

Exploration of Financial Management Knowledge, Skills, and Attitudes
for Entry-Level Physical Therapist Practice in the United States

by

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Entry-Level Physical Therapist Practice in the United States

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Abstract

The guiding question of this dissertation was “What knowledge, skills, and attitudes regarding financial management do physical therapists (PTs) need for entry-level practice and how do they obtain them?” Financial management aspects of clinical practice required for entry-level PTs are not well defined. Additionally, despite a transition from the Master of Physical Therapy degree to the Doctor of Physical Therapy degree in the mid 2000s as a requirement for program accreditation and the constant evolution of healthcare reimbursement, research is sparse about strategies for teaching financial management concepts to ensure students are prepared to effectively navigate this area of practice upon graduation and licensure. This hybrid, three-manuscript dissertation project includes a systematic review of instructional platforms and teaching methods used by professional physical therapist education programs (PTEPs), a retrospective analysis of student performance on Criteria #17 of the American Physical Therapy Association’s Physical Therapist Clinical Performance Instrument (PT CPI) for the final terminal clinical education experience, and a survey soliciting the perspectives of PTs on the financial management aspects that are essential for entry-level PTs. The purpose of this multi-study dissertation is to explore educational platforms and strategies used to deliver financial resources management content to students during academic and clinical preparation and to gather data to offer more clarity about the financial management knowledge, skills, and attitudes (KSAs) necessary for entry-level PT practice. Five themes were generated for instructional platforms or teaching strategies addressing financial management KSAs in PTEPs in the systematic review. These themes were: program curriculum/processes (n=2), didactic coursework (n=2), clinical education

(n=4), pro- bono clinics (n=7), and service learning (n=3). Qualitative retrospective analysis of PT CPI #17 identified 13 codes that encompassed the KSAs clinical instructors used to endorse entry-level practice, with “billing” being the most prevalent. PTs who responded to the survey indicated the most important KSAs for entry-level PTs regarding financial management was “legal and regulatory compliance” followed by “coding and billing.” The outcomes of this project may inform and guide academic programs and clinical education stakeholders in providing focused, meaningful instruction regarding financial management aspects of PT practice.

Glossary of Terms

American Physical Therapy Association (APTA)¹- An

individual membership professional organization representing physical therapists, physical therapist assistants, and students of physical therapy.

Budgeting²- An ongoing managerial process in which departmental or service needs are defined and developed, prioritized, reduced to final written form (proposal), submitted to administration, defended (as necessary), and approved.

Clinical education³- A formal supervised experiential learning, focused on development and application of patient/client-centered skills and professional behaviors.

It is designed so that students gain substantial, relevant clinical experience and skills, engage in contemporary practice, and demonstrate competence before beginning independent practice.

Clinical education experience (CEE)³- Experiences that allow students to apply and attain professional knowledge, skills, and behaviors within a variety of environments.

Experiences include those of short and long duration (e.g., part-time, full-time), provide a variety of learning opportunities, and include physical therapy services for patients/clients across the lifespan and practice settings. While the emphasis is on the development of patient/client physical therapy skills, experiences may also include inter-professional experiences and non-patient/client service delivery such as research, teaching, supervision, and administration. Clinical education experiences are a part of the professional curriculum and include formal student assessment.

Clinical instructor (CI)³- The physical therapist responsible for the physical therapist student and for directly instructing, guiding, supervising, and formally assessing the

student during the clinical education experience. When engaged in full- time clinical education designated to meet the minimum number of weeks required by CAPTE, the clinical instructor must be a licensed physical therapist with a minimum of one year of full time (or equivalent) post-licensure clinical experience.

Clinical performance assessment³- Formal and informal processes designed to appraise physical therapist student performance during clinical education experiences. Assessment may be formative or summative in nature and performed for the purposes of providing feedback, improving learning, revising learning experiences, and determining successful attainment of student performance expectations during clinical education experiences.

Clinical performance assessment³- A valid, reliable, and multidimensional clinical performance assessment tool utilized to determine if, and how well, a student meets established objectives during clinical education experiences.

Coinsurance²- Coinsurance is a provision in a health insurance policy that limits the amount of coverage in a plan by a certain percentage (e.g., 80%) and in which the remaining percentage is paid out of pocket by the enrollee (e.g., 20%).

Commission on Accreditation in Physical Therapy Education (CAPTE)⁴ - an accrediting agency that is nationally recognized by the US (United States) Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). CAPTE grants specialized accreditation status to qualified entry-level education programs for physical therapists and physical therapist assistants.

The **CAPTE Accreditation Handbook**⁵ comprises the official operating policies, practices, and procedures used by CAPTE. It includes the Rules of Practice and

Procedure, the Standards and Required Elements for PTs and PTAs, and CAPTE's Position Papers.

Required standard elements related to CPI #17:

7D35 Provide care through direct access.

7D36 Participate in the case management process.

7D38 Participate in activities for ongoing assessment and improvement of quality services.

7D40 Use health informatics in the health care environment.

7D41 Assess health care policies and their potential impact on the healthcare environment and practice.

7D42: Participate in the financial management of the practice setting, including accurate billing and payment for services rendered.

7D43 Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement.

Competence⁶: The possession, application, and evaluation of requisite professional knowledge, skills, and attitudes to meet or exceed the performance standards, based on the physical therapist's roles and responsibilities, within the context of public health, welfare, and safety.

Co-payment²- A co-payment is a fixed amount of money paid directly to the health care service provider by the patient. It is typically collected upon arrival at each visit.

Current procedural terminology (CPT) codes⁷- numeric codes developed by the American Medical Association and used to describe services and components of care that were rendered by medical professionals for purpose of billing for services.

Deductible²- An amount of money that is required to be paid out of pocket by the enrollee before the insurance begins to cover any medical expenses. The deductible is typically reinstated each year.

Didactic curriculum³- The component of the physical therapist professional education program that is comprised of the content, instruction, learning experiences, and assessment directed by the academic faculty.

Director of Clinical Education (DCE)³- Academic faculty member who is responsible for planning, directing and evaluating the clinical education program for the academic institution, including facilitating clinical site and clinical faculty development.

Entry-level physical therapist clinical performance³- Performance that demonstrates knowledge, skills, and behaviors consistent with effective, efficient, and safe patient/client management to achieve optimal outcomes.

Financial management²: The gathering and proper use of financial information to plan, develop, implement, direct, and evaluate the activities of a physical therapy practice. Financial management encompasses general fiscal planning and control; budgetary development, approval, and implementation; funding of operational and nonoperational endeavors; reimbursement management; and facilities planning and development.

Learning experience³- Any experience which allows or facilitates a change in attitude or behavior. A planned learning experience includes a learner, an objective for the learner, a

situation devised to produce a response that contributes to the objective, a response by the student, and reinforcement to encourage the desired response.

Physical Therapist Clinical Performance Instrument (PT CPI)⁶- A standardized, validated clinical performance assessment developed by APTA used to assess student performance across eighteen criteria during clinical education experiences.

PT CPI criteria #17: Patient Management - Financial Resources- Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.

Sample behaviors

- a. Schedules patients, equipment, and space.
- b. Coordinates physical therapy with other services to facilitate efficient and effective patient care.
- c. Sets priorities for the use of resources to maximize patient and facility outcomes.
- d. Uses time effectively.
- e. Adheres to or accommodates unexpected changes in the patient's schedule and facility's requirements.
- f. Provides recommendations for equipment and supply needs.
- g. Submits billing charges on time.
- h. Adheres to reimbursement guidelines established by regulatory agencies, payers, and the facility.

- i. Requests and obtains authorization for clinically necessary reimbursable visits.
- j. Utilizes accurate documentation, coding, and billing to support request for reimbursement.
- k. Negotiates with reimbursement entities for changes in individual patient services.
- l. Utilizes the facility's information technology effectively.
- m. Functions within the organizational structure of the practice setting.
- n. Implements risk-management strategies (i.e., prevention of injury, infection control, etc.).
- o. Markets services to customers (e.g., physicians, corporate clients*, general public).
- p. Promotes the profession of physical therapy.
- q. Participates in special events organized in the practice setting related to patients and care delivery.
- r. Develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).

Physical therapist (PT)⁸- a person licensed to practice physical therapy; a health care professional who provides therapy to preserve, enhance, or restore movement and physical function that are impaired or threatened by disease, injury, or disability

Practice management⁶- The coordination, promotion, and resource (financial and human) management of practice that follows regulatory and legal guidelines.

Reimbursement⁹- To pay back for services rendered; to make restoration or payment equivalent to

Physical therapist education program (PTEP)³- Education comprised of didactic and clinical education designed to assure that students acquire the professional knowledge, skills, and behaviors required for entry-level physical therapist practice.

Stewardship¹⁰- the job of supervising or taking care of something, such as an organization or property.

Student physical therapist (SPT)³- a student enrolled in an accredited or candidacy status entry level physical therapist education program.

Terminal Full-Time Clinical Education Experience³- A single, or set of, full-time clinical education experience(s) designated to achieve the minimum number of weeks set forth by CAPTE that occurs after the student has completed the didactic curriculum of a physical therapist professional education program. Students may return to the academic program for didactic instruction that does not require additional clinical education experiences. The expected outcome of the final, or last terminal experience is entry-level performance.

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Chapter 1: Introduction

Professional physical therapist education programs (PTEPs) deliver doctoral-level training that facilitates the development of knowledge, skills and attitudes (KSAs) required for entry-level clinicians to provide high quality and evidence-based treatment for conditions that impact function and movement.¹⁻³ Through academic preparation and clinical education experiences (CEEs), student physical therapists (SPTs) develop knowledge and clinical decision-making skills required to provide patient-centered and competent care to clients across the lifespan. In addition to acquiring competencies in direct patient care, KSAs regarding the business side of physical therapist (PT) practice are important in the contemporary landscape of healthcare funding in the United States. Understanding and managing financial resources is a key component of administration and management in PT practice.^{4,5} Schafer and colleagues⁴ described leadership, administration, management, and professionalism (LAMP) skills as interrelated with, not independent of, the elements of the patient/client management model and assert that skills in both realms are necessary for optimal PT practice that embody professionalism and leadership.

The landscape of administration and financial management in physical therapy practice is frequently evolving due to changes in regulation, policy, and reimbursement.⁶⁻¹² In the past decade, these changes have resulted in decreased reimbursement for physical therapy services, greater out-of-pocket costs for patients, limits on visits authorized by insurance providers, and regulatory compliance requirements. According to the American Physical Therapy Association's (APTA) Code of Ethics for the Physical Therapist, it is the responsibility of a PT to "promote organizational behaviors and

business practices that benefit patients and clients and society.”¹³ There are legal and ethical implications to having an awareness and working knowledge of financial mechanisms of practice. Therefore, all PTs, not just those in an administration or management role, should understand the evolving financial factors that impact the operation of the clinic⁴, as well as those that influence patients’ ability to receive physical therapy services, such as insurance coverage and access to care.^{10,14–18} A 2018 study surveyed patients considering total joint arthroplasty and found that patients wanted to communicate directly with their healthcare practitioner, not associated staff, about the anticipated cost of the healthcare services recommended to them to gain an understanding of affordability and value.¹⁹ If the same is true for patients receiving physical therapy, PTs must be knowledgeable about billing, reimbursement, patient anticipated out-of-pocket expenses, budgeting, the value proposition for services to be provided, documentation, and legal, ethical and regulatory factors and have an understanding deep enough to effectively educate patients and their care partners.

The following sections of this chapter include background information on financial management in PT practice with pertinent review of literature, problem statement, an explanation of the importance of this work, specific aims, and research methodology for the three studies that comprise this hybrid, multi-manuscript dissertation.

Background

In 2000, the APTA adopted Vision 2020, which outlined strategic change and a path forward for the physical therapy profession.²⁰ Vision 2020 identified elements for elevating the practice of physical therapy, including direct access, evidence-based

practice, professionalism, doctoring profession, autonomous practice, and practitioner of choice. APTA's current vision statement was adopted in 2018 and placed importance on principles of professional identity, quality, collaboration, value, innovation, consumer-centricity, access/equity, and advocacy.²¹ As the practice of physical therapy evolved, themes of professionalism and leadership have emerged, making the development of these skills more desirable.

Professional Guidance Related to Financial Management Knowledge and Skills

Financial management knowledge and skills have been identified as a component of professionalism and leadership^{4,5} and as such are recognized as a required element in PTEPs.¹ The Commission on Accreditation in Physical Therapy Education (CAPTE) outlines standards and required elements for accreditation of PTEPs.¹ Standard 7 Element B states PT educational curricula must include content and learning experiences in professional ethics and values, management, finance, and law.¹ Curricula are required to provide instruction about direct access, case management, quality assurance and improvement, health informatics, health care policy, and financial management.¹ Despite the requirement that financial management aspects of practice be included in PTEPs, a 2014 thematic analysis of program-established student outcomes from 75 PT programs found that only two included themes related to practice management², which brings into question the importance that PTEPs place on this content. In a 2011 doctoral dissertation by Green-Wilson²², the author reported findings that indicate there is lack of clarity identifying what practice management skills need to be developed for the entry-level PT.

The Physical Therapist Clinical Performance Instrument (PT CPI) is a common assessment tool used for documenting student performance during clinical education

experiences (CEEs).²³ The PT CPI was developed by APTA in 1997 and revised to the most recent version in 2006.²⁴ The instrument consists of 18 criteria. SPTs and clinical instructors (CIs) document their assessment of the student's performance at midterm and final during each CEE. Assessment using the PT CPI is recorded on a web-based platform by ranking on a Likert-type scale and providing qualitative comments that highlight observable behaviors applicable to each item.²⁵ SPTs are expected to achieve entry-level designations in all areas by the conclusion of the final terminal CEE to indicate readiness for entry-level practice. PT CPI Criteria #17 is titled "Patient Management - Financial Resources" and is related to student participation in financial management aspects of physical therapy practice.²⁶ For this criterion, financial management is defined as participation in budgeting, billing and reimbursement, marketing, and public relations and the effective use of time, space and resources while being consistent with regulatory, legal and facility guidelines. Of note, a revision of the PT CPI is expected to be released in 2023.

In January 2021, The American Council of Academic Physical Therapy (ACAPT) released the Leadership Compass as a tool designed to guide PT administrators, educators, clinicians, and students in the development of skills needed for leaders in the physical therapy profession.⁵ This tool identified "management" as one of twelve leadership categories. Each category has three corresponding spheres of influence, which are developing (self), relating (to others), and influencing (mentoring others). The management category indicates individuals developing in this area should be able to discuss the essentials of human resources, operations, financial management, information technology (IT), marketing, project management and social responsibility.⁵ The next

sphere of relating requires integration of these essentials into practice, while the final sphere of influencing asserts that one should be able to create a sustainable enterprise that incorporates an array of management strategies. Financial management is not defined by this tool and no specifics are provided regarding the KSAs that should be included or mastered in the financial management category.

Previous Research

In 2004, Lopopolo and colleagues²⁷ used a Delphi study to define the range of knowledge and skills needed by entry-level PTs in areas of LAMP. Thirty-four PT managers identified 178 items that were perceived as important for new graduates. Top categories were communication, professional involvement, ethical practice, supervision and delegation, stress management, reimbursement resources, time management, and health care industry scanning. Schafer et al⁴ refined this study methodology and built on the research findings in a 2007 publication. Their aim was to identify which administration and management skills would be essential to PT practice in 2010. Survey results indicated new graduate PTs were expected to have skills in self-management, legal compliance, ethical behavior, and insurance coding.⁴ It was anticipated that mentorship would be required for marketing and strategic planning, financial analysis and budgeting, and environmental assessment since competency in these areas were not expected at entry-level.

A limited number of research studies have provided suggestions for teaching financial management skills to SPTs. In 2001, Nosse²⁸ described a designated management course embedded in a Master of Physical Therapy program. This course educated SPTs in management and business concepts, including fiscal management,

through active learning and lecture. In another study, a case-based reasoning (CBR) approach to integrating insurance, health care regulation, and documentation was shown to improve SPT performance during CEEs, however faculty were ambiguous to the CBR approach.²⁹ Results of this study demonstrated a positive statistical difference in CI ranking of students for the financial resources criteria on the CPI assessment, however academic faculty questioned whether the CBR approach took up time needed for “clinically oriented instruction”, indicating less value was placed on financial management instruction and content. In a third study, researchers aimed to describe how using case-based analysis of Harvard Business School cases could be used to teach business concepts and promote innovative thinking with Doctor of Physical Therapy (DPT) students.³⁰ The course used cases from a variety of industries to teach marketing, finance, operations, and human resource concepts, which students then applied to physical therapy practice. Ninety-four percent of students who took the course agreed that the course created an entrepreneurial and innovative mindset that impacted their practice.³⁰

Gilles et al³¹ studied the impact on required versus voluntary participation in a student-run pro bono clinic on clinical performance. SPTs who were required to participate in the pro-bono clinic had higher scores at midterm across many assessment areas on the PT CPI, but not for Criterion #17. Several studies described the impact of CEEs on student exposure to legal and ethical implications of financial resource management.³²⁻³⁴ In these studies, the authors detailed challenges SPTs experienced during CEEs in terms of reimbursement issues, productivity expectations, fiduciary versus organizational obligations, and legal and ethical dilemmas. No studies have

described planned or structured activities students participate in during CEE that aid in the understanding and competency of financial management.

Statement of Problem

In 2007, Schafer and colleagues published results of a national survey that identified administration and management skills anticipated to be necessary for PT graduates in 2010.⁴ Since these skills were identified, there have been considerable changes to reimbursement and funding mechanisms for physical therapy, including the Merit-based Incentive Payment System (MIPS) in outpatient practices (2019),³⁵ Patient Driven Payment Model (PDPM) in skilled nursing facilities (2019),³⁶ and the Patient Driven Groupings Model (PDGM) in home health (2020),³⁷ as well as numerous adjustments to the physician fee schedule.³⁸ These changes had sweeping impacts on clinic revenue and budgets, staffing, and volume of care provided.

Furthermore, the COVID-19 pandemic presented unique challenges on the tail of changes to these major payment models that may have lasting impact. An APTA report titled “Impact of COVID-19 on the Physical Therapy Profession” detailed a reduction in PT working hours and resulting decline in income, decline in physician referrals and patients using direct access, closure of clinics, employment reductions, and considerable decline in revenues.³⁹ Despite changes in healthcare since 2007, there is no recently published literature around financial management that aims to identify KSAs needed for entry-level PT practice. Entry-level PTs are entering a profession with rapidly evolving financial management considerations. It is the responsibility of the PTEP to ensure entry-level PTs are prepared to operate efficiently and effectively in the realm of financial management to provide positive outcomes for patients while demonstrating sound

financial stewardship for their clients, employer, and profession. However, the financial management aspects of contemporary clinical practice required for entry-level PTs lack clarity.²² “Financial management” is often grouped into the larger concepts of administration and leadership despite being a necessary skill for all PTs.¹³ Furthermore, there is little recent research about financial resources development in academic and clinical curriculum in terms of learning opportunities or methods of instruction.

Purpose and Importance of the Study

The purpose of this mixed-methods hybrid, multi-manuscript dissertation was to explore financial management KSAs required for entry-level PT practice in the United States and investigate the methods used to prepare DPT students to appropriately perform in this area of clinical practice upon graduation. This dissertation will contribute to the body of knowledge to assist physical therapy educators and stakeholders in the profession in understanding the scope of financial management KSAs that entry-level PTs need for clinical practice. Additionally, the studies in this dissertation aim to provide insight into how students are exposed to financial management concepts during didactic and clinical education by exploring the education platforms and teaching strategies included in PTEP curricula.

The first study of this dissertation was a systematic review, which provided a comprehensive overview of what is published about how financial management content is delivered to students in PTEP curricula, including the concepts covered and the instructional platforms or teaching strategies employed. This systematic review provided an understanding of the current practices in educating students in this area, identified the

need for further research, and offered a foundation for original research in the following two studies of this dissertation.

The second study was a retrospective analysis of PT CPI Criteria #17: Financial Resources. This study aimed to identify KSAs demonstrated by SPTs rated at entry-level or higher by their CI during a final CEE. The qualitative analysis produced units of meaning, codes, and categories in the financial management theme that identified KSAs that CIs were assessing for entry-level practice. The results of this study may help academic faculty identify concepts that need to be introduced in the didactic portion of the curriculum or integrated and reinforced during CEEs.

Finally, the third study consisted of a survey of licensed PTs in Ohio asking about their perception of financial management KSAs necessary for entry-level practice. The survey results may increase understanding about the perceived importance of financial management KSAs and identify those needed for entry-level and those that may be more advanced or mentored as an early professional. This research may also help develop or inform standardized financial management competencies for PTs within the context of didactic curriculum and futuristic domains of competence with competency-based education (Entrustable Professional Activities) and in CEEs with the PT CPI. PT CPI adapted from <http://www.apta.org>, for this dissertation with permission of the American Physical Therapy Association. (© 2006 American Physical Therapy Association. All rights reserved).

Research Questions and Specific Aims

The overarching research question for this dissertation was “What knowledge, skills, and attitudes (KSAs) regarding financial management do PTs need for entry-level

practice and how do they obtain them?” The research question and specific aims of each study of this dissertation are as follows.

Study 1: Systematic Review

Research question: What instructional platforms or teaching methods are utilized by PTEPs to address financial management KSAs necessary for entry-level PT practice in the United States?

Aims:

1. Identify concepts related to financial management that are taught in professional PTEP curricula.
2. Explore instructional platforms and teaching strategies used to educate SPTs about financial management in PT practice.
3. Report outcomes used to assess the education provided in this content area.

Study 2: Retrospective Analysis of CPI #17

Research question: What KSAs are SPTs demonstrating that result in their CIs rating them at or above entry-level clinical performance on the PT CPI during a final CEE?

Aims:

1. Identify qualitative themes in CI assessment comments that indicate a SPT has achieved “Entry-level” for Criterion #17.
2. Analyze codes and categories to determine KSAs most reported by CIs indicating “Entry-level” performance by a SPT.

Study 3: Survey

Research questions: What are the perceptions of PTs regarding the importance of behaviors identified in CPI Criteria #17: Financial Resources for entry-level PTs? What are the responsibilities of the PTEP, CE faculty, and student's first employer in ensuring the SPTs reach competency in financial management?

Aims:

1. Explore the perceptions of licensed PTs regarding the importance of KSAs in financial management aspects of practice for entry-level PTs.
2. Explore the beliefs of PTs about the importance of financial resources KSAs in relation to traditional patient care and clinical KSAs.
3. Investigate the perceptions of PTs regarding the roles of PTEPS, clinical education experiences, and employers in ensuring entry-level PTs are prepared to manage financial resources in practice.

Research Methodology

Theoretical Framework

The theoretical underpinning for this dissertation was based on Lee et al.'s 2013 paper in which the authors proposed a theoretical framework for curriculum development in health profession education.⁴⁰ The scholarship of curriculum inquiry investigates what should be included in an educational framework, as well as how the educational work should be done.⁴¹ The authors assert that the role of health profession education is to produce practitioners who are safe, capable, and prepared to meet society's healthcare needs. Academic programs should recognize that healthcare is not static, but rather complex, advancing, and dynamic. As such, curricula need to avoid a linear approach to

developing competencies in health profession students, and instead employ a curricular design that is multi-dimensional and recognizes the present and potential future needs of healthcare, including professional values and complex clinical reasoning abilities.⁴⁰ Curricula need to be connected to larger political, social, and economic issues that impact the health profession, such as quality, access to healthcare, and health demographics, while acknowledging the cultural and historical forces that created these issues.

Lee et al.'s theoretical framework is four-dimensional and aims to help educators link educational practice to health policy, workforce needs, and professional practice in a "reflexive way."⁴⁰ See Figure 1. The first dimension recognizes that curricula are a purposeful selection of relevant aspects of a professional culture and contribute to shaping graduates while ensuring the development of necessary KSAs. Curricula must meet requirements set forth by accrediting bodies, while serving health systems, and articulating the values of professional associations, and do all of this while anticipating the future needs of these entities. Dimension two is concerned with defining graduates' capabilities by identifying learning outcomes related to KSAs and the values of the profession. Rather than learning in an abstract manner, this framework promotes capabilities being developed "on the job" and in association with practice and "systematic critical reflection on practice."⁴⁰ Practical experience allows students to experience the complexities of their professional field and understand "what works in the real world." Also, there is an implicit curriculum to health professional education, and educators should examine what type of professional their program creates.

Dimension three asserts that the selected pedagogy of instruction matters. The manner students are taught, learn, and are assessed impacts how the students see the

larger picture of their role in health care and the future of their profession. The authors state that health profession students taught in a lecture-based, memory learning format with only others in the same profession will approach professional practice in a different manner than those who experience a collaborative, interdisciplinary inquiry-based model of instruction. In this dimension, educators should consider the vision for the future of their profession when designing learning activities. The fourth dimension of this theoretical framework recognizes the impact of the organization/university structure and culture on the way a curriculum is designed then delivered to and experienced by students.

The dimensions of this curriculum development framework are interrelated and require educators to consider all during design and development. This theoretical framework appreciates the complexity of financial management curriculum in PT education. The financial management component of PT practice is an important part of providing efficient, effective patient-centered care but rules and regulations are frequently changing. As such, it is imperative that the financial management curriculum consider the values of the PT profession and future needs of practice, while understanding KSAs necessary for entry-level PT practice. To understand financial management KSAs, they must first be explored and defined, which aligns with dimension two of the theoretical framework and is the purpose of this dissertation. Three individual studies have been designed to explore how SPTs are educated about financial management in PT practice and investigate the necessary KSAs for entry-level practice.

Methodological Framework

This dissertation employed a flexible, multi-manuscript approach whereby three studies were designed and carried out to investigate an overarching research question. The research designs of the three studies were mixed methods, but largely qualitative. A Grounded Theory approach was utilized as the guiding framework. Grounded Theory was founded by Glaser and Strauss in 1967 and assumes that through exploration, researchers “can construct a theory *grounded* in data.”^{42,43} This approach is used when attempting to understand a process or situation, especially those changing or evolving. The study of experiences through analysis and comparison of data provides researchers the opportunity to seek theory about the state of the process or situation.⁴² The collection of data from three studies will allow for the triangulation of data sources in developing a theory about the financial resource KSAs necessary for entry-level PT practice and methods for delivering this content to students. The methodology for each individual study is summarized below.

Study 1: Systematic Review

Systematic Reviews (SRs) are conducted in healthcare research, as well as other fields, as a means to appraise and synthesize information which can then be used to inform practice, policy, or further research.⁴⁴ A SR was selected as the method for the first study of this dissertation in order to systematically collect, analyze, and synthesize information available regarding the instructional platforms and teaching strategies PTEPs used to address financial management KSAs necessary for entry-level PT practice in the U.S.

A search strategy was developed to identify inclusion/exclusion criteria. The SR followed Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines⁴⁵ and was registered with PROSPERO.⁴⁶ Use of PRISMA and PROSPERO ensured the integrity of the systematic review process regarding reliability and validity. An electronic search of four relevant databases and hand searching of two non-indexed journals was completed. See Appendix 1 for sample search strategy. Articles were de-duplicated, then title and abstracts were screened by two authors. Full text review was completed by two authors and 18 articles were included in the SR.

Methodological quality assessment of the articles included was performed by two researchers. Kappa statistics were calculated to determine degree of agreement in the selection of articles for inclusion in the SR and the methodological assessment. Two researchers participated in data extraction and cross-checking to ensure accuracy. Descriptive data were extracted based on relevance to the research question. Information extracted included: 1) publication citation, 2) research type and design 3) sample characteristics such as sample size and student year in DPT program 4) instructional platform or teaching strategy setting and description 5) concepts related to CPI #17 that were affected by the instructional platform or teaching strategy 6) outcomes and results related to financial management KSAs. Data about whether participation was a programmatic requirement or voluntary experience, the timing of the intervention in the curriculum, the student time commitment, and pertinent quantitative data were also extracted. All studies were classified according to research design categorized as quantitative, qualitative, or mixed methods. Extracted data were grouped, synthesized, and analyzed according to common instructional platform or teaching strategy themes.

Study 2: Retrospective Analysis of CPI #17

The second study was a retrospective thematic content analysis of student assessment data collected during CEEs. PT CPI data of DPT students from their final, terminal CEE was retrospectively analyzed to explore the KSAs students demonstrated in the financial resources item (Criteria #17). This study examined the ratings and qualitative comments provided by CIs to understand the KSAs that CIs perceived as indicators that a student had achieved entry-level status.

Data was obtained from two PTEPs in northeast Ohio for students who had completed a final terminal CEE in the past five years (May 2018-May 2022). This study was granted permissions for APTA PT CPI use by the American Physical Therapy Association on June 13, 2022. It received exempt Internal Review Board (IRB) status from both universities in July 2022.

Data was exported from the CPI Web website and de-identified by the respective Director of Clinical Education (DCE) for each program before being compiled into a shared spreadsheet. Compiled data included the evaluation name, start and end dates of the CEE, academic year of the experience, graduation year of the student, site name, CI characteristics, and CI's qualitative comments and rating for PT CPI Criteria #17 - Financial Resources. Two authors completed qualitative thematic analyses and coding of CI comments and generated 13 themes that described financial resource KSAs observed during the final terminal CEE. These 13 themes were then categorized into four content areas: reimbursement, efficiency, caseload management, and professional stewardship. Frequency of themes were analyzed to understand which KSAs were of greatest prevalence.

Study 3: Survey

The third study in this dissertation was survey research. A 23-item survey was developed to explore the perceptions of licensed PTs regarding the KSAs needed by entry-level PTs to be effective in the financial management realm of clinical practice. The survey was developed by two authors and organized based on concepts in PT CPI Criteria #17 - Financial Resources. Survey items asked participants to rate the level of importance of KSAs in the areas of budgeting, billing, and coding, reimbursement, legal and regulatory compliance, organizational and facility functions, effective use of time, space and equipment, and marketing and public relations. In addition to demographic items, participants were also asked their opinion on the importance of developing financial resource KSAs in students in comparison with clinical patient care KSAs and what they felt was the roles of the PTEP, clinical education experiences, and student's first employer was in educating students on these concepts.

This study received exempt research status by the IRB on July 7, 2022. Pilot testing of the survey was completed prior to distribution. Six PTs piloted the survey and provided feedback regarding wording, readability, and clarity. Minor improvements were made to the survey prior to distribution.

The target population for the survey was Ohio-licensed PTs for a purposive sample of convenience to avoid bias of practitioners that may not be professional organization members of the APTA. A free mailing list for all Ohio-licensed PTs was requested and received from the Ohio Occupational Therapy, Physical Therapy and Athletic Trainer's (OTPTAT) Board on July 5, 2022. The mailing list contained 11,459 names. The desired sample size was determined based on guidance from Portney's

Foundations of Clinical Research: Applications to Evidence-Based Practice textbook and the online calculator cited in the textbook.^{47,48} Using the sample size of the population, acceptable margin of error of 5%, and a confidence level of 95%, the ideal sample size is 372.

Email addresses for eligible individuals were imported into SurveyMonkey Audience™ (San Mateo, CA) and invitations for participation were emailed via the SurveyMonkey Audience™ on July 29, 2022. The invitation email contained study and informed consent information and stated that clicking on the survey link indicated informed consent for study participation. Survey reminders were sent out to those who had not yet completed the survey on August 12, 2022, and September 19, 2022. Survey responses were recorded anonymously, downloaded, and exported to Excel after the survey closed on October 15, 2022. Survey data were stored in a password protected, web-based cloud.

The survey design allowed for quantitative analysis of items using ordinal responses for level of importance. Qualitative analyses were completed for open-ended questions and text boxes that allowed participants to leave qualitative comments endorsing their selected response to multiple-choice items. Data was analyzed to identify perceived level of importance for PT CPI #17 concepts for entry-level PTs.

The next three chapters of this dissertation consist of individual manuscripts crafted for submission to a professional journal. Chapter 2 is the systematic review exploring instructional platforms and teaching strategies used to address financial management concepts in PTEPs. Chapter 3 is the retrospective analysis of PT CPI #17: Financial Resources. Chapter 4 is a manuscript describing survey results of PTs regarding

their perceptions of financial management skills needed by entry-level PTs. Chapter 5 concludes the hybrid dissertation with a summary of findings, discussion, and conclusion.

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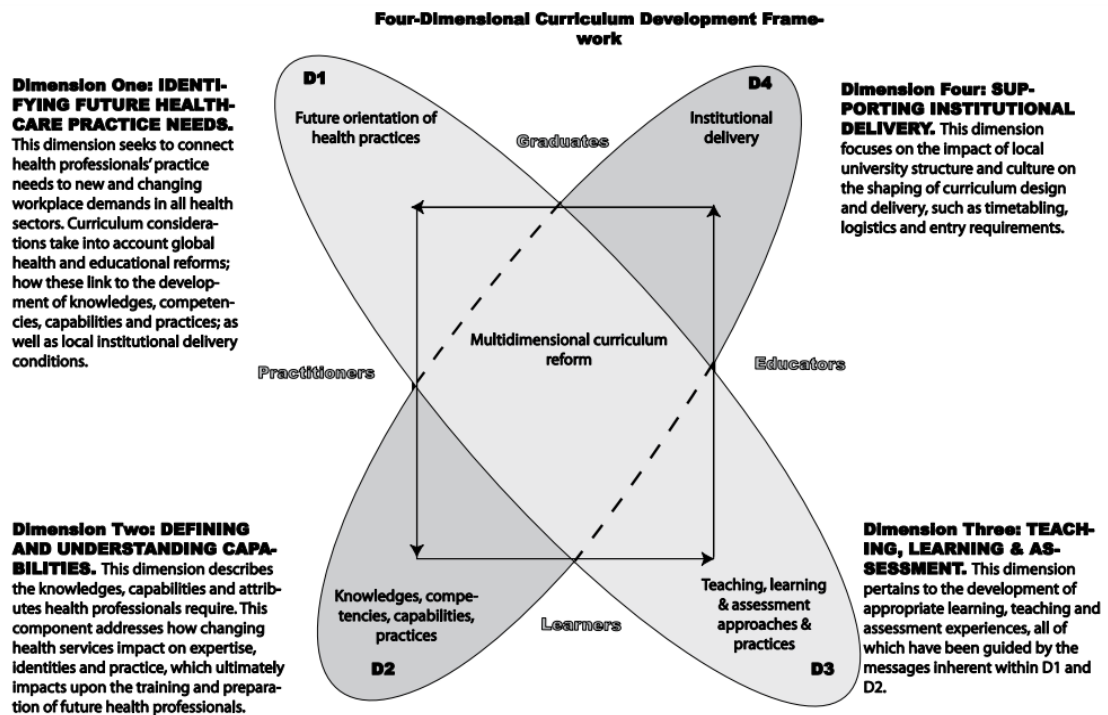
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Figure 1. Theoretical framework for health professions curriculum development by Lee et al.⁴⁰



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Chapter 2: Study 1- Systematic Review

Instructional Platforms and Teaching Strategies for Addressing Financial Management

Knowledge, Skills, and Attitudes in Entry-Level Physical Therapy Education:

A Systematic Review

Abstract

Background and Purpose: Financial management knowledge, skills, and attitudes (KSAs) are an essential component of contemporary physical therapist (PT) practice. The Commission on Accreditation in Physical Therapy Education requires that financial management content is included in professional physical therapist education program (PTEP) curricula but provides discretion in how the content is delivered, resulting in variability in student preparation. The purpose of this systematic review is to identify instructional platforms and teaching strategies PTEPs used to educate students regarding financial management KSAs that are necessary for entry-level PT practice in the United States.

Methods: Articles were eligible for inclusion if they were 1) published in a peer-reviewed scholarly journal, 2) written in English, and 3) described an instructional platform or teaching strategy for delivering financial management content. Articles describing didactic education, clinical education, or service-learning activities that were a required or voluntary component of professional PTEPs in the United States were included if they reported on objectives or outcomes related to financial management. Electronic databases and relevant journals were searched. Search results were subjected to title, abstract, and full-text review. Selected articles were evaluated for methodological rigor. Pertinent data were extracted, analyzed, and synthesized.

Results: Eighteen articles were included. Five themes were identified: 1) DPT academic program curriculum/processes 2) didactic coursework 3) clinical education 4) pro-bono clinics and 5) service learning.

Discussion and Conclusion: Student physical therapists were exposed to financial management content in several ways. There was variability in whether participation was required or voluntary, the time commitment required by the student, and the concepts to which students were exposed. There is an opportunity for focused research to determine necessary financial management KSAs for entry-level physical therapists and to identify the most effective instructional platforms and teaching strategies to ensure new clinicians are prepared to engage in this aspect of clinical practice.

Background and Purpose

Knowledge, skills, and attitudes (KSAs) regarding financial management are key components of physical therapist (PT) practice.^{1,2} Schafer and colleagues¹ described leadership, administration, management, and professionalism (LAMP) skills as interrelated with, not independent of, the elements of the patient/client management model and assert skills in both realms are necessary. Development of financial management KSAs has become more important as the landscape of administration and financial management in PT practice evolves with changes in regulation, policy, and reimbursement.³⁻⁹ In the past decade, these changes resulted in decreased reimbursement for services, increased out-of-pocket costs for patients, limits on patient visits, and additional regulatory requirements for clinical practice. It is critical that professional physical therapist education programs (PTEP) ensure new graduates are prepared to operate effectively in such demanding and challenging healthcare environments.

The Commission on Accreditation in Physical Therapy Education (CAPTE) provides standards and required elements for accreditation of PTEPs¹⁰ but affords discretion in how content is delivered and assessed. Standard 7 Element B states curricula must include content and learning experiences in professional ethics and values, management, finance, and law. Curricula must provide instruction about direct access, case management, quality assurance and improvement, health informatics, health care policy, and financial management.¹⁰ With that, CAPTE aims to evolve with contemporary practice demands and recognizes the need for shifts in standards and required elements for entry-level practice. There is a current charge to the professional community to consider and suggest revisions to CAPTE proposed updates for 2023.¹¹

In 2004, Lopopolo and colleagues¹² attempted to define the knowledge and skills needed by entry-level PTs in areas of LAMP. Thirty-four PT managers identified 178 items perceived as important for new graduates. Top categories were communication, professional involvement, ethical practice, supervision and delegation, stress management, reimbursement resources, time management, and healthcare industry scanning. Schafer et al. refined this study methodology and built on the findings in a 2007 publication with the aim of identifying which administration and management skills would be essential to PT practice in 2010. Survey results suggested entry-level PTs should have skills in self-management, legal compliance, ethical behavior, and insurance coding.¹ It was projected that mentorship would be required for marketing and strategic planning, financial analysis and budgeting, and environmental assessment as entry-level competency was not an expectation.

During transition to doctoral-level education for the entry-level PT, a 2007 study was conducted to gather perceptions of potential curricular changes relevant to LAMP concepts. Brudvig and Colbeck¹³ reported PTs in clinical practice believed content regarding reimbursement, legal issues, ethics, and managed care should be added to curricula, but this misaligned with intended curricular modifications of PTEPs. In another study, a thematic analysis of program-established student outcomes from 75 PTEPs found only two incorporated themes related to practice management.¹⁴ Despite financial management being a required element in PTEPs, it is unclear how programs are ensuring students receive this content and develop related KSAs. The purpose of this systematic review was to identify the instructional platforms and teaching strategies that PTEPs

utilize to address financial management KSAs necessary for entry-level PT practice in the United States (U.S.).

Methods

Study Design

This systematic review was conducted in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The protocol was registered on the PROSPERO website (Registration# CRD42022328258).

Framework

Financial management in PT practice was defined using criteria from the American Physical Therapy Association's (APTA) Physical Therapist Clinical Performance Instrument (PT CPI)¹⁵ and a published CAPTE crosswalk document.¹⁶ PT CPI was developed by APTA in 1997 with the most recent revisions in 2006.¹⁷ The instrument consists of 18 criteria for students and clinical instructors (CI) to assess performance at mid- and endpoints of each clinical education experience (CEE). Student performance is ranked on a Likert-type scale with an opportunity for qualitative comments to endorse the level of performance relevant to each criterion. Students are expected to achieve entry-level designations in all areas by the endpoint of the final, terminal CEE to indicate readiness for entry-level practice. PT CPI Criteria #17, "Patient Management: Financial Resources" speaks to student performance in financial management aspects of PT practice.¹⁵ Criteria #17 identifies financial management KSAs as "budgeting, billing and reimbursement, marketing and public relations, and the effective use of time, space, and resources while being consistent with regulatory, legal, and facility guidelines."¹⁵ Additionally, CAPTE's crosswalk document identifies how

required elements align with PT CPI criteria.¹⁶ The document indicates that direct access, case management, quality assurance and improvement, health informatics, assessment of healthcare policy, and participation in the financial management of setting relate to PT CPI Financial Resources criterion.

Inclusion/Exclusion Criteria

Articles eligible for inclusion met the following criteria: 1) published in a peer-reviewed scholarly journal, 2) written in English language, 3) described an instructional platform or teaching strategy for financial management content to student physical therapists. Instructional platforms were activities or learning opportunities, whereas teaching strategies include methods of instruction. Articles describing didactic education, clinical education, or service-learning activities that were a required or voluntary component of DPT academic programs in the U.S. were included if they reported objectives or outcomes related to financial management. Articles about PTEPs outside of the U.S. or those which did not report concepts related to financial management KSAs were excluded. Literature reviews, position papers, dissertations, and systematic reviews were excluded, but references were hand searched when appropriate.

Information Sources/Search Strategy

PubMed, Pro-Quest, CINAHL, and ERIC databases were electronically searched. MeSH terms and keywords included “financial resources,” “financial management,” “insurance, health, reimbursement,” “health policy” and “physical therapy specialty/education.” All databases were searched on March 22, 2022, and a repeat search was completed on December 18, 2022. Refer to Appendix 1 for sample search strategy. Hand searching was completed in *Physical Therapy Journal of Policy, Administration*

and Leadership and *Journal of Clinical Education in Physical Therapy* because these journals were not indexed in a database but potentially relevant to the topic. References of relevant articles and reviews were hand searched. All literature citations and full-text files were collected and organized using Zotero reference management tool¹⁸ (Zotero, Fairfax, Virginia).

Study Selection

After search results were de-duplicated, two investigators (A.L. & C.B-C.) independently reviewed titles and abstracts to determine appropriate articles for inclusion based on established criteria. Investigator disagreements were resolved through discussion until consensus was achieved. The resulting articles were subjected to independent full-text review by two investigators (A.L. & C.B-C.) with consensus achieved through discussion. During full-text review, lead authors of two articles were contacted for clarification as to whether the study referred to master's or doctoral-level PTEPs. Agreement between investigators for title, abstract, and full-text screening was calculated using an online generated Cohen's Unweighted kappa.¹⁹ Level of agreement was established using the guidelines: kappa value <0.00 = poor strength, 0.00–0.20 = slight, 0.21–0.40 = fair, 0.41–0.60 = moderate, 0.61–0.80 = substantial, and 0.81–1.00 = almost perfect agreement.²⁰

Data Analysis

The methodological rigor of each article was critically appraised using a binary system developed by Lekkas et al²¹ based on the McMaster appraisal tools.^{22,23} Two investigators (A.L. & C.M.) independently completed the critical appraisals with a worksheet developed and previously used in a systematic review by McCallum et al.²⁴

Studies were appraised based on their qualitative or quantitative design and scored 1 point for adequate methodological rigor and 0 points for inadequate rigor in each of 14 areas, for a possible critical appraisal score between 0 and 14. Of note, education research often utilizes finite samples of convenience and does not require explicit informed consent if the study is being performed to improve instruction.²⁵ For the purpose of using the critical appraisal tool as designed, studies that did not sample until redundancy was achieved or explicitly state technique for determining informed consent were scored as 0 for these areas. Interobserver agreement of critical appraisal was assessed using kappa statistics.²⁶ The two investigators attained consensus on the methodological quality of each article through discussion.

The 14-point critical appraisal score for methodological rigor was divided into tertiles as described by McCallum et al.²⁴ This allowed for equal ordered distribution into 3 parts to determine a risk of bias scale among included studies. Each part contains roughly a third of the studies identified in the systematic review. The top 33% (67%–100%) were identified qualitatively as “high quality, low risk of bias,” middle third (34%–66%) were qualitatively defined as “moderate quality, moderate risk of bias,” and lower third (0%–33%) as “low quality, high risk of bias.”²⁴

Two investigators completed data extraction and cross-checking to ensure accuracy (A.L. & L.M.). Descriptive data were extracted based on relevance to the research question. Information extracted included: 1) publication citation, 2) research type and design 3) sample characteristics such as sample size and student year in the PTEP 4) instructional platform or teaching strategy used 5) financial management concepts that students were exposed to 6) outcomes and results related to financial

management KSAs. Data about whether the instructional platform or teaching strategy was a programmatic requirement or voluntary experience, the timing of the intervention in the curriculum, the student time commitment, and pertinent quantitative data were also extracted. All studies were classified according to research design and methods. Research designs were categorized as either quantitative, qualitative, or mixed methods. Extracted data were grouped, synthesized, and analyzed according to common themes.

Results

Study Selection

The search yielded 564 citations and 506 articles remained after de-duplication. Five additional articles were located through a hand search. After title and abstract screening, 69 articles remained for full-text review with 18 articles meeting inclusion criteria. Figure 1 illustrates the PRISMA flow diagram.

Quality Assessment

Twelve (66.7%) of the 18 articles were qualitative studies, most being descriptive designs. The critical appraisal score for the qualitative studies ranged from 5 to 13. Two studies (11%) were quantitative, and both scored 14. Four studies (22%) were mixed methods with critical appraisal scores of 12. Table 1 presents scoring of each article. For this study, articles in the top tertile, indicating high quality/low bias, scored 13 to 14 points; the middle tertile of articles, indicating moderate quality/moderate risk of bias, scored 10 to 12 points, and lowest tertile studies, indicating low quality/high bias, scored 0 to 9 points.

Interrater Reliability

Kappa values for study selection after the title and abstract screen were moderate with a value of 0.43 (95% confidence interval [CI], 0.31–0.54); and moderate for full-text review with a value of 0.59 (95% CI, 0.38–0.80). Disagreements occurred primarily because of how financial management concepts were applied by the reviewers. Kappa values for quality assessment were fair with a value of 0.37 (95% CI, 0.23-0.51).

Summary of Findings

Table 2 displays study characteristics. Five themes emerged for instructional platforms or teaching strategies addressing financial management KSAs in PTEPs. These themes were: 1) program curriculum/processes 2) didactic coursework 3) clinical education 4) pro-bono clinics and 5) service learning. Table 3 details the instructional platforms and teaching strategies used, timing in curriculum, time commitment for students, and pertinent exposure/outcomes related to financial management concepts.

Program Curriculum/Process

Two articles (11%) approached financial management education with curricular threading. Cohn and colleagues²⁷ used a case-based reasoning (CBR) model to integrate insurance, regulatory, and documentation content throughout curriculum. This approach facilitated DPT students in analyzing and applying insurance and regulation policies to patient cases, appreciating how policies affect patient management and access, and effectively documenting in the medical record. Each case was assigned an insurance policy and students had to plan and direct a patient encounter while considering benefit availability, qualified providers, modality coverage, pre-authorization, examination, documentation, durable medical equipment coverage, patient progress toward goals, and

physician quality reporting system items. Cases increased in complexity as students advanced through the program. Impact of this approach was measured by comparing terminal experience midterm and final PT CPI rankings for financial resource (#17) and documentation (#15) criteria to those of previous cohorts who did not participate in the CBR model. Student self-assessment ratings indicated increased confidence in documentation (final assessment $p=.011$) and financial resources (midterm $p=.022$ and final $p=.012$).²⁷ CI ratings were significantly different for financial resources at the final assessment ($p=.044$),²⁷ suggesting student performance in financial management was positively impacted by the CBR approach. Faculty feedback indicated the CBR model was not difficult to integrate, but concerns existed regarding faculty comfort level with the material and whether it was replacing “more clinically oriented content.”²⁷

Owens et al²⁸ examined the impact of DPT curriculum on students’ perceived competence in direct access. A survey of DPT students was completed at three points of the curriculum: Spring semester of year 1 (received didactic coursework only), Spring semester of year 2 (completed one 8-week CEE), and halfway into year 3 (after the completion of all didactic coursework and two additional 8-week CEEs, but prior to terminal CEEs). The survey asked about student competence in managing musculoskeletal treatment of direct access patients, but not about the students’ understanding of legal/regulatory issues associated with direct access. The authors found increased perceived competence as students advanced through curriculum, however, a decline in confidence in year 2 was noted regarding preparedness to treat in a direct access environment. The authors attributed this decline to students being challenged by the newly presented clinical education environment.²⁸

Didactic Coursework

Two articles (11%) described integrated coursework in PTEPs. Kapasi and Davis²⁹ used analysis of Harvard Business School cases to teach business topics and promote innovative thinking in third-year DPT students during an elective course. Students used case scenarios to learn about marketing, finance, operations, and human resources and then applied these concepts to PT practice. Course evaluations indicated students had an increased understanding of business principles and more competence in discussing business, finance, and healthcare. Alumni who had taken the course suggested it created an entrepreneurial mindset for clinical practice by developing skills for marketing to increase patient volume, thinking outside the box to improve business, interpreting clinic balance sheets, taking on a management role early career, being efficient with time, and seeking "... interventions best for the patient while cutting cost and focusing on forms of payment that are best for bottom line."²⁹

Stickley and Gibbs used an interdisciplinary approach to teach DPT students health informatics during a clinical decision-making course.³⁰ DPT students met virtually with Master of Health Information Management (HIM) students three times over a semester to work collaboratively and learn about each other's roles and responsibilities through small group activities, peer-to-peer feedback, and interdisciplinary reflections within the context of health record systems. DPT student learning activities merged clinical practice with operational demands by navigating a patient case and pairing it with clinical documentation within the electronic medical record.

Clinical Education

Four articles (22%) were categorized within clinical education. Three of these studies reported student learning in legal and ethical issues involving financial management during clinical education.³¹⁻³³ One article described a professional practice opportunity that was embedded in the clinical education component of the curriculum.³⁴

In a study on implicit curriculum in PTEP, students reported being challenged by productivity and reimbursement expectations which conflicted with their ability to provide standards of care espoused by their PTEP.³¹ Students experienced working with patients with visit limitations, pressure to achieve productivity requirements despite wanting to ensure quality care, and provision of unnecessary care to increase reimbursement. These experiences created challenging dilemmas in demonstrating core values of integrity and excellence. Similarly, Greenfield et al³² found students experienced ethical conflict during CEEs related to fiduciary and organizational obligations. Examples include having to discharge a patient against PT recommendations with a cut of insurance benefits or navigating patients' financial burden of care concerns (i.e., copayments). Despite classroom training, authors concluded students were challenged to effectively handle real-life ethical situations about financial management in a clinical environment.³²

The third study surveyed DPT students about witnessing, participating in, or being encouraged to engage in common areas of legal/ethical violations in clinical practice.³³ Resulting data consistent with financial management concepts were extracted and included to align with this systematic review. Students reported witnessing, participating in, or being encouraged to incorrectly bill third-party payors, provide

treatment that was not beneficial, not discharge a patient when clinically appropriate, bill for a code for which insufficient time was spent or use a higher paying reimbursable code than the service provided, use clinic resources or property for non-clinical/personal business, bill for a treatment session that did not occur, and provide treatment to a Medicare patient by unlicensed personnel.

Reicherter and McCombe Waller³⁴ described a “professional practice opportunity (PPO)” required as part of the clinical education portion of curriculum. The PPO was developed after analyzing PT CPI feedback that students needed more education on interdisciplinary care, finance, Medicare regulations, and patient education. The PPO required students to participate in organized opportunities related to non-procedural geriatric physical therapy. Examples of student PPO projects included organizing a community health fair, collecting medical equipment for reuse, and gaining additional training in knowledge areas, such as Medicare billing. Five of the PPO projects focused on administrative aspects of practice, however not all students choose to participate in those projects limiting exposure to financial management KSAs provided by this PPO.

Pro-Bono Clinics

Seven studies (39%) described how participation in pro-bono clinics influenced student exposure to financial management KSAs. Five of these studies described clinics where student participation was voluntary,³⁵⁻³⁹ one where participation was required,⁴⁰ and one where participation was required for first-year DPT students to gain hands on patient care experience, but longitudinal participation and opportunities to serve in leadership roles were voluntary.⁴¹

Four of these articles described student leadership boards or coordinator roles where students volunteered for positions instrumental to clinic operations.^{35–37,41} These positions required students to plan and oversee various aspects of the pro-bono clinic, such as client and staff scheduling,^{35–37,41} community relations,^{35,36,41} marketing,^{36,37,41} funding,^{35,36,41} budgeting,⁴¹ operations,^{35,36,41} managing equipment, supplies and space,^{36,41} and tracking outcomes.^{35–37} Additional responsibilities included generating policy and procedure manuals,³⁶ writing a proposal and completing a needs assessment,⁴¹ developing an organizational structure,^{36,41} and creating a risk management plan.⁴¹ By volunteering for these activities, students gained experience in several aspects of financial management as noted.

The remaining three articles described pro-bono clinics where students participated in a patient-care capacity for mostly experiential hands-on learning and patient management, but with some reported experience or exposure to concepts of financial management.^{38–40} A clinical partnership with a mobile healthcare clinic serving clients in a rural setting afforded DPT students the opportunity to work in a direct access environment, learn about economic barriers to healthcare, advocate for PT services, and promote the profession of physical therapy to relevant stakeholders.³⁹ In another study, student volunteers worked with pro-bono clinic patients to facilitate enrollment in insurance programs.³⁸

Gilles and colleagues⁴⁰ analyzed the impact of required student participation in a pro-bono clinic on PT CPI outcomes. First-year students assigned to the clinic observed and assisted in treatment while second-year students examined, evaluated, and treated patients in pairs with supervision by a licensed PT. Second-year students also assumed

responsibility for administration and leadership by serving as a clinic manager once per semester. Authors found significant differences for other PT CPI criteria during the first professional experience, but no difference in PT CPI #17 ratings between the pro-bono clinic students at midterm ($X^2=1.1$, $p=.170$, OR 1.9 [CI 0.6-6.3]) or final PT CPI assessment ($X^2=0.2$, $p=.390$, OR 1.3 [CI 0.4-4.0]) compared to students who had engaged in alternate learning.⁴⁰

Service Learning

Three articles (17%) described service-learning opportunities incorporating aspects of financial management KSAs. Portney and Applebaum⁴² described a community-based health promotion project where students worked in small groups with faculty oversight to develop, implement, and evaluate a community-based program. A project aim was for students to “attend to principles of financial management, marketing, public relations and regulatory requirements in the design and implementation of a health promotion program.”⁴² Students had to complete a needs assessment, project proposal, goals and objectives, budgeting, marketing, educational and therapeutic interventions, and evaluation plan. The needs assessment included evaluation of “administrative and organizational issues, including political, economic and policy influences of the organizational culture, mission and resource availability.”⁴² The budget had to consider all aspects of the program (i.e. printing, mailing, handouts, food, or supplies, etc.). Students were encouraged to collaborate within the community for funding or donations and marketing. After completing the program, students submitted a summative report for community partners, including quality improvement recommendations for future implementation.

Another article leveraged annual physical therapy visits to “implement health promotion and wellness programs based on cost-effectiveness and available resources.”⁴³ As part of a Health Promotion and Wellness course, DPT students planned an event, including developing an event manual, event marketing and implementation, and completing a quality assessment. The authors believed this service-learning opportunity allowed students to gain exposure to injury prevention, health promotion, and wellness. These aspects of PT practice are often limited in clinical environments due to reimbursements considerations.⁴³

Tapley and Patel⁴⁴ used a model combining service-learning and public health planning to create a pro-bono student project that would meet the needs of a community partner. Students partnered with an organization to identify changeable behaviors, develop educational material, complete an administrative and policy assessment to ensure understanding and alignment with the community partner, create a budget for the project, identify resources needed or available and use them efficiently, implement a timeline, and assess program impact and effectiveness.

Discussion and Conclusion

The purpose of this systematic review was to explore instructional platforms and teaching strategies used to address financial management KSAs in professional PTEPs in the U.S. The review results established multiple strategies are used to facilitate learning about managing the financial aspects of PT practice.

Two articles (11%) endorsed curricular threading of financial management content^{27,28}, while two other studies supported delivery of financial management content during classroom instruction within a designated course that incorporated active learning

strategies through case-based or interdisciplinary collaboration approaches.^{29,30} Cohn and colleagues²⁷ noted that threading curricular content with increasing complexity longitudinally through the PTEP supported student learning and clinical decision-making as reflected in higher PT CPI #17 scores in comparison to cohorts without this threaded content. Lowe and Gabard³³ also advocated for named, stand-alone courses early in the curriculum with longitudinal threading in clinical decision-making content to better prepare students to identify and report legal and ethical concerns, which might be related to financial management. They assert that instruction not provided in a dedicated course appears less important to students and lacks consistency and depth.³³

Depending on the instructional platform or teaching strategy design, considerable variability existed in the concepts to which students were exposed. Several studies described activities exposing students to multiple aspects of financial management while others had a narrow focus on a specific concept, like health informatics or direct access. Financial management KSAs are presented as a secondary or implicit objective in some articles with exposures reported but not formally measured or thoroughly defined in comparison to the clinical patient care skills students gained from an experience.

Many instructional platforms and teaching strategies resulted in differing student experiences based on required or voluntary participation and assigned roles. Four studies (22%) described a learning opportunity that was uniformly provided to all DPT students across a cohort.^{27,30,42,44} Conversely, the 14 remaining articles (78%) had exposures that occurred in elective, voluntary, or individual situations, such as CEEs or pro-bono clinics experiences. Student pro-bono participants were exposed to various aspects of financial management, but depth and breadth of the exposures varied based on their specific role,

team, or committee involvement (i.e., marketing, scheduling, funding, etc.). Similarly, CEEs provided individualized student exposures to financial management content and was dependent on the setting, patient population, CI, and objectives of the experience.³¹⁻³⁴

The curricular timing of financial management content varied. Didactic courses were positioned toward the end of curriculum in both studies included in this review.^{29,30} Articles describing threaded financial management content were intentional with early integration starting in the first year.^{27,28} Clinical education timing was not reported for two articles, with participants having to only complete at least one CEE to be included in the studies.^{31,33} Greenfield et al.³² described three short-term integrated CEEs (2 weeks each) that occurred in years one and two prior to full-time CEEs, while Reicherter and McCombe Waller³⁴ explained a PPO in year two that was embedded into a CEE. Articles regarding pro-bono clinics often utilized voluntary participation models where first- or second-year students were intentionally mentored by student peers from upper-level cohorts. Service-learning projects occurred toward the end of curricular sequences.⁴²⁻⁴⁴ Student time commitments also varied, from several hours designated to financial management content during a course to regular pro-bono clinic participation over the course of a semester, to spending several semesters designing and implementing a service-learning project, to a multi-year term fulfilling a pro-bono clinic student leadership board position.

Limitations

Interrater agreement for study selection was moderate which can be attributed to how investigators applied financial management concepts to screening articles.

Investigators agreed that articles must be intentional in reporting objectives or outcomes related to financial management. Many articles described instructional platforms and teaching strategies that provided potential exposures to financial management aspects, however, lacked explicit reporting of such. Financial management was not the primary objective of many studies but rather a byproduct of exposure to related constructs.

There are limited tools available for methodological assessment of educational research,⁴⁵ and even less for qualitative studies in education research. The modified McMaster tool was implemented for this systematic review, but many included studies were rated at lesser scores due to researchers not obtaining informed consent and not sampling to redundancy, which is often not required or feasible in education research. There is an opportunity to establish a valid and reliable tool for assessing methodological quality of qualitative education research.

Conclusion

Financial management KSAs are an essential component of contemporary PT practice not least of all because they strongly influence and inform patient-centered care. Entry-level PTs must recognize there are finite financial resources and be equipped with financial management KSAs to ensure quality, patient-centered care while demonstrating financial stewardship for all stakeholders. Intentional inquiry regarding how student PTs are achieving competency in financial management KSAs during entry-level PT education is lacking. This could be attributed to financial management education being provided in ways not deemed novel or consistent with contemporary practice which limits scholarly inquiry, work, publications, and dissemination of research in this area. Additionally, this may be a reflection of the decreased value placed on this aspect of PT

practice. There is an opportunity for focused research to determine necessary financial management KSAs for entry-level PTs and to identify the most effective methods to ensure new clinicians are prepared to engage in this aspect of clinical practice.

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Figure 1. PRISMA Flow Diagram for Article Selection

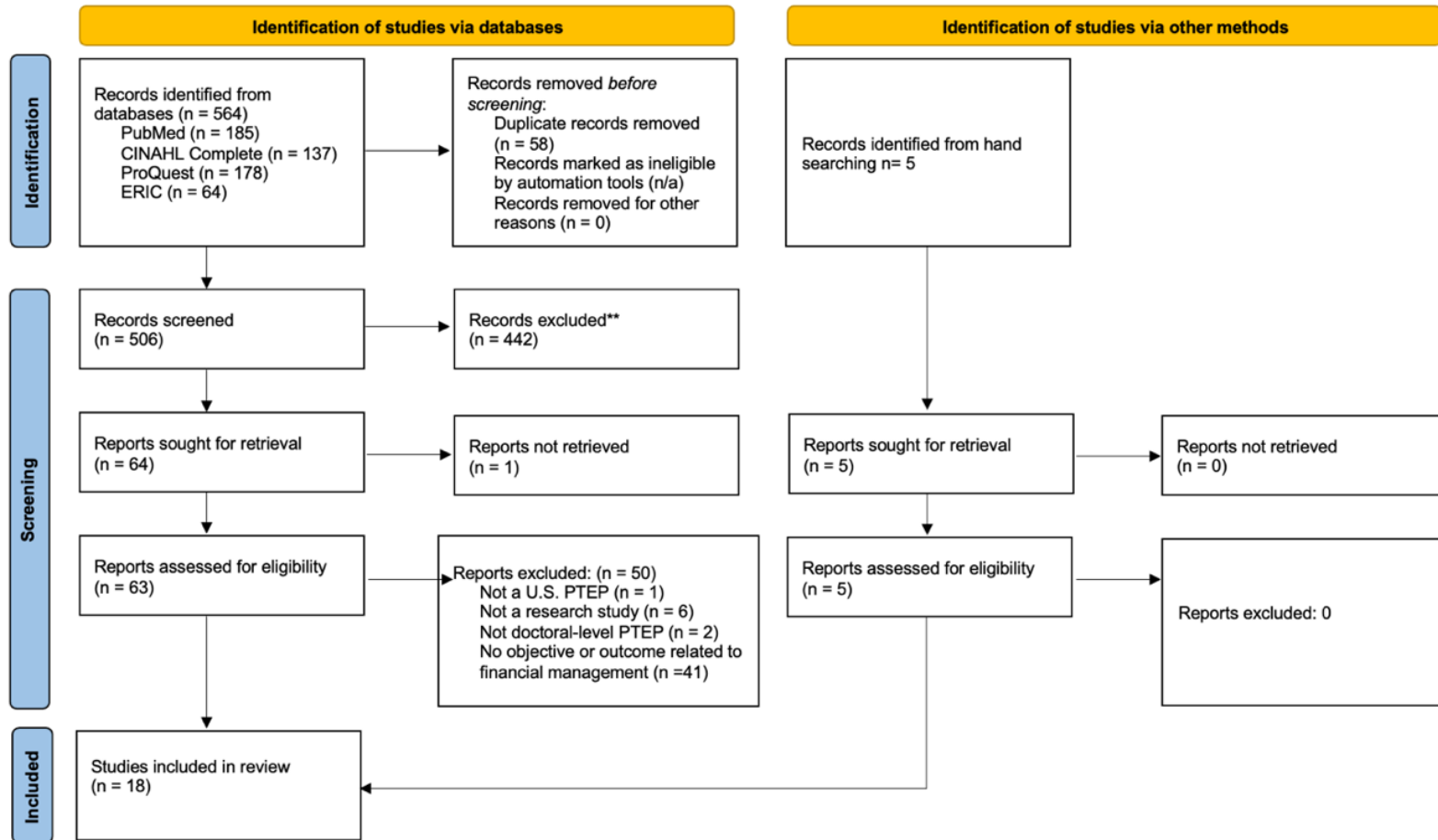


Table 1. Critical Appraisal Scoring

Study Design	Author	Study purposes stated clearly (Quantitative & Qualitative)	Relevant literature reviewed (Quantitative & Qualitative)	Sample described in detail (Quantitative)/ Theoretical perspective identified (Qualitative)	Sample size justified (Quantitative)/ Purposeful sample selection described (Qualitative)	Outcome measures reliable (Quantitative)/ Sampling until redundancy in data reached (Qualitative)	Outcome measures valid (Quantitative)/ Informed consent obtained (Qualitative)	Intervention described in detail (Quantitative)/ Procedural rigor used in data collection (Qualitative)	Contamination avoided (Quantitative)/ Analytical preciseness (Qualitative)	Co-intervention avoided (Quantitative)/ Findings consistent with and reflective of data (Qualitative)	Results reported in terms of statistical significance (Quantitative) / Auditability (decision trail developed and rules reported) (Qualitative)	Analysis methods appropriate (Quantitative)/ Transformation of data described (Qualitative)	Educational importance reported (Quantitative)/ Theoretical connections described (Qualitative)	Drop-outs reported (Quantitative)/ Trustworthiness (triangulation reported for methods) (Qualitative)	Conclusions appropriate (Quantitative & Qualitative)	Critical Appraisal Score (TOTAL)
Qualitative	Black et. al. (2013)	1	1	1	1	0	1	1	1	1	1	1	1	1	13	
	Dutton & Sellheim (2014)	1	1	1	1	0	1	1	1	1	1	1	1	1	13	
	George et al. (2017)	1	1	1	0	0	0	0	0	1	1	1	1	1	9	
	Greenfield et al. (2015)	1	1	1	1	0	0	1	1	1	1	1	1	1	12	
	Johnson et al. (2006)	1	1	1	0	0	0	0	0	1	0	0	1	0	1	6
	Lowe & Gabard (2014)	1	1	1	1	0	1	1	1	1	1	1	1	1	1	13
	Palombaro et. al. (2011)	1	1	1	0	0	0	0	0	0	0	0	1	0	1	5
	Portney & Applebaum (2006)	1	1	1	0	0	0	1	0	0	0	0	1	0	1	6
	Reicherter & McCombe Waller (2014)	1	1	1	1	0	0	1	0	0	0	0	0	0	1	6
	Smith et. al. (2021)	1	1	1	0	0	1	1	0	0	0	0	1	0	1	7
	Stickler et. al. (2020)	1	1	1	1	0	0	1	1	1	1	1	1	1	1	12
	Tapley et. al. (2021)	1	1	1	0	0	0	0	0	1	0	0	1	1	1	7
Quantitative	Gilles et. al. (2019)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	14
	Owens et. al. (2014)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	14
Mixed Methods	Cohn et. al. (2015)	1	1	1	1	0	0	1	1	1	1	1	1	1	1	12
	Kapasi & Davis (2017)	1	1	1	1	0	0	1	1	1	1	1	1	1	1	12
	Stickley & Gibbs (2020)	1	1	1	1	0	0	1	1	1	1	1	1	1	1	12
	Tapley & Patel (2016)	1	1	1	1	0	0	1	1	1	1	1	1	1	1	12

Table 2. Study Characteristics

Study Design	Author	Method of Data Collection	Sample characteristics	Sample Size (n)
Qualitative	Black et. al. (2013)	Individual semi-structured interviews	Inaugural members of clinic's Student Board	18
	Dutton & Sellheim (2014)	Focus group interviews	3 rd year DPT students	28
	George et al. (2017)	Survey of students	Survey: 1 st year students who were required to participate in clinic	Survey: 24
		Focus group interviews	Focus group: Inaugural PT Executive Board Members	Focus Group: 10
	Greenfield et al. (2015)	Retrospective analysis	DPT students in 1 st CE experience	30 narratives from 26 students
	Johnson et. al. (2006)	Descriptive case report Student reflection (method not reported)	2 nd and 3 rd year DPT students	300 SPTs since clinic inception in 2002
	Lowe & Gabard (2014)	Survey	DPT students who had completed a minimum of 6 weeks of clinical education and received legal and ethical content in academic curriculum	Survey: 69
		Focus Group		Focus Group: 3 students from each program (6 total)
	Palombaro et. al. (2011)	Descriptive case report	1 st -3 rd year DPT student volunteers	Inaugural Student Board members: 21 Total student participants: 122
	Portney & Applebaum (2006)	Descriptive case report	DPT students enrolled in 3 rd year coursework	N/A
	Reicherter & McCombe Waller (2014)	Descriptive case report Retrospective analysis of student course evaluations	2 nd year DPT students enrolled in clinical education (Affiliation 1 and Affiliation 2)	58
	Smith et. al. (2021)	Descriptive case report Student objectives assessment	1 st and 2 nd year DPT student volunteers	10
Stickler et. al. (2020)	Focus groups and Individual interviews	Current and past student coordinators of Pro-bono clinic	Focus group: 4 in each of 2 sessions (8 total) Individual interviews: 9	
Tapley et. al. (2021)	Descriptive Case Report Retrospective analysis of student reflections	2 nd year DPT students enrolled in Health Promotion and Wellness course	Approx. 30	
Quantitative	Gilles et. al. (2019)	Retrospective analysis of CPI using statistical comparison	2 nd year DPT students who were required to participate in pro-bono clinic vs students assigned to alternate learning	Intervention: 18 Control: 51
	Owens et. al. (2014)	Survey, repeated measures	DPT students in Class of 2012	18
Mixed Methods	Cohn et. al. (2015)	Quantitative CPI analysis	CPI scores for Financial Management and Documentation items for DPT students in final CE experience who had case-based reasoning vs cohort who did not	Intervention: 62 Control: 54
		Faculty survey		Faculty survey: 3 (of 4)
	Kapasi & Davis (2017)	Descriptive case report Student course evaluations	3 rd year DPT students enrolled in elective course	53
	Stickley & Gibbs (2020)	Survey	DPT students enrolled in Clinical Decision Making IV course and Master of Health Information Technology (HIM) students enrolled in Health Informatics course	DPT: 31 HIM: 7
	Tapley & Patel (2016)	Analysis of student surveys and written reflections	Final year DPT students enrolled in Health Promotion and Wellness courses	41

Table 3. Characteristics of instructional platforms and teaching strategies implemented to address financial management concepts

Instructional platforms and teaching strategies	Author	Method	Voluntary or Required Participation	Timing in Curriculum	Time Commitment for Learning	Pertinent Exposure/Outcomes	Applicable CPI Concepts
DPT Education Curriculum/Process	Cohn et. al. (2015)	Case-based reasoning model threaded through curriculum	Required	Threaded into curriculum in Years 1-3. Integration occurred in <ul style="list-style-type: none"> • 4 clinical management courses • Year 2: integrative clinical conference course • Year 3: "Administration and Management" course • Year 3: Students expected to apply content in clinical setting 	3-year program	Analyzed and applied insurance and regulation policies to increasingly complex cases regarding patient management and access to care. Required to consider insurance terminology and structure, benefit availability, qualified providers, skilled care, modality coverage, pre-authorization, examination, documentation, DME coverage, patient progress toward goals, impact of patient cost-sharing on care, and quality reporting system items. Students who participated in CBR-approach self-assessed higher in CPI domains for Financial Resources and Documentation and were scored higher by CIs for Financial Resources during terminal CE experience compared to students who had not received this approach.	<ul style="list-style-type: none"> Billing and reimbursement Compliance with regulatory, legal, and facility guidelines Documentation to support services
	Owens et. al. (2014)	Curricular design in historically Black university	Required	Threaded throughout curriculum, including clinical education	3-year program	Competence with direct access emphasized in curriculum so that DPT graduates able to address inequities, increase healthcare provider diversity, and provide PT in underserved population. Repeated measures survey indicates increased competence as students progressed through curriculum. Specific instructional approach or learning opportunities were not reported.	Direct Access
Didactic Coursework	Kapasi & Davis (2017)	Case-based Elective Course	Voluntary, but with plans to integrate into required curriculum	3 rd year	Not reported	<p>Market research, strategy, marketing, finance, operations, quality, and management. Concepts applied to PT practice and student/alumni feedback indicated increased understanding of business principles, feeling more competent to discuss business, finance, and healthcare, and creation of innovative/entrepreneurial mindset that affected practice by developing skills, including:</p> <ul style="list-style-type: none"> • Marketing to increase patient volume • Thinking outside box to improve business • Interpreting clinic balance sheet • Taking on manager role early in career • Seeking interventions best for patient while cutting cost • Focusing on forms of payment that are best for bottom line • Being efficient with time 	<ul style="list-style-type: none"> Budgeting Effective use of time, space, and resources Information technology/health informatics Marketing Operations management Reimbursement Quality improvement
	Stickley & Gibbs (2020)	Inter-professional Education Experience embedded in Clinical Decision Making IV course	Required	Semester 6 of 9	Three videoconferencing meetings throughout semester, plus documentation assignment, and three reflection papers	DPT and Master of Health Information Management (HIM) students learned about each other's roles and responsibilities and discussed electronic health record systems. DPT students completed a case study assignment using electronic documentation system. Assignments were audited by the HIM students who provided feedback.	<ul style="list-style-type: none"> Documentation to support services Health Informatics Promotion of PT
Clinical Education (CE)	Dutton & Sellheim (2014)	Informal and Hidden Curriculum	Required	N/A	N/A	<p>Students experienced issues of integrity in the health care environment as part of informal curriculum including:</p> <ul style="list-style-type: none"> • Balancing facility productivity expectations with quality care/professional behaviors as emphasized by academic program • Reimbursement issues including limited insurance visits and providing unnecessary care to increase reimbursement. 	<ul style="list-style-type: none"> Billing and reimbursement Compliance with regulatory, legal, and facility guidelines Effective use of time (productivity)
	Greenfield et al. (2015)	Short term integrated CE experience embedded into three different courses	Required	<p>"General Medicine" Spring Year 1 "Musculoskeletal" Summer Year 2 "Neurological Rehabilitation" Fall Year 2</p>	2 weeks per course	Reflective narratives of experience indicated exposure to ethical conflict related to fiduciary vs organizational obligations, discharging patient against PT recommendations due to cut of insurance benefits, and navigating copay/financial burden of care concerns. Despite classroom training, students challenged to handle these situations.	<ul style="list-style-type: none"> Billing and reimbursement Regulatory, legal, and facility guidelines

Instructional platforms and teaching strategies	Author	Method	Voluntary or Required Participation	Timing in Curriculum	Time Commitment for Learning	Pertinent Exposure/Outcomes	Applicable CPI Concepts
	Lowe & Gabard (2014)	Full time CE	Required	Study participants completed a minimum of one 6-week full time CE experience and received ethical content in curriculum	N/A	<p>Students witnessed, participated in, or encouraged to:</p> <ul style="list-style-type: none"> Intentionally incorrectly bill an insurance company or payer (14.5%), 100% did not report Provide treatment that was not beneficial (34.8%), 75% did not report Fail to discharge a patient when appropriate (29%), 80% did not report Bill for treatments using a higher paying reimbursable code than services provided (21.7%), 100% did not report Bill a code for which insufficient time was spent (20.3%), 100% did not report Provide treatment to Medicare patient by unlicensed personnel (50.7%), 94.3% did not report Use time for non-clinical personal business (66.7%), 100% did not report Use clinical resources or property for non-clinical or patient related purpose (23.2%), 93.8% did not report Bill for treatment session that did not occur (4.3%) 66.7% did not report 	<p>Accurate documentation, billing, and coding to support request for reimbursement</p> <p>Effective use of time, space, and resources</p> <p>Prioritize use of resources to maximize patient and facility outcomes</p> <p>Regulatory, legal and facility guidelines</p>
	Reicherter & McCombe Waller (2014)	Professional Practice Opportunity	Required, but experiences varied	2 nd year during CE experience 1 & 2, Designated as 1 credit, pass/fail course	Five 8-hour days total Average of 20 hours/semester	<p>Some students participated in opportunities related to administration. Reflections of student clinic shadowing reported on exposure to health informatics and impact on decision making and patient care. Article does not report on outcomes related to stated need to increase student exposure to interdisciplinary care, finance, Medicare regulation, and patient education.</p>	<p>Health informatics</p> <p>Administration, including financial resources</p>
Pro-Bono Clinic	Johnson et. al. (2006)	Interdisciplinary pro-bono clinic	Initially voluntary, became required for students by 1 partner program	3 rd year students participated in peer teaching 2 nd year students	1 night/week for a semester	<p>PT students provided all elements of client management with supervision. Staff and students worked to facilitate and encourage enrollment in insurance programs when appropriate. Promotion of profession and training of referral source reported, but unclear if students participated.</p>	<p>Promotion of PT</p> <p>Reimbursement, insurance</p>
	Palombaro et. al. (2011)	Student-led pro-bono clinic	Voluntary	1 st -3 rd year students	Student Board: 1 member per class held each of 6 positions to allow succession, appointments starting Spring of 1 st year, each serving 50 hours/semester Student clinic volunteers: 34% of DPT student body volunteered in first year.	<p>Students provided services and operated clinic. Student Board positions included scheduling, community relations, outcomes, operations coordinator, and fund officer. Students responsible for space renovations, furnishing with equipment using funding/donations, establishing policy and procedure manuals, creating intake paperwork and documentation forms, marketing flyers, two websites, open house event, physician marketing luncheon, fund-raising events, marketing at health fairs, schools, and community events. Student board members also participate in regular leadership training and professional development to foster skills needs to run the clinic. Planning for students to begin to track billable units of care to demonstrate cost-savings to local healthcare system.</p>	<p>Budgeting and fundraising</p> <p>Documentation to support services</p> <p>Effective use of time, space, and resources (equipment)</p> <p>Establishing organizational structure and policy</p> <p>Marketing</p> <p>Promotion of PT and public relations</p> <p>Quality improvement</p>
	Smith et. al. (2021)	Pro-bono mobile health care clinic	Voluntary (6 students) and Required (4 students as part of course)	1 st and 2 nd year students	2 weekend clinics	<p>Students worked in direct access setting with supervision. Educated patients and healthcare providers regarding benefits of PT to increase referrals and recruit patients for treatment. All students participated in professional advocacy; one student was asked to speak with a group of physicians about how PT can reduce chronic MSK pain.</p>	<p>Direct Access</p> <p>Promotion of PT</p>
	Stickler et. al. (2020)	Pro-bono clinic	Voluntary	Not Reported	Student coordinator term ~2 years	<p>Student coordinators responsible for communicating with management and physicians at clinic, recruiting, scheduling, and training volunteers, scheduling patients, generating quality improvement reports, implementing new ideas.</p>	<p>Effective use of time, space, and resources</p> <p>Promotion of PT and public relations</p> <p>Quality improvement</p>

Instructional platforms and teaching strategies	Author	Method	Voluntary or Required Participation	Timing in Curriculum	Time Commitment for Learning	Pertinent Exposure/Outcomes	Applicable CPI Concepts
Service Learning	Portney & Applebaum (2006)	Community health promotion project	Required	Last 3 semesters of program	Project proposal embedded in 3 courses, 1 credit hour each. Programs are implemented over 8-week period. Follow up with community partner, data analysis, project report, presentation and reflection completed during 12-week session.	Project required needs assessment, proposal, goals and objectives, educational and therapeutic interventions, evaluation plan, budgeting, and marketing. Needs assessment included assessment of "administrative and organizational issues, including political, economic and policy influences of the organizational culture, mission and resource availability." Budget considered cost of printing, mailing, handouts, food, supplies, etc.). Students encouraged to seek outside funding or donations and marketing collaboration with community partner. Students completed final written report, which included recommendations for future implementation, and provide oral presentations in public forum.	Budgeting and financial resources Effective use of time, space, and resources (equipment) Functions within organizational structure of setting Marketing Quality Improvement
	Tapley & Patel (2016)	Service learning combined with public health planning model (PRECED E- {PROCEED})	Required	Semesters 6 and 7 (Out of 8)	Project embedded in two courses, Designated 2 days/week for 10 weeks for project implementation in Semester 7	In groups, students completed assessments to determine organizational need. Project required identifying changeable behaviors, developing educational material, completing administrative/policy assessment to insure alignment with organization, budgeting for the project, identifying resources needed/available, and implementing a timeline, assessing program impact and effectiveness.	Budgeting and financial resources Effective use of time, space, and resources (equipment) Functions within organizational structure of setting Quality Improvement
	Tapley et. al. (2021)	Annual Physical Therapy Visit	Required	2 nd year	Embedded in 1 credit hour course	Students required to consider cost effectiveness and available resources when planning, implementing, and evaluating Annual PT Visit event. Also, required to develop/revise training manual, market and administer event, complete quality assessment.	Budgeting and financial resources Effective use of time, space, and resources (scheduling) Establishing organizational structure and policy Marketing Quality Improvement

Chapter 3: Study 2- Retrospective Analysis of PT CPI #17

Financial Management Knowledge, Skills, and Attitudes of Student Physical Therapists
in a Terminal Clinical Education Experience: A Retrospective Analysis

Abstract

Introduction Understanding and effectively managing financial resources is a key component of physical therapist (PT) practice. Contemporary financial management knowledge, skills, and attitudes (KSAs) required for entry-level PTs are not well established or defined. The purpose of this retrospective analysis was to identify financial management KSAs generated by the CI qualitative comments on the PT Clinical Performance Instrument (CPI) Criteria #17 for students rated at or above entry-level for their final terminal clinical education experience (CEE) for their final assessment.

Subjects PT CPI data for 341 PT students was obtained as a sample of convenience from two Doctor of Physical Therapy programs in northeast Ohio.

Methods A content analysis approach was used to retrospectively analyze qualitative comments provided by CIs for PT CPI Criteria #17. Units of meaning, codes, and categories were generated from all qualitative comments. Each individual comment from Criteria #17 of the PT CPI assessment was hand-coded by two investigators. All comments and coding were reviewed, discussed, and consensus achieved between investigators.

Results Investigators identified 13 codes, which were grouped into one of four categories: reimbursement, effective use of time, caseload management, and professional stewardship. KSAs related to billing were documented in more than 95% of CPI assessments (n=254). The next highest codes were time management (n=139), third party

payer considerations (n=129), patient scheduling (n=122), and PT schedule management (n=121). Codes in the professional stewardship category had the lowest prevalence.

Conclusion Entry-level PTs should have a solid foundation in understanding reimbursement mechanisms specific to their chosen practice setting and be proficient, efficient, and cognizant of financial considerations with patient caseload management. Additionally, student PTs may benefit from advanced training and exposure to higher level fiscal aspects of clinical practice to enhance their overall awareness of business operations to be a more effective team player, provider, and employee.

Introduction

Understanding and effectively managing financial resources is a key component of physical therapist (PT) practice.^{1,2} Knowledge, skills, and attitudes (KSAs) regarding financial management have become more important as the landscape of healthcare administration and finance evolves due to changes in regulation, policy, and reimbursement.³⁻⁷ Considerable changes to reimbursement structures and funding mechanisms for physical therapy have occurred in recent years, including the introduction of the Merit-based Incentive Payment System (MIPS) in outpatient practices (2019),⁸ Patient-Driven Payment Model (PDPM) in skilled nursing facilities (2019),⁹ and the Patient Driven Groupings Model (PDGM) in home health (2020),¹⁰ as well as numerous adjustments to the physician fee schedule.¹¹ These changes had sweeping impacts on clinic revenue, budgets, staffing, and volume of care provided. The COVID-19 pandemic presented additional unique challenges on the tail of these reimbursement changes. An American Physical Therapy Association (APTA) report titled “Impact of COVID-19 on the Physical Therapy Profession” detailed a reduction in PT working hours and income, decline in physician referrals and patients using direct access, closure of clinics, employment reductions, and considerable decrease in revenues.¹²

In addition to the aforementioned challenges faced by healthcare providers, patients are also experiencing increased financial burden when receiving healthcare services secondary to the rising cost of health insurance and out-of-pocket expenses.^{13,14} Lairson and Tilstra¹⁵ found that only 18% of a sample of adults with a musculoskeletal condition that was causing an activity limitation received physical or occupational therapy in the preceding 12 months and the greatest predictor for receiving services was

the type of health insurance coverage held by the individual. As the cost of goods and services increases, healthcare consumers with finite resources are considering the cost-benefit and pursuing value in the care they seek. Patients are wanting to discuss directly with their healthcare provider, not associated staff, about the anticipated cost of the healthcare services that were recommended to them to gain an understanding of affordability and value.¹⁶ It is important PTs understand the financial aspects of services provided from the perspective of both patients and providers. They should be prepared to employ strategies for increased accessibility of services and optimization of care while considering financial factors. In contemporary clinical practice, appreciating the financial aspect of physical therapy services is important as this deeply informs and guides the actual care provided. It is the responsibility of the practitioner to provide patient-centered care that is reasonable, effective, and value-dense to all stakeholders of the profession.¹⁵

Despite considerable changes and challenges to the financial aspect of healthcare, contemporary financial management KSAs required for entry-level PTs are not well established or defined. Newly licensed PTs are entering a profession demanding financial management knowledge and considerations for the delivery of care and for clinical operations within an arduous and evolving healthcare environment. They need to be equipped with the KSAs to operate efficiently and effectively in the realm of financial management to facilitate positive outcomes for patients while demonstrating sound financial stewardship for all stakeholders served. This aspect of professional formation is charged to the professional physical therapist education program (PTEP) and should be an intentional component in all didactic and clinical curricula.

Review of Literature

Financial management KSAs have been identified as a component of professionalism and leadership^{1,2} and as such, are recognized as a required element in PTEPs.¹⁷ The Commission on Accreditation in Physical Therapy Education (CAPTE) provides standards and required elements for PTEP accreditation.¹⁷ CAPTE Standard 7 Element B states PTEP curricula must include content and learning experiences in professional ethics and values, management, finance, and law.¹⁷ They must also provide instruction about direct access, case management, quality assurance and improvement, health informatics, health care policy, and financial management.¹⁷

Previous research has attempted to identify knowledge and skills required for entry-level PT practice, however, the most current literature in this area was published more than 15 years ago.^{1,18} In 2004, Lopopolo and colleagues¹⁸ defined the knowledge and skills needed by entry-level PTs in areas of leadership, administration, management, and professionalism (LAMP). The top categories were communication, professional involvement, ethical practice, supervision and delegation, stress management, reimbursement resources, time management, and health care industry scanning. Schafer et al¹ refined this study methodology in 2007 with the aim to identify which LAMP skills would be essential to PT practice in 2010. Results indicated entry-level PTs were expected to have skills in self-management, legal compliance, ethical behavior, and insurance coding.¹ It was anticipated that mentorship would be required for marketing and budgeting since competency was not expected at entry level.¹

Clinical education experiences (CEEs) are a required component of professional PTEPs.¹⁷ During CEEs, students formally participate in practical "real-life" learning

experiences in a clinical environment where they apply KSAs taught in the classroom under the supervision of a licensed PT, a clinical instructor (CI). The CI is responsible for assessing student performance and behaviors as they progress toward becoming entry-level practitioners. The Physical Therapist Clinical Performance Instrument (PT CPI) is a commonly used assessment tool for rating and documenting student performance during CEEs at both midterm and at the term of the experience (final). The tool is both a student self-assessment and the CI assessment of the student.¹⁹ The PT CPI was developed by APTA in 1997 and revised to the currently utilized version (PT CPI 2.0) in 2006,^{20,21} with an update released in Spring 2023. The instrument consists of 18 performance criteria that embodies the essential knowledge, skills, and behaviors required of an entry-level PT.²⁰ Additionally, there are five performance dimensions to consider for each criterion: supervision, quality, complexity, consistency, and efficiency. Performance is rated on a Likert-type scale that is anchored with “beginning performance” on the left side and “beyond entry-level performance” on the right side. The “entry-level” rating indicates that a student is proficient and skilled in simple to complex tasks, “capable of functioning without guidance or clinical supervision” for patients of all complexity and able to maintain 100% of a caseload in a cost-effective manner.²⁰ Users can provide qualitative comments to endorse observable behaviors and level of performance applicable to each criterion. PT CPI Criteria #17 is titled “Patient Management: Financial Resources” and is related to student participation in financial management aspects of physical therapy services.¹⁸ Criteria #17 is defined as “participation in budgeting, billing and reimbursement, marketing, and public relations and the effective use of time, space and resources while being consistent with regulatory, legal and facility guidelines.”

The purpose of this retrospective analysis was to identify financial management KSAs documented by CIs and demonstrated by student PTs who were rated at or above entry-level by their CI on the final PT CPI during the last terminal CEE. The results of this study may provide a better understanding of variables CIs are considering in their assessment of entry-level competency for “Patient Management: Financial Resources. This knowledge may guide and support physical therapy educators in designing financial management curricula that reflects contemporary KSAs needed by entry-level PTs while satisfying CAPTE Standard 7, Element B.

Subjects

PT CPI data of Doctor of Physical Therapy (DPT) students in their final, terminal CEE was obtained as a sample of convenience from two physical therapy programs in northeast Ohio. One university was a small, private Catholic institution (Program A) while the other is a medium-sized, public state institution (Program B). PT CPI records of DPT students who had completed a final CEE in the past five years (May 2018-May 2022) were exported from the PT CPI website. Informed consent was not required under Family Educational Rights and Privacy Act (FERPA) guidelines regarding use of student data to improve instruction.²² This study received exempt Internal Review Board (IRB) status from both institutions and was granted permission for PT CPI use by the American Physical Therapy Association. See Appendices 2-4.

Methods

This study utilized a content analysis approach to retrospectively analyze qualitative comments provided by CIs on the final PT CPI assessment of the final CEE in the PTEP.^{23,24} Data was exported and downloaded from PT CPI Web and was de-

identified by the respective Director of Clinical Education (DCE) for each program before being compiled into a shared spreadsheet. Exported data included the evaluation name, start and end dates of the CEE, academic year of the experience, graduation year of the student, site name, and CI characteristics, all of which were excluded from analysis, as well as CI's qualitative comments and ratings for PT CPI Criteria #17 which were analyzed. The spreadsheet was stored in a password-protected cloud and only accessible to the investigators. Prior to the initiation of this study, the investigators agreed that no comparison would be made between the two DPT programs and their respective students' performance.

PT CPI records were screened for appropriateness of inclusion for analyses. Ratings on the Likert scale are converted by the PT CPI website into a numerical value during exporting with a rating of 17 indicating "entry-level" therefore CPI data for students scoring below this value were excluded from analysis. Incomplete records or vague responses were removed from the sample. The theme of financial management was identified in advance based on the study aim. Units of meaning, codes, and categories were generated from qualitative review of all CI comments by two investigators (A.L. & C.B-C.) who then worked independently to hand-code each response. Coding was reviewed and discussed until a consensus was achieved for each CI qualitative response. Number of PT CPI comments containing each code was calculated based on frequency.

Results

A combined 341 records were exported from the CPI website (47% from Program A, 53% from Program B). Six records were incomplete due to no rating or comments provided. Ten records were excluded from analysis due to vague comments, such as "no

issues/concerns” or “same as midterm.” Six records were removed from the sample because the student scored below the “entry-level” performance. The remaining 319 records were analyzed. See Appendix 5 for PT CPI data and coding.

In the theme of management of financial resources in PT practice, investigators identified four categories and 13 codes. See Table 1 for derived units of meaning, codes, and categories and Figure 1 for prevalence of codes. The reimbursement category contained three codes and had the highest prevalence of coding. Over 95% of PT CPI records included a comment about KSAs specific to billing (n=254), 40.4% about third-party payer considerations (n=129), and 25.4% regarding documentation (n=81). For reimbursement KSAs, CIs often commented on the accurate selection of Current Procedural Terminology (CPT) codes, “completing billing in an efficient, accurate, and timely manner,” understanding nuances and rules for reimbursement based on payer, and generating documentation that met payer requirements and justified services billed. KSAs important for reimbursement are demonstrated by the following comment:

"[Student] has been provided good experience in the financial side of physical therapy dealing with patient care, insurance limitations, billing, and clinic management. He has gained good experience in the billing rules for different insurances and is consistently providing accurate billing for therapy services rendered in accordance with patient insurance guidelines vs patient scheduling. He is also accurately managing patient POCs [plans of care] according to his goal planning and prognosis but with also the considerations of patient financial limitations with copays, deductibles, and visits limitations. He has been able to get insight on clinic financial management as

his CI is also the center manager, has a good base for the rationale for diversity in billing, and has been able to provide documentation to support his billing."

Effective use of time included two codes which were time management (43.6%, n=139) and productivity (9.1%, n=29). CIs provided more comments regarding student efficiency and time management than comments specific to meeting clinic productivity expectations. Many comments indicated that improved time management resulted in maximizing patient outcomes and high value services. One CI reported, "[Student] is 85-90% efficient in using time effectively in regards to patient care, i.e. if a cancellation or if next patient has not yet arrived, if ethically necessary, he will continue with the treatment of the patient for a longer period of time and possibly another billable unit of time." Another CI commented, "[Student] continues to demonstrate good time management skills with patients and has demonstrated progress in this area by getting more out of patients in a shorter amount of time."

Caseload management included three codes and consisted of patient scheduling (38.2%, n=122), PT schedule management (37.9%, n=121), and utilization of external resources (11.9%, n=81). Pt scheduling was comprised of KSAs related to being cognizant of patient financial resources and time constraints and being flexible with the schedule to accommodate these concerns. One CI stated:

"The student has been able to acknowledge the financial burden placed on patients... He understands the need to include his patients in his decision making, sometimes altering his ideal POC for something that is more manageable for the patient's financial situation. This has happened in the

way of changing the frequency of visits and also discharging slightly earlier than planned due to limited resources."

PT schedule management requires the student to organize their schedule with consideration to prioritizing tasks, coordinating with others, and offering flexibility in meeting the responsibilities of a PT. Utilization of external resources involves understanding resources available to patients in terms of referrals and community-based services, as well as being cognizant of a patient's financial means when recommending these services or equipment as highlighted in the following comment:

"[Student] coordinates physical therapy with other services to facilitate efficient and effective patient care. He provides co-care only when absolutely necessary to meet the patient's needs and to progress the patient as needed. He makes appropriate recommendations for continued PT services and for equipment when being d/cd[discharged] from the hospital. He is considerate of his recommendations to ensure there is not an over utilization of services and equipment."

The professional stewardship category contained five codes which were clinic operations (25.4%, n=81), utilization of clinic resources (23.5%, n=75), quality assurance/improvement (12.2%, n=39), promotion of PT (6.6%, n=21), and marketing and public relations (3.4%, n=11). These codes describe the student's participation in operation of the clinic while supporting the clinic's budget and financial goals, effective use of clinic space and equipment, mindful use of supplies, commitment to furthering the profession of physical therapy through advocacy, marketing, and providing high quality services. One CI reported, "He uses IT appropriately. He uses supplies wisely and issues

supplies to patients as needed. He is mindful of infection control and risk management strategies to protect himself and patients during their session.”

Discussion and Conclusion

The purpose of this study was to identify KSAs recorded on the final CPI assessment of a terminal CEE that endorsed CI student assessment at “entry-level” performance or higher in the CPI #17: Patient Management: Financial Resources criteria. The specific KSAs listed in Table 1 can be used to guide PTEPs and clinical education stakeholders when preparing students to meet expectations for entry-level practice. KSAs related to billing were most documented in the PT CPI assessments (n=254). CIs frequently commented on the need for accurate and timely billing that takes into account all treatment time delivered, recognizes diversity of charges based on payer, and abides by ethical and legal standards. The next highest codes had similar prevalence: time management (n=139), third party payer considerations (n=129), patient scheduling (n=122), and PT schedule management (n=121). Intentional instruction, exposure, opportunities to practice KSAs in these five categories may provide students with a strong foundation to adequately and effectively meet entry-level expectations of most CIs in this study.

The prevalence of PT CPIs with KSAs regarding documentation and productivity appeared low in relation to other codes despite the emphasis often placed on these categories in clinical practice. Documentation has a designated PT CPI criterion (#15) where CIs may have provided their assessment and not felt the need to duplicate comments. Qualitative comments regarding documentation as analyzed in the financial resources criterion included the need for students to generate documentation that aligns

with reimbursement requirements set forth by the payer, being timely with writing, efficiency with navigating the electronic medical record, and justifying services billed. There were almost five times more comments regarding time management than comments specific to productivity. CIs appeared to be more concerned with students' ability to multi-task, make good use of downtime, and be efficient during patient interactions than they were with students meeting site-specific productivity expectations. It is unclear whether this is due to decreased perceived importance of productivity for entry-level clinicians or CIs recognizing that new graduates will likely develop their time management skills to eventually meet the expectations of their first employer.

The findings of this study indicated some aspects of the criteria definition and sample behaviors provided for PT CPI #17 to exceed "entry-level practice" expectations. Marketing and public relations was the least prevalent code, which aligns with the findings by Schafer et al.¹ who reported that marketing, along with budgeting, may be beyond entry-level. In this study, budgeting was mentioned infrequently and therefore grouped into the "utilization of resources" code. CIs commented that students performing at entry-level or higher "recognized the clinic had a budget" and "recommended equipment and supplies within the budget." Codes in the professional stewardship category had a generally low prevalence, but it is likely KSAs in this area will develop over time as the entry-level clinician becomes familiar with specific processes in their workplace.

Several CPI comments suggested continued development in financial management would be necessary as a practicing clinician. For example, "New hires always learn and become comfortable with this category as time goes" and "[Student]

will expand her knowledge on this topic once she is working full-time as a PT but is definitely prepared for her first job.” Another comment indicated some aspects of financial management might not be important to PT practice, depending on the setting by documenting, “did not get into billing and insurance auth[orization] as much, but depending where you work and if there is support staff you may/may not have to really be in tune with this, just is something to look into as you go.”

There were some limitations to this study. The sample size was small and geographically homogenous. Due to the repetitive use of CEE sites by each program and the proximity of the DPT programs to each other, multiple assessments were completed by the same CIs over the five-year retrospective analysis. The value the CI places on financial management content and the responsibility placed on them by their employer to engage in this realm of practice will directly influence the exposure the student receives during a CEE. This was evident as some comments indicated the CI was also the clinic manager and the exposure to financial management was robust (and likely “beyond entry-level”), while another comment stated, “She did not have an opportunity to participate in any direct financial management of the department.” The investigators recognized there is variability in complexity in financial management based on setting due to differences in regulation and reimbursement mechanisms, however, the data were not sorted or analyzed by practice setting. Instead, the aim was to gain a broad understanding of KSAs demonstrated by students at “entry-level”. Additionally, CI assessments for students who may have achieved “entry-level” ratings prior to the final terminal CEE were not considered. Finally, in the experience of the investigators, PT CPI #17 tends to be

underdeveloped and vaguely assessed compared to other PT CPI criteria. Some of the assessments analyzed for this study lacked detail that endorsed an “entry-level” rating.

Financial management aspects of clinical practice are important as they influence patient care decisions, financial health of the clinic, and legal and ethical compliance of the PT. Entry-level PTs should have a solid foundation in understanding reimbursement mechanisms specific to their chosen practice setting and be proficient, efficient, and cognizant of financial considerations with patient caseload management. Additionally, student PTs may benefit from advanced training and exposure to higher level fiscal aspects of clinical practice to enhance their overall awareness of business operations to be a more effective team player, provider, and employee. An opportunity exists for additional research to explore the perceptions of PTs in the financial management KSAs necessary for entry-level practice and how PTEPs, CE stakeholders, and employers are charged with the responsibility of ensuring competency of an entry-level PT.

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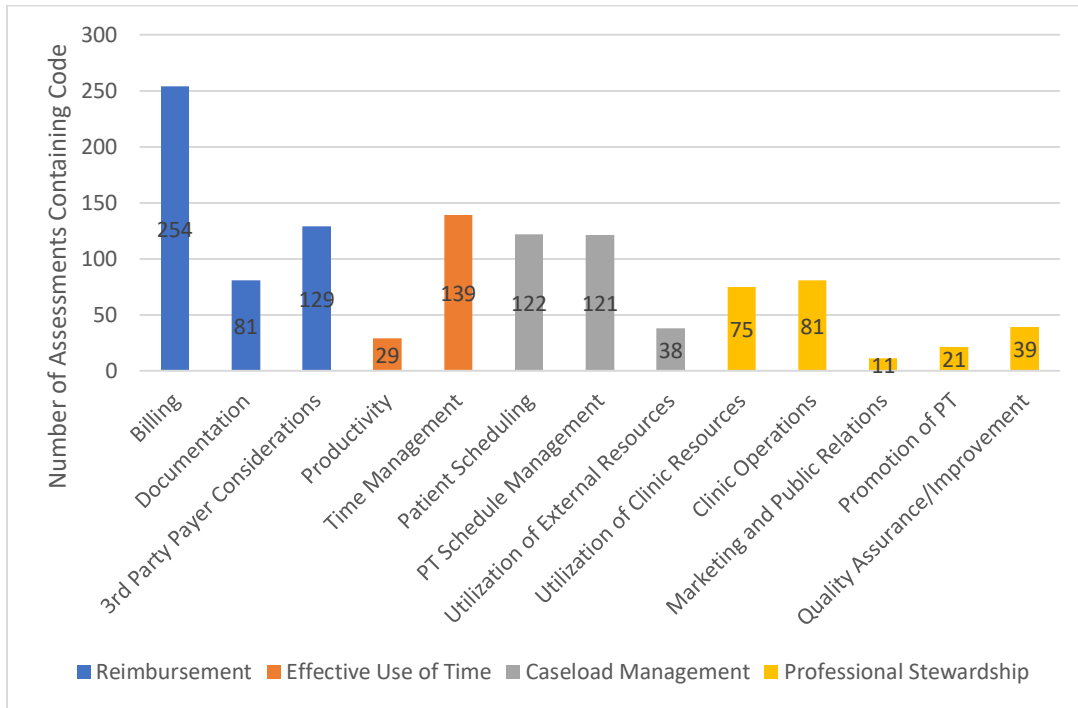
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Table 1. Financial Resources Coding

THEME	CATEGORY	CODE	UNIT OF MEANING
MANAGEMENT OF FINANCIAL RESOURCES IN ENTRY-LEVEL PT PRACTICE	REIMBURSEMENT	(1) BILLING	Submits billing on time Accurate selection of CPT code based on services provided (including evaluation codes/determining complexity) Follows 8-minute rule appropriately Ethical/legal billing Appropriate use of billing modifiers Tracks and accounts for all treatment time Recognizes diversity in billing based on payer (group, concurrent, individual treatment, etc.)
		(2) DOCUMENTATION	Aligns written documentation with reimbursement requirements by payer Completes documentation in a timely manner Efficient and appropriate use of electronic medical record to complete documentation Justifies services billed
		(12) 3 RD PARTY PAYER CONSIDERATION	Recognizes influence of 3 rd party payers on decisions made Recognizes appropriateness of services provided Demonstrates flexibility with unique payer situations and arrives at solution (no insurance, care unaffordable, Workers Compensation) Complies with authorization requirements and submits requests Understands nuances/rules of reimbursement by payer Aware of insurance considerations regarding discharge planning (i.e. approval/denial of DC location in inpatient settings) Discusses financial implications with patients Monitors patient visit limits Recognizes finite resources (of patient and clinic)
	EFFECTIVE USE OF TIME	(3) PRODUCTIVITY	Meets established clinic expectations Understands importance of productivity requirements
		(6) TIME MANAGEMENT	Effective/efficient use of EMR (health informatics) (not for documentation purposes) Multi-tasking Makes good use of down time Efficient with time during patient care session
	CASELOAD MANAGEMENT	(4) PATIENT SCHEDULING	Respectful of patient time/understands time constraints Flexible with time (patient running late/need to leave early) Cognizant of patient financial burden of care (co-pays, deductibles, visit limitations) and adjusts plan/schedule to accommodate pt. needs
		(5) PT SCHEDULE MANAGEMENT	Able to prioritize responsibilities Makes follow up calls based on need (cancellations, no-shows) Coordinates schedule with others (OT, PT, PTA, IDT) Delegate to support staff as needed Recognizes need to ask for assistance to maintain efficiency Picks up patients to fill schedule as needed
		(10) UTILIZATION OF EXTERNAL RESOURCES	Screening for referrals Aware of external/community resources available to patients Cognizant of patient insurance/financial means when recommending/ordering equipment or DME

THEME	CATEGORY	CODE	UNIT OF MEANING
	PROFESSIONAL STEWARDSHIP	(7) UTILIZATION OF CLINIC RESOURCES	Recognizes clinic budget Recommends clinic equipment and supplies within budget Mindful utilization of clinic supplies and resources Effective use of space and equipment Shares space/equipment with other staff Utilizes external financial operations support (billing/business office)
(8) CLINIC OPERATIONS		Participates in staff meetings/in-services Observes/shadows management personnel Supports clinic financial goals Follows clinic guidelines/policies and procedures	
(9) MARKETING & PUBLIC RELATIONS		Participates in marketing outreach event Exposed to marketing/public relations efforts by clinic	
(11) PROMOTION OF PT		Advocate of PT and promotes the profession	
(13) QUALITY ASSURANCE/IMPROVEMENT		Provides high quality care Demonstrates accountability for quality of care provided Recognizes value proposition & cost-benefit of services provided Corrects errors quickly Completed In-service/project to support QI/operations	

Figure 1. Categories and coding for final PT CPI #17 assessments for DPT students ranked at Entry-level or higher during a final terminal clinical education experience.



Chapter 4: Study 3- Survey of Physical Therapists

Financial Resource Management Knowledge, Skills, and Attitudes for Entry-level

Physical Therapist Practice: A Survey of Physical Therapists in Ohio

Abstract

Background and Purpose Financial resource management (FRM) knowledge, skills, and attitudes (KSAs) have been identified as components of professionalism and leadership, and as such, are a required element in student physical therapists (SPTs) educational preparation. The purpose of this study was to explore the perceptions of physical therapists (PTs) regarding the importance of FRM KSAs for entry-level practice and to investigate the roles of physical therapist education programs (PTEPs), clinical education experiences (CEEs), and employers in addressing these KSAs.

Methods An online survey was developed based on PT Clinical Performance Instrument (CPI) criterion #17, "Patient Management: Financial Resources," as this tool is frequently used to endorse entry-level status of SPTs. A purposive sampling of convenience strategy was employed by requesting a free mailing list for Ohio-licensed PTs. Potential participants were solicited via email. Survey items were analyzed.

Results FRM KSAs in legal and regulatory compliance were perceived as most important, followed by coding and billing. Forty-eight percent of participants indicated FRM KSAs were "Less important" (n=111) or "Considerably less important" (n=17) than clinical care skills, while 39.8% (n=106) believed that these skills are of the same level of importance. Ten themes were derived from qualitative responses regarding the FRM content that should be provided by PTEPs. Participants indicated the role of PTEPs was to provide an introduction and foundation to FRM, while CEEs should facilitate

intentional exposure and opportunities to apply FRM KSAs with supervision. Employers were expected to provide education regarding clinic-specific operations and reimbursement considerations, as well as mentorship that included reviewing complex billing for accuracy, offering guidance for improving time management skills, and discussing fiscal responsibilities to both the employer and patient.

Discussion and Conclusion This information may guide PTEPs and clinical personnel in providing focused, meaningful instruction regarding FRM aspects of PT practice to SPTs and entry-level clinicians.

Introduction

The landscape of administration and financial resource management (FRM) in physical therapy practice has evolved over the past decade due to changes in regulation, policy, and reimbursement.²⁻⁸ These changes have resulted in decreased payment for physical therapy services, greater out-of-pocket costs for patients, limits on visits authorized by insurance providers, and increased regulatory compliance requirements. The *Code of Ethics for the Physical Therapist* states it is the responsibility of physical therapists (PTs) to “promote organizational behaviors and business practices that benefit patients and clients and society”.⁹ All PTs, not just those in an administrative or management role, should understand the evolving financial factors that impact clinic operations¹, as well as influences on patients’ ability to receive physical therapy services, such as insurance coverage and access to care.^{6,10-14} Patients desire to communicate directly with their health care provider, not associated staff, about the anticipated cost of the procedures and services recommended to them to gain an understanding of affordability and value.¹⁵ Therefore, PTs must be knowledgeable about the broad scope of FRM and have an understanding deep enough to effectively educate patients and answer their questions. Professional physical therapist education programs (PTEPs) are responsible for the development of entry-level PTs and need to consider the dynamic nature of healthcare funding and financial resources to ensure students are adequately prepared for this aspect of practice. In 2007, a national survey by Schafer et al. identified administration and management skills necessary for physical therapy graduates.¹ Despite vast changes in healthcare since 2007, such as modifications to reimbursement structures and the rise of health informatics, no further published research exists within the scope of

FRM knowledge, skills, and attitudes (KSAs) needed for entry-level PT practice or the perceived importance of these KSAs.

Review of Literature

In 2000, the American Physical Therapy Association (APTA) adopted Vision 2020, which outlined strategic change and a path forward for the physical therapy profession.¹⁶ Vision 2020 identified elements for elevating the practice of physical therapy, including direct access, evidence-based practice, professionalism, a doctoring profession, autonomous practice, and becoming the practitioner of choice. APTA's current vision statement, "transforming society by optimizing movement to improve the human experience", was adopted in 2018 and aimed to leverage the guiding principles of professional identity, quality, collaboration, value, innovation, consumer-centricity, access/equity, and advocacy to achieve it.¹⁷ As the practice of physical therapy evolves and the demands of industry and society shift, the development of FRM KSAs within the context of professionalism and leadership are desirable and necessary for clinical practice.

Professional Guidance Related to FRM Knowledge, Skills, and Attitudes

FRM KSAs have been identified as components of professionalism and leadership,^{1,18} and as such, are important in the professional formation and development of student physical therapists (SPTs). Guidance regarding the components of FRM necessary for entry-level practice are provided by several professional organizations, such as the Commission on Accreditation in Physical Therapy Education (CAPTE), APTA, and the American Council of Academic Physical Therapy (ACAPT). This

guidance comes in the form of accreditation requirements for PTEPs, a SPT performance assessment tool, and a professional development framework.

CAPTE issues standards and required elements for accreditation of PTEPs.¹⁹ CAPTE Standard 7 Element B states PT curricula must include content and learning experiences in professional ethics and values, management, finance, and law.¹⁹ PTEPs are expected to provide instruction about direct access, case management, quality assurance and improvement, health informatics, health care policy, and FRM.¹⁹ Despite the requirement that FRM aspects of practice be included in PT curricula, a 2014 thematic analysis of program-established student outcomes found that only two programs included themes related to practice management²⁰, which highlights the lack of emphasis academic programs place on this content compared to other curricular aspects.

The APTA's Physical Therapist Clinical Performance Instrument (PT CPI) is a tool for assessing SPT performance during clinical education experiences (CEEs). The PT CPI, originally developed in 1997 and modified in 2006 to version 2.0, consists of 18 criteria for SPTs and clinical instructors (CIs) to record assessment of performance at midterm and final during each CEE.²¹ SPTs are expected to achieve entry-level designations in all areas by the final terminal CEE to validate readiness for entry-level practice. PT CPI Criteria #17, "Patient Management: Financial Resources," is related to FRM aspects of physical therapy services.²² For this item, FRM is defined as "participation in budgeting, billing and reimbursement, marketing, and public relations and the effective use of time, space and resources while being consistent with regulatory, legal, and facility guidelines."²²

In January 2021, ACAPT released the Leadership Compass as a tool to guide SPTs and practitioners longitudinally throughout their careers in the development of KSAs needed as leaders in the physical therapy profession.¹⁸ “Management” is one of twelve learning outcome categories of the Compass, however many aspects of FRM bleed into the other categories and learning outcomes. According to the Leadership Compass, those developing management skills should focus on the essentials of human resources, operations, FRM, information technology, marketing, project management, and social responsibility.¹⁸ An operational definition and related KSAs for “FRM” is not provided in the tool.

Previous Research

In 2004, a Delphi study²³ identified one hundred seventy-eight items in the context of knowledge and skills needed by entry-level PTs in areas of leadership, administration, management, and professionalism (LAMP). Communication, professional involvement, ethical practice, supervision and delegation, stress management, reimbursement resources, time management, and healthcare industry scanning were the top categories. In 2007, Schafer et al¹ expanded upon this study to explore LAMP needs in contemporary PT practice. Self-management, legal compliance, ethical behavior, and insurance coding were projected to be required skills of competence for entry-level PTs.¹ Marketing and strategic planning, financial analysis and budgeting, and environmental assessment skills were determined to be beyond entry-level and would need further mentorship. The outcomes of this study may be slanted as the participants were limited to APTA members only, so the KSAs identified may not be valued by all profession members.

A few research studies have described how FRM content was implemented by PTEPs. Nosse²⁴ described a designated management course in a Master of Physical Therapy program. This course educated SPTs in management and business concepts, including fiscal management, through active learning and lecture. In another study, a case-based reasoning approach was leveraged to teach insurance, regulations, and documentation concepts. The authors of this study found a positive statistical difference in CI ratings for PT CPI #17 criteria for students taught with this approach compared to prior students instructed in a different way.²⁵ Despite the meaningful PT CPI data, faculty feedback questioned whether the case-based approach was consuming time needed for more “clinically oriented instruction”, indicating a decreased sense of value for FRM instruction and content. In a third study, researchers used case-based analysis of Harvard Business School scenarios from a variety of industries to teach marketing, finance, operations, and human resource concepts.²⁶ Ninety-four percent of SPTs who took the course agreed it created an entrepreneurial and innovative mindset that positively influenced their practice.

A contemporary exploration of FRM KSAs deemed important in meeting the needs of society and professional stakeholders is warranted. The purpose of this study was to explore the perceptions of PTs in the importance of FRM KSAs for entry-level practice and investigate the role of PTEPs, CEEs, and employers in addressing FRM areas of practice in SPTs and entry-level clinicians. This information may guide PTEPs and clinical personnel in providing focused, meaningful instruction regarding FRM aspects of PT practice during didactic instruction, CEEs, and beyond.

Participants

A purposive sampling of convenience strategy was employed for this study to reduce bias based on professional organization membership. A free mailing list for all Ohio-licensed PTs was requested and received via email from the Ohio Occupational Therapy, Physical Therapy and Athletic Trainer's (OTPTAT) Board. The mailing list contained contact information for 11,459 Ohio-licensed PTs. Potential participants were solicited via email to the address provided by the OTPTAT Board listing.

Methods

A 23-item survey was developed to explore the perceptions of licensed PTs regarding the importance of FRM KSAs for entry-level PTs. The survey was developed by and organized based on PT CPI criterion #17, "Patient Management: Financial Resources" as this tool is frequently used to endorse entry-level status of SPTs. Approval for use of the APTA's PT CPI tool was obtained. Participant demographic data were collected. Participants were first asked to rate the level of importance on a Likert-like scale ("Essential", "Moderately important", "Minimally important", "Neutral", or "Not important at all") for KSAs identified in PT CPI #17 including 1) budgeting, 2) billing and coding, 3) reimbursement, 4) legal and regulatory compliance, 5) organizational and facility functions, 6) effective use of time, space, and equipment, and 7) marketing and public relations. Sample behaviors were provided for each KSA to provide context. Participants were afforded the opportunity to provide a comment to support their endorsed level of importance for each KSA. Additionally, they were asked their opinion on the importance of developing FRM KSAs in comparison with clinical patient care KSAs and about what should be provided by PTEPs, clinical sites during CEEs, and the

student's first employer to address the development of PT CPI #17 KSAs. See Appendix 6 for the survey.

This study received exempt status by the academic institution's Internal Review Board (IRB) (Appendix 7). The survey was piloted by six PTs prior to distribution for feedback on wording, readability, and clarity with minor revisions resulting. Eligible participant email addresses were imported and invitations to participate were electronically disseminated via SurveyMonkey Audience™ (San Mateo, CA).²⁷ The invitation to participate included informed consent information and the survey link. Participant informed consent was implied by submission of the survey. Two separate survey reminders were emailed to non-responding invitees prior to closing the survey. Survey responses were recorded anonymously, exported to an Excel file, and stored in a password-protected, web-based cloud after the survey closed. See Appendix 8 for raw survey data.

Descriptive statistics were run for demographic items. Ordinal data from the Likert-like scaled questions were analyzed using frequency of responses. Three open ended questions were subjected to qualitative content analysis to identify themes within responses. Participant responses were coded for Question #9, which asked participants what PTEPs should include in the curriculum to prepare entry-level clinicians for FRM in PT practice. Units of meaning and codes were derived from the qualitative comments by two investigators (A.L. & C.B-C.) who then worked independently to code each response by hand. Coding was reviewed and discussed until consensus was achieved. Additionally, qualitative responses for Questions #10 and #11 were analyzed and synthesized to globally understand the perceived role of stakeholders and understand consistent trends.

Results

Two hundred and sixty-six (266) PTs completed the survey. The survey was sent to 11,459 PTs, however, SurveyMonkey Audience™ reported 682 emails bounced resulting in a response rate of 2.5%. The average participant age was 45.1 years (median 45, range 25-70 years). On average, participants had 19.5 years of experience as a licensed PT (median 20, range 1-48 years). Participant demographics are presented in Table 1.

Figure 1 illustrates participants' perceived level of importance of constructs identified in PT CPI Criteria #17: Financial Resources. "Legal and regulatory compliance" KSAs were most important as 96% of participants (n=255) rated this as "Essential" for entry-level clinical practice. Participants reported, "This is an absolute must for anyone in the profession to know what is legal and follow those guidelines at all times" and "Clinicians should not depend on others to be compliant; they need to have an understanding of the requirements and look to their employer to support those requirements and practices." "Coding and billing" was the second highest category in perceived importance for clinical practice with almost 91% of participants (n=242) endorsing this as "Essential." Qualitative comments included, "This will be important at every facility. They should know why they are coding things a certain way and be able to justify it with their documentation on day 1 of their job" and "The state licensing board won't care if you are 'entry-level' if you are being investigated for improper billing. It is a marker of ethical practice for PTs to submit accurate billing."

Participants' responses indicated that "Marketing and public relations" was the least important category with 8.7% (n=23) believing it was "Essential" and 36.5% (n=97)

of participants rating it as “Moderately important”. Participant comments suggested this aspect of clinical practice is beyond entry-level, will be specific to the selected practice setting, and is often performed by an individual in a marketing role. Despite this perspective, some comments indicated providing quality care and promoting physical therapy is a component of marketing and public relations and of value for the entry-level PT: “We don’t participate directly in marketing but being part of a really good rehab staff is something our liaisons can use to improve our admissions. People come to our facility because of the reputation of the therapy staff.”

Figure 2 shows the perceived importance of KSAs in FRM compared to those considered more clinical in nature, such as examination skills, therapeutic intervention, or manual techniques. Forty-eight percent of participants indicated FRM KSAs were “Less important” (n=111) or “Considerably less important” (n=17) than clinical care skills, while 39.8% (n=106) believed that these skills are of the same level of importance. Twelve percent felt that FRM KSAs were more important (n=18) or “Considerably more important” (n=14). One participant endorsed their response by writing, “Physical Therapy is a hands-on career. Unfortunately, I have seen less of this with new grads and more concentration on technology and keeping up their productivity. Patients respond better when you actually engage them.” Another offered, “If a student does not have the clinical patient care skills, then their [financial resources management] KSAs do not matter. I would rather hire a new-grad with amazing clinical skills and educate on KSAs vs. a new-grad with terrible clinical skills.”

Three open-ended questions in the survey asked participants about their perceptions of the FRM KSAs that should be addressed by (1) PTEPs during didactic

instruction, (2) clinical sites during CEEs, and (3) the entry-level PT's first employer. Ten themes were derived from responses to about what PTEPs should provide (survey question #9). Themes were reimbursement mechanisms, billing, documentation, ethical and legal compliance, productivity, time management, business acumen, professional advocacy, resources, and quality. Table 2 presents the coding tree of themes and unit of meaning while Figure 3 illustrates the prevalence of themes. Reimbursement mechanisms (n=133), billing and coding (n=84), and business acumen (n=80) were the greatest prevailing themes during coding of qualitative responses. One response emphasized the importance of billing and coding knowledge by stating:

“Billing, billing, billing. This is something that is briefly taught in most programs which I think is an injustice to new PTs. Many entry level therapists begin working as an independent PT without any real knowledge of how to bill for real-life patient encounters. Of course, we learn the difference in 8-min rule and rule of 8s but when you're talking about managing multiple patients at once with varying insurances, that's a whole different ball game. And most CIs don't allow students to be too involved in the billing aspect of practice (most likely because they aren't totally sure they're billing correctly either!)”

In addition to providing suggestions for FRM concepts that should be addressed by the PTEP, some participants offered recommendations for delivery. Ideas varied from covering FRM in “One 2 hr [hour] lecture” to “There should be a 3-credit course dedicated solely to this topic”. Some suggested offering FRM courses as an elective for students interested in starting their own practice. Other suggestions also included having

students run a simulation of a business, inviting clinic managers and billing specialists in as guest speakers, practicing billing scenarios, and testing students over FRM material so students recognize the importance of the content.

Figure 4 illustrates how data were interpreted by the researchers for the open-ended questions. Researchers initially coded responses for the question regarding responsibilities for PTEPs and continued to analyze those for CEEs and the first employer. It became apparent that many of the themes were consistent around responsibilities addressing FRM content, but each stakeholder had a different role in the process. Comments endorsed the PTEPs' responsibility to provide basic information regarding FRM. One participant responded:

“Provide a basic understanding of these principles knowing... they will be implemented in a highly variable fashion in the clinic depending on practice setting and reimbursement structure of that facility. Trying to provide too much detail on each setting could be a rabbit hole... but enough information so that the novice clinician won't be mystified on the clinicals.”

While the data supported the PTEP was to provide an introduction and foundation to FRM, participant responses indicated the role of clinical sites during CEEs was to facilitate intentional exposure and opportunities to apply FRM KSAs learned in the classroom with supervision and guidance. Participants indicated CEEs are the best place for students to learn about productivity, time management, reimbursement, and insurance. Additionally, students gain exposure to the complexity of FRM and its implications on patient care. For example, one participant wrote:

“I think the clinical ed[ucation] is where they get a chance to put the classroom training to use. Sure, you know how to treat a stroke patient but if insurance only allows them to come 6 times, how will you prioritize what you want to work on at each of those sessions? The PT in the clinic should be able to model that and help them make those difficult decisions. The clinical ed piece needs to be as realistic as possible - what do you do if the patient can't afford therapy? How do you help them find other resources besides PT if they can't afford it? How do you manage chronic conditions when you know they are not going to improve a lot in a few weeks of therapy the way Medicare expects? They have to learn all this in the clinic.”

Many participants advocated that the role of the CI during CEEs was to provide information about reimbursement structures specific to the setting, model ethical billing, and promote the profession of physical therapy. Additionally, CIs should intentionally structure activities to allow students to participate in aspects of FRM based on their understanding and clinical performance while providing education about available references and community resources. With that, some participant responses did not endorse that the clinical education site or CIs had a responsibility to facilitate development of FRM KSAs as demonstrated by the response, “None. Student [is] in clinical to learn clinical skills” and “Can’t rely on the clinical settings to do this.”

Survey responses globally indicated the responsibility of the first employer was to ensure new graduate PTs “provide skilled care that is effectively documented and appropriately billed. All other details come later.” Some participants expressed that employers were expected to provide education regarding clinic-specific operations, as

well as offer mentorship throughout the first three months to a year that included explaining reimbursement considerations applicable to the clinic, reviewing complex billing for accuracy, providing guidance for improving time management and multi-tasking skills, and discussing how “to balance being fiscally responsible to employer as well as patient.” Additionally, participants shared that if employers chose certain metrics to monitor and gauge PT performance, such as productivity, tracking billed units per day, etc., this should be communicated and transparent during a comprehensive orientation.

Discussion and Conclusion

This survey study aimed to explore the perceptions of PTs regarding the importance of FRM KSAs for entry-level PTs and the role of PTEPs, CEEs, and employers in addressing them. To reduce the risk of bias that may have been present in previous studies that leveraged professional organization membership listings,^{1,23} the survey was disseminated to licensed physical therapists within the state of Ohio from the OTPTAT Board’s published mailing list. While response rates were low and the sample was limited to PTs in Ohio, the participant demographics reflected several aspects of the physical therapy workforce in the United States,²⁸ which may permit a degree of generalizability of the survey results. Most of the participants were women (72.2%) with a median age in their 40s who were not APTA members (62.8%).

The results of this survey study were consistent with the findings of Schafer et al¹ regarding the level of independence new graduate PTs were expected to have in the areas of compliance, ethics, and coding. In their study, only skills in self-management were identified and ranked higher than these three areas. “Legal and regulatory compliance” was rated as an essential skill by most participants in this survey study, followed closely

by FRM KSAs in “billing and coding” which indicates the perceived importance of these skills has not changed over the past 15 years. Ethics was not explicitly included in this survey because the PT CPI contains a criterion related to practicing within “established legal and professional standards and ethical guidelines” (PT CPI #3). This survey study focused on the criterion for PT CPI #17 which is specific to “the FRM of the physical therapy services... consistent with regulatory, legal, and facility guidelines.”²² However, participants provided comments that endorsed the importance of legal and ethical compliance pertaining to financial resources, such as “... performing ethically is a top priority for all clinicians” and “From a risk management standpoint, this is essential.” Schafer and colleagues¹ reported entry-level PTs were expected to need assistance with marketing and budgeting. Results from this survey study indicate this remains true, as these KSAs were rated as “Minimally important” to “Moderately important.”

Lopopolo et al.²³ identified KSAs in health care industry scanning, which relates to a PT’s ability to have an overall ongoing awareness of changes occurring in industry, as important for entry-level PTs. In this survey study, participants endorsed the importance of a similar concept of new PTs knowing where to find resources that will keep them up to date with changes to reimbursement, policy, and regulations. One comment stated PTEPs should ensure that students know

“...Medicare and private insurer general standards, consequences of not sticking to them, and how to stay up to date on these issues. Things will change from what they are when in school and the PT will not be able to rely on the employer in all cases to keep them "in the know." Being able to stay

current on this info will protect the future PT from getting caught up in something shady or unethical out of ignorance.”

Figure 4 illustrates the relationship between the roles of PTEPs, CEEs, and the first employer in addressing FRM areas of practice. Analysis of open-ended survey questions on this topic revealed competence in FRM is a journey and the stakeholder at each stage of entry-level preparation has a role and responsibility. PTEPs are expected to provide SPTs with a broad foundation for basic concepts, while CEEs should facilitate learning through intentional exposures to FRM specific to the practice setting, as well as the opportunity to apply KSAs with guidance. One participant stated, “Employers understand what they are getting with a new grad.” Recommendations for responsibilities of the first employer included orienting their new hire to clinic-specific operations, including financials, providing transparency in the performance expectations, and offering mentorship.

Previous studies have reported that KSAs in FRM aspects of practice may be perceived as less valuable compared to clinical skills.^{20,25} When participants were asked the level of importance of FRM KSAs, the most frequent response was “Less important” followed by “Same level of importance” in comparison with clinical skills. Comments implied that the first year out of PT school is “transitional” and “...A new therapist should be a sponge in terms of clinical skills. Your higher-ups will provide guidance on the financial aspects but learn your craft first.” With that, one participant offered the following insight,

“Good clinicians who don't get the business side are not as effective as those who get both sides of the coin. Entry level clinicians who understand the

state of healthcare, reimbursement and regulatory requirements and the focus on value and outcomes are far more valuable to employers than just a great clinician!”

Another reflected on their own entry-level preparation and wrote,

“After almost six years of clinical practice, I have come to realize the importance of financial knowledge/skills in our ability as therapists to provide the best possible care for our patients. I wish my DPT curriculum had addressed these topics more and believe PTA and PT students (and their future patients) will ultimately benefit from a greater focus on this content in their formal educational programs.”

Limitations to this study included a sample limited to PTs licensed in Ohio and a low response rate. There is the potential of bias in the survey results due to self-selected participation. Those that responded may have had a particular positive or negative interest in the topic. The PTs practicing in an outpatient setting had the highest frequency of survey participation, which may have skewed the results of the study. Additionally, one participant commented that the survey did not include an option for “certificate” level training as the highest degree level earned and stated, “There are still a few of us out here.” Some qualitative comments offered feedback that the survey prompts were too broad to accurately endorse one response without further breaking down the construct. These participants indicated that KSAs for FRM fall on a continuum and higher level KSAs are not necessary for entry-level, but the basics are important. For example, entry-level PTs should have the capacity to understand a budget in terms of money in versus money out but should not be expected to take responsibility for a clinic’s budget.

This study provided a contemporary investigation into the perceived importance of FRM KSAs for entry-level PT practice. Based on the findings of this study, PTEPs should ensure SPTs have a strong foundation in legal and regulatory compliance, as well as billing, coding, and reimbursement mechanisms. PTEPs may want to consider providing explicit instruction on the KSAs listed in Table 2, as these were identified as concepts that should be provided by PTEPS through curricular instruction. While FRM KSAs were perceived to be less important than clinical patient care skills, KSAs in both are necessary for efficient and effective practice that meets the demands of the contemporary healthcare environment. There is an opportunity for further research to investigate the difference in perceptions of importance of FRM for entry-level PTs based on clinical setting and administrative position.

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Table 1. Participant Demographics

Characteristic	<i>n</i> (N=266)	%	<i>n</i> (N=266)	%
Sex				
Male	70	26.3%		
Female	192	72.2%		
Unspecified	4	1.5%		
APTA Member				
Yes	98	36.8%		
No	167	62.8%		
No Response	1	0.3%		
ABPTS Certified				
Yes	63	23.8%		
No	202	76.2%		
No Response	1	0.3%		
Employment in Clinical/Patient Care Setting				
Yes, Employed full time	184	69.2%		
Yes, Employed part time	28	10.5%		
Yes, PRN	24	9.0%		
No, not currently in clinical care setting	29	10.9%		
No Response	1	0.3%		
Position/Title				
Practice Owner/Upper Management or Administration	25	9.4%		
Clinic Director/Manager/Supervisor	33	12.4%		
Senior PT/Team Lead//Program Coordinator	49	18.4%		
Staff PT	123	46.2%		
PRN/Contingent Staff	6	2.3%		
Academic Faculty	15	5.6%		
Other (Consultant/ Case Manager)	3	1.1%		
Retired	2	0.8%		
No Response	10	3.8%		
Past or Current Role in PT Clinical Education				
Clinical Instructor (CI)	201	75.6%		
Site Coordinator of Clinical Education (SCCE)	44	16.5%		
Academic (DCE, ADCE, CE team)	22	8.3%		
Other	11	4.1%		
None	53	19.9%		
No Response	1	0.3%		
Education				
	Highest PT Degree Earned		Highest Degree Earned	
Bachelor's degree	68	25.6%	54	20.3%
Master's degree	55	20.7%	59	22.2%
Doctor of Physical Therapy (DPT or tDPT)	143	53.8%	134	50.4%
Terminal academic doctorate	N/A	N/A	19	7.1%
Practice Setting				
	Current Primary Setting		Other/Previous Experience	
Outpatient (corporate/ hospital)	90	33.8%	135	50.8%
Private Practice	31	11.7%	88	33.1%
Acute care hospital	24	9.0%	137	51.5%
Inpatient Rehabilitation facility	14	5.3%	105	39.5%
Skilled Nursing	34	12.8%	121	45.5%
School-based intervention	9	3.4%	38	14.3%
Home Health	29	10.9%	96	36.1%
Academic	16	6.0%	30	11.3%
Other	23	8.6%	10	3.8%
No Response	11	4.1%	19	7.1%
No longer practicing	12	4.5%	N/A	N/A

Figure 1. Importance of FRM KSAs by Category

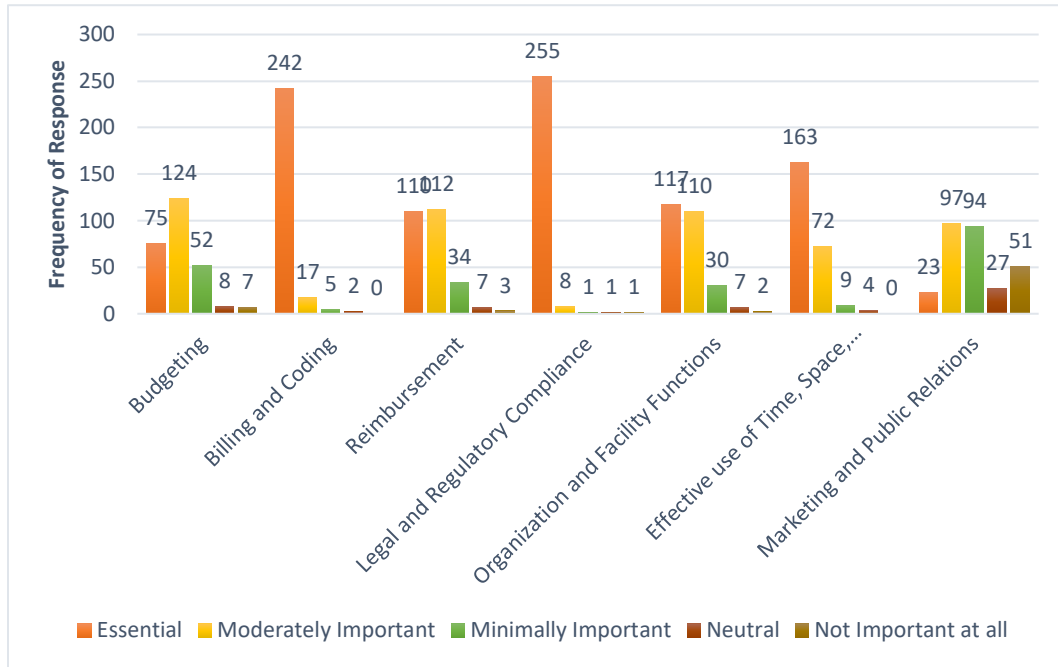


Figure 2. Perceived Importance of FRM KSAs in Relation to Clinical Patient Care KSAs

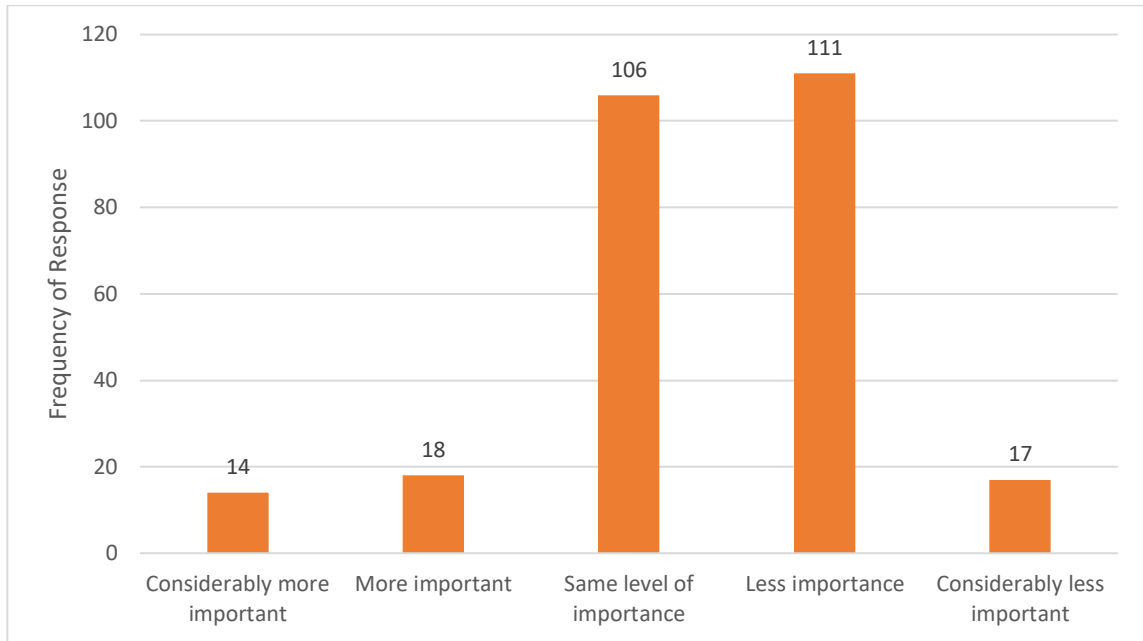


Table 2. Coding tree for responses to FRM content that should be provided by PTEPs.

CODE	UNIT OF MEANING
<p>(1) REIMBURSEMENT MECHANISM</p>	<p>Background/history Types of payers (Medicare, Medicare Advantage plans, Medicaid, federal, private insurance, Worker’s Comp, etc.) Locate Local Coverage Determination policies Navigate CMS resources Reimbursement structure by setting Understand how to maximize reimbursement Importance of meeting scheduled minutes Unit billing/8-minute rule Insurance Process for appealing insurance decisions and understanding rights for appeal Interpret coverage policies Reimbursement rates for PT services Provider contracts Terminology (co-pay, deductible, out of pocket max, etc.) Pre-certification process Importance of monitoring authorized visit count Peer-to-peer reviews to request more visits/appeal denial of services Recognize inefficiencies and be prepared to navigate them Recognize influences of insurance on quantity/type of services provided Length of stay Visit limitations Understand how to modify plan of care to accommodate patients Explain benefits and financial implications to patients, including DME coverage and cost Cognizant of out-of-pocket costs/financial burden of care for pts Consider cost of service, transportation, time commitment, family support Nuances of cash-based practice</p>
<p>(2) BILLING</p>	<p>ICD coding CPT Coding Understand difference between time-based vs service-based codes Group therapy Evaluation codes by complexity Eval vs treatment during initial session (code appropriately) Re-evaluation code use Rationale for code selection Accurate/allowable charges for modalities Use highest reimbursing code if rationale permits Recognize diversity in code selection based on rationale for intervention Accurately charging for services provided Explain what is charged, billable and reimbursed Importance of timely submission of billing charges Monitor and bill for all time spent with patient</p>
<p>(3) DOCUMENTATION</p>	<p>Justify services Goal writing Point of service generation of documentation Efficient documentation to maximize time with patients Requirements by setting (GG for SNF) Requirements by payer</p>
<p>(4) ETHICAL & REGULATORY COMPLIANCE</p>	<p>Importance of accuracy in documentation and billing Regulations Compliance (HIPAA, OSHA) Scope of practice Licensure process State practice act Definition of fraud Recognize and respond to illegal/unethical behavior Know where to find reliable sources/references to make decisions regarding legal/ethical practice</p>
<p>(5) PRODUCTIVITY</p>	<p>Strategies to meet standards Why it is necessary for financial stability of clinic Demonstrate how pressure to meet productivity expectations can lead to ethical dilemma</p>
<p>(6) TIME MANAGEMENT</p>	<p>Treating multiple pts at once/overlapping schedule without sacrificing quality Effective use of time Organization Scheduling Coordinating time, space, equipment with others Working under pressure/time constraints Management of tech/support staff to increase efficiency</p>

CODE	UNIT OF MEANING
<p style="text-align: center;">(7) BUSINESS ACCUMEN</p>	<p>Administration and management skills Develop operating plans for a clinic Understand clinic overhead expenses Understand management priorities Recognize fluidity in financial situations Marketing Negotiation Consider role of PT from management point of view Quality processes Strategies for keeping up to date on changes to billing/coding/reimbursement</p> <p>Budgeting Recognize how volume of services billed impacts budget Appreciate cost of doing business Understand cost of the equipment/supplies Consider FTEs and how staff salary fits into budget Recognize finite financial resources</p> <p>Employee skills Interviewing Meeting workplace expectations Provide value to the workplace/profession Management of PTA</p> <p>Personal finance Understand return on investment of going to PT school Job outlook, market saturation Tips for negotiating salary Employment benefits/401k/retirement investing Financial literacy Loan repayment/forgiveness options</p>
<p style="text-align: center;">(8) PROFESSIONAL ADVOCACY</p>	<p>Recognize legislative initiatives impacting PT at state and national level Reinforce purpose and value of APTA Advocate for patient and profession Advocate for PT funding/reimbursement Make ethical, professional decisions (stand up for self)</p>
<p style="text-align: center;">(9) RESOURCES</p>	<p>Coordinate with others to maximize outcomes Effective use of clinic resources Identify/know how to find available resources Identify community resources that might aide patients in need Consider DME/providers available to patients based on insurance coverage</p>
<p style="text-align: center;">(10) QUALITY</p>	<p>Be able to explain value of PT to patients Judicious use of visits/session time Risk management Quality assessment Commitment to providing high value, evidence-based services</p>

Figure 3. Prevalence of themes for perceptions of FRM content that should be provided by PTEP.

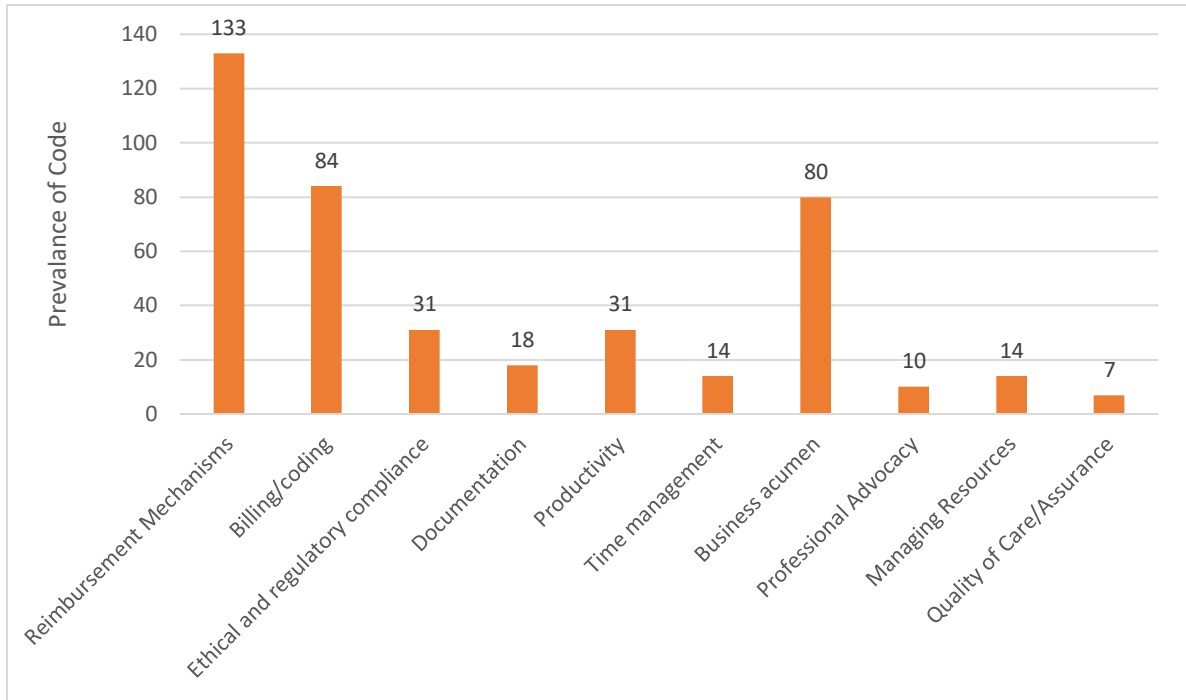
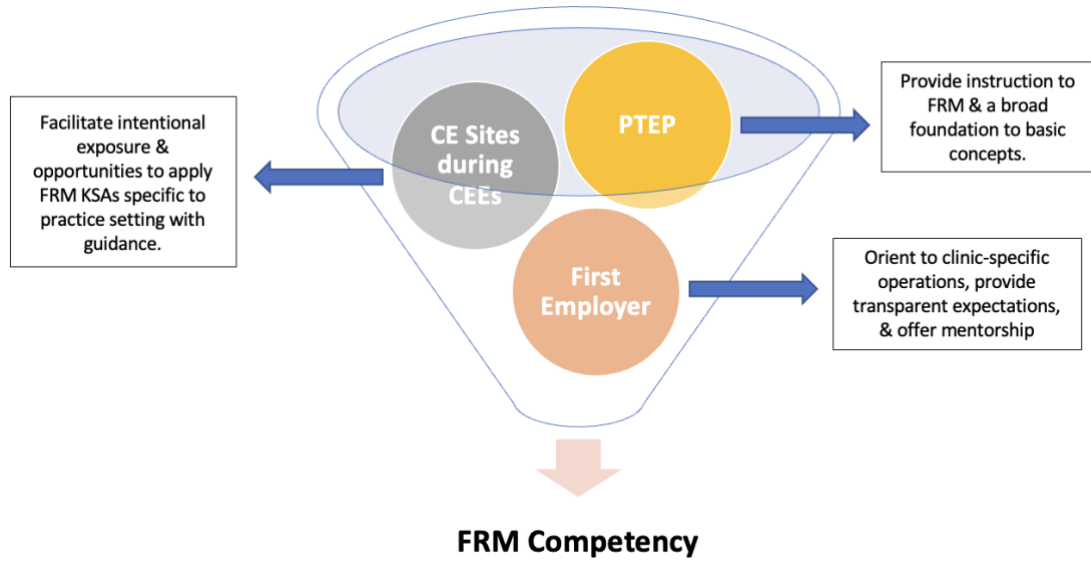


Figure 4. Role of PTEPs, CEEs, and employers in addressing FRM competency in entry-level PTs.



Chapter 5: Summary and Conclusions

The purpose of this mixed-methods, multi-manuscript dissertation was to explore financial management KSAs necessary for entry-level PT practice in the United States, identify the KSAs demonstrated by SPTs that resulted in CIs endorsing entry-level performance during clinical education experiences, and investigate the methods used to prepare DPT students to appropriately perform in this area of clinical practice upon graduation. Three studies were designed and completed. Chapter 5 will conclude this dissertation with a summary of findings, discussion of limitations, and conclusions.

Summary of Findings

Study 1: Systematic Review

Aims:

1. Identify concepts related to financial management that are taught in professional PTEP curricula.

Articles included in the SR were analyzed to identify financial management concepts that students received exposure to during the instructional platform or teaching strategy described. One or more articles identified exposure to: billing and reimbursement, compliance with legal, regulatory, and/or facility guidelines, developing and functioning within organizational structure and policy, documentation, direct access, budgeting, fundraising, effective use of time, space and resources, health informatics, marketing, administration and operations management, quality improvement, and promotion of PT. Depending on the instructional platform or teaching strategy design, considerable variability existed in the concepts to which students were exposed. Several studies

described activities exposing students to multiple aspects of financial management while others had a narrow focus on a specific concept, like health informatics or direct access.

2. Explore instructional platforms and teaching strategies used to educate SPTs about financial management in PT practice.

Five themes emerged for instructional platforms or teaching strategies addressing financial management KSAs in PTEPs. These themes were: program curriculum/processes (n=2), didactic coursework (n=2), clinical education (n=4), pro-bono clinics (n=7), and service learning (n=3). Many instructional platforms and teaching strategies resulted in differing student experiences based on required or voluntary participation and assigned roles. Four studies (22%) described a learning opportunity that was uniformly provided to all DPT students across a cohort. The 14 remaining articles (78%) had exposures that occurred in elective, voluntary, or individual situations, such as CEEs or pro-bono clinics experiences. Student pro-bono participants were exposed to various aspects of financial management, but depth and breadth of the exposures varied based on their specific role, team, or committee involvement (i.e., marketing, scheduling, funding, etc.). Similarly, CEEs provided individualized student exposures to financial management content and was dependent on the setting, patient population, CI, and objectives of the experience.

3. Report outcomes used to assess the education provided in this content area.

Financial management KSAs were presented as a secondary or implicit objective in some articles with exposures reported but not formally measured or thoroughly defined in comparison to the clinical patient care skills students gained from an experience. When

the outcomes were assessed, methods included PT CPI assessment (n=2), student survey (n=4), or graded assignments or projects (n=6).

Study 2: Retrospective Analysis of CPI #17

Aims:

- 1. Identify qualitative themes in CI assessment comments that indicate a SPT has achieved “Entry-level” for PT CPI Criterion #17.**

Qualitative thematic analysis resulted in the identification of 13 codes, which were grouped into one of four categories: reimbursement, time management, caseload management, and professional stewardship. The 13 codes were: billing, documentation, third party payer considerations, productivity, time management, patient scheduling, PT schedule management, utilization of external resources, utilization of clinic resources, clinic operations, marketing and public relations, promotion of PT, and quality assurance/improvement.

- 2. Analyze codes and categories to determine KSAs most reported by CIs indicating “Entry-level” performance by a SPT.**

The reimbursement category contained three codes and had the highest prevalence of coding. Over 95% of PT CPI records included a comment about KSAs specific to billing (n=254), 40.4% about third-party payer considerations (n=129), and 25.4% regarding documentation (n=81). Effective use of time included two codes which were time management (43.6%, n=139) and productivity (9.1%, n=29). Caseload management included three codes and consisted of patient scheduling (38.2%, n=122), PT schedule management (37.9%, n=121), and utilization of external resources (11.9%, n=81). The professional stewardship category contained five codes which were clinic operations

(25.4%, n=81), utilization of clinic resources (23.5%, n=75), quality assurance/improvement (12.2%, n=39), promotion of PT (6.6%, n=21), and marketing and public relations (3.4%, n=11).

Study 3: Survey

Aims:

1. Explore the perceptions of licensed PTs regarding the importance of KSAs in financial management aspects of practice for entry-level PTs.

KSAs in “legal and regulatory compliance” were identified as the most important as 96% of participants rated this as “Essential” (n=255). “Coding and billing” was the second highest category in perceived importance with almost 91% of participants rating this as “Essential” (n=254). “Effective use of time, space, and equipment” had the next highest prevalence with 61% of participants (n=163) indicating this as “Essential” and 27% (n=72) responding this KSAs was “Moderately important”. “Budgeting,” “Reimbursement,” and “Organizational and facility functions” tended to be more evenly split between “Moderately important” and “Essential” responses. “Marketing and public relations” was perceived as the least important category with 8.7% (n=23) believing it was “Essential” and 36.5% of participants (n=97) rating it as “Moderately important”.

2. Explore the beliefs of PTs about the importance of financial resources KSAs in relation to traditional patient care and clinical KSAs.

Forty-eight percent of participants indicated financial management KSAs were “Less important” (n=111) or “Considerably less important” (n=17) than clinical care skills, while 39.8% (n=106) believed that these skills are of the “Same level of importance.”

Twelve percent felt that financial management KSAs were “More important” (n=18) or “Considerably more important” (n=14).

3. Investigate the perceptions of PTs regarding the roles of PTEPS, clinical education experiences, and employers in ensuring entry-level PTs are prepared to manage financial resources in practice.

Ten themes were derived from responses to the survey question pertaining to the role of PTEPs during qualitative thematic analysis. These themes were: 1) reimbursement mechanism, 2) billing, 3) documentation, 4) ethical and legal compliance, 5) productivity, 6) time management, 7) business acumen, 8) professional advocacy, 9) resources, and 10) quality. “Reimbursement mechanisms” (n=133), “Billing” (n=84), and “Business acumen” (n=80) were the greatest prevailing themes. During thematic content analysis of the open-ended questions pertaining to roles of the CEE and first employer, it became apparent that the scope of financial management content that was perceived to be important was similar across all three stakeholders, but the responsibility for implementation differed. Comments endorsed the PTEP’s responsibility to provide basic information regarding financial management while participant responses indicated the role of the CEE was to facilitate intentional exposure and opportunities to apply KSAs learned in the classroom with supervision and guidance. The CEE was the preferred setting to expose students to the complexity of financial management and its implications on patient care. The role of the first employer was to provide clear expectations of performance, explain metrics that will be used to assess PT performance, and provide mentoring to the employee around FMR.

Limitations of the Studies

There were a few limitations relevant to this dissertational work. The APTA's PT CPI Criterion #17: Financial Resources was used as a reference of financial management constructs because this instrument item is frequently used to assess entry-level performance of students in this area during CEEs. During the article screening process of the SR (Study #1), interrater agreement for study selection was calculated to be moderate and considerable discussion of articles was required to achieve consensus for inclusion. This can be attributed to the broad scope of concepts included in PT CPI #17 and the lack of explicit reporting of learning or assessment activities in the articles. Many articles described instructional platforms and teaching strategies that provided *potential* exposures to financial management constructs, however, lacked explicit reporting or assessment of such. Financial management was not the primary objective of many studies but rather a byproduct of exposure to related constructs. Investigators agreed that articles must be intentional in reporting objectives or outcomes related to financial management to be included in the SR. The synthesis of instructional platforms and teaching strategies used to address financial management education was challenging as the methods used and exposures provided were diverse even within a theme. Additionally, there were limited tools available for methodological assessment of educational research and even less for qualitative studies in education research. The modified McMaster tool was implemented for the systematic review, but many included studies were rated at lesser scores due to researchers not obtaining informed consent and not sampling to redundancy, which is often not required or feasible in education research. There is an

opportunity to establish a valid and reliable tool for assessing methodological quality of qualitative education research.

The sample size for the PT CPI Criterion #17 retrospective analysis study (Study #2) was small and geographically homogenous. Due to the repetitive use of CEE sites by each program and the proximity of the DPT programs to each other, multiple assessments in the sample were completed by the same CIs over the five-year retrospective analysis. The exposure SPTs received to financial management during their CEE was often influenced by the role their CI held in the clinic. This was evident as some comments indicated the CI was also the clinic manager and the exposure to financial management was robust (and likely beyond entry-level), while other comments indicated the student experienced minimal opportunity to engage with financial management during their CEE. PT CPI qualitative comment data were not sorted or analyzed by setting despite the variability in complexity in financial management due to differences in regulation and reimbursement structures. Instead, the aim was to gain a broad understanding of KSAs demonstrated by students at “Entry-level”. Additionally, CI assessments for students who may have achieved “Entry-level” ratings prior to the final, terminal CEE were not considered. Finally, in the experience of the Directors of Clinical Education (DCEs) involved in this research, PT CPI #17 tends to be under-developed and vaguely assessed compared to other PT CPI criteria. Some of the assessments analyzed for this study lacked detail that endorsed an “Entry-level” rating. Of note, there are 18 criteria in PT CPI 2.0 and many of the item definitions and sample behaviors have a degree of overlap. It is possible that assessments related to financial resource management were reported in other criteria and the CI did not duplicate their assessment in the open comment box for

Criteria #17 since it was recorded elsewhere (i.e., criterion for Accountability, Documentation, Supervision/Delegation, etc.).

Limitations for the survey study (Study #3) included a sample limited to PTs licensed in Ohio paired with a low response rate (2.5%) and potential for self-selection bias. This study did provide insight into the perceptions of a sample of PTs that were not required to be associated with a professional organization in order to receive an invitation to participate in the survey, which has not been published in the past. The PTs who responded to the survey were mostly practicing in an outpatient setting, which may have biased the results of the study from an outpatient operational lens. Some qualitative comments indicated that the survey prompts were too broad to accurately endorse one response without further breaking down the construct. Study participants reported that KSAs for financial management fall on a continuum and higher level KSAs are not necessary for entry-level practice, but the basics are important. For example, entry-level PTs should understand a budget in terms of money in versus money out but should not be expected to take responsibility for a clinic's budget.

Additionally, after development and implementation of study protocols in this dissertation, APTA announced revisions to the PT CPI in 2022, resulting in CPI 3.0's anticipated release in late Spring of 2023. Version 3.0 of the CPI provides a new definition of KSAs applicable to the item of "Business: Financial Management and Fiscal Responsibility," as well as updated sample behaviors.¹ The revisions to the PT CPI bring the tool into alignment with many findings of this dissertation regarding the financial management KSAs needed for entry-level PT practice.

Future Research

There is an opportunity for future research regarding the education SPTs receive regarding financial management areas of practice and how they are assessed on their learning in this domain. The results of the systematic review (Study #1) demonstrated considerable variability in the approaches used by PTEPs and a lack of focused, intentional instruction in financial management. The opportunity also exists for dedicated research regarding instructional practices and learning opportunities around financial management. There is currently a lack of contemporary original research in this area and it is unclear whether that is due to decreased perceived value on this topic or if it is considered not novel enough for publication.

The retrospective analysis of the PT CPI study (Study #2) could be replicated with a larger, geographically diverse sample to gain a better understanding of indicators of entry-level performance in financial management from the perspective of the CI. It is recommended that this be done after the implementation of PT CPI 3.0. Interviews or focus groups with CIs may provide a deeper understanding of the factors they consider in determining when and how to introduce financial management concepts and require the student to take responsibility for this aspect of practice during CEEs.

Future research regarding the perceptions of physical therapy stakeholders (Study #3) may further clarify the value of financial management KSAs for entry-level PTs. A national survey of licensed PTs not associated with a professional organization would increase generalizability of the perceptions of the profession. The survey should be revised to reflect feedback provided about the broad scope of concepts and to consider new performance indicators on PT CPI 3.0. Additionally, the results of the survey study

indicated there may be a difference in perception of value based on role in clinic operations. Interviews or focus groups with individuals in administrative positions regarding the value of financial management KSAs and KSAs expected for entry-level PTs may assist PTEPs in ensuring graduates are equipped to meet the contemporary and dynamic demands of the health care workforce and the variety of patient populations they will serve. There may also be benefit in investigating the perceptions of new professional PTs regarding the financial management instruction received during entry-level preparation to explore the perceived value and influence on their practice.

Implications for Practice

The findings of these dissertational studies will be most useful to PTEPs when considering curriculum related to financial management. The systematic review offers an overview of five approaches published in contemporary literature for addressing financial management education for SPTs: 1) program curriculum/processes, 2) didactic coursework, 3) clinical education, 4) pro-bono clinics, and 5) service learning. The aspects of financial management that SPTs were exposed to was identified for each approach and outcomes were reported, when available. PTEPs may use this information to make decisions regarding the development of courses, activities, projects, or co-curricular opportunities that address financial management concepts to effectively facilitate learning in this domain.

Retrospective analysis of PT CPI 2.0 resulted in the identification of four codes and 13 categories of KSAs that CIs reported as endorsement of entry-level PT practice. Fifty-four specific KSAs were listed and presented in the manuscript as units of meaning to support the coding. PTEPs can use the identified KSAs to guide curriculum

development and assessment of student KSAs regarding financial management in an academic setting. Additionally, this manuscript may provide DCEs and academic clinical education faculty with a better understanding of the KSAs that CIs are using to facilitate learning and assess with PT CPI #17 criteria to endorse “Entry-level” performance, despite the broad concepts provided as sample behaviors for this item. KSAs in billing were clearly identified as an important component to “Entry-level” performance in financial management, therefore, PTEP curricula should ensure a strong foundation in this aspect of practice.

The survey study of PTs adds to the body of knowledge around the perceived value of financial managements KSAs for entry-level practice from individuals in the profession. Participants’ responses provided insight into the areas of financial management practice perceived as most important for entry-level PTs, which may be useful to PTEPs and clinical faculty when designing curricula or facilitating practical exposure or opportunities for engaging in this area of practice. PTEPs should ensure that SPTs have a solid foundation in legal and regulatory compliance and billing and coding.

Ten themes were derived from qualitative survey responses regarding the KSAs that licensed clinicians believe should be provided to SPTs during entry-level education by the academic program. These ten themes were supported with specific units of meaning that may guide PTEPS in the financial management instruction during didactic coursework. Findings of this study indicated there was a relationship between the roles of PTEPs, CEEs, and the first employer in addressing financial management aspects of practice. Development of financial management KSAs can be viewed as a journey and the stakeholder at each stage of entry-level preparation has a role and responsibility.

PTEPs are expected to provide SPTs with a broad foundation for basic concepts, while CEEs should facilitate learning through intentional exposures to FRM specific to the practice setting, as well as the opportunity to apply KSAs with guidance. The entry-level PT's first employer should orient their new hire to clinic-specific operations, including financials, provide transparency in the performance expectations, and offer mentorship within the context of FRM. If each stakeholder recognizes and fulfills their role, the development of financial management KSAs in entry-level PTs will be targeted for the selected setting of practice.

While professional bodies encourage the development of leadership and administrative skills as a means to advance the profession of physical therapy, survey results indicate that financial management aspects of practice are not perceived as more important than sound clinical care skills. There may be slight disconnect on the professional expectations placed on entry-level practitioners in terms of serving patients and supporting FRM concepts associated with PT CPI Criteria #17. Survey participants indicated entry-level PTs should focus on refining their craft before taking on financial responsibilities of a clinic, which aligns with some qualitative comments from study 2 where CIs indicated students would become more comfortable with FRM over time or should seek out mentorship in this area once they start their first job if they were required to participate in it. PTEPs may consider this perspective in curriculum development when considering the necessary exposure of SPTs to financial management and the level of independence that must be attained for entry-level practice. An understanding of legal and ethical compliance and billing was deemed "Essential," but entry-level PTs may only need an awareness of many of the other aspects of financial management such as

budgeting and marketing, possibly just enough awareness to appreciate the role of clinic managers and administrators. For SPTs who desire to open their own clinics, PTEPs may want to offer electives in advanced financial management, collaborate with a business school regarding opportunities for a dual degree, or facilitate a mentorship relationship with a physical therapy clinic owner.

Conclusion

This dissertational work created a foundation for understanding and appreciating the current state of financial management education in entry-level PT education. The development and implementation of the three studies resulted in the identification of instructional platforms and teaching strategies used to address financial management education for SPTs, identify KSAs reported by CIs to endorse entry-level status, and gain an understanding of the perceptions of licensed PTs on the importance of financial management KSAs for entry-level PTs. This information may be useful to PTEPs to inform and guide curriculum design and development to ensure they are effectively facilitating learning in this domain to adequately equip the future of the profession to meet the needs of contemporary practice in serving patients and working within the demands of a challenging and dynamic healthcare industry.

Reference

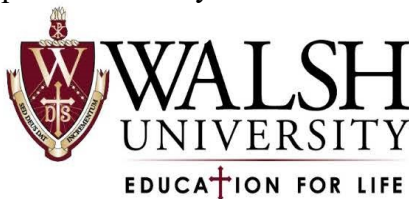
1. American Physical Therapy Association. Revised Clinical Performance Instruments: APTA Clinical Performance Instrument for PTs (PT CPI) 3.0 and PTAs (PTA CPI) 3.0. Published online 2023. Accessed February 1, 2023.
<https://communities.apta.org/p/fo/do/?download=1&fid=18605>

Appendix 1. Database Search Strategy

Database: PubMed

1. Financial resources (text word)
2. Practice management (text word)
3. Financial management [MeSH Terms]
4. Health services administration [MeSH Terms]
5. Insurance, health, reimbursement [MeSH Terms]
6. Health informatics [MeSH Terms]
7. Health policy [MeSH Terms]
8. Health resources [MeSH Terms]
9. Direct access (text word)
10. Clinical coding [MeSH Terms]
11. Reimbursement (text word)
12. 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11
13. Physical therapy specialty [MeSH Terms]
14. Physical therapy (text word)
15. Physical therapy specialty/education [MeSH Terms]
16. Health occupations student [MeSH Terms]
17. DPT (text word)
18. 13 OR 14 OR 15 OR 16 OR 17
19. 12 AND 18

Limits: Publications categorized as peer-reviewed journals, scholarly journals, and academic journals, English



Date: July 7, 2022

To: Dr. Alexia Lairson

Re: IRB Protocol 2022016

This letter serves as formal notification that your application, "Financial Resources Knowledge, Skills, and Abilities of Student Physical Therapists Rated at Entry-level: A Retrospective Analysis" has been reviewed and deemed Exempt under 45 CFR 46.104(d)(8) [Category 8] for research involving secondary research using identifiable private information or bio specimens. This review is effective as of 7/7/2022.

The IRB will not conduct subsequent reviews of this protocol unless changes to the protocol occur. Any changes to the protocol will require a formal application to, and approval of, the IRB prior to implementation of the change. IRB applications are available on the Walsh University IRB webpage (<https://www.walsh.edu/irb.html>).

Please note that 30 days after your research concludes on 7/7/2023, a Final Report/Closeout form must be submitted to the IRB by 8/7/2023. *Put a reminder on your calendar now to submit this form.* The form is also available on the webpage referenced above.

Sincerely,

A handwritten signature in black ink, appearing to read 'Leslie M. Whetstine'.

Leslie M Whetstine, PhD
Chair, Institutional Review Board
Professor of Philosophy
Walsh University
2020 East Maple St
North Canton OH 44720

Subject: 2022-209 - Initial: Initial - Exempt
Date: Monday, July 11, 2022 at 3:01:43 PM Eastern Daylight Time
From: do-not-reply@cayuse.com
To: Alexia Lairson, Cara A. Berg-Carramusa
Attachments: ATT00001.jpg



Jul 11, 2022 3:01:35 PM EDT

Cara Carramusa
Grad Health 141214

Re: Exempt - Initial - 2022-209 Financial Resources Knowledge, Skills and Abilities of Student Physical Therapists Rated at Entry-level: A Retrospective Analysis

Dear Dr. Cara Carramusa:

Youngstown State University Human Subjects Review Board has rendered the decision below for Financial Resources Knowledge, Skills and Abilities of Student Physical Therapists Rated at Entry-level: A Retrospective Analysis

Decision: Exempt

Selected Category: Category 4. Secondary research for which consent is not required: Secondary research uses of identifiable private information or identifiable biospecimens, if at least one of the following criteria is met:

- (i) The identifiable private information or identifiable biospecimens are publicly available;
- (ii) Information, which may include information about biospecimens, is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained directly or through identifiers linked to the subjects, the investigator does not contact the subjects, and the investigator will not re-identify subjects;
- (iii) The research involves only information collection and analysis involving the investigator's use of identifiable health information when that use is regulated under 45 CFR parts 160 and 164, subparts A and E, for the purposes of "health care operations" or "research" as those terms are defined at 45 CFR 164.501 or for "public health activities and purposes" as described under 45 CFR 164.512(b); or
- (iv) The research is conducted by, or on behalf of, a Federal department or agency using government-generated or government-collected information obtained for nonresearch activities, if the research generates identifiable private information that is or will be maintained on information technology that is subject to and in compliance with section 208(b) of the E-Government Act of 2002, 44 U.S.C. 3501 note, if all of the identifiable private information collected, used, or generated as part of the activity will be maintained in systems of records subject to the Privacy Act of 1974, 5 U.S.C. 552a, and, if applicable, the information used in the research was collected subject to the Paperwork Reduction Act of 1995, 44 U.S.C. 3501 et seq.

Any changes in your research activity should be promptly reported to the Institutional Review Board and may not be initiated without IRB approval except where necessary to eliminate hazard to human subjects. Any unanticipated problems involving risks to subjects should also be promptly reported to the IRB.

Findings: This study is a retrospective analysis of student assessment data collected with the PT CPI tool during a final professional clinical education experience. Permission has been granted to use the pre-existing data. The data was collected from the Doctor of Physical Therapy students enrolled at Walsh University or Youngstown State University and who graduated in the past five years (May 2018-May, 2022) will be included in this study. Approved.

The IRB would like to extend its best wishes to you in the conduct of this study.

Sincerely,
Youngstown State University Human Subjects Review Board

Appendix 4. APTA Permission for PT CPI Use

June 13, 2022

Youngstown State University
c/o Alexia Lairson, PT, DPT
2020 East Maple St.
North Canton, OH 44720

APTA Request Reference: **PT CPI Web 7/22**

Dear Dr. Lairson:

Permission to use the PT CPI Web for your dissertation is granted with the understanding that any duplicated material carry a full citation: “**Adapted from <http://www.apta.org>, with permission of the American Physical Therapy Association. © 2006 American Physical Therapy Association. All rights reserved.**”

Permission is granted with the understanding that: **(1) Any published content from the PT CPI must have the above copyright statement affixed to it; (2) Any future use of the PT CPI beyond the scope of this request requires prior written approval from APTA; (3) Any future publication of APTA’s content requires prior written approval from APTA, after it has been accepted for publication by a publisher.**

Should APTA, in its sole discretion, determine that your use of our material is contrary to the original intent as we understood it in your request for permission, or is no longer appropriate, we reserve the right to revoke this permission of your use of APTA material.

This permission is granted free of charge because the requestor is making no charge for profit other than to redeem reproduction costs.

Sincerely,

Michele Tillson
Member Communications Specialist

Appendix 5. PT CPI Data Used for Study 2 Analysis with Coding

Rating for Patient Management; Financial Resources	Comments for Patient Management; Financial Resources	Theme Codes	1. Billing	2. Documentation	3. Productivity	4. Patient Scheduling	5. PT Schedule Management	6. Time Management	7. Utilization of Clinic Resources	8. Clinic Operations	9. Marketing and Public Relations	10. Utilization of External Resources	11. Promotion of PT Profession	12. Payor Considerations	13. Quality Improvement/ Assurance
8	"Patients started to cancel all of their appointment and no show as a result of not seeing value in coming to PT - quality of care was suffering."	X													
10	"Has had minimal exposure to financial aspects; have spoken regarding RUG levels, Part B benefit and other reimbursement info."	X													
16	"Saher appropriately submits billing on time and accurately to reflect treatment. She has improved in using down time appropriately to catch up on documentation."	X													
16	"Your billing has been appropriate following the 8 minute rule and your charges have accounted for the tasks you have completed during your sessions. We have discussed other aspects to a small degree including various insurances and how they impact plans of care."	X													
16	"Unfortunately due to her clinical being cut short, this was difficult to fully assess. As I mentioned before in the midterm, I think I took a little more "lead" on this, as I was the one getting emails. We were able to work through some insurance situations (such as attaining BWC C9s). This is an area that I feel she will do well with once she is working on her own and gains experience. Her billing and documentation are accurate for time spent with each patient."	X													
16	"has been able to self direct schedule for the day and redistributes assignment if help is needed. Overall needs increased time, but recognizes this and continues to become more efficient and seeks guidance when needed. enters charges appropriately"	X													
16	"Tanya has become more efficient in managing her time, but with increased efficiency with documentation sometimes leads to decreased quality of documentation which is not optimal. She could continue to improve with utilizing support staff to aid in her efficiency with pt care to free up more time to document more effectively and efficiently. Tanya adheres to ethical billing practices and adheres to reimbursement guidelines. She also promotes our profession in a very positive manner."	X													
16	"With regards to financial resources she has since become more efficient in providing point of service documentation to allow for productivity standard to ensure maintaining budget costs for therapy services. She has required continued education with regards to part B services and billing with 8 minute rule along with education on insurance coverages. She has maintained ability to don proper PPE for isolation patients. She has demonstrated accurate coding with use of ICD-10 codes and proper treatment codes for reimbursement for services provided during treatment sessions."	X													
17	"Josh has been involved with billing, scheduling patients and reviewing each patients visit limit/co-pay. He is not involved in the insurance verification process and other aspects of finances in the clinic."	1, 4, 12	1			1								1	
17	"Although Dylan hasn't been exposed much to budgeting, marketing, or public relations; he manages schedules, billing, and clinical time well. I feel that if/when exposed to marketing and budgeting, he will catch on quickly."	1, 4, 5, 6	1			1	1	1							
17	"Noah appropriately initiates discussions on resources / referrals available to patients (driving evaluation, rehab psychology, speech therapy) with CI and with patients. He has demonstrated progress in adjusting patients schedules appropriately and communicating this to CI (cancels / rescheduling of appts), including initiating scheduling process at eval, holding discussions on rescheduling when cancelling, understands how to check for PT availability, and offers additional appointment times. He has also assisted with programmatic development and clinical care improvement with implementation of and feedback on tools used to promoting contextualized therapies for individuals with brain injury."	4, 8, 10, 13				1				1		1			1
17	"Lauren has developed excellent time management in regards to her patients need. For example, patients come in and say they need to be done at a certain time and Lauren has been courteous and cognizant of their time constraints."	4, 6				1		1							
17	"appropriate minutes and billing following insurance guidelines and minute requirements of inpatient rehab. uses equipment in therapy gym appropriately to share facility space with other therapists. Proper documentation to ensure reimbursement as well as validating extensions for a patients LOS."	1, 2, 7, 8, 12	1	1					1	1				1	

Rating for Patient Management; Financial Resources	Comments for Patient Management; Financial Resources	Theme Codes	1. Billing	2. Documentation	3. Productivity	4. Patient Scheduling	5. PT Schedule Management	6. Time Management	7. Utilization of Clinic Resources	8. Clinic Operations	9. Marketing and Public Relations	10. Utilization of External Resources	11. Promotion of PT Profession	12. Payor Considerations	13. Quality Improvement/ Assurance
17	"Maggie routinely performs scheduling of patients ensuring appropriateness for scheduling of treatments, reassessments and appropriate delivery of patients to a Physical Therapy Assistant schedule with no assist. Maggie has made progress to delivery of patient care in a timely manner with improving upon faster delivery of initial evaluations and utilizing treatment time most effectively to prioritize patient needs and adhere to the schedule demands. Maggie submits billing with none to very minimal cueing for missed billable interventions provided. Maggie displays good understanding of appropriate billing and has attended a facility in-service regarding billing guidelines promoting further education regarding this area."	1, 4, 5, 6, 8, 12	1			1	1	1		1				1	
17	"Brady has been provided good experience in the financial side of physical therapy dealing with pt care, insurances limitations, billing, and clinic management. He has gained good experience in the billing rules for different insurances and is consistently providing accurate billing for therapy services rendered in accordance with pt insurance guidelines vs pts scheduling. He is also accurately managing patient POCs according to his goal planning and prognosis but with also the considerations of pt financial limitations with copays, deductibles, and visits limitations. He has been able to get insight on clinic financial management as his CI is also the center manager, has a good base for the rationale for diversity in billing, and has been able to provide documentation to support his billing."	1, 2, 4, 8, 12	1	1		1				1				1	
17	"Matt selects appropriate billing charges based on interventions completed and time spent on each. We have intermittently had agitated patients needing de-escalation to improve behaviors and participation. Matt has learned to bill appropriately in these difficult situations with some initial assist from his CI. Matt schedules our teams patients daily and makes sure all patients have met therapy minutes at the end of the day."	1, 4, 5, 8, 12	1			1	1			1				1	
17	"Conlan consistently ensures that patients are scheduled. He calls patients if needed to follow-up on their care. He is recognizing situations where this is required more often. He also utilizes all equipment in the clinic and in the sport performance area. He balances the schedule and ensures that he can appropriately treat each patient with quality and while balancing different treatment areas. He has continued to ensure that the clinic has run smoothly. He is more aware of insurance needs for each patient. He accommodates to patients arriving at unscheduled times and other unexpected changes in the clinic very well. He has been in on staff meetings where financials have been discussed. He requires mild cueing only in complex situations and is operating at an entry level."	4, 5, 6, 7, 8, 12, 13				1	1	1	1	1				1	1
17	"Bills each patient ethically and legally."	1	1												
17	"has improved with time management skills. difficulty with a full caseload of ICU/CCU patients. incorporating billing daily now. continual learning process for expectation of approvals/denials of d/c location d/t insurance."	1, 6, 12	1					1						1	
17	"Mark has learned to schedule patients appropriately efficiently utilizing equipment and space."	4, 7				1			1						
17	"The student utilizes his time efficiently and asks for assistance as needed. The student is a strong promoter of the field of PT. Student presented in service and a personal project to better this clinic during his time on this clinical rotation."	6, 11, 13						1					1		1
17	"Alivia now requires no assist to determine the most appropriate billing codes. Has been using treatment time much more efficiently this second half and can do so without assist."	1, 6	1					1							
17	"In second half of clinical, he has done well with independently determining appropriate billing for tx sessions and eval complexity with good accuracy. Has improved in subjective hx time when appropriate. Has had exposure in assisting CI in completing pre-auth forms."	1, 6, 12	1					1						1	
17	"Matt continues to use time effectively to provide quality care. He continues to bill appropriately for time spent/interventions provided. He has taken a more active role in the scheduling of patients."	1, 4, 6	1			1		1							
17	"no issues"	X													
17	"Improved ability to stay on strict, busy acute rehabilitation schedule. Lindsey demonstrated ability to be flexible with schedule to ensure therapy minutes are obtained despite interruptions with medical events, testing, MDs, etc."	4, 5, 8, 12				1	1			1				1	

Rating for Patient Management; Financial Resources	Comments for Patient Management; Financial Resources	Theme Codes	1. Billing	2. Documentation	3. Productivity	4. Patient Scheduling	5. PT Schedule Management	6. Time Management	7. Utilization of Clinic Resources	8. Clinic Operations	9. Marketing and Public Relations	10. Utilization of External Resources	11. Promotion of PT Profession	12. Payer Considerations	13. Quality Improvement/ Assurance
17	"Dan uses our EMR to accurately code and bill for PT services and utilizes his time effectively."	1, 6	1					1							
17	"Lauren is very efficient with her time. Lauren is able to prioritize our day and make accommodations as needed to meet the needs of the floor. Lauren demonstrates the ability to properly bill."	1, 4, 5, 6	1			1	1	1							
17	"Sydney has demonstrated ability to prioritize her patient case load after discussions with CI. She is efficient with chart reviews and documentation. She has also taken on the task of scheduling co-treats with OT. She demonstrates ability to select the appropriate charges based on the services provided. When errors occur, they are always fixed in a timely manner. She will steadily become faster as she becomes more comfortable and familiar with our setting and procedures."	1,4,5,6, 13	1			1	1	1							1
17	"Jess schedules all of her patients, gets her documentation and billing done on time, and correctly bills for her services. no concern"	1, 2, 5	1	1					1						
17	"Christina has been putting in charges throughout her clinical and requires little to no help. Since the mid-term, she has been scheduling patients more also with little to no help."	1, 4	1			1									
17	"He sometimes requires infrequent cues for unique situations. For example; the patient was recommended for HEP only evaluation, they have limited insurance coverage or are choosing to strictly limit follow-up due to financial reasons."	12												1	
17	"In this second half, Ryan has been more independent with looking into patient insurance limitations, submitting progress notes to the insurance to request more visits, and billing appropriately. Ryan has also learned more about modifiers and when to use them."	1, 12	1											1	
17	"Kelsey is now consistently demonstrating entry level skill for appropriately scheduling and billing ethically and is compliant with Medicare/ Medicaid and third party payer guidelines. Kelsey consistently performs daily high quality PT interventions efficiently by preparing work stations and gathers equipment in advance. Kelsey submits documentation to support billing and submits charges in a timely manner. CI provides 10% supervision regarding chart /visit/ insurance management with recent facility changes as they arise."	1, 2, 4, 7, 12, 13	1	1		1			1					1	1
17	"Toni is easily able to perform daily billing that matches her treatment rendered. She has participated in discussions involving insurance approvals and denials for continued rehab at an IRF level and SAR as well as for various DME. This knowledge would continue to improve with increased exposure in this environment."	1, 8, 10, 12	1							1		1		1	
17	"Chloe has improved her productivity to 17 units 4/5 days a week for the last 3 weeks. most of the time this is hindered by schedule constraints and demands for attendance of daily rounds. She is right at entry level with that. she is able to schedule appropriate caseloads to maintain her productivity, as well as, management of PTAs schedules."	3, 4, 5			1	1	1								
17	"Good with writing to insurance companies and justifying what is being done and why continued care is needed." "Jacob has done a good job with patient management, billing, multi tasking and utilizing the support staff."	1, 2, 5, 6, 12	1	1				1	1					1	
17	"Amanda efficiently schedules and utilizes time appropriately. She informs patients of copayments/deductibles etc and will adjust treatment to accommodate patient need. She ethically bills patients for services rendered."	1, 4, 5, 6, 12	1			1	1	1						1	
17	"Natalie appropriately manages the financial aspects of school services - submitting daily documentation in the districts MSP, reviewing need for testing materials and/or adaptive equipment, and effectively using time. Area for Growth: Experience a wider variety of school based services across buildings and situations"	2, 6, 7, 10, 12		1					1			1		1	
17	"The student is appropriate in billing, use of equipment in the clinic, and the clinic procedures for reimbursement with insurance based off of each individual patient. Student has improved in UPMC use of financial resources and billing for each individual patient."	1, 7, 12	1						1					1	
17	"Peyman continues to bill appropriately for services provided to all patients"	1	1												
17	"Nick appropriately participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines."	1, 7, 8, 9, 12	1						1	1	1			1	

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17	"na"	X													
17	"She was able to develop a good understanding of feeling patients, following proper billing procedures. Also understanding patients have high co-pays the amount of visits there able to attend each week in addition to looking at patients being responsible for the rest with her physical therapy pill with out-of-pocket and deductible limits."	1, 12	1											1	
17	"Abbey is able to manage a full time schedule independently but is not consistently able to adhere to the required company productivity standard . That being said, she has progressively improved time management, effective and efficient documentation skills throughout this clinical experience."	2, 3, 5, 6		1	1		1	1							
17	"Chris has consistently and appropriately performed billing and scheduling with sensitivity to patients status. He uses his time with patients effectively. He accurately documents and appropriately requests for authorization."	1, 2, 4, 6, 12	1	1		1		1						1	
17	"Continued per midterm. Great responsibility, awareness, and ownership."	13													1
17	"Trenton continued to do very well in this area, demonstrating consistent financial management as it related to responsible and ethical billing, use of time/space/equipment in an often crowded clinic, and with marketing ideas/exposure to PR (attended a marketing outreach meeting with a local physicians practice along with our entire multidisciplinary team)."	1, 7, 9	1						1		1				
17	"He gained good knowledge of billing procedures. He was able to complete patient care in a appropriate time frame. No issue here."	1, 6	1					1							
17	"demonstrates fair understanding of financial management, needs to be exposed to more of financial responsibility management at managerial level."	X													
17	"Continue to be able to assess when treatment is included during evaluations."	X													
17	"Rachel was independently schedule patients based on her POC and did a good job managing her caseload. She was billing accurately and ethically 100% of the time and in a timely manner. She would use her time efficiently, using lunch and down time to work on documentation and other projects."	1, 4, 5, 6	1			1	1	1							
17	"Lindsey is accurate in keeping track of patient minutes and billing daily. She uses her time effectively with patients. She has been involved in equipment orders- custom wheelchairs, AFOs, rental wheelchairs, walkers, and canes. She has improved in preparing for discharge and ordering equipment on time."	1, 6, 10	1					1				1			
17	"Has had frequent discussions/education with both PT, OT, rehab manager and MDS nurse to gain a entry level understanding of insurances and their influence on our decision making/prognosis/plan of care of patient. Understands entry level billing practices including minutes and coding to allow confident treatment in SNF setting. Will benefit from a more experienced manager while initially working in a SNF to further learn the complicated nature of SNF including PDFM, RUGs etc."	1, 8, 12	1							1				1	
17	"Ryan is able to use his time efficiently and make changes in the schedule to stay productive and get residents seen for therapy. Ryan is able to provide appropriate and clear documentation to insurance companies to assist in appropriate insurance coverage as well as adjust target dates as necessary to"	2, 3, 5, 6, 12		1	1		1	1						1	
17	"Emily was able to be 90-95% independent with her billing at the end of her clinical. She was always appropriate with her total time and the time with her units, she would occasionally ask or need assistance with determining what unit to pick for specific treatments. She continued to discuss patients financial situations and insurance authorizations with all of her evaluations and was 100% independent and appropriate with her decision making when choosing her patients frequency and duration in the clinic."	1, 12	1											1	

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17	"In all areas of physical therapy care provided in the acute rehabilitation setting, this student demonstrated growth with improved preparation, efficiency and flexibility in order to advance her management of financial resources. Time and therapeutic resources (space, equipment) being two areas which positive growth was noted. She managed the schedule, coordinated care between clinicians (especially with the challenge of coordinating multiple schedules related to group therapy sessions) and structured her therapy session and related interventions in a manner of mentored independence equivalent to an entry-level clinician. I appreciate and commend her flexibility with schedule changes, a very important skill to have in any setting."	4, 5, 6, 7				1	1	1	1						
17	"fit extremely well into our clinic, could see you as a co-worker with us, excellent excellent time management, did not get into billing and insurance auth as much, but depending where you work and if there is support staff you may/may not have to really be in tune with this, just is something to look into as you go"	6						1							
17	"See midterm"	X													
17	"Brandy consistently uses her time effectively in the clinic each day and accurately provides recommendations for equipment and supply needs."	6, 7, 10						1	1			1			
17	"As our office is small, Kyle has had the opportunity to experience financial management more than most other students. He continues to participate in staff meetings where we discuss authorization, billing and charges, certifications, reimbursements, etc. The knowledge of insurance restrictions on care has progressed Kyle's ability to document need for physical therapy, modify a plan of care, and use time extremely effectively and efficiently considerably. Knowing the importance of reimbursement for a small, private practice, he consistently submits charges appropriately and timely. Overall, Kyle has shown a true passion to advocate for patients, market other programs and services to patients, and promote the physical therapy profession to the general public."	1, 2, 6, 8, 9, 10, 11, 12	1	1				1		1	1	1	1		
17	"Jasc continues to do well. She is managing a full caseload, working well within the space, and provides accurate charges as examples of her overall stewardship. Jasc does a good job managing her time to best help clients and get her documentation done in a efficient manner."	1, 2, 6, 7	1	1				1	1						
17	"Taylor has had opportunities to work with a family to schedule post evaluation. She has been involved in financial conversations to seek alternative funding for families and I feel she is aware and able to seek these resources if needed. Uses time effectively, submits charges in a timely fashion, has provided education to our staff to help maintain quality of care." "Taylor is able to appropriately bill and financially manage patients. Taylor is able to do this for simple and complex kids without guidance and on time. She ensures her timed codes are appropriate and she is using our space in the most appropriate manner. She is flexible with schedule changes. When discussing the appropriateness of therapy, she is also able to address the financial concerns."	1, 4, 5, 6, 7, 10, 12, 13	1			1	1	1	7			1		1	1
17	"Troy has been able to demonstrate understanding of appropriate billing, even with the practice of overlapping patients. He has been able to acknowledge when a patients treatments need pre-authorized and has been able to assist in scheduling these patients appropriately to assure the treatments were approved. He has demonstrated accurate documentation to support attached billing codes."	1, 2, 4, 12	1	1		1								1	
17	"Ana continues to accurately Bill for her services and treatment. Improvements continue to be made in Productivity and Time Management skills. Ana is very good about communicating when scheduled treatment minutes with her patient will not be met and she is able to explain her reasons appropriately."	1, 3, 6, 8	1		1			1		1					
17	"Student continues to determine billing codes following 8 minute rule. Student consistently able to charge 100% of the time. Student makes appropriate decision regarding plan of care for patients paying out of pocket or with high copays. Student uses clinic resources appropriately and is a low risk for the clinic with appropriate practice. CI has no concerns that student is I and ethical in billing."	1, 7, 12, 13	1						1					1	1

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17	"Kirk has consistently utilized accurate billing practices and documentation is 100% independent. He appropriately documents justification of physical therapy services. He is capable of maintaining 100% of a full time caseload at this time."	1, 2, 5	1	1			1								
17	"Zack requires ~ one cue per week in regards to billing. He has demonstrated knowledge in billing complexity, but if he has a question, he clarifies before documenting. New hires always learn and become comfortable with this category as time goes."	1, 2	1	1											
17	"Katie is appropriate and consistent with her billing. She utilizes her time appropriately and manages her sessions well. She has adjusted her care based on patient needs with high copays, deductibles, limited financial resources."	1, 5, 6, 12	1				1	1						1	
17	"Lauren has continued to choose patients and prioritizing which patients need to be seen earlier in the day than others. She is independent with this task, but does ask questions appropriately. She has been picking up patients throughout the hospital when she is finished with our units for the day. She has been communicating with CI what she is doing or is done with, and where she is going to next."	4, 5				1	1								
17	"Improved steadily on ability to organize her day and then modify it on the fly as the demands of acute care dictated. Recognized priority situations in most cases. Appropriately recommends equipment if it was the appropriate time to do so. Learned the computer system quickly - Cerner. Able to navigate documentation the e-chart effectively. Billing was appropriate and accurate. Functioned well in the department and had the opportunity to co-evaluate with OT at times. Discussed needs to do this at times, and some problems with doing it too often as it may adversely affect productivity. Definitely a team player and worked well with others - OT/SP/RN/aides/d/c planning staff, etc."	1, 2, 3, 4, 5, 6, 10	1	1	1	1	1	1	1			1			
17	"Victoria spent the entire day with (Rehab Director) and became much more educated on the financial aspect of the PT world. (Rehab Director) personally spoke to me the next day and stated that Victoria asked very thought provoking questions, and also stated that was able to recite a lot of information that she was educated on at the end of the day. Victoria has no time management issues and completes all billing and documentation at least 30 minutes before an eight hour work day. When creating PT POC, Vic selects the correct CPT codes, and when billing correctly selects the appropriately CPT code. Victoria will expand her knowledge on this topic once she is working full time as a PT, but is definitely prepared for her first job."	1, 2, 6, 8	1	1						1					
17	"Lydia independently bills for patients daily. She does a good job of keeping track of patient minutes and making up time if necessary. She uses her time effectively when with patients to give them a quality and valuable treatment session and in being prepared for rounds, notes, and evaluations. She recommends equipment for patients for home discharge and has learned about insurance coverage for DME."	1, 4, 5, 6, 10, 12, 13	1			1	1	1				1		1	1
17	"Rachel has shown significant improvements in time management and utilizing resources appropriately to ensure optimal efficiency. Uses appropriate billing for 100% of patients and adjusts billing or times when needed. Assists CI or other scheduling staff when applicable with adjusting daily schedule based on staffing and patient needs. Assisted CI by creating protocol/log for upcoming Stroke Group to be implemented at the facility to assist with providing better, more organized group interventions to our patients following CVA."	1, 4, 5, 6, 7, 13	1			1	1	1	1						1
17	"Nic is able complete documentation in a timely fashion, even if it requires him coming in early or staying late. He also submits billing charges accurately and on time without assistance or supervision. His documentation is accurate and constantly supports billing information for necessary reimbursement. He ensures all patients are scheduled accordingly and accommodates unexpected changes in the patients schedule without guidance."	1, 2, 4, 5	1	1		1	1								

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17	"Andrew is able to prioritize patients based on diagnosis, level of assistance, and time effectiveness. He has been calculating his productivity daily and is now able to maintain between 70-80% depending the caseload for the day. He has learned much between commercial vs. state/federal insurances and how they can affect discharge planning."	3, 4, 5, 12			1	1	1							1	
17	"Daniel is able to schedule patients without requiring supervision. He also has been able to submit billing charges on time and appropriately. He has gotten better about his billing and coding times with medicare patients and being able to follow medicare rules for the outpatient setting."	1, 4, 12	1			1								1	
17	"Justin uses timed session for how he has been billing his productivity. he is ethical and is able to provide documentation regarding application of charges. he assesses the patient caseload each day, and is able to focus on each and every patient with acknowledgment of the rest of his case load. he is able to justify charges. he adheres to reimbursement guidelines, and promotes the profession of PT."	1, 2, 3, 4, 5, 11, 12	1	1	1	1	1						1	1	
17	"Gretchen is proficient in her determination of what type/ how much to bill the patient in 100% of the cases. We have been educated recently by our organization to determine when other billing codes(e.g., FT/NMR) are more valid than standard TE and Gretchen has adapted to those new standards extremely well/ with minimal guidance from her C-I. She was present for a in-service by our corporate V-P for compliance about procedural changes in billing."	1, 8	1							1					
17	"Remains with no issues."	X													
17	"Addie independently uploads her patient schedule in EPIC in the morning without needing supervision of CI. She has been able to assist/complete rehab department scheduling needs. Addie is able to independently perform documentation in a timely fashion without requiring overtime. Addie utilizes time effectively. She does well at remaining on task and takes leadership/responsibility in her work. Addie has been able to independently assist CI billing appropriate charges and service codes for interventions completed. She continues to routinely provide recommendations for equipment and supply needs by providing updates during team conferences and by notifying social worker of DME needs. She continues to assist with obtaining needed DME for patients room to allow patient to function safely while on rehab unit. She continues to routinely follow infection control guidelines and utilizes appropriate body mechanics when lifting patients. Addie continues to promote the profession of PT and is a motivated team member."	1, 2, 4, 5, 6, 7, 10, 11, 13	1	1		1	1	1	1			1	1		1
17	"Brittany uses time effectively during treatment sessions and appropriately bills for evaluation and treatment sessions. She plans for what space and equipment is required for sessions as well."	1, 6, 7	1					1	1						
17	"Amanda demonstrates appropriate billing practices. She has also demonstrated good time management in relationship to billing throughout the second half of this clinical."	1, 6	1					1							
17	"Student does all the billing for his patients. Bills appropriately for the treatments performed. No significant change since midterm"	1	1												
17	"Lindsey continues to use her time effectively. She is constantly having to deal with unexpected changes in patients schedules and she does so with grace. She sets priorities for the use of resources to maximize patient outcomes. She provides equipment recommendations and submits billing charges in time."	1, 4, 5, 6, 7, 10	1			1	1	1	1			1			
17	"Kristen always fully utilizes her time with patients. She always bills appropriately and fully. She does this with a full caseload. If we have down time she requests to practice manual skills, observe pelvic floor, or finds some other productive use of her time."	1, 5, 6	1					1	1						
17	"Emily independently submits billing accurately. She tracks patients therapy minutes and schedules them for make up time or weekend time when necessary. She schedules therapy for each patient at a time that works well for them or that they prefer when she is able to. She has ordered DME and orthotics for patients and has learned about coverage with different insurances."	1, 4, 5, 10, 12	1			1	1					1		1	
17	"Elliot has demonstrated good improvements in his ability to provide appropriate billing for his skilled services, with solid understanding of the rule of 8 and billing appropriate CPT codes for his services."	1	1												

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17	"This student has demonstrated the ability to make and manage a daily schedule making adjustments when needed. All billing has been done in a timely manner adhering to all ethical and legal standards."	1, 5	1				1								
17	"becoming more independent for scheduling pts, able to take visits given and do what is best for the pt"	4, 13				1									1
17	"Bronson has a basic knowledge of reimbursement with regards to medicare vs commercial insurances and the affect it has on the rehab facility. He is able to accurately bill for his patients."	1, 12	1											1	
17	"Joe has been able to bill ethically and legally on a consistent basis."	1	1												
17	"."	X													
17	"Emily has become much more independent and aware of billing appropriately. She is independent with G-codes. She has still not had the opportunity to write a justification statement."	1	1												
17	"Ben has done well with appropriate billing pts based on the different payer types."	1	1												
17	"This has been addressed by our Youngstown office and Heather Hrina-Medvec."	X													
17	"Jason demonstrates good understanding on the patient and company perspective of finances in order to optimize the patient experience within financial restrictions while concurrently helping the company achieve financial goals."	8								1					
17	"Documentation efficiency continued to improve over the second half of the clinical. Continues to consistently manage time well. Independent with prioritizing inpatient schedules. Independent with billing and continues to be on time. Co-treated with OT when appropriate to facilitate efficient and effective patient care. Currently carrying 100% of inpatient/outpatient caseload."	1, 2, 4, 5, 6	1	1		1	1	1							
17	"Billing is not applicable in this setting. However, he has been very efficient with his time. He has also played a key role in keeping our work place in order and taking care of our equipment."	6, 7, 8						1	1	1					
17	"Courtney consistently performs billing in cooperation with the Medicare 8 minute rule without supervision. She is able to review insurance benefit sheets and create a treatment plan that will best suit a patients financial needs."	1, 12	1											1	
17	"Jonny is able to appropriately charge for treatment sessions and evaluations independently. He does not have access to scheduling of patients, but assists in determining how many sessions are necessary per week. Jonny will often accompany the patient to the scheduling desk, and answer any questions the PSRs might have about scheduling."	1, 4	1			1									
17	"Christian's exposure to marketing, PR, and equipment buying has been minimal but discussing POC adjustments given patient financial resources, billing, and education on practice financial metrics is most certainly sufficient for entry level practice in my opinion."	1, 4, 7, 9, 12	1			1			1		1			1	
17	"Katie has become more independent during the second 1/2 of her rotation in appropriate billing procedures. She recognizes when she can full bill a patient or when to non-bill d/t patient overlap."	1, 12	1											1	
17	"Maria is able to provide accurate billing and corrects any errors quickly. She makes good use of her time changing schedules as needed to best benefit the patient. She has improved with her time management within a session to get the most out of them."	1, 4, 5, 6, 13	1			1	1	1							1
17	"Ryan bills appropriately for what he does and stays within both federal payers and private insurance guidelines. He adheres to reimbursement guidelines appropriately. He promotes the PT profession."	1, 11, 12	1										1	1	
17	"Anna is able to correctly identify the difference between evaluation complexities independently. She provides reasoning for all her billing of treatment codes. Anna is navigating our EMR system well and able to find the necessary patient information." "I am in agreement with above comment."	1, 2, 6	1	1											
17	"Independent with billing codes and units. Good knowledge and awareness of limitations with insurance/visit numbers. No other financial concerns are needed in clinic due to hospital having a separate billing department that deals with more specific payment/money issues."	1, 7, 12	1						1					1	

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17	"Lauren is learning how to work around other disciplines and unexpected delays in the scheduling/treatment each day - working around (neuro-psychologist) appts, changing length of treatment sessions to accommodate arriving to team meetings to discuss our patient caseload. Lauren did attend a lunch and learn session regarding various AFOs offered with information on what deficits are served with which style of AFO. Still needing to address discharge equipment a little sooner during pts stay to ensure smoother transition and ordering in a timely manner to accommodate the short-staff in the DME department however this may not be the case at a different facility."	4, 5, 8, 10				1	1			1		1			
17	"Since midterm, Madi has been keeping track of her own billing including in last 2 weeks filling out her own billing form (form is not turned in) as a way to mimic how she needs to account for the time it takes to complete billing and work it into her work flow. she is appropriate and ethical with her billing. her documentation supports what she bills to the point where CI can co sign the note and anticipate what will be billed."	1, 2	1	1											
17	"Kyle is I in reviewing with insurance information with patients during evaluations. She bills correctly following billing guidelines and Medicare rules. Kyle assists with correct scheduling of the vestibular room. Kyle has given out the financial resources form to patients in need."	1, 7, 10, 12	1						1			1		1	
17	"Laura bills appropriately for all patients."	1	1												
17	"Kelsey is capable and had demonstrated that she can carry a full caseload in acute care."	5					1								
17	"Brit has progressed well in this area and requires less cueing for minor errors. Billing for both outpatient and inpatient has aided in her understanding and development of this area."	1	1												
17	"Megan continued to consistently adhere to legal billing guidelines. She accurately documents her rendered services to support the charges for the treatment session. She is efficient and timely with documentation allowing for charges to be submitted at the end of the day. Megan has always been flexible in regards to patients needing scheduling adjustments and handles this in a professional manner."	1, 2, 4, 6	1	1		1		1							
17	"The student has been able to acknowledge the financial burden placed on patients when attending PT. She understands the needs to include her patients in her decision making, sometimes altering her ideal POC for something that is more manageable for the patient's financial situation. She also is familiar with the ever increasing authorization process that some patients require. She has independently completed forms on behalf of her patients to request additional PT visits." "Jenna has developed a more thorough understanding of financial burdens that patients have, and adjusts her POC as needed to meet her patients needs. In some cases when a patient cannot afford to come as often as she would prefer, she is more than willing to and capable of providing additional home exercises for them to work on independently. She has completed the appropriate forms for patients who require authorization and understands when she needs to get auth prior to scheduling, and does also provide these patients with an expectation of the process and what to work on at home in the meantime."	4, 12				1								1	
17	"As stated at the midterm Tori shows no concerns in the area of financial resources. She has continued to demonstrate good understanding of billing practices and proper use of resources. She is very time efficient and ethical in her billing practices."	1, 6, 7	1					1	1						
17	"Rachel bills effectively as an independent therapist as well as with her interactions with occupational therapy. Rachel has not had an opportunity to implement risk management strategies over her last 12 weeks."	1	1												
17	"He has improved in his understanding the importance of billing/charging appropriately, in terms of making sure that his charges are accurate. We have also discussed other financial obligations, including marketing, and why it is important in the outpatient setting."	1, 8, 9	1							1	1				

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17	"Becca has adapted well to the changing and flowing schedule of an orthopedic outpatient clinic. She has been able to keep more aware of her schedule and pt POCs to allow appropriate billing. She has gained good experience with dealing with all insurance payors and billing appropriate codes for time and services rendered. Becca has been able to experience and has been reviewed on the dynamics of treating and billing multiple federal insurances at one time to account for group coding, non billable service, and/or utilization of incremental billing"	1, 5, 12	1				1							1	
17	"Ryan understands on how to bill patient based on how much time he spends with them. He submits billing charges on time by finishing his notes by the end of the day. Ryan has also helped (clinic name) with increasing the productivity numbers as a student. Ryan knows who to schedule patients for supporting PTAs and how much to schedule with copay and financial constraints. He accommodates unexpected changes in the patients schedule and facilities requirements in order not to lose business."	1, 2, 3, 4, 5, 8, 12	1	1	1	1	1			1				1	
17	"Jan is now comfortable with scheduling patients, is able to submit proper billing charges, and uses her time effectively. She is comfortable with answering the phone and helping our administrative assistant as needed."	1, 4, 6, 8	1			1		1		1					
17	"Logan demonstrates a good understanding of billing ethically for the time given for one-on-one treatment. He also is very aware of facility policies with utilizing strength & conditioning staff for space management and recognizing other facility entity involvement. He is independent at this time with all billing for services rendered."	1, 5, 7, 8	1				1		1	1					
17	"With continued exposure, Karley demonstrates appropriate financial management and decision making skills in regard to billing, marketing, scheduling, coordinating care, and promoting the profession. Karley uses her time efficiently and demonstrates good understanding of labor management, resource management, and reimbursement issues for her level of expertise and is capable of managing financial issues with mentored independence."	1, 4, 5, 6, 7, 8, 9, 11, 12	1			1	1	1	1	1	1		1	1	
17	"Sarah independently manages a full-time caseload with occasional assist from CI. Coordinates with other disciplines to facilitate co-tx and/or increased therapy time to patient tolerance, as well as coordination with nsg staff to facilitate improved patient care. She documents efficiently and maximizes time spent with patients. She enters billing charges accurately with occasional assistance and efficiently. Incorporated discussion of management tasks (including projections, management of insurance requirements, and discharge planning) as able to maximize understanding of operation of rehab department."	1, 2, 4, 5, 6, 7, 8	1	1		1	1	1	1	1					
17	"Heather independently coordinates her patient care with other patients needs for equipment in the center. She uses her time effectively and has been flexible with adjusting her schedule. She submits billing that is accurate and only needs minimal guidance with more complex billing rules. She has been able to utilize coding that best describes the intent of her intervention."	1, 4, 5, 6, 7	1			1	1	1	1						
17	"Sam made a conscious effort to carry a full new grad caseload during the 2nd half of her clinical."	5					1								
17	"Hannah is handling her schedule, billing, and charges in a timely and efficient manner. She is managing 100% of the caseload on her own at this time."	1, 5, 6	1				1	1							
17	"Katherine has a good understanding of how this setting is financially managed and is capable of marketing for the clinic, company and profession. She has been exposed to labor management, emergency planning, negotiating with payers, and resource management. She is capable of timely and correct coding, billing, scheduling, and she adheres to company and payer guidelines."	1, 5, 7, 8, 9, 11, 12	1				1		1	1	1		1	1	

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17	"Cole has increased his involvement in this area and demonstrates independence. He is able to coordinate without assistance between patient, other therapists, and front desk staff to efficiently and safely create treatment time and space. He is effective in time during appointment- improved in patient redirection and conversations. He demonstrates good understanding of financial resources in discussion of case involving limited outpatient visits with hard cap to maximize patient gains as well as in case of patient self-pay case. He is accurate in billing charges and times according to OSU and federal payers. He has demonstrated understanding of rehab certs, KX modifiers, and billing. He is actively participating, assisting, and growing items M-R for this clinic to a degree that I would consider above entry level. He has participated in risk management strategies in face of COVID-19 pandemic and assists with policies to keep staff and patients safe."	1, 4, 5, 6, 7, 8, 12, 13	1			1	1	1	1	1				1	1
17	"Karlie billed appropriately, identifying the correct codes and times."	1	1												
17	"Her billing is correct and she utilizes the financial resources of the dept in a responsible manner."	1, 7	1						1						
17	"Bri is able to dictate billing appropriately utilizing therex, thereact, manual therapy, NM re-ed, and ADL/home management. She also verbalizes understanding of low complexity and moderate complexity evaluation billing." "Bri dictated billing appropriately as it relates to time and treatment provided and was able to continue to manage this while assuming care for a full caseload. She also demonstrated flexibility accommodating unexpected changes in clinic scheduling to meet patient/family needs and maintain patients as first priority."	1, 4, 5	1			1	1								
17	"MacKenzie is independent with all aspects of billing."	1	1												
17	"Katie consistently utilized her time and space well during this clinical with minimal initial guidance. She was able to adapt to several schedule changes or days with me as her primary CI pulled for CARF preparation or new employee orientation several days and sought out her primary caseload patients or other opportunities to learn. She entered accurate billing and appropriate supporting documentation. She also took part in several post fall huddles to decrease risk of falls for our patients."	1, 2, 5, 6, 7, 13	1	1			1	1	1						1
17	"Carl did not have any issue with proper billing practices. He was improving his time efficiency each week before his rotation was ended early"	1, 6	1							1					
17	"Jack continued to bill ethically and worked to improve his productivity from midterm."	1,3	1		1										
17	"Accurately bills patients and provides appropriate CPT codes based on treatment session (not allowed to put in charges, but tells therapist appropriately). Good use of time for documentation or chart review as needed. Achieved productivity standards based on therapists set expectations (50%), depending on if pts showed, cancelled, or no-showed. Does not have the chance to schedule pts or work on specific recommendations for the company (equipment, technology, etc.) per our hospital policy."	1, 2, 3, 6	1	1	1					1					
17	"Within our clinic, we were able to discuss more this dimension with how it relates to patient care and what is required from the PT in this regard. Currently Christine is able to have entry level knowledge with this domain for the outpatient ortho & sports med clinic in Texas with private and Medicaid insurances."	12												1	
17	"Marisa can schedule patients independently. Marisa uses her time effectively, and sets priorities when time management is required. Marisa adheres to patients schedules and consults with therapists before scheduling patient on their schedule. Marisa uses accurate billing and promotes the profession of physical therapy."	1, 4, 5, 6, 11	1			1	1	1					1		
17	"Zack"	X													

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17	"Kait submits billing charges in a timely manner and is accurate 100% of the time with simple and complex cases. She has identified the ways that OSU as a healthcare entity bills differently than a private practice. Additionally, she identified the need for students to have a resource to be up to date with federal payors vs private payors and is including this in her final project for future students to the clinic. Kait always uses her time effectively and efficiently in the clinic in order to positively impact the financial health of the clinic."	1, 6, 8, 12, 13	1							1				1	1
17	"The student has been able to acknowledge the financial burden placed on patients when attending PT. He understands the needs to include his patients in his decision making, sometimes altering his ideal POC for something that is more manageable for the patient's financial situation. This has happened in the way of changing the frequency of visits and also discharging slightly earlier than planned due to limited resources. This forced the student to do some longer term home program planning for the patient, giving the patient guidance on progressions as they are able to do them."	4, 12				1								1	
17	"Ann utilizes her time well with patients and bills appropriately for her time. She has been able to coordinate well with other therapists to maximize efficiency if the patient needs more time in our facility. She has been accommodating if patients arrive early/late, still maximizing her time with them. Last week she was able to meet productivity standards established for our facility."	1, 3, 4, 5, 6	1		1	1	1	1							
17	"Samantha has demonstrated growth in this area since midterm. She has demonstrated improved efficiency with documentation and productivity. Sam demonstrates good knowledge of different insurances in regards to billing and reimbursement. Additionally, Sam does an excellent job with coordinating treatment times with other patients and disciplines to reduce scheduling errors, improve productivity, and improve patient satisfaction. Sam continues to be very flexible with her schedule and demonstrates improved ability to adaptive to changes."	1,2,3,4,5,6,12,13	1	1	1	1	1	1						1	1
17	"Cecelia has been exposed a little more the last month or so to managed care and limited visits. She has done well with clinical decision making in modifying plans of care to meet the needs of affected patients. We recently had a CVA patient with limited visits under managed care. She worked with pt and family as well as OT and SLP to alter POCs to meet pt's needs." "Cecelia has been able to submit request for additional visits to insurance. She independently submits charges accurately."	1, 4, 5, 12	1			1	1							1	
17	"Ashley provides accurate billing in a timely fashion 100% of the time including negotiating more challenging billing of co-treats and groups this past 6 weeks. She also does an exceptional job with time management rearranging her schedule whether to move patients earlier in the day vs. later in the day to make time up for patients to meet three hour rule compliance. She is extremely efficient with her own time management of preparing for the day and completing required documentation."	1, 2, 4, 5, 6, 8	1	1		1	1	1		1					
17	"Since the midterm, the student improved with utilization of appropriate billing codes and required minimal assistance with appropriate coding for the 8-minute and total time rules depending on the insurance payor. There was also improvement in billing for what they did with each patient to make sure that they are appropriately accounting for all services provided."	1, 12	1											1	
17	"Since the midterm, the student improved with utilization of appropriate billing codes and required minimal assistance with appropriate coding for the 8-minute and total time rules depending on the insurance payor. There was also improvement in billing for what they did with each patient to make sure that they are appropriately accounting for all services provided."	1,12	1											1	
17	"Improved understanding of the basics of billing and coding. She also had very good inside view of running, developing, and expanding private PT practice."	1,8	1							1					
17	"Kelsie now requires no assist/guidance to identify appropriate charges for treatment sessions. She also identifies and appropriately recommends equipment needs, with minimal to no guidance."	1, 10	1									1			

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17	"Sarah has done well recognizing when it is appropriate to bill for services provided by support personnel and when it is not appropriate such as when an athletic trainer is working with a patient with Medicare coverage. She has done well with coordinating PT services with physicians and recently made numerous phone calls to establish relationships with physicians for more effective care. She has submitted documentation on time each day and has billed in an ethical manner." "Sarah has continued to assist in scheduling pts, making sure that she can use equipment or speaking with a therapist(or CI) who performs TDN to have them perform it on her pt and she may switch with them to enable that intervention to be provided. Sarah has become much more efficient in her treatment sessions and prioritizes her interventions to ensure that her pts get the best treatment possible. Sarah has become more accurate in her billing charges to ensure that she bills according to the rules of the payer and reflects the interventions that she has provided."	1, 2, 4, 5, 6, 7, 9, 12	1	1		1	1	1	1		1				1	
17	"As stated previously, provided a flow sheet for future students/staff on ethical billing. Ky achieved close to full caseload on average, achieving what I would determine 75-80% of a full caseload. I feel that some hurdles Ky had to face when trying to achieve this is the presence of multiple other students seeing patients and patient refusals. I feel that he could easily carry a full entry level caseload within a community based setting. Ky provides accurate documentation to support his charges for billing. I feel that Ky worked diligently in an effort to try to achieve entry level caseload."	1, 2, 5, 13	1	1			1									1
17	"Pablo understands on how to bill patient based on how much time he spends with them. He submits billing charges on time by finishing his notes by the end of the day. Pablo knows who to schedule patients for supporting PTAs and how much to schedule with copay and financial constraints. He accommodates unexpected changes in the patient's schedule and facility's requirements in order to produce more productivity and revenue."	1, 2, 3, 4, 5, 8	1	1	1	1	1			1						
17	"Continued to have participation in scheduling patients as possible. She was able to efficiently and effectively work within a crowded clinic space in order to coordinate care on equipment with other therapists and patients. She always uses her time effectively and her documentation and billing is completed in a timely manner."	1, 2, 4, 6, 7	1	1		1			1							
17	"Jordan consistently bills appropriately and ethically for treatments, reassessments and evaluations. She reviews insurance coverage with each patient and discusses their plan of care with them in order to formulate a successful and manageable schedule. Jordan has been selecting appropriate Gcodes as well for Medicare patients and understands the coding process."	1, 4, 12	1			1									1	
17	"No concerns with regards to his area. He strives to abide by department and hospital protocols and works towards improving the value that we bring as PT to the hospital by providing therapy to those who need the most skilled needs and developing appropriate POCs while also addressing PT consults within a timely manner."	5, 6, 8, 13					1	1		1						1
17	"Dan demonstrates fundamental knowledge of billing, reimbursement, RVUs, etc. We have had several conversations to build his knowledge base in this area since it is mostly managed by other personnel at this site."	1, 7, 12	1						1						1	
17	"Brian has billed ethically, legally, appropriately, and efficiently to maximize reimbursement and productivity. He has been more conscious and aware of need for unbilled times in given situations."	1, 3, 6, 8	1		1			1		1						
17	"Cody demonstrates good knowledge of billing, management of patient treat time and use of resources."	1, 4, 7	1			1			1							
17	"Due to the nature of the Cleveland Clinic her interaction in this area has been limited. She demonstrates an understanding of many of the financial topics we discuss and logic which should allow her to adapt to which state or environment she ends up in."	12												1		
17	"Bailey has progressed with effective billing in this setting. She remains ethical in her billing as well. She is able to meet productivity standards for this setting. Her scheduling is efficient to ensure all patients are seen appropriately."	1, 3, 4, 5, 6	1		1	1	1	1								

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17	"Faith continues to demonstrate accurate billing and documentation to support her billing. She reviews patient schedules with them at each visit and helps make changes as appropriate. Faith has always used her time efficiently, helping other therapists as needed."	1, 2, 4, 5, 6	1	1		1	1	1							
17	"Again the job does not entail many aspects of financial resources due to much of it being covered by specific departments, but he continued to appropriately do everything expected of him with an increased caseload."	5, 7					1		1						
17	"Katie has progressed adequately with reimbursement and billing of insurances for therapeutic services since midterm. she no longer requires assist with establishing appropriate timeframes and frequency during POC with her ability to see an insurance and plan treatment sessions appropriately. she has been more efficient with billing daily treatment ensuring proper units are distributed without need of correction from CI. She has been able to coordinate care with OT and speech therapist to allow for decreased non billable time to allow for improved efficiency."	1, 4, 5, 6, 12	1			1	1	1						1	
17	"Lindsay does well with sharing space, determining appropriate billing for session, has done better at looking at what the insurance is for a patient, how that factors in with pre-auth, etc. I think when she is independent with her own caseload she will be even better at paying attention to all these, but I am confident it wont be an issue."	1, 7, 12	1						1					1	
17	"Similar to midterm, Liz helps schedule our days and gives input on when evaluations and treatments should be completed. She completes all of the cosigns and billing. She completes billing on time. Unfortunately we were not able to write a letter of medical necessity as the needs changed for the child. However, we did review what the letter would include."	1, 2, 5	1	1			1								
17	"Recognizes her role in maximizing the financial well-being of the clinic, and how this role can influence decision-making in ethical situations, and uses this knowledge to make rational and ethical decisions. Consistently provides efficient and evidenced-based care, yielding the most bang-for-the-buck treatments"	6, 8, 13						1		1					1
17	"Larisa is fully independent with scheduling and coordinating with other disciplines patient appointments. She consistently utilizes time effectively and submits to all billing charges on time."	1, 4, 5, 6	1			1	1	1							
17	"Brie independently manages a full-time caseload with occasional assist from CI. Coordinates with other disciplines to facilitate co-tx and/or increased therapy time to patient tolerance, as well as coordination with nsg staff to facilitate improved patient care. She documents efficiently and maximizes time spent with patients. She enters billing charges accurately and efficiently. Incorporated discussion of management tasks (including projections, management of insurance requirements, and discharge planning) as able to maximize understanding of operation of rehab department."	1, 2, 3, 5, 6, 8, 12	1	1	1		1	1		1				1	
17	"Liz independently manages her caseload, including scheduling and scheduling modifications to ensure all students receive their allotted time for IEP and Medicaid billing. This is a constant battle as several students have been ill, and other classes/services may conflict with attempts to reschedule PT. She completed a CMN for a wheelchair, and was able to discuss the financial implications of equipment choices. Assisted with school fund raiser for Leukemia."	1, 2, 4, 5, 10, 11, 12	1	1		1	1					1	1	1	
17	"Patrick bills according to facility guidelines. Appropriately bills individual vs concurrent time. Patrick completes all billing in a timely fashion."	1, 8	1							1					
17	"He has done a nice job with keeping track of his billable time and differentiating between neuromuscular reed and therapeutic exercise."	1	1												
18	"No concerns after the first few weeks of this clinical that Emily has been able to appropriately manage entry level type billing and facility guidelines. When something arises that she is uncertain of it rarely takes her more then one explanation before she is able to grasp the concept and apply it to her daily routine. Detailed explanations regarding part B vs Part A and the intricacies of how insurance effects decision making."	1, 8, 12	1							1				1	

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18	"This one has improved vastly in the last few weeks. It takes awhile to get the documentation down and once she did we began to focus on authorization of insurance- making sure patient approved before scheduling, making sure auth is being worked, monitoring visits (example pt having surgery and will need more, do not use all before surgery), and she is great with POC certifications and identifying who needs one and who does not."	2, 4, 12		1		1								1	
18	"Payton is now consistently using CPT codes independently and accurately without CI assistance. She is able to justify why she has chosen a billing code and provide documentation to support use of that code. She is diligent with cleaning and use of various treatment spaces, time management, and following both Sendero and school-district guidelines."	1, 2, 6, 7, 8	1	1					1	1					
18	"John utilizes his time and resources effectively to manage his patient caseload and facility needs. His documentation and billing are appropriate and assisted in risk-management strategies by conducting a transfer training to the nursing staff for the Falls Committee."	1, 2, 5, 6, 8, 13	1	1			1	1		1					1
18	"AJ promotes the profession of physical therapy to her patients and shows the importance. Most important thing in acute care is time efficiency which has greatly improved - able to gather more information from charts in a shorter period of time."	6, 11						1					1		
18	"Gabby assists in getting patients over for Dr visits. Takes any time she has to address note writing, making HEPs, checking in on patients and reviewing notes to be ready for pts coming in. Gabby understands a lot about insurances, what they cover and authorizations and dates you must be aware of. Gabby knows when she needs to fill out certain forms for auth and follows up"	2, 5, 6, 12		1			1	1						1	
18	"Nick coordinates physical therapy with other services to facilitate efficient and effective patient care. He provides co-care only when absolutely necessary to meet the patients needs and to progress the patient as needed. He makes appropriate recommendations for continued PT services and for equipment when being d/cd from the hospital. He is considerate of his recommendations to ensure there is not an over utilization of services and equipment. He accommodates unexpected changes in the patients schedule and facilities requirements. He submits all billing in a timely manner and independently chooses the appropriate charges for each situation."	1, 4, 5, 6, 8, 10	1			1	1	1		1		1			
18	"Alli is consistent in submitting daily minutes and appropriate billing charges (Eval 1 charge, 15 minute increments for treatment charges, group charge). She maximizes treatment time with patients appropriately with limited time we have with patients in sub-acute setting. She has improved on efficiency and brevity of subjective portion of evaluation to maximize time in objective assessments."	1, 4, 6	1			1		1							
18	"Sumer demonstrates great independence and awareness of her scheduling, timing, billing, and equipment management. She is organized, responsible, accurate and independent with her billing."	1, 5, 6, 7	1				1	1	1						
18	"Katelynn has done well overall with billing and completing supporting documentation. Our current documentation is set up to show how we allocate time for our charges. We have had several discussions regarding equipment but little opportunity for recommendations with patients either having what they need or going to a facility. She continues to coordinate as needed with our OT partners and update our schedule as needed with patient availability. She manages her time well overall from documentation, to treatment time with patients. She has also been completing our daily charge sheets."	1, 2, 4, 5, 6, 10	1	1		1	1	1				1			
18	"We dont deal with insurance a lot in rehab but Nate is aware of the restraints that insurance can put on length of stay. Nate does a great job at checking his billing at the end of day and checking our schedule for the next day before leaving."	1, 5, 12	1					1						1	
18	"While he has not had an extensive education regarding the intricacies of billing, budgeting or marketing for SNF setting he has an above average awareness of the specifics of this setting at this time. He has demonstrated understanding of various insurances and their impact on minutes, part A vs part B and the influences that it has on minutes, frequencies and duration for plan of care."	12												1	

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18	"Courtney appropriately bills her patients. Her only error is she will occasionally under bill a patient, this has happened only 2-3 times the past 7 weeks. She takes advantage of down time on my schedule to continue to practice her manual skills or observe and learn from another PT while the PT is treating another patient."	1, 6	1					1							
18	"Mariah is consistently able to accommodate to unexpected changes in scheduling, discharges, and missed/make-up sessions and adheres our minute compliance facility standards. She has displayed understanding of the POC in regards to minute compliance and IRF intensity. She is very accurate and timely in entering minutes, billing, and charges 100% of the time without guidance. She is able to use the documentation system to locate expected discharge dates and can provide rationale for a recommenced increased in length of stay."	1, 2, 4, 5, 8	1	1		1	1			1					
18	"Owen is now independent with billing for what he treats in our department. He had to use 59 modifiers with some patients and completed prior authorization paperwork for a couple insurance providers as well."	1, 12	1											1	
18	"Jim has basic understanding of billing procedures."	1	1												
18	"Alyssa was consistently timely with all of her patients and was able to complete the majority of her documentation during treatment sessions. Alyssa effortlessly managed her treatment sessions based on equipment availability. Alyssa also appropriately billed for services performed even when timed units were close to the next unit (ex: Alyssa spent 35 minutes performing her ex with a patient and billed 2 units instead of billing 3 units when a patient was present for 40 minutes) while maintaining an entry level caseload."	1, 2, 5, 6, 7	1	1			1	1	1						
18	"As stated during midterm, Va can provide necessary equipment to our veterans as long as it is indicated. Austin was able to discuss appropriate needs with veterans as well as CI and provided rationale as to why that assistive device would be chosen. Due to our limited time following midterm, Austin was unable to enter a consult through prosthetics but he participated in discussions with both his CI and veteran in regards to what would be provided prior to DC from the facility. Austin billed correctly and provided backup in documentation if it was needed."	1, 2, 10	1	1								1			
18	"Consistently making adjustments in his POC to improve the clinic flow with multiple patients needing equipment. This allows for a better pt. experience. We dove into more billing and reimbursement issues since Midterm which has allowed him to gain more insight on a patients full course of care from MD office to front desk to PT to discharge"	1, 7, 12	1						1					1	
18	"Ryan has demonstrated that he can understand and comply with various rules and regulations for different insurance bodies consistently. He has demonstrated flexibility in accommodating unexpected changes in both his patients schedule or the facilitys requirements. He is able to assess risk to a patient and take appropriate steps to mitigate the risk via use of gait belts as well as ensuring clear understanding by the patient of his instructions."	4, 5, 8, 12, 13				1	1			1				1	1
18	"Jake appropriately bills his patients. His uses down time to learn from other clinicians to improve his clinical skills."	1, 6	1					1							
18	"While students are not able to bill, Nick is able to tell me what he would like to bill for each patient. His documentation supports his billing choices. He has improved with time management. He is able to calculate his productivity for the day. Especially these last 3 weeks, he has been planning and doing the entire day independently. This helped him with time management and realizing tricks to maximize downtime/time between patients to be the most productive at the end of the day."	1, 2, 3, 5, 6	1	1	1		1	1							
18	"Katie has learned to coordinate her schedule with other services including OT, speech, vision therapists and hearing therapists. She shows a good awareness of what types of equipment are appropriate for different children. We do not do billing at school."	5, 10					1					1			
18	"Megan is independent with managing the patients schedules and coordinating with the other disciplines. Megan makes very effective use of her time throughout the entire day. Billing charges are accurate and timely."	1, 4, 5, 6	1			1	1	1							

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18	"Nikki has continued to demonstrate improved productivity as required for facility guidelines. Our facility goal is 85% for Evaluating Therapists...we consider 80% for students satisfactory. She continues to improve in this area. Nikki submits all appropriate paperwork/billing in a timely fashion daily, promotes PT as a profession with treatments to staff as needed."	1, 2, 3, 8, 11	1	1	1					1			1		
18	"Jenny continues to adhere to reimbursement guidelines, submits billing charges on time, and charges the correct billing codes"	1, 12	1											1	
18	"Danielle has been exposed and demonstrates understanding of appropriate billing for services, 8 minute rule, guidelines for different insurance companies and variance between skilled and part B services/billing."	1, 12	1											1	
18	"Manages time effectively. Arnie is consistently meeting the productivity standard for this facility."	3, 6			1			1							
18	"Good understanding of patient scheduling. He uses his time effectively at all times. Easily functions within the organizational structure. He is believer in promoting the profession of PT."	4, 6, 8, 11				1		1		1			1		
18	"Bobby fits right into the acute care setting. Uses appropriate coding and billing. Very accommodating to the needs of the facility and pt. Efficient and effective with documentation and pt interaction."	1, 2, 4, 6, 8	1	1		1		1		1					
18	"Doug makes changes to the patients schedules as needed and works well with OT and SLP if there are any conflicts. He uses his time efficiently and plans ahead."	4, 5, 6				1	1	1							
18	"Kelli has improved in scheduling patients. She can now look at the schedule and shuffle it. She accommodates as unexpected changes as able. Kelli consistently uses her time efficiently. Kelli is now able to provide recommendations for appropriate DME including wheeled walkers and canes and wheelchairs, including complex rehab wheelchairs. However she does not do the documentation for a complex wheelchair as that is not an entry level skill although she has been exposed to the documentation. Kelli has continued to attend departmental in-services (including an after hours inservice) and submit accurate billing charges."	1, 2, 4, 5, 6, 8, 10	1	1		1	1	1		1		1			
18	"Nick has been able to independently and consistently meet our facilities productivity standards and has been able to see 7-8 patients per day (a full PT caseload). In his last eight weeks he has been seeing more complex patients, who are more challenging/complex to coordinate care with. He occasionally needs prompting to coordinate with OT/RN for these particularly complex patients, but is fully independent with coordination for simple and complex floor patients. Initially Nick required prompting for prioritizing our complex caseload, however he has progressed and this has become a strong skill of his. Going forward, Nick can work on streamlining his workflow and order of patients to maximize efficiency, though this will come with experience and personal preference when he is a practicing therapist."	3, 5			1		1								
18	"Abby was able to use her time effectively and submit billing charges on time. Abby adhered to reimbursement guidelines during her clinical rotation at the Cleveland VA. Abby is capable of functioning without supervision with simple to moderately complex patients in the acute setting 100% of the time with 75 to 100% of caseload."	1, 6, 12	1					1						1	
18	"Continues to manage time well. Coordinates with RNs regularly in regards to ensure pts get seen under ideal circumstances (i.e. blood transfusion, pain/nausea/dizziness meds, etc). Overall, Anna controls all factors that she can to deliver pt PT services in a cost effective manner."	4, 5, 6, 8				1	1	1		1					
18	"Cindy continues to consistently provide quality care by coordinating with other services to facilitate efficient care, uses her time effectively throughout the work day, adheres to administrative and departmental requirements. She is ethical in her billing and provides documentation and coding that supports therapy services provided while adhering to reimbursement guidelines. She is flexible to accommodate the needs of patients and other healthcare providers. She currently does not require supervision/guidance from CI in appropriate billing/coding. No concerns noted since midterm. The quality of her financial management allows for her to effectively manage 100% caseload at this time."	1, 2, 4, 5, 6, 8, 13	1	1		1	1	1		1					1

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18	"Alyssa has done a great job at learning how the billing process works for the 8-min rule and the midpoint rule. She has learned how to adjust billing if there is an overlap in the federal payer patients. She has been a part of obtaining authorization on a few occasions for patients whose insurance company requires the additional documentation for authorization of visits." "Alyssa has progressed with billing and reimbursement. She now differentiates her CPT codes more appropriately. She filled out one form for authorization last week due to limited exposure with this specific insurance. She has communicated with the front office on insurance limits and Medicare requirements such as referral and cap."	1, 7, 12	1						1					1	
18	"Jen has been billing appropriately on the services she provides and knows when a treatment/modality is billable. She has also begun completing billing authorizations with the appropriate modalities/treatments selected."	1, 12	1											1	
18	"Gabby and CI have discussed different insurances, need for authorization, insurance restrictions and allowances. Gabby has demonstrated appropriate charges for the treatment she provides, uses Medicare 8 rule. Gabby has been scheduling patients and adjusting their frequency as indicated."	1, 4, 12	1			1								1	
18	"Daniela has done very well with paying attention to insurance requirements, including modality and visit restrictions. She bills all encounters appropriately and justifies billing within her documentation. No concerns." "Daniela is able to accurately identify and consider insurance requirements/coverage, recognize when authorization or a rehab cert is required and consider visit restrictions when developing her POC. She enters appropriate charges without assistance."	1, 2, 12	1	1										1	
18	"Jordyn demonstrates understanding of financial implications of PT. Jordyn has demonstrated improvement with tracking authorization of visits/units appropriately from visit to visit. She has also been able to maximize productivity, and handles a busy caseload very well. Recognizes productivity implications of practice and able to maximize units billed as necessary - while also providing skilled need of PT to improve outcomes toward goals. No concerns that she will be able to manage a full caseload as an entry-level clinician."	1, 3, 5, 12	1		1			1						1	
18	"Neil Utilizes the facilities information technology effectively and effectively provides recommendations for equipment and supply needs."	7, 10							1			1			
18	"Madison was able to shorten the PT sessions and provide quality care in a timely fashion. Discussions occurred in relation to purchasing equipment and supplies but did not occur due to time of year and the school budget procedure. She kept track of time and was able to provide billing documentation appropriately."	1, 2, 7, 10, 13	1	1					1			1			1
18	"Kristen performs daily scheduling, adjustments to the schedule as deemed necessary for patient needs and/or for unexpected changes in the patients schedule with other team members and/or diagnostics, illness, etc... She always considers the necessary rest breaks the patients need between disciplines. Billing is always completed on time. Documentation meets the needs of supporting need for the POC activities that are being billed."	1, 2, 4, 5	1	1		1		1							
18	"Courtney completes her billing in an efficient, accurate and timely manner. She demonstrates an understanding of insurance limitations that can present themselves in this environment. She utilizes the time patient is given to maximize patient functional and allow them to meet patient goals. She can complete a days work within current productivity standards."	1, 3, 6, 12	1		1					1				1	
18	"Dylan has improved with how to bill when seeing more than one patient at a time regarding what direct time was spent with each patient in an ethical manner, which is justified with his documentation. No cueing required from his clinical instructor at the completion of his clinical rotation."	1, 2	1	1											
18	"Meghan is effective in her coordination of services billing and minutes entry. She requires cueing for time management however she successfully delivers necessary services with all patients at this time"	1, 6	1							1					

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18	"Erin has learned how to bill in our HBS system; use medicaid approved CPT codes that match the procedure she provided. She has also learned how to provide funding sources to families that need equipment at home, home modifications, support groups, and nursing assistance. Erin has participate with this CI in ordering equipment for staff, preschool classrooms, and in making gross motor/sensory pathways for students to use. Erin requires about 5% assistance/supervision in this area"	1, 7, 10, 12	1						1			1			1	
18	"Joe requires very little guidance for billing correctly for time - only a couple instances needing to be modified. He is consistently involved in checking for patient authorization with little guidance. Joe is 85-90% efficient in using time effectively in regards to patient care, i.e. if a cancellation or if next patient has not yet arrived, if ethically necessary, he will continue with the treatment of the patient for a longer period of time and possibly another billable unit of time."	1, 4, 5, 6, 12	1			1	1	1							1	
18	"Samantha has become much more comfortable looking at both our schedule as well as the teams to help manage the patients schedules and assure scheduling done by the front desk is accurate in time and frequency based on the set POC. She communicates regularly with the front desk staff regarding schedules, needed changes, continued need for PT/OT co-treats and removal from the schedule for DC. She also uses her treatment time very effectively, and tries to be mindful of the patients financial resources in her POC recommendations. We have patients coming to outpatient sometimes with 40 or 50\$ co-pays, and she does an excellent job attending to that and discussing it openly with the patients. While she monitors payor sources, I think she would say she'd like more experience dealing directly with the different payors, although she's definitely at or above entry level identifying patient resources and managing them appropriately."	4, 5, 6, 7, 8, 12				1	1	1	1	1					1	
18	"Beth entered charges accurately and consistently. This included evaluation charge with appropriate High, Moderate and Low modifiers as well as additional therapeutic exercise and gait training when necessary. She demonstrated understanding of the legal and facility guidelines."	1, 8, 12	1							1					1	
18	"Kathryn is independently able to schedule patients in the rehab setting. She is able to coordinate the physical therapy schedule with other disciplines. Kathryn always uses her time and the patient's time effectively. Utilizes accurate documentation for communication with third party payors."	2, 4, 5, 6, 12		1		1	1	1							1	
18	"Mackenzie utilizes accurate billing and coding during all documentation including IE, daily visit, and D/C according to specific regulations. Mackenzie is able to successfully schedule patients utilizing EMR as needed. She has greatly improved on her ability to prioritize treatment to ensure each patient is getting the most out of each session."	1, 2, 4, 5, 7, 12	1	1		1	1		1						1	
18	"Abby continues to adhere to reimbursement guidelines, submits billing charges on time, and charges the correct billing codes."	1, 12	1												1	
18	"Alison developed her understanding of financial limitations and insurance requirements for various providers. She worked on her efficiency and time management skills in order to meet entry level productivity requirements."	3, 6, 12			1			1							1	
18	"Seans continues to demonstrate the ability ot bill and code appropriately. I have no concerns in this area."	1	1													

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18	"Sarah has become more efficient and independent with managing her own caseload, including scheduling and determining which patients are priority treatments. She is also learning how to be more efficient throughout the evaluation process. In the acute care setting, her evaluations are typically completed within 30-40 minutes, including time to provide education and a short explanation of a HEP. She has become significantly more efficient with evaluations and treatments overall. Sarah also does well with finishing all notes by the end of the day and all billing is completed on time and accurately. We are now seeing a full caseload of ~7 patients a day consistently. Sarah is currently documenting on 6-7 patients a day as well, indicating that she is able to document on the full caseload before leaving each day. All billing has been completed accurately with independence consistently throughout the clinical experience."	1, 2, 4, 5, 6	1	1		1	1	1							
18		X													
18	"Emma is able to accurately submit billing to her CI. Emma has shown improvement in staying on schedule this 2nd half of her clinical."	1, 5	1				1								
18	"Hayley has continued to exhibit flexibility during treatment sessions and since her midterm, has become more efficient at prioritizing throughout her treatment sessions. Working at Metro requires flexibility as there are frequently patients that arrive late/on the wrong day requiring schedules to be re-arranged. Hayley has adjusted easily to various hiccups throughout her time at Metro and was able to adapt accordingly. She utilizes her time effectively and bills correctly without assistance of her CI."	1, 4, 5, 6	1			1	1	1							
18	"Emily has been able to accommodate to unexpected changes with patients showing up late and still provides appropriate care during the time allotted. Her charges are appropriate and she does not require guidance in choosing them. She was also able to participate in a special event held at TCH to promote care delivery for our patients called Teddy Bear Clinic."	1, 4, 11	1			1							1		
18	"Thane has made a lot of progress in this area during the second half of his clinical experience. He uses his time wisely, is efficient and bills appropriately for services. He is now much more understanding of the importance of billing for what we do and being as efficient as possible as we are non-profit organization."	1, 6, 8	1					1		1					
18	"Connor has been able to complete 20-30 units per day. In the last 6 weeks our clinic has gotten busier (January was low volume.) Connor has been able to function well within the unit demands of a new Grad."	5,8					1			1					
18	"Ali is independent with scheduling, determining appropriate use of time, space, and equipment in order to appropriate financial resources efficiently. Ali continues to demonstrate good time management skills with patients and has demonstrated progress in this area by getting more out of patients in a shorter amount of time. In particular, I have noticed that where earlier on in her clinical rotation, she may have opted to do a less involved exercise (such as sit to stands or seated there ex) if there were only 15 min left in the treatment session, but now she will use equipment such as the Moveo, or work on balance exercises in that same amount of time. Ali continues to demonstrate good time management during patient evaluations and is able to get all necessary information within a short amount of time in order to be able to truly identify a personalized list of impairments and to create a personalized plan of care based on that single initial evaluation. Ali's billing is always accurate and appropriate. She identifies equipment that would make the patients safer but doesn't over spend/sell items that are unnecessary. She is able to identify the most useful piece of equipment that will cover all of the patient's needs (ex - transport chair for our patient that didn't really need a wheelchair but still wants to go out in the community with his family but fatigues). Ali's project for the end of this clinical rotation certainly meets all goals related to developing and implementing quality improvement plans for the facility in order to improve productivity, patient satisfaction and length of stay."	1, 4, 6, 7, 10, 13	1			1		1	1			1			1

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18	"Kelsey continues to coordinate patient's schedules with the front office staff. She continues to review all AVS information appropriately and correctly with the patients. She explains our insurance verification forms correctly with each patient. She recognizes when the option of resource counseling is appropriate. She continues to submit correct and ethical billing charges for each patient."	1, 4, 10, 12	1			1						1		1	
18	"As mentioned at midterm there are some limitations to our access for scheduling etc. However, Amanda has done an excellent job of communicating with schedulers when necessary, inquiring about insurance approval, monitoring BWC length of treatment and completing accurate billing for both timed and untimed charges. She has also identified some problems with the work flow of the front desk staff and we have discussed several alternatives that would hypothetically provide more efficient scheduling and patient service. She also adheres to reimbursement guidelines independently, drops g-codes when needed without cues, and monitors certification timelines without cues from me. She occasionally will clarify the need for g-codes with the front desk staff with rare or unfamiliar payer sources, but does so without prompt or guidance from me."	1, 4, 8, 12, 13	1			1				1				1	1
18	"Sam has been able to demonstrate efficient inaccurate billing practices since the beginning of his clinical. I have absolutely no concerns in this area."	1	1												
18	"Gavin continues to do well in this area and bills appropriately. He uses his time effectively during treatment and examinations. Gavin was proficient with the facilities technology. He does a good job preventing injury."	1, 6, 7, 13	1					1	1						1
18	"Brittany utilized her time very well demonstrating entry level time management skill creating flexibility in her schedule to see patients in the main building then travel to our NICU building to see someone then back to the main building and on to a different floor. Brittany was able to see most patients for up to one hour when appropriate which is the maximal time allotted for each of our inpatients, outpatients, and rehab patients."	5, 6					1	1							
18	"Annie continues to demonstrate the ability to bill appropriately for services provided with minimal to no prompting from the CI. She has gained more experience with coordinating PT services with other disciplines (particularly pediatric OT and speech) when it comes to scheduling appointments. She has become more efficient at maximizing her time both with her documentation and during the patient's therapy sessions. Since the midterm, she has shown improvement in setting up her workspace for her pediatric clients before they arrive for their appointments."	1, 2, 4, 5, 6, 7	1	1		1	1	1	1						
19	"Austin has been responsible to bill appropriately for all his treatments. He is also more aware of insurance requirements (i.e. completing plans of care and having C-9s for workers comp pts) to ensure that services will be paid. Austin's Clinical Project was to help us restart a community balance program. This was a program that was started in March 2020 but unfortunately came to an abrupt halt due to COVID. He has had to participate in planning meetings, which addressed the cost per session for each participant. He also had to do a cost analysis across various local community centers as well as help identify and document community resources."	1, 8, 10, 12, 13	1							1		1		1	1
19	"Julie understands billing well and consistently bills appropriate to the time she is treating. Limited exposure to insurance at the VA."	1	1												
19	"Hayden has been an aberration in the aspect of him quickly picking up on billing and documentation principles with minimal cueing needed from CI, as opposed to this being an area that frequently requires re-iteration throughout the clinical with other students."	1, 2	1	1											
19	"BJ has participated in the billing of patients and has learned, first-hand, about the frustrations that arise from limitations imposed on patient care by insurance companies."	1, 12	1											1	

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19	"Emily chooses the correct billing codes, ICD-10 codes, and timed charges. She is also able to accurately bill evaluations and re-evaluations using appropriate coding. She consistently Emily is great at time management and uses her time wisely. She will be donating her time by participating in a community based event related to adapting power play vehicles for some of our students."	1, 6, 11	1					1					1		
19	"Matt continues to bill appropriately for time spent with patients"	1	1												
19	"Travis bills each patient he has worked with for the day and then keeps track of such billing on the charge sheet. He has been able to work with OT to determine the best way to split minutes based on co-treatment scenarios."	1, 5	1				1								
19	"Michael continues to be prompt each day and he stays on schedule with each of his sessions. This allows him to be the most effective with his patients' time. He also helps to track if time was missed with any of his patients and to communicate that with our team leaders so it can be made up as appropriate. He has a great understanding how our patients need to complete 3 hours of skilled therapy each day to qualify for our hospital. He also chooses the appropriate PT treatment codes in his daily notes with his patients."	1, 2, 5, 6, 8, 12	1	1			1	1		1				1	
19	"Zoe now has a good understanding of billing practices, especially regarding total time vs timed and untimed codes. Over the last half of this clinical she has not required billing corrections."	1	1												
19	"Time efficiency has improved by maintaining the flow of patients with occasional cues."	5, 6					1	1							
19	"a. good understanding of billing b. some cueing for planning out the day but overall very productive c. uses time effectively d. able to adapt with refusals, holds, or when patients are off the unit e. accurate and thorough documentation to justify units billed"	1, 2, 3, 4, 5, 6	1	1	1	1	1	1							
19	"During this clinical experience, Kristi has become very familiar with the inpatient rehabilitation setting and facility requirements in regards to patient minute requirements (ie. 900 minutes per week, 15 hours per week, 3 hours per day) for insurance reimbursement, daily charges and billing procedures, productivity requirements, advantages/disadvantages of financial management. With this understanding, Kristi has appropriately and professionally respected these requirements in her consistent effort to maintain her productivity and efficiency with all patient sessions. Kristi has consistently been flexible with her time in accommodating unexpected changes in the patient's schedule to meet facility requirements each day. Since midterm, Kristi has been able to submit billing charges accurately and on time each day without guidance."	1, 3, 4, 5, 8, 12	1		1	1	1			1				1	
19	"She continued entry level performance to the point in which she was capable. She was not in a position in which she had decision making on purchases. She was educated on financial responsibility to her patients regarding the use of her time with them - copays, deductible, and the fact that a patient is choosing to use their free time to come to PT."	12												1	
19	"I feel that Natalie has managed time well and shows ethics in billing and utilization of resources. She is respectful of others in the gym and understands how to work around others who are also working. She has done an excellent job navigating the computerized documentation and did a project on navigating the system so that future students and new employees will have a better understanding of how to access things. She has written two wheelchair evaluations and has done them successfully and will continue to develop her skills in order to know and understand the best resources and types of equipment to maintain cost effectiveness." "Natalie is well aware of financial resources. She demonstrates appropriate time and space management and is clearly/accurately able to bill for services rendered."	1, 2, 6, 7, 10, 12, 13	1	1					1	1		1		1	1
19	"Most of the billing is done by the billing dept here, but Pat was able to appropriately address and bill the appropriate interventions per each pt. Ex. billing NMRE for postural activities vs billing TE. He definitely developed a better understanding of how insurance determine a lot of what we're able to do in PT and how many visits ins approve."	1, 7, 12	1						1					1	

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19	"Porsha has been able to see the difference in both part A/B services and has gotten much better in understanding insurance information and utilizing it in the POC (being careful not to exhaust benefits and being sensitive to high co-pay alternatives). She has learned a lot about maintenance programs to help offset high co-pays and improve overall general physical activity in patients post-PT. Porsha has been introduced to the managed care system as well."	12												1	
19	"Phil participates in billing and reimbursement within regulatory guidelines without cueing. Phil schedules pts appropriately. Phil uses time effectively. Phil adheres to unexpected changes in facility requirements without cueing. Phil submits billing charges in a timely manner. Phil accurately documents and bills for pts. Phil promotes the profession of physical therapy whenever possible."	1, 2, 4, 6, 8, 11, 12	1	1		1		1		1			1	1	
19	"On the outpatient side, Lindsay has been more diligent with identifying benefit coverage and factoring that into her clinical decision making (IE: high copays and pt inability to have higher frequencies per week, medicare B caps, auth, etc...). Lindsay has followed facility policies in collecting copays during sessions and collects relevant paperwork information (insurance cards/scripts). Lindsay also bills appropriate CPT codes and has been able to utilize time effectively. We have discussed purpose of maintenance programs to allow for patients to have good follow-through with PT POC when benefits start to run out."	1, 4, 6, 8, 12	1			1		1		1				1	
19	"Ashlee understands our billing procedures and is able to justify her billing in documentation. She understands the implications and importance of the 3 hour rule at HRH and ensures patients meet it as much as possible."	1, 2, 8, 12	1	1						1				1	
19	"Joe bills appropriately for services, has improved decision making for billing patients at observation status."	1	1												
19	"Samantha has done a better job in being able to diversify her billing and treatment sessions to incorporate multiple treatment approaches. Samantha was introduced to the Insurance process and how reimbursement works in the SNF setting during the first half of her clinical (RUGS, Part A vs B, minutes, etc...). Her time management and productivity have improved, as Samantha has been able to consistently complete her work in an 8 hour day without having to utilize the next day to catch up on late work (Completes 4-5 hours of patient care daily which is considered by daily treatment caseload)."	1, 3, 6, 12	1		1			1						1	
19	"Kasey continues to require no supervision or guidance on selecting the most accurate type and volume of billing charges. She reviewed the budgeting process with the clinic manager. The manager complimented Kasey's genuine interest and discussion in this process. She has a thorough understanding of the everyday aspects of financial management as part of physical therapy practice."	1, 8, 12	1							1				1	
19	"Bills everything accordingly, manages all frequencies and payer information appropriately"	1, 4, 12	1			1								1	
19	"Teale continues to provide education to families about benefits of PT, additional resources to seek after PT, and continues to finish documentation in a timely manner with appropriate billing. No concerns here."	1, 2, 10, 11	1	1								1	1		
19	"Aidan understands how to properly bill - in particular with Medicare patients. He is cognizant of visit utilization, financial impact with deductible/out of pocket max/co-payment, and how to balance these things to provide appropriate care. His clinical being during Q1 of the year brings on the challenge of deductible/OOPM considerations and learning how to preserve visits for the remainder of the year."	1, 12	1											1	

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19	"Kyle has greatly improved his utilization of time with patients. He consistently bills the correct CPT codes and provides appropriate justification for the codes, especially when overlap could be questioned. Kyle has had some exposure to applying a KX modifier. As Kyle becomes an independent provider, I encourage him to continue looking at patients insurances, including the Medicare cap, when establishing/continuing a patient's plan of care. I also encourage Kyle to be an advocate for patients and be willing to provide justification for further therapy visits if they are warranted." "Kyle consistently bills for his time and chooses the appropriate billing codes. He provides adequate rationale within his documentation. He has done much better using his allotted time for treatment sessions in order to maximize therapeutic time. Kyle is mindful and understanding of patient's co-pays and stays on top of scheduled visits / progress reports and discharge planning."	1, 2, 6, 12	1	1				1						1	
19	"Ali demonstrates improvements in this category since midterm. She cont to bill correctly on time, however, since midterm her time management and knowledge of insurances has improved. She works with our billing/office staff to maximize efficiency w/ scheduling and accuracy of billing. She communicates w/ staff regarding pt care to ensure focus of ea session is appropriate and medically necessary."	1, 4, 5, 6, 8, 12	1			1	1	1		1				1	
19	"Stephanie has shown great growth in this are since the mid term. This is an area that can be overwhelming to students in the outpatient setting as there is a lot to understand along with the fact that things are always changing. She is very aware of the fact that many patients in this setting have different insurances and that may require or limit certain things to be done in or before the start of therapy. She has learned to work and communicate with the front office staff in order to get the most accurate information before setting up a POC. She is aware that insurance can be very influential in a patient's POC and that a lot of the times, the therapist is the one explaining this to them. She is aware that she needs to stay up on this type of information not only to explain it to the patient's, but to also make the most accurate and appropriate POC. All of her billing is done in a timely manner along with her daily notes. She has really come a long way in this area and has done a great job of explaining complex issues to patients as needed."	1, 2, 4, 12	1	1		1								1	
19	"Andrew maintains a consistent schedule. He stays on time for his treatment sessions. He uses his time efficiently. He bills for his time appropriately using the 8 minute rule (we apply this to all patient types). He bills under the appropriate CPT codes. If there is a question or conflict regarding billing, he consults with his CI. He is mindful of the patients insurance visit limitations and not having a patient schedule until their authorization is received (per facility policy). He uses IT appropriately. He uses supplies wisely and issues supplies to patients as needed. He is mindful of infection control and risk management strategies to protect himself and patients during their session. He has not had the opportunity to participate in peer to peer or denial appeal at this time. we are not responsible for any marketing at this time."	1, 4, 5, 6, 7, 12, 13	1			1	1	1	1					1	1
19	"Max shows a good understanding of the regulatory, legal, and facility guidelines for managing the financial aspect of PT. Max submits his billing in a timely manner and shows a good understanding of being sure to bill ethically while also maintaining productivity expectations."	1, 3, 8, 12	1		1					1				1	
19	"Cody uses his time in the clinic efficiently and effectively. He submits all charting and billing sheets in a timely manner. He bills ethically and appropriately and justifies his charges within his documentation. He recognizes insurance limitations and or need for insurance authorization and takes this into consideration with scheduling and overall plan of care setting."	1, 2, 4, 6, 12	1	1		1		1						1	
19	"Hannah has a good understanding of clinic requirements and techniques for appropriate charges and reimbursement."	1, 8	1							1					
19	"We've had many discussions on billing, budgeting, reimbursement, FTEs, etc. and Elen demonstrates sound understanding and skills for an entry-level clinician."	1, 8, 12	1							1				1	

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19	"She has demonstrated efficient and consistent billing practices, performing timely and correct billing. She has consistently used correct coding and documentation supports billing. She is managing scheduling and obtaining referrals as needed without needing assistance or guidance. She is completing this for a full caseload. She uses time effectively to prepare treatment space, gather equipment and follow her treatment plan."	1, 2, 4, 6, 7, 10	1	1		1		1	1			1			
19	"Tyler continued to adhere to the reimbursement guidelines set by the facility. He was aware of the financial implications to the patient as well and looked at that when deciding his POC."	8, 12								1				1	
19	"in addition to mid term: Cara has good understanding of co-pays, financial resources, billing procedures and keeping to facility guidelines."	1, 8, 12	1							1				1	
19	"Joanna has mastered setting her monthly schedule of treatment sessions, evaluation and reevaluation sessions. She is attending IEP/ETR meetings and presenting her data - she is more comfortable with speaking with parents and team members. She now knows how to request referral forms for PT services when the school psychologist identifies deficits in the areas of gross motor/mobility. She has learned how to work with the different vendors on obtaining necessary equipment, writing up LMN to obtain funding."	2, 4, 5, 8, 10, 11		1		1	1			1		1	1		
19	"Michael understands the importance of being financially responsible as a PT. We discussed this area at length several times."	X													
19	"Hannah consistently documents her time with a patient in the EMR and when communicating with her CI to assist with billing. She understands and uses the clinic approved CPT and diagnosis codes appropriately and justifies her billing appropriately in her documentation. She utilizes equipment and treatment space effectively and is considerate of both her and other patients needs who are being treated in the same vicinity. She is able to determine appropriate billing of PT evaluations based on the new guidelines set forth by the APTA based on the evaluations complexity criteria. She is independent and consistent with entry level patients and requires less than 25% cuing for complex patients which is entry level in this setting."	1, 2, 7	1	1					1						
19	"Michaela is independent with our scheduling process and has demonstrated great initiative in scheduling our patients for the day or adjusting our schedule in the mornings when necessary without any cueing. She reserves equipment when planning out her day, showing responsibility and accountability. Michaela uses her time effectively, submits billing charges on time each day, and utilizes documentation to support request for reimbursement. She still requires very min cues for billing errors at times, but demo carryover and makes corrections accordingly. Michaela is able to order DME independently for each patient who is being discharged home and understands our system of ordering DME (medicare vs. other insurances, documentation to support need for DME, need for face sheet, etc)."	1, 2, 4, 5, 6, 7, 10, 12, 13	1	1		1	1	1	1			1		1	1
19	"Riley has had the opportunity to watch and learn from me doing administration type work. We have worked on program development, ordering equipment needs/budgeting, performing performance reviews on staff, run staff meetings, and connecting with OPTA and ODE on policies. Her project dealt with appropriate handling of wheelchairs, transfers, pushing, hallway etiquette, care of wheelchair, and how to operate the wheelchairs. The pamphlet will be sent out to all districts for reference purposes. Our SST9 leader wanted her to present this at the next Special Ed Directors meeting on may 7th, but Riley will not be available then. She has also seen how this PT finds funding for the parents: Make a Wish, Wishes come true, BCMH, Waiver programs, insurances, and fund raising. Riley requires no assistance in this area"	7, 8, 10, 12, 13							1	1		1		1	1
19	"Sara continues to appropriately bill her patients. She has good time management skills and is able to handle to simple patients at once. She is beginning to work with a complex patient and simple patient semi-independent, I only need to provide minimal assistance. She uses down time to stay busy and improve her clinical skills by working with other clinicians."	1, 6	1					1							
19	"As noted during her Mid Term evaluation, Rachelle was performing at an Entry Level at that time."	X													

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19	"Alex bills timely and accurately on 100% of patient caseload. He schedules patient when needed on departments computerized scheduling book. He researched and recommended a wound care supply list to help the therapy department order necessary supplies for a wound care kit."	1, 4, 13	1			1									1
19	"Erin is doing a great job with billing and financial resources. she is billing appropriately based on the time she spends with patients."	1	1												
19	"Shannon consistently uses her time effectively, utilizing down time appropriately to work on her ICU competency or looking up new patients to see. She consistently inputs her charges in after seeing the patient, thus allowing all charge tickets to be submitted correctly."	1, 6	1					1							
20	"Luke has continued to be efficient with his time by assisting in patient scheduling, maintaining clean environment, and implements risk-management strategies to maintain a safe practice environment."	4, 6, 7, 13				1		1	1						1
20	"Nick continues to be prompt each day and he stays on schedule with each of his sessions. This allows him to be the most effective with his patients' time. He also chooses the appropriate PT treatment codes in his daily notes with his patients."	1, 2, 5, 6	1	1			1	1							
20	"Kayla has gained a significant amount of experience with the financial and insurance issues physical therapists must address and adjust to during a patient's episode of care. She is able to help the patient complete their plan of care, while making certain to stay within the confines of the patient's insurance and other resources."	4, 12				1								1	
20	"Erin continued to do a great job with managing her time, working with multiple patients at once, and utilizing rehab aides and PTAs all while understanding billing. She did well with trickier insurances (for example, ones that did not allow PTAs to provide care) and improved her knowledge of how to utilize the various charges most appropriately based on the treatment she was providing."	1, 5, 6, 12	1				1	1						1	
20	"She done well understanding appropriate scheduling and billing for time. She takes into consideration many factors of figuring out who needs to come in more or less and how copays and insurance and deductibles and patients need or want."	1, 4, 12	1			1								1	
20	"Toni had the opportunity to observe in several outpatient pediatric clinics and see how the office side of things works."	8								1					
20	"Gabbi demonstrates appropriate billing for intervention rendered. She is aware of time management and how it fiscally effects the department."	1, 6, 8	1					1		1					
20	"Alex does a good job of working within the legal and facility guidelines to bill ethically and in regulation with all guidelines. He is able to do this independently 90% of the time without any additional assistance."	1, 8	1							1					
20	"able to effectively schedule use and clinical space with other clinicians. quickly and adeptly develops plan and is able to fluidly adapt to patients needs and situational considerations. functions with minimal supervision in daily scheduling. could improve with understanding of RUGS & MDS score, but currently at a level commensurate between entry level and beyond"	4, 5, 7				1	1		1						
20	"Brian has done well billing appropriately during his clinical time without cueing needed from CI. Brian has been able to appropriately bill for skilled vs non-skilled time to follow ethical guidelines during his time at the VA."	1	1												

Rating for Patient Management; Financial Resources	Comments for Patient Management; Financial Resources	Theme Codes	1. Billing	2. Documentation	3. Productivity	4. Patient Scheduling	5. PT Schedule Management	6. Time Management	7. Utilization of Clinic Resources	8. Clinic Operations	9. Marketing and Public Relations	10. Utilization of External Resources	11. Promotion of PT Profession	12. Payer Considerations	13. Quality Improvement/ Assurance
20	"Dan continues to chose the appropriate billing charges independently and accurately. He consistently uses his time effectively including setting up equipment (i.e. gait trainer, obstacle courses) ahead of time so that the patient gets the most out of their session." "Dan has been able to successfully co-treat with OTs, SLTs, RTs, other PTs, rehab aids, and other medical professionals. Dan still continues to adequately prepare for every one of his treatment sessions - ensuring mobility equipment is readily available, pre-cleaning equipment and toys for medically fragile patients, setting up treatment spaces, politely asking other therapists to share space if needed, preparing written components to his treatment strategies as well as goals, and most importantly being extremely proactive with his CI by asking questions, problem-solving, and often covering with other disciplines. Dan has attended ~5 lunchtime in-services without complaint as well as several showers! Dan continues to utilize his down time wisely and does not require directions or ideas to fill those times appropriately."	1, 4, 5, 6, 7, 8	1			1	1	1	1	1					
20	"He has a broad knowledge now in different insurances and tx level according to their payers - Sets priorities for the use of resources to maximize patient and facility outcomes."	7, 8, 12							1	1				1	
20	"No real concerns, just needs to be aware of the total time, time based, and according units when billing."	X													
20	"No issues, Adam always bills appropriately for services rendered. He uses his time wisely to ensure that all patients are getting the services they need and has often told a patient while working with them that there was no need to hurry, he's there to help them for as long as they need."	1, 4, 6	1			1		1							
20	"This is one of Drews special interests so he has no problem participating in conversations regarding financial resources and fully understands all implications. I think he has gained a better appreciation of pts that need inpatient rehab and factors that limit reimbursement as well identified flaws in the system."	12												1	
20	"Jeremy works well with other disciplines in regards to patient schedule as well as with equipment use. Jeremy completes all billing and documentation in a timely manner. Jeremy bills ethically and accurately and is able to maneuver through Casamba and Matrix efficiently. Jeremy is able to plan RUG levels from eval and adjust as necessary with continued learning to understand idiosyncrasies with SOTs, ,COTs, EOTs, etc continued work with various insurance reimbursement plans and how affects planning of minutes, various community resources (Passport), etc. which will continue to grow with experience in clinical setting."	1, 2, 5, 6, 7, 8, 10, 12	1	1			1	1	1	1		1		1	
20	"Brad completes his billing daily as per department requirements. He had learned to manage time efficiently and is good at schedule recovery."	1, 5, 6, 8	1				1	1		1					
20	"Cy is able to go with the flow and treat patients that might come late or see a patient to help out another therapist who is really busy. He always bills accurately and ethically."	1, 4, 5	1			1	1								
20	"Olivia took more of an active role in administrative duties during the second half of her clinical experience. She was able to monitor visit limits, insurance authorizations and ensure patient's were scheduled for appropriate requested intervals and appts were coordinated with other disciplines as necessary. She also conducted follow up calls to help reinforce attendance policies and took action to remove patients from her schedule who were not complying with attendance guidelines. She did not have an opportunity to participate in any direct financial management of the department."	4, 5, 12				1	1							1	
20	"Jen has participated in scheduling patients for daily therapy sessions. She coordinates sessions appropriately for all patients. she provides recommendations for patient needs upon dc. She adheres to patient schedule but is also very flexible with schedule changes when they occur. She submits billing accurately and on time. She supports her reasoning for specific billing. She documents efficiently and uses her time wisely throughout the day while providing excellent patient care."	1, 2, 4, 5, 6, 10	1	1		1	1	1				1			

Rating for Patient Management; Financial Resources	Comments for Patient Management; Financial Resources	Theme Codes	1. Billing	2. Documentation	3. Productivity	4. Patient Scheduling	5. PT Schedule Management	6. Time Management	7. Utilization of Clinic Resources	8. Clinic Operations	9. Marketing and Public Relations	10. Utilization of External Resources	11. Promotion of PT Profession	12. Payor Considerations	13. Quality Improvement/ Assurance
20	"In addition to mid term comments: Maria has demonstrated a good knowledge of patients insurances and is able to identify from the patients chart: insurance coverage, if biofeedback is covered under patients specific insurance, number of visits approved. Maria demonstrates good awareness of specific clinic/hospital costs for procedures as she has worked with a few patients that are self pay/cash pay and require an estimated cost of service prior to the treatment session. Maria is able to appropriately assist the front desk for assessing the estimated cost for the patients specific treatment and bill appropriately. Maria documents appropriately and efficiently to support billing. Maria promotes Physical therapy, especially PF PT by educating others (PF and non PF patients, family members, friends, colleges) in benefit and need for PF PT in our society."	1, 2, 8, 11, 12	1	1						1			1	1	
20	"Her billing is accurate. She requires no cues or assistance with this. She uses her time effectively and has been outstanding with her time management without seeming to rush the pt or the appointment."	1, 6	1							1					
20	"As at midterm, this is an area of strength for Nick. He is a good steward of this time and equipment. Nick makes good judgements when providing patients with equipment or materials and is strong in his billing."	1, 7, 10	1						1			1			
20	"Appropriate gray area billing noted in second half of clinical, participated in documentation audit of CI, himself, and other vestibular practitioners within the system. Be more mindful of insurance types and documentation requirements for reimbursement. This was made difficult as his EPIC view did not allow access to insurance information. CI had to provide."	1, 2, 12, 13	1	1										1	1
20	"Claire is able to carry a full caseload and provide quality care in a timely manner (set time slot) while maintaining set clinic policies and procedures as far as appropriate billing charges."	1, 5, 6, 8, 13	1				1	1		1					1
20	"Joe is completely independent with scheduling, is flexible with adjusting his schedule for the needs of other staff members, patient needs, etc.. He identifies patient needs and adjusts the schedule for patient tolerance. His billing is done correctly and completed on time every day."	1, 4, 5	1			1	1								
20	"Completes charges accurately."	1	1												
20	"Nick was at entry level performance. He was competent and independent in use of our software for scheduling patients. He was able to time manage well during visits to allow for all necessary intervention elements to be completed. He was very good at accommodating a sometimes fluctuating schedule to do what was best for the patient. He assisted in the marketing strategy of our company with the service project."	4, 5, 6, 7, 9				1	1	1	1		1				
20	"Effie is independent with providing appropriate documentation to justify billing/coding. He submits all documentation in a timely manner. He is flexible with unexpected changes in pt's schedule. Shadowed the supervisor to learn more about managerial tasks."	1, 2, 4, 5, 8	1	1		1	1			1					
21	"Brennan has learned proper billing and submits billing on time. He also maximizes time with patients to ensure they are getting the most bang for their buck as well."	1, 4, 13	1			1									1
21	"Lauren understands proper billing with the different insurances."	1	1												
21	"Bryce completes our daily schedule, coordinating with other department, to provide effective patient care by considering the needs for rest breaks, family training, or other scheduled appointments. She always uses her time efficiently, completing billing and charges in a timely manner. She has helped promote the profession of physical therapy to the community in our stroke support groups and has created/presented a caregiver booklet to help reduce burnout and burden of care. Bryce consistently keeps length of stay, CMG dates, and patient's needs in mind to ensure length of stay and services if care are appropriate and necessary."	1, 4, 5, 6, 8, 11, 12	1			1	1	1		1			1	1	
21	"Steph does a fantastic job optimizing clinic space (it is a small space), being timely in services provided, and getting notes done on time. She has also participated in marketing for the clinic (local seminar at gym) and is building an outreach eBook for other PTs that in its first week of promotion was downloaded 1000 times!"	6, 7, 9, 11						1	1		1		1		

Rating for Patient Management; Financial Resources	Comments for Patient Management; Financial Resources	Theme Codes	1. Billing	2. Documentation	3. Productivity	4. Patient Scheduling	5. PT Schedule Management	6. Time Management	7. Utilization of Clinic Resources	8. Clinic Operations	9. Marketing and Public Relations	10. Utilization of External Resources	11. Promotion of PT Profession	12. Payor Considerations	13. Quality Improvement/ Assurance
21	"Marie manages financial resources well and provides appropriate billing. She has been able to use resources well and has utilized the gym space with respect for other staff members."	1, 7	1						1						
21		X													
21	"Kelly participates in several aspects of financial management; scheduling (including coordination with other services), billing (including assuring PTA billing is correct with patients we are supervising), makes recommendations for DME needs (communicates with IDT team to report appropriate DME), and always functions within the structure of the IRF practice setting."	1, 4, 5, 8, 10	1			1	1			1		1			
21	"Joshua submits charges that are rendered to each patient in a timely manner. He submits appropriate time or service based charges depending on his treatment plan for each patient. He also learned and practice putting G Codes on each patient's evaluation and justify complexity of each patient's evaluation for billing purposes. He is efficient and has been very accurate in his billing for services rendered."	1, 6	1					1							
21	"Alyssa consistently billed ethically and appropriately for the PT services provided and was consistent with complying with safe infection control and use of equipment."	1, 13	1												1
21	"Sean does a great job with coordinating occupational therapy if needed during the session for effective patient care. Sean is also excellent with time management making sure that each chart review if full and thorough but within a reasonable amount of time, completing board tasks after lunch to write new tags and write down charges and also is able to use his time wisely with documenting being fast and efficient with documentation. Sean also is productive and meets the productivity standards here with ease."	1, 2, 3, 5, 6	1	1	1		1	1							
21	"Zach has adhered to all reimbursement guidelines established by regulatory agencies, payers, and the facility. He completes all billing and documentation within timely manner. He effectively schedules, answers phone calls and collects payment on a daily basis."	1, 2, 4, 8, 12	1	1		1				1				1	
21	"Sam is able to correctly bill and code all of his patients. All space and time is used efficiently and effectively. He accommodates to unexpected changes in his schedule (which happens frequently in acute care). He follows all infection control policies and does well following COVID guidelines."	1, 5, 7, 13	1					1	1						1
21	"Emilie has been able to adjust the schedule to accommodate patients. She has been consistent with staying on time with patients, no issues 2nd half of rotation. She has become more efficient performing different treatment techniques and is good at staying on time. She is able to review insurance verification with all patients without difficulty and can field questions about financial assistance. She is also able to submit all charges in timely manner, and never needs to ask me questions anymore about charges. We have had conversations about ethics with billing as well."	1, 4, 5, 6, 12	1			1	1	1						1	
21	"Morgan efficiently schedules patients and utilizes the equipment and space of the physical therapy. Morgan provides recommendations for equipment and she coordinates patient care to assist the patient and the clinic. Morgan demonstrates a willingness to pitch in and help other therapists. Morgan is consistently adapts to changes in schedule for better patient access with ease and a generosity of spirit. Morgan could improve in the area of more accurately accounting for her billing time, as she occasionally under reports her units for time spent."	1, 4, 5, 7, 10	1			1	1		1			1			
21	"Has a good understanding of business operation from his own personal experiences. I think that his exposure to this clinical has helped him mold his future business model and given him examples of operations, billing/reimbursement and marketing to referral sources."	1, 8, 9, 12	1							1	1			1	
21	"Megan uses time effectively and submits billing charges on time."	1, 6	1					1							
21	"Erin continues to bill appropriately based on skilled intervention requiring no supervision and guidance. Erin recognizes when not to bill or in down time/non-skillable time. Erin is also able to identify when it is appropriate to bill a re-eval vs a treatment for example."	1	1												
21	"Leslie uses her time effectively and submits billing charges on time."	1, 6	1					1							

Rating for Patient Management; Financial Resources	Comments for Patient Management; Financial Resources	Theme Codes	1. Billing	2. Documentation	3. Productivity	4. Patient Scheduling	5. PT Schedule Management	6. Time Management	7. Utilization of Clinic Resources	8. Clinic Operations	9. Marketing and Public Relations	10. Utilization of External Resources	11. Promotion of PT Profession	12. Payor Considerations	13. Quality Improvement/ Assurance
21	"Matt has become significantly more productive during his second half here. He is averaging ~2.9 units per visit now whereas he was around 2.5-2.6 early on. He is using pt education and is more efficient at evals to be able to gain more units per visit. He has billed correctly and appropriately, and will get extra units with a patient when appropriate when the schedule is lighter. By establishing a good rapport and proper interventions to help people feel better, he is also assuring they will return, thus improving productivity as well."	1, 3, 6, 8	1		1			1		1					
21	"Has done a great job with this patient population. Has gotten to see first hand how a lack of financial resources can impact healthcare and has done a great job with advocating for patients."	11, 12											1	1	
21	"100% appropriate billing provided during all sessions"	1	1												
21	"Brittany has learned how to schedule her student's sessions with respect to their academic schedules. She makes sure that she is not interfering with other related services or classroom activities. She manages her time well, and is flexible if we need to swap students out due to classroom activities. She gets her notes/billing done on time and understands how to navigate our HBS billing system. She follows Medicaid standards and ODE standards. Brittany requires no supervision/assistance in this area."	1, 2, 4, 5, 6, 7, 12	1	1		1	1	1	1					1	

Appendix 6. Study 2 Survey

Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice

Survey Items

Purpose: The purpose of this survey is to understand your perspectives about the importance of knowledge, skills, and attitudes (KSAs) related to financial resources in student physical therapists preparing for entry-level practice.

Participants: Any physical therapist who is licensed to practice in the state of Ohio.

Background: The American Physical Therapy Association's Physical Therapist Clinical Performance Instrument (PT CPI) is a tool widely used to evaluate student performance during professional clinical education experiences. PT CPI contains criteria related to the management of financial resources in clinical practice and includes KSAs such as budgeting, billing and coding, reimbursement, effective use of time, space, and equipment, marketing, and public relations, and regulatory, legal, and facility guideline compliance. Your responses will provide valuable information to the stakeholders in physical therapy education regarding the importance of these KSAs in entry-level physical therapy practice.

Survey: This survey will take approximately 15 minutes to complete.

Instructions: According to PT CPI anchors, entry-level practice is defined as a student who is capable of maintaining 100% of a full-time physical therapist's caseload in a cost-effective manner, while being consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.

In the context of entry-level performance specific to the management of financial resources, how important for clinical practice are KSAs in the following areas?

* 1. Budgeting

Examples: Sets priorities for the use of resources to maximize patient and facility outcomes, understands how facility budget may impact staffing, productivity expectations, and available resources

- Essential
- Moderately important
- Minimally important
- Neutral
- Not important at all

Please offer a comment to support your level of endorsement.

* 2. Billing and coding

Examples: Submits charges on time, utilizes accurate documentation, coding, and billing to support requests for reimbursement

- Essential
- Moderately important
- Minimally important
- Neutral
- Not important at all

Please offer a comment to support your level of endorsement.

* 3. Reimbursement

Examples: Understands relevant reimbursement mechanisms and factors such as co-payments and deductibles, adheres to reimbursement guidelines established by regulatory agencies, payers, and the facility, requests and obtains authorization for clinically necessary reimbursable visits, negotiates with reimbursement entities for changes in individual patient services

- Essential
- Moderately important
- Minimally important
- Neutral
- Not important at all

Please offer a comment to support your level of endorsement.

* 4. Legal and regulatory compliance

Examples: Follows state practice act, abides by legal and regulatory guidelines, i.e. HIPAA, OSHA, etc.

- Essential
- Moderately important
- Minimally important
- Neutral
- Not important at all

Please offer a comment to support your level of endorsement.

* 5. Organizational and facility functions

Examples: Utilizes the facility's information technology effectively, functions within the organizational structure of the practice setting, implements risk-management strategies (ie, prevention of injury, infection control, etc.), develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).

- Essential
- Moderately important
- Minimally important
- Neutral
- Not important at all

Please offer a comment to support your level of endorsement.

* 6. Effective use of time, space, and equipment

Examples: Scheduling patients, equipment, and space appropriately, using time effectively (productivity), coordinating with others for efficient and effective patient care, efficient use of resources, adheres to or accommodates patient’s schedule and facility requirements, recommends equipment or supply needs

- Essential
- Moderately important
- Minimally important
- Neutral
- Not important at all
- Please offer a comment to support your level of endorsement.

* 7. Marketing and public relations

Examples: Marketing services to customers (e.g., physicians, clients, general public), promoting the profession of physical therapy, participating in special events organized in the practice setting related to patients and care delivery

- Essential
- Moderately important
- Minimally important
- Neutral
- Not important at all

Please offer a comment to support your level of endorsement.

* 8. How important are KSAs related to financial resources in comparison with clinical patient care KSAs, such as examination skills, therapeutic intervention, manual techniques, etc when preparing for entry-level practice?

- Considerably more important
- More important
- Same level of importance
- Less importance
- Considerably less important

Please offer a comment to support your level of endorsement.

* 9. What knowledge and skills do you think **physical therapist education programs** should provide to prepare entry-level clinicians for financial resource management in physical therapist practice?

* 10. What knowledge and skills do you think **clinical education experiences** should provide to prepare entry-level clinicians for financial resource management in physical therapist practice?

* 11. What knowledge and skills should be provided by the student physical therapist's **first employer** to ensure the entry-level clinician is effective in the realm of financial resource management?

12. How many years have you been a licensed physical therapist (in any state)?

13. Please provide your age (in years).

14. With what gender do you identify?

- Male
- Female
- Unspecified

15. Are you a member of the American Physical Therapy Association?

- Yes
- No

16. Are you Board-Certified in Physical Therapy by the American Board of Physical Therapy Specialties (ABPTS)?

- No
- Yes

17. If ABPTS certified, please indicate certification(s) currently held (check all that apply)

- Cardiovascular and Pulmonary
- Clinical Electrophysiology
- Geriatrics
- Pediatrics
- Neurology
- Oncology
- Orthopaedics
- Sports
- Women's Health
- Wound Management
- Not Applicable

18. Please indicate the PRIMARY setting in which you currently practice:

- Outpatient (corporate or hospital-affiliated)
- Private Practice
- Acute care hospital
- Inpatient Rehabilitation facility
- Skilled Nursing
- School-based intervention
- Home Health
- Academic setting
- No longer practicing/employed as a PT

Other (please specify)

19. Please indicate any other setting in which you have clinical experience as a licensed physical therapist (select all that apply):

- Outpatient (corporate or hospital-affiliated)
- Private Practice
- Acute care hospital
- Inpatient Rehabilitation facility
- Skilled Nursing
- School-based intervention
- Home Health
- Academic setting

Other (please specify)

20. Are you currently employed in a clinical/patient care setting?

- Yes, Employed full time
- Yes, Employed part time
- Yes, PRN
- No, Not currently practicing in a clinical/patient care setting

21. Please provide your employment position/title (i.e. Staff physical therapist, Senior physical therapist, Director of Rehabilitation, Academic Rank, Director of Clinical Education, etc)

22. What is your highest level of physical therapy degree earned?

- Bachelor's degree
- Master's degree
- Doctor of Physical Therapy (DPT or tDPT)

23. What is your highest degree earned?

- Bachelor's degree
- Master's degree
- Doctor of Physical Therapy (DPT or tDPT)
- Terminal academic doctorate (Ph.D., Ed.D., DSc.)

24. Please indicate your past or current role(s) in physical therapist clinical education?

(Check all that apply)

- Clinical Instructor (CI)
- Site Coordinator of Clinical Education (SCCE)
- Academic (DCE, ADCE, clinical education team)
- None of the above

Other (please specify)

Appendix 7. Youngstown State University IRB Approval for Study 3

From: do-not-reply@cayuse.com <do-not-reply@cayuse.com>

Sent: Monday, June 27, 2022 10:24:51 AM

To: Alexia Lairson <ancuster@student.ysu.edu>; Cara A. Berg-Carramusa <cacarramusa@ysu.edu>

Subject: 2022-208 - Initial: Initial - Exempt



Jun 27, 2022 10:24:51 AM EDT

Cara Carramusa
Grad Health 141214

Re: Exempt - Initial - 2022-208 Financial Management Knowledge, Skills, and Abilities Necessary for Entry-level Physical Therapist Practice

Dear Dr. Cara Carramusa:

Youngstown State University Human Subjects Review Board has rendered the decision below for Financial Management Knowledge, Skills, and Abilities Necessary for Entry-level Physical Therapist Practice

Decision: Exempt

Selected Category: Category 2.(i). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording).

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

Any changes in your research activity should be promptly reported to the Institutional Review Board and may not be initiated without IRB approval except where necessary to eliminate hazard to human subjects. Any unanticipated problems involving risks to subjects should also be promptly reported to the IRB.

Findings: The purpose of this investigation is to understand perspectives about the importance of knowledge, skills, and attitudes (KSAs) related to financial resources in student physical therapists preparing for entry-level practice. All participants will be adult physical therapy students. This study includes a short survey that will not take participants more than 15 minutes to complete. No identifiers will be connected to the survey responses.

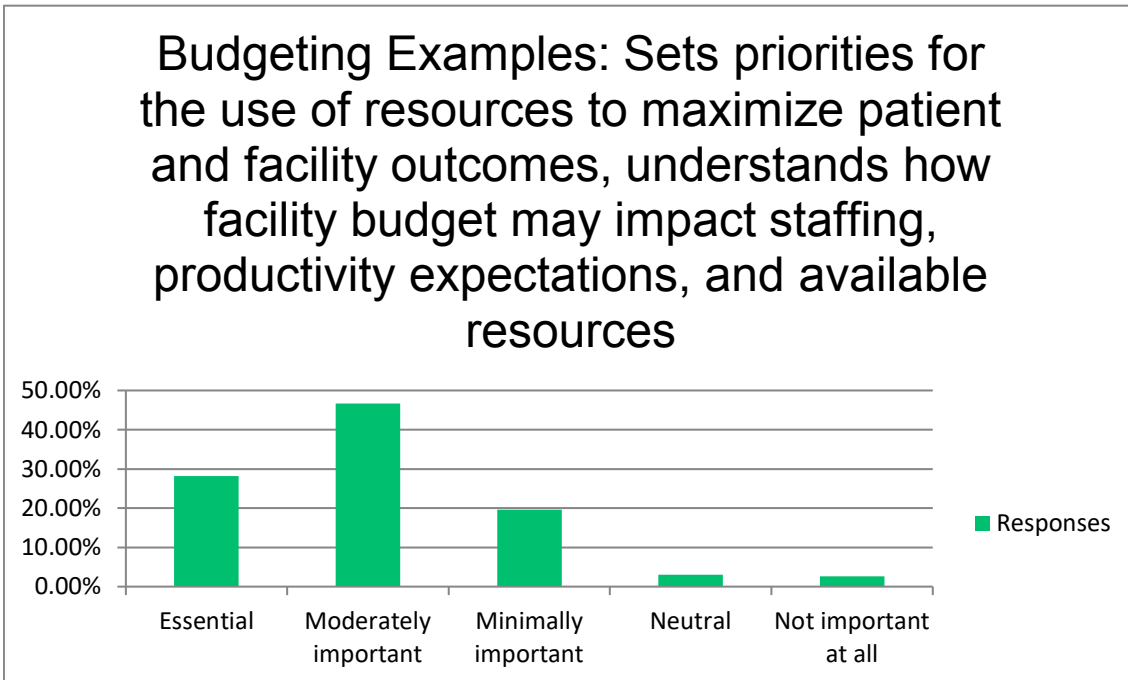
The IRB would like to extend its best wishes to you in the conduct of this study.

Sincerely,
Youngstown State University Human Subjects Review Board

Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice

Budgeting Examples: Sets priorities for the use of resources to maximize patient and facility outcomes, understands how facility budget may impact staffing, productivity expectations, and available resources

Answer Choices	Responses
Essential	28.20% 75
Moderately important	46.62% 124
Minimally important	19.55% 52
Neutral	3.01% 8
Not important at all	2.63% 7
Please offer a comment to support your level of endorsement.	69
Answered	266
Skipped	0



Respondent ID	Response Date	Please offer a comment to support your level of endorsement.
114134332042	Oct 02 2022 10:07 PM	My company offers mentorship for new grads. We go over budget and productivity when they are hired. I would rather students focus on clinical content as every facility will handle budget and productivity differently. It's good for them to hear, but not master by the end of rotation
114134030229	Oct 02 2022 11:19 AM	Choosing the highest reimbursable codes helps increase income. Directors are responsible for staffing needs which contributes to expenses.
114128280834	Sep 26 2022 03:01 PM	They need so much other information - they can gather this on their first job.
114125653622	Sep 22 2022 08:51 PM	Needs to be able to understand what is important and most cost effective to have to do their job to the best of their abilities. Budgets are limited and it is important to know what can be done within those budgets.
114123805652	Sep 21 2022 09:02 AM	Budgeting is linked reimbursement which affects the frequency of visits and how to maintain quality of care with decrease visits
114123210968	Sep 20 2022 07:24 PM	Without understanding the financial concerns, the young clinician is unaware of the consequences and how they are directly affected
114123095871	Sep 20 2022 05:40 PM	Pt first really needs to be first and foremost. Thoroughly understanding healthcare is a business, there needs to be thoughtful ways to be sure patients are getting best care .
114122751218	Sep 20 2022 12:23 PM	PTs need to be aware of finances regardless of the setting they work in due to constant changes from the sources that pay for their services (insurance companies, etc)
114122584777	Sep 20 2022 10:17 AM	It is imperative to understand the operational side of the business to optimize the clinical side!
114122126069	Sep 19 2022 10:08 PM	Especially important at entry level to maximize the outcomes of the patients as the time we get with patients covered by insurance (at least in an IRF setting) has become less over the years.
114121978254	Sep 19 2022 06:49 PM	We have productivity standards as a way of making sure we are contributing to the financial health of the organization, and not further draining it during these increasingly complicated time in healthcare. Productivity is becoming more of an issue, so they have to understand expectations right off the bat. As well as understanding that low census may affect income expectations and they may need to budget accordingly. These are not issues that older practitioners had to deal with when they graduated
114121840250	Sep 19 2022 03:58 PM	
114121816744	Sep 19 2022 03:29 PM	Should be considered prior to accepting a new position.
114121718010	Sep 19 2022 01:53 PM	This is something beyond what an entry level clinician would need. Plus it is different from clinic to clinic, so this is something they would learn as they grow in their first job
114121639985	Sep 19 2022 12:26 PM	Need to understand productivity is essential for practice.
114121628403	Sep 19 2022 12:13 PM	When interviewing, understanding the basic premises of budgeting will endear a candidate to any Rehab Program Director.
114121622620	Sep 19 2022 12:06 PM	Need to understand, but budget would be a manager responsibility Having a basic understanding of budget components - Labor expense (what all is included - base, OVT, Benefits, Agency); Expenses - examples of line items that are included in a free-standing or hospital based program - taking into consideration year to year increases; Payer mix and how revenue is impacted - each of these large areas of operations helps the individual staff member better comprehend the need for staffing ratios, productivity to hit our overall targets.
114121597448	Sep 19 2022 11:39 AM	
114121596153	Sep 19 2022 11:37 AM	I feel patient outcomes come first.
114121592984	Sep 19 2022 11:34 AM	there is usually a supervisor who can fill this need

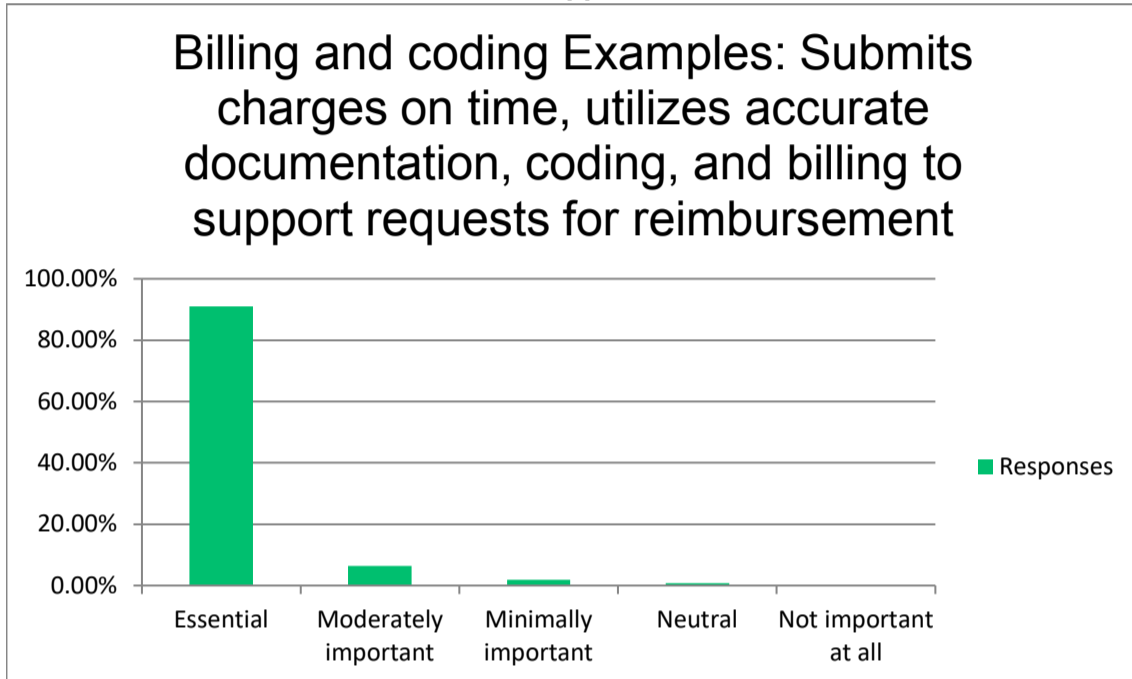
114121577823	Sep 19 2022 11:18 AM	No money, no mission!
114121575482	Sep 19 2022 11:15 AM	Because their schedules and productivity is different as a student, it is very difficult to teach this while getting them oriented as a new employee. They need to have better base knowledge.
114097551559	Aug 17 2022 08:52 AM	We all know we have to make money. However patient care should be prioritized over the bottom line.
114096146709	Aug 15 2022 01:35 PM	I feel that as an entry level PT they should be more concerned with utilizing what they have learned in school and perfecting skills, building rapport with patients and seeing how all of this works in real life world experiences. As a clinician, it is expected that we are productive for the entire shift that we work. It is important for students to realize this as they enter the field that a productivity standard is expected, so the clinician must be aware of how to meet this standard in the clinic. Available resources would be dependent on the facility, as to what may be available to incorporate in practice in order to meet productivity standards. I work in an AR attached to a hospital, and when we are not able to meet our productivity, we are expected to help in the hospital. Ultimately, productivity drives staffing, in which can justify additional positions, or drive redistribution of staffing.
114095976162	Aug 15 2022 10:19 AM	
114095283559	Aug 13 2022 03:53 PM	Money and profit seem to be extremely important to companies and productivity continues to increase. Especially now more than ever with the nursing shortage and general healthcare crisis since COVID, students need to understand how staffing impacts admissions and ultimately their abilities to maintain productivity in times of low census and management of patients care in times of high census with staff shortages and how it impacts patient care needs.
114095213916	Aug 13 2022 12:13 PM	
114095164661	Aug 13 2022 09:51 AM	Even if not in management role, staff therapists need to recognize importance of budget process
114095120092	Aug 13 2022 07:23 AM	Different from site to site, and can be a learned skill on the job
114094751522	Aug 12 2022 02:33 PM	I cannot say essential because I've treated for many years without the knowledge. but since health care is money-driven, finances are very important.
114094723638	Aug 12 2022 02:02 PM	productivity demands and rationale most important
114091405848	Aug 09 2022 09:02 AM	This seems beyond EL
114089789145	Aug 06 2022 01:51 PM	it keeps us on business
114089279090	Aug 05 2022 01:29 PM	I feel like for an entry level PT, I would like the focus to be on efficacy in patient care...but the best of patient care cannot be done if there is no attention to budget. Awareness: yes. Primary focus: no.
114087686493	Aug 03 2022 04:19 PM	New PT's must have some idea of how insurance impacts their POC for their patients. They also must realize that the employer will have productivity expectations no matter what the level of experience is and that affects staffing
114086147221	Aug 01 2022 10:42 PM	All therapists need to understand that the effective use of resources impacts their work environment in all areas.
114085608168	Aug 01 2022 09:54 AM	should understand why staffing, productivity etc critical in the practice/business
114085579005	Aug 01 2022 09:19 AM	Depends on practice setting While entry level PTs would not be expected to create a budget, it is important that they understand the impact the budget has. Sometimes newer PTs forget do not understand that therapy is a business and, even in a non-profit, budgets have to be made and adhered to.
114085545393	Aug 01 2022 08:36 AM	
114085502699	Aug 01 2022 07:29 AM	This was not a skill I heavily utilized as an SPT nor in my first few years as PT. My financial concerns are how to appropriately use patients allotment of therapy sessions if there is a limitation from their insurance company.
114085262488	Jul 31 2022 09:17 PM	Need to appreciate need to maintain a certain level of productivity to allow for ample financial support of employer, but also balance client-centered care.
114085261030	Jul 31 2022 09:11 PM	A basic understanding would be helpful so you know how these fit into day to day operations but unless you are an administrator, you do not need thorough training. I feel this became more important as I became a more seasoned clinician with a greater understanding and appreciation for the business aspect of care as I started to transition to a greater leadership and management role. While important to understand, it is not essential to proving exceptional patient care.
114085137783	Jul 31 2022 02:16 PM	
114084881599	Jul 30 2022 05:02 PM	PTs are underpaid in comparison to other healthcare professionals with less intensive education. To maximize pay and continue to attract top talent to the field, efficient operations must be maximized.
114084865575	Jul 30 2022 03:52 PM	This is a supervisor or managers role. I would be happy if new grads were MORE pt oriented and less money oriented An entry level PT needs to be aware of these things but they will probably not be the one making the decisions. They will just be the ones stressing about their productivity and trying to maximize their outcomes. This is an area they will experience regardless and it varies a lot from one setting to another and one company to another. They will have to determine for themselves what level they are comfortable with tolerating. This is something they will just learn on the job and not something they can be fully prepared for in school.
114084846300	Jul 30 2022 02:29 PM	
114084826720	Jul 30 2022 01:14 PM	If you do not understand how PT fits into the overall business, you will never understand the whole picture
114084803670	Jul 30 2022 11:55 AM	Entry level should be aware that facility's bills/salaries need paid and that patient's financial resources shouldn't be over taxed, but past that I feel they should still be filling their PT toolboxes with experience
114084799595	Jul 30 2022 11:41 AM	As healthcare evolves, to include a change in quality measures/outcomes and reimbursement, it is imperative the clinician understands what drives our business.
114084750891	Jul 30 2022 09:11 AM	The financial resources of a clinic are impacted by insurance and profit whereas I find that ensuring learning about optimal care of the patient should be held to a higher standard than saving your clinic money.
114084733464	Jul 30 2022 08:15 AM	This is usually not the duty of an entry level PT but may be something you become more involved with after some years of experience depending on setting, practice type.
114084717150	Jul 30 2022 07:16 AM	General understanding of resource allocation and productivity is important While entry level therapists need a general understanding, they will likely have someone overseeing them as a supervisor/clinic director who manages the budget. Therefore I don't know that this is essential for them to have a thorough understanding of.
114084652084	Jul 30 2022 03:05 AM	
114084587215	Jul 29 2022 10:32 PM	Entry level clinicians should be focused on their clinical skill set. Senior staff should be concerned with this especially when it concerns the facility and not the individual patient

114084562202	Jul 29 2022 09:08 PM	students are usually just trying to focus on clinical skills, I do not think this is on their radar nor is it on many PTs who have been out of school for quite some time
114084560474	Jul 29 2022 09:02 PM	It is how you stay in the black and needs to be a focus to ensure you are making the most impact.
114084504625	Jul 29 2022 06:32 PM	There is a fine balance between meeting productivity, wisely utilizing allotted visits and quality patient care. It is essential to have the knowledge and experience to know how to juggle these variants.
114084460585	Jul 29 2022 05:08 PM	I don't consider this an entry level skill required of new grads
114084442149	Jul 29 2022 04:38 PM	Helpful for new therapist to understand why appts and therapists are scheduled certain ways and understand the impact of visits and recurring with staffing. But don't feel like it's necessary to be proficient since that is more managerial stuff I would argue "essential" for those wishing to start their own practice. For others, I think it at least "moderately important" to allow improved understanding of how and why financial factors of an institution/practice impact the above-mentioned factors. A better understanding of what administration is facing will lead to better employee-employer relations and problem solving to optimize clinic operations, patient care and employee satisfaction.
114084433126	Jul 29 2022 04:23 PM	
114084424399	Jul 29 2022 04:10 PM	In this do more with less work atmosphere it is essential to understand how using resources efficiently is important.
114084418670	Jul 29 2022 04:00 PM	outcomes are so important now a days with pt outcomes being looked at heavily by insurances
114084389526	Jul 29 2022 03:11 PM	It is expected those decisions are influenced by the culture of the work environment which takes at least 6 months for even a seasoned therapist to figure out
114084364340	Jul 29 2022 02:28 PM	This knowledge informs nearly every action/day in the life of a practicing PT. Out of curiosity is "neutral" less important than "minimally important"?
114084351468	Jul 29 2022 02:07 PM	As an entry-level clinician, a therapist should be somewhat aware of budgeting, especially for equipment needs within a facility. For example, an understanding of how much equipment costs and why certain items are purchased over another need would assist with frustration levels in the clinic.
114084347617	Jul 29 2022 02:01 PM	Basic understanding and awareness is needed
114084342822	Jul 29 2022 01:54 PM	Many therapists are completely disconnected with the big picture on terms of negotiated insurance rates, dept budget, and overhead expense. There were would be less entitlement and job dissatisfaction if there was a better understanding.
114084335874	Jul 29 2022 01:44 PM	I would also tie in knowledge regarding reimbursement status, future changes, and how this drives company practices.
114084335218	Jul 29 2022 01:43 PM	There should always be education and discussion of these topics in relation to the setting. We have an obligation to do our best to meet patient needs in a fiscally responsible manner

Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice

Billing and coding Examples: Submits charges on time, utilizes accurate documentation, coding, and billing to support requests for reimbursement

Answer Choices	Responses
Essential	90.98% 242
Moderately important	6.39% 17
Minimally important	1.88% 5
Neutral	0.75% 2
Not important at all	0.00% 0
Please offer a comment to support your level of endorsement.	60
Answered	266
Skipped	0



Respondent ID	Response Date	Please offer a comment to support your level of endorsement.
114134332042	Oct 02 2022 10:07 PM	This will be important at every facility. They should know why they are coding things a certain way and be able to justify it with their documentation on day 1 of their job
114134030229	Oct 02 2022 11:19 AM	It is very important to bill appropriately and correctly.
114128280834	Sep 26 2022 03:01 PM	Critical component of care. Billing codes have to be done each day for the process to happen as it should. Need to make sure are billing correct amounts and codes based on each insurance provider to make sure the department gets reimbursed correctly. To prevent fraud.
114125653622	Sep 22 2022 08:51 PM	accurate documentation is essential to avoid denials. Once a claim is denied, you now have to pay someone to correct the claim, essentially lowering the profit to the facility.
114125597846	Sep 22 2022 07:37 PM	Focus would be on accurate and detailed documentation. Learning early how to document to so important
114123805652	Sep 21 2022 09:02 AM	
114123210968	Sep 20 2022 07:24 PM	Typically some assistance from staff would be recieved
114123095871	Sep 20 2022 05:40 PM	Maximizing reimbursement is very important to capture the quality of care the pt is receiving.
114122860837	Sep 20 2022 01:51 PM	Keeping up with your notes and charges helps with efficiency of patient care
114122584777	Sep 20 2022 10:17 AM	It is the clinicians responsibility to know and understand proper billing and coding and how to ensure documentation supports both!
114122126069	Sep 19 2022 10:08 PM	To ensure the company is being paid and can stay afloat
114121978254	Sep 19 2022 06:49 PM	Point of service documentation and billing are important, not only for the financial aspect of the business, but also for the accuracy of the documentation.
114121953344	Sep 19 2022 06:22 PM	Essential
114121840250	Sep 19 2022 03:58 PM	Most facilities make charging very easy; biggest issue is to make sure therapists are charging for their time ethically
114121718010	Sep 19 2022 01:53 PM	Entry level clinicians should be able to justify what they're doing by billing/coding appropriately
114121700998	Sep 19 2022 01:34 PM	I am a cash based business
114121639985	Sep 19 2022 12:26 PM	To support and understand reimbursement

114121637738	Sep 19 2022 12:24 PM	Reimbursement is a complex activity and requires ongoing attention to changes that affect practice
114121628403	Sep 19 2022 12:13 PM	Understanding billing and coding rules helps a new PT to properly document to support their billing
114121622620	Sep 19 2022 12:06 PM	Essential for practice This is what the new employee directly touches and can mean the difference between capturing burden of care, reflecting resources needed for individual patients' care and establishing an appropriate length of stay (coverage) or not. Very important to know the details behind how things are coded from the documentation and the timeliness of completion to drop bills, etc.
114121597448	Sep 19 2022 11:39 AM	
114121596153	Sep 19 2022 11:37 AM	Timely documentation is essential, but so is document for ease of utilization.
114121592984	Sep 19 2022 11:34 AM	Hard for a facility to stay open if not getting reimbursed
114103215125	Aug 25 2022 12:47 PM	Essential training to make sure all of their clinical services are reimbursable. This should be emphasized in clinical education trainings
114096146709	Aug 15 2022 01:35 PM	/complete and accurate documentation and coding are essential for obtaining appropriate reimbursement. It becomes important that in this setting (AR), that amount time spent is therapy drives AR regulations. Also, insurances expect a higher level of care when in this setting. Timely documentation, and documentation that reflects what is billed is important from a financial perspective, in that it all relates to the individual, and unit productivity.
114095976162	Aug 15 2022 10:19 AM	
114095283559	Aug 13 2022 03:53 PM	You get paid in accordance with how well your notes demonstrate skilled services.
114095213916	Aug 13 2022 12:13 PM	It is essential to know this as a student PT as many legislative cuts to reimbursement threaten what we do as PTs and impact patient care.
114095164661	Aug 13 2022 09:51 AM	For compliance and ethical practice
114095120092	Aug 13 2022 07:23 AM	Demonstrating the ability to document a skilled service is what will keep PT a utilized profession
114094774337	Aug 12 2022 02:55 PM	This depends heavily on your setting of practice and from an education standpoint is more likely to be done with in the job training vs classroom
114094751522	Aug 12 2022 02:33 PM	PTs need to know coding and reimbursement for our services and documentation to support coding.
114094723638	Aug 12 2022 02:02 PM	ethical and accurate billing, skilled good quality documentation that is defensible!
114091405848	Aug 09 2022 09:02 AM	Being proficient at this is vital to us getting paid for our services and showing defensible documentation
114089789145	Aug 06 2022 01:51 PM	it keeps us on business
114089279090	Aug 05 2022 01:29 PM	This is important to keep the incoming / outgoing flow of money going and incorrect billing / late billing does lead to difficulties with late claims and lost revenue.
114087686493	Aug 03 2022 04:19 PM	Understanding of the billing codes is essential especially when a given insurance company will not accept certain codes billed together.
114085608168	Aug 01 2022 09:54 AM	again, need to know accurate billing and be successful for reimbursement
114085545393	Aug 01 2022 08:36 AM	These are critical in order to maintain ethical practice. Need to be accountable for time with patient and charge accordingly - accurately and with supporting documentation - in a timely manner to ensure reimbursement in a reasonable time frame.
114085262488	Jul 31 2022 09:17 PM	
114084881599	Jul 30 2022 05:02 PM	Required for legal and compliance
114084846300	Jul 30 2022 02:29 PM	Not billing correctly is fraud, so yes, they have to be really good at effective, efficient documentation and understanding how to bill for their services.
114084826720	Jul 30 2022 01:14 PM	One component of the entire practice. This allows you to understand money in vs salary and other expenses Due to the nature of our environment, audits of claims is a relatively standard practice. It is important for the clinician to understand how to properly document to support medical necessity and need for therapy interventions.
114084799595	Jul 30 2022 11:41 AM	
114084750891	Jul 30 2022 09:11 AM	Basic component of being a physical therapist to ensure the patient is not charged with a bill from insurance, along with promoting skills for time management and ethics.
114084733464	Jul 30 2022 08:15 AM	This is something you should be very knowledgeable about on Day 1 as an independent practicing PT. However, most programs don't spend much time teaching this.
114084652084	Jul 30 2022 03:05 AM	All entry level therapists will be responsible for this.
114084587215	Jul 29 2022 10:32 PM	Errors in this area can directly effect the patient

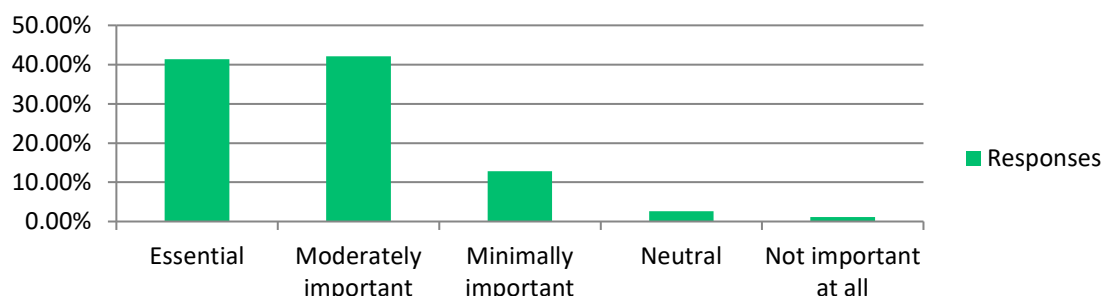
114084562202	Jul 29 2022 09:08 PM	students should be aware of importance of closing notes and submitting billing properly with correct coding and documentation; different facilities have different criteria for how quickly notes and bills should be done
114084560474	Jul 29 2022 09:02 PM	It's how you get paid and also how you can get in lots of trouble with the different insurances if you aren't accurate and can be denied payment.
114084504625	Jul 29 2022 06:32 PM	Timely charting allows for the most accurate documentation of skill, and functional progress and quick turn around of billing and reimbursement.
114084481090	Jul 29 2022 05:44 PM	My company does all the coding. My job focuses more on my documentation to support PT services It is essential all providers recognize the seriousness of accurate billing and documentation to maintain the integrity of our profession and optimize our relationship with payors and legislators.
114084433126	Jul 29 2022 04:23 PM	All this to make physical therapy as accessible as possible to those who need our valuable expertise and care now and in the future.
114084424399	Jul 29 2022 04:10 PM	Accurate documentation and billing are essential in providing the highest level of care for our clients. Poor billing practices and inefficient documentation result in insurance denials.
114084418670	Jul 29 2022 04:00 PM	With insurances having more control on number visits pts get it's very important to be detailed and thorough
114084389526	Jul 29 2022 03:11 PM	Most workplaces have coders more knowledgeable in coding than a clinician
114084364340	Jul 29 2022 02:28 PM	The state licensing board won't care if you are "entry-level" if you are being investigated for improper billing. It is a marker of ethical practice for PTs to submit accurate billing.
114084351468	Jul 29 2022 02:07 PM	This is how we get paid from our payer sources. We need to be accurate and support the need for skilled services. This should be a skill that is mastered at entry-level.
114084347617	Jul 29 2022 02:01 PM	This is a direct part of the job the new clinician will do
114084335218	Jul 29 2022 01:43 PM	This is essential to minimize errors, and ensure proper reimbursement as well as providing clear, concise, accurate documentation.

Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice

Reimbursement Examples: Understands relevant reimbursement mechanisms and factors such as co-payments and deductibles, adheres to reimbursement guidelines established by regulatory agencies, payers, and the facility, requests and obtains authorization for clinically necessary reimbursable visits, negotiates with reimbursement entities for changes in individual patient services

Answer Choices	Responses	Count
Essential	41.35%	110
Moderately important	42.11%	112
Minimally important	12.78%	34
Neutral	2.63%	7
Not important at all	1.13%	3
Please offer a comment to support your level of endorsement.		72
Answered		266
Skipped		0

Reimbursement Examples: Understands relevant reimbursement mechanisms and factors such as co-payments and deductibles, adheres to reimbursement guidelines established by regulatory agencies, payers, and the facility,...



Respondent ID	Response Date	Please offer a comment to support your level of endorsement.
114136222540	Oct 04 2022 0	Most of this is important for all daily tasks as a PT except the last line. Typically only a director level person would negotiate reimbursement contracts. That is almost never done by a staff PT. So that is only relevant for the very few PTs who are starting an insurance based private practice directly out of school
114134332042	Oct 02 2022 1	We have staff to track insurance auth. We have front office support staff to review patients' insurance plans. PTs should be aware of what their patients have to pay and be prepared to adjust their care plan if needed. Awareness is good at entry level, but not mastery
114134030229	Oct 02 2022 1	Copay is relevant for outpatient and Part B patients and plays a role in frequency of seeing a patient.
114128280834	Sep 26 2022 0	Get this on their first job.

114125653622	Sep 22 2022 C	Need to be able to explain these to patients and to make sure that each payer source's guidelines are followed so that there is no fraud and that the department does not go over or past what is allowed for ease patient.
114125597846	Sep 22 2022 C	Understanding what the out of pocket cost of the patient is important to address up front to manage visits for optimal outcome. If a patient thinks they have to come in for 12 visits they may self discharge due to cost. If therapist discusses up front and manages care in less visits, will lead to better outcome as patient is able to complete POC
114125401431	Sep 22 2022 C	Usually office staff can assist. Puts too much burden on clinicians
114123805652	Sep 21 2022 C	This is technically the patient's responsibility
114123095871	Sep 20 2022 C	I don't think it would be the student's responsibility to negotiate with reimbursement entities for changes in individual patient services
114122860837	Sep 20 2022 C	You must have a handle on how you are getting paid and what treatments have higher reimbursement rates. You still need however to do what is best for the patient and now your wallet.
114122751218	Sep 20 2022 1	When creating a plan of care you need to know what sort of restrictions exist for your patient's coverage.
114122584777	Sep 20 2022 1	Clinicians want to make a good salary, so you must know and understand how reimbursement works for your employer, so that expectations are reasonable.
114122288228	Sep 20 2022 C	Sometimes financial limitations can impact plan of care frequency due to co-pay so they need to be considered
114122126069	Sep 19 2022 1	This is something that may be particular to each setting and may be best learned on the job
114122032414	Sep 19 2022 C	Only if opening own practice
114121978254	Sep 19 2022 C	I work in skilled nursing, so this is not critical to me.
114121953344	Sep 19 2022 C	Very beneficial to know as an incoming clinician
114121840250	Sep 19 2022 C	There are billing people who take care of most of that
114121728384	Sep 19 2022 C	I feel like things are driven by reimbursement anymore and so it is essential that they understand how that works.
114121718010	Sep 19 2022 C	really only important if private practice or clinic owner/manager
114121639985	Sep 19 2022 1	To understand and support what you are doing
114121622620	Sep 19 2022 1	Know where to find this information, patient/family experience can be negative if there is an unexpected cost
114121597448	Sep 19 2022 1	OP services are driven by much of this and anyone wanting to work in this arena absolutely needs to understand how the process works and the implications of co-pays, ongoing authorizations occur and the latest codes that can be utilized.
114121596153	Sep 19 2022 1	Patient needs to be advised of copay charge prior to arrival to avoid issues.
114121592984	Sep 19 2022 1	PT should be able to bill appropriately, but it should not be the focus
114096146709	Aug 15 2022 C	learning how to wade through guidelines, deal with preauthorization and discuss changes in patient services is often daunting/exasperating. The more you understand and have to perform these tasks, the more proficient and easier it is.

114095976162	Aug 15 2022	1	In this setting, we are consistently monitoring therapy minutes in order to remain compliant to AR regulations. When out of compliance, that cannot be supported by documentation, could result in reduced reimbursement, or non-payment of a rehab stay. Documentation skills are necessary to imply skilled intervention, and measurable progress in order to for continued LOS by
114095283559	Aug 13 2022	C	insurance approvals. Reimbursement is the name of the game. Now is the time to learn and understand the dynamics of why patients struggle in the consistency of their care with high co pays and how therapists are constantly challenged with being able to
114095213916	Aug 13 2022	1	provide adequate care around these barriers. This can help to understand a new PT where salary or hourly pay
114095113335	Aug 13 2022	C	falls.
114094774337	Aug 12 2022	C	Again this is very determined by your work setting Government agencies decide how PT gets reimbursed which is
114094751522	Aug 12 2022	C	information all PTs need. important to understand the basics of each setting and general
114094723638	Aug 12 2022	C	concepts Important to understand factors that can effect compliance with
114094699081	Aug 12 2022	C	therapy I wish this weren't the case but understanding the business side of
114091405848	Aug 09 2022	C	PT is vital for our ability to thrive in the healthcare arena
114089789145	Aug 06 2022	C	same Having a working understanding of the insurance reimbursement environment is essential for new PT. Traditional Part A/B and the Advantage plans do differ in what is covered and when. Also hospitals admission patterns affect reimbursements as well in light
114087686493	Aug 03 2022	C	of the observation status frequently used Reimbursement rates are changing often, and we should be aware of this and be provided the resources after graduation and as we practice, because it is inefficient to only learn about reimbursement rates by getting denied and through trial and error. In example, Blue Cross Blue Shield insurance does not reimburse PTs for therapeutic activities as they think it is an OT code and will charge the pt two copays/visits as a penalty. This is something I learned after graduation. Additionally, many insurances are now only paying the time and a half rule, where you have to hit at least 8 minutes to achieve one unit, but to achieve 2 units, you have to at least hit 23 minutes, or more than half of the second unit, rather
114086983577	Aug 02 2022	C	than hitting 16-29 minutes. need to understand how company (employer) is paid and how
114085608168	Aug 01 2022	C	regulation related to reimbursement I answered 'minimally important", because the organization I work for has Financial Services reps who are highly trained to perform these functions for us. I realize that this is not the case in all
114085545393	Aug 01 2022	C	organizations and we are very fortunate in this respect. There are so many things that are vitally important as an entry level PT, this topic, though important can be emphasized once the new
114085507748	Aug 01 2022	C	PT has other high priority items addressed. Understanding of reimbursement system is essential to ensure most efficient and effective payment for services rendered, need to appreciate financial needs to support ongoing business, providing
114085262488	Jul 31 2022	0	timely and supportive documentation

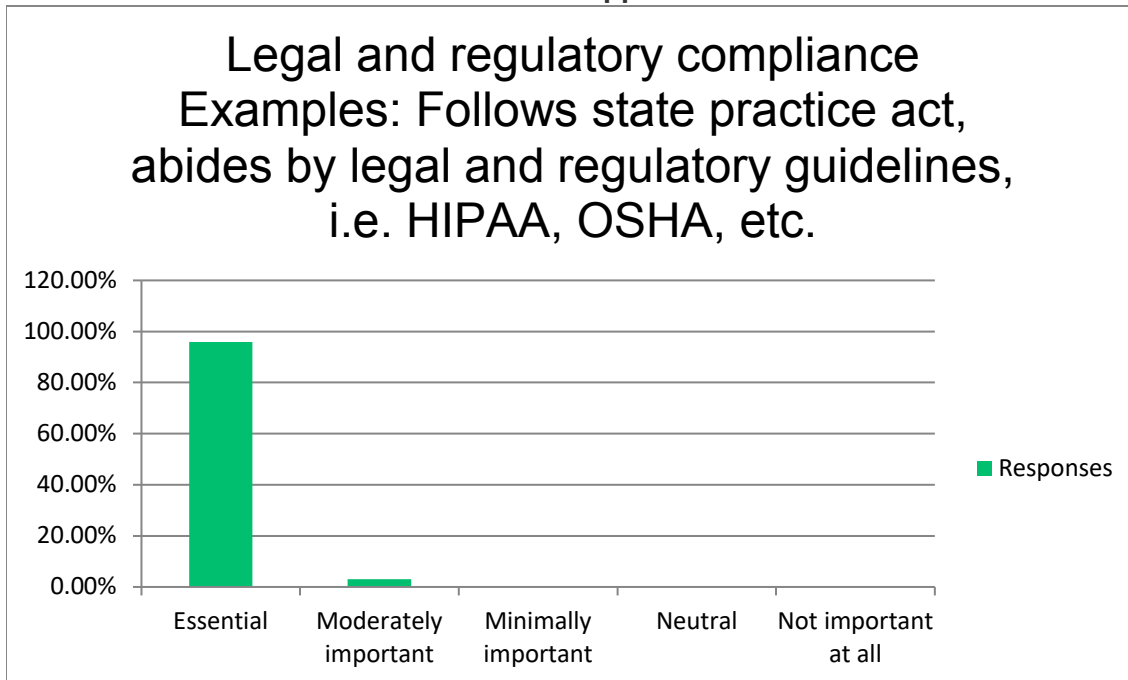
114085182994	Jul 31 2022 05	This is becoming more and more important as insurances move to preauthorization for visits which affects ability to care for our patients.
114085137783	Jul 31 2022 02	Again, this becomes more important as a clinician becomes seasoned. It is not essential in order to carry a new grad caseload, but becomes more important as your proficiency improves.
114084935299	Jul 30 2022 09	Very important to take into account copays and insurance to better understand your patients and what is actually essential
114084881599	Jul 30 2022 05	Must be able to help patients understand this as it can impact POC
114084879665	Jul 30 2022 04	This changes yearly. This is another area that varies so much from one setting to another and from one company to another. Some outpatient facilities do all this in the front office and the PT never has to deal with it, others may have to do it all themselves. It changes ALL THE TIME with insurance providers. They will learn this on the job, specific to their setting. They should be aware of it but it's not something you can be proficient at from a classroom setting.
114084846300	Jul 30 2022 02	Our facility has a department that requests authorizations and deals with insurance companies
114084835765	Jul 30 2022 01	Allows you to be a better partner with the patient in use of their healthcare dollars
114084826720	Jul 30 2022 01	One must know what is being received by insurance companies including Government payors to understand how many units to charge to reimburse each person's salary and benefit package.
114084815595	Jul 30 2022 12	For a majority of our services, there is a variety of payers involved with varying aspects for authorization required. The clinician needs to understand what is required of each insurance company and Medicare to ensure that we receive reimbursement for services delivered.
114084799595	Jul 30 2022 11	Depending on your work site some of these duties may be covered by a billing or front office department. It is useful to have a basic understanding; however, to be able to assist those departments and to explain information to patients.
114084750891	Jul 30 2022 09	It is hard to keep up with when you know most of it.
114084745553	Jul 30 2022 08	This is something you will become more skilled at with experience. And usually there is billing staff that handles the day to day authorizations, etc.
114084733464	Jul 30 2022 08	understanding the financial burden on the patient is important in order to place patient needs first. It can also change the therapist's treatment plan and being flexible with patients is essential
114084724734	Jul 30 2022 07	While understanding reimbursement is important, I would say that necessary knowledge on this front is not essential because typically entry level therapists work for an established business which has administrative staff, and management staff that navigate some of these issues for them i.e. the negotiation of reimbursement, or an authorizations team that obtains auth for patients. Given that some of these factors change annually for each insurance, and vary from state to state, it is difficult for students to learn some of these details in school.
114084652084	Jul 30 2022 03	Entry level clinician should be concerned with this as it pertains to their patient, such as how a high co pay or deductible effects the plan of care. Entry level clinicians should not have to concern themselves with negotiating reimbursement rates.
114084587215	Jul 29 2022 10	

	hopefully administrative staff works on these, however pts should have authorization prior to being seen, students should be aware of
114084562202	Jul 29 2022 09 that
114084560474	Jul 29 2022 09 If you do the billing correctly the you will make this a priority as well. Any out of pocket expense can cause your client to decrease the number of visits they want to receive. Not knowing what your patient's out of pocket expenses will be can cause financial distress to the patient. Additionally, going over the allotted number of visits
114084504625	Jul 29 2022 09 can cause financial distress to the provider
114084481090	Jul 29 2022 09 Always need to understand what is a billable service front office staff should be doing auth, not up to PT to negotiate reimbursement, unlikely to have access to contracts between
114084443632	Jul 29 2022 04 facility and payers Good to know about copays and deductibles but submitting auths isn't as important for entry level. Most clinics have the front desk or
114084442149	Jul 29 2022 04 billing dept do that Competence in this area will ultimately benefit our patients most of all. Therapists with an understanding of the above are much better
114084433126	Jul 29 2022 04 equipped to empower and advocate for patients. I would hope that facilities have support personnel to help with this process but it is extremely important for us as practitioners to
114084424399	Jul 29 2022 04 understand reimbursement, copayments, etc. This knowledge needs to be immediately available at eval to set
114084389526	Jul 29 2022 03 appropriate POC You can't understand accurate and ethical billing without this
114084364340	Jul 29 2022 02 knowledge. They need enough knowledge to ensure that they aren't committing
114084361375	Jul 29 2022 02 fraud. To me this skill set is beyond entry level, more a managerial skill in my setting (SNF). The entry level therapist should have basic knowledge of this and how this all affects our patients and our
114084351468	Jul 29 2022 02 clinics. Understanding is needed but not to the level of essential - a
114084347617	Jul 29 2022 02 manager needs that level of knowledge Vitaly important to ensure maximizing appropriate reimbursement
114084335218	Jul 29 2022 01 in a timely manner without rebilling.

Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice

Legal and regulatory compliance Examples: Follows state practice act, abides by legal and regulatory guidelines, i.e. HIPAA, OSHA, etc.

Answer Choices	Responses
Essential	95.86% 255
Moderately important	3.01% 8
Minimally important	0.38% 1
Neutral	0.38% 1
Not important at all	0.38% 1
Please offer a comment to support your level of endorsement.	42
Answered	266
Skipped	0



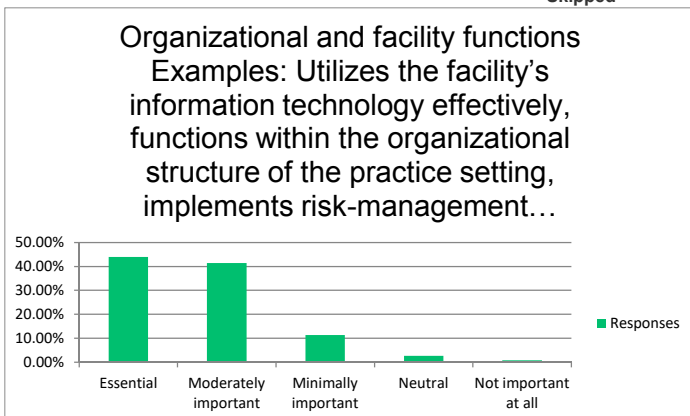
Respondent ID	Response Date	Please offer a comment to support your level of endorsement.
114134332042	Oct 02 2022 10:	This will be necessary day 1 of their first job Keeping a license active and performing ethically in a top priority for
114134030229	Oct 02 2022 11:	all clinicians
114128280834	Sep 26 2022 03	Critical for care
114125653622	Sep 22 2022 08	So you do not lose your job or license
114125597846	Sep 22 2022 07	Important to protect their license.
114123805652	Sep 21 2022 09	This is self explanatory.
114123095871	Sep 20 2022 05	(obviously) Rules are there to protect the public and you must be knowledgeable about your State's Practice Act and your rules that
114122860837	Sep 20 2022 01	govern your practice where you live Clinicians should not depend on others to be compliant, they need to have an understanding of the requirements and look to their
114122584777	Sep 20 2022 10	employer to support those requirements and practices. To ensure compliance with state practice act to ensure compliance
114122126069	Sep 19 2022 10	and no legal issues
114121718010	Sep 19 2022 01	Absolutely essential. You've worked so hard for your license!!
114121639985	Sep 19 2022 12	To keep in compliance with laws and regulations
114121628403	Sep 19 2022 12	Prevents basic errors

114121597448	Sep 19 2022 11	We all need to be on the same page with this one, entry level therapists need to feel confident in what they are asked to do and what can be done related to the services they provide and how they are communicating those to patients, families and payers.
114121592984	Sep 19 2022 11	can't make money if your license is revoked because you didn't follow the rules
114096146709	Aug 15 2022 01	If you don't know and follow these, you are in for a lot of trouble in your practice.
114095976162	Aug 15 2022 10	Basic information necessary to be a practicing clinician to remain compliant w/ state, practice, and facility guidelines.
114095283559	Aug 13 2022 03	Ethics is extremely important especially as therapists are pushed to produce increased numbers monetarily.
114095213916	Aug 13 2022 12	High expectations and accountability begin as a student not just once entry level PT.
114095164661	Aug 13 2022 09	From a risk management standpoint, this is essential
114094699081	Aug 12 2022 01	Extremely important
114089789145	Aug 06 2022 01	very important topic
114087686493	Aug 03 2022 04	Speaks for itself. How we document should give an accurate picture of the patient and their needs, potential
114085608168	Aug 01 2022 09	legal, ethical, essential
114085545393	Aug 01 2022 08	This goes without saying. There is no excuse for not knowing the practice act.
114085262488	Jul 31 2022 09:	MUST follow laws and regulations!
114084935299	Jul 30 2022 09:	Obviously essential
114084846300	Jul 30 2022 02:	This is an absolute must for anyone in the profession to know what is legal and follow those guidelines at all times.
114084826720	Jul 30 2022 01:	If you do not understand this, you cannot be compliant and may risk penalty or shut down
114084799595	Jul 30 2022 11:	Integrity and compliance with all regulatory guidelines is necessary to ensure clean claims and ability retain reimbursement.
114084750891	Jul 30 2022 09:	Basic component of the job
114084733464	Jul 30 2022 08:	No question, must follow all laws and guidelines from Day 1. Unfortunately, I know some very young therapists whose licenses are already under investigation for not following all laws to a T.
114084652084	Jul 30 2022 03:	All therapists graduating need to know this, and many states require a basic knowledge in jurisprudence exams.
114084587215	Jul 29 2022 10:	Seems self evident.
114084562202	Jul 29 2022 09:	one needs to follow all state licensure laws and practice acts or could lose license or be suspended
114084560474	Jul 29 2022 09:	There are large fines for it complying but also lawsuits that could follow from patients or families if not as well.
114084504625	Jul 29 2022 06:	We've worked too hard for our careers and licenses to not know what you need to do to maintain your license.
114084424399	Jul 29 2022 04:	Speaks for itself
114084389526	Jul 29 2022 03:	Failure not only effects individuals but also company
114084364340	Jul 29 2022 02:	Again, compliance is not a "gray area" from day 1 of practice. Ideally new grads will have mentorship, but this is not required and is not always the case. Even when it is, the mentor is not always watching to the same extent as a CI that would be able to "prevent" missteps in regulatory matters.
114084347617	Jul 29 2022 02:	Need to know what is legal to stay employed
114084335218	Jul 29 2022 01:	This is vital that all state, federal and other regulatory guidelines are followed.

Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice

Organizational and facility functions Examples: Utilizes the facility's information technology effectively, functions within the organizational structure of the practice setting, implements risk-management strategies (ie, prevention of injury, infection control, etc.), develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).

Answer Choices	Responses
Essential	43.98% 117
Moderately important	41.35% 110
Minimally important	11.28% 30
Neutral	2.63% 7
Not important at all	0.75% 2
Please offer a comment to support your level of endorsement.	48
Answered	266
Skipped	0



Respondent ID	Response Date	Please offer a comment to support your level of endorsement.	Tags
114136222540	Oct 04 2022	0 These are pretty basic tasks that are completed through HR at most companies. Rarely will a PT be responsible for doing anything other than following departmental policies set forth by an administrator	
114134332042	Oct 02 2022	1 Most settings will have different IT. It is not necessary to be effective within one system within a short clinical. A new grad will most likely not be participating in improvement plans (unless they're a sole PT which I don't recommend). They will likely fall into step with current facility plans and contribute after entry level experience is gained	
114134030229	Oct 02 2022	1 Other employees are available to support these topics.	
114128280834	Sep 26 2022	0 Critical for care	
114125653622	Sep 22 2022	0 This is good to know but are usually other people around to help with these items.	
114125647211	Sep 22 2022	0 Too many diverse considerations in prompt.	
114123805652	Sep 21 2022	0 This is specific to the organization so does not need to be focused at the entry level	
114123095871	Sep 20 2022	0 Yes. For students to be considered entry level, they would need to have knowledge of the above (not expected to be proficient - but knowledgeable)	
114122584777	Sep 20 2022	1 To be an effective team member you must understand how the sausage is made!	
114122126069	Sep 19 2022	1 Risk management strategies are essential to prevent spread of infection and falls.	
114121978254	Sep 19 2022	0 QI strategies usually take place between my superior, and her superiors, regarding productivity. Risk management involves all of rehab as we spend more 1-on-1 time with the patient than anybody else, and we often bring concerns to nursing/admin.	
114121718010	Sep 19 2022	0 This will be different clinic to clinic. While important, it will vary based on where you're at	
114121597448	Sep 19 2022	1 Each facility will train / educate on these functions within the building. typically more senior level positions will take the lead on these initiatives within the department. An entry level person should have basic understanding and be able to contribute to the process.	
114121592984	Sep 19 2022	1 You are asking about too many things for one rating using IT: moderately important	
114121575482	Sep 19 2022	1 Implementing risk management: Essential	
	Sep 19 2022	1 developing improvement plans: minimally important	
	Sep 19 2022	1 They have time to learn this during orientation.	

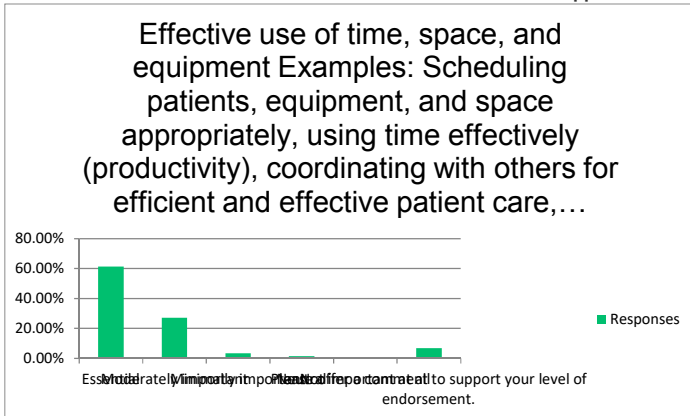
114096146709	Aug 15 2022	It's important for the continued smooth running of the department to be able to utilize the tech available, implement risk-management and if you are empowered to help make quality improvement plans and have in put you will be happier in your work.
114095976162	Aug 15 2022	All plays into practicing as a clinician; w/ documentation, insurance approvals, unit productivity, and AR regulations/guidelines. You have to know the rules and laws to promote compliance secondary to increased EMR usage. Do no harm is always the first rule!
114095283559	Aug 13 2022	How a therapist can impact LOS and readmission rates along with any quality initiatives support our actions as therapists and the vital role mobility plays in a successful discharge. More important a mind management level
114095213916	Aug 13 2022	injury prevention and infection control are key, quality data may be variable depending on setting
114095164661	Aug 13 2022	very important topic
114094723638	Aug 12 2022	I feel like this is something that becomes more natural and important to shaping day-to-day decision making after some time in practice. Definitely important for a director, possibly less for a new grad.
114089789145	Aug 06 2022	These are essential for an experienced therapist and employee but moderately important for an entry level PT. These are learned on the job and vary for each company.
114089279090	Aug 05 2022	safety along with ethical and legal practice is essential for appropriate function as a clinician
114086099527	Aug 01 2022	I feel that most of these can effectively be taught via on the job training.
114085608168	Aug 01 2022	Essential to abide by HIPPA and use technology responsibly and essential to ensure and implement prevention of injury and infection control. Less imperative to develop quality improvement which come with time, experience and practice to know what works well and what does not.
114085545393	Aug 01 2022	It will be so different at each facility and level of care. This type of skill set advances our profession and increases job opportunities
114085262488	Jul 31 2022	Students should be trained in all these issues so they can maximize their time with their patients, keep patients safe from injury and/or setbacks, and know that each organization has their own policies and procedures to protect patients as well.
114084916311	Jul 30 2022	Again, part of the bigger picture of the business
114084881599	Jul 30 2022	Our practice setting is heavily regulated and any deviation could result in citations.
114084846300	Jul 30 2022	New grads need to earn this responsibility.
114084826720	Jul 30 2022	Again, this is something you may become more involved with after some experience. Most entry level PTs are not responsible for quality improvement plans or setting productivity goals.
114084799595	Jul 30 2022	This is important, but again, entry level therapists will generally have supervisory staff to assist them in leaning about referral patterns and reimbursement trends.
114084745553	Jul 30 2022	Entry level clinicians should have the ability to focus on their skill set. Concerning themselves with things like departmental reimbursement
114084733464	Jul 30 2022	one needs to follow JCAHO or CARF guidelines and facility requirements to reduce risk to the facility, themselves and the patient
114084652084	Jul 29 2022	Making sure you and the staff and patients are safe is important and should be a team effort.
114084587215	Jul 29 2022	Understanding technology will allow for more efficient work. Managing risk-management improves quality outcomes which gives the facility a positive community and business rating.
114084562202	Jul 29 2022	Following productivity and length of stay improves the budget ensuring job security
114084560474	Jul 29 2022	up to management to develop and implement quality improvement plans
114084504625	Jul 29 2022	Good to know in general but wouldn't expect a student to be proficient in specific practice info
114084443632	Jul 29 2022	As a PT who works for a company that doesn't run the facility, it is extremely important for me to understand all facility regulations and practices and adhere to them.
114084442149	Jul 29 2022	Since COVID-19 this has become significantly more important
114084424399	Jul 29 2022	Tam building requires consistent attitudes
114084418670	Jul 29 2022	
114084389526	Jul 29 2022	

114084364340	Jul 29 2022 0: Things like injury prevention are essential, but QI plans including referral patterns and reimbursement trends are not essential to day 1 practice as a licensed PT.
114084364260	Jul 29 2022 0: COVID plays an important role
114084351468	Jul 29 2022 0: IT skills are a necessity as an entry level therapist, along with the risk management portion of this skill subset. The QI portion is more of a skill learned with more clinical experience.
114084347617	Jul 29 2022 0: The first part of your skills listed are essential to practice safely. The implementation of quality improvement plans is not entry level. This criterion is confusing

Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice

Effective use of time, space, and equipment Examples: Scheduling patients, equipment, and space appropriately, using time effectively (productivity), coordinating with others for efficient and effective patient care, efficient use of resources, adheres to or accommodates patient's schedule and facility requirements, recommends equipment or supply needs

Answer Choices	Responses	Count
Essential	61.28%	163
Moderately important	27.07%	72
Minimally important	3.38%	9
Neutral	1.50%	4
Not important at all	0.00%	0
Please offer a comment to support your level of endorsement.	6.77%	18
Answered		266
Skipped		0

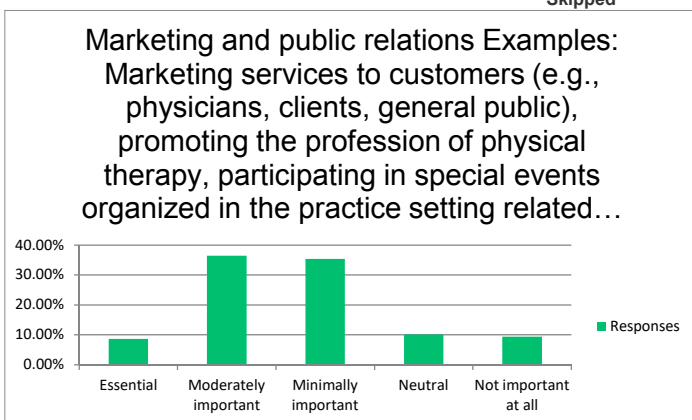


Respondent ID	Response Date	Please offer a comment to support your level of endorsement.	Tags
114128280834	Sep 26 2022	Critical to keep the dept running smoothly. Depending on where you work, clerical may be doing the scheduling and sometimes patients just have to take the times	
114125653622	Sep 22 2022	available.	
114121978254	Sep 19 2022	All day, every day.	
114121718010	Sep 19 2022	Important but still will vary from clinic to clinic	
114121592984	Sep 19 2022	usually supervisor can assist with this Rehab departments are usually very busy with patients, therapists, receptionists, rehab aides and sometimes family members so in order to promote a smooth flow for everyone it's important to know who is using what, when, for how long, etc.	
114096146709	Aug 15 2022	Essential as a practicing clinician, in order to provide the best patient care, and maximize outcomes/progress.	
114095976162	Aug 15 2022	You have to remain efficient to produce the productivity level that is required by companies because the bottom line is the most important thing to them.	
114095283559	Aug 13 2022	The more knowledge a student can gain can only enhance their versatility and skill set with out of the box thinking needed so often.	
114095213916	Aug 13 2022	Some of this is handled by admin staff	
114095164661	Aug 13 2022	Depends on the site/setting	
114095120092	Aug 13 2022	review of equipment available and importance of time management	
114094723638	Aug 12 2022	I do not expect my 1-3 clinical experience students to complete this, as I feel physical patient care is most important. I as the CI can complete this	
114088630652	Aug 04 2022	Most times a schedule is generated for the PT and it is up to that individual to work the patients in as effectively as they can to deliver the amount of treatment that is scheduled for the patient to receive per insurance guidelines/MDS	
114087686493	Aug 03 2022		
114084835765	Jul 30 2022	0: I work in HomeCare. Some of these items do not apply	
114084364340	Jul 29 2022	0: Expectations on day 1 of practice as a licensed PT	
114084347617	Jul 29 2022	0: Important for entry level practice This category is important but there is room to grow and improve. Coding, budgeting, compliance are all areas where there is little wiggle room for correction once an auditor has identified an issue	
114084335420	Jul 29 2022	0: or a budget is overshot.	

Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice

Marketing and public relations Examples: Marketing services to customers (e.g., physicians, clients, general public), promoting the profession of physical therapy, participating in special events organized in the practice setting related to patients and care delivery

Answer Choices	Responses
Essential	8.65% 23
Moderately important	36.47% 97
Minimally important	35.34% 94
Neutral	10.15% 27
Not important at all	9.40% 25
Please offer a comment to support your level of endorsement.	51
Answered	266
Skipped	0



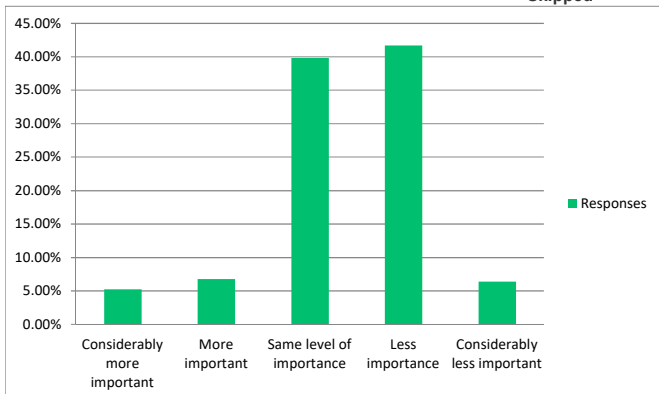
Respondent ID	Response Date	Please offer a comment to support your level of endorsement.	Tags
114134332042	Oct 02 2022	Marketing outside of the clinic is not as important day 1 of a job, but promoting PT and internal marketing with current patients is important for compliance	
114134030229	Oct 02 2022	Depending on the setting and how big the company is there may be a marketing team. Sometimes patients aren't a fan of exercise so you have to convince them to participate.	
114128280834	Sep 26 2022	Not as a new PT- that will come after they get more experience and can talk from experience. Let them learn the job first.	
114125653622	Sep 22 2022	Depending on what type of facility you work in, someone else takes care of these things. You do have to be ready to help with promotion of the facility or profession to help keep business.	
114123805652	Sep 21 2022	Not important at entry level. Again very specific to the organization you are with	
114123095871	Sep 20 2022	This is where students can "shine" with their social media ability to promote PT and the practice	
114122751218	Sep 20 2022	This varies depending on the type of facility you work in.	
114122584777	Sep 20 2022	Clinicians need to support these practices to ensure business is solid and sustainable.	
114122288228	Sep 20 2022	Community service is really important to promote physical therapy and also doing good things for the area	
114122126069	Sep 19 2022	Special events May come with time as there is still a lot to learn/adjust to as an entry level PT. But should always promote the profession of PT inside and outside work.	
114122032414	Sep 19 2022	Unless private practice	
114121978254	Sep 19 2022	We don't participate directly in marketing, but being part of a really good rehab staff is something our liaisons can use to improve our admissions. People come to our facility because of the reputation of the therapy staff.	
114121840250	Sep 19 2022	Most facilities have people who are in charge of these areas, but if a person is interested into eventually moving into leadership, this becomes essential	
114121718010	Sep 19 2022	Some places don't have marketing requirements, so this is not necessary for an entry level clinician	
114121597448	Sep 19 2022	Having therapists graduate with a doctorate - we'd expect them to be able to promote their profession, speak to the benefits of the services and to represent themselves, their organization and their patients when needed. Typically, they would not be "set loose" as a new grad all by themselves - but understanding this is part of being a professional is key.	
114121592984	Sep 19 2022	unless you are the owner this is not necessary	

	it's always worthwhile to educate the public, physicians and other medical providers of what rehab has to offer and can improve. Too many times, people and physicians forget what we can effect
114096146709	Aug 15 2022 C change on and don't think to utilize our expertise. Helpful to educate physicians, residents, and medical students to
114095976162	Aug 15 2022 1 assist w/ appropriate referrals.
114095283559	Aug 13 2022 C If you want to keep revenue flowing marketing is also a top priority. Building early rapport of what we do as PTs is vital. So many providers and physicians do not truly know and it is easier for them to just click a box to order than know if they are doing what is best
114095213916	Aug 13 2022 1 for patient. PT Has evolved to a well- kept secret for treatment of many
114094751522	Aug 12 2022 C conditions.
114094699081	Aug 12 2022 C Learn how to be a clinician first This is something the new therapist will develop as she becomes more established and comfortable within the particular clinical
114090373695	Aug 08 2022 C setting and community in which she is working.
114089789145	Aug 06 2022 C PTs have to be able to market their products We market out profession with every patient, family, healthcare
114087686493	Aug 03 2022 C professional interaction we have.
114086099527	Aug 01 2022 C Essential in leadership roles. Not essential at entry level I feel this is important, but maybe not as essential as the previous items, though should gain this level of understanding and
114085608168	Aug 01 2022 C knowledge while on the job It is nice for a new PT to have some of these skills, but not as
114085545393	Aug 01 2022 C important and can be trained on the job. Marketing and building new physician relationships has been important in my entry level job. At a small rural hospital system we often need to partner with outside specialists and make sure they know we offer things like PT so they remember our name for
114085502699	Aug 01 2022 C patient referrals. Need to represent profession well to patients/clients and family, but initially less likely to need to market to the larger community,
114085262488	Jul 31 2022 0 but does depend on location and facility type. PTs are underpaid in comparison to other healthcare professionals with less intensive education. To maximize pay and continue to attract top talent to the field, efficient operations must be
114084881599	Jul 30 2022 0 maximized.
114084879665	Jul 30 2022 0 I would put this as a priority after year 1 of employment I don't expect a new grad to be ready to step into this role. In some places I've worked, the staff have never been expected to participate in marketing in any way. If it's something that a new PT is interested in, they will go out and do it or they will have to deal with the marketing department in their organization but I don't feel
114084846300	Jul 30 2022 0 this is very necessary.
114084835765	Jul 30 2022 0 Always good to make people aware of services we can provide. In many clinics, PTs rely on referrals. Even if you are direct
114084826720	Jul 30 2022 0 access, you require the ability to sell yourself and your outcomes This aspect is important to return customers, but is primary a function of the manager.
114084799595	Jul 30 2022 1
114084791512	Jul 30 2022 1 More important marketing internally to current clients by providing excellent service vs. External marketing as a student I find promoting the profession of PT to be essential; however, the other components are not as important to ensure an entry-level clinician. I find it unnecessary to include special events in essential to the job as having a work life balance is more important that
114084750891	Jul 30 2022 0 working extra events at work. I think they should know about it. But I know many therapists who
114084745553	Jul 30 2022 0 have years of experience which don't do much in this area
114084702326	Jul 30 2022 0 Will most likely not be a requirement unless interested This depends on your practice setting. It matters more in outpatient private practices. It matters less if you work for a large hospital system i.e. the Cleveland Clinic therapists don't have to work to obtain external referrals, they have a steady stream of
114084652084	Jul 30 2022 0 referrals from internally.
114084562202	Jul 29 2022 0 students usually not focused on this aspect of therapy You need to market to ensure you are continuing to have a good stream of patients and revenue but I feel the level of importance
114084560474	Jul 29 2022 0 depends on the clinical setting. There's a lot of competition out there, getting your name out with
114084504625	Jul 29 2022 0 in a positive manner is essential. I wouldn't expect it from a student do to marketing or community
114084442149	Jul 29 2022 0 events while a student. But is expected for new grads and staff
114084424399	Jul 29 2022 0 May vary with setting

114084364340	<p>These are important in terms of awareness, but I would not expect a new grad or a student to market services to a physician, for example, in the same way I would expect of a PT even one year out. Should be addressed in the curriculum, but not necessarily as an "entry-level expectation". I am not sure if Neutral or "minimally important" captures my feelings on this as the difference between</p> <p>Jul 29 2022 0: these is unclear.</p>
114084364260	<p>Jul 29 2022 0: Plays no importance in contract companies within SNFs</p> <p>Unfortunately, if you are a full time clinician, you do not have much time to put towards marketing. I feel this is more a managerial skill</p>
114084351468	<p>Jul 29 2022 0: due to productivity standards and many other factors.</p> <p>Entry level practitioners need to have an appreciation of what marketing and PR can do but this is often a job of managers or</p>
114084347617	<p>Jul 29 2022 0: other people.</p>
114084342822	<p>This should not be the focus of an entry level practitioner. It puts</p> <p>Jul 29 2022 0: the cart before the horse.</p>

Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice
How important are KSAs related to financial resources in comparison with clinical patient care KSAs, such as examination skills, therapeutic intervention, manual techniques, etc when preparing for entry-level practice?

Answer Choices	Responses
Considerably more important	5.26% 14
More important	6.77% 18
Same level of importance	39.85% 106
Less importance	41.73% 111
Considerably less important	6.39% 17
Please offer a comment to support your level of endorsement.	49
Answered	266
Skipped	0



Respondent ID	Response Date	Please offer a comment to support your level of endorsement	Tags
114134332042	Oct 02 2022	11 Hopefully new grads have managers, peers, support staff to help with financial learning. They have liability and responsibility for clinical skills from day 1. They will grow in those too, but they need to be competent day 1	
114128280834	Sep 26 2022	0 Take care of the patient first and learn the ropes- let the PT admin dept handle the financial roles	
114125653622	Sep 22 2022	0 There needs to be a healthy balance because if you are not meeting goals with financial gains, the practice cannot continue but if you cannot provide good patient care then you will not be able to keep schedules full either.	
114125647211	Sep 22 2022	0 Once again, financial resources is a compound variable - some are more important and others less important	
114123095871	Sep 20 2022	0 Safe and effective treatment of patients is most important, with KSAs coming in a close second to be able to "hit the ground running" with first job	
114122584777	Sep 20 2022	1 Good clinicians who don't get the business side are not as effective as those who get both sides of the coin. Entry level clinicians who understand the state of healthcare, value based focus, reimbursement and regulatory requirements and the focus on value and outcomes are far more valuable to employers than just a great clinician!	
114122126069	Sep 19 2022	1 Since documentation and reimbursement are a significant part of the job as well.	
114121978254	Sep 19 2022	0 Unless you own a business, a new therapist should be a sponge in terms of clinical skills. Your higher-ups will provide guidance on the financial aspects, but learn your craft first.	
114121958437	Sep 19 2022	0 Don't know what a KSA is	
114121840250	Sep 19 2022	0 Unfortunately	
114121718010	Sep 19 2022	0 Not sure what a KSA is	
114121700998	Sep 19 2022	0 What are ksa's	
114121622620	Sep 19 2022	1 Must be able to provide pt care, can learn financial aspects while treating	
114121597448	Sep 19 2022	1 There is a balance between both of these - depending on what setting they enter and what kind of experience they surround themselves with it could go in either direction. Preparing new grads to enter most jobs should give them enough resources to become successful no matter where they land.	
114121596153	Sep 19 2022	1 I have no idea what a KSA is?	
114121592984	Sep 19 2022	1 Do no Harm	
114121589553	Sep 19 2022	1 These KSAs are easier to learn in the specific practice because they are different in each setting	
114121573255	Sep 19 2022	1 Only slightly less important	
114096146709	Aug 15 2022	0 Again, I feel that entry level PT's still need to concentrate on their KSA's and improve/perfect them more than worry about financial resources. No matter how much exposure you had as a student, it still takes real life experiences for a period of months to perfect your skills.	
114095283559	Aug 13 2022	0 Physical Therapy is a hands on career. Unfortunately, I have seen less of this with new grads and more concentration on technology and keeping up their productivity. Patients respond better when you actually engage them.	
114095213916	Aug 13 2022	1 I feel the entry level PT education is very diverse and prepares students Welles for entry level. Once an entry level PT finds their interests and niche they can use that as opportunity for con Ed and professional development.	
114095164661	Aug 13 2022	1 You can't be an expert in everything as a student.	
	Aug 13 2022	0 Can't continue to provide care if you don't truly understand these issue:	

114094774337	Aug 12 2022	0	You need to know how to adequately evaluate and treat your pts safely as a top priority
114089789145	Aug 06 2022	0	it is more important to produce excellent level of care than financial goals because once you provide good care the financial goals will be met
114089279090	Aug 05 2022	0	I feel like the financial resources become more important and applicable to decision making with longer time in practice. I feel patient care items are of utmost importance and should be the first focus...
114088630652	Aug 04 2022	0	You gain more understanding with increased experience and length of time with a company, all are run differently, for profit, nonprofit, private own, corporation.
114087686493	Aug 03 2022	0	doing a thorough eval/examination and pinpointing patient needs for treatment to maximize outcomes in relatively limited time frames is very important
114085608168	Aug 01 2022	0	they go hand in hand, you cannot legally and ethically practice as a PT without understanding financial KSAs as equal to clinical knowledge
114085545393	Aug 01 2022	0	You can't really lump all of the financial KSAs together. Some of them are equally, if not more important, as indicated in answers to previous questions,
114085219883	Jul 31 2022	07	while others are considerable less important. What are KSAs?
114084846300	Jul 30 2022	02	You have to be a good PT with regards to exam, diagnosis, and treatment but you have to be equally careful with your use of time and money. You degrade the whole profession if you waste time and money.
114084835765	Jul 30 2022	01	In our facility it is less important because we do not deal with some of these items directly.
114084803670	Jul 30 2022	11	again, I feel there is a developmental process in clinicians. Clinical PT Skills need honed and experience gained before you can effectively market, fully appreciate the financial workings of the practice, and learn all the other important aspects of practice management from a business side
114084799595	Jul 30 2022	11	As most practice settings, the clinician will need to hit the ground running in terms of patient care. We do offer a mentor to assist with coaching and getting settled into their new role.
114084791512	Jul 30 2022	11	The financial piece you can learn on the job, and I've found many SNF clinicians have literally no clue how their services are reimbursed. It's more important to be able to provide high quality clinical care as other departments or managers are watching the financial piece
114084750891	Jul 30 2022	09	If a student does not have the clinical patient care skills then their KSAs do not matter. I would rather hire a new-grad with amazing clinical skills and educate on KSAs vs. a new-grad with terrible clinical skills.
114084745553	Jul 30 2022	08	The funny thing is, you can't get paid if you don't know/do the KSA's of finances. But, if you are a bad clinician you won't have to worry about the finances anyway.
114084733464	Jul 30 2022	08	Entry level PTs are expected to focus on patient care, managing plan of cares and support staff, etc while gaining a working knowledge of the financial aspect of operations with more experience.
114084705783	Jul 30 2022	06	Personal finance related to debt management
114084652084	Jul 30 2022	03	While these are important skills, they can be acquired post graduation for things that are not safety or legal issues. Clinical skills are more important to learn in school because you will likely have less clinical supervision in your first job then you will financial resource supervision. Most business track metrics of productivity to ensure financial resources are being well used. It is less common that your clinical practice patterns are being reviewed on a case by case basis by another clinician.
114084587215	Jul 29 2022	10	The DPT is a clinical degree not an administrative degree and it can be a 5 year degree. Spending time on finances cheapens clinical skills. Patients come to therapy for clinical problems not marketing consulting.
114084560474	Jul 29 2022	08	Clinical patient care is more important because it is critical for good results and preparednesses and the financial part consensus learned at each setting as they are different in each setting.
114084504625	Jul 29 2022	06	Entry level therapists need to be able to think on their feet with effective, evidenced based treatments
114084460585	Jul 29 2022	05	Patient care should always be the top priority
114084433126	Jul 29 2022	04	After almost six years of clinical practice, I have come to realize the importance of financial knowledge/skills in our ability as therapists to provide the best possible care for our patients. I wish my DPT curriculum had addressed these topics more and believe PTA and PT students (and their future patients) will ultimately benefit from a greater focus on this content in their formal educational programs.
114084364340	Jul 29 2022	02	In the right setting, an entry-level PT could function with support if they had good patient-care skills, but lacked financial skills. However, in the real world, these skills are important for ALL PTs and are only very slightly less important for new grads.
114084354943	Jul 29 2022	02	This is dependent upon the setting, but in SNF it's critically important, especially when now most evaluating therapists will be the only one of their trade in the building. It's important to know your stuff so you can be ethical while working to please the other customer (facility)
114084351468	Jul 29 2022	02	I only say this because if a clinician does not have the direct care skills, the financial skills will not be needed as the clinician will not be employed or have clientele. On the other hand, the financial aspect is still a piece of the entire profession for reimbursement, financial feasibility, etc.

114084335420

This will vary depending on your practice setting. Therapy skills will always be most important but financial will depend on the support available to you. While there is not a lot of room to correct mistakes a good team can help make corrections before they become issues.

Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice		Reimbursement Mechanisms	Billing/coding	Documentation	Ethical and regulatory compliance	Productivity	Time management	Business acumen	Professional Advocacy	Notes
What knowledge and skills do you think physical therapist education programs should provide to prepare entry-level clinicians for financial resource management in physical therapist practice?										
Answered	266									
Skipped	0									
Respondent ID		Responses								
11413622254	Oct 04 2022	More education should be provided on hospital based fee schedules, differences in reimbursement to private practices versus hospital based programs. More education should be provided on how to start a business in the state of practice	1					1		
11413577343	Oct 04 2022	Productivity				1				
11413433204	Oct 02 2022	Case scenarios for patient financial examples such as a patient with a high deductible who cannot come in 3x/wk for 1 hour because they cannot afford it. How would they modify the care so the patient still benefits despite financial restrictions. Also discuss generic productivity standards so they know financially why they may be asked to reach a certain billing or visit count standard	1	1		1		1		
11413409913	Oct 02 2022	Students need skills in developing operating plans for a physical therapy clinic to understand the scope of resources to manage services.						1		
11413403022	Oct 02 2022	Understanding missed revenue on part B visits and the 8 minute rule. Understanding how to bill for modalities or other similar codes.	1	1						
11412955601	Sep 27 2022	I think it's extremely difficult for PT programs to cover the vast amounts of information that is appropriate for specific reimbursement from insurance companies in each setting of practice. I feel that PT programs should define basic insurance terms, review rights for appeals, and provide general models for expected productivity and staffing expectations.	1			1		1		
11412828083	Sep 26 2022	The critical areas such as documentation, billing. The WHY for accurate reporting.								Is the "why" legal/ethical, reimbursement reasons? All of it? Not sure how much to interpret
11412681340	Sep 24 2022	the basics that are currently in practice in different settings to familiarize with the language. However, they need to understand that financial situations are fluid over time and they will need to learn specifics on the job.			1			1		The basics of what?
11412680722	Sep 24 2022	They need to cover all of the areas mentioned in previous questions to proper prepare students for practice								X
11412655362	Sep 22 2022	Being able to understand insurance companies policies and how to explain these to patients. How to understand and plan for a budget between continuing education and things needed for the department. How to document correctly to get approval for therapy services.	1		1			1		
11412564721	Sep 22 2022	That which is considered to be a requirement for any given patient management experience and nothing beyond that								X
11412559784	Sep 22 2022	out of pocket costs for patients to not allow for self discharge.	1							
11412543084	Sep 22 2022	management of time, resources, personnel, and understanding of regulatory information				1		1	1	
11412540143	Sep 22 2022	How to establish your own practice						1		
11412501989	Sep 22 2022	Time management and the ability to treat multiple patients at a time without diminishing quality of care					1			
11412385527	Sep 21 2022	Unsure								X
11412380565	Sep 21 2022	General knowledge								X
11412371851	Sep 21 2022	Budget writing, grant writing, work place expectations, billing/coding		1				1		
11412366612	Sep 21 2022	In acute, we don't consider that a person receives the bill (it goes to insurance usually and may just end up as a lump sum charge), but it is important to understand that integrity of charges must remain.		1						
11412321096	Sep 20 2022	Understanding PDPM, PDGM, and outpatient billing and how revenue generation occurs	1	1				1		
11412309587	Sep 20 2022	I think these skills will come from experience in each of the clinical facilities - not necessarily from the program. I could see a dedicated class or 2 as being helpful.								X
11412293962	Sep 20 2022	Basic financial literacy; accounting, finance, and budgeting. Even a course in Entrepreneurship that covers these topics. Or a entry level manager course.						1		
11412293371	Sep 20 2022	Coding values and reasons why you need to charge for what you do		1						
11412286083	Sep 20 2022	Ability to know how each intervention can be reimbursed. This is important now a days to understand your overhead and practice management	1					1		
11412284092	Sep 20 2022									X
11412277646	Sep 20 2022	Billing and reimbursement variances between settings. Productivity standards. Insurance policies and reimbursement.	1	1			1			
11412275121	Sep 20 2022	Awareness of various types of insurance, how to document for optimal coverage approval and basic business concepts. PT programs need to introduce content such as financial and legal issues in a variety of practice settings	1		1			1		
11412274637	Sep 20 2022					1				"financial issues"- not sure how to code
11412258477	Sep 20 2022	An understanding of the real world aspects of clinical care, the not fun side, reimbursement, regulatory, compliance, etc. It is a necessary evil to excellent patient care and sets up the entry-level clinician to be a valued hire! They must give the students an awareness... although it won't be top of mind until they get out to practice, they will know where to find what they need if they are provided the resources.	1							
11412228822	Sep 20 2022	Clinical practice implications and optimal reimbursement to also understand APTA advocacy in policy changes and then impact that could have if APTA advocacy wasn't there.	1							
11412217506	Sep 19 2022	General insurance reimbursement concepts, precert process, Medicare guidelines	1							1
11412212606	Sep 19 2022	How to coordinate with other therapists using similar equipment or other disciplines also working with pt. To ensure effective use of time and fluidity for pt						1		
11412210209	Sep 19 2022	Prepare them for the possibility of private practice and what that will entail. Insurance based vs. cash based, compliance, marketing, etc.	1			1		1		
11412209777	Sep 19 2022	small over view of costs to the patient ie cost for a day in the hospital, cost of a therapy eval, and copayments. overview of what a PT charges for their services, what is actually billed, and what is actually paid by insurance or pt	1							
11412207817	Sep 19 2022	Basic oversight of laws and regulations along with resources to guide you if you are interested in managing or running own business.				1				
11412206511	Sep 19 2022	Basic understanding of reimbursement. The specifics can come from setting to which they are employed.	1					1		
11412205486	Sep 19 2022	the difference present between payor type, group therapy management, and effective use of clinic resources	1					1		
11412205074	Sep 19 2022	Entry level skills								X
11412204640	Sep 19 2022	Coding; insurance guidelines or limitations	1	1						

11412203241	Sep 19 2022	A course in Medicare/Medicaid rules and guidelines as well as commercial payers relevant to location	1															
11412197825	Sep 19 2022	Be aware of the financial resources management, but focus on the craft.																X
11412196995	Sep 19 2022	Basic billing and insurance education.	1	1														
11412195843	Sep 19 2022	Ethical billing			1			1										
11412195334	Sep 19 2022	Have a clinician or rehab manager come in to class, to specifically discuss financial implications in clinical care																X
11412192033	Sep 19 2022	Basic knowledge of reimbursement models in different settings (DRGs, etc.)	1															
11412189219	Sep 19 2022	generalizable information about billing and other financial resource management as so many things change state to state, setting to setting. It would be impossible to teach them everything they need for every setting and not cause confusion	1	1				1		1								
11412188291	Sep 19 2022	Good knowledge of guidelines of scope of practice in relationship to reimbursement strategies	1					1										X
11412188389	Sep 19 2022	All																X
11412184025	Sep 19 2022	Discuss how salary fits into a budget, why productivity is so important for the financial stability of a facility; therapists tend to just get angry at productivity demands, so need to understand the why						1						1				
11412182708	Sep 19 2022	Finance class												1				
11412181674	Sep 19 2022	Evidence based clinical practice standards. I regularly work with post op athletes who are faced with no longer having approved visits remaining and yet are routinely behind in their function and protocols.	1															
11412181044	Sep 19 2022	At least lessons on how Medicare and Medicaid work. They should learn about FTEs	1											1				
11412180848	Sep 19 2022	Awareness and available resources												1				
11412174731	Sep 19 2022	Billing, coding																1
11412172838	Sep 19 2022	Understanding coding including levels of evals (when is it low, moderate, etc complexity). Also, defining what is considered "eval" versus "treatment" when performing an eval.	1															
11412172889	Sep 19 2022	basic skills needed as employee...not as employer												1				
11412171801	Sep 19 2022	Educating on different payor rules	1															
11412171745	Sep 19 2022	There should be a 3 credit course dedicated solely to this topic																X
11412170579	Sep 19 2022	Knowledge of billing/reimbursement/wages/salary	1	1										1				
11412170099	Sep 19 2022	Marketing												1				
11412169671	Sep 19 2022	CPT knowledge												1				
11412169410	Sep 19 2022	Understanding of the business of Physical Therapy, not just the skills required.																1
11412167841	Sep 19 2022	Time many																1
11412167908	Sep 19 2022	I think an overview of scenarios/settings would be beneficial- private practice versus SNF versus inpatient versus VA	1															
11412167966	Sep 19 2022	Critical Care thinking. Knowing when to take vitals, Signs and symptoms of seizure, CVA, MI ETC																
11412167548	Sep 19 2022	Reimbursement rates and coding.	1	1														X
11412166846	Sep 19 2022	insurance reimbursement, medicare guidelines	1															
11412165890	Sep 19 2022	Budgeting, time management, management of PTA, understanding insurance payments and patient's ability to pay as they relate to treatment plans	1											1	1			
11412165733	Sep 19 2022	Billing, basic understand of costs,																1
11412163998	Sep 19 2022	Medicare and insurance knowledge	1															
11412163919	Sep 19 2022	Specific class work about what Medicare is and how it works. Also commercial and employee sponsored insurance and how it works. Not as a bonus lecture. It needs to be testable or the students will not try to learn it.	1															
11412163773	Sep 19 2022	There should be specific course to include all of the information and the included in the clinical skill courses as they progress through patient care																X
11412163823	Sep 19 2022	Practice what you bill																1
11412163616	Sep 19 2022	Better organizational skills and goal writing																1
11412163258	Sep 19 2022	how to find information about regulatory practices per state, medicare reimbursement basics, etc	1															1
11412162840	Sep 19 2022	Basic Business education should be part of the curriculum																1
11412162262	Sep 19 2022	Since insurance is always changing, it's best to know where to go for resources, such as pt equipment/DME	1															1
11412161909	Sep 19 2022	Productivity standards of clinics																
11412161533	Sep 19 2022	Knowledge on instance benefits and understanding how they impact reimbursement	1															1
11412159744	Sep 19 2022	A course in practice management should be included in the curriculum.																X
11412159744	Sep 19 2022	General Budget theory/process Payer Relations: Mix. Rate, Rules - use of Assistants, high level understanding of negotiations Coding - ICD general knowledge; must-haves with certain codes (time-based components); documentation to support expertise needed and ongoing progress Overall scheduling concepts; productivity Latest legislative initiatives impacting therapy and how they can become engaged at local and national levels	1	1		1			1			1		1				1
11412159615	Sep 19 2022	Minimal time should be provided as there are too many more important clinical issues to learn. I feel it is the responsibility of the employer to educate the newly hired PT.																X
11412159298	Sep 19 2022	I don't know.																X
11412158955	Sep 19 2022	Understanding that financial burden/copays and insurance limitations on visits will effect the patients ability to participate in therapy consistently and giving the patient tools to complete HEP is essential in todays world	1															
11412158298	Sep 19 2022	Provide a basic understanding of these principles knowing well that they will be implemented in a highly variable fashion in the clinic depending on practice setting and reimbursement structure of that facility. Trying to provide too much detail on each setting could be a rabbit hole in the first professional program; but enough information so that the novice clinician won't be mystified on the clinicals.																X
11412158107	Sep 19 2022	*																X
11412157782	Sep 19 2022	I think a business simulation course would be helpful. It would be even better if the simulation used data from an actual practice																X
11412157548	Sep 19 2022	Medicare vs. AMA billing practices, eval code determination, needs for recheck, needs for authorization.	1	1														X
11412157325	Sep 19 2022	electronic documentations skills, payment systems and issues like co-pay and regulations that affect setting of these, how to appeal to third party payors.	1															1
11412157159	Sep 19 2022	Coding, billing, reimbursement, regulatory	1	1														1
11410321512	Aug 25 2022	Understanding basic reimbursements models. (Medicare, Medicare replacements, Medicaid, and commercial). Teaching of correlations between productivity and financial viability of the clinical services they are providing. They need a baseline understanding of where their reimbursement is coming from and the financial challenges that are affecting what they are reimbursed and how to help effect change in it.	1															"Effect change" marked as 1 advocacy

11410059944	Aug 22 2022	Importance of cecking each session for insurance auth and monitoring daily for all other aspects of resorce use and management	1																	
		How the reasoning behind similar activities can warrant difference codes. Step ups can be done simply for LE strengthening to qualify as therapeutic exercise, but if the reason is to increase the functional LE strength to increase ability to ambulate stairs to er the home, it qualifies as therapeutic activity and a higher reimbursing unit.																		
11410024838	Aug 21 2022	The qualification of service based and timed based should be known before entering the clinic.		1																
11410013411	Aug 21 2022	Students should know the difference between codes that are billed per unit vs per minute. Students should also know which payers require that minutes are met.	1	1																
11409961147	Aug 19 2022	General info about insurance procedures related to OP vs acute care vs inpatient rehab vs SNF. Info about the huge emphasis on productivity and how that relates to staffing and ethical dilemmas with billing practices	1	1			1	1												
11409755155	Aug 17 2022	Discuss point of service documentation. Ways to improve efficiency without sacrificing patient care.				1						1								
11409721284	Aug 16 2022	Education programs should provide some basic background but therapists will pick up these things on their clinical rotations and th first job.																		X
		Have of course in the curriculum.																		
11409667034	Aug 16 2022	Show them The entire billing process from coding to actual reimbursement. Show them the cost per visit as well as the net income received per visit.	1	1																
11409631858	Aug 15 2022	Financial resource management skills																		X
11409614670	Aug 15 2022	I think maybe 1 semester class should be sufficient maybe before or during clinicals																		X
11409597616	Aug 15 2022	Basic knowledge of reimbursement in the various settings. It is helpful for students to experience clinicals in the entire spectrum of therapy service, from inpatient/acute care, to subacute, to outpatient in order to maximize understanding.	1																	
11409569986	Aug 14 2022	Understanding insurance and reimbursement	1																	
		Educate about copays/ coinsurances that patients need to pay. In addition, limited amount of visits to treat because of expense for the patient or per the insurance.	1																	
11409548974	Aug 14 2022	A working knowledge of reimbursement and general knowledge of copay, co insurance and deductible for insurance.	1																	
11409528355	Aug 13 2022	Make sure that they have a clear picture that management as well as insurance companies will run their practice.	1																	1
		A business class on budgets salary expectations																		
		Drivers on reimbursement																		
11409521391	Aug 13 2022	Advocacy	1																	1
11409519769	Aug 13 2022	Billing and how to bill		1																
11409516466	Aug 13 2022	More business knowledge along with coding and compliance		1			1													
11409512009	Aug 13 2022	Utilization of billing, productivity standards		1								1								
11409511880	Aug 13 2022	This should be limited as these are typically learned on the job and are different for each setting																		X
		General understanding of how insurance programs work, especially as co-pays rise. This will impact a patient's ability to receive care.	1																	
11409511333	Aug 13 2022	Basic budgeting, productivity, FTE, management skills										1								
11409494947	Aug 12 2022	Good understanding of charges and how to bill for their time		1																
11409495007	Aug 12 2022	Very basic overview as this is something the manager or DOR should be in charge of managing this. It will also vary from practice or practice or department to department.																		X
11409494671	Aug 12 2022	The importance of being ethical, accurate and efficient.					1													
11409492051	Aug 12 2022	Understanding of financial management and billing		1																
11409491064	Aug 12 2022	Better understanding of rule of 8s and what actually is the appropriate icd code		1																
11409486511	Aug 12 2022	Medicare and insurance regs		1																
11409484605	Aug 12 2022	Knowledge of DME cost ranges, from out of pocket to typical insurance coverage.		1																
11409484371	Aug 12 2022	Billing and coding regulations, payment models of the main care settings, how health care care leaders view PT(overhead, contribute to reimbursement, productivity expectations		1	1															1
11409477433	Aug 12 2022	Basics of how each setting is reimbursed, basic coding/billing. Again, I feel that these are more on the job learning points, even at a clinical level and should not take up valuable classroom time when it's not actually being applied in the setting.		1	1															
11409475280	Aug 12 2022	Appropriate billing and content. Intent of treatment		1																
11409475196	Aug 12 2022	Understanding billing and reimbursement would for the different settings would be very helpful.		1	1															
11409475152	Aug 12 2022	Coding, reimbursement and KSAs. Importance of APTA		1	1															1
11409473423	Aug 12 2022	Should learn some of this during their clinical affiliations																		X
11409472363	Aug 12 2022	basics of reimbursement in each setting- RUG levels, PDPM, Medicare part A/B, general outpatient insurance barriers/benefits		1																
		Understand billing and reimbursement																		
		Understand different productivity measure																		
11409471965	Aug 12 2022	Able to see patient's perspective on billing																		
		Understand importance of high value PT, not BS fads cupping, needling, and manual techniques that add nothing	1	1								1								
		I think there should be a course on billing and insurance management. Far too many new grads/students fail to understand the process.	1	1																
11409471302	Aug 12 2022	Critical thinking, multitasking, less focus on biomechanics mod 1 and more importantly the patient centered model																		
11409471089	Aug 12 2022	Quoting and ordering DME such as wheelchairs																		X
11409470864	Aug 12 2022	?																		
11409470176	Aug 12 2022	Balance a checkbook, make correct change for a dollar																		X
11409470106	Aug 12 2022	Understand the 8 minute rule, how to document to show therapy is important		1	1															
11409469908	Aug 12 2022	Basics and foundational information as this changes rapidly. Knowing where to go to stay current with this information and how to advocate for change.																		
11409140584	Aug 09 2022	Proper documentation skills are important, especially with regard to what insurance providers are looking for when considering authorization for additional visits.																		
11409037369	Aug 08 2022	some entry level knowledge is important but more important is to be a good clinician	1	1																
11408978914	Aug 06 2022	More education on reimbursement, insurance plans, and Medicare plan of care guidelines																		X
11408967378	Aug 06 2022	Knowledge of terms, perhaps a practice of a monthly budget, knowing how to read and gather useful information from clinic statistics.																		
11408927909	Aug 05 2022	Average Insurance length of stays in all settings, acute hospital, LTACH, SNF, IPRF; insurance equipment coverage & out of pocket expenses for equipment & co pays for treatment																		1
11408863065	Aug 04 2022	compliance with regulations such as HIPPA, OSHA. Principles of appropriate billing.	1	1																
11408838200	Aug 04 2022																			

11408828501	Aug 04 2022	Importance of time Management								1									
11408768649	Aug 03 2022	they should do more education relative to the reimbursement environment we have to work in and how that might impact treatment delivery.	1																
11408698357	Aug 02 2022	Increased billing examples, videos and examples of fraud, assistance to apply for licensure in the state you are earning your DPT, increased manual skills, emphasis on practicals and labwork, and cadaver labs (my program had a cadaver lab and I found it beneficial.)		1		1													
11408648703	Aug 02 2022	Understanding billing practices and insurance limitations impact on establishing plan of care for best utilization of patient's visits.	1																
11408614722	Aug 01 2022	Understanding of effective billing and coding and an appreciation that the value and viability of the profession are linked to a therapist's accurate and thorough representation of clinical care via comprehensive coding.																	
11408609952	Aug 01 2022	Billing codes Reimbursement models Documentation required to support billing	1	1		1													
11408602028	Aug 01 2022	Depending on the setting that they choose practice in, there should be some information provided on how the insurance companies really dictate how much/little PT service you are able to provide. The also should be aware of how CPT codes are reimbursed.	1	1															
11408596069	Aug 01 2022	PT education programs should outline costs of healthcare provision of services, equipment, time, and billing strategies in a variety of settings.																	1
11408578774	Aug 01 2022	Simulated budget training																	1
11408578303	Aug 01 2022	Understanding insurance company limitations, understanding financial burdens on patients even with insurance, gas to drive, time to drive and be seen, treating entire patient and family - not just isolated in the moment of time they are seeing them - all the factors that impact patient.	1																
11408576030	Aug 01 2022	Finance/business class, especially including content educating on healthcare insurance operations/perspectives. More exposure to observing and shadowing the financial aspects of healthily functioning practices.	1																1
11408560816	Aug 01 2022	students need to demonstrate understanding of fiscal responsibility of practicing as a PT- care for patient and billing while working safely under regulation																	1
11408557900	Aug 01 2022	Preparing for limitation of visits with insurance as well as dealing with financial hardship on the part of the patient. Negotiating with insurance companies, preparing for peer to peer reviews to get additional visits covered.	1																
11408554539	Aug 01 2022	Coding and billing education is probably the most important																	1
11408550774	Aug 01 2022	there needs to be a greater emphasis on the understanding of a salary and the productivity of a therapist. There needs to be a recalibration of the salary expectations with decreasing reimbursement.																	1
11408550269	Aug 01 2022	A basic clinical management class would be helpful to have a better understanding of the back end of documentation, financial resources, and other related items.																	1
11408527130	Jul 31 2022	An understanding of how Medicare works in Medicare HMO's in private insurance work, which ones need prior authorization, which ones are PDGM	1																
11408527029	Jul 31 2022	As much knowledge as possible should be provided. DPT graduates need to be more knowledge than less. ISO quality, lean and lean six sigma are quality processes that students should learn in addition to billing, coding, risk management and quality issues. There should not be any limit to how much administration and management info a student should learn. Its essential to be a well rounded clinician.																	1
11408526248	Jul 31 2022	Background of various reimbursement systems and how this may effect productivity expectations which vary dependent on facility type/location.	1																1
11408526103	Jul 31 2022	basic skills to allow day to day work at PT in any setting																	1
11408521988	Jul 31 2022	Important of co payments and authorizations. Understanding importance of billing and coding immediately and almost all PT jobs know of are pushing productivity so understanding what and how you can bill efficiently	1	1															1
11408521669	Jul 31 2022	Constraints Management, Systems Thinking, Operations Management																	1
11408518299	Jul 31 2022	Current insurance regulations including preauth, copays, visit limitations etc so they have an awareness of this when coming to affiliations	1																
11408516673	Jul 31 2022	Marketing not critical to entry level PT. Billing and reimbursement are to allow business to be able to see patients in the first place. Budgeting, etc are nice to have, not need to have. Clinical skills are still the priority. Maybe third year electives may help this if desired. Some business knowledge will never be used by PT's so clinical skills are the need to have.	1	1															1
11408516104	Jul 31 2022	PT programs need to provide a base level of the above listed moderately important topics and have a more in-depth knowledge of the essential topics.																	1
11408513778	Jul 31 2022	It would be nice if programs offered increased education regarding insurance plans, authorizations, reimbursement, etc. however it varies greatly from one practice setting to another. Private practice outpatient orthopedic is totally different from a neuro SNF or acute care. So the model would probably have to be either broad for all settings or a more specific elective, but that would presuppose students know what setting they anticipate pursuing.	1																
11408513679	Jul 31 2022	The predominant role of education programs should be to teach students what resources are available grow in financial resource knowledge																	1
11408511128	Jul 31 2022	An understanding of timed vs untimed codes and how much time qualifies for units of charge.																	1
11408510336	Jul 31 2022	Billing (appropriate use of re-eval, and adequately billing for all minutes spent with patient), coding, discussion about common productivity standards across settings to give students a realistic view, how to schedule or overlap treatments effectively, how to effectively use PTAs and other support staff.																	1
11408508749	Jul 31 2022	Understanding CPT code reimbursement for outpatient; using the appropriate code																	1
11408506622	Jul 31 2022	Productivity expectations, knowledge of Medicare, Medicaid and private insurance expectations and reimbursement, some coding knowledge	1	1															1
11408505676	Jul 31 2022	Entry level review of information																	1
11408505392	Jul 31 2022	The return on investment for what you actually get paid to work as a PT in the real world versus how much the schooling costs, is very good and ranks PT as one of the worst careers to enter in terms of financial gain vs financial burden.																	1
11408502038	Jul 31 2022	Realistic examples of how health organizations run; real situations that therapists have to problem-solve regarding insurance/finances	1																1
11408493529	Jul 30 2022	Understanding appropriate codes and billing practices for each setting (home health vs outpatient vs inpatient vs snf vs inpatient rehab etc) as these are not adequately covered because "each company you work for will have their own guidelines" which is how new grads are taken advantage of because they do not have adequate knowledge of what is right and what is wrong when starting out with the first job they can get	1	1															
11408493259	Jul 30 2022	More educated on how health insurance works and how to get services paid for the	1																
11408492171	Jul 30 2022	Practice with billing and coding, project-based exploration for budgeting as it relates to PT practice, knowledge about financial regulations and compliance (and consequences of not complying)																	1

11408491631	Jul 30 2022	0	Understanding Medicare/Medicaid/BWC/private insurance at a high level but it will change every year. Also understanding of productivity, capital budget restrictions, and understanding cost of running a clinic	1			1			1			
11408488159	Jul 30 2022	0	Offer path to combined PT and MBA or MHA. PTs are underpaid in comparison to other healthcare professionals with less intensive education. To maximize pay and continue to attract top talent to the field, efficient operations must be maximized.									X	
11408487966	Jul 30 2022	0	An intro business class with budget, marketing, hiring skills, advertisement etc							1			
11408486557	Jul 30 2022	0	Basic understanding									X	
11408485714	Jul 30 2022	0	Organization, honesty, altruism, and budgeting within an organization or on ownership							1		Honesty-- compliance??	
11408485233	Jul 30 2022	0	Generally knowledge of how billing works in each physical therapy setting as well as a basic understanding of health insurance policies and procedures. Enough knowledge to allow the entry-level clinician to work in any setting with some prior knowledge of h insurance and reimbursement works in that setting, which can be further developed with practice.	1	1								
11408484630	Jul 30 2022	0	As much training as possible about the realities of productivity and effective use of time and treatment strategies. They can and do get training in legal issues but they should also have some time constraints training built into their training.					1	1	1			
11408483576	Jul 30 2022	0	Understanding the process of getting authorization approval, treatment, proper timely documentation & billing.	1	1	1							
11408482672	Jul 30 2022	0	I think an overview of how finances, reimbursement, billing all fit into the practice of PT. Many new therapists don't understand how their billing practices impact the ability to keep them paid and the doors open	1	1					1			
11408481559	Jul 30 2022	1	Understanding the importance of informing the patient and public in general to the inefficiency of Insurance companies, government agencies, in allowing the professional to grow in professionalism, personal goals	1							1		
11408480367	Jul 30 2022	1	their expertise has value but they also need to be aware it isn't enough to show up with a DPT and license number. You have to bill appropriately to keep your clinic legal and profitable and bring worth to the practice				1			1			
11408480290	Jul 30 2022	1	Productivity productivity productivity is all the companies want						1				
11408479959	Jul 30 2022	1	Review of Medicare, managed care and insurance plus. Proper selection of ICD-10 medical and treatment diagnosis codes and knowledge of CPT codes, 8 minute rule and how to bill for services provided.	1	1								
11408479707	Jul 30 2022	1	I think it's important for students to understand that a patient's POC is greatly impacted by finances. Not every patient can participate and afford therapy 2-3x/week, so being able to create an HEP and educating the patient is just as important as knowing your special tests, manual techniques, etc. How can you most effectively help that patient in the least amount of time.	1									
11408479304	Jul 30 2022	1	Just make sure the students understand there are financial implications to everything we do. New students need to focus on their clinical skill sets and should not be over tasked with being completely responsible for financial tasks. That is the role of the clinical director to educate their staff on the financial aspects of the profession. Students should have a working knowledge of it thought.								1		
11408479151	Jul 30 2022	1	Knowledge of the basics of PDPM, PDGM, and outpatient reimbursement, the differences between Medicare A, B and medicare advantage. Understanding how our intensity in service delivery affects reimbursement, and WHEN TO ADVOCATE FOR YOUR PATIENT	1								1	
11408475089	Jul 30 2022	0	I think this should be provided in the clinical setting through real world examples of how each clinic operates difficulty to achieve the same outcomes.									X	
11408474555	Jul 30 2022	0	Maybe in clinical there should be a form or a walkthrough required by each school to walk through with one of the managers the finances of 1-2 of their own patients. Meaning, what happens when a patient calls to schedule, insurance verification by the front desk, what happens after you submit your documentation, how do the process work to ask for more visits from the insurance, what to do in a peer to peer review, how do collections work? Maybe with one of their own patients that might be helpful	1									
11408474346	Jul 30 2022	0	One or more business classes to understand how budgeting works as well as reimbursement								1		
11408473943	Jul 30 2022	0	Time management skills							1			
11408473346	Jul 30 2022	0	Billing, billing, billing. This is something that is briefly taught in most programs which I think is an injustice to new PTs. Many entry level therapists begin working as an independent PT without any real knowledge of how to bill for real-life patient encounters. Of course we learn the difference in 8-min rule and rule of 8s but when you're talking about managing multiple patients at once with varying insurances, that's a whole different ball game. And most CIs don't allow students to be too involved in the billing aspect of practice (most likely because they aren't totally sure they're billing correctly either!)								1		
11408473023	Jul 30 2022	0	you just have to go out and learn local and state resources. Jobs & family services, help me grow, department of aging, Medicaid waiver, veterans affairs, cancer association, MS association, vocational rehabilitation, local transportation, grants, community funds									1	
11408472473	Jul 30 2022	0	understanding the medicare rules for outpatient therapy reimbursement for skilled services and modalities, as the private insurance companies typically follow medicare guidelines	1									
11408472207	Jul 30 2022	0	Base knowledge of the definitions and that it will be something that is important to employers	1									
11408471715	Jul 30 2022	0	Discussion of productivity and cost associated with charges in a real life scenario so clinicians understand if they don't see clients how that can affect the overhead significantly.	1						1			
11408471692	Jul 30 2022	0	insurance requirements, documentation standards	1		1							
11408470578	Jul 30 2022	0	Basic entry level knowledge									X	
11408470232	Jul 30 2022	0	Techniques on how to improve documentation time in order to maximize time with patients							1			
11408465208	Jul 30 2022	0	Programs should emphasize that presents legal issues like accuracy of billing/coding, state laws, and definitions of fraud, etc. Higher level business skills are great to learn in school, I did and I was grateful for it as someone who is going into private practice management, but for the average new grad who plans to work for an established company that doesn't have management aspirations, it is less relevant.							1			
11408464170	Jul 30 2022	0	They need basic understanding of budget and productivity as well as reimbursement and how vastly it varies among payers.	1						1			
11408459127	Jul 29 2022	1	Insurance basics. Agreed upon rates, reimbursement. This is tough to teach due to state differences, ever changing rules and practice setting variations	1									
11408458721	Jul 29 2022	1	Billing/coding. Cost of services. Judicious use of visits and units billed.								1		
11408458582	Jul 29 2022	1	Proper billing and charges, insurance variations and guidelines (pre-authorization, visits or interventions allowed, etc.)								1		
11408458287	Jul 29 2022	1	Not sure									X	
11408458054	Jul 29 2022	1	Personal finance upon incurring PT debt								1		
11408457720	Jul 29 2022	0	how insurance limitations can affect plan of care and treatment sessions.	1									
11408457369	Jul 29 2022	0	Anything about billing and reimbursement, coding, what happens if they are private pay or Medicaid and the cost of out of pocket pay for therapy. How much we get reimbursed for codes	1	1								
11408457125	Jul 29 2022	0	Knowledge of Medicare reimbursement rates for your state, understand insurance visit limits well.	1									
11408456220	Jul 29 2022	0	be aware of restrictions given by insurance companies, be aware of the need for prior authorization for patients so the patient does not end up with a bill; be aware of number of visits authorized, complete all medicare plan of cares in timely fashion; be aware of why it is important to complete documentation and billing in timely fashion according to facility guidelines	1	1	1							
11408456073	Jul 29 2022	0	How to start, manage and run a practice. Chiro's do this a lot better than PTs!!								1		
11408456047	Jul 29 2022	0	A basic knowledge of PDPM and understanding of how commercial insurance compare to Medicare rates. Also how copays can impact the patient's ability to attend sessions.	1									

11408451928	Jul 29 2022 0	Definitely educate them on the effects of PDPM/PDGM, managed care requirements, section GG for SNF, how to stick up for themselves when management tries to influence who they treat, how, and for how long.	1		1							1	
11408451148	Jul 29 2022 0	Basic understanding and will learn specifics at their place of employment											X
11408450462	Jul 29 2022 0	At least one business management course and incorporating financial resource management in the clinicals										1	
11408450147	Jul 29 2022 0	Basic management of finances. Not everyone is going to be a practice owner.										1	
11408450013	Jul 29 2022 0	Reimbursement and affects on PT	1										
11408448109	Jul 29 2022 0	Basic knowledge, most entry level PTs don't jump into managing a practice. It takes time to learn the skills needed to do this											X
11408446851	Jul 29 2022 0	Basic overview of patient financial implications of therapy	1										
11408446058	Jul 29 2022 0	More lectures or classes related to business practices. Students should be at least exposed to running a business										1	
11408444952	Jul 29 2022 0	Students need to be familiar with financial constraints and the items listed previously for future business understanding of physical therapy practice; however, clinical time to develop or implement marketing strategies for the clinic, becoming proficient in understanding multiple insurance company requirements might not be able to be accomplished during the clinical experience.										1	
11408444363	Jul 29 2022 0	negotiating salary based on cms reimbursement of license	1									1	
11408444214	Jul 29 2022 0	Understanding and comprehension of various billing rules and scenarios with grouping, intermittent billing; comfort with justifying CPT codes used for interventions; understanding of copays, deductibles, coinsurance, etc	1	1									
11408443312	Jul 29 2022 0	I think spending ample time on case scenarios that highlight common issues/challenges faced in a therapy clinic/practice would be beneficial for students. Programs could invite billing specialists and/or administrators from various institutions/practices to speak with students about the relevance of and procedures related to financial factors in various settings (e.g. small private practice vs. large hospital system). Covering any or all of the finance-related topics presented thus far in this survey to some degree would be a good start. An emphasis should be placed on where to locate updated information (e.g. practice acts, Medicare guidelines, etc) to prepare students for effective navigation of ever-changing regulations, policies, etc.	1	1								1	
11408443238	Jul 29 2022 0	Basic budgeting, billing and coding importance										1	
11408442439	Jul 29 2022 0	Importance of accurate billing, reimbursement, use of resources and documentation	1	1	1							1	
11408441867	Jul 29 2022 0	A better understanding of how insurance work and what to expect when entering the field as this is always changing Comprehension of insurance and strategies to maximize care with less financial burden to patient (maximizing resources/out of clinic programs) and how to manage visit caps and how to maximize unit billing for max profit of practice under appropriate ethical and legal guidelines	1										
11408441464	Jul 29 2022 0	General info on different types of insurance, such as private, medicare, medicare advantage plans, medicaid.	1								1		
11408440704	Jul 29 2022 0	if you don't make money you don't keep a job											X
11408438686	Jul 29 2022 0	Students should be given a basic framework of how finances within a facility work. Each facility is different based on DRG, MDS, or fee or service. Insurances have different guidelines so only the basics are needed.	1										
11408439357	Jul 29 2022 0	Knowledge of reimbursement vs cost to provide care (facilities, supplies, payroll, etc). Understand the patients financial responsibility and how that can impact the amount/type of care provided	1									1	
11408439227	Jul 29 2022 0	Options for transportation through insurance, importance of clarifying facility policy when patient has a need	1					1				1	
11408438952	Jul 29 2022 0	Understanding third party contracts	1										
11408438884	Jul 29 2022 0	Understanding billing rules and regulations. General idea of productivity and basics of insurance requirements	1	1				1				1	
11408438519	Jul 29 2022 0	Better education of CPT codes (what interventions fall under which codes), essential documentation for billing purposes (as someone who now works in UR, this is essential)										1	
11408437828	Jul 29 2022 0	Knowledge of real rates of reimbursement or averages	1										
11408436566	Jul 29 2022 0	Billing coding and how to manage a clinic especially financials										1	
11408436434	Jul 29 2022 0	Review Medicare and Private insurer general standards, consequences of not sticking to them, and how to stay up-to-date on these issues. Things will change from what they are when in school and the PT will not be able to rely on the employer in all cases to keep them "in the know". Being able to stay current on this info will protect the future PT from getting caught up in something shady or unethical out of ignorance. I know for one I have had to refuse to do things wanted by a past employer that crossed an ethical and potentially legal boundary. Provide cases including real cases from the news, board newsletters, etc.	1					1				1	
11408436426	Jul 29 2022 0	How to prepare for retirement including investing and 401ks that are commonly offered										1	
11408436137	Jul 29 2022 02:23 PM												X
11408435845	Jul 29 2022 0	Coordination with MPH or MHA programs to discuss financial implications of working in a non universal healthcare system. More emphasis on billing since productivity standards are now the norm										1	
11408435494	Jul 29 2022 0	Understanding how reimbursement works in each setting, explaining what productivity is. Research how the big companies operate. It's a rough world out there with Medicare cutting reimbursement.	1									1	
11408435475	Jul 29 2022 0	N/A											X
11408435146	Jul 29 2022 0	Proper billing/coding, efficiency and use of resources; legal and regulatory rules										1	
11408434761	Jul 29 2022 0	Basic Understanding of reimbursement and health care models such as medicare/medicaid.	1										
11408434535	Jul 29 2022 0	This is so dependent on the clinical setting in which the therapist chooses to practice. It is important to know about in network vs out of network, insurance authorization, and patient financial implications because therapists are patient facing and will be asked those questions. I don't think it's feasible to teach this with any sort of specificity because insurance coverage will change in different clinics/settings. It is not a staff therapist's job to worry about the clinic's bottom line - that is for management to sort out.	1										
11408434462	Jul 29 2022 0	Overview of Medicare, Medicaid and general insurance info to prepare for how finances impact delivery of services.	1										
11408434282	Jul 29 2022 0	Truma informed care. Understanding how to tailor a persons POC to their unique challenges re: socioeconomic status, understanding how their compensation is tied into a whole host of different factors.											X
11408433775	Jul 29 2022 0	Information regarding insurance billing practices, insurance authorization, and expectations of productivity in various settings.	1	1									
11408433623	Jul 29 2022 0	Introduce the reimbursement factors in different settings: CPT codes, Local Coverage Determinations, navigating CMS resources, PDGM/PDPM, units/minutes, copays.	1	1									
11408433596	Jul 29 2022 0	Salary negotiating & take home expectations										1	
11408433587	Jul 29 2022 0	More knowledge of current reimbursement patterns regarding Medicare. The importance of proactive advocacy and participation in maintaining funding for our profession to prevent inevitable negative downstream consequences and difficult work expectations and burnout. Increased knowledge on loan repayment/forgiveness strategies.	1										1
11408433521	Jul 29 2022 0	There should be a business management class as well as focus on state, federal and regulatory obligations											
11408433542	Jul 29 2022 0	Ideally some real-world collaboration with working practices/facilities to discuss basics of budgeting/coding/compliance.										1	
11408433344	Jul 29 2022 0	One 2 hr lecture											X

11408433187	Jul 29 2022 0	Awareness of the difference between out of pocket max, deductible etc and other terms/values used by insurance companies so as new clinicians they are able to explain this to patients and understand the financial limits a patient may be experiencing. Understand typical reimbursement rate based on where they work and payer.	1										
11408433065	Jul 29 2022 0	Insurance education, marketing for services	1							1			
11408432906	Jul 29 2022 0	Basic intro to insurance and reimbursement	1										
11408432867	Jul 29 2022 0	Debt to income ratio, job outlook, saturated markets lowering PT wages								1			
11408432890	Jul 29 2022 0	Basic knowledge of billing, insurance etc	1	1									
		Sum	131	83	18	28	26	12	80	10			

Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice

What knowledge and skills do you think clinical education experiences should provide to prepare entry-level clinicians for financial resource management in physical therapist practice?

Answered 266
Skipped 0

Respondent ID	Response Date	Responses
11413622254	Oct 04 2022	Give them a mock productivity rating
11413577343	Oct 04 2022	Examples of productivity standards
11413433204	Oct 02 2022	CIs should have discussions with students about how finances, budget, patient insurance rules work within their clinic in their setting so they're aware of the issues but not mastering specific solutions
11413409913	Oct 02 2022	Clinical education experiences need to hold students responsible for ethical and legal billing of care rendered. In addition clinical experiences need to include offer students first hand experience in reviewing financial reports.
11413403022	Oct 02 2022	Transparency of income for billed services for treatments completed
11412955601	Sep 27 2022	I think practicing therapists should be transparent about the implications of financial resources during clinical education. I also think that students who have met clinical expectations should shadow with DOR or admin in the setting to discuss finances further.
11412828083	Sep 26 2022	Documentation and billing. They need to concentrate on patient skills- can learn the other info later when not as critical.
11412681340	Sep 24 2022	Balancing productivity with patient needs. Also, understanding how to make best use of available resources.
11412680722	Sep 24 2022	They should sit down with the students day one in orientation and go over those expectations for that facility
11412565362	Sep 22 2022	The student should be shown how to do this by meeting with clerical or the therapist checking patients in and also with the clerical staff that deal with getting insurance approval.
11412564721	Sep 22 2022	whatever is reasonable within the timeframe allocated for the interaction
11412559784	Sep 22 2022	How to look at out of pocket costs of patient to help with decision making for POC, understand reimbursement for payers.
11412543084	Sep 22 2022	billing, use of resources, time management
11412540143	Sep 22 2022	Discuss billing and coding as it relates to the PT practice.
11412501989	Sep 22 2022	Better understanding of how insurance reimbursement works, co-pays vs deductibles etc
11412385527	Sep 21 2022	Teaching productivity
11412380565	Sep 21 2022	General knowledge
11412371851	Sep 21 2022	Provide first hand practice in the importance of financial responsibility through good scheduling practices, appropriate use of down time and resource available.
11412366612	Sep 21 2022	Explain how to technically enter charges in emf and how to figure charges. Educate on charging the appropriate units based on time, etc.
11412321096	Sep 20 2022	N/A
11412309587	Sep 20 2022	Student competencies that CIs complete should have some assessment of financial resource management.
11412293962	Sep 20 2022	Review is basic P&Ls, statement of cash flows, and GL entry
11412293371	Sep 20 2022	Basic billing rationalization and ethics of billing
11412286083	Sep 20 2022	Be open and honest about generation of fees, overhead expenses and the ability to be profitable in such a smothered environment.
11412284092	Sep 20 2022	-
11412277646	Sep 20 2022	Speak with a physician on the referral practices. Mandatory rotations in a variety of setting to enhance exposure to different practices for billing.
11412275121	Sep 20 2022	Exposure to how billing is done and how various insurance providers in the area cover PT sessions
11412274637	Sep 20 2022	I believe it is during clinical education that students begin to understand how things like billing, marketing, use of space, legal issues work in their practice environment
11412258477	Sep 20 2022	I think the exposure to these topics are common with clinical experiences but there is an opportunity to provide more focus on them when they happen and have more dialogue about them.
11412228822	Sep 20 2022	Billing practice, examples of financial limitations for modifying plan of care to be in the interest of the patient, observe how the reimbursement structure works with admin team, business cases from leadership perspective - students could help managers.
11412217506	Sep 19 2022	More detailed insurance reimbursement concepts, precert process for specific insurers, Medicare guidelines in practice
11412212606	Sep 19 2022	How to coordinate with other therapists using similar equipment or other disciplines also working with pt. To ensure effective use of time and fluidity for pt. Also, how to hand-off how a patient is doing to their nurse or next therapist/covering therapist
11412210209	Sep 19 2022	Allow them to see the behind the scenes work for billing, coding, claims
11412209777	Sep 19 2022	hard to provide this information on a clinical experience when most PTs probably dont know or have access to this information specifically.
11412207817	Sep 19 2022	Allowing different therapy setting directors or managers come in and speak about their roles in finance management.
11412206511	Sep 19 2022	Treat them as if they are actual employees; thus when in practice will understand the processes.
11412205486	Sep 19 2022	Real-world application of billing and supply management skills. Effective usage of time for patient care.
11412205074	Sep 19 2022	Only private owned locations would be able to do this, most PTs do not interact with the financial side of therapy.
11412204640	Sep 19 2022	Coding;

11412203241 Sep 19 2022 Guidelines and rules that they follow per policy

11412197825 Sep 19 2022 NONE. LEARN THE CRAFT.
How to efficiently manage schedule, resources, documentation to minimize burnout while optimizing productivity. Set good

11412196995 Sep 19 2022 example on ethical billing and insurance practices

11412195843 Sep 19 2022 Ethical billing
All CIs could be prepared to educate on financial resource management, and the level of education / amount of depth should

11412195334 Sep 19 2022 depend on which clinical experience it is in their education.

11412192033 Sep 19 2022 More specific knowledge of the reimbursement models applicable to that clinical setting

11412189219 Sep 19 2022 the billing and financial resource management practices of that specific location

11412188291 Sep 19 2022 Provide a management experience

11412188389 Sep 19 2022 None
This should be a part of the education, but I believe that the clinical experiences should be focused on the safest, best care

11412184025 Sep 19 2022 for the patient, because that is stuff that can't be learned from books

11412182708 Sep 19 2022 Education on Budgeting

11412181674 Sep 19 2022 Managing patients more effectively to maximize outcomes relative to visit limitations and financial constraints.

11412181044 Sep 19 2022 Needs to be a separate clinical if dealing with inpatient rules

11412180848 Sep 19 2022 Awareness and access to available resources, model behavior

11412174731 Sep 19 2022 Billing, coding

11412172838 Sep 19 2022 I think the students should be part of entire process including getting approval for treatment.

11412172689 Sep 19 2022 basic financial skill directly tied to patient care

11412171801 Sep 19 2022 Billing appropriately and being able to justify why you're billing what you are

11412171745 Sep 19 2022 Site-specific financial management

11412170579 Sep 19 2022 Only if dealing with private practice

11412170099 Sep 19 2022 Go into cash based business

11412169671 Sep 19 2022 Productivity standards, reimbursement knowledge
At minimum, training hours with the office manager, billing department and the therapist that is most involved in the

11412169410 Sep 19 2022 promotion of PT to the community.

11412167841 Sep 19 2022 Billing, knowledge of insurance limits on care

11412167908 Sep 19 2022 Depends on the setting

11412167966 Sep 19 2022 A basic knowledge of insurances and reimbursement policies. Medicare guidelines.

11412167548 Sep 19 2022 Productivity to sustain a thriving practice

11412166846 Sep 19 2022 most effective treatments

11412165890 Sep 19 2022 See number 9

11412165733 Sep 19 2022 Billing

11412163998 Sep 19 2022 Medicare and insurance Knowles. Limitations for practice and understanding how to work within the system
Imperative to educate that although PT is an altruistic field we still need to be cognizant of money or else we will not get paid

11412163919 Sep 19 2022 for what we do for patients and the field will decline.

11412163823 Sep 19 2022 Reimbursement

11412163773 Sep 19 2022 Practice of these skills in the practice settings with assessment of the student performance relay to these skills

11412163616 Sep 19 2022 Include the students more in the reimbursement process

11412163258 Sep 19 2022 setting specific reimbursement and regulations

11412162840 Sep 19 2022 It helps to cement the basic knowledge a new clinician has learned

11412162262 Sep 19 2022 Teach the students about financial resources as it applies in that setting area

11412161909 Sep 19 2022 Pushing students to be part of the productivity standard
Students should participate in coding and billing opportunities and an assessment of their competency should be done by

11412161533 Sep 19 2022 the CI.
I think most sites would be willing to integrate components of their clinical rotation with the management team members to

11412159744 Sep 19 2022 address departmental responsibilities or hospital-wide considerations. It could be as little as a day or two exposure or a full

11412159615 Sep 19 2022 rotation to involve them with the actual use of all of these knowledge and skills

11412159298 Sep 19 2022 Just the most basic of information.

11412159298 Sep 19 2022 very little in my setting is needed as I am a school based PT

11412158955 Sep 19 2022 How to perform a peer to peer for insurance approval for visits
They should provide the information required to function in that particular clinical and in that setting. They should be doing

11412158298 Sep 19 2022 that aspect of the job just like the clinical care so that the student will have a stronger appreciation for the process once out

11412158107 Sep 19 2022 of school and will be prepared for their first clinical job

11412158107 Sep 19 2022 *

11412157782 Sep 19 2022 In a perfect model I think clinical education experiences should include time spent in an operational role to learn

11412157548 Sep 19 2022 implementation, reporting, auditing, marketing, etc.

11412157325 Sep 19 2022 Practicing within a budget, including equipment, staffing, and billing practices.

11412157159 Sep 19 2022 Depends on the setting (large with multiple levels of management versus private)

11412157159 Sep 19 2022 effective use of time and resources, time management
Part of their clinical education should include time with management in actual clinics talking about daily financial challenges.

11410321512 Aug 25 2022

11410059944 Aug 22 2022 how various insurances may differ and why it needs to be monitored, cooperation with coworkers for use of resources,
budgeting for resources and how useful they may be for your clinic

1) Application of how to set the activities of the session to charge the correct unites for services provided.

2) Applying the group modifier to where it is needed.

11410024838 Aug 21 2022 3) Scheduling practices to reduce the reduction in returns.

11410013411 Aug 21 2022 Clinical education experiences should prepare students for productivity standards
Same as my response to #9. It's good for students to hear it in the classroom and then get additional 'real life' info in the clinical setting

11409961147 Aug 19 2022

11409755155 Aug 17 2022 Encourage point of service documentation and ways to improve efficiency without sacrificing excellent patient care.

11409721284 Aug 16 2022 PT students should get experience with this during their clinical rotations.
I think new grads are overly confident with their clinical skills. They need better clinical instructors and mentoring in their first few years of practice. In my opinion this is more important than financial resource management.

11409667034 Aug 16 2022

11409631858 Aug 15 2022 Reviewing billing and what services cost to see how much is billed to pt & how much Dept receives.
I think many of these financial resources are taken care of by ancillary staff ie. schedulers/receptionists, billing depts, aides etc. But I do think that it is important for them to be introduced to all of these concepts so they understand how a department works together. So again a 1 semester class, maybe maybe some virtual meetings to discuss what is taken care of and by whom in different settings and how that impacts what you are doing.

11409614670 Aug 15 2022 see above

11409597616 Aug 15 2022

11409569986 Aug 14 2022 include students in the insurance interactions - getting approved visits, appeals, documentation

11409548974 Aug 14 2022 How to educate patients in performing a HEP independently, to minimize their cost.
Understanding in outpatient ortho world billing units, reimbursement and general knowledge of insurance benefits to explain to patients.
The clinical supervisor has to educate them on the current status of finances and what is expected (productivity, reimbursement levels, etc).

11409528355 Aug 13 2022

11409521391 Aug 13 2022 Coordinate a x number hours with manager or director of affiliation as part of experience.

11409519769 Aug 13 2022 Billing practice

11409516466 Aug 13 2022 Minimal. Clinical experience is the important time to hone skills and see patients

11409512009 Aug 13 2022 Time management, billing, possible participation in equipment needs and ordering
Knowledge on preparing POC in conjunction with insurance restrictions, how to submit for additional visits based on different insurance rules, and billing practices related to Medicare and private payers

11409511880 Aug 13 2022

11409511333 Aug 13 2022 We can teach students some of the different key practice indicators that our company uses.

11409511175 Aug 13 2022 Clinical with a PT manager, director, or owner. This could be virtual or online and not on site.

11409494947 Aug 12 2022 Opportunity to help with ordering equipment

11409495007 Aug 12 2022 Again, very basic as it will vary from setting to setting

11409494671 Aug 12 2022 The importance of being ethical, accurate and efficient

11409492051 Aug 12 2022 Billing, coding and reimbursement

11409491064 Aug 12 2022 Proper billing related to all services provided

11409486511 Aug 12 2022 Spend time with administration
Some opportunities to shadow case management, administration, middle management, etc to get some understanding of the "big picture".

11409484605 Aug 12 2022

11409484371 Aug 12 2022 Basic explanations , can't rely on the clinical settings to do this
I feel it is more important to have clinical education addressing the financial aspects because you can see it applied immediately

11409477433 Aug 12 2022

11409475280 Aug 12 2022 relationship with KPIs

11409475196 Aug 12 2022 Productivity and efficient use of resources, scheduling, etc

11409475152 Aug 12 2022 Documentation, KSAs.

11409473423 Aug 12 2022 A lot!

11409472363 Aug 12 2022 application of generic knowledge learned in school, expanding on basic knowledge with real life examples

11409471965 Aug 12 2022 We should provide all the answers I gave to question (9) in the clinical setting.

11409471302 Aug 12 2022 Let the students perform insurance auths

11409471089 Aug 12 2022 Patient management, productivity management, personal relationships

11409470864 Aug 12 2022 Understanding of billing systems

11409470176 Aug 12 2022 ?

11409470106 Aug 12 2022 na

11409469908 Aug 12 2022 Basic understanding of the differences between codes and how reimbursement can effect what you bill

11409140584 Aug 09 2022 Practice and application of billing, writing letters of medical necessity, understanding co-pays and co-insurance
1) The importance of meeting productivity goals and how best to achieve those goals. 2) Managing a POC for patients with a hard cap on visits to achieve the best outcomes, for example, managing the frequency of visits each week throughout the duration of care.

11409037369 Aug 08 2022

11408978914 Aug 06 2022 basics productivity and billing

11408967378 Aug 06 2022 Educating students on individual reimbursement codes/insurance plans, as well as Medicare plan of care guidelines
Review of the above in person. And functional application with looking at the numbers and helping to prepare for staffing, how to schedule patients, and WHY based on insurance financials and clinic financials.

11408927909 Aug 05 2022

11408863065 Aug 04 2022 Observation day with case management or social work in inpatient, finance department

site specific functions, policies, and operations.

11408838200 Aug 04 2022 Understanding the role or

114088285017 Aug 04 2022 Insurance and process of getting services patients needs

11408768649 Aug 03 2022 As a CI, I would often challenge my students to think about what they wanted to work on with the patient, given they only have X amount of minutes to do it in. What treatment focus will give you the most bang for your buck?

114086983577 Aug 02 2022 Time management, documenting, charting and chart reviewing, work flow, delegating, working on all skills and clinical decision making, learning about your self as a student PT and learning your strengths and weaknesses

11408648703 Aug 02 2022 billing and insurance best practices in each clinical setting.

11408614722 Aug 01 2022 Review of billing and coding rules/laws. Review of how coding choices and time management effect professional viability.

114086099527 Aug 01 2022 Documentation
Billing code use and application
Reimbursement for their setting
I think there should be an entry level awareness of resource mgt and reimbursement. With the information ever evolving, I understand that this is going to be a difficult task, however having some general understanding of what insurance co/ PDPM and other payor's require would be beneficial.

11408602028 Aug 01 2022 Experience in billing; estimated costs of equipment

11408596069 Aug 01 2022 Access to monthly spreadsheets or mock reports

11408578774 Aug 01 2022 understanding not just a simple answer to find help for patients financially and ongoing struggles to help patient/family manage

11408578303 Aug 01 2022

11408576030 Aug 01 2022 More exposure and transparency from clinics to teach and reveal how resources are managed.
progressive exposure to responsibility for billing and preparing documents for patient reimbursement and advocacy as well.

11408560816 Aug 01 2022

11408557900 Aug 01 2022 Opportunities for patient education and review of different insurance plans
Coding and billing to reinforce what the PT education program has provided, 3rd party reimbursement - real life examples and challenges, productivity expectations

11408554539 Aug 01 2022

11408550774 Aug 01 2022 .
It could be helpful for students to spend some time with whoever the clinic manager is during their clinical experiences just to gain practical understanding.

11408550269 Aug 01 2022

11408527130 Jul 31 2022 Understanding our facility pills for its visits

11408527029 Jul 31 2022 As much exposure to billing, coding, risk management and quality improvement as possible.
Proper and timely submission of charges, how and what DME might be reimbursed and why, how various facility types are reimbursed differently with consideration of recommendations of continued therapy services upon discharge from one level of care to another

11408526248 Jul 31 2022

11408526103 Jul 31 2022 just what is need for entry level work.

11408521988 Jul 31 2022 Billing. Coding. Productivity. Authorization and copayments

11408521669 Jul 31 2022 Dedicated hours on Clinical Rotation with Director of Quality and Director of Finance
Similar to above answers but different settings have less or more of a need. Inpatients is completely different than outpatient and if the student is not versed at all in this area ahead of field experiences, 6-8 weeks is not enough time to truly teach these things

11408518299 Jul 31 2022 Depends on the level of student. If they are advanced, you can progress them by introducing "business items." If they are elementary or struggling, you will need to focus only on clinical items and not advanced items.

11408516673 Jul 31 2022 The clinicals should give an overview type of experience in each setting for the moderately important topics above and the essential topics will be likely used on a daily basis. Each setting has different needs for the moderately important topics.

11408516104 Jul 31 2022

11408513778 Jul 31 2022 I'm not sure what this question wants.
Not a high priority. If anything schools should encourage clinical setting to set aside some time for students to talk with financial managers of clinics but not make it a focus of the clinical itself

11408513679 Jul 31 2022

11408511128 Jul 31 2022 We can help to better understand the concepts when completing sessions.

11408510336 Jul 31 2022 Same as mentioned in #9. Clin-ed is just a chance to practice these skills.

11408508749 Jul 31 2022 let student know when a denial or reduction happens

11408506622 Jul 31 2022 Productivity expectations, hands on clinical care, time management skills

11408505676 Jul 31 2022 Application of and exposure to institutional policies
How to efficiently manage visits and plans of care so the patient receives the effective amount of care without the clinical/facility losing profit.

11408505392 Jul 31 2022

11408502038 Jul 31 2022 decision-making opportunities

11408493529 Jul 30 2022 Proper billing and coding practices. Medicare guidelines. Understanding what patients are able to afford

11408493259 Jul 30 2022 Knowledge on the ever changing insurance authorization process/ requirements for specific companies
Practice with billing and coding, review of site specific policies related to regulations and compliance of financial resources

11408492171 Jul 30 2022

11408491631 Jul 30 2022 Exposure to insurance copay vs copayments, appeals, workers comp restrictions, monitoring schedule to optimize fiscal performance

11408488159 Jul 30 2022 Experiential. Not additional focus

114084879666 Jul 30 2022 C Give a basic explanation of Medicare A vs B, private insurance, and Medicare Adv Insurance programs, Medicaid, State funded health programs, Affordable Care Act.

114084865575 Jul 30 2022 C None, they need to learn pt care first

114084857143 Jul 30 2022 C Charges, responsible user of equipment, respect of others properties, functioning within a group, doing your part

114084852338 Jul 30 2022 C Overall idea of how to bill in that particular setting/clinic, which can be put to practice either during that clinic experience or future experiences depending on the student's ability.

114084846300 Jul 30 2022 C I think the clinical ed is where they get a chance to put the classroom training to use. Sure, you know how to treat a stroke patient but if insurance only allows them to come 6 times, how will you prioritize what you want to work on at each of those sessions? The PT in the clinic should be able to model that and help them make those difficult decisions. The clinical ed piece needs to be as realistic as possible - what do you do if the patient can't afford therapy? how do you help them find other resources besides PT if they can't afford it? how do you manage chronic conditions when you know they are not going to improve a lot in a few weeks of therapy the way Medicare expects? They have to learn all this in the clinic.

114084835765 Jul 30 2022 C Understanding the process of getting authorization approval, treatment, proper timely documentation & billing. In each setting they have a clinical in since they will vary.

114084826720 Jul 30 2022 C Equally important for students to receive education regarding billing, documentation to support billing, and how metrics fit into the business of PT care. This is real time practical opportunities to learn this

114084815595 Jul 30 2022 C The circular pattern of evaluation, treatment, outcomes, billing for each agency, and the reimbursement of the billing process

114084803670 Jul 30 2022 C appropriate billing for services and again, knowing you have to bring in revenue to rationalize your worth to your agency. But details beyond billing appropriately and providing quality skilled care is more appropriate for further into their practicing career.

114084802907 Jul 30 2022 C Basics in operations management topics

114084799595 Jul 30 2022 C A review of all of the above defined in #9.

114084797077 Jul 30 2022 C Greater focus on co-pays, deductibles, etc and how that may influence a patient's POC. In general, just having a greater understanding of how insurances work, what a prior authorization is, etc

114084793044 Jul 30 2022 C Students should understand time based vs untimed codes. Students should understand the financial responsibility of the patients as well to make sure they are offering services that fits the patients budget

114084791512 Jul 30 2022 C Thr basics for reimbursement in their setting, ensure students take part in case management meetings both internally in the department and in the facility as a whole to get a better understanding of how care is managed from a financial side

114084750897 Jul 30 2022 C I believe there should be a component of each clinical focused on financial management as it pertains to impacting pt care.

114084745555 Jul 30 2022 C Unsure of what a specific experience would look like.

114084743464 Jul 30 2022 C Well I guess see above.

114084739430 Jul 30 2022 C Guidance on billing and productivity in ethical manner

114084733464 Jul 30 2022 C Time management, introduce productivity requirements, introduce insurance requirements

114084730235 Jul 30 2022 C Again Billing! And let students be involved in insurance discussions, peer to peer reviews, etc

114084724734 Jul 30 2022 C Same

114084722075 Jul 30 2022 C the clinical instructor should help students manage visit authorization tracking, authorization expiration dates, patients that require preauthorization, and what modalities are not covered and will therefore result in a bill sent to the patient for the service

114084717150 Jul 30 2022 C Same as school, it's an individual clinic thing - except Hippa, etc

114084716925 Jul 30 2022 C General understanding of productivity and time management

114084705783 Jul 30 2022 C Quality and education on appropriate billing standards

114084702326 Jul 30 2022 C They already do enough

114084652084 Jul 30 2022 C Exposure to financial side of a practice setting to understand the different components involved in generating revenue and paying staff

114084641704 Jul 30 2022 C CI's are responsible for teaching students about billing/coding rules, utilization of documentation software for scheduling management, and how to meet productivity standard expectations.

114084591275 Jul 29 2022 C Improve time management, efficiency within the setting

114084587215 Jul 29 2022 C Knowledge of their financial workings

114084585827 Jul 29 2022 C What the CI encounters in daily practice. If students have a particular interest in finance and administration they should arrange for an independent study or a specialty rotation.

114084582670 Jul 29 2022 C Same as above

114084580547 Jul 29 2022 C Have clinical instructors incorporate this into the learning structure of the clinical experience.

114084577206 Jul 29 2022 C No change

114084573695 Jul 29 2022 C Providing information on additional payer sources for DME, orthotics and equipment not covered by insurance. Providing opportunities to contact local non-profit entities that can provide assistance for families of lower socioeconomic status.

114084571257 Jul 29 2022 C Billing, coding, reimbursement, copays

114084562202 Jul 29 2022 C Review insurance coverage with students

114084560737 Jul 29 2022 C be aware of restrictions given by insurance companies, be aware of the need for prior authorization for patients so the patient does not end up with a bill; be aware of number of visits authorized, complete all medicare plan of cares in timely fashion; be aware of why it is important to complete documentation and billing in timely fashion according to facility guidelines

114084560737 Jul 29 2022 C Managerial classes/business class to run an office. Specific to our PT practice, not "Business 101"

They should review the payment systems in a verbal overview to allow the student to see how different clinical sites and settings work

114084519287 Jul 29 2022 C How to bill

114084511489 Jul 29 2022 C Teach them their system for charges and understanding insurance companies and what's approved

The student should have to complete several chart reviews explaining the patient's insurance coverage, ability to meet their bills including prescriptions, how to balance the number of visits allotted with effect POC.

114084501478 Jul 29 2022 C Definitely billing and coding compliance

114084500132 Jul 29 2022 C Scheduling, ordering

114084481090 Jul 29 2022 C Basic info about insurance reimbursement and billing

114084468512 Jul 29 2022 C Billing

114084460589 Jul 29 2022 C Educating students on business practices. I don't think it's a requirement but it should be something they are exposed to

Timely, efficient quality patient care provision that is reimbursable and affordable to the patient. An overview of the elements and practice as able of the tasks needed to financially run the practice at that particular clinic.

114084449522 Jul 29 2022 C

114084443632 Jul 29 2022 C negotiation practice

Real life practice with billing/coding and schedule management, time management, some intro to reimbursement with net rate per visit and units etc

114084442149 Jul 29 2022 C

In an ideal world, perhaps PTA & PT students could not only "have time" to truly discuss the above-mentioned topics with a CI (and how these direct and effect things in their particular clinic), but also to spend time with the practice owner, billing specialist or other administrator. Discussion with people in these roles would provide a more well rounded perspective and assist new therapists with providing constructive feedback and solutions in their future workplaces. They may also be less likely to feel burn-out due to frustrations arising from such factors that they otherwise don't understand well with an education that did not emphasize financial factors.

114084433126 Jul 29 2022 C

114084432387 Jul 29 2022 C Should provide some exposure but not crucial

Clinical education sites should include all students in their requirements for financial resource management as they would

114084424399 Jul 29 2022 C any new employee

The importance of communication with pts and being sure they understand what is going. Pts won't make progress if they don't understand any information given to them

114084418670 Jul 29 2022 C

114084414649 Jul 29 2022 C Same as above

114084407049 Jul 29 2022 C Basics of billing

114084406749 Jul 29 2022 C Important of billing accuracy

Same as above

114084386860 Jul 29 2022 C

Costs of supplies, minimize waste, and importance of including the patient in the discussion of how much out of pocket expenses they have, to include copays, supplies, etc

114084393576 Jul 29 2022 C

114084392277 Jul 29 2022 C Look into opportunities to practice in undeserved areas where these concerns maybe more prevalent

114084389526 Jul 29 2022 C Emphasis on HEP instruction and how to educate lay people

114084388847 Jul 29 2022 C Teaching billing rules in that specific practice setting

114084385190 Jul 29 2022 C Better focus on productivity and understanding of CPT codes

114084378289 Jul 29 2022 C Time management, productivity standards

114084365660 Jul 29 2022 C Billing, coding and insurance reimbursement

Involve students in billing, meetings, seminars, and discussions about the financial factors that govern practice in that facility. Involve students in every aspect of practice, including marketing, patients education, etc. as they are available.

114084364340 Jul 29 2022 C

114084364260 Jul 29 2022 C How to manage student loans

114084361379 Jul 29 2022 C They will need to know the basics of billing, productivity, etc.

114084358450 Jul 29 2022 C Billing and productivity standards. Also the reality of burn out in this profession

Teach productivity, teach how the setting works, and have the student striving to meet those standards. A lot of new grads are expected to be thrown to the wolves with a PTA or COTA as a manager which means the manager has no idea how to

114084354949 Jul 29 2022 C teach them how to manage evals and the like.

114084354759 Jul 29 2022 C N/A

Use of resources, budgeting - cost of equipment and supplies; different payer sources and reimbursement; cost of our services along with co-pay info for patients

114084351468 Jul 29 2022 C

114084347617 Jul 29 2022 C Practice in the areas of billing, justification of care, insurance practices applicable to the site

Again, this is clinic and setting specific (i.e. private outpatient ortho vs. hospital based outpatient look very different let alone acute, SNF, or inpatient rehab settings)

114084345359 Jul 29 2022 C

114084344627 Jul 29 2022 C Basic understanding of reimbursement and safety guidelines

Allowing students to have a knowledge of what their instructors make in a year vs relying on google data. Allow students experiences with the management responsible for the budgeting for a dept.

114084342822 Jul 29 2022 C

114084337757 Jul 29 2022 C Appropriate billing, ethical billing practices, productivity standards.

Develop working knowledge schedule planning based on productivity, insurance requirements, payment models;

114084336237 Jul 29 2022 C understanding of CPT codes and documentation requirements.

114084335967 Jul 29 2022 C Scheduling/insurance info

Basic knowledge on productivity, budgets, margins, as well as interacting with insurance companies. This may include seeking authorization of visits, notices of non-coverage, appeals, peer to peer processes.

114084335874 Jul 29 2022 C

114084335218 Jul 29 2022 C it should be part of the regular discussions and should include some time with leadership and business managers as able.

114084335420 Jul 29 2022 C They should provide the same education that the employed therapists receive - not just the clinical instruction from CI's

11408433344 Jul 29 2022 C None. Student in clinical to learn clinical skills.
CE experiences should have fiscal/financial as a part of their learning curriculum. That way these discussions can be practiced with a mentor present vs. the CI always covering the financial stuff because the student is here such a short time.

11408433187 Jul 29 2022 C

11408433065 Jul 29 2022 C Business office shadowing

11408432906 Jul 29 2022 C NA
Education on budgets, insurance information (limitations, restrictions, coverages) and how that can affect treatment

11408432890 Jul 29 2022 C provided

11408432867 Jul 29 2022 C Debt payoff

Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice
What knowledge and skills should be provided by the student physical therapist's first employer to ensure the entry-level clinician is effective in the realm of financial resource management?

Answered 266
 Skipped 0

Respondent ID	Response Date	Responses	Tags
11413622254	Oct 04 2022 03:29 PM	No comment	
11413577343	Oct 04 2022 08:07 AM	Metrics to reach	
11413433204	Oct 02 2022 10:07 PM	Show them the budget, explain net revenue per visit, show a clinician numbers regarding how much revenue is necessary to pay for overhead. Make sure they know what restrictions their current patients have (auth required, peer to peer necessary, visit limit) etc so they can plan with their patients individually	
1141340913	Oct 02 2022 02:36 PM	They have passed their education curriculum that includes competencies in financial management	
11413403022	Oct 02 2022 11:19 AM	Learning different insurance reimbursement and approved visits or copay relevant to the setting such as nursing homes or outpatient. Employers should be transparent from the interview process forward about expectations for resource management. This should be covered in orientation and include a list of audits that are completed to assess the employees management of fiscal resource.	
11412955601	Sep 27 2022 06:37 PM	First employer is the one who should be responsible for the PT knowing where the PT fits in the financial picture and what the financial picture is.	
11412828083	Sep 26 2022 03:01 PM	Employer needs to educate the new PT on financial considerations involved with the position.	
11412681340	Sep 24 2022 08:20 AM	Same as last question but in more detail	
11412680722	Sep 24 2022 08:05 AM	Again should meet with that facility's staff that handles those things to make sure they understand what needs to be said and done.	
11412565362	Sep 22 2022 08:51 PM	the first year is really a transitional year	
11412564721	Sep 22 2022 08:40 PM	How the facility is reimbursed, how to find what patient responsibility is.	
11412559784	Sep 22 2022 07:37 PM	budgeting, use of specific technology	
11412543084	Sep 22 2022 04:37 PM	I think this varies hugely depending on the practice	
11412540143	Sep 22 2022 04:02 PM	Understanding of billing reimbursement and budget considerations	
11412501989	Sep 22 2022 09:29 AM	Unsure	
11412385527	Sep 21 2022 09:48 AM	Spend at least a day focusing on financial resources during orientation.	
11412380565	Sep 21 2022 09:02 AM	Set clear expectations with regards to company policy.	
11412371851	Sep 21 2022 07:20 AM	How to use the billing system; productivity metrics, testing to sure the new hire understands 8 minute rule.	
11412366612	Sep 21 2022 06:03 AM	I do believe that most employers understand what they are getting with a new grad	
11412321096	Sep 20 2022 07:24 PM	First employer will provide the majority of the knowledge and skills as they will have a vested interest in ensuring maximum reimbursement is gained.	
11412309587	Sep 20 2022 05:40 PM	Why they need to be efficient and effective with their care.	
11412293962	Sep 20 2022 03:02 PM	Education on why you charge and how it impacts the overall budget	
11412293371	Sep 20 2022 02:56 PM	reimbursement levels for your interventions. this should not be a driving force in your decision making on proper care, but we no longer have the option of time on our side when treating.	
11412286083	Sep 20 2022 01:51 PM	-	
11412284092	Sep 20 2022 01:37 PM	Proper training prior to beginning treating and carrying a caseload. Clear expectations for billing and productivity.	
11412277646	Sep 20 2022 12:43 PM	Have them spend some time in the area that handles patient's insurance and billing	
11412275121	Sep 20 2022 12:23 PM	Each employer will need to orient therapists to financial and legal issues related to that practice environment	
11412274637	Sep 20 2022 12:20 PM	It is essential to a successful practice...and far easier for the first employer if the entry-level clinician has been introduced to these topics. Again...reimbursement, regulatory, documentation, healthcare reform, etc.	
11412258477	Sep 20 2022 10:17 AM	To know exactly how it works in that business, current ongoing financial concerns/projects, implications for clinical practice, which insurances are helpful vs hindrance to PT.	
11412228822	Sep 20 2022 04:02 AM	Site specific coding, billing, equipment and staffing costs.	
11412217506	Sep 19 2022 11:51 PM	How patient census, facility budget, etc. specifically effects staffing and productivity at their company	
11412212606	Sep 19 2022 10:08 PM	Stick to the basics at first and provide support. Submit documentation and codes as needed, but primary focus is patient care. Once they can help people effectively, then layer on the financial aspect.	
11412210209	Sep 19 2022 09:24 PM	what should an employer provide is very different from what they will provide. I think all employees that are interested should have access to what a patient is being charged based on their services. If I complete an hour eval I make \$50 in that hour, the patient is billed \$125, the insurance only pays \$95. staff should know that they earned \$45 dollars for the company.	
11412209777	Sep 19 2022 09:16 PM	Mentoring to assist new grad with learning.	
11412207817	Sep 19 2022 08:46 PM	Have the employer run a system of "what/how would you bill" prior to submitting for reimbursement. Opens up communication/education regarding finances.	
11412206511	Sep 19 2022 08:25 PM	Marketing, clinic budget, supply ordering, and higher complexity billing should be reviewed by employers.	
11412205486	Sep 19 2022 08:10 PM	Correct coding billing and documentation practices	
11412205074	Sep 19 2022 08:05 PM	Budgeting; coding; insurance limits	
11412204640	Sep 19 2022 08:00 PM	Mentorship and onboarding	
11412203241	Sep 19 2022 07:43 PM	This is getting repetitive and redundant. A STUDENT PT NEEDS TO LEARN HIS/HER CRAFT!!	
11412197825	Sep 19 2022 06:49 PM	Mentorship on efficiency and productivity to enhance first experiences and set the stage for ethical billing and practice	
11412196995	Sep 19 2022 06:40 PM	Productivity standards with assistance to attain	
11412195843	Sep 19 2022 06:29 PM	Productivity expectations, recommended units / billable hours per day, and a "cheat sheet" on things to know for certain insurances.	
11412195334	Sep 19 2022 06:22 PM	Rounding out any knowledge that is needed that the clinician does not already have (co-pays, requirements of insurances that facility contracts with, etc.)	
11412192033	Sep 19 2022 05:41 PM	the billing and financial resource management practices of that specific location	
11412189219	Sep 19 2022 05:05 PM	Whatever they feel is necessary	
11412188389	Sep 19 2022 04:54 PM	Much education in policies and procedures of finances	
11412188291	Sep 19 2022 04:54 PM	Explaining expectations up front, at interview and not necessarily on the first day	
11412184025	Sep 19 2022 03:58 PM	Expense report and budgeting	
11412182708	Sep 19 2022 03:42 PM	To balance being fiscally responsible to their employer as well as their patients.	
11412181674	Sep 19 2022 03:29 PM	Full orientation to hoe billing is done there.	
11412181044	Sep 19 2022 03:21 PM	Awareness and training on systems	
11412180848	Sep 19 2022 03:18 PM	Facility, patient scheduling	
11412174731	Sep 19 2022 02:15 PM		

Anything specific to that setting. For example, case mix goals, typical reimbursement for treatment and understanding treatment minutes based on that.

11412172838: Sep 19 2022 02:02 PM prioritize those tied directly to patient care; then additional KSAs related to maximizing institutional financial flourishing

11412171801: Sep 19 2022 01:53 PM What the expectations are

11412171745: Sep 19 2022 01:52 PM A proven competency

11412170579: Sep 19 2022 01:39 PM Sharing billing/reimbursement and time management

11412170099: Sep 19 2022 01:34 PM Making patients happier

11412169671: Sep 19 2022 01:28 PM Billing guidelines, insurance general knowledge

11412169410: Sep 19 2022 01:25 PM Training with the person that does the billing and manager of patient schedules. Training with the therapist who promotes the department to the community.

11412167841: Sep 19 2022 01:11 PM Medicare guidelines

11412167908: Sep 19 2022 01:09 PM Billing, reimbursement, denials, marketing, etc

11412167966: Sep 19 2022 01:09 PM A review of the insurances the facility accepts and the reimbursement policies. What is expected from insurance companies when a PT completes and initial eval and discharges.

11412167548: Sep 19 2022 01:05 PM Budgeting/equipment management

11412166846: Sep 19 2022 12:57 PM mentoring

11412165890: Sep 19 2022 12:47 PM See 9&10

11412165733: Sep 19 2022 12:45 PM Billing, basic understanding of costs

11412163998: Sep 19 2022 12:26 PM Everything they will need to know to do their job is effectively

11412163919: Sep 19 2022 12:25 PM Onboarding by senior level PT's as well as education by the billing department.

11412163823: Sep 19 2022 12:24 PM Mentoring

11412163773: Sep 19 2022 12:24 PM Detailed orientation

11412163616: Sep 19 2022 12:22 PM There should always be a mentor the first 3-6 months

11412163258: Sep 19 2022 12:18 PM setting and site specific resource mgmt, reimbursement, regulations, etc

11412162840: Sep 19 2022 12:13 PM There should be an orientation with the CFO.

11412162262: Sep 19 2022 12:06 PM A mentor to assist in learning the financial aspects

11412161909: Sep 19 2022 12:03 PM Any items that are required as part of the job, explains insurance benefits to patients

11412161533: Sep 19 2022 11:59 AM Employers have the responsibility ensure that new graduates are mentored properly in financial resource management. Great point, as part of a new grad/new employee to an organization we probably don't spend enough time even exposing them during the orientation process. There is so much to complete that it could take a lot of time. Many times, it happens through town hall meetings with leadership or updates through committee work, etc.

11412159744: Sep 19 2022 11:39 AM Most all of the necessary information as reimbursement varies between institutions.

11412159298: Sep 19 2022 11:34 AM This depends on the setting and the importance that the company places on resource management.

11412158955: Sep 19 2022 11:31 AM Specifics to their setting

11412158298: Sep 19 2022 11:24 AM This is where a much higher level of education should be provided as part of the mentoring process. The prior training has all been leading up to the student really learning the business side of practice. this is where refinement of productivity and billing and resource management should occur.

11412158107: Sep 19 2022 11:22 AM *

11412157782: Sep 19 2022 11:18 AM Ideally there should be an onboarding period where time is spent in an operational capacity to see the business side of things and what happens behind the scenes.

11412157548: Sep 19 2022 11:15 AM Organization specifics rules, practices.

11412157325: Sep 19 2022 11:13 AM none specific

11412157159: Sep 19 2022 11:11 AM marketing, public relations, facility guideline compliance

11410321512: Aug 25 2022 12:47 PM Training on the complexities of the many different reimbursement sources

11410059944: Aug 22 2022 09:22 AM How financials are managed and who has the responsibility for tasks

11410024838: Aug 21 2022 04:37 PM Same response as question 10

11410013411: Aug 21 2022 08:47 AM A better understanding of ARDs and equipment coverage would be helpful.

11409961147: Aug 19 2022 07:03 PM More specifics related to how insurances work for that particular setting. In-depth info about how productivity affects staffing that dept and the organization as a whole

11409755155: Aug 17 2022 08:52 AM Support for billing and documentation.

11409721284: Aug 16 2022 08:21 PM Clinicians should get the most information provided by their first employer.

11409667034: Aug 16 2022 07:52 AM Explain the billing process. Show them EOBs. Help them to understand the costs the employer incurs, including their own salary and benefits.

11409631858: Aug 15 2022 05:44 PM Cost of billing vs down time.

11409614670: Aug 15 2022 01:35 PM Scheduling of patients, based on needs, equipment, flow of department.

11409597616: Aug 15 2022 10:19 AM Adequate orientation w/ experienced clinician, staff member

11409569986: Aug 14 2022 09:36 PM mentor to coach with financial resource management

11409548974: Aug 14 2022 08:20 AM Educate employee that insurances limit visits and to be efficient and effective in HEP instruction/education to patients. Also, that many patients can't afford PT multiple times a week.

11409535178: Aug 13 2022 08:36 PM Understanding of practice billing practices, knowledge of reimbursement models and general knowledge of clinic financial needs.

11409528355: Aug 13 2022 03:53 PM They should have a mentor to help guide them.

11409521391: Aug 13 2022 12:13 PM A fundamental understanding of budgets and finance

11409519769: Aug 13 2022 11:27 AM Most employers don't teach any billing the expect you to know what your doing. Perhaps just an overview on billing codes and what to bill.

11409516466: Aug 13 2022 09:51 AM Mentoring and on-boarding should include basic business education along with coding, compliance, etc.

11409512009: Aug 13 2022 07:23 AM Productivity standards, attendance policy standards and holding patients accountable

11409511880: Aug 13 2022 07:18 AM Proper billing practice for Medicare and private payer, especially when patient overlap occurs and modifications need to be made based on 1 on 1 care

11409511333: Aug 13 2022 06:55 AM Each job, including the first should educate the PT on the KPI's and proper billing/coding.

11409511175: Aug 13 2022 06:48 AM I don't know that this is a first employer responsibility bc most first time PT positions don't always offer management duties when you are first learning clinical education, documentation, etc.

11409494947: Aug 12 2022 08:03 PM Make them aware who is responsible for monitoring insurance coverage

11409495007: Aug 12 2022 08:00 PM They should know how to bill and manage time. That is all. A student should focus on learning skills, not productivity, contacting insurances, etc

11409494671: Aug 12 2022 07:50 PM First employers should provide detailed education on accurate and ethical billing practices to assure rules are followed.

11409492051: Aug 12 2022 06:44 PM Billing, coding and reimbursement

11409491064:Aug 12 2022 06:20 PM What expectations are for first year

11409486511:Aug 12 2022 04:54 PM Review documentation skills for reimbursement

11409484605:Aug 12 2022 04:23 PM -

11409484371:Aug 12 2022 04:20 PM Should be set up with a mentor and this should be part of the orientation competency

11409477433:Aug 12 2022 02:55 PM Comprehensive education to how the financial management works within that specific setting and our clinic.

11409475280:Aug 12 2022 02:34 PM Billing as part of documentation. Workflows for visit authorization

11409475196:Aug 12 2022 02:33 PM Organizational structure.

11409475152:Aug 12 2022 02:33 PM Coding, documentation and billing.

11409473423:Aug 12 2022 02:17 PM Should be able to ask colleagues questions regarding this at their first job

11409472363:Aug 12 2022 02:02 PM review of site specific billing mechanisms/resources, productivity demands, policies, initial mentoring

11409471965:Aug 12 2022 01:57 PM Everything answered in question(9)

11409471302:Aug 12 2022 01:47 PM Ability to recognize what insurances allow what services to be performed

11409471089:Aug 12 2022 01:44 PM Billing productivity

11409470864:Aug 12 2022 01:41 PM Explain what is expected

11409470176:Aug 12 2022 01:30 PM ?

11409470106:Aug 12 2022 01:29 PM na

11409469908:Aug 12 2022 01:26 PM What is expected in terms of charges, charges per visit, financial requirement of the patient

11409140584:Aug 09 2022 09:02 AM Current information regarding billing requirements for specific insurance carriers
The employer should set clear expectations and training regarding productivity and proper billing in an environment in which the employee feels supported and comfortable to ask questions.

11409037369:Aug 08 2022 06:34 AM some

11408978914:Aug 06 2022 01:51 PM

11408967378:Aug 06 2022 07:54 AM Guidelines/rules regarding Medicare plan of care, proper ethical billing, and efficiency for the clinic
The first employer should DEFINITELY provide in-servicing for the financials, ensure good understanding of the expectations required of the clinician, and provide a clear path for questions / resource person for mentorship until competency and comfort are achieved.

11408927909:Aug 05 2022 01:29 PM

11408863065:Aug 04 2022 06:18 PM Extensive orientation, day with billing department,

11408838200:Aug 04 2022 12:58 PM site specific policies, procedures, and operations.

11408828501:Aug 04 2022 11:11 AM Understanding of billing for facility and expectations.
they should have a working knowledge of what productivity and efficiency mean in the setting, and how to maximize patient treatment time

11408768649:Aug 03 2022 04:19 PM Mentorship program and teachings, with ramping up of caseload and documentation. Observation and assisting with the finances of the facility (if appropriate).

11408698357:Aug 02 2022 09:51 PM orientation.

11408648703:Aug 02 2022 10:29 AM orientation.

11408614722:Aug 01 2022 10:42 PM Review of effective time mgmt, multi tasking, UPV/EBU coding selections and rules.

11408609952:Aug 01 2022 08:50 PM All previously mentioned
I believe that there should be an overview of what insurances the employer has contracts with and from that point the employer can drill down on specifics to what best practices should be implemented when dealing the financial mgt specific to that practice/setting.

11408602028:Aug 01 2022 06:19 PM Same as above

11408596069:Aug 01 2022 04:51 PM Same as above

11408578774:Aug 01 2022 01:30 PM Past documentation and audit reviews and staff meetings/educational meetings

11408578303:Aug 01 2022 01:23 PM mentoring should be completed by staff already working at the facility

11408576030:Aug 01 2022 12:54 PM Time and competency assessment with billing team

11408560816:Aug 01 2022 09:54 AM the expectations- should be entry level with safe and legal billing, care for patient

11408557900:Aug 01 2022 09:19 AM Realistic productivity standards
Every employer (first or 5th or 10th) must ensure a therapist's baseline competence in the practice act, coding and billing, and clinical competence at a minimum.
Conceptually, understanding what and how a shared risk model if implemented would affect the productivity of each individual therapist and the company as a whole.

11408550774:Aug 01 2022 07:38 AM A clear relationship with their manager as well as (in out patient specifically) some time spent with the people who do the back end billing/scheduling/etc

11408550269:Aug 01 2022 07:29 AM They should have an understanding of what pairs are billed in the facility, and if visits are covered info or if there is a copy and if prior authorization necessary

11408527130:Jul 31 2022 09:44 PM Full orientation in appropriate billing, coding, billing ethics and updates as needed. Quality training should be given.

11408526248:Jul 31 2022 09:17 PM productivity expectations, interpretation of charging based on facility/location

11408526103:Jul 31 2022 09:11 PM Entry level basics.The PT can get advanced training in financials on their own if they wish to be in a more administrative role.

11408521988:Jul 31 2022 07:08 PM Productivity, billing and coding ideas.

11408521669:Jul 31 2022 06:58 PM Assessment of skills built int performance evaluation.
I had a preceptor for a year and I feel having a person to run questions by that has good experience in that setting was invaluable to me. With that being said the employee should have at least a solid base to pull from coming out of school especially seeing it's moved to a DPT. That extra year should teach some of the these things!!!

11408518299:Jul 31 2022 05:03 PM Depends on the setting. In OP, you must quickly understand billing and reimbursement. It would then be wise to begin to introducing budgeting and marketing to advance the clinic and the individual. These are all needed to have a business and they should be introduced ASAP.

11408516673:Jul 31 2022 04:04 PM I think that the first employer has to be the final piece to round out the financial education to show how finances are used in the setting. For example, out-patient clinics must do more marketing than PTs in acute care or the school setting.
Mentorship regarding efficiency billing and caseload management, education regarding different insurance plans their stipulations and requirements for visit authorization, education regarding that site's average reimbursements for various plans in order to help therapist understand for the role of billing in revenue the clinic sees.

11408513778:Jul 31 2022 02:16 PM Types of billing codes and knowledge about resources for legal billing practices

11408513679:Jul 31 2022 02:12 PM What their expectations are over the 1st 6 months to a year.

11408511128:Jul 31 2022 12:41 PM Productivity standards, how to effectively use the available support staff to improve efficiency, built-in billing/coding rules into EMR to alert clinician and avoid payment denials.

11408510336:Jul 31 2022 12:14 PM education on appropriate use of cpt codes, regulations about billing, knowledge of denials or reductions

11408508749:Jul 31 2022 11:16 AM Working as a team, progression of knowledge of hands on clinical care

11408506622:Jul 31 2022 09:53 AM Review of institution specific policies

11408505676:Jul 31 2022 09:14 AM Training of cost analysis with varying insurance payors

11408505392:Jul 31 2022 08:59 AM

11408502038: Jul 31 2022 06:11 AM Meeting with financial resources staff, etc

11408493529: Jul 30 2022 09:18 PM Ethical billing. Each company varies in ethics regarding this. Ultimately a new grad should have already had the education regarding billing, timed codes, etc to prevent companies taking advantage of new grads

11408493259: Jul 30 2022 09:03 PM Just knowing how much you're expected to know. Some companys are self pay only, others have the front office / business office do all the billing and other places this knowledge could be essential

11408492171: Jul 30 2022 08:18 PM Review of site specific policies related to regulations and compliance, mechanisms utilized to bill/track budgetary expenditures

11408491631: Jul 30 2022 07:48 PM All the policies, marketing, outreach, specific insurance restrictions for setting

11408488159: Jul 30 2022 05:02 PM Experiential

11408487966: Jul 30 2022 04:53 PM How to Correctly charge/ code

11408486557: Jul 30 2022 03:52 PM Basic understanding of the rules and regulations of insurance companies and govt insurance providers

11408485714: Jul 30 2022 03:16 PM Experience with budgeting, awareness of costs to the business and customer

11408485233: Jul 30 2022 02:55 PM Verify that clinician had basic understanding of financial resource management and educate clinician on specifics to that setting and clinic/system. Correct errors and continue education to ensure that the clinician is competent in their entry-level role.

11408484630: Jul 30 2022 02:29 PM Mentorship. Not just hey, this PT is here if you have questions. But someone who will review their documentation in samples on a regular basis, talk with them about ways to improve it, and look at their outcomes and visits over that first year to help them find ways to be more effective and deal with the challenges of their particular setting. One one one, regular, scheduled monthly mentoring that is formal and consistent for the first year.

11408483576: Jul 30 2022 01:48 PM Orientation including time spent with office staff to fully understand the process... referrals, scheduling, insurance, billing, review process.

11408482672: Jul 30 2022 01:14 PM Education regarding billing and documentation practices, how productivity is a part of the practice as a whole for sustainability

11408481559: Jul 30 2022 12:34 PM Again, the most up to date information of what the person should expect for the time they are spending with the patient and their reward for same. All the while, maintaining the highest level of care for each person.

11408480367: Jul 30 2022 11:55 AM Providing skilled care that can be effectively documented and then appropriate billing. All the other details need to come later so as not to overwhelm while learning how to be an independent clinician

11408480290: Jul 30 2022 11:52 AM Time management skills training

11408479959: Jul 30 2022 11:41 AM A comprehensive onboarding and orientation process to include physical space, equipment, competency testing, reimbursement practices based on clinical setting.

11408479707: Jul 30 2022 11:33 AM Not sure. Depends on the type of facility

11408479304: Jul 30 2022 11:20 AM Time management. Understand co-pays. Educate staff on what insurances will cover and won't cover. Educate staff on the costs of doing business and educate staff on the essence of productivity.

11408479151: Jul 30 2022 11:15 AM Same as above in 10. The employer/manager will need to educate to fill whatever gaps in knowledge exist

11408475089: Jul 30 2022 09:11 AM Handouts and education should be provided during the initial orientation period with clear, concise expectations of the clinician in their role.

11408474555: Jul 30 2022 08:57 AM The basics. Then we need arises in their first year of employment the therapist needs to figure out how to make their facility money. If they don't they will not have fun. Meaning why is there a productivity standard....

11408474346: Jul 30 2022 08:50 AM Course on behind the scenes budgeting/financial resources at the business

11408473943: Jul 30 2022 08:36 AM Education on the productivity required of the setting, good mentorship to help improve time management/productivity.

11408473346: Jul 30 2022 08:15 AM Productivity goals, general concept of average reimbursement for each service vs costs of providing the service, etc

11408473023: Jul 30 2022 08:04 AM Mentoring

11408472473: Jul 30 2022 07:44 AM visit authorization tracking, authorization expiration dates, patients that require preauthorization, and what modalities are not covered and will therefore result in a bill sent to the patient for the service, special codes required for similar charges (59 modifier), and any other billing practice that is necessary for reimbursement

11408472207: Jul 30 2022 07:35 AM All of the components of financial responsibility

11408471715: Jul 30 2022 07:16 AM Employer should communicate site expectations for clinician productivity to the new clinician along with facility-specific policies for resource utilization

11408471692: Jul 30 2022 07:15 AM Insurance tip sheets and resources available

11408470578: Jul 30 2022 06:35 AM Teach importance of loan repayment and impacts on financial future

11408470232: Jul 30 2022 06:22 AM Allow for brief windows of time in between patients for new therapist to document as close to visit as possible to improve documentation time

11408465208: Jul 30 2022 03:05 AM First employers should provide training on insurance billing/coding requirements, and productivity metrics necessary for the clinician to be financially productive to justify their salary. Ideally the employer would have a company compliance officer the new graduate can reach out to regarding any concerns/questions.

11408464170: Jul 30 2022 02:20 AM The specific employers structure and expectations. Targets and payer mix and how that relates to the day to day operations and success

11408459127: Jul 29 2022 10:47 PM Basic budget info, current reimbursement rates, proper coding

11408458721: Jul 29 2022 10:32 PM Productivity calculation.

11408458582: Jul 29 2022 10:27 PM Budgeting, reimbursement knowledge, facility resources

11408458267: Jul 29 2022 10:16 PM Cover this in the orientation period.

11408458054: Jul 29 2022 10:09 PM Financial coaching

11408457720: Jul 29 2022 09:58 PM Have them spend 1-2 days with the finance department to learn about how claims are processed in their department.

11408457369: Jul 29 2022 09:46 PM Basic breakdown of cost analysis for our services

11408457125: Jul 29 2022 09:38 PM Don't know

11408456220: Jul 29 2022 09:08 PM provide guidelines for expectations for how many patients should be seen each day, give guidelines for billing, inform PT about timeliness of closing charts/billing

11408456073: Jul 29 2022 09:03 PM How to bill appropriately for all time spent.

11408456047: Jul 29 2022 09:02 PM A mentor to help them understand these things and the importance in the setting

11408451928: Jul 29 2022 07:05 PM Train them to bill for the treatment they provide

11408451148: Jul 29 2022 06:47 PM Productivity expectations, how charges are done, understanding of insurance companies and reimbursement and clinical site's goals/ marketing strategies

11408450462: Jul 29 2022 06:32 PM Effective orientation to their financial resources, types of intermediaries, documentation required, how to address a denials

11408450147: Jul 29 2022 06:25 PM Basic knowledge of billing, coding, ethics in PT

11408450013: Jul 29 2022 06:24 PM Not sure

11408448109: Jul 29 2022 05:44 PM Educated on billable services

11408446851: Jul 29 2022 05:22 PM Billing, resource utilization, implication to patients financially

11408446058: Jul 29 2022 05:08 PM Nothing. This should be addressed in school or on clinical rotations

11408444952	Jul 29 2022 04:50 PM	The marketing plan for the clinic with clinician expectations, the insurance companies the clinic works with and their expectations with regards to documentation and visit allowance are all things, business projections and expectations of production.
11408444363	Jul 29 2022 04:40 PM	review of billing specific to facility payers
11408444214	Jul 29 2022 04:38 PM	Clinic/area specific billing rules based on various insurance contracts, schedule management and best practices of that company , more specific application of skills learned already in school and clinical schedule to be more specific for that location
11408443312	Jul 29 2022 04:23 PM	Ideally, a thorough orientation to reimbursement, billing, coding and the roles of all clinic employees seems appropriate for a first employer. Although this will take some time, I believe it will be time we'll spent as new employees have a greater appreciation and understanding of the responsibility such things demand due to their complex nature and legal and financial implications. Introducing a new clinician to administrative and ancillary staff will ideally increase confidence and comfort with asking questions, team dynamics and, ultimately, the efficiency of the clinic.
11408443238	Jul 29 2022 04:22 PM	Minimal for entry leaves until hands on skills are perfected
11408442439	Jul 29 2022 04:10 PM	Every employer should outline their expectations in terms of budget, documentation, productivity and resource management
11408441867	Jul 29 2022 04:00 PM	Hierarchy of the company
11408441464	Jul 29 2022 03:54 PM	They don't have time nor do many employers do a great job of onboarding. This should be minimized to things that are varied by practice setting and by employer preference/SOP
11408440704	Jul 29 2022 03:43 PM	Depends on whether or not they have someone that does billing.
11408440674	Jul 29 2022 03:41 PM	1 year mentoring
11408438686	Jul 29 2022 03:19 PM	Employers need to give basic education on billing practices for each individual facility as types of facilities differ and an overview on what is covered by insurance vs. What the hospital is responsible to cover. For example, in a DRG facility a patient may give a facility \$15 k for a 2 week stay which is all inclusive. If said therapist asks for a device that costs a great deal in the DRG setting the facility may make very little if any for the stay.
11408439357	Jul 29 2022 03:18 PM	Specific facility budget goals and the expenses that effect the profit/loss of the clinic
11408439227	Jul 29 2022 03:15 PM	Ask for these resources when starting and meeting with social work support team
11408438952	Jul 29 2022 03:11 PM	Efficacy
11408438884	Jul 29 2022 03:09 PM	Employer should be the main educator as policies and rules depend on the setting
11408438519	Jul 29 2022 03:03 PM	Expectations of that employer's productivity/screening standard
11408437828	Jul 29 2022 02:52 PM	Goal setting for meeting productivity, point of service documentation
11408436566	Jul 29 2022 02:30 PM	Same
11408436434	Jul 29 2022 02:28 PM	I would recommend a financial "test" to determine where their knowledge lies, and fill in the gaps with mentorship. Include finances and billing in orientation plans. Employers should be able to expect students to come in with a good grasp on patient care finances and only need to provide support specific to that facility and to advanced knowledge. Much like clinical skills. Students should graduate with a good foundation, but may need mentorship as they learn and grow. In both cases (clinical skills and finances) the graduates' knowledge should "do no harm" to the patients, the business, the profession, or the PT themselves.
11408436426	Jul 29 2022 02:28 PM	Educate in opportunities for further growth in financial gain/assets
11408436137	Jul 29 2022 02:23 PM	Here is where they should learn specific information, but students should be wary of for-profit motives.
11408435845	Jul 29 2022 02:20 PM	Mentorship is always key
11408435494	Jul 29 2022 02:13 PM	Orientation, someone to train on the EMR system if needed.
11408435475	Jul 29 2022 02:13 PM	N/A
11408435146	Jul 29 2022 02:07 PM	Guidelines on ordering of equipment/supplies; documentation needs for individual payers to ensure reimbursement; QI process for that individual employer; how that employer markets the therapy services
11408434761	Jul 29 2022 02:01 PM	Understanding their specific billing process and structure,
11408434535	Jul 29 2022 01:58 PM	Ethical and accurate billing and coding
11408434462	Jul 29 2022 01:57 PM	Ascertain new therapist understands the basics of major payor sources and proper billing to be reimbursed appropriately.
11408434282	Jul 29 2022 01:54 PM	None. The responsibility should be on the clinician at that point.
11408433775	Jul 29 2022 01:47 PM	Billing procedures, productivity expectations, billing appropriate codes
11408433623	Jul 29 2022 01:45 PM	CMS regulations, LCDs, insurance plan regulation specific to that setting.
11408433596	Jul 29 2022 01:44 PM	Onboarding with a good HR department
11408433587	Jul 29 2022 01:44 PM	Insurance billing expectations
11408433521	Jul 29 2022 01:43 PM	It is ultimately up to the first employer to get the PT up to speed on major laws and regulations (billing, compliance, etc.), company policies, with time also spent on efficient practice.
11408433542	Jul 29 2022 01:43 PM	There should be a robust orientation process that includes resource management, documentation, billing, etc.
11408433344	Jul 29 2022 01:40 PM	Similar to #10 - an overview of budget/coding/compliance and their importance
11408433187	Jul 29 2022 01:38 PM	This is the environment to learn financial resource management because every system is different.
11408433065	Jul 29 2022 01:37 PM	Definitely should be a part of their onboarding curriculum and as well as their professional growth as a practitioner.
11408432906	Jul 29 2022 01:36 PM	Knowledge of billing practices
11408432867	Jul 29 2022 01:34 PM	NA
11408432890	Jul 29 2022 01:34 PM	Transparent information regarding reimbursement, facility/company expenses, transparency with the above
		Education on budgets, insurance information (limitations, restrictions, coverages) and how that can affect treatment provided
		Goals for meeting budget and constraints it can have.

Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical T
How many years have you been a licensed physical therapist (in any state)?

Answered 265
Skipped 1

Respondent ID	Response Date	Responses	verted Responses
11413622254	Oct 04 2022 0:15		15
11413577343	Oct 04 2022 0:19		19
11413433204	Oct 02 2022 1:10		10
11413409913	Oct 02 2022 0:40		40
11413403022	Oct 02 2022 1:4		4
11412955601	Sep 27 2022 0:7		7
11412828083	Sep 26 2022 0:44 years		44
11412681340	Sep 24 2022 0:21		21
11412680722	Sep 24 2022 0:34		34
11412565362	Sep 22 2022 0:20		20
11412564721	Sep 22 2022 0:40 years		40
11412559784	Sep 22 2022 0:28		28
11412543084	Sep 22 2022 0:37		37
11412540143	Sep 22 2022 0:21 years		21
11412501989	Sep 22 2022 0:33		33
11412385527	Sep 21 2022 0:8+ years		8
11412380565	Sep 21 2022 0:25		25
11412371851	Sep 21 2022 0:25 years		25
11412366612	Sep 21 2022 0:12		12
11412321096	Sep 20 2022 0:20		20
11412309587	Sep 20 2022 0:25		25
11412293962	Sep 20 2022 0:16		16
11412293371	Sep 20 2022 0:9		9
11412286083	Sep 20 2022 0:40 years		40
11412284092	Sep 20 2022 0:42		42
11412277646	Sep 20 2022 1:1.5		1.5
11412275121	Sep 20 2022 1:19		19
11412274637	Sep 20 2022 1:34 years		34
11412258477	Sep 20 2022 1:29		29
11412228822	Sep 20 2022 0:7		7
11412217506	Sep 19 2022 1:30		30
11412212606	Sep 19 2022 1:3		3
11412210209	Sep 19 2022 0:23		23
11412209777	Sep 19 2022 0:16		16
11412207817	Sep 19 2022 0:6		6
11412206511	Sep 19 2022 0:25		25
11412205486	Sep 19 2022 0:3		3
11412205074	Sep 19 2022 0:10		10
11412204640	Sep 19 2022 0:30 years		30
11412203241	Sep 19 2022 0:15		15
11412197825	Sep 19 2022 0:27		27
11412196995	Sep 19 2022 0:3		3
11412195843	Sep 19 2022 0:32		32
11412195334	Sep 19 2022 0:4		4
11412192033	Sep 19 2022 0:20		20

11412189219	6 Sep 19 2022 C 11	11
11412188291	4 Sep 19 2022 C 31	31
11412188389	8 Sep 19 2022 C 27	27
11412184025	0 Sep 19 2022 C 26	26
11412182708	9 Sep 19 2022 C 27	27
11412181674	4 Sep 19 2022 C 25	25
11412181044	6 Sep 19 2022 C 33	33
11412180848	5 Sep 19 2022 C Practicing, al	3.5
11412174731	7 Sep 19 2022 C 13	13
11412172838	4 Sep 19 2022 C 32	32
11412172689	6 Sep 19 2022 C 27	27
11412171801	0 Sep 19 2022 C 6	6
11412171745	8 Sep 19 2022 C 32	32
11412170579	2 Sep 19 2022 C 19	19
11412170099	8 Sep 19 2022 C 10	10
11412169671	2 Sep 19 2022 C 23	23
11412167841	4 Sep 19 2022 C 30	30
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114084328674	Jul 29 2022 018	8
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		19.45
		1-48 years
		20 years

Importance of Financial Resources Knowledge,
Skills, and Attitudes for Entry-level Physical
Therapist Practice

Please provide your age (in years).

Answered 262

Skipped 4

Respondent ID	Response Date	Responses	Tags
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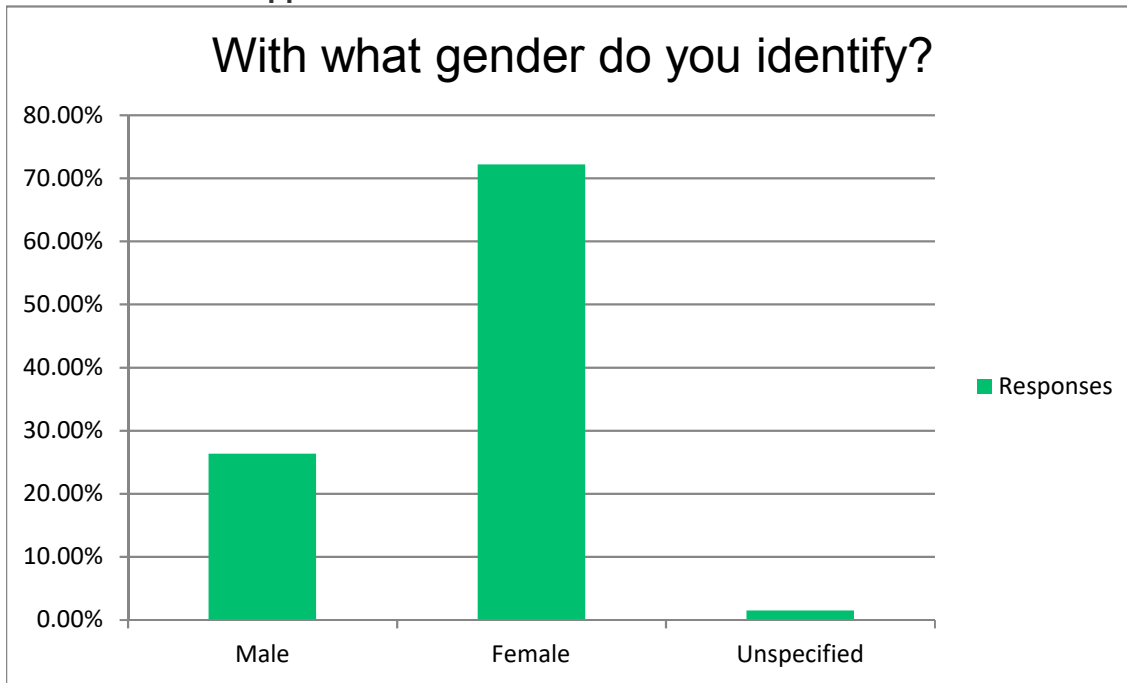
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45.09266409

Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice

With what gender do you identify?

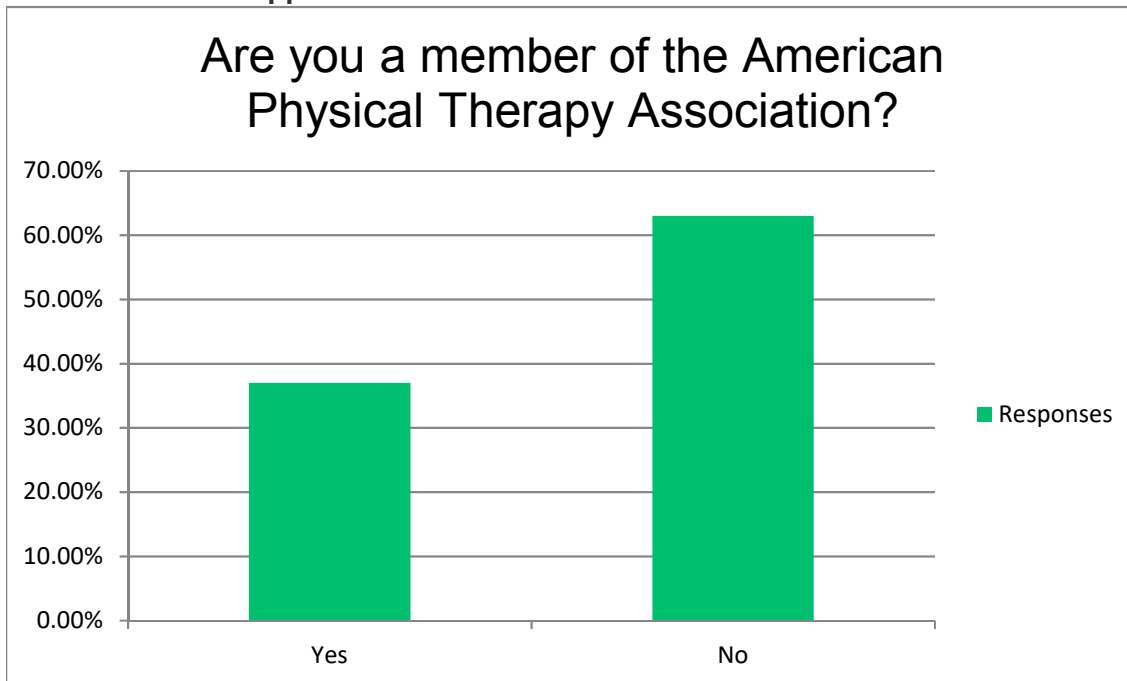
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Male	26.32%	70
Female	72.18%	192
Unspecified	1.50%	4
Answered		266
Skipped		0



Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice

Are you a member of the American Physical Therapy Association?

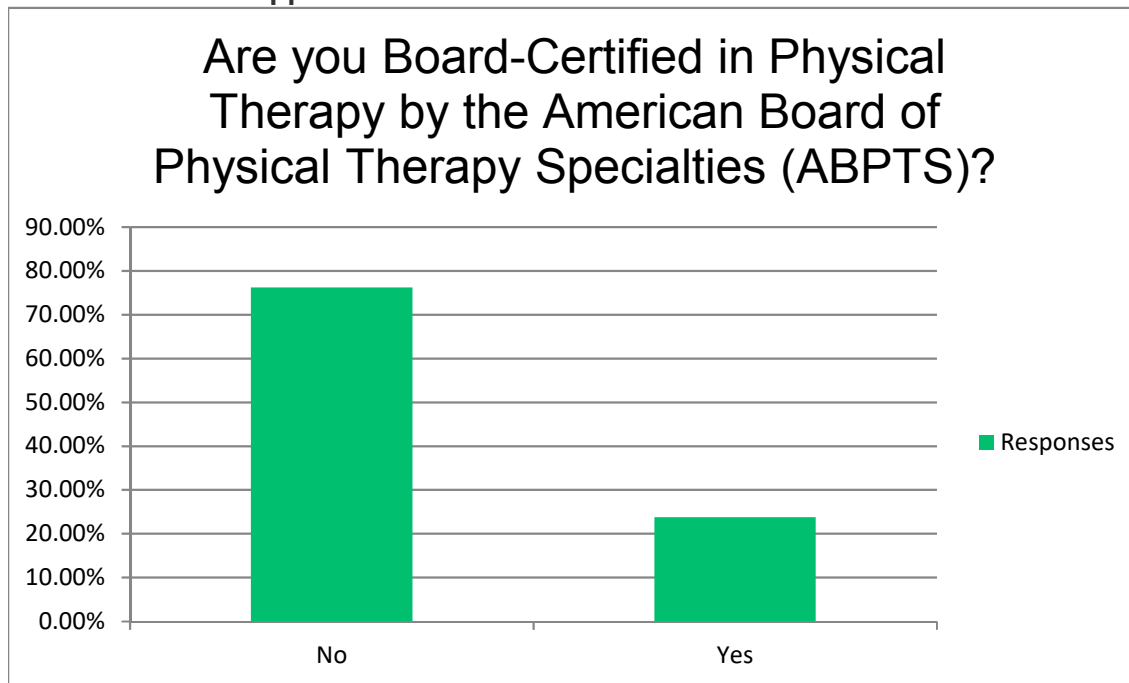
Answer Choices	Responses	
Yes	36.98%	98
No	63.02%	167
Answered		265
Skipped		1



Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice

Are you Board-Certified in Physical Therapy by the American Board of Physical Therapy Specialties (ABPTS)?

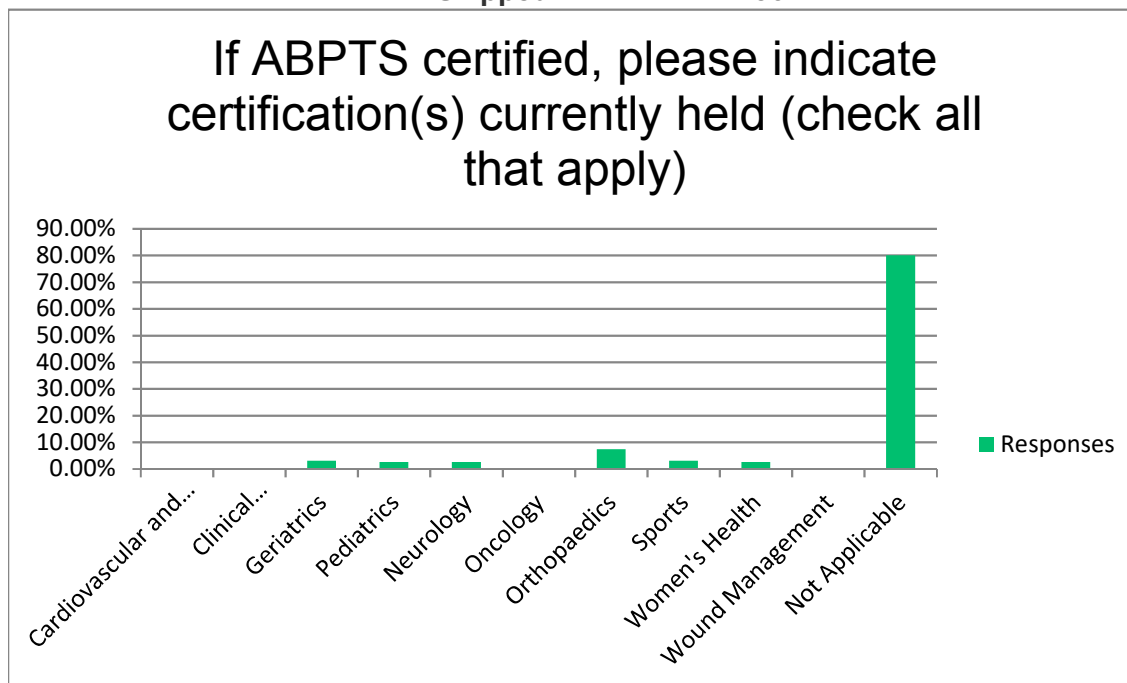
Answer Choices	Responses	
No	76.23%	202
Yes	23.77%	63
Answered		265
Skipped		1



Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice

If ABPTS certified, please indicate certification(s) currently held (check all that apply)

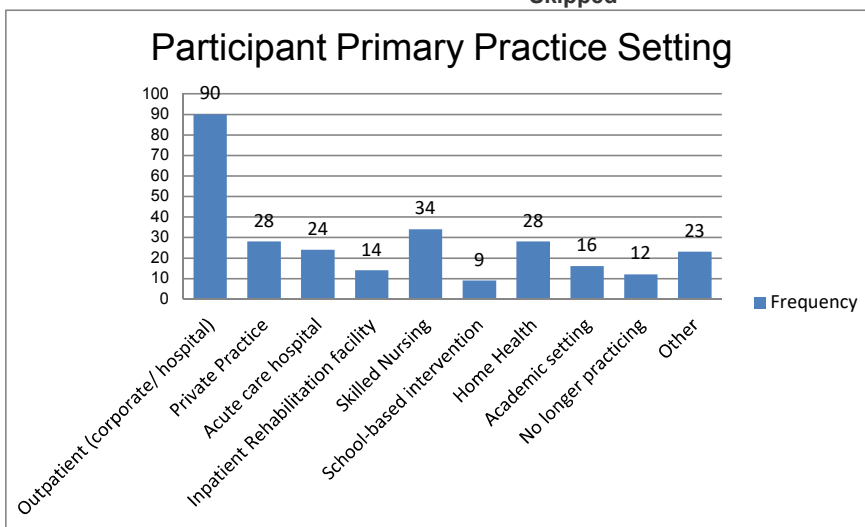
Answer Choices	Responses	
Cardiovascular and Pulmonary	0.00%	0
Clinical Electrophysiology	0.00%	0
Geriatrics	3.04%	7
Pediatrics	2.61%	6
Neurology	2.61%	6
Oncology	0.00%	0
Orthopaedics	7.39%	17
Sports	3.04%	7
Women's Health	2.61%	6
Wound Management	0.00%	0
Not Applicable	80.00%	184
	Answered	230
	Skipped	36



Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice

Please indicate the **PRIMARY** setting in which you currently practice:

Answer Choices	Responses	Frequency
Outpatient (corporate/ hospital)	35.29%	90
Private Practice	10.98%	28
Acute care hospital	9.41%	24
Inpatient Rehabilitation facility	5.49%	14
Skilled Nursing	13.33%	34
School-based intervention	3.53%	9
Home Health	10.98%	28
Academic setting	6.27%	16
No longer practicing	4.71%	12
Other	9.01%	23
Answered		255
Skipped		11



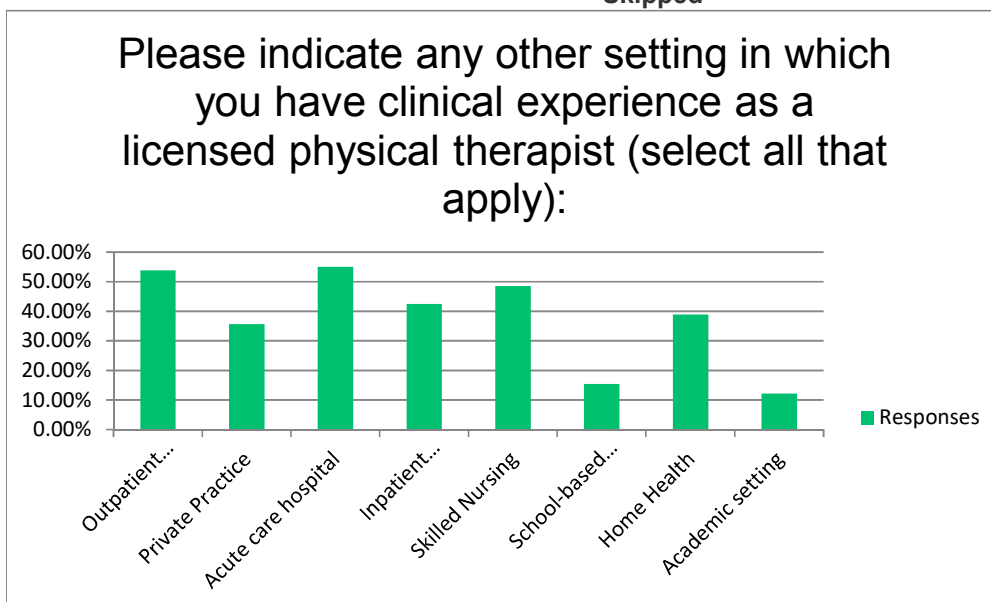
Respondent ID	Response Date	Other (please specify)	Data Handling Notes
114126807228	Sep 24 2022	0 Early intervention Consulting across the post-acute	
114122584777	Sep 20 2022	1 continuum of care, self employed.	
114121840250	Sep 19 2022	0 critical illness hospital	
114121808485	Sep 19 2022	0 CPA	
114121637738	Sep 19 2022	1 Recently retired Senior level administration / over multiple	
114121597448	Sep 19 2022	1 hospitals I have specialized in wound care as a PT for years. I now work for a Wound Care management company that employs NP's and I am responsible for their training in	
114096146709	Aug 15 2022	0 wound management.	
114095111750	Aug 13 2022	0 Outpatient privately owned	
114089789145	Aug 06 2022	0 in between jobs	
114086983577	Aug 02 2022	0 PRN in inpatient, and two outpatient clinics clinical faculty- treat in pediatric outpt and early intervention while teaching pediatrics and professional development courses	
114085608168	Aug 01 2022	0 (including financial)	
114085216690	Jul 31 2022	0 Health System	
114085087490	Jul 31 2022	1 owner of clinic	
114084852338	Jul 30 2022	0 Not currently working at this time	

114084815595	Jul 30 2022 12	I am a Private Practitioner along with HH	Add to private practi
114084750891	Jul 30 2022 09	Pediatrics Hospital Based outpatient/inpatient	
114084577208	Jul 29 2022 09	pediatrics Contracted to provide care at assisted living facilities as outpatient or home health	
114084433126	Jul 29 2022 04	services.	Add to home health
114084386860	Jul 29 2022 03	Long term acute care	
114084392271	Jul 29 2022 03	Pediatric developmental PT	
114084385190	Jul 29 2022 03	Utilization review - insurance	
114084364340	Jul 29 2022 02	Hospital System Administration	
114084358450	Jul 29 2022 02	Early Intervention	

Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice

Please indicate any other setting in which you have clinical experience as a licensed physical therapist (select all that apply):

Answer Choices	Responses	
Outpatient (corporate or hospital-affiliated)	53.85%	133
Private Practice	35.63%	88
Acute care hospital	55.06%	136
Inpatient Rehabilitation facility	42.51%	105
Skilled Nursing	48.58%	120
School-based intervention	15.38%	38
Home Health	38.87%	96
Academic setting	12.15%	30
Other (please specify)		14
	Answered	247
	Skipped	19

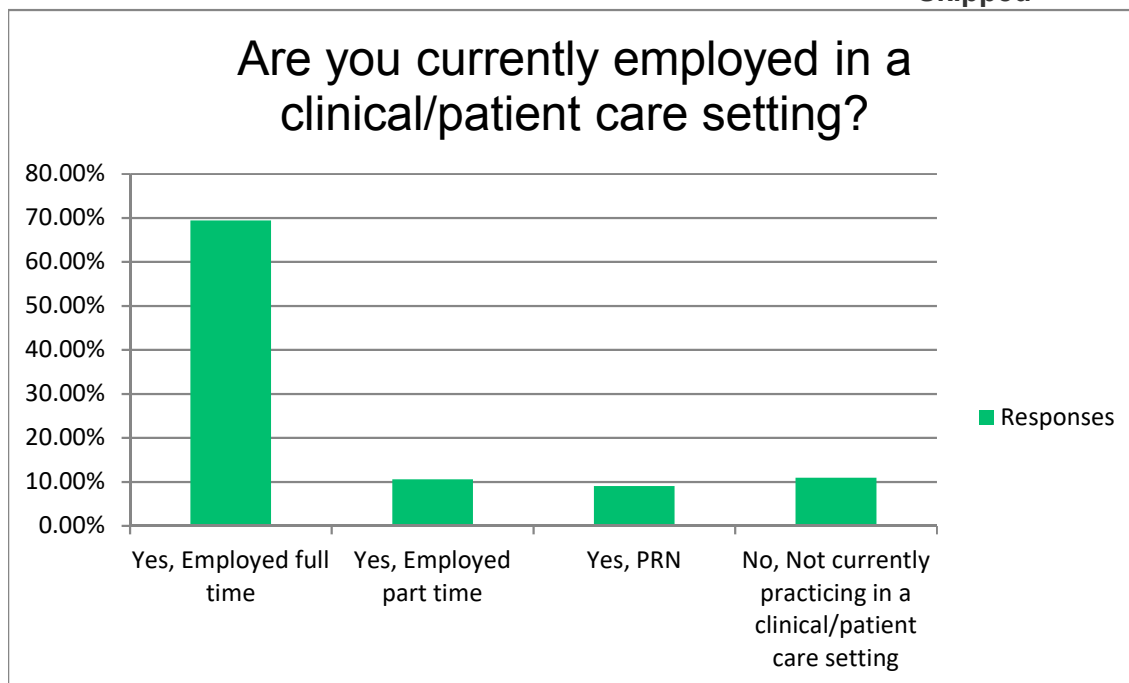


Respondent ID	Response Date	Other (please specify)	Tags
114122126069	Sep 19 2022	1N/A	
114121920331	Sep 19 2022	1Long term acute care hospital	
114121636163	Sep 19 2022	1Telemedicine	
114121597448	Sep 19 2022	1Community based BI resource organization	
114121581077	Sep 19 2022	1NICU	Add to acute care hospi
114096146709	Aug 15 2022	1LTACH	
114094723638	Aug 12 2022	1federal	
114086487038	Aug 02 2022	1travel physical therapy	
114086020284	Aug 01 2022	1Worker's compensation	
114085087490	Jul 31 2022	11industry/on-site workers comp	
114084879665	Jul 30 2022	04Aquatic outpatient	Add to OP
114084826720	Jul 30 2022	01Physician owned outpatient	Add to OP
114084571251	Jul 29 2022	09Nursing homes	Add to SNF
114084562202	Jul 29 2022	09certified lymphedema therapist	

Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice

Are you currently employed in a clinical/patient care setting?

Answer Choices	Responses	
Yes, Employed full time	69.43%	184
Yes, Employed part time	10.57%	28
Yes, PRN	9.06%	24
No, Not currently practicing in a clinical/patient care setting	10.94%	29
	Answered	265
	Skipped	1



Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice

Please provide your employment position/title (i.e. Staff physical therapist, Senior physical therapist, Director of Rehabilitation, Academic Rank, Director of Clinical Education, etc)

Answered 161
Skipped 4

Respondent ID	Response Date	Responses	Code	Key
1.14136E+11	Oct 04 1011 0	Private Practice Owner	1	Practice or Clinic Owner/Upper Management/Administrati on (CEO, VP, Regional, Director of Operations, Director of Clinical Services)
11413577343	Oct 04 1011 0	Senior physical therapist	4	Clinic Director/Manager/Dept 3 Supervisor Sr PT/Team Lead/Supervising
1.14134E+11	Oct 01 1011 1	Clinical Director	3	4 PT/Program Coordinator
1.14134E+11	Oct 01 1011 1	Staff physical therapist	5	5 Staff PT
1.1412E+11	Sep 17 1011 C	Director of Rehabilitation	3	6 PRN/Contingent
1.14118E+11	Sep 16 1011 C	Owner PT private practice	1	7 Academic Faculty Other (Consultant/Advisor/Case 8 Manager)
1.14117E+11	Sep 14 1011 C	PRN PT	6	8 Manager)
1.14117E+11	Sep 14 1011 C	Owner of therapy company providing Early Interventions	1	9 Skipped
1.14116E+11	Sep 11 1011 C	staff Physical Therapist	5	10 Retired
1.14116E+11	Sep 11 1011 C	Previous item provided insufficient options	9	
1.14116E+11	Sep 11 1011 C	Staff PT	5	
1.14115E+11	Sep 11 1011 C	Director of Clinical Education	7	
1.14115E+11	Sep 11 1011 C	Physical therapist	5	
1.14115E+11	Sep 11 1011 C	Staff Physical Therapist	5	
1.14114E+11	Sep 11 1011 C	Physical therapy team lead	4	
1.14114E+11	Sep 11 1011 C	Staff PT	5	
1.14114E+11	Sep 11 1011 C	Senior Physical Therapist	4	
1.14114E+11	Sep 11 1011 C	Staff Physical Therapist	5	
1.14113E+11	Sep 10 1011 C	Senior staff PT	4	
1.14113E+11	Sep 10 1011 C	Director of Rehab of a small practice	3	
1.14112E+11	Sep 10 1011 C	CEO	1	
1.14112E+11	Sep 10 1011 C	Center manager and physical therapist	3	
1.14112E+11	Sep 10 1011 C	N/A	9	
1.14112E+11	Sep 10 1011 C	Senior PT	4	
1.14112E+11	Sep 10 1011 C	PRN PT	6	
1.14112E+11	Sep 10 1011 C	staff physical therapist	5	
1.14112E+11	Sep 10 1011 C	Staff physical therapist	5	
1.14112E+11	Sep 10 1011 C	I am a consultant	8	
1.14111E+11	Sep 10 1011 C	Senior Physical Therapist	4	
1.14111E+11	Sep 19 1011 C	Site coordinator	4	
1.14111E+11	Sep 19 1011 C	Staff physical therapist	5	
1.14111E+11	Sep 19 1011 C	Practice Owner and clinician	1	
1.14111E+11	Sep 19 1011 C	senior PT	4	
1.14111E+11	Sep 19 1011 C	Staff PT	5	
1.14111E+11	Sep 19 1011 C	Staff PT	5	
1.14111E+11	Sep 19 1011 C	Staff Physical Therapist	5	
1.14111E+11	Sep 19 1011 C	Staff physical therapist	5	
1.14111E+11	Sep 19 1011 C	N/A	9	
1.14111E+11	Sep 19 1011 C	Clinical Team Lead	4	
1.14112E+11	Sep 19 1011 C	Staff physical therapist	5	

	Physical Therapist, clinical mentoring faculty/skills coordinator/mentoring coordinator for our site's women's health PT residency, in charge of ordering supplies for	
1.14112E+11	Sep 19 1011 (clinic	4
1.14112E+11	Sep 19 1011 (Senior	4
1.14112E+11	Sep 19 1011 (Staff physical therapist	5
1.14112E+11	Sep 19 1011 (staff physical therapist	5
1.14112E+11	Sep 19 1011 (Assistant Professor	7
1.14112E+11	Sep 19 1011 (Staff PT	5
1.14112E+11	Sep 19 1011 (Director	3
1.14112E+11	Sep 19 1011 (Rehabilitation Therapy Manager	3
1.14112E+11	Sep 19 1011 (Supervising PT	4
1.14112E+11	Sep 19 1011 (Senior Physical Therapist, Athletic Trainer	4
1.14112E+11	Sep 19 1011 (Retiree	10
1.14112E+11	Sep 19 1011 (Previously a PT	10
1.14112E+11	Sep 19 1011 (Staff physical therapist	5
1.14112E+11	Sep 19 1011 (Staff PT currently but I have been DOR.	5
1.14112E+11	Sep 19 1011 (Director of Clinical Education	7
1.14112E+11	Sep 19 1011 (Staff physical therapist	5
1.14112E+11	Sep 19 1011 (DoR	3
1.14112E+11	Sep 19 1011 (Staff physical therapist	5
1.14112E+11	Sep 19 1011 (CEO New Day Physical Therapy	1
1.14112E+11	Sep 19 1011 (Director of Operations	1
1.14112E+11	Sep 19 1011 (Supervising Physical Therapist /Former Department Chair	4
1.14112E+11	Sep 19 1011 (Staff	5
1.14112E+11	Sep 19 1011 (Staff Physical Therapist	5
1.14112E+11	Sep 19 1011 (Staff PT	5
1.14112E+11	Sep 19 1011 (Staff PT	5
1.14112E+11	Sep 19 1011 (Senior physical therapist	4
1.14112E+11	Sep 19 1011 (Sr PT	4
1.14112E+11	Sep 19 1011 (Senior physical therapist	4
1.14112E+11	Sep 19 1011 (Staff PT	5
1.14112E+11	Sep 19 1011 (Supervisor of clinical outcomes	4
1.14112E+11	Sep 19 1011 (Senior PT, clinical manager	4
	Retired as instructor and ACCE from a PTA education	
1.14112E+11	Sep 19 1011 (program	7
1.14112E+11	Sep 19 1011 (Staff physical therapist	5
1.14112E+11	Sep 19 1011 (staff physical therapist	5
1.14112E+11	Sep 19 1011 (DPT, Clinic Manager	3
1.14112E+11	Sep 19 1011 (Staff physical therapist	5
1.14112E+11	Sep 19 1011 (Director	3
1.14112E+11	Sep 19 1011 (Professor	7
1.14112E+11	Sep 19 1011 (Sr. VP Rehab Operations (national company,	1
1.14112E+11	Sep 19 1011 (Home Health PT	5
1.14112E+11	Sep 19 1011 (physical therapist	5
1.14112E+11	Sep 19 1011 (Supervisor DPT	4
1.14112E+11	Sep 19 1011 (Professor	7
1.14112E+11	Sep 19 1011 (Staff Physical Therapist	5
1.14112E+11	Sep 19 1011 (Contingent Physical Therapist	6
1.14112E+11	Sep 19 1011 (Outpatient Physical Therapy Manager	3
1.14112E+11	Sep 19 1011 (Physical therapist	5
1.14112E+11	Sep 19 1011 (Associate professor	7
1.14103E+11	Aug 15 1011 (Owner and Administrator of Patriot Homecare	1
11410059944	Aug 11 1011 (staff PT	5
1.141E+11	Aug 11 1011 (Staff physical therapist	5
1.141E+11	Aug 11 1011 (Staff Physical Therapist	5
11409961147	Aug 19 1011 (Staff PT	5
11409755155	Aug 17 1011 (staff PT	5
1.14097E+11	Aug 16 1011 (Staff physical therapist	5
	Former private practice owner. Now working part time for	
1.14097E+11	Aug 16 1011 (the private practice that purchased mine.	1
1.14096E+11	Aug 15 1011 (Staff physical therapist	5
11409614670	Aug 15 1011 (Director of Clinical Education	7
1.14096E+11	Aug 15 1011 (Team lead physical therapist	4
11409569986	Aug 14 1011 (PRN staff PT	6
11409548974	Aug 14 1011 (Staff PT	5

11409535178	Aug 13 1011	C Staff physical therapist	5
1.14095E+11	Aug 13 1011	C Staff Physical Therapist	5
1.14095E+11	Aug 13 1011	1 Director of rehab	3
11409519769	Aug 13 1011	1 Staff pT	5
11409516466	Aug 13 1011	C Formerly Clinical rehab Manager	3
1.14095E+11	Aug 13 1011	C Staff physical therapist	5
1.14095E+11	Aug 13 1011	C Staff PT	5
11409511333	Aug 13 1011	C Director of Clinical Services	1
11409511175	Aug 13 1011	C Director of Outpatient Home Therapy Services	1
11409494947	Aug 11 1011	C Staff physical therapist	5
11409495007	Aug 11 1011	C Staff PT	5
11409494671	Aug 11 1011	C PT	5
1.14095E+11	Aug 11 1011	C Senior PT	4
1.14095E+11	Aug 11 1011	C Senior physical therapist	4
11409486511	Aug 11 1011	C Staff	5
11409484605	Aug 11 1011	C Staff physical therapist	5
11409484371	Aug 11 1011	C Director of Quality IRF	1
11409477433	Aug 11 1011	C Staff physical therapist	5
1.14095E+11	Aug 11 1011	C Director clinical services	1
11409475196	Aug 11 1011	C Director of Clinical Services	1
1.14095E+11	Aug 11 1011	C Clinical Specialist	5
1.14095E+11	Aug 11 1011	C Staff PT	5
1.14095E+11	Aug 11 1011	C Staff physical therapist	5
11409471965	Aug 11 1011	C Manager of Physical Therapy	3
1.14095E+11	Aug 11 1011	C Multiple Practice Owner	1
11409471089	Aug 11 1011	C Staff physical therapist	5
11409470864	Aug 11 1011	C Staff physical therapist	5
11409470176	Aug 11 1011	C Staff PT	5
11409470106	Aug 11 1011	C Director	3
11409469908	Aug 11 1011	C Staff PT	5
11409140584	Aug 09 1011	C DCE	7
11409037369	Aug 08 1011	C staff physical therapist	5
11408978914	Aug 06 1011	C Staff PT	5
11408967378	Aug 06 1011	C Staff physical therapist	5
1.14089E+11	Aug 05 1011	C Clinical Director	3
1.14089E+11	Aug 04 1011	C Staff PT	5
1.14088E+11	Aug 04 1011	1 Senior Physical Therapist	4
1.14088E+11	Aug 04 1011	1 Staff PT	5
11408768649	Aug 03 1011	C PRN physical therapist	6
11408698357	Aug 01 1011	C Staff physical therapist	5
11408648703	Aug 01 1011	1 Physical Therapist	5
1.14086E+11	Aug 01 1011	1 REGIONAL VP	1
1.14086E+11	Aug 01 1011	C Senior Director, Therapy Services	1
1.14086E+11	Aug 01 1011	C DOR/Senior PT	3
11408596069	Aug 01 1011	C Supervisor of OT/PT Services	3
11408578774	Aug 01 1011	C Staff Physical Therapist	5
11408578303	Aug 01 1011	C senior physical therapist	4
11408576030	Aug 01 1011	1 N/a	9
11408560816	Aug 01 1011	C Clinical Professor/Physical Therapist	7
11408557900	Aug 01 1011	C Staff Physical Therapist, Clinical Specialist	5
11408554539	Aug 01 1011	C Senior physical therapist	4
11408550774	Aug 01 1011	C CEO/owner	1
1.14086E+11	Aug 01 1011	C Physical Therapist	5
1.14085E+11	Jul 31 1011	0 Staff physical therapist	5
1.14085E+11	Jul 31 1011	0 Associate Clinical Professor	7
1.14085E+11	Jul 31 1011	0 Senior Staff PT, Site Coordinator of Clinical Education	4
1.14085E+11	Jul 31 1011	0 staff physical therapist	5
1.14085E+11	Jul 31 1011	0 The only consistent PT	5
1.14085E+11	Jul 31 1011	0 Market Director of Quality	1
1.14085E+11	Jul 31 1011	0 Lead Physical Therapist(run day to day plus see patients	4
11408516673	Jul 31 1011	0 Partner and PT	1
1.14085E+11	Jul 31 1011	0 Staff physical therapist	5
11408513778	Jul 31 1011	0 Clinic director	3
11408513679	Jul 31 1011	0 Staff physical therapist	5
1.14085E+11	Jul 31 1011	1 Staff Physical Therapist	5
11408510336	Jul 31 1011	1 Staff PT	5

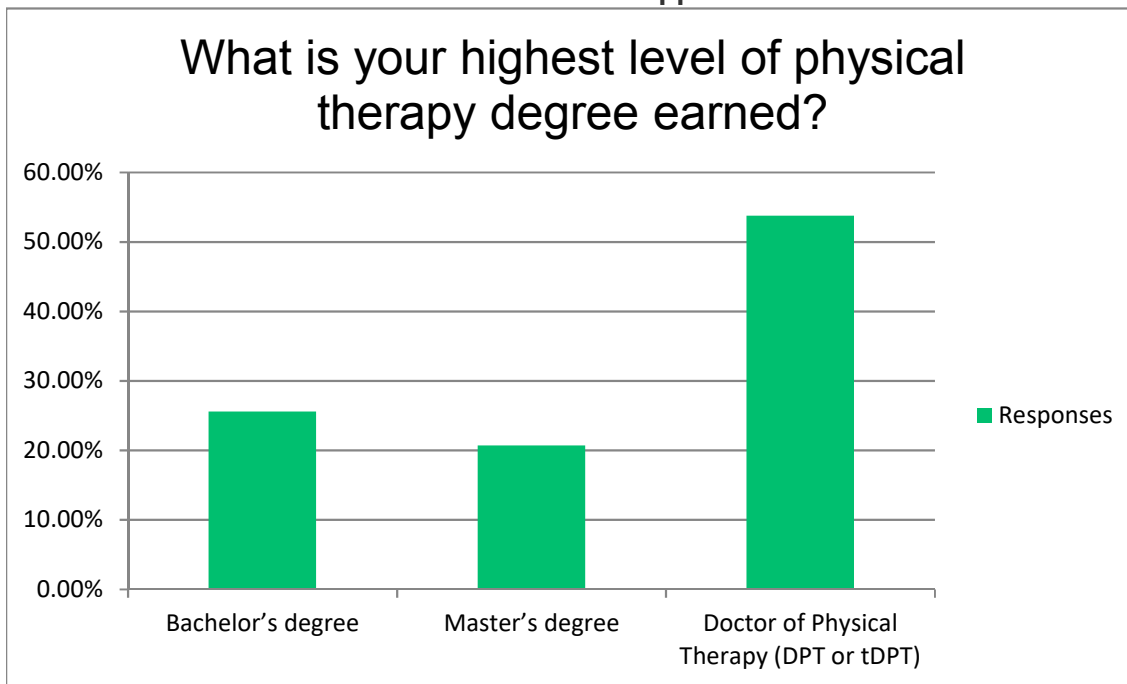
11408508749!	Jul 31 1011 1!	PT/clinic owner	1
1.14085E+11	Jul 31 1011 0!	Staff PT, lab assistant with PT program	5
11408505676!	Jul 31 1011 0!	Assistant Professor	7
1.14085E+11	Jul 31 1011 0!	Staff physical therapist	5
1.14085E+11	Jul 31 1011 0!	Physical therapist	5
1.14085E+11	Jul 30 1011 0!	Staff pt	5
1.14085E+11	Jul 30 1011 0!	Staff Physical Therapist	5
1.14085E+11	Jul 30 1011 0!	Clinical Associate Professor	7
11408491631!	Jul 30 1011 0!	Acquired Brain Injury PT program coordinator	4
11408488159!	Jul 30 1011 0!	Advisor, Value based contract performance	8
11408487966!	Jul 30 1011 0!	Staff PT	5
11408486557!	Jul 30 1011 0!	PT	5
11408485714!	Jul 30 1011 0!	Staff physical therapist	5
		Clinical Lead for Vestibular Rehab for Mount Carmel	
11408484630!	Jul 30 1011 0!	Health Systems	4
11408483576!	Jul 30 1011 0!	Senior Physical Therapist	4
1.14085E+11	Jul 30 1011 0!	Supervisor of rehab services	3
11408481559!	Jul 30 1011 1!	Contract Physical Therapist, Owner	1
11408480367!	Jul 30 1011 1!	PRN PT/Home Health PT	6
1.14085E+11	Jul 30 1011 1!	Staff physical therapist	5
11408479959!	Jul 30 1011 1!	Regional Rehab Manager	1
11408479707!	Jul 30 1011 1!	Staff physical therapist	5
11408479304!	Jul 30 1011 1!	Senior physical therapist	4
1.14085E+11	Jul 30 1011 1!	Physical therapist	5
11408475089!	Jul 30 1011 0!	Staff physical therapist	5
11408474555!	Jul 30 1011 0!	Advanced physical therapist	4
11408474346!	Jul 30 1011 0!	Clinic manager	3
11408473943!	Jul 30 1011 0!	Staff Physical Therapist	5
11408473346!	Jul 30 1011 0!	Senior physical therapist, site director	3
1.14085E+11	Jul 30 1011 0!	Physical therapist	5
1.14085E+11	Jul 30 1011 0!	Clinical Specialist Physical Therapist	5
1.14085E+11	Jul 30 1011 0!	Senior physical Therapist	4
11408471715!	Jul 30 1011 0!	Physical Therapist, coordinator	4
1.14085E+11	Jul 30 1011 0!	Ambulatory rehab chronic pain team leac	4
11408470578!	Jul 30 1011 0!	Staff pt	5
1.14085E+11	Jul 30 1011 0!	Staff Physical Therapist	5
1.14085E+11	Jul 30 1011 0!	Physical Therapist	5
11408464170!	Jul 30 1011 0!	Staff PT. Former manager	5
1.14085E+11	Jul 19 1011 1!	Senior physical therapist	4
1.14085E+11	Jul 19 1011 1!	senior physical therapist, residency faculty	4
1.14085E+11	Jul 19 1011 1!	staff PT	5
11408458054!	Jul 19 1011 1!	Staff PT	5
1.14085E+11	Jul 19 1011 0!	Senior Physical Therapist, CI and SCCE	4
11408457369!	Jul 19 1011 0!	Staff physical therapist	5
1.14085E+11	Jul 19 1011 0!	Senior physical therapist	4
1.14085E+11	Jul 19 1011 0!	senior physical therapist	4
11408456073!	Jul 19 1011 0!	Staff PT	5
11408456047!	Jul 19 1011 0!	Lead PT	4
1.14085E+11	Jul 19 1011 0!	Staff PT	5
11408451148!	Jul 19 1011 0!	Staff physical therapist	5
1.14085E+11	Jul 19 1011 0!	Senior Physical Therapist	4
11408450147!	Jul 19 1011 0!	staff PT	5
1.14085E+11	Jul 19 1011 0!	Rehab manager	3
11408448109!	Jul 19 1011 0!	Staff PT	5
1.14084E+11	Jul 19 1011 0!	Research coordinator	4
11408446058!	Jul 19 1011 0!	Director physical therapist	3
1.14084E+11	Jul 19 1011 0!	Physical Therapist	5
1.14084E+11	Jul 19 1011 0!	staff PT	5
1.14084E+11	Jul 19 1011 0!	Multi site Manager, Physical Therapist, SCCE	3
1.14084E+11	Jul 19 1011 0!	Staff physical therapist	5
1.14084E+11	Jul 19 1011 0!	Staff physical therapist	5
1.14084E+11	Jul 19 1011 0!	Staff physical therapist	5
11408441867!	Jul 19 1011 0!	Case manager	8
11408441464!	Jul 19 1011 0!	Manager/senior therapist	3
11408440704!	Jul 19 1011 0!	Director of Rehab	3
11408440674!	Jul 19 1011 0!	Na	9

11408438686	Jul 19 1011 0	Senior PT	4
11408439357	Jul 19 1011 0	Staff physical therapist	5
1.14084E+11	Jul 19 1011 0	Staff Developmental PT	5
1.14084E+11	Jul 19 1011 0	Staff PT	5
11408438884	Jul 19 1011 0	Staff physical therapist	5
11408438519	Jul 19 1011 0	Skilled Inpatient Care Coordinator	4
1.14084E+11	Jul 19 1011 0	Clinic Manager, Physical Therapist	3
11408436566	Jul 19 1011 0	Staff physical therapist	5
1.14084E+11	Jul 19 1011 0	Staff PT	5
		Physical therapist II in clinical field; adjunct associate	
11408436137	Jul 19 1011 0	instructor in academic	5
11408435845	Jul 19 1011 0	Staff Physical Therapist	5
11408435475	Jul 19 1011 0	Senior physical therapist	4
11408435494	Jul 19 1011 0	Physical therapist and telehealth physical therapist	5
11408435146	Jul 19 1011 0	staff physical therapist	5
11408434761	Jul 19 1011 0	Professor	7
11408434535	Jul 19 1011 0	Staff PT	5
1.14084E+11	Jul 19 1011 0	N/a	9
1.14084E+11	Jul 19 1011 0	Staff therapist	5
11408433775	Jul 19 1011 0	Senior Physical Therapist	4
1.14084E+11	Jul 19 1011 0	Senior Physical Therapist	4
11408433587	Jul 19 1011 0	Therapy Program Manager and Physical Therapist	3
11408433596	Jul 19 1011 0	Assistant professor	7
1.14084E+11	Jul 19 1011 0	Rehabilitation Manager	3
1.14084E+11	Jul 19 1011 0	Director of Therapy Services	3
11408433344	Jul 19 1011 0	Clinical specialist in sports medicine	5
11408433187	Jul 19 1011 0	Director of Therapy Services	3
11408433065	Jul 19 1011 0	CEO	1
1.14084E+11	Jul 19 1011 0	Center manager	3
1.14084E+11	Jul 19 1011 0	Staff Physical Therapist	5
1.14084E+11	Jul 19 1011 0	DOR	3

Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice

What is your highest level of physical therapy degree earned?

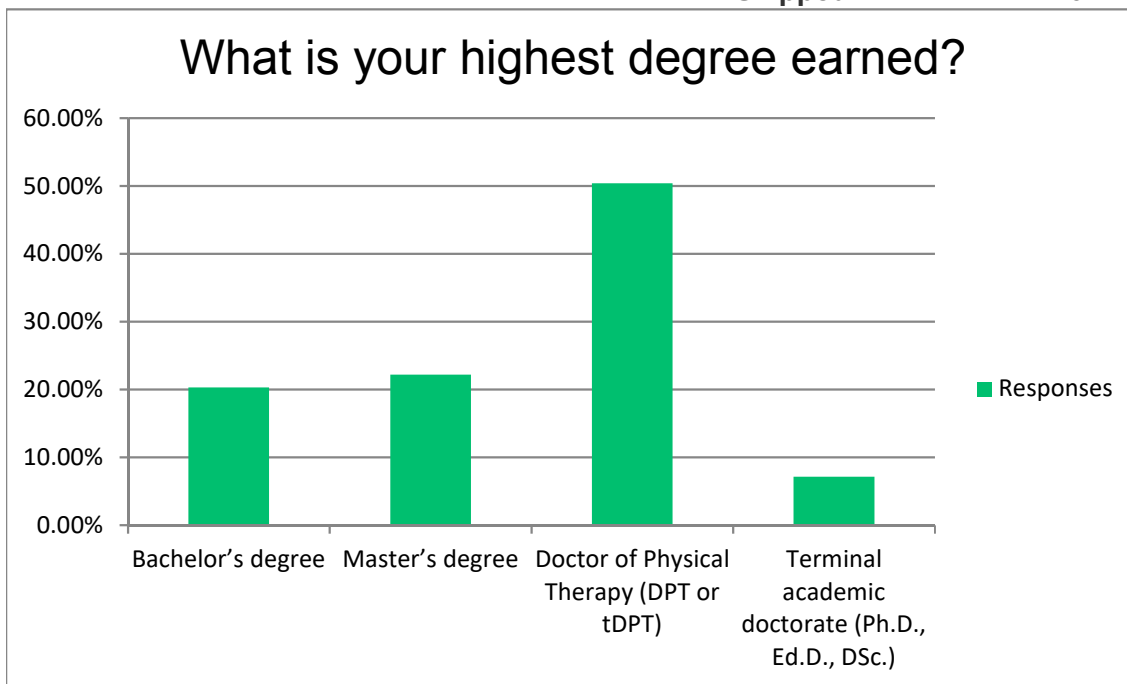
Answer Choices	Responses	
Bachelor's degree	25.56%	68
Master's degree	20.68%	55
Doctor of Physical Therapy (DPT or tDPT)	53.76%	143
	Answered	266
	Skipped	0



Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice

What is your highest degree earned?

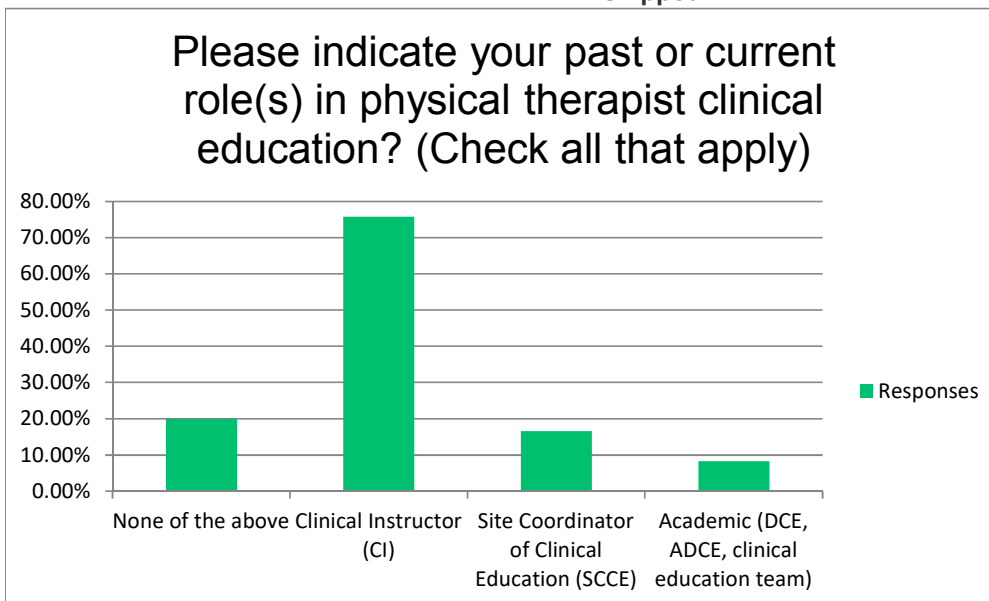
Answer Choices	Responses	
Bachelor's degree	20.30%	54
Master's degree	22.18%	59
Doctor of Physical Therapy (DPT or tDPT)	50.38%	134
Terminal academic doctorate (Ph.D., Ed.D., DSc.)	7.14%	19
	Answered	266
	Skipped	0



Importance of Financial Resources Knowledge, Skills, and Attitudes for Entry-level Physical Therapist Practice

Please indicate your past or current role(s) in physical therapist clinical education? (Check all that apply)

Answer Choices	Responses	Count
None of the above	20.00%	53
Clinical Instructor (CI)	75.85%	201
Site Coordinator of Clinical Education (SCCE)	16.60%	44
Academic (DCE, ADCE, clinical education team)	8.30%	22
Other (please specify)		11
	Answered	265
	Skipped	1



Respondent ID	Response Date	Other (please specify)
114121969953	Sep 19 2022	See above job titles for roles in residency education
114121958437	Sep 19 2022	You left out certificate of education in highest level of education for physical therapy. There are a couple of us still out here!
114121810446	Sep 19 2022	Faculty
114121808485	Sep 19 2022	CPA
114121592984	Sep 19 2022	Not a member of APTA due to high cost assisting w/ onsite clinical placement-assigning
114095976162	Aug 15 2022	CI's for AR setting
114094751522	Aug 12 2022	Residency faculty and mentor
114085783031	Aug 01 2022	guest lecture for PT students
114084857143	Jul 30 2022	CI educator
114084826720	Jul 30 2022	Director of sports PT residency Coordinate shadowing of medical students, medical residents, and fellowship doctors at our
114084745553	Jul 30 2022	facility throughout the year