



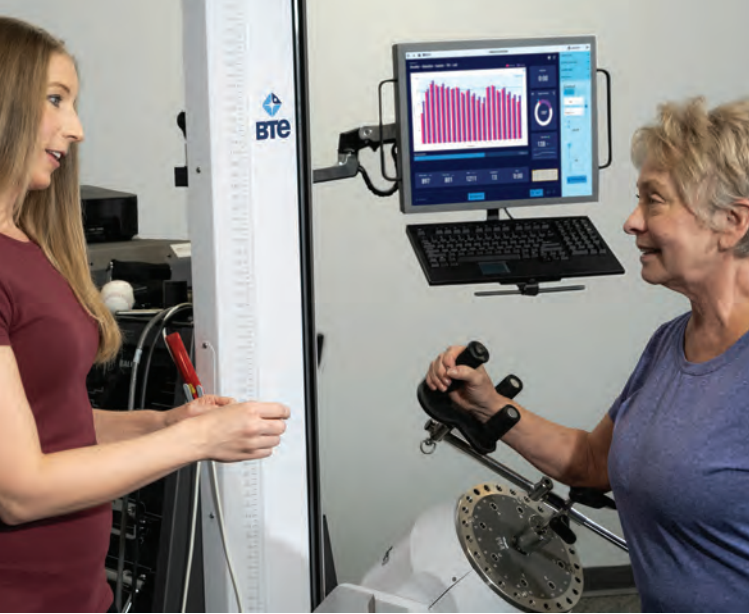
22-MONTHS-OLD HENRY IS WARMING UP HIS BODY BY JUMPING ONTO A CRASH PAD AT THE THERASENS CLINIC.

Starting or Improving Your Own Practice? Here's What You Need to Know

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Occupational therapy practitioners may go into the field to help people, but running a successful practice requires a very different, wide-ranging set of skills. OTPs who want to start a practice, or improve the effectiveness of their clinic, must be prepared on everything from finding the right office space to knowing their local patient market, from complying with HIPAA requirements to knowing how to advocate for the best client care. “There’s a lot of buzz right now on how to improve practices,” says Natalie Sanders, founder and director of **TheraSens Inc.**, an outpatient

“You want to be knowledgeable in every area, and if you don’t understand something...you need to be able to talk to people you trust who have the experience.” —Natalie Sanders, TheraSens



SHOWING PATIENT PROGRESS

An OT practice that shows its effectiveness will be more likely to get referrals from doctors and visits approved by insurers. A key to accomplishing these goals is to be able to document patient progress toward regaining mobility, functional independence, and the closest possible return to their lifestyle. The products and services offered by **BTE Technologies** are designed to do exactly that. “OT clinics need to differentiate themselves, because if you don’t, the reality is that patients choose the clinic closest to home and most doctors will just give you a list to choose from,” says John Vermette, director of provider and product management for BTE. “If you can give patients and doctors meaningful feedback by objectively charting patient progress, it’s a competitive advantage.”

BTE sells products that simulate real-life movements, replicating functional tasks for homelife, work, sports, and more, and then provide precise measurements of movement and progress. These products keep patients returning to their clinic and seeking support to do so from their doctors and insurers. “It amazes me when I visit clinics, how many therapists say ‘I give my patients exercises for home because the costs of visits are so high.’ That means you don’t value what you do,” Vermette says. “We want patients *returning* to your clinic, motivated, because we know patients don’t do those at-home exercises.”

BTE’s products show patient progress from appointment to

“If you can give patients and doctors meaningful feedback by objectively charting patient progress, it’s a competitive advantage.” –John Vermette, BTE



OT and PT clinic in Monterey, California. “One thing that’s for sure is that you must be involved in all day-to-day operations. Don’t think you’ll be able to hire people to focus on key parts of your practice. You want to be knowledgeable in every area, and if you don’t understand something, billing or insurance contracts for example, you need to be able to talk to people you trust who have the experience.”

Sanders and a colleague, Jennifer D’Attilio, have started a consultancy to assist practitioners with the ins and outs of running an effective and profitable practice. They say practice operators must be realistic and focused about their goals and limitations. “People should start with a limited area of concentration,” says D’Attilio, co-founder and director of **Central Coast Language & Learning Center**, a speech pathology clinic in Monterey. “That means knowing your market and then building relationships with referral sources. Start focused.”

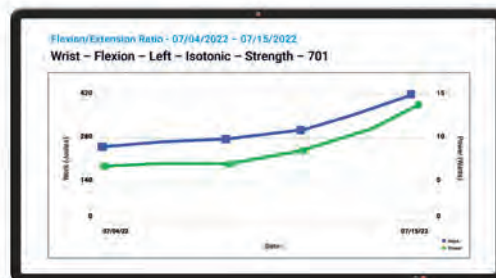
According to Sanders and D’Attilio, OTPs seeking to open or improve a practice need to have a realistic budget and an affordable working space. It can be easy to take on unrealistic expenses, like marketing or social media, or to seek a working space at a prestigious, but expensive, address. “It’s your name that you’re selling, not the visibility of your building,” Sanders adds. Operators must also know their market: what do the local demographics look like and what clientele are you seeking to primarily serve? “What are the local areas of need? Pediatric? Adult? Geriatric?” Attilio asks. “At a time when there are so many sub-specialties, you need to know your skillset and the patient population you really have expertise in. Find your niche. Then you can reach out to the right referral sources, like pediatricians and school districts.”

OTPs also must not overlook the importance of day-to-day customer service. That means answering the phone and emails and getting back to people within 24 hours with personalized responses. At a time when customer service is believed to be worsening across the medical community, prompt responses to patients can set a practice apart. “A mom whose child was just diagnosed with autism is going to be quite anxious and will want to talk to someone that day,” Sanders says. “If you call right back, you make that connection. That can make you the shining light, and it’s doable.”

(ABOVE) BTE’S PRIMUSRS SCREEN SHOWS REALTIME OUTPUT FOR INSTANT FEEDBACK. (RIGHT) EXERCISE SHOWN USES BTE’S PRIMUSRS CABLE ATTACHMENT FOR SMOOTH BI-DIRECTIONAL RESISTANCE AND A HANDLE BAR FOR PUSHING.

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appointment and since the start of their therapy. The goal is to get the patient started as soon as possible, even if the patient must start quite slowly, and then to show them their progress. “The patient comes in saying ‘It hurts when I do this.’ We want them to go through the motion so we can show them what they can do without pain,” Vermette says. “We want an injured worker to start thinking right away about what they can do, the progress they can make, and returning to work.”

In many small clinics, practitioners use manual muscle testing—having a patient push on their hand or resist their arm coming forward—and then grade their effort on a simple, subjective 1-5 scale. BTE’s products show that a patient recovering from, say, a broken wrist has improved from exerting six pounds of effort to 10. They also enable dynamic testing. Instead of measuring a patient’s grip once, they can measure a patient’s strength and endurance when repeating a grip.

Having precise measurements that show patient progress will also give doctors reason to seek more visits and insurers more reason to approve them. Such data appeals to Medicare and Workers’ Compensation, Vermette says. In most parts of the country, he notes,

“If a practice can get on top of its security and compliance needs, you become a more well-run operation and a more profitable business.” —Liam Degnan, Compliance Group



Workers’ Comp pays higher rates than Medicare or Medicaid, so clinics are trying to increase their Workers’ Comp referrals. “We can show that a patient who needs to lift 50 pounds for work could only lift 20 when they started OT but is now up to 40,” Vermette says.

GETTING A HANDLE ON HIPAA

Another thing that all OT practices need to have a handle on is HIPAA. The Health Insurance Portability and Accountability Act of 1996 seeks to guarantee the security and privacy of patients’ health information. OT practitioners need to be aware of HIPAA rules for transmitting patient information to insurers. But for many small and mid-sized OT practices, ongoing compliance with HIPAA is regarded as a burden, says Liam Degnan, director of strategic initiatives with **Compliance Group**, a company that provides guided software that simplifies compliance. “Compliance responsibilities often get passed around within a practice. It’s like whoever winds up with it drew the short straw,” Degnan says. “But if a practice can get on top of its security and compliance needs, it becomes a more well-run operation and a more profitable business.”

To comply with HIPAA, OT practices must, among other things: annually assess their security risks; document efforts to address risks; properly train employees; have security requirements for vendors; and have requirements for managing security lapses. Compliance Group’s software tracks compliance with all HIPAA requirements—like a QuickBooks or TurboTax for compliance. “Documentation is the key,” Degnan says. “Lots of practices are well-run, but from the perspective of the government, it’s about what you can prove with documentation. If a practice has a security issue, for example, you must be able to document remediation efforts.”

The goal of Compliance Group’s services is to help OT practices simplify compliance so they can focus on patients. Its support



(ABOVE) USING THE COMPLIANCE GROUP’S SOFTWARE TO MANAGE COMPLIANCE. (LEFT) THE COMPLIANCE GROUP’S SEAL OF COMPLIANCE REMINDS PATIENTS OF THE PRACTICE’S COMMITMENT TO COMPLIANCE.



teams get new clients on-boarded quickly and its software is regularly updated to reflect changes to HIPAA's rules. Should a client get audited by the Department of Health and Human Services Office for Civil Rights, the client has access to Compliancy Group's audit response program, which compiles documentation for an audit response. No client has failed an audit, Degnan says.

Compliancy Group also offers its own Seal of Compliance, which helps an OT practice market its compliance to patients. "It's a way for prospective patients to see their compliance is verified by an independent third-party," Degnan says. "With a lot of OT practices we deal with, especially in the pediatric space—since parents are often more sensitive about privacy matters regarding their children—being able to display that seal goes a long way to establish credibility and trust."

YOU CAN GO HOME AGAIN

Another way occupational therapy practitioners can separate their practices and sharpen their marketing is by addressing clients' needs *after* they leave the clinic and return home. The **Living in Place Institute** offers 16-hour online courses and certification programs focused on how to make living spaces accessible and safe to people with a range of physical challenges. "It's valuable for OTPs to know about the types of home modifications available to help people in their homes," says Daniela I. (Dani) Polidor, vice president of sales and marketing for the Living in Place Institute. About 25% of the 1,500 people who have earned certification from the Institute are occupational therapists.

With the population aging, more people want to find ways to stay in their homes, including those with OT needs. The Institute's courses show practitioners how to assess a client's at-home needs—everything from lighting to floor coverings to bathroom layouts. "OTPs already have the training to see a

"We're counting on OTPs to help change how rehab centers and living facilities are designed, to make them feel more residential." —Dani Polidor, Living in Place Institute

person's physical abilities and needs," Polidor says. "By helping people live in place, you're offering something more, a focus on independence, dignity, self-advocacy, and minimizing the potential for a traumatic event. It puts OTs on the front lines with their patients." (For more information on Living in Place standards, on certified products, or on getting CLIPP or HATS certified, visit <https://livinginplace.institute>.)

The Institute's courses cover the history of fitting homes to match people's needs plus the requirements put forth by the Americans with Disabilities Act and the Fair Housing Act. The Institute also offers its own standards and best practices, which can help OTPs assist patients with making choices about their homes. "We're counting on occupational therapists to also help change how rehab centers and living facilities are designed, to make them feel more residential," Polidor says. "We can help educate them about living in place and then turn to OTPs to inform what patients need."

The Institute is also starting to certify homes that are designed to meet accessibility needs with features like home elevators, elevated dishwashers, and easy-to-open doors. One is being built in Louisville, Colorado, for a family whose former home was burned down by wildfires, and a second is planned in Rochester, New York. Overall, the Institute's goal is training people committed to making all homes effortlessly inclusive and barrier free. ■



(ABOVE) THE LIVING IN PLACE INSTITUTE IDEA HOME WILL INCLUDE NO STEPS FROM THE ENTRY DOORS OR FROM THE GARAGE. A SPACE WILL BE SET ASIDE THAT CAN BE RETROFITTED FOR AN ELEVATOR TO THE BEDROOM LEVEL, IF NECESSARY. (RIGHT) GROUND-BREAKING FOR THE LIVING IN PLACE INSTITUTE IDEA HOME IN LOUISVILLE, COLORADO.