem⁵ and can be counted on to consistently provide the interventions that we know from science will produce the best outcome. Strategies designed to bring consistency to clinical decision-making and clinical behaviors must become our standards of care if we are to demonstrate our value to the health care system thereby ensuring access to our services for the individuals who need us.

I want to acknowledge that we have gaps in our evidence and imperfect approaches for identifying movement system conditions.^{6,7} However, we can fill these gaps and perfect our approaches more quickly if we are all *Moving Forward* together. My colleagues and I are engaged in developing standards of evidence-based care in skilled nursing, and we have been able to demonstrate that our outcomes improve even when we only partially achieve the targeted clinical behaviors.^{8,9} As we standardized certain aspects of the therapy intervention, we observed important differences among providers in the clinician-patient interaction. Some clinicians demonstrate finesse with engaging the patient and persisting through barriers, thereby increasing the effectiveness of the mechanics of the intervention. Standardizing certain elements of care made these more nuanced aspects of intervention more obvious and more accessible for study and further standardization. If we just start—use what we have learned from science, and move forward systematically, we will deliver on value that is recognizable, measurable, and sustainable.

In 2021, we are celebrating 100 years of the American Physical Therapy Association. I can think of no better way to move into our next 100 years than by *Moving Forward* with a commitment, individually and collectively, to embracing in attitude, belief, and practice, the best our science has to offer, today.

—Patricia L. Scheets, PT, DPT, NCS, President

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