

# VISION 2020—Autonomous Practice for Hospital PTs

*Editor's Note: This is the first in a series of articles on becoming more autonomous in a variety of practice settings.*

At Fall Conference in 2004, my interest was piqued when **Rob Worth**, PT, MS, OCS announced the Executive Committee was forming an autonomous practice task force. Rob was looking for interested parties from all of the different clinical settings to participate on the task force. He said he had representatives from most areas except hospital-based outpatient physical therapy practice. Having worked in a hospital-based outpatient setting for most of my career and not always getting as involved as I should to help the profession, I felt an obligation to participate.

This task force was particularly interesting as I have devoted my career to becoming as independent as possible in my practice and I have been frustrated, on occasion, as I have encountered barriers to practicing the way I felt I should be allowed to practice. The task force members were all asked to define how we practice currently in our unique setting, how we would visualize ideal, autonomous practice in that setting and what barriers exist that are keeping us from practicing the way we would like to in an ideal situation.

Many of the barriers we encounter in PT are not unique to one practice setting (i.e. reimbursement, infringements, etc.) but one glaring difference that was identified between a hospital-based outpatient physical therapy practice setting and just about any other practice setting was direct access. Even though we gained a tremendous victory with our new practice act in the area of direct access, the fruits of this victory were not shared by all practice settings equally. In hospital-based outpatient PT, our practice act was superseded by the mandates of the federal and state governments. Hospitals in Wisconsin must meet strict survey guidelines based on the Wisconsin Administrative Code, which does not reflect the new changes in our practice act. The Wisconsin Administrative Code is based on the CMS guidelines for physical therapy. In order for a hospital to be in compliance with state surveys and be allowed to continue operating, the physical therapy department had to have policies that stated a patient would not be seen in physical therapy without a referral from a medical doctor or another qualified health

care provider, which did not, included physical therapists. So even though we had direct access in Wisconsin, in a hospital-based outpatient setting we still needed a referral to practice even for non-CMS patients.

Shortly after the task force began, I received a call from a prospective patient who was looking for PT services. He had a previously diagnosed condition that had been successfully treated in PT before. He did not have insurance so he was going to pay cash. For this reason, he did not want to go to the doctor for a referral so he could minimize his costs. He wanted to come to my hospital-based PT practice without a physician's referral. I had to tell him that at this time a physician's referral was required because of the hospital's policies and procedures but he could go to the new private practice PT in town and she could see him without a referral. This was very frustrating for me personally because I felt the care he would have received at our facility would have been equal to our competitor's care but we were at a competitive disadvantage because of the rules governing hospitals.

As a result of this experience and working with the autonomous practice task force, I began searching the rules governing hospitals. This search resulted in the following conclusion: We had two choices—we could either try to change the wording in the Wisconsin Administrative Code HFS 124.21 (conditions for participation for hospitals) to reflect the current PT practice act or we could use the current language that stated the medical staff could designate physical therapists as “allied health personnel” who could refer patients for physical therapy services. Rob took these suggestions to our lobbyist to do some additional research. After completing their research they suggested that the WPTA pursue the latter option.

To make a long story short, the WPTA did pursue the second option and through the diligent work of our lobbyist we secured a letter from the Department of Health and Family Services (DHFS) that states a physical therapist in a hospital setting can see a non-CMS patient without a referral if the medical staff designates physical therapists as “allied health personnel”.

As a result of this letter, I approached our medical staff at the hospital where I work about being designated as “allied health personnel”. Our medical staff unanimously voted to designate our PT staff as “allied health  
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personnel". A policy for our hospital has been written and our PT staff is in the process of being credentialed. We are now allowed to see non-CMS patients without a referral! Our first direct access patient was scheduled February 20th.

This entire process has been exciting and fun! I have never personally witnessed how a small group could make such a difference for our clinic. I want to thank the WPTA Executive Committee for having the leadership and foresight to establish this task force in the first place, Rob Worth for the leadership and direction he gave to the task force and to the WPTA for pursuing this to the end and achieving the desired outcome. Also deserving of our gratitude for their work is our lobbying firm of **Tenuta and Associates** and specifically **Jason Johns** for all of his efforts.

The work on the task force isn't done but we did gain a small victory!

Submitted by **Jeff Nasman, PT**  
Northwest District Chair

## WPTA Members in the News!

*PT Connections* recognizes the following members who presented at APTA's Combined Sections Meeting in San Diego in February:

**Marcella Andrews, MPT**  
**Teri Bielefeld, PT, CHT**  
**Bill Boissonnault, PT, DHSc, FAAOMPT**  
**Anne Coffman, PT, MS, GCS**  
**Reenie Euhardy, PT, MS, GCS**  
**Luther Kloth, PT, MS, CWS, FAPTA, FCCWS**  
**Laurie Kontney, PT, MS**  
**Guy Simoneau, PT, PhD, ATC**  
**Gwyn Straker, PT, MS**  
**Alicia Heibing Thiele, PT, MSED, ATC/L, ACCE**  
**Michele Thorman, PT, MBA**  
**Christine Walczak, PT**  
**Carolyn Wohlers, PT, MS**

*PT Connections* congratulates **Sally Light**, PTA and **Tamra Rondone**, PTA for successfully meeting the eligibility criteria for clinical experience, education leadership, community service and job performance in a PT/PTA team. Sally and Tamra received their **American Physical Therapy Association Certificate of Recognition of Advanced Proficiency for the Physical Therapist Assistant** in the **Musculoskeletal** area.

## Continuing Education Calendar

**MAY 5-6, 2006**

**APTA Credentialing Workshop.** UW-LaCrosse. For more information, contact Michele Thorman at 608/785-8466.

**MAY 19-21, 2006**

**Use of Taping in Treatment of Children with Neuromotor Impairments (Kinesiotape, Leukotape, Fabric Tape and Kinetic Taping Materials).** Speaker: Judy Bierman, PT., Cerebral Palsy, Inc., Green Bay. For more information, contact Pamela Reichardt at 920/337-1122 or email Mary Dickinson at [mldickinson@cp-center.org](mailto:mldickinson@cp-center.org). The workshop (19.5 contact hours) is designed for PTs and OTs who work with children with disorders of posture and movement.

**JUNE 1-3, 2006**

**Clinical Decision Making in Vestibular and Balance Rehabilitation.** Speaker: Colin Grove, PT. Marriott Madison West, Middleton. For more information, contact Robyn Reynolds, Office of Continuing Professional Development in Medicine and Public Health at 608/240-2144, [rreynolds1@wisc.edu](mailto:rreynolds1@wisc.edu) or visit [www.cme.wisc.edu](http://www.cme.wisc.edu).

**JUNE 7-10, 2006**

**Treatment of Bowel, Bladder, and Pelvic Disorders: Anatomical, Physiological, and Behavioral Foundations for Clinical Practice.** Presented by the Marquette University Department of Physical Therapy. This is an intensive 4-day course that will benefit the PT Faculty Scholarship Fund. One third of the tuition(\$875)is tax deductible as allowed by law. The registration form can be found at <http://www.marquette.edu/chs/pt/> For more information, contact [diane.slaughter@marquette.edu](mailto:diane.slaughter@marquette.edu) or call 414/288-3097. **Course fills fast.**