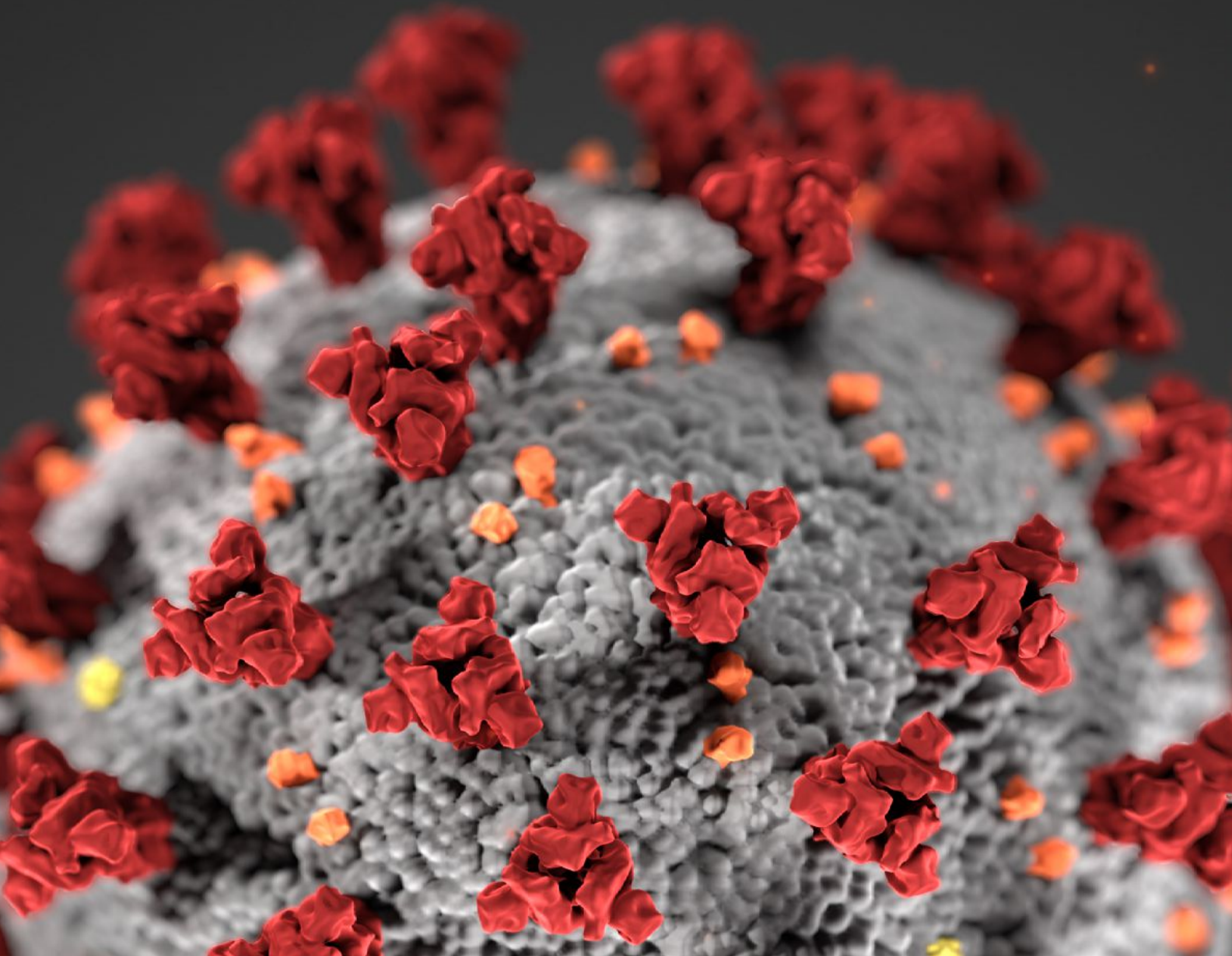


March 2020

# Impact

Private Practice  
Section of the  
American Physical  
Therapy Association

## COVID-19 SPECIAL ISSUE



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everything you do.



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## From the Editor

By Stacy M. Menz, PT, DPT

I wanted to take a moment to acknowledge that we are in unprecedented times and that I know everyone is doing their best to make sense of a challenging situation.

We at Impact have put together a special edition issue in order to bring you information that will be beneficial to you as you navigate these uncharted waters. Please be aware that this issue is not evergreen, and the information here was the most current we had access to as of March 20, 2020. For continued up to the date information as it evolves, please refer to the special COVID-19 webpage on the PPS website (<https://ppsapta.org/physical-therapy-covid-19.cfm>). This page is available to all, regardless of membership status within PPS.

Thank you for what each and every one of you are doing to support our patients and their families, as well as the physical therapy profession. 📖



*Stacy M. Menz*

**MARCH 2020**

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\*Letters to editor published at PPS discretion.

Published 11 times yearly by PPS/APTA. The Private Practice Section does not endorse, approve, guarantee, or warrant any articles, products, or services in this magazine or the effectiveness, quality, or safety of any such products or services. Acceptance by PPS of advertisements of such products does not indicate or imply any preference over other similar products or services. Statements of fact and opinion are the responsibility of the authors and do not imply an opinion on the part of the officers or members of PPS/APTA. We invite and encourage you to share your expertise and perspective while contributing to the body of knowledge on physical therapy private practice. Articles, ideas, and manuscripts should, whenever possible, reflect real and specific experiences. Mail your manuscripts or comments to the Managing Editor, Impact, PPS National Office, 1055 N. Fairfax Street, Suite 204, Alexandria, VA 22314, or email: privatepracticesection@apta.org.

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## From the President

By Sandra Norby, PT, DPT



### Dear Members,

I am writing to you at this time of great uncertainty due to the national emergency for COVID-19.

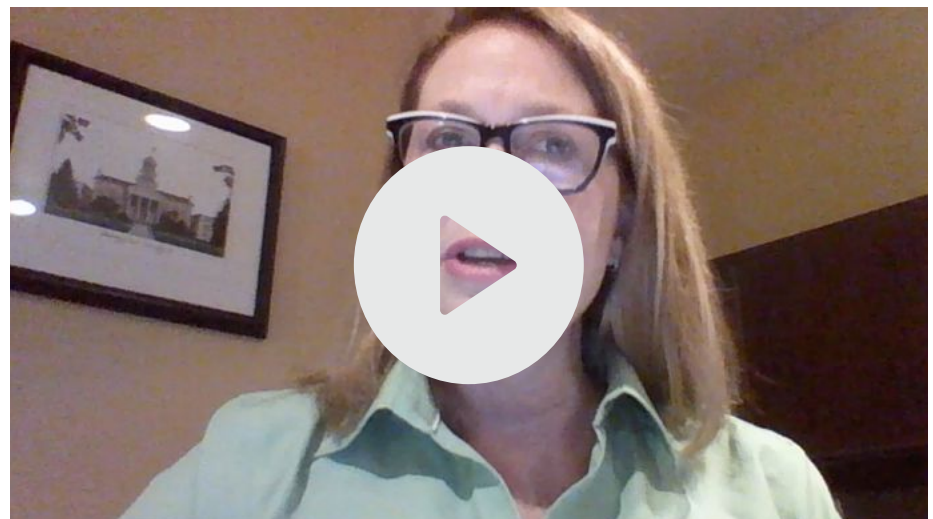
Your Section is working around the clock to provide you with information that ranges from CDC requirements, rapidly emerging legislation, HR impact, telehealth, and more. Our goal is to provide you with ACCURATE information in real time as it is available and is vetted through our team of experts. This digital issue of IMPACT is intended to provide guidance on your questions. In addition, we have created a dedicated COVID-19 webpage on [ppsapta.org](http://ppsapta.org) and have allowed access to all physical therapists, regardless of their PPS membership status.

The PPS Board of Directors understands the complexity of the decisions you are making each and every day regarding the safety for you, your family, your staff, your patients, and the viability of your business. We are here for you and encourage you to send us your questions so we can vet them and add to an expanding FAQs on our COVID-19 webpage. We are also seeking stories of legislative wins on telehealth and other legislation specific to your state or region. This includes announcements from payers regarding telehealth and other protocols being announced. Please email this information to [info@ppsapta.org](mailto:info@ppsapta.org).

In parting, a PPS Advisory Committee for COVID-19 was established on March 15, 2020. Committee members have specific content expertise that allows us to provide the most accurate information in the moment. I want to give this committee, and all who have assisted, my personal thank you. Knowing that things are changing by the hour, this committee is doing its best to push the information that you need to you. Please know that the collective community of physical therapists in business are supporting each other during this time of crisis. 🙏

Take care,

*Sandra L. Norby*



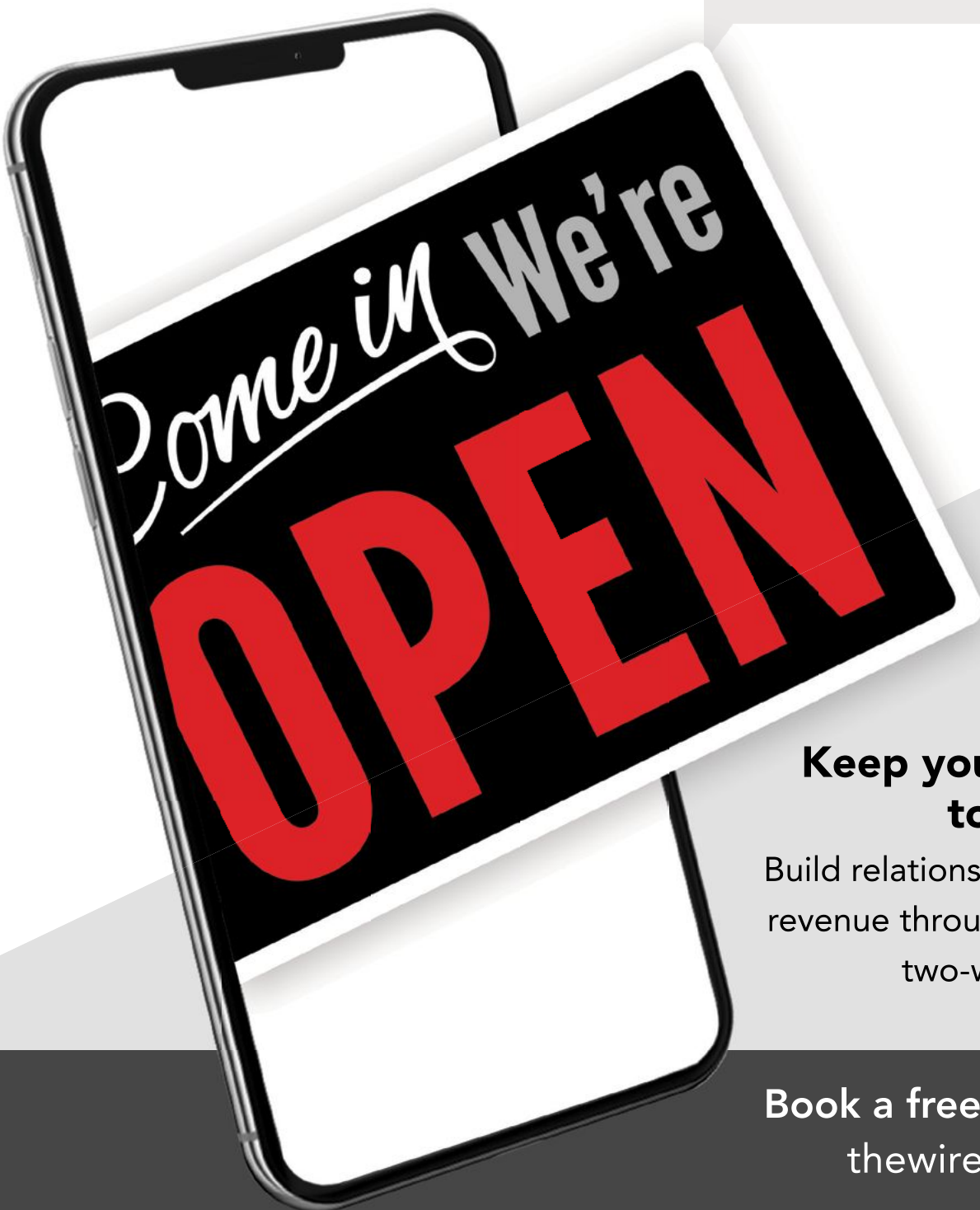


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PPS ON THE MOVE

**COVID-19 Across the Country**

COVID-19 IS RAPIDLY PROGRESSING ACROSS THE country affecting areas at varying rates and magnitudes. As a professional body, it is helpful to understand how others are managing this situation so that we can help each other prepare and manage appropriately. Below are the responses of six businesses regarding how COVID-19 is affecting their practice as of March 20, 2020.

*Matt Slimming, PT, DPT; CEO of Star Physical Therapy; Southeast US*

*Stacy Menz, PT, DPT; owner Starfish Therapies; West Coast US*

*Bill Pfister, MPT; CEO RET Physical Therapy Group; Northwest US*

*Kristen Wilson, PT, DPT; co-owner Action Potential, Northeast US*

*Collin Kudrna, PT, DPT; co-owner Optimum Therapies of North Dakota; Northcentral US*

1. Where are your practices located and what is their status of operation currently (closed, limited hours, full hours with heightened disinfecting/decontamination procedures, etc)?
  - Matt Slimming: New Orleans area. Open Full hours with screening protocol and heightened cleaning. But there is rumor that our area is about to be put on lock down. So we shall see what's next.
  - Stacy Menz: Our practice is located in the San Francisco Bay Area. Our physical clinic is closed as of Monday evening (March 16) when a 'Shelter in Place' was instituted. We are providing telehealth services for our kids and families and have been lucky that our kids with early intervention and in the school system have been approved.
  - Bill Pfister: My practices are located in Washington State, specifically the Puget Sound. This is also the epicenter of the COVID-19 pandemic in the US

We have 39 locations and all are currently open for business. We have not had to adjust our hours. We are an essential health care service and its times like this our communities need us the most. We will deliver on our value proposition and help to underwhelm our Urgent Cares and E.Rs from musculo-skeletal patients.

- Kristen Wilson: We closed as of Tuesday (March 17) when our state officials recommended all nonessential businesses close. We were on the fence with closing, but then Thursday night our governor required all "non-life sustaining businesses" close which further reinforced our decision.
  - Collin Kudrna: Bismarck, ND. We are currently open regular hours with diminishing schedule densities, and exercising heightened disinfecting procedures
2. If you have closed operations, how have you handled staffing/payroll?
    - Matt Slimming: Still open
    - Stacy Menz: We chose to lay-off our part-time admin immediately our other admin is currently staying full-time to schedule, bill, and follow up on A/R. We have switched our full-time salaried staff to hourly and have decreased them to 16 hours a week across the board starting Monday, March 23. California allows everyone to apply for unemployment, even with a reduction in hours.
    - Bill Pfister: While not being closed we have experienced about a 38% drop in visits and a 50% drop in new patients which, as a result, has caused us to deploy staffing strategies to accommodate the loss of patient visits. We have had people use PTO and unpaid leave. We have a temporary unemployment option for people if things get worse and we have to

completely remove labor until we get past the public health crisis. We are committed to taking care of our work family and continue to work on solutions to support them during their time of need as well.

- Kristen Wilson: Our hourly and per diem team members were discontinued on Tuesday upon closing. This week our team was paid in full at their usual salary level. Next week, our exempt staff salaries are being reduced to the Fair Labor Standards Act (FLSA) minimum of \$684/week. If the ban in Pennsylvania extends beyond the end of next week, we will furlough our entire team to allow them to receive unemployment benefits. This effort will reduce our payroll in order to preserve our working capital to stay solvent.
- Collin Kudrna: Still open.


### 3. What resources are guiding your decisions for staffing/funding/etc?

- Matt Slimming: Our HR Manager is staying up to date with the latest Louisiana and Federal Government announcements; our bank; our Payroll company (Paychex); our CPA.
- Stacy Menz: Currently I am assessing our patient demand that we are able to schedule for telehealth. I haven't had a chance to dive into all the financials other than potential revenue based on current scheduling levels with telehealth and school district commitment to pay out our current contracts. I am also relying on the advice of my attorney as well as talking to other pediatric practices across the country and private practices within California.
- Bill Pfister: We are relying on our HR department and attorneys to advise us on our breadth of options when it comes to taking care of our workforce and our business. We are doing everything we can to protect the jobs of the people that work so hard to deliver value to our patients and communities.
- Kristen Wilson: We contacted our attorney initially for starting steps then began researching our state unemployment website. A group of local practice owners have joined together to form an informal information network to keep each other abreast of changes and resources including topics like loans, employment benefits, and our state mandates. It's times like these that I'm utterly grateful the PT community is so closely knit!
- Collin Kudrna: US Dept of Labor, PPS, State government, Dept of Homeland Security, P2P group

### 4. Have you implemented, or are you planning to implement telehealth and in what capacity?

- Matt Slimming: If we are not shut down by the Government, we will implement Telehealth in all of our clinics.
- Stacy Menz: Yes, it is our primary means of treatment right now
- Bill Pfister: They say that necessity is the mother of innovation, and as such, we are deploying telehealth care as an intervention available to those patients that are unable to get to our clinics. We are using our Teams communication platform which is HIPPA compliant platform.
- Kristen Wilson: Yes, we began promoting virtual visits upon closing, a service that we previously offered, but never truly utilized. Since Tuesday, we have had a positive response to virtual visits via Doxy.me (HIPAA compliant) and are encouraged at how this may keep our clients engaged while we are closed. We are providing this service cash-based for clients with private payer insurance since it is uncovered in PA at this time for most of our payers, and offering e-visits to our Medicare clients.
- Collin Kudrna: Performing evisits if needed/appropriate

### 5. What is your biggest worry at the current time?

- Matt Slimming: Since I can't go to the gym, I'm running outside and my knees are getting sore. Ha ha!
- Stacy Menz: That the doors will close and we won't have the service to provide to our families when this is all over and that my therapists will be out of a job.
- Bill Pfister: As PT is an essential healthcare service my biggest worry is that more and more people are going to have difficulty getting into our clinics for the care they need. While Telehealth can be a helpful intervention it certainly has its limitations. Also, having to make decisions to downsize staffing appropriately to the volume of patients we are serving is a difficult but necessary measure as a responsible business owner.
- Kristen Wilson: I am most afraid that this pandemic will cause bankruptcy and, as a result, my business will close, abandoning all of my clients and my team. It is heartbreaking to realize that, despite best efforts, sometimes things happen that are out of our control and the results can be devastating.
- Collin Kudrna: The unknown, specifically if mandated to shut down. I'm worried how long that lasts and what the economy looks like afterwards. 

Interested in sharing your story so others can benefit? Submit your responses to these questions to [editor@ppsapta.org](mailto:editor@ppsapta.org).



## FIVE-MINUTE FIX

### Crisis Management During COVID-19

By Kristen Wilson, PT, DPT

COVID-19 HAS POSED AN INCREDIBLE CHALLENGE to the private practice owner in more ways than one could imagine. While handling COVID-19 proves a seemingly unsurmountable challenge, these five quick fixes will hopefully provide a miniscule sense of control in this time of uncertainty.

1. **Messaging:** Develop a uniform message to portray the status of your clinic on your website and social channels. If you have closed your clinic or are operating on modified hours due to the pandemic, post a video on social media and follow up with an email blast to your active patient list. If you have the assistance of a web designer, post a pop-up message on your website indicating your business status.
2. **Staffing:** Research your state's unemployment rules and regulations to determine your options for furlough (temporary unemployment) versus termination. Talk with other private practice owners to determine how they are handling the crisis regarding staffing to ensure your intent is in line with others.
3. **Marketing:** Develop a process for continued engagement with your clients despite modified clinic operations or closure. Offer free resources via email or social channels that meet the needs of your client demographic. For example, if your clinic treats an older population, post a daily exercise program that includes body-weight strengthening and balance exercises on your company Facebook page. Pelvic health is your specialty? Perhaps consider an email consisting of the "Top three pelvic

exercises you can do while your kids are performing distance learning at home".

4. **Finance:** Run your outstanding receivables report and determine how much money will flow into your practice in the next two months as a result of your previously completed therapy sessions. Compare this number with your cash on hand and any available lending (e.g., line of credit, credit card capacity, etc.) to determine your practice's financial liquidity. Then compare this number with your fixed expenses like rent, utilities, and other debt obligations. This figure will help you determine how to manage your payroll as visits begin to decline.
5. **Breathe:** This will undoubtedly be the most challenging time of your professional career. It's easy to get caught up in the swell of emotion surrounding every decision. As a brilliant colleague of mine expressed to me today, "Kristen, this isn't your fault and you're doing everything you can to make things better." So be easy on yourself. There will be tough decisions to make, difficult conversations to have, and dark moments to reconcile. But know all along, there is a family of private practitioners out there who are right by your side. 🙌



**Kristen Wilson, PT, DPT**, is a PPS member, Impact assistant editor, and owner of Action Potential in Glen Mills, Pennsylvania. She can be reached at [kwilson@reachyours.com](mailto:kwilson@reachyours.com).

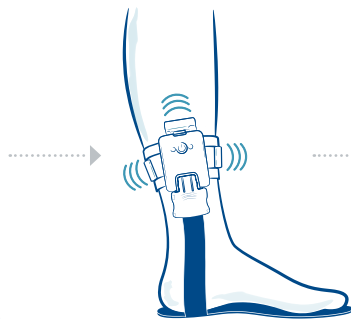


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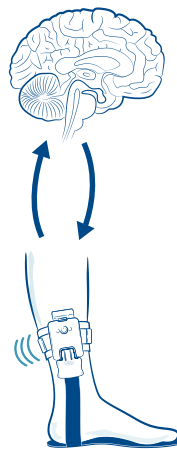
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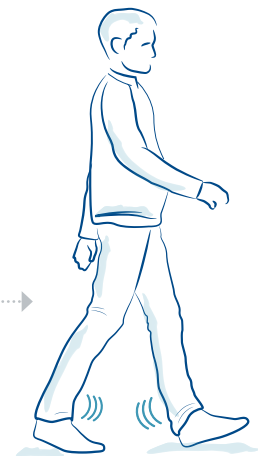
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LEGAL

## General Considerations for Physical Therapy Private Practices amid COVID-19

By Paul Welk, PT, JD\* and Albert S. Lee\*

EVERY DAY BRINGS NEW CONCERNS AND challenges for physical therapy practices who prioritize the health and safety of their employees/communities but remain very mindful of the need to continue to meet their business goals and obligations and provide care to patients. Although it is impossible to discuss every situation that can arise, below is a discussion of some common scenarios that a practice may encounter:

### WHAT IF...

An employee<sup>1</sup> ...

- **Appears to be ill and/or unable to perform any of his/her work duties?**

Practices have broad rights to make sure that those who report for work can perform their job duties in a way that is safe for themselves and others. So, if a practice has a reasonable basis to question an employee's ability to safely perform his/her job or be in the workplace, it generally may send the employee home pending further investigation of the circumstances. Such an investigation should focus on the employee's functional capabilities and ability to work in his/her workplace (not the specific medical nature of the employee's condition) and rely on the opinions of medical providers/professionals (not lay assumptions or generalizations).

- **States that he/she is unable to work?**

It is important to understand the basis of the employee's request.

*Is it due to the employee's own health condition?*

If the employee is unable to work because he/she: (1) is subject to a federal, state, or local quarantine or isolation order related to COVID-19; (2) has been advised by a health care provider to self-quarantine due to concerns related to COVID-19; or (3) is experiencing symptoms

of COVID-19 and is seeking a medical diagnosis, the employee may be entitled to paid leave under the Families First Coronavirus Response Act ("FFCRA") signed by President Trump on March 18, 2020.<sup>1</sup>

**IMPORTANT:** emergency responders and health care workers may be exempt from the right to certain paid leaves under the FFCRA. A practice should seek legal guidance regarding this specific circumstances.

Employees who are unable to work due to a non-COVID-19-related condition should be treated in accordance with whatever plans or leave programs that the practice has established (e.g., FMLA, STD, LTD, sick days, PTO, etc.). Those plans should be administered in accordance with their terms and conditions.

*Is the employee unable to work due to the COVID-19-related health condition of someone else?*

If the employee is unable to work because he/she is caring for someone who: (1) is subject to a federal, state, or local quarantine or isolation order related to COVID-19; or (2) has been advised by a health care provider to self-quarantine due to concerns related to COVID-19, the employee may be entitled to paid leave under the Families First Coronavirus Response Act ("FFCRA") signed by President Trump on March 18, 2020.<sup>1</sup>

If an employee is unable to work because he/she is caring for someone affected by any non-COVID-19-related health condition, the practice should handle the situation in accordance with the plans or leave programs that the employer has established (e.g., FMLA, non-FMLA family leave, sick days, PTO, etc.) as administered in accordance with their terms and conditions.

*Is the employee unable to work due to something else (e.g., lack of childcare for a child whose school has closed, general anxiety)?*

If the employee is unable to work because he/she is caring for a son or daughter whose school or place of care has been closed, or whose child care provider is unavailable due to COVID-19 precautions, the employee may be entitled to paid leave under the Families First Coronavirus Response Act (“FFCRA”) signed by President Trump on March 18, 2020.<sup>1</sup>

For all other “personal reasons” that do not fall in the above categories, whatever plans or leave programs that the practice has established to cover absences for personal non-health-related reasons (e.g., personal days, PTO, etc.) should be administered in accordance with their terms and conditions. If a practice wishes to expand its plans and programs given due to the current unprecedented circumstances, it should clearly communicate its plans to employees and seek legal advice if needed.

- **Asks to work from home (or for some other accommodation)?**

It is important to understand the basis of the employee’s request.

*Is it due to the employee’s own health condition?*

Practices should apply their usual ADA-based analysis for interacting with, understanding and addressing employee’s request for health-based requests for any change in their work duties or working conditions. Accordingly, practices should determine: (1) whether the request is due to a condition that meets the ADA’s definition of a disability; (2) what duties/conditions the employee can/cannot perform/tolerate; (3) whether the duties that the employee cannot perform are “essential,” as defined by the ADA; (4) what accommodations would allow the employee to perform his/her job; and (5) whether those accommodations are reasonable, etc.

*Is it due to a reason unrelated to a health condition of the employee?*

Generally, practices have no legal obligation to provide non-disability-related accommodation requests unless they have agreed to or said they would do so in employment contracts or policies. So, it is largely up to practices to decide whether they want to, in recognition of the extraordinary circumstances here, voluntarily do so. If so, see the below discussion regarding employees working remotely.

## THE PRACTICE...

- **Decides to direct certain employees to work remotely?**

Practices typically have broad rights to direct their workforce, including where employees perform their duties.

That said, here are some key considerations:

- It is critical that employees are well aware of a practice’s expectations of them while they are working remotely (e.g., work hours, duties, reporting structure, clocking in/out (especially for non-exempt

employees), deliverables, accessibility, etc.). It is absolutely critical that a practice knows/controls at all times who is working and who isn’t. (One illustration: generally, salary-exempt employees must be paid their full salary for any week in which they perform any work, so a practice that doesn’t intend to pay salaries to physical therapists during a long shutdown must make sure that exempt employees perform no work during any week in which they are not paid.)

- If a particular employee’s work calls on them to handle confidential or private information in a certain way (e.g., in compliance with HIPAA or other privacy laws), practices must ensure that there are policies and procedures in place to ensure compliance with all legal and contractual requirements.

- **Intends to require or offer therapists the ability to see patients in the home?**

The practice should take additional steps such as confirming that the practice and its employees have appropriate automobile and liability insurance, determining whether third party payors will reimburse for services provided in the home, and considering additional steps in the employment screening process such as confirmation of a valid driver’s license.

- **Needs to lay off certain employees (for example, those who cannot work remotely or whose jobs are affected by a reduction in demand or business)?**

Practices usually have broad rights to lay off or terminate employees for whom it no longer has work, subject of course to any specific contractual or other legal considerations. If a practice wishes, given the current unprecedented circumstances, to provide salary continuation or other benefits that it typically does not, it should clearly communicate its plans to employee and seek legal guidance. Issues to consider in the practice’s decision to lay off staff include eligibility for unemployment compensation, employee benefits and COBRA, risk of employment discrimination claims, and other related issues.

When an employee is no longer employed, that person should no longer provide services for the practice, even if on a “volunteer” basis. Allowing such an individual to continue to provide services raises a number of issues, including concerns related to wage and hour laws and potential professional liability insurance coverage issues.

If a practice reduces or terminates the hours of an employee that individual would generally be eligible for unemployment, with the ultimate eligibility determination to be made by the applicable state agency. If the employer elects to reduce an employee’s income without terminating employment, in many states that employee may still be eligible for partial unemployment based on the reduction in compensation.

# Helping Remotely



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Oftentimes the terms “termination,” “lay off,” and “furlough” are used generally to describe a person no longer being employed. From a legal perspective those terms do not limit, increase, or otherwise determine a separating employee’s legal rights or the employer’s potential liability. Anytime an employee is subject to an adverse job action, he or she may challenge that action under any discrimination or other employment rights law.

For a practice that wishes to continue health insurance coverage for its employees either during a reduction in work hours or as part of an anticipated temporary lay-off, there are a number of issues to consider. Initially, the practice should consult with its health insurance carrier to determine whether a minimum number of work hours are required to be eligible for insurance coverage and, if so, should ensure that these requirements are satisfied. Once any minimum work requirements are met, practices may wish to modify their policies to allow for a broader provision of health insurance coverage to different classes of employees. The practice must consider how it elects to treat part-time employees that are recently subject to a reduction in work hours as compared to employees that have historically been part-time to mitigate the risk of discrimination claims and otherwise avoid a violation of the terms of the applicable insurance plan. 

.....  
**Paul Welk, PT, JD**, is a PPS member and an attorney with Tucker Arensberg, P.C. where he frequently advises physical therapy private practices in the areas of corporate and healthcare law. **Albert S. Lee** is an attorney with Tucker Arensberg, P.C. where he co-chairs the firm’s Labor and Employment Practice Group. Questions and comments can be directed to [pwelk@tuckerlaw.com](mailto:pwelk@tuckerlaw.com) or [alee@tuckerlaw.com](mailto:alee@tuckerlaw.com).

*DISCLAIMER: Please note that this article is not intended to, and does not, serve as legal advice to the reader but is for general information purposes only. Nothing in this article constitutes nor substitutes for specific legal advice that takes into account your organization’s specific jurisdiction(s) or circumstances. Please seek legal counsel if you need specific guidance.*

**REFERENCE**  
1. See also Coronavirus/COVID-19 Legal Update on Families First Coronavirus Response Act (“FFCRA”) available at <https://ppsapta.org>



## COMPLIANCE

### Frequently Asked Questions about COVID-19

By Mary R. Daulong, PT, CHC, CHP\*

THERE ARE SO MANY QUESTIONS ABOUT THE NOVEL coronavirus that we had to prioritize which ones we could tackle. Here we review the top seven, an apt number as there are seven coronaviruses that can infect people. Please understand that this information is current as of March 17, 2020 and should answers change we will try our best to update them on the PPS website.

#### COMMONLY USED TERMS AND ACRONYMS

**Person Under Investigation (PUI):** Any person who is under investigation for having the virus that causes COVID-19, or who was under investigation but tested negative for the virus.

**Presumptive positive case of COVID-19:** Anyone who has tested positive for the virus, but testing was conducted at the local or state level. Currently, presumptive positive cases must have samples undergo confirmatory testing by the Centers for Disease Control and Prevention (CDC).

**Laboratory-confirmed case of COVID-19:** Anyone who has tested positive for the virus at the CDC laboratory.

**Isolation:** The separation of sick people with a quarantinable communicable disease from people who are not sick.

**Quarantine:** The separation and restriction of the movement of people who were exposed to a contagious disease to see if they become sick.

**Community facilities:** Most non-healthcare settings that are visited by the general public outside of a household (e.g., schools, daycares centers, businesses).

**Cleaning:** The removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and, therefore, any risk of spreading infection.

**Decontaminating:** The process of making an object or area safe for unprotected personnel by removing, neutralizing, or destroying any harmful substance.

**Disinfecting:** Accomplished by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. However, killing germs that remain on a surface after cleaning further reduces any risk of spreading infection.

**Significant Other (SO):** Spouse, partner, family member, close friend, etc.

#### QUESTION: WHAT DO I DO IF ONE OF MY EMPLOYEES INDICATES THAT HE/SHE OR A CLOSE SIGNIFICANT OTHER TRAVELED IN AN AREA AT HIGH-RISK OF THE COVID-19 VIRUS?

**Answer:** Ask the employee if the significant other was officially screen at the port of entry or departure.

- a. If he/she was screened, and it was determined that he/she was *not* infected and did not have to be quarantined, the employee would be expected to work his/her normal schedule unless it had to be modified due to a change in clinic hours or closed due to the COVID-19 virus Natural Disaster.
- b. If he/she was screened and tested negative but is still a PUI because the results were not confirmed by the CDC yet, the employee should be asked to self-quarantine for 14 days. If no symptoms are present after the 14-day quarantine, the employee could/should return to work.
- c. If he/she was *not* screened, the employee should be asked to self-quarantine for 14 days. If no symptoms are present after the 14-day quarantine, the employee could/should return to work.

\*The author has a professional affiliation with this subject.

**QUESTION: WHAT SHOULD I DO IF AN EMPLOYEE HAS SYMPTOMS OF CORONAVIRUS INFECTION?**

**Answer:** The employee should immediately self-quarantine, contact his/her physician to get tested as soon as possible, and follow all instructions for treatment management and isolation initiation, if necessary.

If the test results are negative but haven't been confirmed by the CDC, the employee should remain in quarantine for 14 days unless otherwise advised by his/her physician. Once the CDC evaluates the test results, it will give the employee instructions for further quarantine or release him/her to return to work.

**QUESTION: DO I HAVE THE LEGAL RIGHT TO ASK FOR A PHYSICIAN'S NOTE FOR WORK RESTRICTION OR RETURN TO WORK?**

**Answer:** Yes, you may request a physician's note in both situations, but you should have that requirement in your policies and procedures and you must enforce it consistently for all employees. The CDC, however, recommends that you don't enforce the policy because it will put an additional strain on health care providers (physicians, NPP, etc.) and facilities.

**QUESTION: CAN I EMAIL MY PATIENTS REGARDING SCHEDULE MODIFICATIONS, ETC., DUE TO THE COVID-19 VIRUS SITUATION AND SCREENING REQUIREMENTS?**

**Answer:** Yes, you may email and/or text your patients. HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers who serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 virus nationwide public health emergency.

**QUESTION: SINCE MEDICARE HAS RULED THAT THERAPY PROVIDERS CAN UTILIZE AND BILL FOR E-VISITS, CAN I ASSUME THAT THIS WILL APPLY TO ALL MEDICARE ADVANTAGE PLANS AS WELL?**

**Answer:** While it is very likely that Medicare Advantage Plans will follow suit, it is still recommended that you verify that benefit with each plan. As issued in the Memorandum on March 10, 2020.:

*Medicare Advantage Organizations may also provide enrollees access to Medicare Part B services via telehealth in any geographic area and from a variety of places, including beneficiaries' homes. In response to the unique circumstances resulting from the outbreak of COVID-19, should an Medicare Advantage Organization wish to expand coverage of telehealth services beyond those approved by CMS in the plan's benefit package for similarly situated enrollees impacted by the outbreak, CMS will exercise its enforcement discretion regarding the administration of Medicare Advantage*

*Organizations' benefit packages as approved by CMS until it is determined that the exercise of this discretion is no longer necessary in conjunction with the COVID-19 outbreak. CMS consulted with the HHS OIG and HHS OIG advised that should a Medicare Advantage Organization choose to expand coverage of telehealth benefits, as approved by CMS herein, such additional coverage would satisfy the safe harbor to the Federal anti-kick-back statute set forth at 42 CFR 1001.952(l).*

**QUESTION: I HAVE HEARD THAT MEDICARE HAS LOOSENED ITS ENROLLMENT REGULATIONS SO THAT WE CAN EXPEDITE PROVIDER ENROLLMENT. IS THAT TRUE?**


**Answer:** Yes, that is correct. The "Coronavirus-19 Emergency Declaration Health Care Providers Fact Sheet" lists several waivers that will make dealing with the strains presented by the National Disaster a little easier. There are three waivers that are favorable for Part B Therapy Providers:

1. **Provider Locations:** Temporarily waive requirements that out-of-state providers be licensed in the state where they are providing services when they are licensed in another state. This applies to Medicare and Medicaid.
2. **Provider Enrollment:**
  - a. Establish a toll-free hotline for non-certified Part B suppliers, physicians, and nonphysician practitioners to enroll and receive temporary Medicare billing privileges
  - b. Waive the following screening requirements:
    - i. Application Fee - 42 C.F.R 424.514
    - ii. Criminal background checks associated with FCBC - 42 C.F.R 424.518
    - iii. Site visits - 42 C.F.R 424.517
  - c. Postpone all revalidation actions
  - d. Allow licensed providers to render services outside of their state of enrollment
  - e. Expedite any pending or new applications from providers

**QUESTION: WHAT DO I NEED TO DO TO STAY IN COMPLIANCE WITH LABOR LAWS AMID CLOSURES?**

**Answer:** As the possibility of having to close businesses for an extended period of time becomes more realistic, it is important to consider the options as they apply to your employees. Most employers cannot afford to close and still pay employees for a prolonged period. Please keep in mind that both federal and state governments are quickly passing new legislation in response to this pandemic that impact employment, so be sure you are aware of the latest updates. Also, it is wise, especially in a situation as fluid as this one, to reach out to an attorney with specific questions about employee layoffs in your specific situation. The following questions and helpful links are meant to help you

think through the options and requirements as you navigate this new challenge.

- Are you anticipating a temporary or permanent layoff? If temporary, how long before an estimated recall?
- If you are splitting the options between employees (some terminated and some temporarily laid off) what criteria are you using to make this decision?
- Do you want to continue to offer paid benefits, paid salary, or both to your employees for a period before the layoffs begin or for a specified period after? For example, insurance is typically paid for a month at a time so you may temporarily lay off employees through the end of April without salary but pay their benefits during that time as an alternate option.
- If the layoff is temporary, what is the criteria/process for bringing employees back?
- What are the WARN (Worker Adjustment and Retraining Notification) Act requirements for your state? For example, California requires compliance with a 60-day notice if the business has 50 or more employees; most states use 100 employees as the benchmark.  
Key items to double check:
- Does your state require payout in full of accrued PTO/leave upon termination?
- Does your state consider the employment relationship between employee/employer still in place for a fixed layoff (layoff with a specific, defined return to work date)? This may impact PTO payout.
- Is it better to temporarily lay off or terminate your employees so they have access to unemployment? This will vary by state. 

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## Helpful Links from the Society for Human Resource Management

**HOW TO CONDUCT A LAYOFF  
OR REDUCTION IN FORCE**

**WHAT IS THE DIFFERENCE  
BETWEEN A FURLOUGH, A LAYOFF  
AND A REDUCTION IN FORCE?**

## References

### Centers for Disease Control & Prevention

- Interim Guidance: Get Your Mass Gatherings or Large Community Events Ready for Coronavirus Disease 2019 (COVID-19)  
[https://www.cdc.gov/coronavirus/2019-ncov/downloads/Mass-Gatherings-Documents\\_FINAL.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/Mass-Gatherings-Documents_FINAL.pdf)
- Healthcare Professional Preparedness Checklist For Transport and Arrival of Patients With Confirmed or Possible COVID-19  
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp-preparedness-checklist.pdf>
- Resources for Healthcare Facilities  
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

### Centers for Medicare & Medicaid Services

- United States Department of Health & Human Services COVID-19 Emergency Declaration Health Care Providers Fact Sheet  
<https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf>
- United States Department of Health & Human Services, Office for Civil Rights: HIPAA Privacy in Emergency Situations  
<https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/emergency/hipaa-privacy-emergency-situations.pdf>
- United States Department of Health & Human Services Telehealth Fact Sheet  
<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
- United States Department of Health & Human Services OIG Policy Statement Regarding Physicians and Other Practitioners That Reduce or Waive Amounts Owed by Federal Health Care Program Beneficiaries for Telehealth Services During the 2019 Novel Coronavirus (COVID-19) Outbreak  
<https://oig.hhs.gov/fraud/docs/alertsandbulletins/2020/policy-telehealth-2020.pdf>

### Department of Labor

- OSHA's Respiratory Protection standard, 29 CFR 1910.134. OSHA consultation staff can assist with understanding respiratory protection requirements.  
[www.osha.gov/publications](http://www.osha.gov/publications)
- OSHA FactSheet-Protecting Workers during Pandemics  
<https://www.osha.gov/Publications/OSHA-FS-3747.pdf>

### Other Resources

- APTA Statement on Patient Care and Practice Management During COVID-19 Outbreak March 17, 2020  
<http://www.apta.org/Coronavirus/Statement/>
- SHRM: Is an employer permitted to ask for a doctor's note when an employee has a health-related absence?  
<https://www.shrm.org/resourcesandtools/tools-and-samples/hr-qa/pages/doctor%E2%80%99snotes.aspx>
- SHRM: Health, Wellness and Leave Benefits Help Employees with Coronavirus. Steven Miller, CEBS, March 11, 2020.  
<https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/health-wellness-leave-benefits-help-employees-with-coronavirus.aspx>

ADVOCACY

## Paid Sick and Family Leave Obligations

### Tax Credits Provided to Support Those Obligations

By Alpha Lillstrom Cheng, JD, MA

ON MARCH 18, THE *FAMILIES FIRST CORONAVIRUS Response Act* was signed into law. This is the second law passed in response to the ongoing coronavirus/COVID-19 public health emergency.

The law requires all commercial insurance, Medicare, Medicare Advantage, Medicaid, CHIP, Indian Health service, and TRICARE to cover and impose no cost-sharing for testing and diagnosis of COVID-19. It also puts in place temporary requirements for paid sick leave and expanded paid family leave for those directly impacted by COVID-19. Additionally, the law includes tax credits for employers so that they are able provide the required paid leave.

The requirement to offer paid sick leave impacts small businesses with up to 500 employees. Those with fewer than 50 employees are eligible for an exemption from the requirements to provide paid leave for an employee to care for a child whose school is closed or when child care is unavailable.

#### SUMMARY OF PROVISIONS THAT IMPACT PPS MEMBER BUSINESSES

##### Paid Leave


An impacted employee who has worked at the company for at least a month must be provided sick leave. The first 10 days of sick leave may consist of unpaid leave. The impacted employee can choose whether or not to use accrued paid time off (PTO) of any type (vacation, personal, medical, or sick leave) for that time period. After those first 10 days, the employer shall provide paid leave. Paid sick leave for employees is capped at \$511 per day and the equivalent of 10 days or 80 hours of paid leave. If the employee is out to take care of a family member or because their child's school is closed, their paid sick leave lasts 10 days and is an amount not less than 2/3 of the regular rate of pay and the number of hours normally scheduled to work but is capped at \$200 per day and \$2,000 in the aggregate. An additional 10 weeks of paid family leave is available for employees who continue to need to care for a child because their school or childcare facilities are closed. This credit is also equal to two-thirds of the employee's regular pay and capped at \$200 per day or \$10,000 in the aggregate.

There is a specific list of the circumstances under which employees are eligible for paid leave:

- There has been a Federal, state, or local quarantine or isolation order;
- Employee was advised by a medical provider to self-quarantine;
- Employee is exhibiting symptoms of COVID-19 and seeking medical diagnosis;
- Employee is caring for family member who is medically advised to self-quarantine or exhibiting symptoms of COVID-19; or
- Employee is caring for child under 18 who is at home because their school/child-care provider is closed due to a public health emergency.

Businesses with fewer than 50 employees will be eligible for an exemption from the leave requirements relating to school closings or child care unavailability "where the requirements would jeopardize the ability of the business to continue". The Secretary of Labor will develop rulemaking to clearly articulate that standard as well as a model notice for employers to post that describes these paid leave parameters. PPS will share this guidance on the [PPS COVID-19 Response Resources](#) page.

##### Tax relief

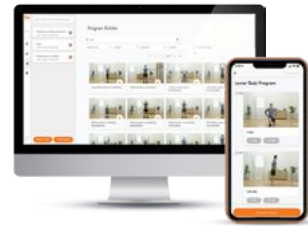
Businesses with fewer than 500 employees are granted an immediate dollar-for-dollar tax offset for 100% of the costs for both types of paid leave (personal and taking care of others), up to the previously mentioned capped levels, credited against quarterly payroll taxes. If the cost of providing this paid leave exceeds the quarterly payroll taxes, the IRS will send the reimbursement (in the form of a refund) as quickly as possible. Self-employed individuals can also access tax credits in the amount equal to the qualified sick leave payments they'd have received if they were employed by someone else. Detailed guidance is expected from the Internal Revenue Service the week of March 23<sup>rd</sup>; that guidance will be posted on the [PPS COVID-19 Response Resources](#) page. 

[READ THE FULL IRS PRESS RELEASE](#)

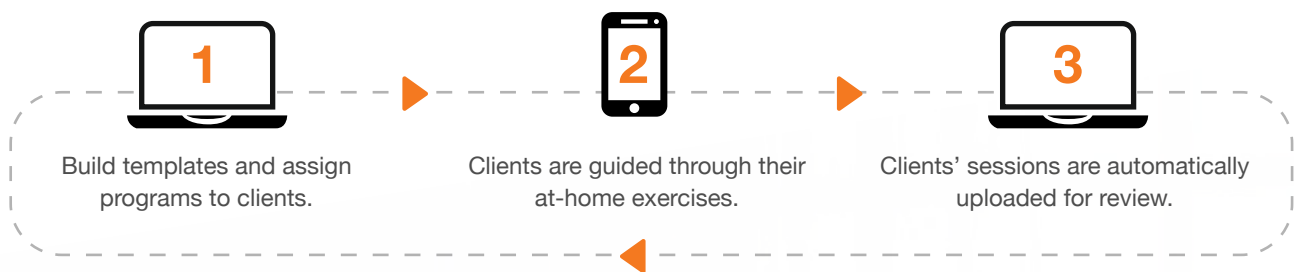


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ADVOCACY

## Tax Day Postponed Until July 15

By Alpha Lillstrom Cheng, JD, MA

ON MARCH 20, 2020, THE TREASURY DEPARTMENT declared that 2019 tax filings and all federal income tax payments that had been due on April 15, 2020 are now not due until July 15, 2020. This three-month delay is automatically applied to all taxpayers and does not impose any penalties and interest, regardless of the amount owed. This deferment applies to all taxpayers — including individuals, trusts and estates, corporations and

other non-corporate tax filers as well as those who pay self-employment tax. This announcement replaced the flexibility previously announced on March 18.

For taxpayers who expect to receive a refund, the IRS encourages filing as soon as possible and to file electronically. At this time the IRS is still accepting tax returns and sending refunds. The sooner taxpayers file, the sooner they can receive their refunds. 

[SEE THE FULL IRS PRESS RELEASE](#)

[VIEW THE IRS RESOURCE PAGE ON CORONAVIRUS TAX RELIEF](#)

ADVOCACY


## Federal Student Loan Payments and Interest Suspended For 60 Days

Alpha Lillstrom Cheng, JD, MA

ON MARCH 20, 2020 THE DEPARTMENT OF Education announced that interest on federally held student loans will automatically be suspended for at least 60 days. These same borrowers have the option to suspend their student loan payments for at least two months. However, in order to halt payments for 60 days, the borrower **MUST CONTACT THEIR LOAN SERVICER** online or by phone to request this forbearance. This will allow eligible borrowers to temporarily stop their payments without worrying about accruing interest.

The Department of Education also authorized an automatic suspension of payments for any borrower more

than 31 days delinquent as of March 13, 2020, or who becomes more than 31 days delinquent. For borrowers who continue to make payments, the full amount of their payment will be applied to the principal amount of their loan once all interest accrued prior to March 13, 2020 is paid.

These policies announced by the Department of Education apply only to federal student loans and **DO NOT** apply to loans from banks or other financial institutions. If you have a privately funded student loan, contact your lender and ask if they are able to provide you similar flexibility. 

[VIEW THE DEPARTMENT OF EDUCATION PRESS RELEASE](#)

[VISIT STUDENTAID.GOV/CORONAVIRUS FOR FORTHCOMING DETAILS](#)

## Prevailing in the COVID-19 Crisis

By Steve Stalzer, MSPT, MBA\*

THE UNPRECEDENTED COVID-19 CRISIS IS FORCING businesses to implement bold and untested response strategies merely to survive this pandemic. Not only does the virus itself pose a serious threat to businesses, but the necessary mitigation strategies also severely disrupt normal operations. While the US Department of Homeland Security has identified that physical and occupational therapists are a part of the essential critical workforce, almost all therapy clinics are experiencing significant drops in patient volumes and projected revenue.

Some hospital and physician-based clinics will close due to the proximity of other critical services. Clinics that cannot adapt to the current environment will close as well. Those that do adapt to our changing environment will emerge stronger as the demand for therapy continues and other providers shut down amidst those challenges. If there was ever a time to step up as an innovative leader to care for patients in new ways, this is it. It is important to assess changing conditions, project staffing needs accordingly, and make tough decisions quickly. Bold action and strong leadership are essential to survive the immediate environment and ensure long-term success through the downturn and beyond.

1. **Accept The COVID-19 Reality:** Your 2020 goals are no longer relevant, and your priorities are no longer the same. Your staff, patients, and business are not immune to the impact of COVID-19. The extent of this impact will remain unknown for some time and information is changing by the hour. That is our new reality. Accept it and get ready to move forward. Seek help as you need but make no mistake—the COVID-19 crisis calls for a proactive and aggressive response.
2. **Protect Employees and Customers:** Physical and occupational therapists are considered essential personnel during this pandemic by the US Department of Homeland Security. As clinics remain operational, patient and employee safety need to remain your number one priority. Monitor guidelines from leading companies and over-invest in creating a safe environment. This is applicable in the clinic, patient home, and with telehealth. Overcommunicate with both staff and patients with full transparency. It will be critical to maintain the trust of staff and patients as panic and uncertainty set in.
3. **Play Defense Aggressively:** Employ aggressive plans to provide ongoing care for patients. Discuss environmental risks, safety precautions, and risks of not doing therapy with each patient. Provide them with recommendations that balance safety and allow them to receive the care they need. The decline in clinic volumes provides a safer environment and increased social

distancing for patients who have essential treatment in a clinic setting. It also leaves a significant number of patients at home. Therapy companies that adapt through telehealth and in-home outpatient therapy will remain relevant in current conditions and emerging as stronger as customer behaviors change. Avoid closing your doors whenever possible, even if it is at significantly reduced capacity and staffing.

Accept that telehealth reimbursement has significant unknowns and that the variables are changing daily. Despite the unknowns, telehealth is likely one of our best options for continuing to provide value for patients during the crisis. In-home therapy is another alternative to consider both now and as conditions improve. The new reality is that some patients will remain afraid to leave the safety of their home for months to come.

4. **Play Offense Even More Aggressively:** Businesses across all industries are taking drastic measures to stay relevant and keep cash coming in during this time of uncertainty. Our industry will need to do the same. As you assess both clinic and alternative settings, you will also need to tackle your greatest barriers for accessing new patients and have your strongest team members attack those barriers with tenacity. Some examples include the following:

- **Facilitate Telehealth Reimbursement:** Your Practice Liaison may need to lead a state-wide grass roots charge asking therapists, patients, and leaders from other therapy companies to aggressively advocate for new Telehealth payment policies. He or she may be a great person to speak with insurance companies, physician groups, and current patients to facilitate this as a viable solution.
- **Be Critical about Arrival Rates:** Your strongest communicators may need to take charge of patient conversations by scripting language that promotes continued care. Coaching staff on messaging will be critical as patient behaviors begin to change and uncertainty sets in.
- **Promote Effective Marketing Strategies:** Re-assess marketing strategies and promote options for patients to receive care under existing conditions. Communicate to past patients and medical providers the services that you are continuing to provide and how new patients can access services under current conditions. Speak with primary care physicians about how you can assist in providing care for the musculoskeletal needs of their patients to unburden them from this population. Closely track how new patients are finding you and double down on

\*The author has a professional affiliation with this subject.

strategies that have a positive return on investment. Now more than ever, effective marketing is a critical investment to assure ongoing viability.

- 5. **Project Your Cash Burn Rate:** Assess your financial situation and project your cashflow with various levels of patient volume and revenue. Run projections for four levels of patient volume and revenue: 75%, 50%, 25%, and 0%. It will also help to assess volume and revenue from three key segments: in-clinic visits, telehealth, and out-patient visits in the patient’s home. This will allow you to accurately forecast total revenue as volume ramps up or down for each segment and new information becomes available on alternative delivery models.

Calculate labor needs and available expense reductions at each level to assess your cash burn rate—the rate at which you are spending money in excess of income. This will allow you to assess how long you can live off existing cash reserves before tapping into lines of credit. These projections will become the basis for the decisions you need to make to maintain financial viability at various patient volumes.

Establish a plan for each level. While it may seem hard to comprehend 0% revenue, this is already the new reality for many owners, and it is smart to be prepared for this situation as well. Even at zero patient volume, critical functions such as communicating with staff, patients, and referral sources, recasting financial projections, and processing past payments will be required. Be sure your critical staff have the equipment and connectivity to work from home if necessary and check in with third-party billing companies to ensure they can remain operational as travel restrictions expand.

Get help if you don’t have internal resources to assist with financial projections. Make accurate projections but don’t delay decisions by attempting to forecast with 100% accuracy. You will need to assess new patients and visits weekly to recast projections as conditions change.


- 6. **Talk with Your Banker Today:** Expand your available line of credit well before you need it. Talk with your bank to establish or increase credit as payroll expenses outpace payments from private and federal payers. Preserving cash and expanding available credit will assure that your recovery is not limited by your cashflow in the future. If you have existing loan commitments, talk with your bank about potential payment holidays and ask if loan covenants will be relaxed moving forward.
- 7. **Conserve Cash:** Conserving cash will be critical for all businesses over the next several months. Eliminate non-essential expenses and hide the checkbook for the next week or two to delay paying non-critical bills while you assess the situation. Plan to re-negotiate with landlords and even vendors as you get a better feel for the impact of COVID-19. Your landlord is likely prepared

to discuss reduced rents or even a rent holiday for a period, particularly if that makes the difference between keeping you as a tenant for the long term and having a property stand empty. Assess employee benefits, 401k matching, and other expenses that may need to take a back seat to critical priorities that will keep doors open. Explain to employees and vendors that this is not an excuse to bolster profits: these are potential strategies for therapy clinics to remain viable during the crisis.

- 8. **Balance Staffing with Reduce Volumes:** Balancing patient volume and staffing is the elephant in the room, and it must be addressed. While taking care of staff is always a top priority, you must think about both immediate and long-term considerations. Balance patient volumes, cash reserves, burn-rates, and debt capabilities as you assess a reduction in your labor force.

If staff reductions are required, be calculated in the execution of those changes, but don’t delay making tough choices. Decide on essential reductions, then work with your HR team to communicate empathy to staff during the current situation. Be aware of company policies, PTO liabilities, and state guidelines as you navigate decisions efficiently and right size operations.

- 9. **Consider establishing an Employee Disaster Relief Plan:** Talk with your tax advisor about implementing an Employee Disaster Relief Program to take advantage of [section 139 of the IRS Code](#) for “qualified disasters.” This program allows employers to provide assistance to employees affected by a presidentially declared natural disaster that is exempt from federal income and employment taxes. The provision of assistance is relatively straightforward and provides tax relief for the employee while also being tax deductible for the employer.
- 10. **Stay Positioned for a Strong Recovery:** New strategies will be required to re-engage with staff and patients as conditions improve. Telehealth and in-home therapy visits may become a critical part of your recovery plan. Effective marketing, communication, and employee re-engagement strategies will be essential for an efficient and strong recovery. Preserving cash and credit will also be essential as staff expenses outpace insurance payments as conditions and volumes improve.

The COVID-19 crisis poses many challenges for physical therapy clinics across the nation. With the acceptance of the challenges ahead, proper financial planning, and thoughtful business decisions, your clinic can remain financially viable and come out of the crisis prepared for a successful future. Strong leadership and strategic planning are more essential than ever to your success. 




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## MARKETING

### Creating a Persona: Engagement in the COVID-19 Era

By Michelle Collie, PT, DPT, MS, OCS

OUR COMMUNITIES ARE CHANGING RAPIDLY.

Private practices are trying to determine how to weather the COVID-19 storm. To do this, a strategic and well-rounded marketing approach is more important than ever.

One approach to marketing involves creating a persona. A persona can help guide the production and distribution of content. Personas are fictional characters created to represent the targeted individual that a physical therapy practice would like to engage with. Creating personas helps you understand the targeted individuals' needs, experiences, behaviors, and goals. Personas help us gain insight into the consumer, allowing for specific content to be developed and distributed to the target audience. The targeted audience will then engage with the content, increasing their opportunity to learn and find value in physical therapy.

Three weeks ago, your practice may have been publishing content to attract athletes preparing for their spring season or promoting a balance program in the clinic for seniors. Now many of us are questioning what social media content, given the significantly changing needs of the people in the communities we serve, is appropriate.

Follow these simple steps to create a target persona to engage with in the COVID-19 era.

#### STEP 1: THE PERSON

The initial step in constructing your persona involves creating a picture of the person you want to engage with. This can include age, gender, marital status, career, income, hobbies, and where the patient lives—all the information that allows you to create a fictional yet realistic ideal patient. Typically, when developing a persona, data gathering and understanding financial implications is considered. But in the current climate, data may not be as meaningful as it previously was.

#### STEP 2: HUMANIZE

Give the persona a name and even a photo to help humanize the individual. Next, consider how the persona spends their day, therefore identifying the things they are dealing with daily. This helps us better understand how daily life may impact how the persona makes health decisions and the kinds of messages and information that will be of interest, allowing opportunities to connect with them.

#### STEP 3: EMOTIONS

To truly understand the persona and the content that will appeal, we need to consider the persona's hopes and dreams and now, more than ever, their fears and worries. This allows us to empathize, understand, and craft messages that have an emotional connection. Some research should be done to avoid making biased assumptions. Consider questioning a group of real people who fit the demographic profile you have established through a survey.

#### STEP 4: INFORMATION AND COMMUNICATION

It is essential to research and understand how the persona accesses information. Does the persona gain information through certain publications, websites, media channels, or social groups? Essentially, you must determine where the person is going to gain answers to their questions. In a digitally driven age, technology now plays an even more vital role in accessing information, and it's important to know your persona's communication preference.

#### STEP 5: SOCIAL MEDIA PROFILE

Knowing what social media channels are used by a persona will help determine where marketing resources should be spent. In addition, social media analytics give insight into users' habits, providing ongoing analytics to direct marketing content.

Personas allow us to step back from our own preferences and biases and objectively focus on what the person we want to engage with really wants. Creating personas should be considered an essential task in the development of a practice's marketing and messaging strategy, especially in a time of crisis.

In the midst of managing layoffs, declining revenue, and the potential for bankruptcy, marketing may not be your key focus, however, messaging is a key part of how private practices communicate with their clients and sustain a viable business. Consider the following persona and how you can develop messaging and appropriate social content to meet his needs. As you continue to face the effects of COVID-19, be a leader in your market by reaching your persona, and therefore clients, in an authentic and meaningful way.

## PERSONA

### Harry

#### 45-year-old male

- Harry recently has transitioned to work from home, full time.
- Unlike his ergonomically designed workstation at his office, Harry's home office is a laptop on the kitchen table. He already has a headache!

- Harry is married. His wife is a teacher who is now teaching remotely due to school closure. His wife used to go to Pilates three times a week. These classes are cancelled.
- Harry and his wife have 2 children in high school. Their school is closed so they are now taking their classes online.
- Until recently, Harry went to the gym three days a week for cardio and strength training. His gym is now closed. He is worried about maintaining his fitness and health, and unsure what exercise he can do at home.
- Harry is connecting with friends on Facebook to ask other people how they are managing to exercise when their gym is closed.
- Despite Harry's family being upper middle class, the uncertainty of the future means they are limiting spending.
- Harry's parents live close by but are minimizing social interactions. Harry is worried as his mother has fallen recently. She seems to be having problems with her balance.

Now is the time to engage. Many lives have changed, and we can support the health and musculoskeletal health needs of the communities we serve, one persona or client at a time. 📱

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**Michelle Collie, PT, DPT, MS, OCS** is CEO of Performance Physical Therapy with locations throughout Rhode Island and Massachusetts. She may be reached at [MCollie@performanceptri.com](mailto:MCollie@performanceptri.com).

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PRACTICE MANAGEMENT

Tips and Tricks to Start Telehealth Tomorrow

By Mark Milligan, PT, DPT\*

WE ARE IN UNPRECEDENTED TIMES WITH A RAPID adoption of technology to deliver patient care across all disciplines. That being said, it is important that a long-game approach be considered when setting up telehealth delivery in your practice. Typically setting up a telehealth system within a company is a lengthy process--from the implementation of clinic systems and employee workflow to the patient journey process. During this COVID-19 pandemic, these timeframes are greatly compressed or eliminated.

Whether you have adopted digital delivery of physical therapy services or you have been wary of it, now is the time to set up the digital side of your practice. Here are the top 10 steps for setting up your digital practice.

1. Identify your patient population and set the expectations.

During this crisis, most people will be appropriate for digital care but you have to set your patients up for success. Setting patient expectations for digital care delivery starts with both the front office and the providers. The language needs to be clear so the patient will receive amazing care either in-person or digitally. Give your patient clear instructions for their engagement during the digital visit to maximize their experience. Please see the Sample Patient Letter and Instructions.

2. Identify the technology you will be using for delivery of digital care.

This step is typically the most challenging and time-consuming as there are many different options. The types of delivery can be broken down into 3 categories: non-HIPAA compliant video interface, HIPAA compliant video interface, and lastly HIPAA compliant patient management systems such as EHRs and telehealth platforms with varying features that may include patient portals needed for Medicare patients to initiate an e-Visit.

- a. Non-HIPAA-compliant video interface (a \* indicates that this interface will not be compliant after the crisis has passed)
i. Google Chat\*
ii. Go-to-Meeting\*
iii. FaceTime\*
iv. Microsoft Teams\*
v. Skype\*
vi. WhatsApp\*
vii. Zoom\*
b. HIPAA-compliant video interface
i. Doxy.me (free version)
ii. Google Meet (in GSuite) with a BAA
iii. Zoom with a BAA
c. HIPAA-compliant platforms and systems

- i. Anywhere.Healthcare
ii. BlueJayHealth
iii. Clocktree
iv. Doxy.me (upgraded accounts)
v. Phyzio
vi. Self-Doc
vii. Vsee
viii. Synzi
ix. Theranow
x. Kareo

3. Privacy concerns should be a priority as the COVID-19 crisis is a temporary situation.

Privacy protections have been TEMPORARILY reduced due to the need for care delivery flexibility. This means that if you must deliver care via telehealth or an e-visit, then a non-HIPAA complaint means of communication can be used for the time being. If using a non-HIPAA compliant means of communication, document when, why, how, the length of time you anticipate using this method, and the reasonable and appropriate procedures put in place to protect patient privacy. If you continue providing the service longer than your original plan, document the revision. Also, include "This use of an e-visit is per CMS guidance on March 17, 2020, and is a result of the authority CMS was granted in the Coronavirus Preparedness and Response Supplemental Appropriations Act (PL 116-123)."

4. Check with Liability Insurance Provider

Most liability insurance covers digital practice without an additional rider. Call and check your policy to make sure you are covered.

5. Identify payment source: Cash Based, Commercial/Private Payor, or Medicare

- a. Cash Based- default to your state rules and regulations for delivering telehealth.
b. Commercial/Private Payor- Call payor and ask the following questions to ensure payment.
i. Is telehealth a covered service for the patient
ii. Is a physical therapist a reimbursable provider for telehealth
iii. What modifiers are required? 95 or GT (synchronous)
iv. Verify if Place of Service (POS) Code 02 is to be used on claim for these services
v. Does the physical therapist need to provide the service from a clinical site? "Originating Site" is the site of the patient. "Distant Site" is the site of the provider.
vi. Can physical therapist assistants provide these telehealth services under the supervision



rules required by state law? (While Physical Therapists are recognized as providers Physical Therapist Assistants are currently not (Medicare)

vii. What CPT codes are billable?

Physical therapists continue to use typical ICD-10 diagnosis codes and CPT treatment codes along with payer coding guidelines on time and units.

Other provider types use Telehealth codes including:

- 99201-99215 Which are currently not attributable to PT but there may be exceptions during this crisis or transition.
- G0427 Telehealth Consultations- Initial In patient
- G0406-G0408 Follow up Telehealth Inpt Consultations
- G2012-G2010 Brief Check in with established Medicare patients (e-visit ONLY)

AMA added modifier 95 -Synchronous Telemedicine Service for commercial claims to indicate that services were delivered through Real-Time Interactive Audio and Video Telecommunications Systems.

Place of Service (POS) Codes are two-digit codes placed on health care professional claims to indicate the setting in which a service was provided. Place of service code 02 has been created for telehealth. However, you may want to verify with each payer which modifier their system will accept.

E-Visits are NOT Telehealth!

Cash-Pay is also an important option for your patients who do not have coverage.

viii. Reimbursed amounts will vary based on the payer, your region and your contracts.

- c. Medicare: Physical therapists are not an approved telehealth provider for telehealth. Please see e-Visit information [here](#).
- d. Medicare Cash Pay: Medicare currently considers physical therapy services delivered through Telehealth as non-covered. Therefore Medicare beneficiaries are able to receive services provided through telehealth and pay an out of pocket (OOP) fee. Your practice can determine what the appropriate fee is and educate your Medicare patients about these services. An Advanced Beneficiary Notice (ABN) is voluntary when the service being provided is a non-covered service. Although it is voluntary, use of an ABN does provide an opportunity to explain that the services are not-covered by their Medicare Insurance and the benefits that these OOP services provide.

**6. Determine factors the payor requires for reimbursement, such as HIPAA-compliant software or utilization of specific platforms.**

**7. Determine the type of visit.**

- a. Synchronous: Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.
- i. Used for both consultative, diagnostic, and treatment services.
- b. Asynchronous: Transmission of recorded health history (for example, pre-recorded videos and digital images such as x-rays and photos) through a secure electronic communications system to a practitioner, usually a specialist, who uses the information to evaluate the case or render a service outside of a real-time or live interaction.
- i. Involve communication tools such as secure email to deliver instructions, answer questions, or HEP delivery.

**8. Identify Equipment**

- Provider
  - WiFi needs to be at least 15Mbps download and 5Mbps upload with Wired connection preferred
  - Laptop or device with internal or external microphone
  - Microphone/headset
  - Neutral or professional background
  - Quiet and private space
- Patient
  - Computer or laptop for some applications
  - Phone or tablet for most
  - Private and quiet space
  - WIFI or cellular service 15Mbps download and 5Mbps upload or faster

**9. Staff Training**

- a. Provider Selection: Delivering physical therapy services can be both exciting and challenging at the same time. The ability to connect and communicate with patients digitally is a skill that needs to be fostered so everyone will thrive. As you would for any role in the clinic, assess your staff's willingness and capability to deliver digital care. For those who are wary, have them practice or shadow other colleagues who are proficient. Delivering digital care is a skill that can be learned! Conduct a "mock visit" with your team. Review how to document the visit including parameters of the visit and patient consent.
- b. Workflow: Having a fully digital schedule is not typical in a clinic. Please consider how your staff's schedule is utilized to maximize care delivery. Are some people dedicated to digital care? Does staff have blocked time for in-person care and then blocked digital care? Is a mixed case load of

both expected? Creating a balance and a workflow for your staff is crucial so that they know what is expected of them.

- c. **Manage Clinician Expectations:** Digital delivery of services will be new to many staff. Acknowledging that this transition is a new style and delivery of a service than your staff was trained to perform is an important part of the process. It is important to review certain aspects of clinical care such as the importance of the subjective exam, differential diagnosis, movement based interventions such as response to repeated motions, self-performed joint mobilizations or stretches, and all exercises. Providers will need to be able to demonstrate these exercises as that is the easiest way to teach digitally. Be patient with both staff and patients as they develop their own language and technique.

**10. Patient Deployment and On-Boarding**

The adoption of new technology for care delivery needs to be communicated to the patient. Communication to your patients can happen in many forms (see attached). An email or letter containing all of the relevant

information for onboarding is standard. To ensure maximum patient adoption, consider having all staff communicate to the patients the exciting new way that they can be cared for. The messaging from the clinic and staff need to be congruent so that the patients can readily adopt the new method of care.

**11. Forms (See Sample Telehealth Consent Form)**

- a. Digital Forms
  - i. Consent to Treat
  - ii. Consent for Telehealth

**12. Do it.**

There is something to be said for jumping in and doing. There is nothing to it but to do it. In the digital arena, attitude is everything and having your providers communicate to their patients that this is new for everyone and be humble about this new delivery method will help everyone be more patient and accepting.

Digital care will be the new normal when this crisis passes. Taking the right steps now to ensure that you can meet the current demand and prepare your company for future success is the key mindset to have!

**Patient Sample Letter and Patient Instructions**

Date: \_\_\_\_\_

Dear (Patient Name),

We are writing to you with exciting news that will directly impact the way we can treat you and offer you care! We now have an online telehealth platform called [insert here]. This telehealth tool will allow you to access your provider and receive care in the event your aren't able to access the clinic!

We can use this telehealth tool in multiple ways to serve you. We can use it as a screening tool, for follow up appointments, wellness check-ins, exercise progression, and even for initial evaluations and treatments!

We believe this will bring significant value to you as an option to enhance your experience at (insert here: Company Name/Practice.) You will still receive the same impeccable quality of care but it will be from the comfort and convenience of your own home or office.

All that is needed on your part is to go to [insert platform name here], and click on [insert sign up link]. From there, follow the prompts to set up your account. Once you set up your account, you are able to log into the "Patient Portal" and select your provider. Then you will be able to receive, request, approve, or modify appointments. **(Provider: You may wish (recommended) to mention how your patient will be billed here. Or instruct whether or not to enter insurance information.) Modify this section to suit your needs if you are not intending to utilize a patient portal.**

There are no extra fees to use this platform and the apps are free. You can use it on Mac, PC, and every type of tablet and smartphone. Optional line depending on software: [We want to assure you it is fully HIPAA-compliant, like all electronic medical records in hospitals, which means your health information, personal information and data is completely secure.]

Here are the links to the apps: [insert here]

We are really happy to expand our reach as practitioners and to deliver more care to a wider scope. There are so many people who don't live near a health center or are suffering too much to travel to one, or maybe too busy. This kind of care is for you!! If you are one of them, welcome to the next level of patient experience. We look forward to partnering with you in your healing and recovery.

In health and gratitude,  
(Your Name, Company)

## Optimizing Your Telehealth Experience

Telehealth may be something brand new for you and maybe you're wondering what to expect as a patient. Here are some suggestions to have the best experience while connecting with your provider.

### 1) Accessing the Software:

Your provider will send you the information to connect with the system that they will be using for telehealth. Please follow the instructions for downloading the necessary software or logging into the necessary site prior to your initial visit.

### 2) Hardware Needs:

You will need a computer, tablet, smartphone, or mobile device to access the software. Your provider will let you know what is best for you to use to connect with the software.

Your device must have a microphone (either internal or external) so that you can communicate with your provider.

Your device must also have a camera (either internal or external) so that you can be seen by your provider during the visit.

### 3) Internet Connection/WiFi:

Having a strong and solid internet connection is vital to having a positive telehealth experience. Some software performs at a slow connection but most do not. Ideally, your internet speed should be at least 15Mbps download and 5Mbps upload. Here is a [link](#) to check your speed!

If your speed is consistently slow, you may want to contact your internet provider and ask about getting faster service.

If your internet is not performing as it should, you may want to try a wired internet connection. Using a cable connected directly to your router or modem can often be much faster.

Using your mobile device can also be a solution, however data plans and costs may limit usage.

Here are important tips to maximize your digital healthcare experience:

- 1) Make yourself comfortable. Choose a location in which you can be most comfortable both physically and emotionally. You will likely be asked by your provider to move during your visit so make sure you have room to move. You want to be able to share information freely with your provider so other people in the room may not provide enough privacy. The more comfortable you are in your surroundings the better the outcome of the visit will be.
- 2) Wear comfortable clothing that also allows for movement to be seen over video. For example, snug fitting clothes or shorts and a t-shirt allows for your provider to assess how parts of your body move to determine the best intervention
- 3) Be safe. Please do not try to have a telehealth visit while driving or performing other activities that may cause harm.
- 4) Location. Choose a location that is quiet and private without distractions. This is a healthcare appointment and distractions can make the appointment challenging for everyone. Removing distractions will allow you to focus fully on your learning and your healing.
- 5) Choose a Consistent Location. Using the same space for every visit allows for your provider to know what equipment and furniture is available for treatment.

**Telehealth Consent Form**

Telehealth Patient Consent/Refusal Form

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Purpose: The purpose of this form is to obtain your consent to participate in a Telehealth Consultation/ Treatment in connection with the following procedure(s) and/or service(s)

\_\_\_\_\_  
\_\_\_\_\_

- 1. Nature of Telehealth Consult: During the telehealth consultation:
  - a. Details of your medical history, examinations, x-rays, and tests will be discussed with other health care professionals through the use of interactive video, audio and telecommunication technology.
  - b. A digital physical examination may take place.
  - c. A non-medical technician may be present in the telehealth studio to aid in the video transmission.
  - d. Video, audio and/or photo recording may be taken of you during the procedure(s) or service(s) for treatment purposes only.
- 2. Medical Information & Records: All existing laws regarding your access to medical information and copies of your medical records apply to this telehealth consultation. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any patient identifiable images or information for this telehealth interaction to any other parties or entities shall not occur without your consent.
- 3. Confidentiality: Reasonable and appropriate efforts have been made to eliminate any confidential risks associated with telehealth consultation, and all existing confidentiality protections under state and federal law apply to information disclosed during this telehealth consultation.
- 4. Rights: You may withhold or withdraw your consent to the telehealth consultation at any time without affecting your right to future care or treatment.
- 5. Disputes:
- 6. Risks, Consequences & Benefits: You have been advised of all the potential risks, consequences and benefits of telehealth. Your health care provider has discussed with you the information provided above.

I agree to participate in telehealth care with <Enter company name here> for the procedure(s) and/or service(s) above.

Signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

If signed by someone other than the patient, indicate the relationship: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Witness Name in Print: \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_ AM PM



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PRACTICE MANAGEMENT

**Possible Alternatives to Layoffs due to the Coronavirus**

By Jason M. Wambold, MSPT\*

THE CORONAVIRUS PANDEMIC HAS FORCED practice owners, administrators, and executives across the country to grapple with one of the most difficult business decisions many of us may ever face in our professional careers: Should we temporarily close our clinics with the hopes that upon reopening we will be able to quickly rebuild our business, re-staff our facilities, and restore profitability? Or is it our duty to remain open due to the essential nature of the care we provide? Doing so may alleviate crowding at physician offices, ensure much needed income for many employees, and avoid the potential reality of rebuilding our practice after a complete and total interruption of care. And if we do decide to remain open, how do we manage our salary cost in the midst of dramatically declining volumes?

Shared-risk alternative employee compensation models have been on the rise in our profession in recent years, but they have been slow to catch on in many cases due to frequent resistance that is often encountered by salaried employees. Under normal circumstances, this is of course an understandable reaction from an employee who has previously been working under the protective financial umbrella of a guaranteed salary. But these are not normal circumstances. Now more than ever, the rehab industry may consider adopting shared-risk alternative compensation models as an effective tool to ensure that everyone works together to meet the challenges at hand. You may have already made the decision to temporarily close your practice. But if it is your intent to remain open, and if your employees desire to continue to provide care to your patients, you may feel that covering your payroll cost under the reality of dramatically reduced volumes is impossible. Before you decide to unilaterally close your practice and furlough or layoff your clinicians, consider the following.

**WHAT ARE MY OPTIONS?**

Shared-risk models, by definition, guarantee only a portion of a full salary, but the remaining portion of employee total compensation is tied to individual performance. This performance-based pay represents the risk that the employee assumes. This additional income may be linked to a variety of variables such as number of patients, billed units, billed minutes, collected revenue, expected revenue, or some combination of these variables. Under any of these conditions, as volumes drop, employee compensation will drop. This will result in an automatic payroll savings for the employer. Most employees fully appreciate the

unique nature of the current situation and are likely to be grateful to earn any income at all. So quickly introducing these models may enable you to continue to employ your providers as long as their income is directly tied to their production. The following is a sample of possible compensation models that you may need to introduce immediately:

**Option 1: Fixed scale shared revenue model.** Under this model, an employee would receive a flat percent of any income they generate. For example, a 30% revenue share model, assuming \$100/visit, would pay \$30/visit to the employee, and \$70/visit to the employer. Practices utilizing this model must be careful to ensure that the percent of revenue shared is affordable at lower volumes.

**Option 2: Sliding scale shared revenue model.** This model is similar to option 1, but would offer an escalating model of percent revenue share as volumes grow, and a declining percent of revenue as volumes drop. This model, as compared to option 1, is potentially more likely to encourage employees to maintain higher patient volumes and/or charges.

**Option 3: Fixed scale volume model.** An employee earns a flat dollar amount per visit. Practices utilizing this model must be careful to ensure that the amount paid per visit is affordable at lower volumes.

**Option 4: Sliding scale volume model.** An employee earns an escalating dollar amount per visit as volumes grow, and a declining dollar amount as volumes drop. This model, as compared to option 3, is potentially more likely to encourage employees to maintain higher patient volumes.

**WHAT FACTORS DO I NEED TO CONSIDER?**

**Predicted or Actual Revenue:** Under normal circumstances, it is advisable to use actual collected revenue. But given the current business challenges, calculating predicted revenue may be a more effective, albeit temporary, approach.

**Employee classification:**

*Exempt:* Employees are exempt from OT and qualify for the federal minimum weekly salary requirements according to the white collar exemption Fair Labor Standards Act. The current minimum is \$684/wk.


*Non-exempt:* Employees are eligible for OT, must track and report total hours, and total comp must reach the equivalent of at least minimum wage for all completed hours.

**Base pay:** This can vary dramatically and can be calibrated to ensure that compensation models are in line with practice metrics and geography. Base pay must be clearly communicated to the employee.

**Quality Care/Ethical Practice:** Practices who wish to introduce shared-risk compensation models must first ensure that their ability to track key quality measures is robust, accurate, and regularly communicated to each treating provider.

### HOW DO I DETERMINE THE BEST DECISION FOR MY PRACTICE?

Each circumstance is unique, and current realities vary dramatically according to geography and practice environment. Introducing shared-risk compensation models should be considered as a very powerful tool that may enable your employees to remain employed, keep your practice up and running, and mitigate the otherwise

devastating economic effects of the current situation. Introducing one or a combination of these options is a very compelling alternative to layoffs. And when we overcome the current circumstance, which we most definitely will, you may wish to permanently convert your practice to a shared-risk compensation structure. Your employees will very likely be grateful for the additional earning potential and professional freedom/flexibility that these types of models provide. 

*Disclaimer: This article is not intended to provide specific legal, strategic or operational advice of any kind. For information related to labor laws please consult your labor law attorney or human resources specialist.*

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**Bardavon Health Innovations** is committed to working alongside Providers as we navigate this unprecedented pandemic **together**.

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MARKETING

**Sample Press Release for COVID-19**

*Use this press release for your practice's communications*

**Local Physical Therapy Company Offers Virtual Visits to Combat Coronavirus**

Given the recent outbreak of coronavirus (COVID-19), many people are unable to attend regularly scheduled medical appointments like physical therapy. In addition, the shut-down of local gyms and fitness facilities limits options for exercise to prevent physical decline and subsequent health issues. Those that experience the onset of new musculoskeletal pain are flooding local emergency rooms and doctors' offices for conditions that could be effectively triaged by a physical therapist with a direct access license, further slowing access to care for those experiencing COVID symptoms. Luckily, <Insert Company Name Here> has implemented a plan to combat the Coronavirus crisis through virtual therapy sessions.

Previously not covered by most medical insurances including Medicare, in an emergency press release conducted March 17th, President Trump announced expanding telehealth coverage to improve access. The Center for Medicare and Medicaid Services (CMS) responded by announcing that Medicare will cover e-visits with a physical therapist for its beneficiaries throughout the COVID-19 outbreak. Private insurance companies are independently choosing to cover versions of telehealth or e-visits, although the coverage is specific to each carrier.

Access to telehealth and e-visits allows those who do not wish to leave their house an opportunity to speak to a professional. Via video or telephone call, a physical therapist can progress a current treatment plan, triage new pain or symptoms, or assist in developing an exercise program to prevent decline. This care not only ensures patients are receiving necessary medical care, but assist with reducing the overall health burden on hospitals and doctors' offices.

Virtual therapy allows people of all ages to safely keep moving and address physical problems from the comfort of their own home. Unfortunately, injuries and pain do not go away during a pandemic, but rest assured, <company name> is working together with the community to find ways to help.

If you are interested in learning more about virtual therapy at <company name>, please visit [<company website>](#) or send us a message via social media <company social media handle>.



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## Ad Index

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[info@bardavon.com](mailto:info@bardavon.com)

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888-380-6748  
[Info@craniocradle.com](mailto:Info@craniocradle.com)

### 2 MWTherapy

[mwtherapy.com](http://mwtherapy.com)  
800-627-1261

### 5 Practice Perfect

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### 5 The Wired Client

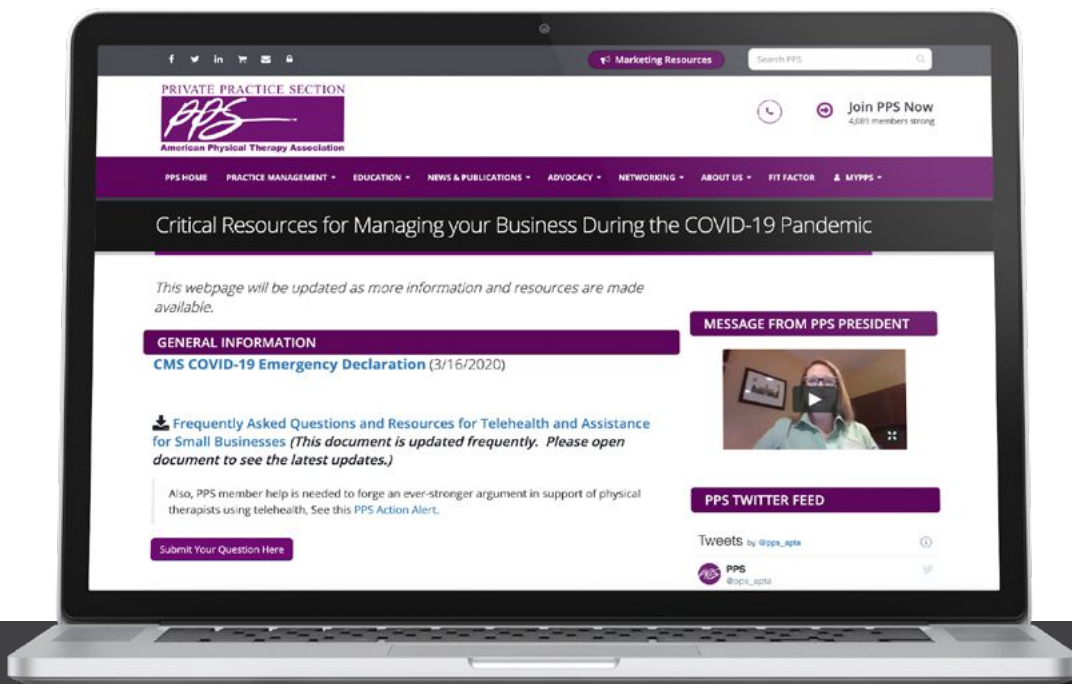
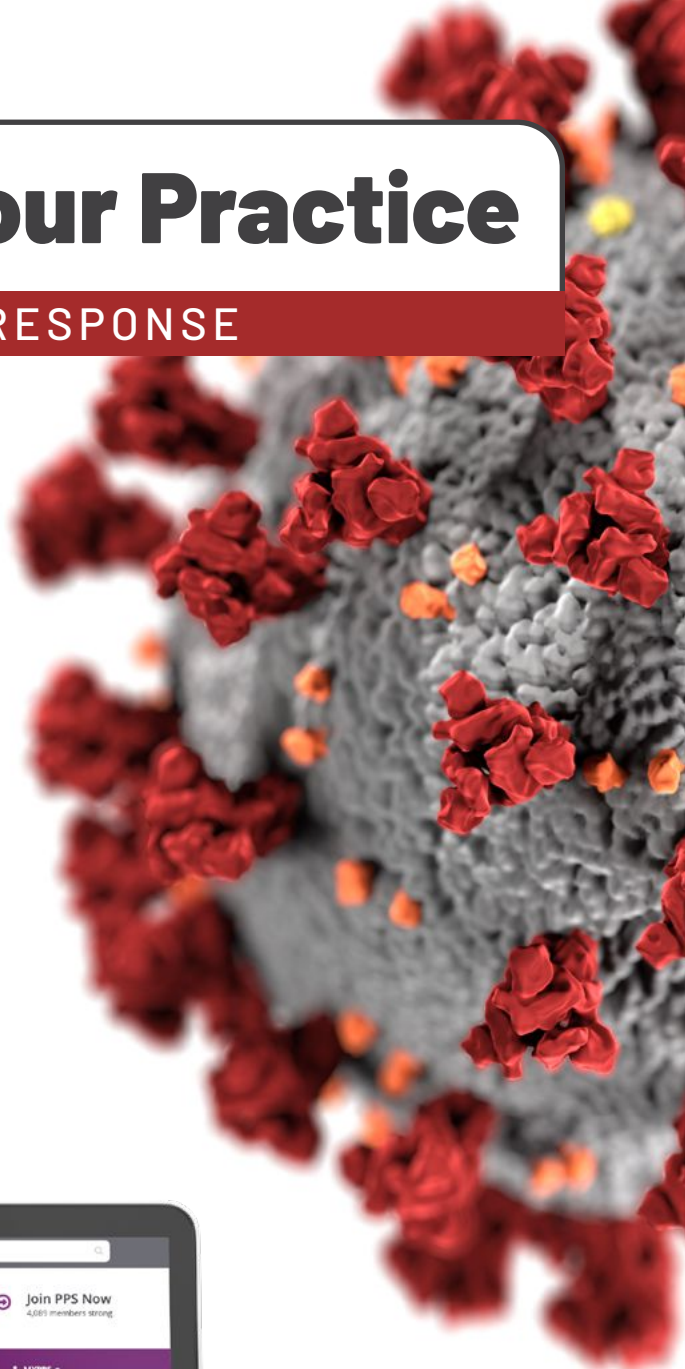
[thewiredclient.com](http://thewiredclient.com)

# Resources for Your Practice

DURING COVID-19 RESPONSE

Private practice physical therapists are being impacted by the spread of COVID-19, and PPS is here to help. PPS has banded together as a community to provide resources to aid you and your practice during the rise and fall of concern about the disease.

With regular updates, the site is the go-to resource for private practice physical therapists amid the COVID-19 public health crisis.



info@ppsapta.org

STAY UPDATED AT PPSAPTA.ORG





# Keep Your Virtual Doors Open

For many of you, the spread of COVID-19 means fewer patient visits, reduced cash flows, and uncertainty.

MedBridge is here to support you, your patients, and your community throughout this challenging time with effective remote care solutions to help you adjust to this new business paradigm.

## Our Virtual Patient Engagement Suite

- **Telehealth Virtual Visits** to let you remotely screen, triage, and care for your patients in real-time.
- **MedBridge GO patient mobile app** to improve at-home engagement and drive adherence to treatment plans.
- **Home Exercise Program and Patient Education** to educate your patient, boost activation from afar, and ultimately, drive better outcomes.
- **Additional virtual patient engagement tools** like patient adherence tracking, in-app messaging, and patient satisfaction surveys.



Learn more at [medbridgeed.com/covid-19](https://medbridgeed.com/covid-19)

✉ [sales@medbridgeed.com](mailto:sales@medbridgeed.com)

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