ILLINOIS PHYSICAL THERAPY ASSOCIATION IPTA

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July 1, 2011

Pat Quinn, Governor
Julie Hamos, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East
Springfield, Illinois 62763-0002

Dear Governor Quinn and Director Hamos:

Thank you for the opportunity to provide advice on how to implement coordinated care in Illinois. The Illinois Physical Therapy Association reviewed THE COORDINATED CARE PROGRAM: KEY POLICY ISSUES document (June 2011) and offers the following comment in response to selected specific policy questions that were outlined in this document.

The Illinois Physical Therapy Association strongly supports access to rehabilitation services and responsible stewardship of limited healthcare resources. Physical therapists examine, evaluate, and treat patients with conditions affecting an individual's ability to move freely and without pain. They collaborate with other healthcare professionals to develop treatment plans for patients using the latest research and proven approaches to ensure positive outcomes. Physical therapists apply the latest research related to restoring function, reducing pain, and preventing injury.

Currently, physical rehabilitation is a core covered service under Public Aid Reimbursement. It is critical that Physical Therapy services *remain* available and reimbursed under the new Coordinated Care Program. Without access to Physical Therapy services individuals, especially those with congenital and chronic disabilities, experience further medical complications actually increasing the cost of care in the long term.

1) How comprehensive must coordinated care be?
   - Coordinated care *must* consider the needs of enrollees throughout their life spans (birth through adulthood to end of life).
   - Coordinated care *must* cover the diversity of primary and specialty health services (e.g., primary care, rehabilitation) needed to allow enrollees to participate in life activities (work, school, activities of daily living).
   - Coordinated care *must* cover durable medical equipment (e.g., wheelchairs, home transfer devices, orthotics/prosthetics) needed to allow enrollees to participate in life activities.
   - The incentive for all providers should be *appropriate* payment for services rendered. If they are unable to meet their costs, providers will have a disincentive to participate in the coordinated care program.

2) What should be appropriate measures for healthcare outcomes and evidence-based practices?
   - Whether or not different kinds of measures are used for different clients, the measures need to capture outcomes that are meaningful to enrollees at different stages of life and enrollees with diverse types of disability.
   - A general health related quality of life measure (e.g., SF-12) should be used in addition to biomedical or symptom measures. One of the benefits of coordinated care is the emphasis on the well-being of the person as a whole. The measurement process needs to assess the person as a whole.

3) To what extent should electronic capabilities be required?

- Incentives should be available to providers who are not currently eligible for federal funding under ARRA. Physical therapists and many other rehabilitation providers are not currently included under ARRA and yet coordinated care depends on the electronic exchange of their records with those of other providers.

4) What are risk-based payment arrangements that should be included in care coordination?
   - Risk-based payment arrangements should be in place to avoid disincentives for providers to serve enrollees with the highest levels of medical needs. Stop loss or reinsurance should be included in care coordination.

5) What structural characteristics should be required for new models of coordinated care?
   - Access to physical therapists and other rehabilitation specialists should be a required part of the coordinated care. Physical therapists work with individuals of all ages, from newborns to the very old, who have health conditions that limit their ability to move and perform functional activities in their daily lives. Physical therapists also work with individuals at risk for loss of mobility and function before it occurs. The ability to move and function is the ultimate goal of many healthcare interventions. It is essential that physical therapists are integrated into any coordinated care model.

6) What should be requirements for client assignment?
   - Enrollees need access to healthcare outside their service area for treatment when their healthcare needs cannot reasonably be met within their service area. For example, specialized rehabilitation programs for those with certain congenital conditions, traumatic brain injury and spinal cord injury prevalent in the urban areas of Illinois may be unavailable in rural areas.

7) How should consumer rights and continuity of care be protected?
   - Consumers should be given choices of providers and educated about their right to choose a provider. Penalties should be levied against physician providers who refer consumers to a single provider.

8) What is your organization's preliminary anticipation of how it might participate in coordinated care?
   - The Illinois Physical Therapy Association would not directly participate in coordinated care, but it anticipates providing information and support to its 3000+ members who consider participating and who subsequently participate in the coordinated care program to provide physical therapy services.

In summary, physical therapy is a necessary aspect of healthcare for persons with many health conditions. Physical therapists' expertise in restoring function, reducing pain, and preventing further injury helps people reduce overall healthcare costs and improves health outcomes. It is essential that physical therapy be a core component of the provision and payment for coordinated care.

Sincerely,

Sandra J. Levi

Sandra J. Levi, PT, PhD
President, Illinois Physical Therapy Association

300 E. Fifth Avenue Station • Suite 430 • Naperville, Illinois 60563
630/904.0101 • Fax: 630/904.0102 • www.ipta.org