“What’s a Selfie?”

- It was the Word of the Year for 2013
- Defined as “a photograph that one has taken of oneself, typically with a smartphone or webcam, and shared on social media”
- Influencing the world - used by politicians, Hollywood, pro athletes, etc.

“What’s a Physical Therapy Selfie?”

- Taking an introspective look at one’s practice, clinicians, and protocols
- Using a reliable, data collection tool to benchmark oneself to the national standards
- Making the choice to look at performance metrics and improve quality of care and clinical skill within one’s practice.
Objectives

• Define outcomes measures and their clinical significance.
• Describe the FOTO tool and how it is used to improve clinical performance.
• Discuss how outcomes measures can affect Total Cost of Care (TCOC).
• Look at opportunities for pay-for-performance with payors.

The Concept of Outcomes

“Outcomes Management is the process of collecting, compiling, and analyzing the effectiveness of patient treatment for the purposes of reducing unexplained variation in clinical care, improving quality, and lowering cost.”

Innovative
Look to the future

Big Change in Provider Incentives is Coming

And When Incentives Change 180°... Provider Behavior Must Change Accordingly

GUIDES CLINICAL DECISION MAKING

- Shift from "more is better" to "better is better"
- Measure "better"
- Risk Adjusted
- Validated and Reliable
- Comparison to large database
- Patient Reported
- Predictive

Sweet Spot: Utilization Ends at Optimal Functional Score Change

is on-line all the time!

From home...

...in the clinic...

...or on the road.

East Suburban Sports Medicine Center | www.essmc.com
Background

- Clinician owned, independent
- Established in 1994
- 2800+ Clinics
- Every US State and Canada and Israel
- 7 million patient episodes
- Risk-adjusted, nationally benchmarked comparisons

Why FOTO?

- Computer Adaptive Testing
- Predictive capability - 95% accuracy
- Large data set over: 7 million patient episodes
- Web-based
- Report Portal
- Psychometrics supported with over 85 published articles

National Recognition

- Recommended by CMS for FLR
- Endorsed by NQF
- Endorsed by Private Practice Section, APTA
- Published 87 articles in peer-reviewed journals

- Journal of Clinical Epidemiology
- Journal of Prosthetics and Orthotics
- Journal of Rehabilitation Outcomes
- Measurement
- Spine
- Physical Therapy
- Medicine
- Journal of Hand Therapy
- Quality of Life Research Applied Measurement
- American Journal of Occupational Medicine
- Archives of Physical Medicine & Rehabilitation
- Journal of Occupational and Environmental Medicine
- Journal of Manipulation and Manual Therapy
- International Journal of Therapeutic Rehabilitation
- Journal of Orthopedic and Sports Physical Therapy
- Physiotherapy Canada
Risk-Adjustment Factors

- Care Type (Orthopedic, Neurologic, etc)
- Impairment type
- Patient Age
- Patient Severity at Intake
- Acuity
- Number of surgeries (primary condition)
- Gender
- Other health issues
- Level of fear (Physical Activities)
- Payment Source

Data Collection Process

- **Intake (5 – 7 minutes avg)**
  - Demographics pull from EMR (if integrated)
  - Staff sets up episode (clinician, impairment, payor source)
  - Patient completes before first treatment (in clinic)
- **Status (4 minutes avg)**
  - Anytime during care (optional)
  - On last visit (or as close as possible)
- **Staff Discharge**
  - Staff inputs # visits
  - Date of last visit
  - Eliminated if Plus Level integration with EMR

Patient Specific Reports

- Immediately available after survey completion
- Designed to assist with:
  - Measure of function
  - Outcome prediction
  - Goal setting
  - Patient engagement
  - Monitoring progress
  - Functional limitation reporting
<table>
<thead>
<tr>
<th>Current Status</th>
<th>Severity</th>
<th>Modifier</th>
</tr>
</thead>
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- Easy to sort data by company, clinic, or clinician
- Risk-Adjusted Comparison Color-Coded for Easy
The Basis for Innovation

Who does this appeal to?

- Patients
  - By nature people are competitive and want to succeed at beating the prediction.
  - They see the opportunity of an out-of-pocket savings especially those with high co-pays.
  - Most patients are impressed with the technology and the data.
  - It's cool to be compared to the national database.
Who does this appeal to?

- Physician
  - VALUE resonating in the healthcare community
  - Our report / progress letter includes initial and current FOTO scores so patient interaction as it pertains to function is simplified.
  - Physician - patient bond strengthened when patient is proud of their recovery and FOTO score

Who does this appeal to?

- Payors
  - VALUE resonating at all levels nationally
  - Successful pilots and contracts in other US regions based on FOTO outcomes
  - In our region, high level of interest, but we are ahead of the curve; still working towards a pilot arrangement
  - Our effort is to promote “better is better” not “more is better”, changing the mindset that all PT is the same (commoditization).

Utilization Index

Backward-looking expected
Why Develop a Payment Model Based on Outcomes

- Health Care Payers concerned about not knowing what they pay for:
  - Erroneous attitude that all Rehab is the same, therefore treat like a commodity where price is only differentiator
  - Payers don't have the right information

You Can't Fix What You Can't Measure

- In healthcare we can measure many outcome metrics well
- In Rehab we can measure functional change very well
  - Efficiency = number of visits, length of stay
  - Effectiveness = functional change
  - Patient experience = patient satisfaction

Does Managing With Outcomes Improve Care?

- FOTO experience
  - Clinicians improve % ranking over time
  - Determine treatment strengths and weaknesses with outcomes
  - Clinicians compare themselves with other providers because their data is risk-adjusted (provides a "level comparative playing field")
  - You improve what you measure
    - Benefit to payer is that general level of care goes up, reducing fraud and abuse
    - Benefit to patient is they get better care!
Outcomes Scorecard

Utilization: Combines Effectiveness and Efficiency

Average Visits and Risk-Adjusted Prediction

Health Care Reform

Power
Government Purchasers of Health Care

Innovation
Integration Care Model Change Risk Sharing Arrangement

Health Care Triple Aim

• Measurable Quality
  • Outcomes
• Exceptional Patient Experience
  • Patient Satisfaction
• Lower Total Cost of Care
  Care Model Change - integration and collaboration
Health Care Reform Value

- How do you measure Value?
- Outcomes + the patient experience
  Divided by the total cost of care = Value

This Value concept requires providers to be
Accountable for delivering the Triple Aim

Outcomes and P4P

- Two concepts that are used together to:
  - Improve care
  - Reduce clinical variability
  - Allow transparency
  - Promote professional accountability
  - Allow for a metric that is easily understandable by all
    stakeholders
  - Promote understanding of value of PT/health care
  - Financial reward for "good care"

The Missing “D”

- Payers know:
  - The Dollars spent on a patient episode
  - The Diagnosis
  - The Days (or visits)
  - Disability at end of care (how well did the patient respond to care)
  - If you know that, you can determine if payment for care was
    appropriate (efficiency) and effective
How Do Payers Get Data to Determine Effective and Efficient Care?

- Current Billing Data of Days, Dollars and DX don’t give the complete picture—Fourth “D” of Disability completes the picture
- Adding information from an Outcomes system that has RISK ADJUSTED DATA with ACCURATE PREDICTION of Efficiency and Effectiveness benchmark is the basis of a New Payment Model in Rehab
  Pay For Performance or P4P

General Comments about Using Outcomes in Reimbursement

- How can a Payer differentiate between a “good” and “not so good” provider?
  - Mandate use of a Risk Adjusted outcome system by all providers, with reports to insurer
  - Use the report information to populate your provider network over time
  - Develop incentive reimbursement strategy that rewards efficiency and effectiveness to drive better provider behavior

Questions?