

February 5, 2007

U.S. Department of Health and Human Services

Request for Information (RFI): Improving Health and Accelerating Personalized Health Care Through Health Information Technology and Genomic Information in Population and Community-based Health Care Delivery Systems

**To: U.S. Department of Health and Human Services
Room 434E
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Attention: Personalized Health Care RFI**

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Introduction

On behalf of the members of the American Physical Therapy Association (APTA), we appreciate the opportunity to respond to the Department of Health and Human Services (HHS) Request for Information (RFI). It is our understanding that HHS is collecting this information to achieve a broader understanding of rapid and emerging changes occurring in the health care setting that may have an impact on the future of personalized health care. We are committed to advancing the delivery of health care services through the innovation of health information technology, and as you will see, from our submission, we have spent much time and resources in achieving these goals.

The APTA is a professional organization representing the interests of over 67,000 physical therapists, physical therapist assistants, and students of physical therapy across the country. Physical therapy is the profession devoted to restoration, maintenance, and promotion of optimal physical function. Physical therapists are licensed health care professionals who diagnose and manage movement dysfunction and enhance physical and functional status in all age populations. Physical therapists help patients maintain health by preventing further deterioration or future illness. Physical therapy is practiced in hospitals, outpatient clinics or offices; inpatient rehabilitation facilities; skilled nursing, extended care, sub-acute facilities; patients' homes, education or research centers, schools, and hospices.

In our comments, we address three electronic technologies that will provide new opportunities to collect and analyze information about diagnostic and therapeutic interventions, as well as health care outcomes. APTA has developed a database containing current research evidence on the effectiveness of physical therapy interventions, an electronic medical record (EMR) system, and an instrument that documents outcomes and identifies the unique contributions of the physical therapist, specifically.

“Hooked on Evidence”

In 2005, APTA launched *Hooked on Evidence*, an outcomes and evidence-based practice database that now contains more than 3,000 articles. The purpose of *Hooked on Evidence* is: (1) to provide access to current research on the effectiveness of physical therapy interventions; (2) to enhance patient/client management; and (3) to reduce unwarranted variation in the provision of services. The types of studies included in the database are: random clinical trials, prospective cohort studies, retrospective cohort studies, prospective case control studies, retrospective case control studies, case reports, case series, and single subject experimental designs.

APTA's *Hooked on Evidence* database, which is in its initial phase, has debuted on the Association's [Web site](#), and will allow physical therapists to more easily and quickly evaluate possible interventions, benefiting their patients while saving precious time and effort. The development and use of *Hooked on Evidence* occurs in three stages:

- Physical therapists conduct literature reviews, seeking data on specific conditions, interventions, and outcomes. A confirmatory search simultaneously is conducted by APTA staff, and the findings are compared.
- Extracts of the articles are entered into an online database. An analysis of the data is performed to calculate treatment effect, allowing a comparison of the findings.
- Physical therapists, worldwide, search the database using a wide variety of key words, ICD-9 codes, pathologies, and classifications.

The *Hooked on Evidence* project relies on APTA members across the country to post extractions (summaries of clinical studies with outcomes data) of peer-reviewed articles to the online database. Member physical therapists currently are summarizing intervention options for more than 30 conditions. Each extraction is critiqued by an expert reviewer, revised if needed, and accepted or rejected. The accepted extractions are then posted to the database. Working through study groups designated to research data on conditions such as neurological impairment, lymphedema, osteoarthritis, and chronic obstructive pulmonary disease, clinicians will steadily increase the database's depth and breadth for years to come—ultimately creating a comprehensive reference tool for evidence-based practice.

With *Hooked on Evidence*, APTA provides physical therapy clinicians the learning tools they need to foster evidence-based practice in physical therapy. *Hooked on Evidence* recently added clinical scenarios that present a brief description of patients who are typically seen in the physical therapy practice. Additionally, plans are in place to include scenarios that describe people with knee conditions, those with impairments and functional limitations following a stroke, low back pain, shoulder conditions, and cerebral palsy.

OPTIMAL

APTA has also developed a patient self-report instrument called the [*Outpatient Physical Therapy Improvement in Movement Assessment Log \(OPTIMAL\)*](#) that documents the outcomes of the physical therapy treatment. *OPTIMAL* relies on an initial patient self-assessment before physical therapist interventions begin and another self-assessment at discharge. When coupled with the physical therapist interventions, the *OPTIMAL* instrument furthers goal setting from the patient's perspective—making treatment more relevant and useful to the patient.

To use *OPTIMAL* clinically, the instrument can be administered at the initial evaluation and then either 4 weeks later or at discharge (if sooner than 4 weeks). Although it is preferable to administer the entire *OPTIMAL* instrument in order to compare populations, administering questions for a specific subscale may be sufficient for some patients if pressed for time in the clinic.

The *OPTIMAL* instrument is an efficient way for the physical therapist to further goal setting from the patient's perspective. The physical therapist has to decide if the goals chosen by the patient are appropriate for the patient in the given time frames, but if the patient completes the instrument while waiting to be seen, this would save the physical therapist time from asking these questions.

Combined with other appropriate measures of function, including disease-specific instruments, *OPTIMAL* should provide a more complete picture of the patient's functional status and outcomes related to changes in movement, as well as ensure that there is a

single outcome measure pertinent to demonstrating the effectiveness of physical therapy interventions for all patients.

CONNECT

In addition to an evidence-based database and patient self-report instrument, APTA has developed a personal health record called *APTA CONNECT*. *APTA CONNECT* is a point-of-care, computerized patient record system built on a database platform that links patient documentation to current research. *CONNECT*'s components include a touch screen and menu-driven documentation approach allowing access to templates, much like paper chart templates. *APTA CONNECT* provides the physical therapists with a comprehensive electronic patient record system and clinic management capabilities, but with a strong plus: it makes providing evidence-based practice a reality, connecting the physical therapist immediately to such resources as *Hooked on Evidence* and the *Guide to Physical Therapist Practice*¹ thus allowing the clinician to derive a question from the patient data, search literature through *Hooked on Evidence*, and incorporate the information directly into the patient's care. *APTA CONNECT* allows physical therapists to contribute to a growing body of knowledge, the APTA National Outcomes Database. In addition, it provides several clinical assessment tools, such as *OPTIMAL*.

The drop-down screens and text suggestions makes documentation easy and efficient for clinicians. The program is very goal-oriented, with reminders as the clinician and patient approach pre-determined deadlines for reaching stated objectives. An important element of *APTA CONNECT* is its facilitation of research both locally and in interaction with other facilities nationally. One critical requirement when creating the system was the standardization of terms used in the physical therapy practice. This language standardization will make collaboration easier for physical therapists conducting research at different facilities around the nation. Researchers in disparate locations will know that they are describing the same things with the same terms.

APTA CONNECT is a Web-based system (based on .NET technology) that is securely protected via 128-bit encryption, the same security standard used by banks and other institutions. If attempts are made to log in and "guess" the password, the user automatically is locked out of the system. *APTA CONNECT* is easy to install. Once it is purchased, the practitioner goes online and downloads the software to his or her local computer. It will work on any PC, including laptop and tablet PC, and doesn't require hiring an IT professional to implement. The software contains patient kiosks with history forms that can be sent to a patient by e-mail prior to an appointment. Its built-in assessment tools allow patients to provide important feedback about their function and satisfaction. *APTA CONNECT* also communicates well with other health care systems, and accepts referrals and digital files.

¹ American Physical Therapy Association: *Guide to Physical Therapist Practice*, Ed. 2, Alexandria, VA. 2001.

APTA CONNECT was created specifically to allow rapid charting, with all data entered forwarded into the proper fields. It contains templates based upon the forms that physical therapists fill out when treating specific conditions. *APTA CONNECT* includes an interactive schedule that handles the scheduling of patients, therapists, rooms, and equipment. It also includes all components of the patient/client management model including a section for collecting patient histories/demographics that patients can fill in either at kiosks at the point of care or by going online.

The examination templates are constructed within four main areas of clinical practice:

- Musculoskeletal
- Neurovascular
- Cardiovascular/Pulmonary including lymphedema, and
- Integumentary

Each template was designed by both clinical experts and beta tested by physical therapists working in a variety of settings to reflect best practice for what physical therapists actually see and record when working with patients, based upon the *Guide to Physical Therapist Practice*. *APTA CONNECT* recognizes that developing a one-size fits all examination and evaluation tool that will work for every patient and in every clinical setting is not possible. Therefore, templates and designs can be uploaded online, and shared with other *APTA CONNECT* users in a public folder.

Another aspect of *APTA CONNECT* simplifies data collection during research. Users may create custom research forms which then can be sent electronically to various practice settings for almost instantaneous feedback. This flexibility does not just occur at the larger template level, but also allows clinicians to tailor examination questions and potential answers to best meet the needs of specific practice settings. Users can independently customize or add questions at a local, regional or national level.

In addition to the examination templates, demographic information, extensive medical information and social history is also collected into the database (i.e. medical history, family history, chief complaint, living environment, work/ school history, general health status, etc.).

Outcomes management is another hallmark of the product. Because *APTA CONNECT* is a documentation system built on a database framework, virtually every piece of information that is entered into the system can later be analyzed and manipulated through the generation of Flash Reports. While some Flash Reports are already built into the system, managers can create additional reports using five easy to follow steps. This allows managers to create reports daily, weekly, yearly or for any defined time period.

The clinician chooses the fields to analyze and the report appears in seconds. All reports can be converted into Microsoft Excel Spreadsheets for further analysis. For example if

one wanted to determine length of stay by diagnosis, or average range of motion of total joint patients at discharge, they can simply create reports and determine how often they want the information calculated. In addition, by using standardized outcome measures and other tools, such as *OPTIMAL* or patient satisfaction, one can measure clinical performance which will allow review of performance improvement initiatives to provide the best care for the patient.

After data entry, clinical reports can be generated, saved or printed. *APTA CONNECT* generates all reports using Microsoft Office software. The uniqueness of this system allows comparison reports to be instantly customized for individual needs. A therapist can compare all clinical data from one date of service to another; or compare and graph very specific data such as changes in range of motion, strength or ambulation distance over the course of the physical therapy episode of care.

Although the templates are standardized, *APTA CONNECT* also allows dynamic charting. For instance, the physical therapist can enter in free text notes, or draw directly upon a picture of the body, to record pain location and intensity. The physical therapist can rate pain with numbers and words, based on preference. The software will allow full rotation of the body, allowing selection of any view. The goal is to make it as easy as possible to collect and record data. *CONNECT* has mandated fields and various clinical and administrative alerts built in to increase patient safety and improve compliance. In addition, the software can be customized to provide assistive decision making for quality and safety.

Because *APTA CONNECT* was designed to eliminate the need to re-enter information, it automatically carries information such as the plan of care and treatment goals into the insurance forms. It assists the physical therapist with selecting and assigning billing codes, based upon the carrier, with fast access to goals and intervention lists from which they can choose.

In addition to being an electronic documentation system, *APTA CONNECT* has been designed to monitor other aspects of practice by placing the clinic's statistics at the clinician's fingertips. *APTA CONNECT* can assist in analyzing clinical outcomes and marketing efforts. It also helps to ensure compliance with regulations and third party reimbursement, and enhance practice management thus making it easier to concentrate on the most important aspect of practice. Furthermore, *APTA CONNECT* can be used administratively to help track human resource requirements such as licensure renewal dates, certification, competencies and other administrative requisites.

Each carrier initially must be entered, along with its billing rules. *APTA CONNECT* was designed to allow the physical therapist providing interventions to easily code for his or her services, rather than delegating the task to an administrator who is not part of the process. The software also helps the therapist demonstrate the skill and necessity of care, and ensures that total time and total timed units billed comply with Medicare regulations.

If any attempts are made to bill two services against the requirements of the CCI edits, *CONNECT* will provide an alert.

Prompts are triggered 10 days prior to recertification dates, and re-authorization dates can be programmed. All insurance authorizations, certifications, and recertifications are built in as specific functionalities within the system. For Medicare billing, the data required to satisfy the 700/701 are auto-populated as the physical therapist collects this data. Once the certification or recertification is returned, it is logged into the system, and becomes visible on the Dashboard. A similar process can be followed for recertification with other insurances.

Built-in alerts, such as mandatory fields for Medicare and other regulatory standards, and reminders to therapists when only two or three visits remain for the current certification/authorization period, also assist with compliance.

APTA CONNECT was designed to reduce the errors often seen when collecting data and documenting outcomes. Some may consider this to be one of its greatest benefits to the physical therapy profession. It will help strengthen the documentation process and allow for analysis of data on the local, regional, and national level. The current version of *APTA CONNECT* is only the beginning.

Conclusion

It is vitally important that the adoption of health information technology is approached comprehensively, including valid patient assessment tools, clearly identified health outcomes, interventions based on sound science and evidence, recognition that individuals with the same condition often present differently, and encompass a wide-range of health care providers in health information technology adoption plans. Too often discussions about health information technology are centered on physicians and hospitals only. The discussions need to focus on the “end-game,” which is better performance by the health care provider and improved health outcomes.

We are excited about the work of HHS and the American Health Information Community. Together, these two entities are creating a nationwide approach to digital and interoperable health information technology systems that ensure the privacy and security of patient information. It is our hope that the information we provided will aid the Department and the Community in reaching its ultimate goal, and we look forward to working with these bodies to advance the practice of physical therapy through health information technologies. If you have any questions regarding our comments, please contact Roshunda Drummond-Dye, Associate Director of Regulatory Affairs, at (703) 706-8547 or at roshundadrummond-dye@apta.org.

