

Title: Productivity Is More Than a Unit of Service

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Productivity can be defined as the cost of resources used (e.g., provision of PT services) to the value of the outcomes produced, historically defined as volume or number of billable units for a specific period of time.

$$\text{Productivity} = \frac{\text{Output (e.g., number of billable services provided)}}{\text{Input (e.g., cost of providing those services)}}$$

This equation shows that by increasing the number of billable units provided (the numerator) a business could increase productivity, given a fix cost of the input (the denominator). Maximizing productivity would maximize profits and ultimately wages of the employees. This is one view of productivity that focuses on volume for profit, which is seen as the value of the outcome.

Unfortunately, when some institutions adopt policies that focus heavily on volume for profit, the therapist is often constrained from implementing an appropriate, evidence-based, ethical plan of care for their patient. Instead, the therapist is put in a situation where conflict exists between the right decisions from the patient and science perspective and the institutional policy focusing on volume-based productivity. In these situations, the therapists can look to the APTA Code of Ethics¹ and Standards of Ethical Conduct for the Physical Therapist Assistant² for guidance. These documents address obligations to both the patient and the institution. Patient-focused ethical guidance can be found in Principle/Standards 1, 2, and 3 which direct therapists to respect the inherent dignity and rights of all individuals, obligate trust and compassion when addressing patient needs, and direct therapists to be accountable for sound professional judgments that are independent and objective, in the patient's best interests, and informed by professional standards and current evidence. Principle/Standard 7 addresses institutional concerns and mandates that therapists promote organizational behaviors and business practices that benefit patients/clients and society and specifically directs therapists to promote practice environments that support autonomous and accountable professional judgments. At first glance, therapist may view that the Principles/Standards that address ethical obligations to the patient/client as competing with the Principles/Standard that addresses ethical obligations to organizations. In order to balance these apparent "competing obligations" and adhere to ethical standards, therapists should ask themselves an important, key question: Is the institutional mandate fair, equitable, and considerate of the therapist's professional judgment and ethical obligations to the patient and the institution? If the answer is "no" the therapist is bound to adhere to the ethical standards. If the answer is "yes" the therapist must consider how to incorporate the organizational productivity requirement into daily patient care without compromising the ethical obligations to the patient or the organization. This takes moral courage!

In conclusion, as healthcare payers shift from a quantity-based payment model to a quality-based payment model, it is vital that PTs engage in the discussion and give input to the structure of a company's system of productivity measurement. Productivity is more than the number of billable units produced. It encapsulates the use of evidence-based practice, adherence to ethical principles,³ respecting clinical judgement, and the unique aspects of the model of care delivery to optimize patient outcomes.⁴ Value is added when the physical therapist's expertise is effectively utilized, when the time to educate the patient and family, obtain consultation with other experts, and collaborate with the medical team,⁵ are recognized as a necessary and valuable use of time. When a work environment recognizes and supports these aspects of care, a true measure of productivity can be achieved. This is the real value of productivity.

References

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