

Resolution of Ethical and Legal Issues During a Clinical Internship

Michele Thorman PT, DPT, MBA

Health Professions Dept./ Physical Therapy Program

Purpose of This Presentation

This case study will describe how a physical therapy (PT) intern, clinical instructor (CI), private practice owner and PT instructor collaborated to resolve an ethical and legal dilemma.

The PT instructor was challenged to skillfully negotiate a change related to Medicare regulations while supporting the intern and addressing tensions with the CI and practice owner.

The PT instructor used this difficult situation to engage the intern in the art of negotiating conflict and provide the CI and practice owner

Assumptions

- Clinical education is an integral part of PT education.
- Clinical education sites are among the scarcest resources in PT education.
- Power gradients are inherent in clinical education. Interns feel at risk of failing if negatively perceived by their CI.
- Clinical practice is under greater scrutiny (audits).
- Medicare has clear policies regarding student billing and supervision for services.
- Medicare policies are complicated and in may be conflict with profit generation.
- Legal and financial harm may come to practices if it is determined they are out of compliance with Medicare laws.

The Problems from Each Stakeholder's Perspective

The intern determines his CI is non-compliant with Medicare supervision and billing policies. Power gradient exists.

The clinical instructor (CI) recognizes he is practicing out of compliance with Medicare policies but feels pressured by the practice owner to meet productivity and billing standards.

The practice owner is challenged to maintain a viable practice and has received conflicting information about Medicare policies related to interns.

The PT instructor must accurately assess the problem, support the intern and assure the clinical affiliate complies with Medicare policies and accreditation standards.

Chronology of Problem Resolution

Week of 9/16:

Intern asked PT instructor for clarification of Medicare B supervision and billing policies.

Week of 9/30

Intern consulted PT instructor about observed supervision and billing practices; mutually determined there was an irregularity with Medicare policy; PT instructor coached intern on strategies to discuss this with his CI while recognizing this was a very difficult position for the intern.

- *Email from intern: "I think I can say that this has been the hardest challenge of PT school for me yet ..."*

Week of 10/7

PT instructor contacted the CI to relieve the intern of a difficult situation. PT instructor provided CI with resources describing best practices to comply with Medicare B student supervision and billing policies

- *Email response from CI "As far as Medicare billing goes, I have been doing my best to spend as much time with them as my schedule will allow, and billing for the direct time. I have also been having [intern] work with other insurances so that I can spend more time with Medicare patients. When he works with a Medicare patient, I am only having [intern] bill for the direct time that I am with him."*

Week of 10/14

Practice owner called and was very angry that an intern would question decisions of the CI and the practice's billing procedures. A tense conversation confirmed the owner's frustration with often conflicting information which described intern supervision and billing practices. The owner was provided with resources for implementing Medicare policy.

- *Email from PT instructor to intern: "At the end of our conversation I asked the owner "Are you and I OK?" meaning "is our relationship still intact?" He emphatically answered "yes" ... and shared his concern was that we would stop sending him students. "UW-L sends us our highest quality students from all of the programs we work with."*

Week of 12/6

Intern confirmed that the practice had made progress on changes in student supervision and billing policies.

- *Email from intern to PT instructor: "Although there has been confusion along the way, the PT's and PTA's are making a good effort to bill appropriately. It has been nice to see the struggles of the first five weeks of this clinical pay off."*

Discussion

This case illustrates the complexities of clinical education and practice. The onus is on academic faculty to assure clinical affiliates are practicing ethically and meeting accreditation standards.

An option could have been to report the CI and practice owner to regulatory agencies for non-compliance with practice act and Medicare laws. Great harm could have resulted to these individuals and the entire practice. UW-L would have likely lost a clinical affiliate.

Through skillful communication and collaboration, the PT instructor and intern were able to educate well intended practitioners and be a catalyst for change. Future interns will benefit from these changes. The practice and clinicians will be protected from punitive audits.

Outcomes

- The intern successfully passed the internship.
- The CI demonstrated greater awareness and compliance with Medicare policies.
- The owner implemented system wide changes in Medicare billing practices.
- The UW-L PT Program retained a valued clinical affiliate.

Future Actions

The PT instructor in collaboration with the Director of Clinical Education, will create an on-line tutorial describing best practices for Medicare B student supervision and billing.

CIs may earn continuing education credit upon passing the tutorial. Students will also be required to pass this tutorial prior to their terminal internships.

