

Testimony of Steve Wilkinson, PT, PhD  
Rocky Mountain University of Health Professions  
Certified Technology Comparison Task Force Virtual Hearing 1/7/16

- **Were you able to access information about health IT products to support specialty-specific needs?**

In a word, no. While I looked at the Certified Health IT Product list on the ONC website, there was not a search feature that allowed me to search by specialty. I did search by vendors where I was able to find a couple that I recognized by name only but I was only able to find these because I recognized the vendor and had prior knowledge that they were specialty products for therapy. I did go to several vendor websites. I looked specifically at the large vendors (according to market use) and either used the search engine provided on the site or if this was not available, I used Google site specific search to look for “physical therapy.” Of the top ten only NextGen and Cerner had any information pertaining to physical therapy or rehabilitation. This is likely due to physical therapy not being included in meaningful use incentives and therefore few therapy-centric platforms had the incentive to be certified.

- **What was (or is, for non-adopters) lacking in your ability to identify whether the products supported your specialty needs? (ex. specialty registry submission, supporting quality measurement, clinical documentation requirements of specialty, or specialty practice-specific)**

Outside of NextGen and Cerner none of the websites or the Certified Health IT Product list mentioned anything pertaining to physical therapy needs outside of stating it could be used for physical therapy. The systems that are not designed specifically for therapies assume that the workflow and practice is similar to medicine this makes it so these larger systems are not well-suited for therapy practices.

There was no information regarding Medicare requirements/regulations for physical therapy including Functional Limitation Reporting (g codes), clinical documentation requirements, Medicare cap tracking (and KX modifiers for exceeding the cap), Physician signature compliance tracking, and physical therapy content knowledge and structured data for alerting, tracking, reporting, data analysis, and decision support.

- **If a comparison tool was established, would you use it? If you were to use it, is there a form or format that you would find most helpful?**

Yes, but there needs to be the ability to search by and limit to specialty. Additionally, the format should be capable of searching for other factors that include: Medicare

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requirements/regulations for physical therapy including Functional Limitation Reporting, clinical documentation requirements, Medicare cap tracking, ability to include KX modifiers for exceeding the cap, physician signature compliance tracking, physical therapy content knowledge and structured data for alerting, tracking, reporting, data analysis, and decision support.

- **If you are currently using an EHR and contemplating making a change, what are the factors you would entertain to accomplish that and what resources would be necessary?**

Factors that would help to drive therapists to adopt or change EHRs:

Value for therapists:

Structured data to be able to perform analysis, reporting/dashboards, and outcomes

Clinical decision support

Intuitive interfaces that match therapists' workflows/Efficiencies

Physical therapy content (out of the box)

Easy customization/optimization

True interoperability with therapy-centric EMRs if the big vendor systems do not include what is listed above

The resources necessary: Financial support

In addition to the compliance issues cost is a huge factor. Physical therapists are not Eligible Providers and therefore we do not get incentives for adopting HIT, outside of politics I do not know how chiropractors make the list of Eligible Providers yet physical therapists do not? We do not make a lot of money, we are not reimbursed well, and our profit margins are significantly less than physician's, physician practices, and hospital systems, we need the financial incentives to help adopt HIT and also to promote standardized data and work flow..