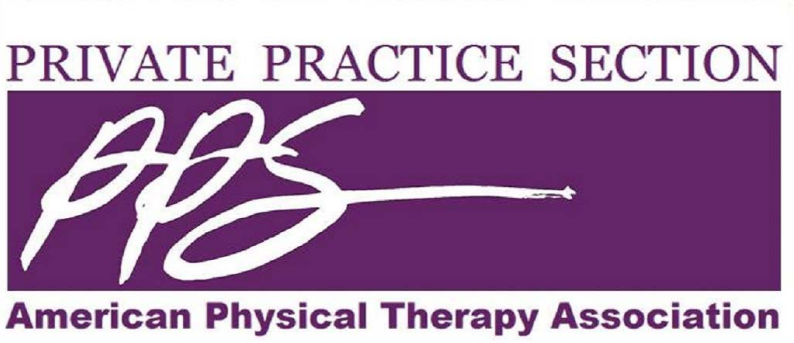

PPS Business Model Task Force Report and Findings

Submitted 10/04/2013

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Executive Summary

Whether through the lens of the total burden of disease, outcomes such as quality adjusted life years, or user experience for any party involved, this American healthcare system that has served the population well for many years, is in need of a significant update. The total burden of disease in America has grown from a threat of personal health, to a threat on our health as a nation; harming our global competitiveness rating significantly and perhaps even our national security. Professions that have the ability to positively impact the underlying problem in a resource-efficient and still clinically-effective way will benefit significantly from a systematic shift in the delivery of care. Professions that can arrive at and implement viable business and payment models early will be best positioned to seize the rapidly evolving opportunities.

The physical therapy profession is uniquely positioned to provide cost-effective solutions to some of the underlying problems in our health care system. Physical therapist services are recognized by various stakeholders for their value and accessibility. However, the lack of standardized care and weak outcomes data do, and will continue to diminish the value proposition of physical therapist services. Further, the market appears to be moving toward collaborative and integrated delivery models and away from the more traditional "silo" delivery model. Entrepreneurial physical therapists will be challenged to evolve in this landscape. Tradition, parochialism and territorial attitudes may impede our progress and need to be fully examined as to their merit going forward.

The Business Model Taskforce of the Private Practice Section (herein "section") of the American Physical Therapy Association (herein "association"), explored current and potential future business models within the context of the rapidly changing American healthcare landscape in order to present the section's board of directors with a candid review and actionable recommendations. We submit the report that follows with hope that it can support further conversation and dialogue about a critical topic while maintaining adequate respect for the gravity and urgency of the topic, ultimately recommending that the following be considered by the board:

1. Establish a permanent section work group such as a Business Model Committee or Innovation "Think Tank" to:

- Survey, review, benchmark, engage and/or otherwise collaborate with other professions undergoing similar evolutions.
- Collect information about emerging business models and the relevance of existing models in use in current practice.
- Foster innovation, serve as a development incubator, run pilot programs and allow for early stage development of effective business models. Study and usher in new ideas from small or fragmented pilots through testing and ultimately to a stage that allows replicable and/or scalable versions of viable innovations.
- Serve as a clearinghouse of ideas related to new practice models by monitoring our membership and the environment for innovation.
- Collaborate with other PPS committees, such as Education, to develop and disseminate resources (manuals, webinars, etc.) related to innovative business models.

2. Craft a position statement related to acceptable business models for physical therapists.

Introduction

The Private Practice Section (PPS) of the American Physical Therapy Association, sparked by continued debate related to the viability of current business models as well as the uncertain future of healthcare, charged a diverse task force of its members to dive deeper into these issues and deliver on three primary directives:

1. To investigate and comment on existing business models.
2. To investigate and describe alternative business models that are not commonplace.
3. To provide recommendations to the PPS Board of Directors for discussion on advancing and educating members on business models.

As a result of work which began formally in September of 2012, the Business Model Task Force (BMTF) presents the following report to the PPS Board for consideration.

Report

The report is broken into the three sections, in line with the three directives to the task force:

Section 1 - To investigate and comment on existing business models. Current State: A review of the most prevalent business models and the drivers, barriers and influences on private practice physical therapy models.

Section 2 - To investigate and describe alternative business models that are not commonplace. Future State: A forward-looking statement related to the drivers, barriers and influences on private practice based on knowledge of the current state and trends in the marketplace

Section 3 - To provide recommendations to the PPS Board of Directors for discussion on advancing and educating members on business models. Recommendations and considerations for the PPS Board of Directors are provided.

SECTION 1 - TO INVESTIGATE AND COMMENT ON EXISTING BUSINESS MODELS.

Physical therapist entrepreneurs own and operate many different kinds of physical therapy businesses. Although the task force recognizes that some models exist outside of the traditional patient care setting such as consulting, software, staffing and others, this section is focused on those that exist within the more traditional practice setting, which can be broadly defined by the delivery of health care services.

The common ground in the more traditional care delivery settings is the influence of the third party payer environment. Practices are either directly billing third parties or they are strategically positioned in response to the influence of third party payers. In either case, the influence of third party payers is prominent in the strategies of these practice settings.

Therefore, in this section, the task force has focused on the strengths, weaknesses, opportunities and threats (SWOT Analysis) pertaining to the most common existing models represented in PPS - those influenced by third party payment, broadly stratified into the categories:

- Niche or Single-Owner
- Traditional Private Practice
- Management Services Organization
- Cash-based Practice

In the SWOT analysis that follows, no effort was made to prejudge the future viability of each model. The task force was asked to comment on existing models and therefore sought to highlight the issues that may be confronted by owners now and in the future. While systemic regulatory and payment influences certainly can reduce or enhance the potential for success of any models, personal and entrepreneurial traits of the owner such as work ethic, leadership, business acumen and innovation may be enough to overcome systemic influences. Ultimately, the decision to enter private practice, what model to choose, how to evolve and when to exit practice is complex. Personal, business and environmental factors must all be considered. In addition, consideration must be given to ethical practice and principles therein. The task force has also attempted to capture a variety of ethical considerations using the APTA code of ethics (as found in report appendix) as a guide. Tables 1.0 and 1.1 provide a summary for the reader of themes identified and associated ethical (current state) considerations associated with drivers for entering into and barriers associated with practice ownership respectively.

Section 1 - SWOT Analysis

Niche Practice and Single-site/Owner-operator

Strengths:

- Freedom - no boss, do it your way.
- Control - it is "your world", flexibility, type of patients, etc.
- Autocratic - single decision maker.

Weaknesses:

- Not scalable, thus income may be limited.
- Limited equity value and succession plan options.
- Reduced ability to negotiate volume based pricing for services and supplies.
- Difficulty negotiating insurance contracts.
- Freedom - May not be as "free" as you think for vacations, time off.
- Autocratic – Single decision maker.

Opportunities:

- Ability to follow your dreams.
- Control of outcomes and quality.
- "Overcrowding" of the conventional practice settings drives high wealth folks to personalized convenient service settings.
- Innovate to meet the need of the consumer in the evolving niche, concierge market.
- Quality over quantity.

Threats:

- Challenge to adapt to evolving payment and delivery models.
- Business sophistication such as EMR.
- Consolidation/industry roll-up (vertical or horizontal) can marginalize.
- Difficulty absorbing increases in cost of doing business such as rent, taxes.
- Staff recruitment and retention - competitive salary and benefit packages, growth opportunities.

Traditional Private Practice (sole proprietor with management team or multi-partner; single or multi-site)

Strengths:

- Shared risk.
- Leverages aptitudes and skill sets (partners/management team).
- Shared workload.
- Predictable, duplicable business model.
- Economies of scale (operations, purchasing, billing, recruiting).
- Access to growth and operating capital.
- Personal freedom, but constrained some by partnerships.
- Equity value is tangible.
- Income potential is more predictable, less at risk.
- Succession plan options are available and well-known.
- Ability to grow a sustainable business.
- Tangible and predictable career path for staff.

Weaknesses:

- Freedom and control is compromised (model requires a degree of collaboration with partners and management team).
- Skill set in business may be insufficient.
- Requires investment in more sophisticated management infrastructure and systems.
- Higher risk such as borrowing, leasing, exposure to legal action.

Opportunities:

- Negotiating leverage - supplies and services.
- Access to capital and equity investors for growth (organic, M&A, etc) - opportunities vary depending on financial markets, industry health, etc...
- Payer contract leverage.
- Opportunities to diversify risk and revenue streams.
- Resources available to develop and participate in innovative care delivery models such as ACOs.

Threats:

- Providing PT services in a “silo” may not meet the needs of the market going forward.
- Lack of standardized care.
- Consolidation roll-up activity.
- Market and regulatory forces behind ACA/payment changes.
- Convenience for the patient looking for “one stop shopping”.
- Challenges to effectively collaborate with other providers.
- Lack of flexibility to evolve delivery/business model to meet the needs of the market.

Management Services Organization (PT providing Stark and anti-kickback compliant contracted management services to physician, hospitals and other entities; PT not employed by entities)

Strengths:

- Revenue stream due to built-in referrals.
- Lower risk due to built-in referral source(s) and umbrella organization.
- Lower overhead (marketing).
- Leverage relationships and strengths/weaknesses across participants.
- Consumer likes "one-stop shopping".
- Leverage the organization's strength for improved payment opportunities.
- Fits with system-wide move to integrated, collaborative delivery models.

Weaknesses:

- Risk of becoming professionally ostracized from contracting with physicians ("POPTS").
- Fickle nature of physicians.
- Potential recruiting barrier.
- Personal and professional ethical considerations.
- EBITDA from a contractual relationship may be discounted in succession plan.

Opportunities:

- Many physician practices and hospitals "out there" that do not have the expertise to operate PT practices.
- Societal push to integrate services.

Threats:

- Alienation of existing or potential referral sources if you concurrently run a traditional practice model.
- May be asked/expected/pressured to do unethical acts.
- Lack of differentiation (commoditization) puts price pressure on market.

Cash-based Practice

Strengths:

- See “Niche Practice”.
- Lower barriers to entry than other models (no insurance contracts, network applications or credentialing).

Weaknesses:

- Limited access to patients able to pay (market specific).
- Not scalable (no proven model that is scalable).
- Exit strategy, succession plan is not well-known.
- Business sophistication.
- Health care consumer culture is not broadly ready to accept paying out of pocket for services.
- Probably best-suited for high income areas only.

Opportunities:

- Connoisseur consumer.
- Shift to increased patient out of pocket insurance plans (co-payments and HDHP).

Threats:

- Susceptible to changes in the economy that reduce incomes, employment.
- Payment model changes.
- Consolidation/industry roll-up (vertical or horizontal) can marginalize.
- Other providers offering services at cheaper costs or more convenience.
- Legal and regulatory - opt-out, e.g.

Table 1.0 - Current state drivers for entering into PT practice ownership and ethical considerations associated.

Driver to enter ownership	Considerations	Ethical Considerations
Freedom & Control	• Choice. • Do you really want to own a business? • Understand the difference between being a business owner and "self-employed" • Desire to build/grow something. • Building systems that allow you to "run" the business as opposed to "operating" the business. • You get to take a chance at doing it "better" than current situation.	• Ethical Principle #3. PTs shall be accountable for making sound professional judgments. • #5 – PTs shall fulfill their legal and professional obligations. • 5.A. PTs shall comply with applicable local, state, and federal laws and regulations. • #7 – PTs shall promote organizational behaviors and business practices that benefit patients / clients and society.
Financial Control (the promise of more money)	• Personal financial risk • Less stability of income (initially). • Control of decisions but not necessarily the outcomes • Profitable.	• #3 • 7.B. PTs shall seek remuneration as is deserved and reasonable for PT services.
It's your world	• Vision of the future state of "your world". • The personal-purpose and drive to work hard for a very long time • "Hedgehog concept" (what can you be the best in the	

	world at and grow it). • There is a noble-cause (aspirational)	
Low barriers to entry	• Low-capital intensity (cost for lease/equipment). • Cashflow trumps start-up capital? • Requires small start up space and few people to run a small clinic. • Can out-source to decrease some barriers such as payroll/accounting, billing and collections.	

Table 1.1 - Current state barriers associated with success as a PT practice owner and ethical considerations associated.

Barriers to success	Considerations	Ethical Considerations
Access to # of pts	• Can you get referrals? • Can you REALLY get referrals? • Is there a market "case" for your vision? • Will the market support your vision? • Access limitations (direct access or not?). • There will be loss (at first), how long can you go? • Cash on hand for relationship building window, time to generate positive cashflow.	
Access payer/payment	• Open or close panel? • Any willing provider status. • Payers/market-share in your area/credential timeline, lack of negotiating leverage	• 7.A. PTs shall promote practice environments that support autonomous and accountable professional judgments. • 7.B. -
Networks (influence)	• Can you join Networks? • Will it compromise your professional ethics? • Can you survive outside of the Networks?	• Principle #3. • 3.A. PTs shall demonstrate independent and objective professional judgment in the patient's / client's best interest in all practice settings. • 3.D.PTs shall not engage in conflicts of interest that interfere with professional judgment. • Principle #7. • 7.A. • 7.B. • 7.F.PTs shall refrain from employment arrangement, or other arrangements, that prevent PTs from fulfilling professional obligations to patients /

		clients.
Practice Management	• Totally different (and equally complex) set of skills • Best practices/benchmarks • Cannot compare performance effectively. • "Industry standards", how do we internally measure a "great" practice?	• Principle #3 • 3.A. • 3.D. • 5.A. • 7.A. • 7.C. • 7.D. • 7.F.
Competition	• Are the referral sources willing to work with you. • Or are you "hurting" them?	• 1.B. PTs shall recognize their personal biases and shall not discriminate against others in PT practice, consultation, education, research, and administration.
Access to patients	• Barriers to access could include closed panels, close networks, closed ACOs	
Capital/Start-up$/growth	• Operating capital • Time/expense to break even (including personal salary), • secured money.	• Principle #3 • 3.A. • 3.D. • 5.A. • 7.C. • 7.F.
Regulatory Issues	• awareness of current regulatory changes/unknowns.	• 5.A.
Compliance Issues	• awareness of compliance requirements, issues, etc	• 5.A.

SECTION 2: TO INVESTIGATE AND DESCRIBE ALTERNATIVE BUSINESS MODELS THAT ARE NOT COMMONPLACE.

Overview

Business models, current and innovative, must account for the realities of healthcare reform. Value will be driven by the requirement to align incentives of patients, providers, and payers. Patients want to get better healthcare at a reasonable cost, providers want to generate a reasonable profit, and payers are contractually required to pay for care, but want to do it at a predictable cost and timeframe. Providers will need to demonstrate value through effective health outcomes and efficient financial outcomes. Providers, payers, and patients will need to share the risks of the cost of care. Alternative business models must also take ethical issues into account. Table 2.0 provides a summary of ethical considerations raised by the task force during its analysis. The APTA code of ethics was used as a guide and is referred to therein.

Opportunities

The payment world is changing. We saw this in the 1980-90's with the creation of HMOs and capitated plans. Three things are unique and different about this payment reform.

- Current state of the global economy
- Legislative Changes - Affordable Care Act
- Data Reliance - Outcomes and Financial.

Providers will need data (specifically outcomes and financials) to effectively prove value to patients, payers and potential provider partners. Patients will expect better care. Payers will request that providers prove value. Providers with data will be prepared to offer "More for More Volume" and request better reimbursement than those without compelling data. Multiple payment options will become popular.

As we move toward achievement of the Triple Aim of healthcare reform (Improve the health of society, improve patient care and reduce costs) we require mechanisms for increasing value:

- Enhance preventive services
- Primary care / entry point for acute musculoskeletal disorders
- Identifying and managing or referring chronic disease
- Providing Increased Access
- Outcomes tracking data
- Use of care extenders
- Developing treatment technologies which reduce cost

Partnership opportunities will help providers create a model in which they can increase value or decrease cost. Those who successfully partner will have the opportunity to market this solution. Two types of partners typically exist:

1. Horizontal: group of PTs (professional designation integration)
2. Vertical: from referral to referral - typically in one of three areas
    a. Physicians
    b. Hospitals
    c. Insurance/Payers

In addition, a Hybrid model will likely exist. Hybrids will consist of providers functioning with partners to provide a new service (not clinical). Or hybrids could be both Horizontal and Vertical partnerships together. The possibilities are unique to geography, demographics, organization structure, and myriad other variables.

Challenge

One of the most important decisions in the future of the Private Practice Section member will be partnership opportunities. Historically the stance of APTA and PPS, inclusive of both advocacy, and policy has been critical of partnerships in revenue/profit sharing relationships. However the future of healthcare appears to encourage these relationships. Providers who are able to partner to create better value will be rewarded in the world of payment reform. Pressure exists to become a part of a larger system.

Table 2.0 - Drivers associated with success in future state PT ownership models and associated ethical considerations.

Drivers	Themes	Ethical Consideration(s)
Affordable Care Act (keeping up), Payment reform	Grouping of professionals (ACO's, "run in packs"),	Principle #3. PTs shall be accountable for making sound professional judgments. 3.A. PTs shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings. 3.C. PTs shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary. 3.D. PTs shall not engage in conflicts of interest that interfere with professional judgment. 5.A. PTs shall comply with applicable local, state, and federal laws and regulations. Principle #7. PTs shall promote organizational behaviors and business practices that benefit patients/clients and society. 7.A. PTs shall promote practice environments that support autonomous and accountable professional judgments. 7.B. PTs shall seek remuneration as is deserved and reasonable for PT services. 7.C. PTs shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment. 7.D. PTs shall fully disclose any financial interest they have in products or services that they recommend to patient/clients. 7.F. PTs shall refrain from employment arrangements, or other arrangement, that prevent PTs from fulfilling professional obligations to patients/clients. 4.C. PTs shall discourage misconduct by healthcare professionals and report illegal or unethical acts to the relevant authority, when appropriate.

New patients entering system (uninsured AND baby boom)	Many entering at the lower end of the payment ranges IF you can figure out how to work with them.	Principle #8. PTs shall participate in efforts to meet the health needs of people locally, nationally or globally.
Risk-shifting to provider (episodic care)	Risk-pool assignment, case-rate: access goes to those willing to share risk. Must have efficient and effective treatments to survive.	Principle #3. 3.A. 3.D. Principle #7. 7.A. 7.B. 7.C. 7.D. 7.F. 4.C. 5.A.
Primary Care shortage	Why not PT? Big void for musculoskeletal provider, going to get bigger, needs to be filled.	Principle #8
Chronic Disease	75% current health care spend, productivity, employers are paying close attention, PTs are good educators and have a role in motivation already,	Principle #8
Population Health	Community and public health	Principle #8
PT has easy access points	Technology including telemed? As well as physical space?	

SECTION 3 – TO PROVIDE RECOMMENDATIONS TO THE PPS BOARD OF DIRECTORS FOR DISCUSSION ON ADVANCING AND EDUCATIONG MEMBERS ON BUSINESS MODELS.

Considerations

Two overriding considerations will shape any healthcare business venture that involves professionals of different specialties coming together or healthcare entities creating joint ventures or joint ownership of healthcare services. These are professional corporate practice and payer-provider alignment of incentives.

State law and regulation govern corporate practice of healthcare professionals. How the various health professions can form businesses and the extent to which they can share ownership and/or employ one another varies on a state-by-state basis. Two fundamental questions must always be considered in such arrangements. First, will one professional be compensated for the passive referral to another healthcare professional in the company? Second, does the relationship avoid the potential conflicts of interest inherent in one profession employing the other healthcare profession?

Healthcare reform efforts have spawned a number of types of entities that have been granted "license" to ignore these two basic questions for the expediency of meeting the needs of the uninsured and underinsured populations in the U.S. While short-term societal needs may seem to justify this, the long-term consequences for the costs of healthcare are dire, as history has shown us. Careful consideration of business structure and state law, especially in an evolving legislative climate, will be essential in developing new delivery models that involve multiple professions in ownership.

Alignment of incentives for business owners and those persons or entities paying for services are essential to achieving outcomes that meet both the needs of patients and consumers as well as those providing the care. The uncoupling of the link of those receiving care not bearing the majority of the cost of that care has resulted in runaway healthcare expectations and costs that government and the commercial payer community have tried to curtail by cutting payments to providers.

Outpatient rehabilitation services have typically been paid for using permutations of fee for services. The more services delivered and the more times delivered, the higher the payment for the patient's care, driving costs up without any guarantee of better outcomes. In many, perhaps most cases, incentives drive behavior making this payment system unsustainable from a cost perspective. Add in the reality that the person receiving the treatment is often paying only a portion of the fee, and you have a system that is ripe for billing and payment abuse. Ideally, one would want the healthcare provider to share some risk with the payer ultimately incentivizing efficient and effective care (quality & outcomes) rather than volume.

Any future healthcare delivery business needs to be able to demonstrate the value of its services through data that clearly shows the quality (via meaningful outcomes and metrics) of the care provided. The software used and the data collected will be essential to the success of new or novel business arrangements to deliver healthcare in that system integration must be easy across providers and platforms.

Recommendations to the Board

Recommendation: Establish a permanent section work group such as a Business Model Committee or Innovation "Think Tank" to:

- Survey, review, benchmark, engage and/or otherwise collaborate with other professions undergoing similar evolutions.

- Collect information about emerging business models and the relevance of existing models in use in current practice.

- Foster innovation, serve as a development incubator, run pilot programs and allow for early stage development of effective business models. Study and usher in new ideas from small or fragmented pilots through testing and ultimately to a stage that allows replicable and/or scalable versions of viable innovations.

- Serve as a clearinghouse of ideas related to new practice models by monitoring our membership and the environment for innovation.

- Collaborate with other PPS committees, such as Education, to develop and disseminate resources (manuals, webinars, etc.) related to innovative business models.

Support Statement: The taskforce believes that there may be a number of models in use that incorporate the critical themes articulated in this report (collaboration, data-driven reductions in practice variation, etc), however these models may not be widely understood by the PPS membership at large. We believe that a thorough and on-going review of such models designed to study, understand and articulate their reasons for success, as well as the views of the entrepreneurs driving their success, would be of significant value to the membership at large. We also believe that understanding cases where new models were attempted but were not successful may be of value to demonstrate critical gaps to those considering similar models. By placing emphasis and rigor on understanding the constant evolution of successful physical therapy business, the Section can position itself as thought-leader in the area of practice models, something dynamic and lasting, rather than something static. A standing work group of member experts would be the most effective way to drive innovative content to members.

Recommendation: Craft a position statement related to acceptable business models for physical therapists.

Support Statement: Regular resources should be allocated in support of ongoing dialogue related to emerging and existing business models. Special consideration should be given to the creation of an environment that encourages safe and candid discussion of models, whether currently under experimentation or not, that push the boundaries of the current state of physical therapy business, but also meet the ethical standards of the APTA. Consideration should be given to innovative and collaborative models where physical therapists have equity ownership but whose form does not look like the traditional business models. Models that push the boundaries of our collective thought and traditions are likely to act as a disruptive force and may well provide some ethical and association-level policy angst while carrying with them a real risk of alienating some members; at the same time, such disruption provides the opportunity to expand membership into new frontiers and we believe better positions the section, association and moreover the profession for growth. Thus, this would need to be a collaborative process with membership as well as an informative process with both Association (APTA) and Section (PPS) leadership, as we are likely to push the borders of our current policies, positions, traditions and customs. It is appropriate for the Section to take this kind of leadership opportunity to assure the relevance of physical therapist owned businesses for the future.

What we are recommending is that the section be more inclusive of innovative models and the move toward collaboration in health care which is currently underway. Strong leadership by the PPS board on this front ensures an environment that is safe for open discussion. A position statement would be the foundation on which a shift of this kind can be built.

CONCLUSION

With every change exists opportunity. Those who are prepared to leverage skills and systems to deliver value will be positioned to capitalize when change occurs. This is not solely the case in healthcare; rather it is the case in business at large, healthcare included. The current and pending changes in the American healthcare environment appear to favor those who are prepared to leverage systems associated with data, outcomes and cost efficiency without losing sight of end-user experience and innovation. In addition, a trend toward consolidation and efficiency of scale appears to be strong and may well force collaboration of previously independent provider groups. Physical Therapists may have a potential advantage in this new marketplace at the technical level as the ability to strongly impact the burden of disease at a relatively low cost is apparent. However, despite technical advantages real or apparent, without a business model that can allow for effective delivery of skills in a manner consistent with an equitable balance between value delivered and payment recouped, any advantage is short lived at best. Times of great change require the creativity to dream, the courage to act and the safety to make and learn from mistakes; entrepreneurialism at its core. This taskforce believes that with a willingness to invest in an environment and the resources required to spur entrepreneurialism in physical therapy the Private Practice section can effectively lead the transition to new models of care.

The taskforce welcomes comments and dialogue from the board, thank you for this opportunity to serve the membership.

Appendix
[INSERT APTA CODE OF ETHICS HERE PLEASE]

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