

Required for Adoption: Majority Vote

Category: 6

Motion Contact: Angela Wilson Pennisi, PT, MS, Private Practice Section
E-mail: angelawpennisi@physiopartners.com

RC Contact: Janet Bezner, PT, DPT, PhD, FAPTA
E-mail: jb25@txstate.edu

1 **PROPOSED BY: PRIVATE PRACTICE SECTION**

2
3 **RC 22-20 ADOPT: PRACTICE AND BUSINESS FINANCIAL ARRANGEMENTS FOR PHYSICAL THERAPISTS**

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5 **That the following be adopted:**

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7 **PRACTICE AND BUSINESS FINANCIAL ARRANGEMENTS FOR PHYSICAL THERAPISTS**

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9 **The American Physical Therapy Association supports collaborative practice and business models that**
10 **are innovative, ethical, and person-centered, and that advance the health of individuals, patient and**
11 **client populations, and communities when such models:**

- 12
13 1. **Are consistent with APTA positions and policies.**
14 2. **Prioritize best clinical practice above business and financial aims.**
15 3. **Provide value for the consumer.**
16 4. **Rely on data that demonstrate competitive costs and positive outcomes.**
17 5. **Retain organizational flexibility to respond to regulatory, technical, and practice pattern changes,**
18 **and to modify incentives.**
19 6. **Comply with laws and regulations, such as antitrust and Stark laws.**

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21 **SS:** This motion was initiated out of the House of Delegates deliberation on RC 9-19 and RC 10-19 in
22 the 2019 House of Delegates. The robust discussion pointed to future House deliberations, leading The
23 Private Practice Section (PPS) of APTA to form a task force to develop new motion language. The
24 motion seeks to strengthen and broaden statements on collaboration already found in House
25 documents, specifically:

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27 Section 1. B. in DELIVERY OF VALUE-BASED PHYSICAL THERAPIST SERVICES HOD P06-19-20-47 [Initial:
28 HOD P06-15-17-09] RELATIONSHIPS WITH OTHER HEALTH PROVIDERS

29 APTA supports collaborative, collegial practice relationships between physical therapists and other
30 health providers that promote access to and integration of physical therapist services in the health
31 services delivery continuum.

32
33 PRINCIPLES AND OBJECTIVES FOR HEALTH SERVICES IN THE UNITED STATES HOD P06-19-17-66, which
34 espouses the principles of the health services in the US that includes collaboration, quality, access,
35 value-based payment, and team-based services. This motion aligns with these principles and adds
36 language on principles of collaborative practice and business models and financial relationships
37 between physical therapist practice and other providers and organizations, affirming APTA's supportive
38 position on collaboration between physical therapists and other providers or health services
39 organizations. House positions historically have provided guidance to the individual physical therapist

1 on avoiding conflict of interest, acting with autonomous clinical judgement, collaborating with other
2 disciplines, avoiding employment relationships with physicians, etc. Few of these positions provide a
3 cohesive declaration of APTA's position on the proper business financial relationships of the physical
4 therapist in business with other providers or health service organizations.

5 This motion is responsive to the current trends in health services that affect all providers, including
6 physical therapists, such as consolidation of health services, restrictions in patient mobility and choice
7 of providers, and reconsideration of what constitutes a conflict of interest under new models of value-
8 based services. In many cases, a collaboration would be required to bring to market a valuable and
9 competitive service that could not otherwise exist through providers acting independently.

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11 Finally, this motion can help physical therapists, whether employed or self-employed, to recognize
12 principles of appropriate collaborative practice, be better prepared to collaborate, and to lead within
13 their organizations. One outcome of this motion may be to enhance educational efforts for physical
14 therapists to be more prepared and more readily able to collaborate with other professionals and
15 health service organizations, as well as to engage in collaborative models in value-based service
16 delivery and payment.

17 18 **REFERENCES**

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36 37 38 **RELATED POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:**

39 [PRINCIPLES AND OBJECTIVES FOR THE UNITED STATES HEALTH CARE SYSTEM 3 \(HOD P06-13-20-18\)](#)
40 [DELIVERY OF VALUE-BASED PHYSICAL THERAPIST SERVICES \(HOD P06-19-20-47\) SECTION 1. B.](#)
41 [RELATIONSHIPS WITH OTHER HEALTH PROVIDERS](#)

42 [PRINCIPLES AND OBJECTIVES FOR HEALTH SERVICES IN THE UNITED STATES \(HOD P06-19-17-66\)](#)

43 [ACCESS TO, ADMISSION TO, AND PATIENT/CLIENT RIGHTS WITHIN PHYSICAL THERAPY SERVICES \(HOD](#)
44 [P06-18-20-17\)](#)

45 [AUTONOMOUS PHYSICAL THERAPIST PRACTICE \(HOD P06-06-18-12\)](#)

46 [PHYSICAL THERAPIST OWNERSHIP AND OPERATION OF PHYSICAL THERAPY SERVICES \(HOD P06-18-09-](#)
47 [26\)](#)

48 [REFERRAL TO PHYSICAL THERAPY \(HOD P06-00-24-06\)](#)

49 [OPPOSITION TO PHYSICIAN OWNERSHIP OF PHYSICAL THERAPIST SERVICES AND SELF-](#)
50 [REFERRAL BY PHYSICIANS \(HOD P06-19-16-46\)](#)