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Private Practice Occupational Therapy

Introduction

While there are many personal and professional reasons why occupational therapists choose to enter private practice, a recent survey suggests that autonomy and financial issues are the predominant motivations. There are also opportunities for therapists to utilize skills across several practice settings and specialties by entering the private sector. Occupational therapists can exercise a greater deal of control and creativity over the work they do in this arena. Therapists surveyed about their private practice almost unanimously reported the move to this setting was a good career choice. For this reason, all therapists should know about private practice occupational therapy as an impactful, growing division of the field.

Section 1: Background

References: 1,2,10,11,12,23,24

Basic Terminology

The term private practice is broadly defined as someone who works in a professional service field and is self-employed. Private practice is the setting of choice for professionals who work in a range of industries, including behavioral health, law, medicine, and skilled trades such as plumbing. Self-employment is a legal term that encompasses any professional who offers services in exchange for money and operates outside of an employer-employee dynamic. Individuals are considered to be self-employed if they meet one or more of the following criteria:

- They have a registered full-time or part-time business that allows them to work as a sole proprietor
- They generate an income by serving as a gig or freelance worker who takes on jobs that only last a specified amount of time
- They are in a partnership that operates as a business

One of the most common ways someone becomes self-employed is by working as an independent contractor. Independent contractors are professionals who offer services irregularly on the basis of a verbal contract. Some organizations usually have basic shift

requirements for their contractors, which are often in place to ensure they have sufficient coverage for patients and their workload. But there is a high level of flexibility surrounding these regulations. For example, a therapist working as an independent contractor in an outpatient clinic may be required to take on at least one shift in a three-month period. However, they are free to pick and choose when that shift is at the time they are called upon. Some therapists who have a lot of appointments, family obligations, or other time constraints to work around may work as independent contractors at several facilities. This allows them to get paid at a higher rate without being locked in to working a fixed number of hours each week.

Many large companies hire a mix of employees and independent contractors. The difference is not in the work they do, but rather how they receive payment for the services they provide. Therapists who are employees of a hospital, for example, will be on their payroll and receive benefits such as health insurance, paid time off (PTO), life insurance, and a 401k or other retirement plan. In most cases, full-time or part-time employees of an organization are limited in terms of the other work they can do. For example, some hospitals will contractually prevent their full-time therapists from taking up per-diem or part-time work with a competing hospital in the area. In some cases, this is because organizations don't want employees to split their time between two companies. But in the case of health informatics and other areas of the health technology sector, this may be done to prevent anyone from sharing trade secrets and other confidential methodology.

Another way an occupational therapist can become self-employed is by starting their own practice or therapy business. This will take various forms depending on the type of business a therapist starts. Therapists who treat patients in a traditional manner may set up a clinic space that has a physical location where patients can be seen. Other therapists who offer direct patient care may find there is more demand for mobile therapy, so they may have a location-independent business that involves traveling to patients' homes or meeting in public spaces such as libraries, parks, or daycares. Therapists working in private practice are typically sole practitioners who not only treat patients, but also own and manage the business. That's why private practice is sometimes referred to as solo practice. Depending on the size of the practice, a therapist may take on minimal staff for administrative support such as scheduling, billing, and coding. These staff members may or may not be employees of the private practice based on how regularly they work. Over time, it's possible for a therapist's private practice to grow as they hire more therapists or open additional locations. If and when this occurs, it's typical for the founding therapist to move into a managerial and administrative role

with set hours that accommodate the needs of the patients and other therapists. Since therapist flexibility in terms of scheduling is a large part of private practice, this is often when a solo practitioner transitions from working in private practice to being a business owner.

Therapists in private practice may also start businesses that are independent of patient care altogether. Consulting and certain specialties – including ergonomics, activity groups, injury prevention, mental health, sleep, and program development – often naturally fall under this heading. Depending on their business model, these therapists typically work entirely remote from the comfort of their own home and interact with clients via video or audio calls. They may complete site visits if they are working to develop programming in a local assisted living facility or adult day care, for example.

Within each type of private practice, there are several variations in the type of work therapists can do and the people they are able to serve. Private practices have their own pros, cons, and legal considerations, which therapists must carefully weigh before moving forward. For this reason, therapists considering entering private practice or opening a business of any kind are often advised to consult a lawyer or financial advisor.

If there is any doubt about what category a therapist falls under or what type of role a therapist sees themself in, consider these three criteria that delineate between employees and contractors:

- The financial aspects of an employee's partnership are controlled by the business and not the therapist
    - Employees are often paid bi-weekly; they get business-related travel, therapy equipment, supplies, and other expenses covered or reimbursed
    - Contractors may also be paid bi-weekly if they are contracted with large, established companies; they typically cover their own work-related expenses but they can deduct these purchases when filing their annual taxes
    - Business owners are paid after invoicing patients for services provided; coverage for expenses mimics that of contractors
- The business controls how, when, and where the therapist works along with what they do as part of their job

    - Employees work set hours in specific places during the company's business hours; employees must undergo initial (often regularly scheduled) training related to specific job duties, EMR usage, departmental policies, staff meetings, auditing, and more; this all indicates the company wants employees to perform their job in a certain way

    - Contractors and business owners can choose or decline to work certain days, shifts, etc.; set their own hours; travel between different work locations; and are rarely required to attend or participate in departmental trainings or meetings

- The business puts a written contract in place when onboarding an employee

    - Employees may have specifications that outline their commitment to the company, benefits they are entitled to after a certain period, and how long the partnership will continue (one year is a typical term); such contracts are usually in place if the work the employee does is an integral aspect of the business (for example, a therapist is the only OT in the department); contracts state that an employer can seek legal action against the employee if they do not provide proper notice or attempt to terminate the contract before it expires

    - Contractors may have basic contracts in place with large, established companies that simply outline they are not entitled to any benefits and don't have any terms associated with the work they do

2019 AOTA Workforce Study

Every few years, the American Occupational Therapy Association (AOTA) surveys practicing occupational therapists and occupational therapy assistants to learn more about their work, including what settings they practice in, how much they earn, how many hours they work, and what their career aspirations are.

The most recent study, conducted in 2019, found that the number of self-employed occupational therapists has remained relatively stable since the previous survey in 2014. In both 2019 and 2014, 11% of occupational therapists reported all of the work they do in the field as self employment. Just 4% of occupational therapists consider themselves self-employed for at least some of the work they do. This number has gone down from 8% in 2014. This leaves 85% of therapists classifying themselves as employees for all of

the work they do in the OT field. The number of OTs working as employees has gone up from 81% in 2014. These numbers indicate that private practice offers good job satisfaction, since the number of therapists who are solely self-employed has not changed. The other figures suggest that therapists are not seeking per diem work roles. This trend could be attributed to a few causes. One of the main reasons is likely increased burnout in traditional clinical settings, which often leaves therapists too exhausted to leave one job to go to another. Therapists may also be taking on additional hours at their full-time or part-time job, since that may be easier than commuting or mentally shifting gears to work with a different population or EMR. It's also possible that therapists who need extra hours are taking on additional employee-based work (e.g. a part-time job in addition to a full-time job) in lieu of per diem work, since this offers more stable income.

Compensation also varies depending on practice setting. Exactly half of all OTs surveyed reported they are salaried while 44% of OTs are paid based on an hourly rate. The remaining 6% are compensated using the fee-for service model. These numbers for OTs were roughly the same in 2014. In terms of OTA compensation, 14% reported being salaried, 79% are paid based on an hourly rate, and 7% of these providers are compensated using the fee-for-service model. In 2014, the amount of OTAs receiving an hourly rate was 84% and the statistics for salaried providers were slightly higher. So it appears that hourly compensation is becoming more popular for OTAs while it remains about even when compared with salaried OTs.

Of all the practitioners who responded to the survey (both OTs and OTAs), 12.3% work in what are considered freestanding outpatient clinics. This includes physician-optometrist offices, comprehensive outpatient rehabilitation centers, office-based private practices, and not-for-profit agencies. 8.3% of OTAs report freestanding outpatient clinics are their primary work setting, which is up from 5.3% in 2014. Just over 13% (13.3%) of OTs state that freestanding outpatient clinics are their primary work setting compared to just 10.8% in 2014. While this practice area is broad and includes settings outside of private practice, the increasing numbers are a promising trend nonetheless. Therapist interest in private practice remains quite high, with 31% of providers reporting some interest in this work setting and 15% of therapists strongly considering work in private practice.

Advantages and Disadvantages of Private Practice

There are many benefits to working in a private practice or starting your own business. As detailed above, many private therapy practices are operated by one therapist, which

means only a limited number of patients can be treated at any given time. The number of patients on caseload is directly related to how much availability the therapist has. So an OT starting a part-time business may have difficulty managing existing patients and growing their referral base if they can only dedicate 10 to 15 hours each week to treatment, management, and administrative duties. Some therapists in this situation may place patients on a wait list, but there is no guarantee those patients will still need services by the time an opening becomes available. However, some therapists view these limited patient slots as an opportunity to spend more time and develop closer relationships with each person they serve.

Therapists in private practice have much more autonomy, which is typically what draws them to this type of work environment. Research demonstrates that autonomy is one of the leading factors why therapists transition from traditional settings to private practice. This autonomy is a major motivator, since it allows therapists to grow, design, and develop the practice according to their specialty and strengths with consideration for the needs of their patients. Even if therapists enter supervisory roles in traditional settings, their work is often limited by organizational policies and regulations they don't have the potential to change. Another unfortunate caveat of this is that therapists in traditional settings may be faced with ethical dilemmas posed by other rehab staff, non-healthcare providers, or facility administration. Research shows these ethical dilemmas can present themselves in some of the following areas:

- Administrative staff coercing therapists into placing an organization's financial profit over a patient's ability to benefit from services (e.g. providing services to a patient who does not need it or documenting services that did not occur so the organization can collect reimbursement from a patient's insurance)

- Facilities mandating reporting of any staff who engages in unethical behavior, yet therapists fear repercussions of whistleblowing, such as losing their job or being ostracized

- Being coerced into ignoring a patient's rights, namely their right to decline therapy and other forms of medical care

- Therapists experiencing conflict between their personal values and the values of the organization they work for or colleagues they work with (e.g. being urged to follow an organization's policies regarding end-of-life care or aggression even if it is not in the patient's best interest)

Ethical dilemmas in therapy can lead to job dissatisfaction, a disconnect from a provider's work, and burnout. But, even more, therapists who engage in unethical behavior (due to pressure from their organization or other reasons) are at risk of malpractice lawsuits from patients who are injured or placed in danger as a result of provider negligence. Therapists in solo practice can make professional choices that most align with their values, which allows a greater sense of accomplishment and better patient outcomes.

Reimbursement is another area where this setting can offer a provider greater autonomy. Many therapists in private practice do accept insurance and, therefore, must abide by reimbursement-related standards in some capacity. Therapists can choose to only accept patients who have government-based plans such as Medicare and Medicaid, participate in private insurance plans, or both. Some private practice owners who provide patient care may forego financial- and treatment-related restrictions altogether by operating a cash-based practice. While this limits the patients they can serve to those of a certain socioeconomic status, this sometimes proves the better option. Cash-based services are also typical for therapists who offer consulting, one-time assessments, and other more unique (potentially one-off) services. Private practice also allows therapists to operate more freely in the absence of governing bodies such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Some providers might view the workload associated with private practice as a disadvantage, but other therapists may prefer this as an alternative to working under superior(s). Even with support staff, many private practice owners are faced with fiscal management, quality assurance, technology selection and maintenance (typically related to an EMR), remaining in compliance with mandatory regulations (one example is HIPAA), marketing, and managing professional relationships, all while treating patients.

The fiscal responsibilities of a private practice owner may also bleed into someone's personal life, since therapists may be tasked with finding investors or funding their ventures using personal assets. If therapists use personal funds to get their business going, this places them at financial risk, especially if they are not able to garner enough referrals to make these investments back. Therapists also have a large financial burden if they set up a physical clinic space, since the cost of contractors and/or employees along with overhead such as a lease, utility bills, phone service, internet, and more can add up quickly. Private practice is also associated with other sources of financial risk, including struggling to pay off debts such as student loans or a mortgage in the absence of a

regular income stream; losing income by taking time off for vacation, illness, or any other reason; being unable to generate a regular stream of income due to insufficient referrals due to an inopportune geographic location; or needing to make major adjustments to treatment as a result of insurance issues. Many therapists starting their own business are aware of the financial risks – especially as they pertain to reimbursement and referral sources – and make decisions taking these factors into consideration. Yet research shows that many therapists entering private practice do not take staffing shortages into account if and when they opt to hire additional help. Therapists should continually weigh the impact these fiscal changes have on their ability to offer certain services and maintain an effective patient-provider relationship.

While there are many financial risks that can arise in private practice, this is usually not off-putting to therapists. Despite a significant number of occupational therapists citing autonomy as their chief motivation for moving to private practice, studies show many of these same therapists reported increased earning potential as the reason they remained in the setting.

In comparison to true private practice owners, independent contractors have much less administrative burden while still being able to provide more unique, specialized services. Due to a lack of decision-making power in a contractor role, some therapists may still find they struggle with the lack of autonomy they had hoped for. Independent contractors do not need to assume any financial burden of the business, but they will need to shoulder their own professional expenses such as licensure fees, continuing education, malpractice insurance, retirement benefits, and health insurance. Independent contractors can experience even more variety in their work roles, since it's common for some therapists to contract with several companies at the same time. In order to gain a greater range of work experience, therapists can work across different practice settings or stick with the same one to hone their specialty.

Transitions within the Profession

A survey taken by the American Occupational Therapy Association aimed to investigate some of the most common reasons occupational therapists left the field. Results showed the chief reasons included:

- Taking extended or permanent leaves to raise a family
- Too much documentation

- Feelings of burnout that developed due to an unrealistic or unmanageable caseload
- Perceptions of the occupational therapy field not aligning with actual practice
- Bureaucratic issues that limited therapists' perceived or actual ability to make an impact
- General dissatisfaction regarding relationships with health-related bureaucracy
- Inability to find a job after relocating
- High patient acuity not aligning with therapists' skill level
- Inability to obtain part-time employment in the field, if that was the only availability a therapist had
- Therapists feeling as if they hit a ceiling and could no longer advance in the field, either in terms of title or earning potential

This same study found that many therapists who left the profession chose not to return for two main reasons, both of which centered on their ability to do their job. Therapists noted that perceived changes in professional competence and difficulty competing with a younger generation of therapists caused them to permanently leave the profession. The basic tenets of private practice have the capability to remedy nearly every reason therapists gave for initially seeking employment outside of the field. However, issues related to competency lie with the therapist themselves, since it is each therapist's responsibility to maintain their own skill set through continuing education and other forms of professional development.

Additional research has explored the opportunities and challenges this setting creates regarding continuing education and skill development. One study found that private practice owners were most likely to develop competency in the realm of business based on their original reasons for entering the setting; how they interact with external factors such as customers, competitors, and technology; and their goals (or lack thereof). A therapist's competency in private practice stems equally from formal and informal learning opportunities. Therapists engaged in more advanced learning as a result of isolated incidents that occurred over time, while more basic procedures and operational duties yielded lower-level learning. A combination of these opportunities led therapists to shift from their role as a therapist to a dual-functioning role as a therapist and

business owner. Ultimately, the biggest learning-related transformation was in a therapist's ability to self-reflect, enhance their capabilities, continually assess risks and possibilities in the environment, and use critical thinking to encourage further development.

Section 1 Personal Reflection

What are some lesser-known advantages of working as an independent contractor?

Section 1 Key Words

Contractor - A worker in any profession who makes their own schedule by choosing when they can or want to work; contractors do not receive a retirement plan, health insurance, paid time off (PTO), or other benefits

Employee - A worker in any industry who is on the payroll of the company they work for, has set business hours, and is compensated for their work through wages and standard benefits

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) - A non-profit organization that accredits a range of organized healthcare programs and organizations across the nation to improve quality care

Self-employed - Individuals who work as a sole proprietor, independent contractor, part-time or full-time business owner, gig worker, or member of a partnership that provides certain services or a trade; these individuals are not the payroll of any company and, therefore, are responsible for paying their own taxes along with managing the work they do

Sole proprietor - A business or other private enterprise owned and operated by a single person; in legal terms, the person's personal and business finances are one in the same

Section 2: Program Development

References: 3,4,5,6,7,8,9,13,14,15,16,17,18,19,20,21,22

Program development refers to the act of creating and providing structured services intended to meet one or more measurable objectives. Any trained therapist can create rehabilitation or wellness-based programming according to their specialty and skillset. In most cases, a provider is not even required to have additional knowledge about program development itself.

Program Questionnaire

Depending on a therapist's speciality, there are a few starting points. One of the best places to start is by creating a program questionnaire. By creating questionnaires, therapists can gather information about their audience and the problems they require solutions for. These questionnaires should ask some of the following questions:

- What concerns are affecting you or the residents in the community the most?
- Are any of these problems related to [the main area the therapist hopes to address; examples include a certain diagnosis, drug misuse, socioeconomic concerns such as homelessness, trauma history, domestic violence, falls within the home, exercise/activity levels, etc.]?
- What are the characteristics (age, race, ethnicity, routines, habits, medical history, role models, places they frequent, social history) of you or the people dealing with the above problems?
- At what age do these concerns begin to present themselves as a problem for you or these individuals?
- In what contexts are you or these individuals likely to experience the most problems that impact their function or quality-of-life?
- What societal norms, practices, and habits are in place that prevent you or individuals from being at risk?

Depending on how many individuals are being surveyed as part of the program development process, therapists may want to create multiple questionnaires that target various individuals in the community. For example, one questionnaire may address doctors and nurses, while another may be modified for individuals who currently receive case management services. In order to supplement the information from these questionnaires, therapists should also research any existing programs offering similar

services. This allows therapists to see exactly what others are doing, how it is being received, and what may be missing from those programs.

As for the questionnaires themselves, they should begin with a brief introduction about the purpose of the questions and the aim of the therapist. This will often be very general, since it's possible the scope of the work has not been defined yet. The introduction should be written in layman's terms so anyone can understand it. It's often recommended for therapists to start patient questionnaires with more general or benign questions, such as how long they have lived in the area or how they view recent community events. It's also important to mention that there is no need for therapists to ask demographic information unless it is vital to the program. For example, if a therapist is developing a fall prevention program for the elderly, it is unnecessary to ask the age of respondents if they are being interviewed at the senior center they attend.

If you are completing the questionnaires by interviewing respondents, transitions between questions (e.g. "Shifting gears a bit with this question…") can help make the process more conversational. Transitions such as, "Heading to our last few questions," can encourage respondents to stay engaged because the end is near. There should be a reasonable amount of questions as part of the interview – enough to give therapists the information they need, but not so many that respondents lose interest. Respondents will often take 10 minutes to answer 20 questions, so keep this in mind when creating the questionnaire. The format of all questions should also be consistent to allow for easy comprehension. Be sure open-ended questions offer enough space for respondents to fully answer the question.

Therapists may want to use color-coded pages to label sections so they can more easily skip parts that are not relevant to certain respondents. Another handy tip is to leave spaces in the side margins so therapists and other staff can more easily categorize answers when reviewing and analyzing the questionnaire later. Interviewer instructions should be clearly demarcated in italics, capital letters, parentheses, or even in boxes. This helps both individuals who complete the questionnaire on their own and staff who are performing interviews but did not write the questionnaire themselves. Similarly, page symbols (ellipsis for pauses, arrows for ordering, vertical lines grouping similar items together, asterisks suggesting that one question relates to another) can help guide interviewers in making the experience more fluid for respondents. Therapists may want to include a series of small dots between a question and multiple-choice answers to guide patients along in the right direction. Always end the questionnaire by thanking the

respondent for their time and effort and providing contact information if they have any additional information to provide.

After analyzing the results of questionnaires, therapists are often able to create one or more situation statements. A situation statement defines prevalent issues impacting a set of individuals that therapists hope to shed light on or help solve. In order to be most effective, therapists should create situation statements that not only summarize the information respondents shared, but also pertain to the therapist's scope of practice and skill set. One or more effective situation statements will help therapists move on to the first step of the needs assessment, which involves defining program objectives based on existing problems. An example of a situation statement is: Individuals in our community who are misusing substances such as drugs and alcohol do not have access to local services that are comprehensive and span the continuum of care.

Once therapists have a few situation statements, they will have a better idea of what their options are. They may need some time to narrow their focus and determine what they want their program to address. Therapists may decide on a certain program because they have a background working with a certain population. Or it's possible that a therapist will choose a certain focus simply because they want to provide a particular set of services. Regardless of their motivation, they must begin the program development process by assessing the demand that exists for the services they want to provide. This means all programming should be designed to benefit individuals in the local or virtual community who possess specific medical, physical, spiritual, emotional, or cognitive needs. In order to ensure a person is connected with worthwhile programming and services, a therapist must identify what needs are present on a micro and macro level. A need is defined as the difference between what something really is and what it should be.

Needs Assessment

The best way to pinpoint existing needs is by conducting a needs assessment (also called a feasibility study or feasibility assessment), which is an essential precursor to program development. Within healthcare, a needs assessment is an outlined procedure that a public or allied health professional must follow to determine the causality, needs, and priorities of a client. The results from a needs assessment are then used to inform future action, often in the form of programming. Pertaining to a needs assessment, the term client is quite versatile. This can refer to a single person, a group of patients with similar interests or diagnoses, people who live in a certain geographic region or community,

individuals who are part of a health-related organization (residents at an assisted living facility, members of a recreation center, or patients admitted to a certain hospital), or anyone else a therapist may assist.

A needs assessment serves several purposes. Firstly, it helps therapists determine what resources they must have to design their program. A needs assessment also allows therapists to identify the needs of the individuals they hope to serve and better assist with problems they may experience. A therapist must engage in the following steps to complete a needs assessment and design their program accordingly:

1. Define program objectives and articulate the broader purpose of the program

    a. This will inform participants about what they are taking part in. The objectives will also help the therapist identify what they will be doing with the results and what they need to cover in the program in order to obtain such data.

    b. Therapists may begin with many potential objectives, which is acceptable. However, this first step should aim to both generate and narrow down a list to create goals that are action-focused and skill-based.

    c. An example of a program objective is: To create a clubhouse that offers recreational activities, a safe space, inclusive opportunities, and case management services for community-dwelling individuals with severe mental illness.

    d. This is also a good opportunity to cite some of the research surrounding the issue to complement the program objective. For example: Over 60% of individuals with severe mental illness residing in Anyplace, Michigan have been hospitalized 3 times or more in the past year. An overwhelming majority of these individuals report that contributing factors leading up to each hospitalization include not having peer interaction, lacking supportive and sober social opportunities, and not being assigned a case manager to assist with their aftercare. Research shows that individuals with severe mental illness respond exceedingly well to community-based services using a clubhouse model and experience greater quality-of-life, a stronger sense of belonging, and a greater purpose in their local community.

2. Make a plan for the program based on available resources and therapist capacity

a. The planning therapist should be aware of any and all limitations that may impact the program. Resources that should be accounted for include time, money, staff, space, and materials.

b. If other staff will be involved, this is also a good time for therapists to delegate certain roles and assign leaders based on their individual skill sets.

c. Therapists should compile a list of potential funding sources, deadlines for each (if they are grant-based or time-sensitive), and what information is needed to secure that funding (e.g. an application, a pitch deck, preliminary findings, business model canvas, etc.).

d. One of the best ways to make this plan is by performing a SWOT analysis. This involves taking a comprehensive look at the program's strengths, weaknesses, opportunities, and threats. SWOT analyses are applicable to a range of industries, but they are particularly useful for therapists making business decisions regarding their programs and services. If a therapist has investors, the results of a SWOT analysis will also be advantageous in giving them a bird's eye view of the venture.

3. Identify the target audience (information consumers or decision-makers) using inclusionary and exclusionary criteria

    a. Decision-makers typically include business leaders, public interest groups, non-profit directors, elected officials, and media personalities.

    b. Information consumers include patients with disabilities, families or caregivers of patients with disabilities, interest groups that are not involved with the targeted cause, community leaders, and social media networks.

    c. Therapists will also need to identify how they will approach outreach, since different methods will be necessary to secure various audiences. Therapists may build a coalition if they are targeting decision-makers, such as elected officials, subject matter experts, and program directors. Public meetings may be a good forum to simultaneously target the general public and decision-makers. A press conference can also bring together decision-makers and the general public along with the media. Another way to reach

consumers along with their families, caregivers, and other staff who interact with them is by creating informational guides, brochures, blogs, and other forms of content on established web pages such as online sites for the community hospital or the local housing authority. Other ways to attract the general public include writing editorial letters in local newspapers and community forums, creating weekly social media posts, and starting specialty news sections on the subject matter in e-newsletters.

4. Decide the details regarding data collection

    a. It's important for therapists to know how and where program data will be collected along with how the data will be used. This helps determine a timeline for the entire process, which is often required for investors and other stakeholders. These parties may also require that data be collected in a certain way with consideration given to any competing priorities target clients have.

    b. Benchmarks will vary based on the ways data is being collected. For example, therapists may find that quarterly coalitions held over the course of one year will give them enough information. In the realm of the media, therapists may choose to get media coverage from four major outlets to get the most exposure. White papers and literature reviews along with other forms of research and communication may be the best way to inform and capture the attention of decision-makers, especially at higher levels.

    c. Therapists may need to use various incentives and make accommodations to encourage participation. For example, government figures may be more inclined to participate if they can publicize that they are in support of resolving the issue the program addresses, e.g. homelessness, substance use disorders. Small monetary rewards, food, and branded items may encourage consumers to participate. But therapists may not need many additional incentives to get consumers to participate if it is overtly clear that the program would benefit them (e.g. they meet the criteria to participate in the program once it has launched) in the long run.

    d. Any questions that a therapist creates while designing the program should be responded to during the analysis phase. This will eliminate the disparity

between the “what is” and the “what should be” while helping patients understand what needs to be done to get to the “what should be.”

5. Outline program results with both short-term and long-term impact in mind

    a. Summarize whether or not individual benchmarks were met, along with any limitations that prevented them from being achieved. Be sure to also relay if the program as a whole was effective.

    b. Depending on how many needs assessments were completed, the therapist may need to identify cross-cutting themes that have arisen. Cross-cutting themes (such as gender differences, inclusion, age, and violence) are additional concerns that are strongly correlated with the main program. Therapists may or may not be able to address them without shifting the program’s purpose.

    c. Any results should then be used to prioritize the most actionable items.

6. Acquire feedback from an inclusive, diverse group

    a. During this process, community members should be engaged as equal partners to enable participation.

7. Disseminate findings both internally and externally

    a. Be sure to include any feedback given from stakeholders, community partners, colleagues, and other sources, since this input can be used to create new programs in the future.

    b. Conferences, symposiums, seminars, interprofessional meetings, online publications, workgroups, and more are all great venues to share this information with professionals and the general public.

8. Move forward with the action points

    a. After reviewing the initial objectives, therapists should have an idea of what still needs to be done to meet the program’s main goal.

    b. Address any gaps that presented themselves and create a plan that highlights key strategies and methodologies.

Needs assessments are crucial to the program development process, yet there are additional considerations therapists must keep in mind. Vision and mission statements are just one example, since both of these tools can help therapists who are struggling with the initial steps of a needs assessment. A vision statement offers a broad summary of where a company plans to go in the future. A mission statement elaborates on this by providing a summary of what a company is, its long-term goals, how the identified objectives will be achieved, and the way such aims will set them apart from competitors and impact the community. These statements can help guide program development while helping therapists remain in alignment with their professional and personal goals.

While the main focus of the programming should be whether or not it caters to the needs of each patient who is participating, therapists should also work to build a program that is flexible in nature. The aim of the needs assessment and the program itself in the early stages is to gather feedback. Participants, investors, and others will likely also offer their opinions beyond that point. This is why therapists should be able and willing to make adjustments to accommodate reasonable requests and better serve their audience.

In order to effectively involve other therapists and staff in program implementation, therapists must be prepared to offer training initially (pre-service) and on an ongoing basis. This helps ensure continuity between providers so that any staff member can offer patients a similar experience.

The program and its assessment(s) should remain culturally responsive by outlining a range of problems the target audience encounters along with multiple solutions for each. Therapists are not expected to address all of the problems they identify, nor are they encouraged to since it makes specialization difficult. In order to be the most effective for the focus population, a program should hone in on solving one of the identified problems while still taking the others into consideration.

Section 2 Personal Reflection

What differences exist between program development for the sake of research and program development intended purely to provide services to patients?

Section 2 Key Words

Business model canvas - An outline that business owners use to organize their product's or company's available resources, key players, target customers, financial information, and basis of value for customers

Coalition - An alliance, often formed temporarily, for the purpose of combined action from multiple parties

Exclusionary criteria - Features (health conditions, medical history, lifestyle choices, socioeconomic status, etc.) that a participant possesses that exclude them from participating in a research study or program; these may place the participant at risk of harm or are likely to result in unideal research outcomes; participants can meet inclusionary criteria while also meeting exclusionary criteria, which would prevent them from participating in a study

Inclusionary criteria - Central features of participants that allow them to participate in research studies or programs; these features can include demographics, geographic location, and clinical data; such data is used to help professionals answer a certain research question

Macro level - Something that is large-scale, long-term

Micro level - Something that focuses on the short-term; this often involves breaking concepts and tasks down into detailed steps

Mission statement - A summary of a company's long-term goals, the means by which they will achieve them, what sets them apart from others, and how they impact the community

Pitch deck - A brief presentation that offers an overview of someone's business, including all the services and products that a company offers, a bird's eye view of finances, and funding needs; because of the information included in a pitch deck, they are most often compiled to present to investors in an attempt to gain funding

Stakeholder - Anyone who has interest in an organization's activities or decisions; stakeholders may or may not stand to financially gain from these ventures, and can include suppliers, customers, employees, and investors

Vision statement - A broad summary of where a company plans to go in the future

Section 3: Private Practice Policies and Regulations

References: 25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40

Once you have completed the program development process, your first steps should be finding a location for your business (if you are a brick-and-mortar business), naming your business, and registering your business according to the requirements set forth by your state.

When searching for the ideal location, therapists should look for an area that lacks businesses similar to yours, but one that is also home to patients who can benefit from the services the practice offers. This may end up being a suburban or rural area, since there is typically less competition there than in metropolitan areas. Therapists should also take transportation into consideration. For example, if a therapist chooses to have a brick-and-mortar clinic in a rural area, this may be inaccessible to city patients who utilize public transportation or patients in the same or neighboring rural area who lack transportation. If transportation is a major issue for many of the patients a practice would serve, telehealth services or a mobile clinic may be more appropriate.

To register your business, you must determine how you want it to be structured. Remember that if you plan to be a solopreneur from the start, you will register your business as a single-person LLC or a sole proprietorship. This means there is no distinction between your personal finances and the finances of the business, so you can file taxes as you typically would for yourself. If you begin the business with one or more partners who are equally as invested as you are, then you should register the company as a partnership. This places financial and legal responsibility on more than one person. Registering the business as a company makes it a legal entity with limited liability. So, if a patient sues the company, the owners and any shareholders are protected.

After registering their business, it's crucial that therapists are aware of and abide by certain legislation. If therapists get a brick-and-mortar location to treat patients from, they must firstly ensure the building is zoned for commercial purposes according to the deed or lease/rental agreement. The Occupational Safety and Health Administration (OSHA) does not specify any standards for construction, so any commercial building must pass a basic inspection (equivalent to one that most banks require before giving out mortgages) to ensure it is safe enough for occupancy. Therapists should also keep in mind the accessibility standards set forth by Title III of the Americans with Disabilities

Act (ADA). Small businesses with any number of employees must ensure their building has:

- Elevators, if the business is not on the first floor
- Ramps, if the business has external stairs
- Disability-friendly accommodations to basic fixtures such as the front desk, drinking fountains, exam table, telephones, and restrooms

Therapists who provide in-person patient care from their home will also need to check zoning regulations and notify the company who provides them homeowner's insurance, since such policies must be adjusted to factor in any potential injuries patients may incur on the grounds. Rental residences also typically have restrictions on displaying signage or ads, which therapists should factor in. Therapists must also follow OSHA standards that dictate:

- The establishment and maintenance of safe walking and working surfaces
- A clear presence of emergency exits and crisis planning
- Ventilation and the minimization of patient exposure to occupational noise
- The storage and use of personal protective equipment, including eye, face, hand, respiratory, head, and foot protection as needed
- Possession of medical equipment and first aid kits
- Fire protection
- The execution of proper hygiene and respiratory protection for conditions such as COVID-19
- Management of electrical wires and devices
- Limitation and monitoring of asbestos exposure
- Limitation and monitoring of exposure to bloodborne pathogens

In addition to adhering to existing policies, therapists will also need to develop certain documentation for their business. If they hire or plan to hire additional staff, they should create employment contracts for both independent contractors and employees. A basic

employment contract should mention compensation, job duties, start and end dates (if applicable), and any other expectations the worker will be held to.

Informed consent is another important document that all therapists who treat patients must devise. Therapists should ensure their informed consent has details on the following:

- Scope of practice
    - This offers a brief summary of what presenting problems the therapist is qualified to treat
    - A scope of practice statement is also a good opportunity for therapists to clarify that they do not have diagnostic capabilities and set general terms for the professional relationship
    - In many cases (especially nontraditional practice settings such as ergonomics), this may also include the therapist's credentials, qualifications, and a brief mention of relevant experience
- Reporting requirements
    - Therapists should mention they are mandated reporters and must disclose any instances of suspected or confirmed abuse to the appropriate governing bodies
- Patient bill of rights
    - This section offers legal information or the basic guarantees a patient can expect when receiving care with a provider
    - A patient bill of rights is more often seen in traditional patient care environments such as orthopedic or sensory integration clinics
    - This may also be a separate document that is visibly posted in patient rooms in residential settings such as hospitals
    - A patient bill of rights mentions that patients are entitled to:
        - Quality medical care in a safe, non-discriminatory environment

        - Confidentiality measures
        - Treatment with dignity and respect
        - Know why they are being transferred elsewhere, if this occurs
        - Information about their provider
        - Make their wishes known in the event they cannot communicate or decide for themselves (also known as an advance directive)
        - Transparency regarding pricing and financial responsibility
        - Explanations about the treatments they are receiving
        - Make decisions about their care
        - Know the facility rules for patients
        - File a grievance if they are dissatisfied
        - Know if they are part of a research study
- Cancellation policy
    - Patients should know when and how they should cancel an appointment, what charges result from a late cancellation, and what happens if they miss a visit without notifying anyone.
    - If therapists have a brick-and-mortar location, a weather policy should also be included.
- Fee schedule
    - Therapists who run a cash-based practice should outline the charges for evaluations, treatments, and certain modalities (if these are charged separately or specialty modalities cost more).
    - Therapists who work with third-party payers should mention that they will provide patients with details about co-payments and other patient responsibility after they contact their insurer.

- Telehealth
    - Therapists who provide services virtually should be sure telehealth and virtual communications are mentioned in each section of the informed consent.
- Information security
    - This is a good place for therapists to mention that they adhere to all aspects of the Health Insurance Portability and Accountability Act (HIPAA), including how long they keep patient records and the safeguards their practice takes to protect both written and electronic documents.
- Social media
    - Therapists should mention all the ways patients can contact them. If therapists text with patients on cellphones and other unsecured devices, they should mention the risk of privacy breaches.
    - Therapists should clarify that they cannot connect with patients on any form social media, since this violates the boundaries of their professional relationship.
- Release of information
    - This is a good place to describe the process patients must go through to request their medical records for personal use or to be transferred to another provider.
- Conflict of interest
    - This should mention that therapists will report any existing conflicts of interest at the start of treatment or when they arise, so plans can be made accordingly. Some examples of conflict of interest include a therapist consulting for an orthopedist who recommends cortisone injections in lieu of rehab services or a therapist recommending that patients purchase products they get a commission from.
    - Some geographic locations prohibit healthcare professionals from engaging in solicitous behaviors or pressuring patients into services or

product purchases. Since therapist opinions are generally trusted by the public, many areas consider a more serious conflict of interest.

- Treatment of minors
    - If applicable, this is a good place to mention the boundaries related to informed consent for minors. It's standard practice to require informed consent from at least one parent or guardian, but many therapists operate on a case-by-case basis.

While an informed consent is a cornerstone document for any therapist, there are several other documents therapists must also have in order before they begin treating patients:

- Professional certifications
    - Regardless of work setting, all therapists must keep their credentials up-to-date and have documented proof to present upon request. This includes registration with the National Board for Certification in Occupational Therapy (NBCOT), licensure in the state(s) where they practice, and any advanced certifications that give them added expertise in their specialty.
- Liability insurance
    - This covers therapists in the event of intentional harm, negligence, or vicarious liability, which refers to the liability a business owner assumes when their contractor or employee injures a patient.
- Federal Income Tax Compliance Certificate
- Federal Payroll Tax Compliance Certificate
- State Tax Compliance Certificate
    - Each of these three documents certifies that a business is caught up on their tax obligations as of a certain date. The payroll document is required for business owners who have salaried employees, while the other two certificates are necessary for business owners who work with any other paid staff (contractors, employees, assistants, etc.).
- National Health Provider Identification (NPI) number

    - An NPI is required by every individual therapist who plans to provide treatment to individuals and bill Medicare for those services. While all healthcare providers are eligible to register for an NPI, this is only required of private practice therapists or independent contractors who accept Medicare.

Therapists may also want to create some optional documentation that can help educate first-time patients and assist in the event of an emergency:

- Professional will
    - Therapists should create a professional will that names a professional executor for their business. This will is often given to a trusted colleague who has been trained in the day-to-day workings of the practice and can take over in the event the owner is no longer able to oversee operations. This document should specifically note that PHI will remain confidential, since records management responsibilities will be transferred to the new owner.
- Infection prevention and control
    - These standards apply to brick-and-mortar locations and should be established and revised according to best practices. Infection prevention and control should include disinfecting multi-use supplies and equipment along with any other necessary practices.
- Welcome letter
    - This brief letter for first-time patients may include the practice's mission and vision statement along with information they need to know about preparing for or getting to their first appointment (parking, gathering medical information, writing out a list of concerns they want to address, etc.).
- Disaster plan
    - Practice owners should have measures in place to prevent emergencies along with response plans to carry out in the event of a crisis.

These documents are a crucial part of any healthcare business, so it's recommended that therapists consult with an accountant, insurance broker, policy analyst, and a lawyer in the early stages of business formation and as needed over time. Therapists can also find resources by visiting their local chamber of commerce and the small business administration.

Section 3 Personal Reflection

What legal concerns might a therapist face if they injure a patient and do not hold malpractice insurance?

Section 3 Key Words

Brick-and-mortar - A physical location for a business or organization

Copayment - A fee that a patient must pay after their insurance pays for a portion of a service; copays are common for office visits to physicians, PTs, OTs, and SLPs

Protected Health Information (PHI) - Any patient-related information that discusses the services someone received, a person's health status, or their payment information

Vicarious liability - The liability a business owner assumes when their staff member (a contractor or employee) injures a patient

Section 4: Referrals, Advertising, & Marketing

In order to treat patients or provide services of any kind, therapists must first gain referrals. This is typically done through a combination of advertising and marketing. Advertising involves using paid methods to promote a company and its services or products. Marketing entails identifying the needs of a target audience and devising a way to meet those needs.

If a therapist wants to advertise their business, they can create TV commercials or written ads in newspapers, magazines, and other print media. Therapists should also look into online marketing. This entails building a web presence through informative blogs, podcast features, listings on provider directories (through local or national agencies), email newsletters, and a practice website with high search-engine

optimization (SEO) rankings. One of the most popular types of online marketing is social media company pages and marketing campaigns on platforms such as Facebook, Instagram, and Google. Some cost money while others (such as social media company pages) are free. Regardless of cost, each of these options are a viable way for a therapist to get the word out about their business. Therapists interested in email marketing should check if their area has any regulations regarding spam, since some online communication may fall under that category if it is distributed too frequently.

Online marketing is considered one of the chief forms of gaining referrals these days, but therapists should not neglect in-person options, which include:

- Asking existing or previously-discharged clients for referrals, also known as referral marketing or word-of-mouth marketing
- Rewarding existing clients with loyalty incentives
    - Some examples include free courses, social events, and local discounts.
- Garnering feedback from existing clients by regularly distributing satisfaction surveys
    - These surveys should be accessible, anonymous, and short with unbiased questions that do not lead patients into giving certain answers.
- Attending community events, conferences, and other events to network
- Placing business cards, brochures, and other print materials in local businesses (doctor's offices, gyms, recreation centers, etc.) that serve potential clients
- Partnering with local organizations and providers for referrals (and respond in kind by referring clients to them)
    - Pediatric therapists may want to connect with principals, special education directors, school counselors, case workers from social service agencies, and pediatricians
    - OTs who provide low vision services may want to partner with optometrists, ophthalmologists, primary care physicians (PCPs), and retail vision centers
    - Orthopedic therapists may want to partner with surgeons or hospitals

    - Therapists partnering with established hospitals can be especially beneficial since this may offer financial support and shared resources such as EMR access

- Offering free lectures in their area(s) of expertise
- Hosting an open house for professionals and patients

In order to determine what techniques are most effective, therapists should track the performance of each method and set goals for those that produced the best results.

Section 4 Personal Reflection

Which strategies do you think are the most affordable to implement? Which methods may be more costly for the therapist?

Section 5: Fiscal Management

References: 41,42,43

Financial management is another area where private practice differs from traditional practices. One of the main differences is that private practice owners must often fund their ventures. Therapists may do this by partnering with another therapist or using their personal savings, but other funding options include using business credit cards, refinancing their mortgage (if they have one), taking out traditional/personal loans, getting a home equity line of credit, crowdfunding, or applying for grants.

Once therapists have enough capital to start their private practice, they must consider how they will make money to begin earning a profit. This is another area where private practice deviates from traditional practice settings. Hospitals, skilled nursing facilities, and other settings that take insurance operate using the fee-for-service payment model where insurance companies pay healthcare organizations for each service their providers render. Because this model focuses on quantity rather than quality of services, it is slowly being replaced with the value-based payment model. A value-based model emphasizes superior care by offering incentive payments to healthcare providers that offer quality services.

While this is a positive shift, the structure of private practice makes it difficult to implement a value-based payment model. For this reason, many clinics operate on fee-for-service or cash-based models. Cash-based practices require patients to pay fixed rates out-of-pocket for all services, as they would need to do if the practice was out of network with their insurance. Due to the absence of restrictive regulations and negotiating payments, many therapists who offer cash-based services can more freely make a profit by providing effective, client-centered treatment. However, there are definite downsides to cash-based practices, since many patients cannot afford to pay out of pocket, even if they badly need the services. Therapists who operate a private practice will need to keep this in mind when identifying their specialty, target audience, and their practice's location.

Once it is determined how the practice will be generating income, therapists must develop fee schedules. These must be created according to local government regulations, and may be based on the cost for the therapist to provide services, the practice's overhead (how much it costs for utilities, equipment purchase and maintenance, rent/lease, etc.), the maximum allowable fees, and other criteria.

Some other fiscal duties therapists should account for include:

- Claims submission and processing, including investigations, denials, and appeals (if they accept insurance)
- Cash pay or copayment collection, at the time of each visit
- Coding training for employees and contractors
- Ongoing training regarding state, federal, and local billing regulations for employees and contractors
- Benchmarking data for provider productivity, including average charges for procedures and providers
- Educating patients on insurance policies (including deductibles and copayments), cash-based policies, and self-pay collection processes

In order to ensure they are steadily profitable enough to support themselves and keep running their practice, therapists should create a business plan. An effective business plan will map out 5-year projections including operating expenses, revenue, net profit,

and any start-up costs they incurred. Therapists who are not solo practitioners may also consider acquiring bookkeeping services to help them in preparation for tax time.

Section 5 Personal Reflection

What are some other ways therapists can obtain money to start their private practice?

Section 6: Documentation & Quality Improvement

References: 44,45,46,47,48

Documentation – specifically EMR systems and provider expectations – has a major impact on the therapy plan of care. This is why many clinicians agree one of the most central features of an EMR is its operability on a single platform across the continuum of care. Some of the main EMR features therapists in private practice look for include:

- Templates and forms to save time and offer customized notes
- Built-in libraries to assist with coding and billing
- A simple training process
- Complete HIPAA compliance
- The option for adaptive learning
- Tools that guide evidence-based decision making, also called clinical pathways
- An optimized workflow, especially with other systems across the continuum of care
- Interfaces (dictation, speech-to-text, drawings, typing, etc.) that allow for different learning styles
- Scheduling integration
- The ability to compile data for research and analysis

Alternatively, therapists often argue that EMRs do not allow for a patient's full narrative nor do they preserve clinical reasoning skills that are so essential to the therapeutic

process. A lack of accessible features not only leads therapists to spend more time on the computer and less time with patients, but it increases the likelihood of errors. Unusable EMRs can negatively impact patient outcomes, especially if patients do not feel heard, and even contribute to provider burnout. Data breaches, information loss, and other confidentiality concerns are potential issues for therapists who do not utilize secure EMRs or fail to regularly update them.

There are several habits that can help therapists sidestep these issues while increasing patient satisfaction and facilitating their engagement with the provider. These best practices include:

- Setting up the clinical space to allow therapists to share their screens with patients
- Limiting computer or tablet use during emotional or difficult conversations
- Maintaining eye contact with patients
- Allowing patients to be a part of the chart building, e.g. show them a graph that illustrates progress made since their last assessment
- Completing chart reviews before seeing the patient whenever possible (transition times are often best)
- Listening while the patient is talking and typing when the patient stops speaking
- Using documentation templates to save time, whenever possible
- Learning keyboard shortcuts and EMR features that allow providers to browse, scan, and input data more efficiently

To ensure goodness of fit for an EMR, it's recommended that therapists use their clinical skills to complete a cost-benefit analysis for each option available to them. Before fully adopting any EMR, therapists should implement a testing protocol to ensure early issues are identified and managed. Literature suggests that, because EMR implementation is a technical project with social adaptive roots, it warrants the use of certain leadership competencies. This is why large healthcare organizations can benefit from using change management models for large-scale software updates.

Therapists should remain organized and efficient regarding note-taking, since poor documentation can lead to issues with reimbursement and jeopardize their client base.

Note-taking is equally as crucial for therapists who do not accept insurance, since their documentation must effectively convey patient progress and quality care.

Documentation is just one area where therapists can implement quality improvement measures. In fact, therapists have the opportunity to integrate these measures into many aspects of their practice, including daily processes, organizational roles, systematic redesigns, and when advocating for patients within the community. Once therapists identify the areas where they want to implement quality improvement, either for the sake of maintaining or improving quality, they can use some of the following methods:

- Plan-Do-Study-Act (PDSA) Cycles
    - This involves planning out a potential change or test of how a certain change may work, carrying out the plan, viewing the results, and making adjustments based on the results.
- Lean Six Sigma
    - DMAIC (define, measure, analyze, improve, control): This initial version of Lean Six Sigma is used to stimulate incremental improvements in certain processes if they are falling below outlined benchmarks.
    - DMADV (define, measure, analyze, design, verify): This is the next step in Lean Six Sigma that guides therapists in developing new processes based on previously-identified ineffective ones.
- Continuous Quality Improvement (CQI) or Performance Quality Improvement (PQI)
    - CQI is one of the most common quality improvement measures in the healthcare world, because it is an all-encompassing method. Since CQI is a cycle, it often utilizes PDSA to help therapists gather information and develop more control over their work. This allows for continual improvement over the course of an organization's operations.
- Total Quality Management (TQM)
    - This is another popular approach in the therapy world, but it operates from the managerial level by ensuring long-term organizational success via satisfied patients. All staff (clinical and non-clinical) play a part in TQM.

Section 6 Personal Reflection

What areas of private practice should a therapist aim to create quality improvement measures for?

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