

**Medical Therapy Program Advisory Committee
CRISS BEST PRACTICE CONFERENCE
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Good afternoon. Thanks very much to CRISS for this opportunity to share the work of the Medical Therapy Program Advisory Committee.

The over 600 physical and occupational therapists in the Medical Therapy Program have the extreme good fortune to work with amazing kids and their families. There is nothing quite like the extraordinary moments we celebrate with families when their child accomplishes something new. As you might imagine, the commitment to doing the job well is strong in our therapists. Best Practice. Evidenced based care. Dr. David Sackett describes evidence-based practice as “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient.”

In the last 20 years, research into childhood conditions such as Cerebral Palsy, the most common diagnostic category within the Medical Therapy Program, has expanded to include data about the impact of occupational and physical therapy and specific therapy service delivery models. It has been an exciting time, with countries like Canada and Australia leading the way with strong research models, resulting in worldwide changes in how we describe conditions such as CP, better understanding of the lifetime course of childhood conditions, appreciation of the critical role families play in their child’s growth and development, better understanding of the results of specific treatment models and enhanced methods for the prognostication of functional outcomes for children with special health care needs.

There are over 24,000 kids enrolled in the Medical Therapy Program. Nearly half of the children and young adults in the MTP are diagnosed with cerebral palsy, making California’s population of young people with CP one of the largest populations in a single, unified service delivery program in the world. California is in a unique position to produce meaningful data and we

feel that, as professionals and as stewards of the taxpayer dollar, we should be measuring outcomes and we should be using tools that are universally understood in this growing body of research.

In 2012, a small group of Chief and Supervising therapists came together to start to talk about moving our program forward and putting this increasing body of evidence into practice. I am extraordinarily proud of the accomplishments that started with that initial gathering and excited to share them with you today. I will be naming names, not only to give credit where it is due, but to point out that a small group of dedicated people really can change our world.

The first tangible result of this collaboration with our State Supervising Therapist Jeff Powers, was Numbered Letter 07-0612, which describes the value of providing OT and PT in an episodic, targeted manner, providing bursts of therapy at the time the child is ready for change, and partnering with families to establish the goals and to provide the regular practice our kids need to make and maintain change.

Based on a survey we completed in 2014, we realized that many counties, especially those with large populations, were collecting data from standard measures, such as the Canadian Occupational Performance Measure, the Pediatric Evaluation of Disability Inventory and the Measures of Processes of Care. We also recognized that, in order to compare our outcomes to that of the current research, we needed to adopt standardized terms. NL 02-0214, replaces the CCS-developed measure, the NISS, or the Neuromotor Impairment Severity Scale with internationally recognized classification scales for children with cerebral palsy. The Gross Motor Function Classification Scale, the Manual Ability Classification Scale and the Communication Function Classification Scale for all children with a cerebral palsy diagnosis are the required classification tools now. Not only do these standardized scales focus on function rather than impairment, they allow us to compare our kids with CP to those in the rest of the world. GMFCS, MACS & CFCS scores can be entered into the MTP module of cmsweb and we encourage you to do so.

In late 2014 our informal group realized that we had a **lot** of ideas for moving our program forward. We asked the CCS Executive Committee to formally recognize the group, and the Medical Therapy Program Advisory Committee, or as I call it, MTPAC, was established. Initially led by Dave Kramer-Urner and Sue Lennan, subsequent co-chairs were Debbie Ruge of Los Angeles, Tess O'Hern of Orange County and Christine Betts of Monterey.

MTPAC currently has 14 members, including our State therapy consultant. We are Chief or Supervising therapists from LA to Napa, from Alameda to Calaveras. Our charter establishes the inclusion of a representative group from large and small counties, including dependent counties, as well as an even split between Occupational and Physical Therapists. We have some members serving in an advisory capacity; those who have served in the Medical Therapy Program in the past who have moved into roles in CCS administration: Dave Kramer-Urner, Sue Lennan and Kristen Dimou of San Diego. We utilize a nomination process when recruiting new members and we encourage you to support your staffs' participation. Since we were chartered in 2015, we have overseen the efforts of several adhoc workgroups and have established standing workgroups to address program issues and to update program policies. The number and complexity of our projects is limited by our capacity in assigning mentors from MTPAC to a workgroup. We recruit therapists at all levels to participate in the workgroups; their interest in the topic, their availability and their ability to collaborate are the key requirements.

As I briefly describe the work of these groups, I will periodically have an "ask"; something you can do to support the efforts of our committee.

We highlighted our Family Centered Care workgroup this morning with Giancarlo's presentation. Tiffany Slater, in addition to co-chairing MTPAC with me, is the mentor for this workgroup.

In support of outcomes measures in our efforts to improve our family centered focus, Riverside County has purchased enough licenses to the Measures of Processes of Care (the MPOC) for Service Providers for each therapist in the state to assess, on an ongoing basis, the extent to which

their services are family centered. They also purchased a subscription to Survey Monkey, so that all counties can use the family and client-based MPOC, enter those data into Survey Monkey and allow us to evaluate how families perceive our family-centered focus statewide. As this resource becomes available, we ask that you support your therapy program and therapists in its use.

Our Best Practice workgroup, mentored by Christine Betts, has produced two statewide Best Practice conferences and we look forward to a full day with two highly respected Australian researchers, Iona Novak and Cathy Morgan, in September of 2019. We ask you to support your therapists' attendance to this low-cost conference. It will be in Anaheim next year, to take advantage of the adjacency of the American Academy of Cerebral Palsy and Developmental Medicine Conference.

Speaking of Academy, we are planning a proposal to present our work at Academy and will encourage any county that has a project they want to share to submit at least a demonstration poster of their work. The last time the Academy was in California, we had four demonstration posters accepted and presented at the conference. This is a great opportunity to be a part of a worldwide conference focusing specifically on our population of kids and young adults.

Our Documentation workgroup, mentored by Debbie Ruge in Los Angeles before her retirement, researched the requirements and guidelines of the entities that monitor the work of Occupational and Physical Therapists and have developed a Numbered Letter to support best practice in therapy documentation. It will be published with guidance for using Current Procedural Terminology (CPT) codes for billing therapy services when MediCal and CCS have finalized that conversion.

Our Hip Surveillance Workgroup, mentored by Jeff Powers, reviewed the information coming out of Australia and Sweden regarding the importance of proactive management of the hips of children with cerebral palsy. Kids with GMFCS levels IV and V (the value of our work to make that classification universal statewide becomes more obvious at this juncture) are at very high risk of hip dislocation. Research has demonstrated that,

with periodic x-rays and referral to orthopedics when the indicators are appropriate, soft tissue surgery can prevent hip dislocation in 90% of children with CP. Numbered Letter 07-0317 reflects the result of this workgroup's efforts encouraging counties to participate in Hip Surveillance. CMSweb has additional fields to collect our data on hip surveillance efforts.

Our initial push to develop statewide outcomes has morphed into two workgroups. The Resource Development workgroup, which I mentor, has developed a comprehensive grid of information about assessment tools that can be sorted by diagnosis, ICF domain and function; the grid awaits finalization of the Information Notice and posting on the state website. They have also established a collection of research summaries to assist busy therapists looking for the latest in research about our population and have developed a template and review process for those summaries. Our ASK: make sure your therapists know about this resource and encourage them to add their own summaries. Our next project is to collect and publish information about online tools for therapists to use in their practice.

The Functional Outcomes Workgroup, mentored by Robert Ibrahim of Riverside, is working to establish single measures to look at therapy outcomes in each of the major diagnostic groups managed in the Medical Therapy Program. They have finished with cerebral palsy and are now looking at other diagnostic categories. Their work will be shared in a Numbered Letter when complete.

Updating the DME numbered letter is in progress under Robert as well, to reflect changes in DME since the letter was written in 2003 and to document the research that supports the use of the unique and complex DME used by our kids. In this time of conversion to the whole child model in many counties, clear guidance in DME will be important to the managed care plans' ongoing understanding of the DME needs of kids in the Medical Therapy Program.

Our MTU Online workgroup keeps us abreast of the progress of San Diego's work in updating MTU Online. The new version is being trialed in several

counties as we speak, and the final version awaits the statewide conversion to the use of CPT codes for billing therapy services.

A workgroup of one, Sue Lennan in Riverside County, is developing a Chief/Supervising therapist manual. Santa Clara County has been trialing the use of serial casting by Medical Therapy Unit therapists for years and has shared one of their supervising therapists, John Buchinski and all of their process manuals so that the Medical Therapy Program Advisory Committee can develop a comprehensive Numbered Letter guiding this practice in those counties having the staffing to support serial casting.

MTPAC meets monthly via conference call and in addition to updates from our workgroups, we tackle topics pertinent to the operation and success of the Medical Therapy Program. We have recently conducted a statewide survey regarding our relationship with our local SELPA colleagues in an effort to shed light on the challenges that accompany this complex interagency agreement. We have developed materials for DHCS to use in their work on the Whole Child Model, and we are keeping an eye on the impact of the Whole Child Model on the MTP kids in those counties in Phase I and Phase II.

As we plan for the future of the Medical Therapy Program in the changing landscape of CCS, we look for opportunities to collaborate across the program and with other agencies, to make sure our work is recognized and supported, to ensure that we continue to have a voice in policy making and that we are able to maintain the mechanisms to move policies forward. Navigating statewide change is complex, as you all know, and without the significant support of individual counties, both in terms of financial investment and the investment of time and staffing, the Medical Therapy Program Advisory Committee would not have accomplished what we have so far. We continue to seek support for things like access to Learning Management Systems to share comprehensive training modules for therapists - starting with family centered care - as well as space and access to secure websites for publishing and sharing resources. If you represent an agency with such resources to share, talk to me later!

The Medical Therapy Program is unique in our country. It is on its way to developing an enormous set of data and has the potential to change and be changed by research around the world. Our ultimate ask is that you support the work of the Medical Therapy Program Advisory Committee on behalf of the special kids and families we serve, by collaborating with us, advocating for us, communicating the importance of our work and asking questions.