Accountable Care Organization
Relevance for Physical Therapists

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On March 31, 2011, CMS released the proposed rule which would implement a provision of the Affordable Care Act which mandates coordination of care for Medicare beneficiaries through Accountable Care Organizations (ACO).
Goals of ACOs

* Improve Quality
* Reduce cost of health care by incentivizing physicians, health care providers and hospitals for working together and meeting performance standards.
* Saving generated will be shared by ACO providers
* Participation is voluntary
Hospitals employed some 211,500 physicians in 2010, a 34% increase since 2000, according to the latest survey statistics from the American Hospital Association (AHA), as analyzed by Medscape Medical News.
How can we impact on quality and cost for the episode of care

- Reduce LOS
- Reduce cost
- Improve outcomes
- Reduce readmission
- Improve quality measures
- Increase the value of PT
Strategies Reduce LOS

* Early mobility in ICUs, PMUs, day “0” joint replacement surgery etc.
* Mobility aides
* Weekend Therapy
* Evening shift for therapies
Neuromuscular Dysfunction: 46% of patients
18% loss of body weight in an ICU
Global muscle wasting & weakness, foot drop, joint immobility, dyspnea
Change in baroreceptor function: hypotension/tachycardia
Generalized Pain
49% of survivors returned to work in 1 year
SF-36 scores demonstrated deficits in all categories
At 12 months only 66% of survivors could ambulate at predicted walking distances

Herridge MS, Cheung AM, Tansey CM (2003) One –Year C Respiratory Distress-Syndrome. NEJM 348 (8) 683-693
Outcomes: First 6 months (UMHS)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>All January – July patients 2009/2010 N = 644</th>
<th>Early Mobility inclusion patients 2010 (May –July) N = 34</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposition Home</td>
<td>38%</td>
<td>58%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Outcome</th>
<th>2009 Vented Patients in CCMU (January – July)</th>
<th>2010 Vented Patients in CCMU (January – July)</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventilator Days</td>
<td>8.07</td>
<td>6.40</td>
<td>.002</td>
</tr>
<tr>
<td>ICU LOS</td>
<td>8.44</td>
<td>6.36</td>
<td>.000</td>
</tr>
<tr>
<td>Hospital LOS</td>
<td>22.33</td>
<td>16.37</td>
<td>.001</td>
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</tbody>
</table>

Both groups showed no significant difference in age, gender or AP3 score.
## Outcomes: Physical Therapy (6 months) (UMHS Early Mobility Program)

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>2009</th>
<th>2010</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Consults:</td>
<td>183</td>
<td>329</td>
<td>80% more consults</td>
</tr>
<tr>
<td>Number of Patients Evaluations:</td>
<td>145 (79%)</td>
<td>239 (72%)</td>
<td>63% more patients receiving an evaluation</td>
</tr>
<tr>
<td>Number of Patient Sessions:</td>
<td>332</td>
<td>703</td>
<td>110% more therapy sessions</td>
</tr>
</tbody>
</table>
Reduce Cost

* PT in ER
* BID treatment Vs One treatment
* Use of Mobility aides
* Medically necessary and skilled care
* Evidence based care
* Interdisciplinary care
* Developed a back pain value stream. PTs used to perform some functions previously assigned to physicians

* Financial performance by increasing the number of patients seen and making more efficient use of physician time

* Accommodate 2,300 new patients per year, compared to 1,404 under the old system.

* The physicians became more efficient with an average billing of 58.3 relative value units compared to 28.1 RVUs.
* Costs to the employers were decreased through the elimination of unnecessary imaging tests and fewer patient visits to providers.

* Rapid access to care and increased efficiency of care delivery contributed to more rapid return to work.

* Patients in back pain collaborative value stream revealed that patients
  * Required fewer physical therapy visits (4.4 compared to 8.8)
  * Fewer lost work days than local averages (4.3 compared to 9.0)
Improve Outcomes

* Quality outcomes
* Functional Outcomes
* Financial Outcomes
* Patient Satisfaction – HCAHPS (the Hospital Consumer Assessment of Healthcare Providers and Systems).
* Others
2011 Physician Quality Reporting System

PQRS: Measures Available to Physical Therapists
- 1. Diabetes Mellitus; Foot and Ankle
- 2. Documentation of Current Med
- 3. Falls Measure
- 4. Pain assessment before initiating PT and Follow up

Several other third party requires Quality measures
Reduce Readmission

- Physical Therapists Make Accurate and Appropriate Discharge Recommendations for Patients Who Are Acutely Ill - Beth A. Smith, Christina J. Fields and Natalia Fernandez. *Physical Therapy May 2010 vol. 90 no. 5.*
- Utilize physical therapist home program and follow up call
- Outpatient therapy – Home care
- Community fitness program
- Medicine availability
Measures Proposed for FY 2014
Hospital Value Based Purchasing Program
* If you have to pay for Physical therapy services out of pocket, can we provide a service which is value added for our patients and families

* How can we as physical therapists contribute to the margin of your practice, organization etc.
Potential Opportunities for Physical therapists

* Outpatient coverage
* Staffing solutions
* Home care and other levels of care
* Specialty care (women's health, hand rehabilitation, oncology rehabilitation, etc.)
* Primary management of patients with certain health conditions prone to functional loss
  * Breast cancer
  * Diabetes
  * Arthritis
  * Chronic/recurrent back pain

*(Courtesy: APTA.org)*
Potential Opportunities for Physical therapists

* Disease risk management, health promotion, prevention, fitness
* Reduce repeat emergency department visits
* Reduce hospital admissions and readmissions
* Reduce the incidence of falls
* Early mobilization programs to reduce length of hospital stay
* Reduce need for surgery
* Improve success in transitions of care (hospital to home health, SNF, inpatient rehab, outpatient)

* (Courtesy: APTA.org)
More and more literature coming out with the conclusion that physical activity is linked with important health outcomes. It reduces the risks of cardiovascular disease, Type 2 diabetes, Some cancers, Future falls risk, Osteoporotic fractures, Depression, Physical function scores on standardized self reporting and more…

(American Journal of Public Health: Interventions to Increase Physical Activity Among Healthy Adults. Meta-analysis of Outcomes. Vicki S. Conn, PhD, RN; Adam R. Hafdahl, PhD; David R. Mehr, MD, MS)