

# Physician

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In 2000, more than 1.3 million Americans received home health services, and 70 percent of them were 65 years of age or older (National Center for Health Statistics, "2000 National Home and Hospice Care Survey"). As baby boomers reach retirement age, the demand for home health services, including physical therapy, is certain to grow.

There is much to consider when ordering home care physical therapy (HCPT). As a home care physical therapist, I have encountered misconceptions about HCPT from health care professionals. This is understandable, given the frequent changes in federal and state regulations, and insurance requirements. This article discusses home care physical therapy and the role of the physical therapist, and provides information relevant to ordering HCPT for patients.

## HCPT is for everyone

Home care physical therapy is a service provided by physical therapists (PTs) and physical therapist assistants (PTAs) in the home for individuals of all ages who are unable to drive, are uncomfortable leaving their homes, or simply prefer to receive care at home. PTs deal with impairments, functional limitations, and disabilities related to movement disorders. The home is the perfect place to address the most crucial movement limitations. Therapists work closely with nurses, occupational therapists, speech lan-

## Home care physical therapy

### *Filling a basic need*

By Eva Norman, PT, MS

guage pathologists, social workers, dietitians, pharmacists, chaplains, and/or home health aides to maximize functional outcomes for patients.

For those using Medicare to pay for their therapy, the system's Conditions of Participation state that only physicians may order home health services. A physician must sign and date all orders. A physician assistant, nurse practitioner, social worker, or other qualified staff member may orally communicate written orders to agency staff, but only a physician may issue Medicare orders.

Non-Medicare-certified agencies must follow the Minnesota Physical Therapy Practice Act. Referrals may come from a physician, chiropractor, podiatrist, dentist, or nurse practitioner. If there is no previous medical diagnosis, the patient may self-refer for 30 days and then must obtain a referral from a licensed health care provider. PTs who work with patients to promote healthy living often initiate patient treatment under this provision. Once a medical diagnosis has been confirmed, the

PT may continue to see the patient.

### The role and education of home care PTs and PTAs

Physical therapists are experts who diagnose movement disorders and develop appropriate plans of intervention to decrease their effect. They understand normal and pathological movement that is affected by disease, conditions, and injuries. The American Physical Therapy Association's "Guidelines for the Provision of Physical Therapy in the Home" state that the PT's role in the home may include, but is not limited to:

"patient/client management including examination, evaluation, diagnosis, prognosis including plan of care, and intervention; promoting wellness and prevention; providing education in areas related to physical therapy; coordinating rehabilitation services for continuity of care; providing resources for future needs; documenting services provided according to accepted regulatory standards; supervising assistive personnel; and providing

case management."

Most PTs graduate with a professional doctorate degree (DPT), as offered by the four physical therapy programs in Minnesota.

The Minnesota Physical Therapy Practice Act defines a PTA as a graduate of a two-year accredited program. In 2008, PTAs will be required to be licensed in Minnesota, one of the last six states to do so. The PTA, under the direction of the PT, assists the PT with patient care. The PT must observe the PTA treatment and document that it is appropriate at least every sixth PTA session. The PT must be available by telecommunication at all times. According to Minnesota statute, PTs may not delegate "evaluation, treatment planning, initial treatment, change of treatment, and initial or final documentation." A PTA working in a setting without a PT may not refer to himself or herself as a PTA.

Most home care PTs and PTAs have experience working in settings such as acute care, skilled nursing facilities, or outpatient clinics. PTs and PTAs must be certified in CPR and comply with infection control guidelines.

The sidebar lists resources for finding a qualified physical therapist in Minnesota.

### PTs identify medical problems and establish care plans

Home care PTs evaluate the patient, develop a physical therapy diagnosis and prognos-

## Finding a home care physical therapist

There are several ways to find PTs across Minnesota:

- Home Health Compare ([www.medicare.gov](http://www.medicare.gov), select "Home Health Compare") provides a list of home health agencies that offer physical therapy services.
- Minnesota Home Care Association ([www.mnhomecare.org/](http://www.mnhomecare.org/)) allows users to search members by county, name, or services offered (select "Locate a Home Care Provider," then click "physical therapy" under "Services Offered").
- The American Physical Therapy Association ([www.apta.org](http://www.apta.org)) can provide names of PTs who are members of the APTA, along with information about education, practice setting, and specialties (select "Find a PT," then enter zip code).
- Hospitals may supply a list of physical therapy services in their community.
- Rehabilitation departments, discharge planners, and social workers in hospitals and nursing homes may be resources for the names of local PTs.

sis, and establish a plan of care, delineating the appropriate interventions. For example, the PT will test aerobic capacity through blood pressure, respiratory rate, pulse, and oxygen saturation readings, assess skin lesions/abnormalities, perform wound assessment/care, identify risks for potential skin breakdown, and review the patient's medical history, including medication use.

### HCPT is appropriate for many conditions, diagnoses

Physical therapists treat a wide array of diagnoses in the home.

**Patients with orthopedic or cardiac-related conditions or surgeries** can be treated at home. Home care PTs creatively adapt and modify the home environment to meet the needs of patients. With more homes having treadmills and stationary bikes and many PTs traveling with resistance bands, hand/ankle weights, yoga mats, stability balls, foam rollers, and much more, a living room or basement can easily be converted into a physical therapy gym.

If there are interventions that cannot be done in the home, such as aquatic therapy, the agency will contract with an outpatient clinic to provide those services.

If a patient is no longer eligible for Medicare A home health benefit, he or she may still receive physical therapy services in the home. The services are reimbursed based on the Medicare B outpatient fee-for-service schedule. However, Medicare B does not reimburse for travel time or associated

travel expenses.

**Patients with debilitating, chronic, and/or terminal illnesses** also are appropriate for home care physical therapy. A patient's need for physical therapy is based on documented functional deficits. Impairments and/or functional limitations as a result of musculoskeletal, neuromuscular, cardiovascular/pulmonary, or integumentary disorders determine whether physical therapy is indicated. The purpose of home care for these patients is to rehabilitate function, maintain comfort, provide patient/ caregiver education, and/or to instruct the patient in compensatory strategies for safer mobility.

Regardless of the goal, an individualized plan of care is established based on the patient's needs.

### Insurance covers HCPT

Home care physical therapy costs may be covered through public or private insurance or the patient may self-pay. The cost varies, depending on whether physical therapy is the sole discipline involved or other services are needed. Public insurers include Medicare A and B, Medical Assistance, Medicaid home and community-based waiver programs, MinnesotaCare, and the VA. Private insurers include HMOs, PPOs, Tricare (military health system), workers' compensation, commercial health plans, auto insurance, and long-term care insurance.

## Benefits of home care physical therapy

Studies have shown that people recuperate faster and at a lower cost when in their own environment. Among the benefits of providing physical therapy to patients at home are:

- Evaluation of patients in their natural home environment, making it easier to pinpoint strategies that will serve their specific needs.
- The patient is more comfortable.
- Treatment is focused and specific to the direct needs of the patient in their own environment.
- Improved compliance: patients do not miss therapy sessions.
- Privacy for the patient can encourage dialogue and questions.

### Patients need not be confined to home to receive HCPT

According to the Centers for Medicare & Medicaid Services, an individual must be "homebound" to receive HCPT through Medicare and Medicaid. Homebound means that leaving the home requires a considerable and taxing effort. While homebound, a person may leave the home for medical treatment or for short, infrequent, non-medical activities such as getting a haircut or attending a religious service, a funeral, a graduation, or an adult daycare program.

Most insurers follow Medicare guidelines. However, a patient need not be homebound to receive physical therapy under Medicare B, self-pay, and some public and private insurers. Patients receiving hospice and pediatric home care do not need to be "homebound" by Medicare standards.

### PTs help ensure homes are safe and accessible

The U.S. Department of Health and Human Services has noted that many homes are inaccessible for independent living and are not designed to meet the needs of patients over age 65. As a result, many falls occur due to environmental factors in the home.

There are alarming statistics related to falls. Mayo Clinic reports that approximately 30 percent of community-dwelling people over age 65 fall each year. Mary Tinetti, MD, director of the Yale Program on Aging, has said that 20 percent of people 70 years and older who need home care following hospitalization will fall during the first month at home. Falls are the leading cause of illness, injury, and death in older

adults. Roberta Newton, PT, PhD, of Temple University, has reported that health care costs for falls and rehabilitation average \$70 billion a year.

According to the CDC, home modifications and repairs may prevent 30 percent to 50 percent of all home accidents among older adults, including falls. PTs can play an important role by conducting home safety assessments, identifying potential home hazards, and recommending modifications. Many modifications, such as rearranging furniture to clear walkways, can be achieved at minimal or no cost.

An AARP survey in 2000 found that 83 percent of older Americans want to stay in their current homes for the rest of their lives. Home care PTs actively work with patients to allow them to achieve function needed to safely enjoy and remain in their homes.

### Improving life and health

Stop and think about the issues discussed in this article the next time you release a patient from the hospital, examine someone in your clinic, make your rounds at a nursing home or transitional care unit, or visit a local group home or assisted-living facility. Studies show that people recuperate faster when surrounded by family and there is substantial cost savings with home care. Furthermore, there is very little that cannot be done in the home to improve the quality of life and health of your patients.

For more information about physical therapy, visit the Web site of the American Physical Therapy Association at [www.apta.org/](http://www.apta.org/). ■

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