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## The Realm-Individual Process-Situation (RIPS) Model of Ethical Decision- Making

by [Laura Lee \(Dolly\) Swisher, PT, PhD](#); [Linda E. Arslanian, PT, DPT, MS](#); and [Carol M. Davis, PT, EdD, FAPTA](#)

*This article is based on material presented at the Combined Sections Meeting of the American Physical Therapy Association on February 5, 2004 in Nashville, TN.*

**P**hysical therapists (PTs) and physical therapist assistants (PTAs) confront ethical decisions everyday. The difficulty of such decisions range from situations of simply abiding by professional ethical standards and values to difficult scenarios in which there appear to be two competing obligations. An established sequence of steps in resolving difficult ethical situations can be helpful to insure that you have thoroughly analyzed all aspects of the situation. In essence, these decision-making steps help you to “walk all the way around” an ethical problem. Within physical therapy, several au-

thors<sup>1-5</sup> have proposed ethical decision-making frameworks. While any one of these approaches may be helpful in analyzing an ethical situation, this article puts forward a contemporary decision-making framework that addresses some of the limitations of previous frameworks:

1. Organizational and societal issues may be lost in the steps of case analysis in favor of individual or interpersonal issues.
2. Action outcomes or other important aspects of ethical behavior may be de-emphasized in favor of just “deciding”.
3. Step-by-step analysis may be most appropriate for situations in which there are two competing ethical principles at stake. However, not every ethical situation conforms to this profile.

In this article, we describe an alternative ethical decision-making framework that directly addresses these challenges. We refer to our decision-making framework as the **Realm-Individual Process-Situation (RIPS) Model of Ethical Decision-Making**.

This article begins with a historical review of ethics in physical therapy. Next, we provide details of the realm, individual process, and situation dimensions of ethical problems (RIPS). Then, we suggest four steps for ethical decision-making that incorporate the RIPS dimensions. Finally, we apply the RIPS framework to two ethical situations and then discuss the limitations of the RIPS framework.

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### HPA Mission Statement

The mission of the HPA Section is to achieve Vision 2020 by:

- Developing healthcare leaders within the profession;
- Advocating for and influencing APTA positions and initiatives regarding health policy and the administration of professional physical therapy practice;
- Serving as a resource to members through practice, education, and scholarship.

## Background and History

Physical therapists and PTAs now routinely recognize the ethical dimensions of their work by acknowledging the ethical problems that they encounter. Reflection on physical therapy ethics is, however, a relatively recent development in physical therapy. Although the first Code of Ethics was published in 1935, it was not until the 1970s that Ruth Purtilo<sup>6-7</sup> brought attention to the need for ethical decision-making and analysis in physical therapy. Since that time, several authors have noted the need for more scholarship and publication in physical therapy ethics.<sup>8-10</sup>

Since the 1970s, health care has undergone dramatic changes, which have altered the nature of the types of ethical situations encountered in physical therapy.<sup>11-12</sup> In describing the changes brought about by managed care, for example, Morreim<sup>13</sup> noted that individual health care practitioners must balance the interests of individual patients against fiscal accountability to the system as a whole and to their own self-interest. Feldman et al.<sup>14</sup> found that 27% to 49% of primary care physicians felt that it was more difficult to meet ethical obligations to patients under managed care. Pressure from reimbursement was one of the primary categories for ethical issues generated by rehabilitation staff and professionals.<sup>15</sup> These findings are congruent with Triezenberg's<sup>8</sup> study of ethical issues in

physical therapy in which business relationships and financial arrangements constituted one of the three major categories of issues.

The financial pressures created by managed care are often felt at the organizational level due to the incentives and disincentives within managed care that are designed to restrain costs. Health care companies or organizations that provide care to patients beyond the reimbursement allowed by managed care providers cannot easily survive. These pressures are passed on to employees within the organization. Increased financial pressures on health care organizations coincided with an increased interest in the ethical obligations of organizations. This interest is reflected in Purtilo's<sup>16</sup> description of the three "seasons" of physical therapy ethics. Whereas the first season of physical therapy ethics (1935) focused primarily on professional identity and the second season (1950s) on patients and teamwork to serve patients, Purtilo's third season requires the "nesting" of identity and patient-focused care in societal priorities through organizational, institutional, and community partnerships.<sup>16</sup>

These developments point to the increasing influence of organizational and societal issues in physical therapy ethics and require an enhanced appreciation of the importance of the organizational, institutional, and social context of ethical decisions. Increasing organizational/societal complexity necessitates new frameworks for ethical decision-making and action which incorporate

an understanding of the changed context of health care in which PTs and PTAs practice. Glaser argues that the individual realm has received disproportionate attention in bioethics and in public debate, in spite of the greater ethical complexity of societal and organizational realm problems.<sup>17</sup> In short, ethical decision-making must account for organizational and societal demands. The purpose of this article is to introduce an ethical decision-making framework that incorporates all of these dimensions. (See table 1.)

Fundamental to the RIPS framework is the work of Jack Glaser<sup>18</sup> who distinguishes three **realms** of managed care ethics: the individual, organizational or institutional, and societal. The individual realm is concerned with the good of the patient/client and focuses on rights, duties, relationships, and behaviors between individuals. It deals with the least complex problems. The institutional/organizational realm is concerned with the good of the organization and focuses on structures and systems that will facilitate organizational or institutional goals. The societal realm is concerned with the common good and is the most complex realm.

In addition to the three realms, the RIPS model incorporates tools to evaluate the **individual process** involved in moral behavior and the type of ethical situation. Just as our appreciation of the three realms of ethical problems has increased over the last thirty years, our understanding of the nature of ethical behavior and ethical situations has evolved. When

Ruth Purtilo<sup>6-7</sup> wrote the classic articles on physical therapy ethics, the emphasis was primarily on ethical decision-making. James Rest's<sup>19-20</sup> work suggests that ethical behavior involves much more than the individual process of deciding, which he includes in his concept of "moral judgment". Rest describes the following four components of moral behavior:

*Moral sensitivity* involves recognizing, interpreting, and framing ethical situations.

*Moral judgment* requires deciding on right versus wrong actions. This process involves generating options, selecting, and applying ethical principles.

*Moral motivation* places a priority on ethical values over other values, such as self-interest, status, or financial gain. Professionalism is a primary "motivator" for ethical behavior.

*Moral courage* involves implementing the chosen ethical action, including the development a plan and perseverance in the face of barriers and adversity.

Purtilo<sup>1</sup> and Kidder<sup>21</sup> provide insight into the variety of ethical **situations** that a PT or PTA may encounter. Many ethical decision-making frameworks focus on the ethical dilemma – a situation in which there are two "right" courses of action,

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## The Realm...

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what Kidder calls “right versus right.” However, not all situations are “dilemmas”. For example, Kidder<sup>21</sup> notes that many situations are actually “right versus wrong”, i.e., moral temptations.

These insights about ethical situations and individual process are relevant to the organizational shift described above. The “balancing act” of managed care described by Morreim<sup>13</sup> in which self-interest and organizational interests are pitted against fidelity to the patient suggests that many of the ethical situations related to managed care may be moral temptations, calling for moral courage, rather than ethical dilemmas, which require moral judgment. The RIPS model for ethical decision-making is based on the realm, individual process, and situation dimensions discussed above and is summarized in Table 1.

## Implementing the RIPS Model for Ethical Decision-Making

We suggest that the ethical decision-making process has four steps: (1) recognize and define the ethical issues, (2) reflect, (3) decide the right thing to do, and (4) implement, evaluate, re-assess. Each step is discussed below.

### Step 1 – Recognize and define the ethical issues

In clinical practice, PTs and other health care providers often use a “quick

screen” to provide direction and a foundation for subsequent in-depth tests and measures. The first step of the RIPS model functions as a quick screen of an ethical situation. This first step includes examination of the facts of the case and an analysis of the **Realm**, **Individual Process**, and type of ethical **Situation**. This information provides the foundation for further ethical analysis and action. It is important to have all relevant facts and information since they will serve as the basis for the next steps of the decision process. Once you have all the factual information, you can help to

have policies regarding confidentiality and state and national laws may regulate confidentiality of health care information, the primary realm is the individual because the most important consideration is whether the provider safeguards information provided by the individual patient. However, institutional policies and national laws may have an important impact on patient confidentiality. For example, a hospital might have a policy of posting the name and diagnosis of each patient on that floor. Such a policy would create a breach of confidentiality quite apart from the actions of the indi-

temptations for others that would require moral courage.

**Situation.** The final analysis involved in the first step of the RIPS model is to classify the ethical situation. Is this an ethical issue/ problem, a dilemma, distress, temptation, or silence? (See Table 2 on next page.)

### Step 2 – Reflect

Step two of the RIPS model is reflecting upon and interpreting the information gathered in step one. As in a clinical screen, the interpretation

of this information will guide further decision-making. Consider, for example, the significance of findings related to the realm. If the

most important realm appears to be the individual, then one might anticipate that the plan of action would involve direct communication with an individual or changes in interpersonal behavior or even changes in one’s own personal behavior. On the other hand, situations primarily in the organizational realm may require development or revision of formal and informal organizational policies, procedures, culture, or values. When the results of your analysis suggest that the ethical situation is at the societal level, then the action plan should address the national legislation, policies, or values that are involved. Of course, there are elements of each realm in nearly every ethical situation, suggesting that your

Table 1 Components of the RIPS Model

Realm <sup>17-18</sup>	Individual Process <sup>19-20</sup>	Situation <sup>1,21</sup>
Individual Organizational/Institutional Societal	Moral sensitivity Moral judgment Moral motivation Moral courage	Issue or problem Dilemma Distress Temptation Silence

define the issues by analyzing the realm, individual process, and situation.

**Realm.** As previously discussed, Glaser<sup>17-18</sup> identified three realms of ethics: individual, organizational or institutional, and societal. Glaser describes the three realms as interdependent and observes that the complexity of problems increases as one moves out from the individual through the organizational realm and toward the societal realms. In step one of the RIPS framework, you should identify the elements of the ethical situation for each of the three realms. Although one realm is typically the most important, every situation has implications for each of the three realms.

Consider, for example, the issue of confidentiality. Although most institutions

vidual practitioners and is undoubtedly contrary to state and federal laws regarding confidentiality.

**Individual Process.** After consideration of the realm, the next question is “What is the individual process?” That is, what does the ethical situation most require of me? Is it to recognize the ethical situation (moral sensitivity), or to make a decision about right or wrong (moral judgment), or to put moral values above other values (moral motivation), or whether to implement my decision or take action at all (moral courage)? In addition to evaluating the individual moral component for yourself, it may also be important to evaluate the moral processes of others involved in the situation. For example, are there significant moral

plan of action could address aspects of each of the realms if there were components in more than one realm. At the same time, as Glaser<sup>18</sup> notes, it is not possible to compensate for problems in one realm with corrections in another realm. Consider the hypothetical example previously mentioned of a hospital posting diagnoses in the public view. Clearly, this problem would require organizational action.

The implications of analysis of the ethical situation and the individual process are often related. For example, if the ethical situation is a moral temptation (“right versus wrong”), then the process that is most important is moral courage, in which you focus on an implementation plan rather than on making a decision. If one alternative is clearly wrong, then there is no need to weigh the merits of two alternative actions. This is in contrast to a “right versus right” ethical dilemma which requires moral judgment and suggests the need for further deliberation rather than taking action. In addition to the information gathered in step one, you should also reflect on the following:

- What are the relevant facts and contextual information?
- Who are the major stakeholders?

Table 1 Types of Ethical Situations

Situation	
Issue / problem <sup>1</sup>	Important values are present or may be challenged.
Dilemma <sup>1</sup>	Two alternative courses of action may be taken, both of which fulfill an important duty, and it is not possible to fulfill both obligations. Kidder <sup>21</sup> describes this as a “right versus right” decision.
Distress <sup>1</sup>	You know the right course of action but are not authorized or empowered to perform it. Note that ethical distress may present as a later “complication” of any of the ethical situations. Ethical distress is often identified during the implementation phase of decision-making.
Temptation <sup>21</sup>	Involves a choice between a “right” and a “wrong,” and in which you may stand to benefit from doing the wrong thing. Kidder describes this as a “right versus wrong” situation.
Silence	Ethical values are challenged, but no one is speaking about this challenge to values. This may actually be the course taken by an individual who is experiencing moral distress.

- What are the possible consequences (intended and unintended)?
- What are the relevant laws, duties, obligations, and ethical principles?
- What professional resources (Code of Ethics, Guide for Professional Conduct, Core Values) speak to this situation?
- Are any of the five tests for right versus wrong situation positive?

An important consideration in step 2 is to determine whether this is a right versus wrong situation. Kidder<sup>21</sup> suggests four simple tests for right versus wrong situations.

- Legal test – Is something illegal? (Be aware of your Practice Act and the Rules and Regulations that interpret the Act). If so, it is probably not a true dilemma but a “hard choice.”

- Stench test – Does it “feel” wrong? Such as, “gut” reaction?
- Front-page test – How would you like this on the front-page of your local newspaper?
- Mom test – If I were my mother (or parent), would I do this?<sup>21</sup>

To these four tests from Kidder, we suggest adding a fifth test for professional ethical violations: Professional Ethics Test – Does the Code of Ethics, Guide for Professional Conduct for the PT, Standards of Ethical Conduct, Guide for Conduct of the PTA, or Core Values prohibit or discourage the action?

If any of these five tests is “positive”, the situation may be an issue of right versus wrong (moral temptation) and not an ethical dilemma. In that case, you

would bypass step three and go directly to step four.

### Step 3 – Decide the right thing to do

The third step in the decision-making model is specifically for the resolution of ethical dilemmas, i.e., those situations in which there are two conflicting courses of actions that appear to be right. Kidder<sup>21</sup> calls these situations “right versus right”. While a number of ethical theories have developed to resolve ethical dilemmas, we prefer Kidder’s three basic approaches to resolving

dilemmas:

*Rule-based* – follow the rules, duties, obligations, or ethical principles already in place

*Ends-based* – determine the consequences or outcomes of alternative actions and the good or harm that will result for all of the stakeholders

*Care-based* – Resolve dilemmas according to relationships and concern for others

While no hard and fast rules exist on when to choose each of the three approaches, some ethicists work primarily from a single tradition. For example, a person may believe that absolute and eternal duties should always serve as the way to

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## The Realm...

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 adjudicate dilemmas (rule-based). Others may be more eclectic, considering elements of all three of the major traditions in ethical decision-making. Regardless of the approach used, it is important to (1) recognize the weaknesses and limitations of each of the major ethical theories and (2) articulate the rationale for your decision. Knowledge of the limitations of the three approaches can help chart an optimal course of action. For example, one weakness of an end-based approach is that it may not always protect individual rights. This should provide a stimulus to be vigilant about possible violations of rights when using an ends-based approach.

Step 3 of the RIPS decision-making process is most appropriate for ethical dilemmas and, to a lesser extent, for issues/problems that may require further analysis. It is not, however, appropriate for most situations involving right versus wrong (moral temptation). When it is clear that there is one “right thing” to do, there is no need to analyze why this is the right course of action. Instead, time and effort should be spent in developing a plan of implementation (moral courage), i.e., going directly to step four. The one possible exception to this guideline would be a situation in which you are convinced that a law is unjust. In this case, you might weigh the merits of obeying an

unjust law against upholding the demands of justice.

### Step 4 – Implement, evaluate, re-assess

In the fourth step of this process, you should implement your decision. Step 4 is especially important in situations of “right versus wrong” and in situations where there may be organizational or societal barriers to your proposed course of action. Although we devote significant amounts of time to deciding what to do, we may spend very little time developing a plan for implementation. Evaluation and re-assessment of the outcomes of the action are, therefore, very important. For example, evaluation may indicate that your initial assessment of the realm or situation was incorrect, or you may not have identified all of the possible barriers to your action. Do organizational or societal policies or culture require revision or reform? This process of evaluation may begin a new cycle of ethical decision-making.

This fourth and final step also calls for personal reflection and professional growth. What can you, as a

professional, learn from this situation? What are your strengths and weaknesses in terms of the four individual processes? Is there a need to plan professional activities to grow in moral sensitivity, judgment, motivation, or courage?

### Application of the RIPS model

Consider the following case about corporate gifts:

*Helen L. has just left the office of a local orthopedic surgeon. She had hoped to illustrate her quality outcomes in order to encourage referrals. Midway through the visit, it became clear that the physician was unenthusiastic about positive outcomes of her private practice. Helen had the clear impression that the MD expected some kind of gift – in fact, he almost stated bluntly that he would need tee times at the exclusive country club to consider her request. Helen wonders if she is just being naïve – perhaps she should just “play the game.”*

Table 3 summarizes the analysis and rationale using the RIPS model.

This analysis is very different from the analysis of a gift offered from an individual patient. Let us suppose that, after a year of rehabilitation, a grateful patient wished to give a physical therapist a gift. Table 4 illustrates what the RIPS analysis might look like.

### Value and Limitations of the RIPS Model

This article has explored an ethical decision-making model that incorporates consideration of organizational and societal considerations, individual processes other than deciding, and analysis of type of ethical situation. The value of this model is that it focuses on aspects of ethical situations that may be lost in other decision-making frameworks, and it provides a structured format for “walking all the way around” an ethical situation that is more contemporary in its structure.

In spite of the value of this model, however, there are inherent limitations. One limitation of the RIPS model is that it offers a

Table 3 RIPS Analysis: Gift to Referral Source

Realm	Individual Process	Situation
Societal/Organizational	Moral courage	Moral Temptation
<p><b>Rationale:</b>            Problem is within the for-profit health care system and lack of regulation of gifts for referral. Even if Helen successfully negotiates the individual aspects with this MD, it will not resolve the structural problem that permits this practice.</p>	<p><b>Rationale:</b>            Helen appears to believe that there is a right versus wrong component but is concerned about financial consequences as well.</p>	<p><b>Rationale:</b>            Helen may first perceive this as an ethical dilemma — whether to save her practice (employee jobs and patient care) by complying with the MD or to obey professional standards regarding gifts to referral sources. Actually, it is a right versus wrong situation. The APTA <i>Guide for Professional Conduct</i> and other regulatory statutes indicate that this practice is unethical and, in some cases, illegal.</p>

rational, linear approach to resolving an ethical problem, although many elements of ethical situations are not solely rational. For

### Conclusion

The RIPS ethical decision-making model provides an approach to ethical situations encountered in physical

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11 Purtilo RB. Managed care: ethical issues for the rehabilitation professions. *Trends in Health Care Law Ethics.* 1995;10(1-2):105-108, 118.

Table 4 RIPS Analysis: Gift from Patient

Realm	Individual Process	Situation
Individual	Moral judgment	Ethical dilemma
<p><b>Rationale:</b> This ethical situation is about the relationship between the PT and the patient. Although it is true that there may be organizational policies about receiving gifts, the essential issue is about the relationship between these two individuals.</p>	<p><b>Rationale:</b> The therapist must decide between two goods- respecting the patient's gratitude (not hurting the patient) and avoiding the appearance of being influenced by gifts. The implementation plan will also be important.</p>	<p><b>Rationale:</b> Choice between two right actions.</p>

12 Giffin A. Coping with the prospective payment system (PPS): Ethical issues in rehabilitation. *Issues on Aging.* 2000;23(1):2-8.

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example, there are emotional and relational elements of ethical situations that are not easily factored into decision-making frameworks. Caring, commitment, personal or organizational values, fear, obligation, peer pressure, and courage are all relevant to ethical situations, and these do not always come to life in a rational, linear model. Moreover, some would argue that ethics is always, in some way, a "narrative" process. Ethical situations are by their very nature about someone's story, and some would argue that the very details that are most critical to the story are easily lost in decision-making frameworks such as the RIPS model. This criticism points to the need for each of us to create space for moral dialogue in our practices, to listen carefully to the moral experiences of others, and to uncover the moral dimensions of clinical work in our routine daily life.

therapy that systematically addresses organizational and societal realms, incorporates moral sensitivity and courage, and utilizes a "quick screen" to diagnose ethical situations. With an understanding of the limitations of decision-making frameworks in general, the RIPS model may be a useful tool to analyze ethical situations that can be used by individuals and groups to analyze and discuss ethical situation encountered in physical therapy.

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# policy watch

## CCI Edits Apply to All Therapy Providers

by Rick Gawenda, PT

Effective January 1, 2006, the Correct Coding Initiative (CCI) edits will be applied to all therapy providers, regardless of practice setting. Currently, the CCI edits are only applied to physician-owned physical and occupational therapy practices, PT and OT private practices, and hospital-based outpatient therapy services.

Beginning January 1, 2006, the CCI edits will be applied to institutional therapy providers that provide outpatient therapy services reimbursed under Medicare Part B. This in-

cludes skilled nursing facilities, comprehensive outpatient rehabilitation facilities, rehabilitation agencies, and home health agencies whose home health services are not under a home health plan of care.

Providers need to be aware that the need for modifier-59 crosses all disciplines that the patient is receiving. For example, a Medicare Part B patient receives 45 minutes of therapeutic activities (CPT code 97530) provided by an OT and on the same day, receives 30 minutes of gait training (97116) provided by the PT. Under the CCI edits, gait training is

considered a component of therapeutic activities. If the provider failed to append modifier-59 to 97116, 97116 would be rejected and not be reimbursed on that date of service

To view the Medlearn Matters regarding the CCI edits, go to: <http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/SE0545.pdf>

CCI edits can also be viewed free of charge online. For private practices, go to: <http://www.cms.hhs.gov/physicians/cciedits/default.asp?>

For all other settings, go to: <http://www.cms.hhs.gov/providers/hopps/cciedits/default.asp>

Rick Gawenda, PT, is a member of the HPA section's Government Affairs and Practice Committee. He may be reached at [rgawenda@dmc.org](mailto:rgawenda@dmc.org). HPA

## We Remember

Scot Irwin, PT, DPT, CCS of McDonough, Georgia, who died Saturday, August 27, 2005 of a heart attack.

Scot's family has requested that donations in Scot's name be made to the APTA Foundation.

Jules Rothstein, PT, PhD, FAPTA, Editor in Chief Emeritus of *Physical*



Scot Irwin, PT, DPT, CCS

*Therapy*, passed away in late August after a long illness. Charitable contributions may be made in Jules' name to one of a number of organizations, including the

United Network for Organ Sharing Development Office, The Leukemia & Lymphoma Society Donor Services, Hospice Foundation of America, or the American Diabetes Association.

*Those who have lost loved ones*, homes, businesses, and opportunities as a result of Hurricane Katrina. There are a number of ways members can assist with disaster relief and a list of resources is provided on APTA's website: <http://www.apta.org>. The Red Cross also has information on its websites if you wish to volunteer: <http://redcross.volunteermatch.org/>

HPA





# ATTENTION RESEARCHERS

*The APTA Section on Health Policy and Administration  
(HPA) Announces a Research Grant Program*

*Requests for proposals (RFPs) for research grants on health  
policy and clinical administration topics can be obtained online at:  
<http://www.aptahpa.org/committees/research.aptahpa.org>*

The purpose of the HPA Grant Program is to stimulate, encourage and support research activities that enhance the body of knowledge related to health policy and clinical administration in physical therapy.

The grants are intended to provide funding to assist HPA Section members who are new physical therapist investigators, or established investigators embarking on a new research agenda in health policy and administration. Through this grant program, the Section hopes to encourage the development of proposals that will seek financial support from external agencies.

1-2 clinical research grant awards of \$5000-\$10,000 are available to Section members to assist with a 1-year research study that investigates a question or questions of importance to health policy or clinical administration.

Proposals for the 2006-2007 grant cycle are due **January 5, 2006**. Notification of the funding award will be by July 15, 2006. Funding start date will be August 1, 2006. For a paper version of the Request for Proposals, or for further information, please contact the Health Policy Administration office at 877/636-4408 or email at [office@aptahpa.org](mailto:office@aptahpa.org).



## ***The APTA Consulting Service's Practice Management Consultant Network— Your Link to the Expertise You Need to Succeed***

APTA's Consulting Service connects you with qualified consultants who can provide you with personalized telephone and onsite guidance at competitive rates. Through this service, you can tap into the Practice Management Consultant Network. If you are ready to invest in the services of a consultant to help you address the questions and challenges you face in your practice setting, this service is for you!

***The consultants in the Practice Management Consultant Network are members of APTA and have expertise in content areas including, but not limited to:***

- Clinical Program Development/Practice Expansion
- Documentation
- Human Resources (including management training & team development)
- Marketing
- Reimbursement (including coding, billing, and collections)
- Starting or Retooling a Practice.

For further details about all of the content areas and how you can access this great benefit of belonging, please phone us at 800/999-2782, ext. 3146, or visit our Web site at [www.apta.org/memberservices](http://www.apta.org/memberservices) and select Consulting Service under the Consulting/Mentoring heading.



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# HPA JOURNAL

OCTOBER 2005

## CALL FOR PAPERS

*HPA Resource*, the official publication of the APTA Section on Health Policy and Administration, publishes both peer-reviewed and non-peer-reviewed papers. *HPA Resource* began the pre-publication peer review process in 2001. Peer-reviewed manuscripts accepted for publication will be noted as “peer-reviewed” when published and will appear in this special journal section under the title *HPA Journal*.

The Section seeks manuscripts on topics pertaining to the broad areas of physical therapy leadership, administration, management, and professional practice. Manuscript categories intended for peer review include original research reports, case studies, literature reviews, and clinical commentaries. Author instructions for peer reviewed papers are available from the Section’s Executive Director, the *HPA Resource/Journal* Editor, or at the section web site ([www.aptahpa.org](http://www.aptahpa.org)). Guidelines for non-peer-reviewed contributions are also available.

For further information, contact Sue Schafer, PT, PhD, Editor, *HPA Resource/Journal* at [Sschafer@twu.edu](mailto:Sschafer@twu.edu).

## CALL FOR REVIEWERS

Persons interested in becoming peer reviewers for manuscripts submitted to *HPA Journal* are needed. Please send your resume or Curriculum vitae and a letter of introduction, which includes areas of expertise, to the *HPA Resource/Journal* Editor at [Sschafer@twu.edu](mailto:Sschafer@twu.edu).

# Election Results

for the Section



**Linda Berezny, PT**

has been elected as HPA Secretary. Her term will begin immediately following CSM 2006 and will expire in February of 2008.



**Jay Segal, PT**

has been elected to the HPA Nominating Committee. His term will begin immediately following CSM 2006 and will expire in February of 2009.

for the Cross-Cultural & International SIG



**Carrie Gajdosik, PT, MS**

has been re-elected as Secretary for the Cross-Cultural & international Special Interest Group. Her term will begin immediately following CSM 2006 and will expire in February of 2008.



**Pamela Reynolds, PT, EdD**

has been elected to the Nominating Committee for the Cross-Cultural & international Special Interest Group. Her term will begin immediately following CSM 2006 and will expire in February of 2009.

## HPA Vice President Run-off Election

## BALLOT ENCLOSED

Angela Phillips, PT and Kathleen Luedtke-Hoffmann, PT, MBA, PhD each received the same number of votes in the Section election. The Section is now conducting a run-off election for the position of Vice President. You will find a ballot enclosed which must be returned to the Section by **October 31, 2005**. Your participation is greatly appreciated.



**Health Policy & Administration**

A Section of the American Physical Therapy Association

## Section on Health Policy & Administration

American Physical Therapy Association

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**RUN-OFF BALLOT ENCLOSED**

*Response Requested*