



REGISTRATION FORM

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 PT PTA

Name (this is how your name will appear on the attendance list) _____

Nickname for badge (if different) _____

Organization _____

Mailing address _____

City _____ State _____ ZIP _____

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Daytime telephone _____ Fax _____

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I do not wish to have my mailing address printed on the attendance list. Receipt requested.

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FEES Includes three days of programming, continental breakfasts, lunch and a reception.

	EARLY BIRD BY 2/1	ADVANCE BY 3/1	ON-SITE
Member*	\$350	\$370	\$390
Non-Member	\$400	\$420	\$440
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*Members and administrators of U.S. Boards and Canadian colleges.

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Federation of State Boards of Physical Therapy
 509 Wythe Street
 Alexandria, VA 22314

SETTING THE GOLD STANDARD FOR SERVICE AND PROTECTION

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SETTING THE GOLD STANDARD FOR SERVICE AND PROTECTION

Exams in the Year 2020

Rebecca Thomas

"We must constantly be challenging our current methods and solving our problems with innovative approaches and technology."

— Sir Francis Galton

We humans can get caught up in believing that we are the first to tackle true change or innovation. But the future is often an old story. At the FSBPT 2001 Fall Education Meeting in Baltimore, Martin Bean, president of Mentor Technologies, talked about the future of physical therapy licensure. Bean offered the wisdom of 19th Century British scientist and adventurer Sir Francis Galton, who said, "We must constantly be challenging our current methods and solving our problems with innovative approaches and technology."

The future testing environment for physical therapy exams will be a marriage of what needs to be assessed with what technology offers. "There's no doubt in my mind," Bean said, "that technology will continue to allow us to measure skills and knowledge in different and innovative ways, and probably in ever-better ways."

As with many other fields, the use of information technology is having a profound—and rapid—effect on the testing industry. The real challenge for the Federation and its affiliates is to understand, embrace and direct these changes in order to serve and maintain its important testing goals and traditions. The rapid change in testing is impacting measurement, computerized test development and computerized test delivery.

Technology applied to test development now allows test developers to evaluate item difficulty and quality so that the possibility of someone guessing their way through an exam is virtually eliminated. "Once upon a time, you would write a bunch of test questions and they would be handed off to someone who would have to sequence them into a valid flow of difficulty, with valid questions and distractors," Bean said. "Now the use of test altering tools allows test makers to create and modify test questions dynamically, leading to faster test development."

In addition, greater data storage is now available—gigabytes, not megabytes—meaning tests can be made more complicated. Technology makes it possible for organizations offering international licensure and certification standards to provide localized exams in other languages more effectively.

Administrative Services
509 Wythe Street
Alexandria, VA 22314
800.881.1430 phone • 703.299.3100 local phone
800.981.3031 fax • 703.299.3110 local fax

Exam Processing and Score Transfer Service
500 Montgomery Street, Suite 120
Alexandria, VA 22314
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Managing Editor
Nancy B. Busse

About the Federation's Logo



A beautifully simple yet intricately complex drawing by Leonardo da Vinci is the focal point of the FSBPT logo.

Taken from the great master's concept of separate but connected, each straight line is meant to represent an individual state board, functioning independently yet coming together for support at the focal point — under the aegis of the Federation. In addition to the aptness of this lovely metaphor, the Federation is proud to link its name to Leonardo da Vinci because his pioneering work paved the way for our modern understanding of the human body.

The Federation's Mission

To protect the public by providing service and leadership to promote safe and competent physical therapy practice.

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mark your **calendar**



Note: Committee and task force meetings are for members only.

JANUARY 2002	
5-6	BOD/Committee Chair Planning Meeting • Alexandria, VA
7	CBA Executive Committee • Alexandria, VA
11-13	Item Bank Rubric Task Force • New York, NY
26-27	Education Committee • Orlando, FL
FEBRUARY 2002	
21-23	APTA Combined Sections • Boston, MA
21-24	Item Bank Review Committee • New York, NY
MARCH 2002	
7	Spring <i>Forum</i>
14	Board of Directors • Orlando, FL
15-17	FSBPT Spring Education Meeting • Orlando, FL
21-24	Exam Construction Review Committee • New York, NY
APRIL 2002	
5	Summer <i>Forum</i> • Articles due
11-14	Item Bank Review Committee • Alexandria, VA
25-28	Exam Construction Review Committee • New York, NY
MAY 2002	
16-19	Exam Construction Review Committee Meeting • New York, NY
19-20	Exam Development Committee Meeting • New York, NY
19-20	Exam Administration Committee Meeting • Alexandria, VA
JUNE 2002	
5-8	APTA Annual Conference • Cincinnati, OH
10	Summer <i>Forum</i>
15	Fall <i>Forum</i> • Articles due
20-23	Exam Construction Review Committee Meeting • New York, NY
28-30	BOD Strategic Planning Meeting • New Paltz, NY
SEPTEMBER 2002	
5-8	Item Bank Review Committee • New York, NY
26	Board of Directors Meeting • Chicago, IL
27-30	FSBPT Annual Meeting & Delegate Assembly • Chicago, IL



GUEST EDITOR Patrick Braatz has served in elective and appointed government in Wisconsin at many levels over the last 21 years. He has been Administrator of the Division of Health in the Wisconsin Department of Regulation and Licensing for the past 10 years and currently is Administrator for the Wisconsin Physical Therapists Affiliated Credentialing Board, as well as 13 other health profession-related boards located in Madison, Wisconsin.

president's **perspective**

Life, Love and Squalor

Blair J. Packard, PT

A few times in my life I've made some sputtering attempts to keep a journal. I've also tried to keep a record of letters, articles or addresses given. Writing can be a kind of therapy for me. Often what I write is clearer than what I say or even think. It gives me a way to look at my thought processes before I decide to share them with others. I hope you will indulge me in this column, at least at this time, for some recent personal reflections, along with something that I dug out of an old file from several years ago—all of which may have very little to do directly with the Federation. But perhaps it might.

Often what I write depends on the events of the day, the issues I am dealing with at a particular moment in time. Although I am very much engaged from day to day and "in the saddle" as your president, on this day my thoughts have been elsewhere.

Today is Sunday, October 7, 2001. I slept in today, then attended a church conference with my wife Cindy, learning toward the end of that conference that missiles and bombs had started to fall on Afghanistan. I watched TV news throughout the day as I edited a Federation document on the Uniform Pathway. After dinner, Cindy and I took a walk through the neighborhood. The air was finally starting to cool in Arizona and there was a beautiful sunset. It had rained the night before and the normally dry Arizona air was fresh and moist. American flags were hanging from front porches or standing in front yards where Boy Scouts had placed them over the last few weeks. We didn't see many of our neighbors—they were no doubt watching the events of war unfold on television.

As peaceful and as beautiful as this night was, I couldn't help thinking of the great terror and tragedy a few weeks ago in New York City where fellow board member Eileen Bach lives and works; in Washington, D.C., not far from the Federation's offices in Alexandria; and in the skies over Pennsylvania—with repercussions all over America. My heart has gone out many

times over these weeks as I learned of the personal tragedy that has touched far more than the 5,000 or more who died on that day. In contrast to my peaceful evening, I also thought about the night that others were having at that very moment in Kabul. I wondered what the coming days, weeks, months, and perhaps even years would bring, and I wondered what we would learn from it all.

As I write this, a short story I read years ago in a college English class comes to mind. *For Esme, With Love and Squalor*, by J.D. Salinger, was used by my professor to illustrate the evocation of contrast. I can remember only a single line from the story, which is about a young soldier and his girlfriend. In the first part of the story everything about their romance is wonderful. Then the second part of the story begins with the line: "And now for the squalid part." The soldier goes off to war and is killed in battle. I've used the same line a few times with my physical therapy patients as I've transitioned from comfortable modalities to manual exercise and stretching for a stiff shoulder or knee. "And now for the squalid part," I say. They tell me "PT" stands for pain and torture; I tell them, no, it stands for a "pleasant time." We both know that the truth lies somewhere between "love" and "squalor."

I guess the most significant thing I feel right now is the great contrasts—even conflicts—of emotion in relation to world events. I don't think I'm alone, and I've confirmed this as I talk to family, friends, co-workers and patients. We all seem to experience—simultaneously—emotions of fear, sadness, anger, pride and more. I pray that one day we may also feel security and personal peace again.

As I have thought of the terror of being on a hijacked airliner, I couldn't help think about the many flights we've all been on, including those we gratefully returned home on after the Federation's Fall Education Meeting in Baltimore just days before the September 11th attacks. Flying into and out of Reagan National Airport, I've looked down at the Pentagon many times. I have never, ever thought of a plane flying into

PRESIDENT continued on page 17



Blair J. Packard, PT, was elected president of the Federation of State Boards of Physical Therapy in March 1999 and reelected in April 2001. Prior to that, he served the Federation as chair of the legislative committee and chair of the task force that developed the Model Practice Act for Physical Therapy. He has been active in the American Physical Therapy Association as Arizona chapter president (1983-1984) and as a member of the APTA Board of Directors (1991-1994). He served on the Arizona Board of Physical Therapy Examiners (1987-1991). Mr. Packard is a practicing clinician and co-owner of East Valley Physical Therapy and Aquatic Rehabilitation in Mesa, Arizona.

THE BALTIMORE WATERFRONT
SPARKLED FOR THE FEDERATION'S
FALL EDUCATION MEETING,
SEPTEMBER 7-9, 2001.

Fall Education Meeting Wrap-Up



Unaware of the horror that was to come on September 11, just two days after most of us returned home, FSBPT members and their guests met to enjoy each others' company and to talk about the many aspects of the meeting's theme, "The Future is Now: Trends, Tools and Technologies." There were three tracks of programming to choose from, along with opportunities to network with colleagues over continental breakfasts and an evening reception.

The impact of various entities on regulation was an overriding theme on Friday. Attendees heard about the impact of payment policies and accreditation on regulation from Henry Desmarais, MD, MPA, senior vice president of policy and information at the Health Insurance Association of America; Terrence Kay, director of the Centers for Medicare and Medicaid Services' Division of Practitioner and Ambulatory Care; Frank Mallon, JD, chief executive officer of the American Physical Therapy Association (APTA); and Anthony J. Tirone, JD, MBA, director of federal relations for the Joint Commission on the Accreditation of Healthcare Organizations. The impact of professional associations and academic program accreditation on state regulation and on the profession of physical therapy were discussed by Jayne Snyder, PT, APTA vice president, and Mary Jane Harris, PT, director of the Commission on Accreditation in Physical Therapy Education.

The Issues Forum on Friday gave Federation members an opportunity to ask questions and voice opinions about current FSBPT activities and initiatives, with much of the discussion focusing on matters related to a Uniform Pathway for licensing.

To begin Saturday's programming, keynote speaker Henry A. Fernandez, JD, former president of the Council on Licensure Enforcement and Regulation, set the tone in his presentation on "Maintaining Relevancy in Regulation: Leadership or Followership?" (See box on page 5.) Mark Lane, PT, and Christine Larson, PT, continued the relevancy theme in their lively presentation on the Model Practice Act. In other Saturday programming, Eileen Bach, PT, member of the FSBPT Board of Directors, and Marilyn Moffat, PT, PhD, former APTA president, explained how the *Guide to Physical*

THE TOP 10 STRATEGIC ACTIONS FOR REGULATORY BOARDS TO MAINTAIN RELEVANCY IN THE 21ST CENTURY

(with apologies to David Letterman)

10. Analyze and consider national trends.
9. Codify and enforce reasonable standards of practice (minimums).
8. Promote best practices (optimums).
7. Create alliances with professions that have a common interest.
6. Be cost effective in the regulation of the profession.
5. Be both exclusive and inclusive in granting the credential.
4. Encourage the appointment of dynamic thinkers.
3. Increase and empower lay, public or consumer board members.
2. Recognize that you, the Board and the staff, are in an insurance business and the public is the owner.
1. Reach out to customers, tell your story and celebrate your achievements.

From the keynote presentation by Henry A. Fernandez, Esq.

Therapy Practice is used in the construction of the National Physical Therapist Examination. Pauline Flesch, PT, and Mary Kay Solon, PT, discussed how the Indiana board and the state physical therapy association have worked together on legislative matters. And representatives of the Foreign Credentialing Commission on Physical Therapy (FCCPT) Kathleen Cegles, PT, DEd, GCS, Lynda Woodruff, PT, PhD, Liliane Bauduy, senior credentialer at FCCPT, and Susan K. Lindeblad, PT, PhD, FCCPT director, described what goes into a credentials evaluation (see article on page 10).

Also on Saturday, Angela Phillips, PT, president of Images, Inc., addressed the subject of "Outcome Data: Mapping the Future." The complex topic of what falls within the scope of physical therapy practice was addressed by FSBPT president Blair Packard, PT, Telehealth Task Force member Cynthia Driskell, PT, and Carl DeRosa, PT, PhD, chair of the physical therapy department at Northern Arizona University (see article in *Federation Forum*, Spring 2002). The hows and whys of constructing a jurisprudence examination were explored by Marla Nayer, BScPT, PhD, of the Canadian Alliance of Physiotherapy Regulators. Jean Sullivan, RN, program administrator for a health-care professionals assistance program in Washington State, spoke about establishing and maintaining jurisdictional programs for the impaired practitioner. Patrick O'Leary, Esq., managed to reduce more than 1,500 pages of regulations related to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) into an hour-and-a-half presentation (see *Legal Notes* on page 7). And the day ended with a look ahead to the physical therapy profession's transition to the clinical doctorate, with Norman Wallis, PhD, OD, executive director of the National Board of Examiners in Optometry, Dyke F. Anderson, RPh, former president of the National Association of Boards of Pharmacy, and Joseph Black, PhD, APTA senior

vice president for education.

On Sunday, Martin Bean, president of Mentor Technologies, looked to the future in his talk on "Licensing Exams in the Year 2020" (see article on page 1). Rina Sjolund, assistant vice president of ACT, Inc., spoke about how to go about establishing a system for evaluating ADA requests (see article on page 12), and her program was followed by a roundtable discussion of ADA issues. Christine Larson, PT, presented a program called "Animal Soup and Physical Therapy," which looked at innovative practice, including animal rehabilitation. And Carolyn Hultgren, PT, chair of FSBPT's Resolutions Committee, gave an overview of that committee's responsibilities and told attendees how best to work with the committee in the preparation of resolutions to go before the Delegate Assembly (see article on page 14).

On all three days, many attendees also took advantage of the opportunity to learn useful skills from Dan DeSalvo of the National Seminars Group. DeSalvo led energetic, interactive workshops on handling difficult people, the art of negotiation, managing multiple projects and priorities, personnel evaluation, and leadership, coaching and team building.

Evaluations received from participants indicated that they considered their time in Baltimore well spent. It was, in fact, the highest rated FSBPT education meeting to date, and the host city put on its best weather face for the occasion.

Congratulations to the Education Committee on another fine job, particularly to Candy Bahner, PT, outgoing committee chair, who was recognized by president Blair Packard for her many year of leadership and service to the Federation. Other committee members who worked hard to make it all work so well were Patrick Braatz; Frankie Cayton; Corinne Ellingham, PT; Sonja Farrell, PT; Nelda Joy Olson-Thomas, PT; Tina Steinman; Judy A. White, PT; and Deborah Tharp, PT, liaison from the Board of Directors. ■

An Administrator's Perspective on the Education Committee

Patrick Braatz

When I was first asked to serve on the FSBPT Education Committee as an administrator member, I was not really sure what I was getting into. I was not a physical therapist and I had never been an educator, so what could I possibly bring to the Education Committee, I thought. I was soon to learn that the designation "Education Committee" might be something of a misnomer, although I myself have been receiving a first-class education.

The Education Committee is charged with the development and planning of the Spring Education Meeting and the Fall Annual Meeting. One might think this would be a rather routine task, but in reality it can be a great challenge to develop programs that will be of interest to professional and public board members and administrators and others who have a concern for the regulation of the profession of physical therapy.

In my role as a jurisdiction board administrator, I am asked to bring the administrative perspective to the committee and to help with the planning and development of programs that will be of interest to our administrators, most of whom are not physical therapists, but who nevertheless deal with the day-to-day trials and tribulations of regulating the profession and protecting the public.

In this meeting-planning aspect of its work, the Education Committee develops a rough-draft plan for a meeting at least one year in advance of each meeting. In conjunction with staff, the committee fleshes out the details of each meeting and suggests speakers. Once the details are in place, the committee travels to the meeting site to put the finishing touches on the event, to determine how and by whom speaker introductions will be made and to take care of any other details that are still incomplete. The committee then looks ahead—in depth—to the next two meetings, developing themes, considering the best ways to get the word out, coming up with program topics and suggesting speakers for those topics.

The Education Committee is involved in nearly all aspects of planning the Federation's meetings, from theme and program planning, through reviewing room locations, to

planning activities that may be available to attendees when meetings are not in session. As one of the administrator members, I try to work with the committee to plan sessions that will provide administrators as well as board members with the types of programs that will help them carry out their goals back at home. This includes allowing time for the Council of Board Administrators to meet to take care of matters that relate directly to the administrators.

Once the meetings are in session, Education Committee members assist staff with the minute-to-minute running of the show. We introduce speakers, contribute to the daily newsletter that attendees receive each morning, and touch base frequently with each other to be sure everything is running according to plan.

In addition to the Fall and Spring meetings, the Education Committee is also charged with overseeing the production of *Federation Forum*. Committee members—including the administrator members—serve as guest editors on a rotating basis.

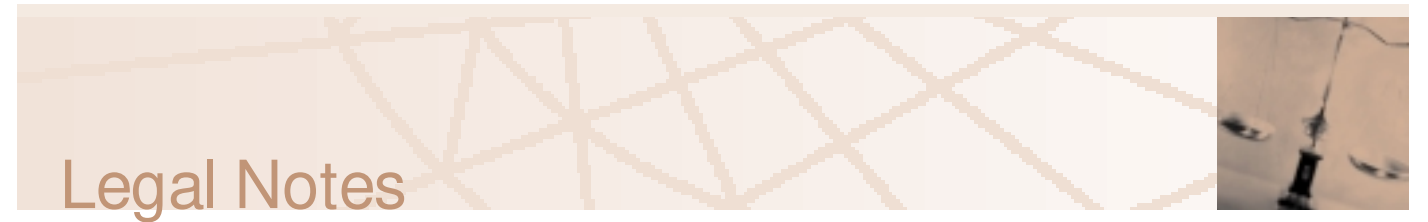
The Education Committee also plays a key role in helping to staff the Federation booth that travels to such events as the APTA's Student Conclave and the Combined Sections Meeting. Administrator members of the Committee participate in this activity so that they can add the administrative perspective to the information that is available at the booth.

As one of the administrator members on the Education Committee, I play an important role in not only representing my fellow administrators, but in serving all the members of the Federation. My time on the committee has been enjoyable and certainly educational. I hope that all who attend the Federation's meetings find the sessions valuable, and that attendees at the upcoming Spring Education meeting will complete the evaluation forms so that we can have the feedback we need to assure that we are providing the best possible programming to meet our members' needs.

I would also encourage all of you to consider becoming involved in Federation committee work. The rewards are worth the commitment. ■



Patrick Braatz has served in elective and appointed government in Wisconsin at many levels over the last 21 years. He has been Administrator of the Division of Health in the Wisconsin Department of Regulation and Licensing for the past 10 years and currently is Administrator for the Wisconsin Physical Therapists Affiliated Credentialing Board, as well as 13 other health profession-related boards located in Madison, Wisconsin.



What Is HIPAA and How Will It Affect What I Do?

Patrick J. O'Leary, Esq.

The regulations ... provide patients with the privacy regarding health care information that they thought they always had.

In April 2001, the U.S. Department of Health and Human Services (HHS) finalized regulations concerning the privacy of individually identifiable health information. To borrow an expression that has become popular throughout the industry, the privacy regulations (referred to here as the "Regulations") provide patients with the privacy regarding health-care information that they thought they always had. Although the Regulations have been finalized, they will be subject to interpretation over the next few months, and that discussion will indicate more definitively how these regulations will affect the overall business of health care. Regardless of revisions promulgated by HHS, the vast majority of health-care entities must comply with the Regulations no later than April 2003. However, since physical therapy practices are covered by the Regulations, there are a number of complex and burdensome requirements that must be addressed now to ensure compliance in the future.

Significant organizational and documentary changes must occur in the near future to prepare for the far-reaching impact of the Regulations. This article provides highlights from the Regulations in order to alert members of upcoming issues that must be addressed by their licensee constituents.

WHO IS COVERED BY HIPAA?

The Regulations enforce the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As required by HIPAA, the Regulations cover health plans, health-care clearinghouses, and all health-care providers who conduct financial and admin-

istrative transactions electronically (collectively these entities will be referred to as "covered entities"). Physical therapy practices meet the Regulations' definition of covered entity and therefore must abide by all of the requirements on covered entities. The Regulations govern all medical records and other individually identifiable health information held or disclosed by a covered entity. The form of the record is unimportant as the Regulations cover information in any form, whether communicated electronically, orally or on paper.

CONSENTS AND AUTHORIZATIONS

The Regulations are extremely burdensome and complex (they encompass more than 1,500 pages). However, in basic form, the Regulations require a specific consent from an individual in order for the covered entity to use or disclose an individual's personal information for purposes of treatment, billing and various other health-care operations. If an individual patient refuses to sign a consent, the covered entity may refuse to provide services. The content of the consent is governed by a host of requirements in the Regulations. However, the required form of the consent is similar to consent documents that some providers currently use, and may be combined with other consents (examples include a consent to receive treatment or a consent for the assignment of insurance benefits).

If the covered entity wishes to use personal health information for treatment, payment or other health-care operations, a consent is required. However, if the covered entity wishes to use or disclose the personal health information for any other purpose (examples might include marketing, fundraising and employment determinations), the entity must obtain an authorization. While the consent may be stated in general terms and may be coupled with other consents, an authorization must be written in specific terms and must contain all of the essential elements enumerated in the Regulations.

LEGAL NOTES continued on page 8



Patrick J. O'Leary, Esq., is an attorney in Tucker Arensberg's Healthcare Group in Pittsburgh, PA. He concentrates his health-care practice in the areas of corporate compliance, fraud and abuse, medical staff and credentialing issues, and professional discipline. For more information on the HIPAA regulations or to discuss other health-care issues, please contact Patrick at (412) 594-5530 or via e-mail at poleary@tuckerlaw.com.

Additionally, although treatment may be refused if a patient refuses to provide a consent, treatment may not be conditioned on the patient's issuance of an authorization.

EXCEPTIONS TO THE CONSENT AND AUTHORIZATION REQUIREMENT

As a general rule, a patient's consent or authorization must be obtained in order to use personal medical information for any reason. With any general rule, there are always exceptions. This is true for the Regulations as well. The following constitute some of the more notable exceptions to the general rule, providing situations where protected information can be used or disclosed without a consent or an authorization: emergency situations (although consent must be obtained as soon as reasonably possible), matters involving public health (such as reporting exposure to communicable diseases), judicial and administrative proceedings, law enforcement purposes, reports of abuse, neglect or domestic violence, and serious threats to health or safety.

THE MINIMUM REQUIREMENT

For situations that require a consent or an authorization, the Regulations offer patients an additional protective measure, by adding a "minimum necessary" concept. This concept requires that the covered entity make reasonable efforts not to use or disclose more than the minimum amount of protected health information absolutely necessary for achieving the purpose of the use or disclosure. Covered entities, for example, are prohibited from disclosing or requesting an entire medical record unless the entire record is actually necessary to accomplish a legitimate purpose permitted under the Regulations.

The Regulations also impose two other related requirements on covered entities. First, covered entities must maintain records of their disclosures of personal health information for each patient for a period of six (6) years and must account for these disclosures if requested to do so by the patient. Additionally, the Regulations require covered entities to implement policies and procedures that restrict its employees' access to and uses of protected information based on the specific role of the employee. In other words, not every employee needs complete access to patients' personal health records, and covered entities are required to implement policies and procedures to ensure that personal health records are provided to staff members on a strictly "need to know" basis. As a side note, the minimum necessary standard does not apply to requests by health-care providers for treatment purposes.

THIRD-PARTY CONTRACTING

The Regulations extend into the area of contracting as well by addressing "business associates." Covered entities need to work

The Regulations are effective in 2003, but covered entities should begin taking action now in order to ensure compliance by that time.

with a variety of third parties in order to provide effective health-care services. A "business associate relationship" exists, as defined in the Regulations, when the right to use or disclose protected health information belongs to the covered entity, and another party uses or discloses that information on behalf of, or to provide services to, the covered entity. The Regulations provide examples of "business associates," including those who perform legal services, accounting services, consulting or management services, administrative accreditation and financial services. The Regulations permit covered entities to disclose protected health information to these "business associates" (without obtaining consents or authorizations) if the covered entity obtains satisfactory assurance, through a written agreement, that the business associate will take proper actions to safeguard the protected information. If the business associate misuses the protected health information, the covered entity will be liable under HIPAA only if it knew of the business associate's actions and failed to take action to correct the problem or failed to terminate the business associate contract.

SANCTIONS FOR VIOLATING HIPAA

Violations of HIPAA can result in significant civil penalties. Sanctions are imposed on a sliding scale, based on the number of violations and depending on the level of intent. Individual violations can result in a \$100 fine per violation up to a maximum of \$25,000 per requirement, per individual in any given calendar year. HIPAA also provides for criminal sanctions of \$50,000 and one (1) year in prison for obtaining protected information under false pretenses. Obtaining or disclosing protected information with the intent to use the information for commercial gain carries up to a ten (10) year jail term and a \$250,000 fine. Therefore, HIPAA and its accompanying regulations are worthy of attention.

WHAT PRACTICES NEED TO DO

The Regulations are effective in 2003, but covered entities should begin taking action now in order to ensure compliance by that time. It is not too early to begin complying with the administrative requirements established in the Regulations. Practices, therefore, need to be doing the following:

- Designate a privacy compliance official.
- Begin developing policies and procedures regarding protecting personal health information.
- Train employees.

LEGAL NOTES continued on page 21



Online Examination Registration Is Here

You can say goodbye to purple and green "scantron" forms—the new system is simple, paperless and fast.

Larry Wilkerson and Susan Layton

Yes, it's here! The newest component of FSBPT's online system is ready to be rolled out and added to the already operational system for online score reporting. This new component will allow candidates to register and pay for the National Physical Therapy Examinations (NPTE) online. It will also allow jurisdictions to give online approval for these candidates. You can say goodbye to purple and green "scantron" forms—the new system is simple, paperless and fast.

The development process was a long one, involving input from jurisdictions, committees and task forces, as well as numerous hours of testing by Federation staff. This joint effort has resulted in a system that has been well worth the wait.

HOW THE SYSTEM WAS DESIGNED

The foundation of the system is a large database consisting of information provided by the candidates as part of the registration process, along with licensure and disciplinary information provided by the jurisdictions. The value of the system is dependent upon the reliability of the data provided. As jurisdictions begin using the online system and provide the Federation with current information from their licensure databases, the quality of the database will improve.

As the name implies, the online system is written so that it can be accessed through a secure Web site. This is important for two key reasons. First, jurisdictions are not required to buy any special software or hardware. Access to the Internet is all that is needed. Second, the online interface makes the system user-friendly for both candidates and jurisdictions.

Security has been a major focus of attention throughout the design and implementation process. The database software and the application software are maintained by an independent

contractor using all of the latest tools to minimize the risk of unauthorized access to the system. Jurisdictions will obtain access by entering a valid user name and password. And while the system will process payments by credit card, all reference to the credit card number will be discarded once a transaction is approved—that information is not retained in the database. Finally, the application software limits a jurisdiction's ability to view or modify data. A jurisdiction can view only information that pertains to persons who are applying for licensure or who are already licensed in that jurisdiction.

HOW THE ONLINE SYSTEM WORKS

Functionally, the system is designed to be simple, paperless and fast:

- A candidate will go to a secure Web site, complete an electronic examination registration form and make payment using a credit card. Candidates can still mail a certified check or money order directly to the Federation if they do not wish to pay by credit card. When the candidate submits the registration, the system will perform edit checks to ensure that the data is complete.
- A representative from the jurisdiction will then log onto the secure Web site to view a list of registrations awaiting approval. The list will indicate whether a candidate will be requesting special accommodations.
- With the click of a mouse, the jurisdiction will approve candidates to take the examination.
- The Federation will send the approved candidates' eligibility period to Prometric. Once the Federation receives confirmation from Prometric that the eligibility period has been received, the candidate will be sent an

NPTE continued on page 18



Susan Layton is FSBPT's Director of Examination Processing Services. She has a Bachelor of Science degree in Business Administration from Mary Washington College. While working on her bachelor's degree, she was accepted as an administrative intern to the president of Potomac Hospital for a year-long internship. Prior to joining the Federation, she was Operations Manager with MagnaCom, a unified messaging company that provides fax, email and voice broadcast services.



Larry Wilkerson is Vice President and Chief Financial Officer for FSBPT. Larry brings more than 30 years of experience in health care financial management to the Federation, both in independent consulting and as an audit manager and consultant with Ernst and Young. He has served as executive manager for Olive Healthcare Consulting and as chief financial officer for Winona Memorial Hospital, both in Indianapolis. Larry taught health care finance courses for the MBA program at Indiana University, where he received his BBA in Accounting. He has been a Certified Public Accountant since 1971.

FCCPT Bulletin

What Goes Into an Educational Credentials Evaluation?

Liliane Bauduy, Senior Staff Credentialer, and Susan K. Lindeblad, PT, PhD, Director of Credentialing Services, FCCPT

In presentations at FSBPT's 2001 Spring and Fall meetings, representatives of the Foreign Credentialing Commission on Physical Therapy (FCCPT) described the criteria that is used and the thorough scrutiny that is brought to the process of making decisions regarding educational equivalence. When FCCPT issues a final report on a candidate's educational credentials, the report covers—in detail—the person's educational background in both general and professional coursework, and it renders an opinion related to "substantial equivalency," comparing a foreign-educated physical therapist's educational content to that of physical therapists trained in the United States.

Dr. Lynda Woodruff, PT, a member of FCCPT's Credentials Review Committee (CRC), spoke about the variability of physical therapy education that exists within the United States, and she related that information to FCCPT's Coursework Evaluation Tool (CWT). She explained that the CWT is based upon accepted educational standards in domestic physical therapy education, specifically the Evaluative Criteria of the Commission on Accreditation of Physical Therapy Education (CAPTE) and the American Physical Therapy Association's (APTA) Normative Model. Dr. Woodruff pointed out that, while there is tremendous variability in U.S. programs, there is always the common link of CAPTE's evaluative criteria, which is applied equally to all accredited programs.

On the other hand, physical therapy education outside the U.S. presents an even more diverse picture. The Coursework Evaluation Tool enables credentials evaluators to tie the educational detail presented by a candidate directly to CAPTE's criteria and the APTA's Normative Model. The steps

involved in determining whether "substantial equivalency" exists may be lengthy and complex.

STEP 1. Liliane Bauduy, lead credentialer at FCCPT, explained that the credential evaluator's first challenge is to understand the educational system in the country where the education has taken place, and to determine the accreditation status of the educational institution in question. Comparing the educational credentials of foreign-educated physical therapists to physical therapy education in the U.S. is not an easy task. "A lot of countries don't have the same system of accreditation as the United States," she said. "Many countries have centralized education systems, administered and regulated by a ministry of education or health."

STEP 2. The second step is to determine the level at which the physical therapy education is taught. In some European countries, physical therapy is taught at the secondary level, or sometimes at both secondary and post-secondary levels. This means that the minimum entrance requirement for a physical therapy program may be only the completion of grade 9 or 10. Other countries require completion of a bachelor's degree for entrance into physical therapy school.

STEP 3. The third step includes the assignment of appropriate grading scales and credit conversion scales. Credentialers must verify the authenticity of all documents. It is not until an individual's documents are found to be authentic and all required materials are present that the application moves on to the comprehensive credentials review. FCCPT accepts transcripts and course descriptions from institutions only and these must be sent directly to FCCPT.

STEP 4. After these preliminary steps have been completed, the applicant's general education is evaluated. Complicating

this part of the process is the fact that many professional physical therapy programs in other countries do not have a general education component—general education at the college level is awarded only after the secondary education requirements of the twelfth year have been met. For countries that have a 13-year primary and secondary education system, such as Great Britain, credit is given in the credentialing process only for "Advanced Level Examination" subjects. Applicants with deficiencies in general education may complete courses at accredited institutions in the U.S. or take college level equivalency (CLEP) examinations to gain recognized credits.

STEP 5. The fifth step is for a trained reviewer—a physical

When FCCPT issues a final report on a candidate's educational credentials, the report covers—in detail—the person's educational background in both general and professional coursework, and it renders an opinion related to "substantial equivalency," comparing a foreign-educated physical therapist's educational content to that of physical therapists trained in the United States.

therapist clinician and/or educator—to evaluate the professional education component of the transcripts, along with course descriptions, to determine whether the applicant's professional education is substantially equivalent to physical therapy education criteria in the U.S. Appropriately translated transcripts are important since they list the students' grades, and the detailed syllabi submitted by institutions allow for interpretation of course content. "[We] find that many of the courses that are listed on the transcript don't really reflect their content until [we] actually look at the very detailed course description," said Bauduy.

STEP 6. Finally, the clinical education component is assessed. "This must include physical therapist-supervised application of physical therapy theory, examination, evaluation and intervention," said Dr. Kathleen Cegles, co-chair of the CRC. This component of an applicant's education may take place at the end of their educational program or throughout

the years of study.

Dr. Cegles explained that "all the professional education courses on the transcript must be accounted for, whether applicable to the coursework evaluation or not. The physical therapy reviewer—in consultation with the credential evaluator—renders an opinion on the equivalence of the coursework."

The CRC developed a definition of "substantially equivalent," which Dr. Cegles quoted as follows:

The individual has satisfied or exceeded the minimum number of credits required in general and professional education needed for a U.S. baccalaureate degree in physical therapy. However, coursework completed may not be

identical in all respects to a U.S. baccalaureate degree in physical therapy, but required content areas are evident. Deficiencies may be noted in the coursework but not in essential areas of professional education nor of such magnitude that the education is not deemed to be at entry-level of preparation for practice in the U.S.

Credit is not awarded for professional courses with a grade equivalent lower than a 'C' or for courses for which no course description is provided. Remember that the credential evaluation is not an evaluation of an educational institution's program, but rather an evaluation of the educational credentials of a specific individual.

The process is never complete until the evaluation report has been finalized. It is also important to keep in mind that interpretations are advisory only, and that a jurisdiction must make the final determination regarding acceptance or rejection of a candidate. ■



Liliane Bauduy is senior staff credentialer with the Foreign Credentialing Commission on Physical Therapy. Prior to joining the staff of FCCPT, she was assistant director at the Seattle-based Foundation for International Services, and she worked in New York with World Educational Services, the largest credentials evaluation agency in the United States. She has also done private consulting in credentials evaluation.



Susan K. Lindeblad, PT, PhD, is director of the Foreign Credentialing Commission on Physical Therapy. Prior to assuming that role in September 2001, she was an assistant professor at the University of Miami. She served on the Florida licensing board from 1979-2001, chairing it twice. Her involvement with the Federation has included serving as delegate to the Federation's Delegate Assembly for five of the last eight years, as an examination item writer, and as a member of several examination committees. She has been active in both the American Physical Therapy Association and the Florida Physical Therapy Association.

How To Establish a System for Evaluating ADA Requests

Rebecca Thomas

How do you give a standardized computer-based exam to a test candidate who is blind? Should a test applicant with a physical disability be allowed extra test time in order to take breaks to stretch? Is it legitimate for an optometrist to recommend special testing accommodations for a test candidate with learning disabilities?

No matter what special needs test candidates may have for taking an exam, test administrators must strive to maintain a uniform testing environment by conducting exams according to detailed rules of specification so that testing conditions are the same for all test takers. At the FSBPT Fall Education Meeting in Baltimore, Rina Sjolund, assistant vice president of ACT (formerly called the American College Testing Program), looked at key ways in which the Americans with Disabilities Act (ADA) applies to licensure testing for physical therapists. "You want an exam you have confidence in," Sjolund emphasized. "You also need a test that is fair, so that regardless of where, when or how you administer it, the tests are comparable."

Sjolund explained that the testing industry evaluates good practice in testing using a document commonly referred to as "The Standards." *Standards for Educational and Psychological Testing* was developed by a joint commission of the American Psychological Association, the American Educational Research Association and the National Council of Measurement and Education. First published in 1966, the Standards are updated approximately every 10 years, with the last edition having been released in 1999.

Chapters of the Standards address various aspects of testing, such as validity, reliability, score comparability, test administration and fairness in testing. Long before the advent of the ADA, the Standards recognized the need to modify tests to accommodate individuals with disabilities. The newest version of the Standards has a chapter specifically devoted to testing individuals with learning disabilities. "One of the Standards states that any test modifications adopted should be appropriate for the individual test taker while maintaining all feasible standardized features," Sjolund commented.

Many individuals with disabilities are given accommodations during their schooling to facilitate successful learning through the Federal entitlement program IDEA—the Individuals with Disabilities Education Act. The ADA is not a Federal entitlement program. Accommodations provided by IDEA may, or may not, be allowable under provisions of the ADA

THE AMERICANS WITH DISABILITIES ACT

Before the ADA was enacted, most requests for testing accommodations related primarily to physical impairments. "The enactment of the Americans with Disabilities Act brought us to another level in testing," said Sjolund. "We are now seeing a tremendous number of requests for accommodations, primarily asking for extended time. This really impacts the question of standardization in testing."

The ADA is a civil rights law that guarantees that individuals who are otherwise qualified for jobs or educational programs will not be denied access to them because of a disability. "It's important to recognize that the anti-discrimination focus of the ADA is to be outcome-neutral," Sjolund said. In other words, the ADA is not meant to ensure that an individual who is accommodated because of a disability will get a passing score. Rather, the intent of the ADA is to level the playing field—the ADA simply intends to provide access.

ACCOMMODATING REQUESTS: POINTS TO CONSIDER

For extended time, consider the following—

- There is documented difficulty in cognitive process as compared to the general population, and it affects a major life activity and is directly related to taking the test.
- The way the test is administered is such that more time is needed, as with using a reader or Braille.
- If neither of these conditions prevail, another accommodation may be more appropriate.

Provide the services of a reader if—

- An individual is unable to read material.

When contemplating offering a paper/pencil version of a computer-based test (CBT), consider the following—

- You may not be able to offer this alternative, since some organizations do not allow it.
- The test will need to be validated and found to be comparable to the CBT test.

Title 3, Section 309 of the Americans with Disabilities Act stipulates that anyone who offers exams or courses related to applications, certifications, licensing or credentialing for post-secondary education, professional or trade purposes shall offer such exam or courses in a place or manner accessible to persons with disabilities or offer alternative accessible arrangements for such individuals.

Licensure exams for physical therapists and physical therapist assistants need to be done with "solid, valid testing programs," Sjolund said, "meeting the definition of the established testing standards for the organization, while at the same time complying with the ADA to provide for individuals who need accommodation."

Many individuals with disabilities are given accommodations during their schooling to facilitate successful learning through the Federal entitlement program IDEA—the Individuals with Disabilities Education Act. The ADA is not a Federal entitlement program. Accommodations provided by IDEA may, or may not, be allowable under provisions of the ADA.

WHAT IS A DISABILITY?

The ADA compels test administrators to look at the definition of a person with a disability. It specifies that a person with a disability is "one who has physical or mental impairment that substantially limits that person as compared to the general population in one or more major life activities, or has a record of such a physical or mental impairment, or is regarded as having a physical or mental impairment."

"When we talk about cognitive disabilities, and that's where we see many requests for accommodation these days, defining a disability may be more difficult," Sjolund said. School psychologists, for example, may look at intrapersonal discrepancies and diagnose a learning disability for an individual who perhaps has a high IQ but who is not reading

or working to an expected level." According to the ADA, a person may not be disabled if he or she is doing as well as the average person, regardless of what the potential may be.

MAKING THE EVALUATION

Federation test administrators need to review several things when they respond to individual requests for accommodation under the ADA.

First, be clear about what constitutes a "major life activity" under the ADA definition. Walking, seeing, hearing, speaking, breathing, learning, working—these are major life activities.

Second, examiners must define what "substantially limited" means. Under the ADA, this term means significantly restricted to the condition, manner or duration under which an individual can perform a particular major life activity as compared with the condition, manner or duration under which the average person in the general population performs the same major life activity.

The key point is that a person may have a clinical diagnosis of a disability but may not qualify for accommodation under the legal definition of a disability in the ADA.

"If we turn down a request for special testing accommodations," Sjolund pointed out, "we're not saying the person doesn't have the disability, only that the information we have indicates that there is not a substantial functional limitation affecting this test-taking activity." A person may have a disability, even a learning disability diagnosis, but still function as well as the average person in the population.

Third, in making a determination about whether a specific request does, in fact, warrant the special accommodations requested, it is critical that the decision-makers have specific, applicable and current documentation of the diagnosis—prepared by a professional qualified to make that diagnosis. "I've seen documentation submitted by an optometrist



Rebecca M. Thomas specializes in writing about health-related topics. She has a degree in Health Journalism and a clinical background as a respiratory therapist. During the course of her career, Rebecca has held professional managerial positions at the Arthritis Foundation, the American Diabetes Association and the Asthma and Allergy Foundation of America. Her writing is published in various print venues, including *The Washington Post*, as well as on health-oriented and consumer-interest Web sites, including thriveonline.com and discoveryhealth.com.

Overview of the Resolutions Committee

Rebecca Thomas

Resolutions Committee

Carolyn Hultgren, PT, 2001 Chair

Lynn Kubousek, PT, 2002 Chair

Barbara Shell, PT

James Hughes, PT, Board Liaison

Lucy McWhorter, Parliamentarian

What is a Resolutions Committee? Why does the Federation have one? What does it actually do? Carolyn Hultgren, PT, Chair of the Federation's Resolutions Committee, addressed these and other questions about the committee at the FSBPT 2001 Fall Education Meeting in Baltimore.

"Our Resolutions Committee was established with an amendment to the Federation Bylaws at our Annual Meeting in 2000, replacing the old Bylaws Committee," explained Hultgren, who served as the Committee's first chairperson. "We are required to have at least three members who are appointed by the Board of Directors, plus a board liaison. A consultant parliamentarian also participates as an ex-officio member." Committee members serve three years, with staggered terms.

The Federation's Standing Rules outline the role and responsibilities for the Resolutions Committee. "We review the Federation Bylaws in even-numbered years and prepare amendments to the Bylaws as needed," Hultgren said. "We also receive and review motions from groups or individuals, determining which are appropriate for consideration by the Delegate Assembly."

Another key function of the committee is helping groups and individuals craft the language and intent of motions. "We provide advice and counsel to people who bring motions so that those motions come out saying what [the writers] want them to say," Hultgren said.

Any group or individual can bring motions to the Resolutions Committee. All main motions must be submitted in writing at least 90 days prior to the Delegate Assembly. Proposed motions are distributed to delegates 45 days prior to the meeting after the Resolutions Committee reviews and assists the writer(s) in perfecting the language.

The committee considers all main motions. "We can't tell anybody that they can't bring a motion," Hultgren said, "even something that would fall outside the purpose of the association." However, the presiding officer of the Delegate Assembly (the Federation President) can decide to rule a proposed motion out of order.

Hultgren noted that aside from procedural-type motions, all motions must come before the Resolutions Committee. "If they don't, then it takes a two-thirds vote without debate of the Assembly to hear that motion," she said.

WORKING WITH THE RESOLUTIONS COMMITTEE

Interacting with the Resolutions Committee requires preparation on the part of petitioners. A sign-up sheet is available at the Annual Meeting for those who want to meet with the committee on-site. "After we review what you have on paper, we'll ask you to verbalize what you want to do," Hultgren said. The committee will want to know the following:

- What are you really trying to say?
- What do you really want to accomplish?
- How do you foresee this occurring?
- Who will be involved or impacted?
- When and where will it play out?
- What is the potential fiscal impact?

KEY FUNCTIONS

The heart of the committee's work is making sure that all new bylaws and amendments support the purpose of the Federation. "We'll ask you to identify the key Federation function related to your proposed motion," Hultgren explained. All motions and amendments must be related to the Federation's key functions.

The key functions of the Federation as outlined in the Bylaws are as follows:

- a) Develop and maintain a valid licensing exam.
- b) Collect and disseminate information relevant to physical therapy regulation.
- c) Identify and promote desirable and reasonable uniformity in physical therapy regulatory standards and practices.
- d) Promote desirable and reasonable uniformity in determining foreign education and equivalency.
- e) Promote educational programs on licensure and regulation in the practice of physical therapy.
- f) Promote consumer protection through research and development of examination methodology.

SUPPORT STATEMENTS

The Resolutions Committee also provides advice for putting together support statements. Hultgren explained that support statements, which accompany a motion, are frequently picked up in the meeting minutes and are subsequently read by everyone in the organization and sometimes by the public. "That's an important reason why you want to be sure your

The heart of the committee's work is making sure that all new bylaws and amendments support the purpose of the Federation. All motions and amendments must be related to the Federation's key functions.

wording is succinct and accurate," Hultgren said.

WORKING WITH DELEGATES

Delegates get advice and counsel from the Resolutions Committee regarding form, wording, terminology and presentation method for putting motions or amendments before the Assembly. "There is usually a strategy of 'when and how' you'd want to present something," Hultgren noted. The committee can help make sure whether yours is a new motion, an amendment to an existing motion, or something that is already addressed in the Bylaws or Federation policy. Hultgren particularly emphasized that Federation business meetings are not the place where motions and amendments should be "wordsmithed." "Wordsmithing takes time, it turns people off, and it really shouldn't be necessary at this point in the life of a motion," she said.

KEEPING TRACK

One of the first tasks of the newly formed Resolutions Committee was to put together a system to keep pace with all new informational items presented to the Delegate Assembly. "We developed a numbering system to keep track of items year to year," Hultgren explained. The system also keeps track of who proposed motions (groups or individuals), what vote is required (majority or two-thirds), the name of a contact person, a brief title for the motion, the key Federation function(s) related to the motion, and the fiscal impact expected. "This way, it's much easier to research the minutes," Hultgren said, "and we're able to serve the Federation and its members in an effective way." ■

Board of Directors Meeting Highlights

- Approved the *Model Practice Act for Physical Therapy, Third Edition*, scheduled for dissemination in early 2002.
- Extended the FCCPT line of credit for an additional \$100,000.
- Authorized CEO William A. Hatherill to negotiate on behalf of the Federation the purchase of office space.
- Amended the Position Statement on Educational Requirements for Foreign Educated Physical Therapists.
- Approved the proposed Model Practice Act language dealing with Foreign Educated Physical Therapists.
- Approved Kansas City, Missouri, as the meeting site for the 2003 Fall Annual Meeting.
- Changed the Information Management Committee to the Database Development Task Force with a focus on improving the quality of the current database.
- Approved the revised Policies and Procedures on Committee Reports to the Board of Directors.
- Approved the revised NPTE Policies as edited.
- Approved Committee, Task Force and FCCPT Board of Directors appointments for 2002.
- Approved an increase in score transfer fees by \$15 and exam feedback and hand-score fees by \$25.

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supporting extra test time for a diagnosis of a learning disability," said Sjolund. "Certainly, that's something we wouldn't have accepted."

Also, the preferred accommodation requested by the candidate does not have to be provided. Instead, an appropriate alternative may be offered. Test administrators do not have to provide accommodations that have previously been given. "We had a request from a blind applicant who, during his schooling, had been allowed to load tests on his personal computer because it had voice synthesizing software he used. So he wanted to do the same thing for his licensure exam. For security reasons we denied his request. He took us to court, but the court ruled that we had made reasonable accommodation by offering the test on cassette or with a reader (since he didn't use Braille). This is an example of an appropriate alternative."

No matter what the accommodation request may be, the key issue is to make sure the documentation supports everything requested. Candidates should be apprised of what is expected prior to entering the testing process. Test administrators must develop procedures to review submitted documentation that will substantiate each accommodation

The key point is that a person may have a clinical diagnosis of a disability but may not qualify for accommodation under the legal definition of a disability in the ADA.

provided. "It helps to have experts on call," Sjolund noted. "They can help you analyze requests you are not sure about."

Although many requests for testing accommodation will be similar, each request must be given individual consideration. Sjolund said there is never "one right answer."

"In the final analysis, be clear about what you want your evaluation process for special accommodations under the ADA to consider," Sjolund said. Test administrators should first determine if the disability is one defined by the ADA. If it is, then they must look at whether the disability impacts the candidate's ability to take the test. If it does, then they must assess whether the requested accommodation will alleviate the impact of the impairment itself. ■

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that building, or purposely into any other building. But my memory of seeing the Pentagon up close from the air many times triggered thoughts of something I wrote several years ago and never published. I've decided to share it with you here, for what its worth. It was written a few weeks before I finished my service on the APTA Board of Directors in June 1994. It mentions national events, people's lives and deaths, and lessons learned—perhaps. I titled it simply "Reflections."

REFLECTIONS

MAY 23, 1994. Yesterday I spent the day in Alexandria, Virginia, along with fellow APTA Board members and others who gathered to finish a process begun several months ago, that of selecting a new CEO—Frank Mallon—for APTA. In that same setting some of us who are completing terms of office on the Board noted that this marked our "last" trip to Washington. The hours logged in airplanes and terminals somewhere between Arizona and Washington, D.C., seemed to me the only real unpleasantness in an otherwise wonderful journey during the past three years as a member of APTA's Board of Directors. This morning I was up at 5:30 (2:30 Arizona time) to catch a 6:45 a.m. flight home—my "last" one.

This morning the flights were taking off up river rather than down the Potomac toward the Atlantic. I was sitting on the left side of the plane and was midway through a book that I had begun two days earlier on the flight to Washington. Shortly after liftoff the pilot began the process of gently banking the plane to the left to follow the river. Beneath us, the Pentagon loomed large off the left wing. And then there was Arlington National Cemetery.

A day earlier, at precisely the same time that 20 people in a hotel room were intensely focused on the interview and selection process for APTA's new CEO, much of the rest of the country was focused on events occurring at that beautiful and somber cemetery. The nation had buried a greatly admired former first lady, Jacqueline Kennedy Onassis. She had been part of an era in which many of us grew up, an era of great turmoil but also one of hope, one in which the youthful leadership of her husband had sparked an American Camelot.

We moved out of Washington air space, and I returned to the book that had absorbed my attention on the way to D.C. The book is the Pulitzer Prize-winning *Fortunate Son: The Healing of a Vietnam Vet*, by Lewis B. Puller, Jr. Mr. Puller was the keynote speaker at the opening ceremonies for APTA's Annual Conference last year [1993] in Cincinnati. It is the custom of the Board to hold a

reception for the keynote speaker so that attendees can spend some time with their guest. Lewis Puller made us all feel very much like he was the host and we were the guests at this gathering. From his wheelchair, he engaged each of us in conversation that made us all feel comfortable. We warmed to him immediately, a gift and characteristic that in his book he ascribed more to his famous father, but one that he obviously inherited as well. And then all of us attending the opening ceremony were graced by his inspiring message. Mr. Puller was also buried at Arlington National Cemetery just a few days ago—he had taken his own life. His death came as a great shock to me.

On the title page of his book is a hand-written personal inscription from the author. Mr. Puller had taken the time to provide a personalized copy of his book to each of us on the Board at that annual conference. Until this plane trip, my busy schedule had kept me from reading his book. Now his unfortunate death had shocked me into wanting to know the man better. His book has provided a window on a time, on events and emotions that I passed through but never really felt. For those of us who grew up in the sixties and went to college in the seventies, but who somehow escaped the horrors of war's inhumanity, Lewis Puller's writing can open our hearts and eyes.

I, who am somewhere in life's journey between birth and death, am the beneficiary of someone else's legacy and learning, passed on by him to anyone who cares to have it. But having it is one thing. Doing something of worth with that understanding is quite another. Perhaps that is the essence of personal growth, and ultimately, of civilization and humanity.

In recent weeks, we have been witness to incredible contrasts. We have seen tragic examples of man's great inhumanity to man. We have also seen unimaginable heroism and dedication on the part of rescue workers and ordinary citizens like you and me. We have seen hate and love demonstrated in graphic ways. We will learn from all of this—or we will not. We will understand the complexity of humankind more deeply—or we will not. We will come to see how we can be part of the solution, part of the healing; we will value our freedoms all the more and work to be sure that they are retained in a difficult and challenging world—or we will not. It is a matter of choice—as it always is in a free society—and the decisions we make will be highly personal and possibly life changing. The times call for courage and integrity and they ask that we care greatly—and gently—for each other. ■

Authorization to Test Letter. (The letter is the only paper that is generated to this point in the process. A future component of the system will be e-mail notification to candidates of their eligibility.)

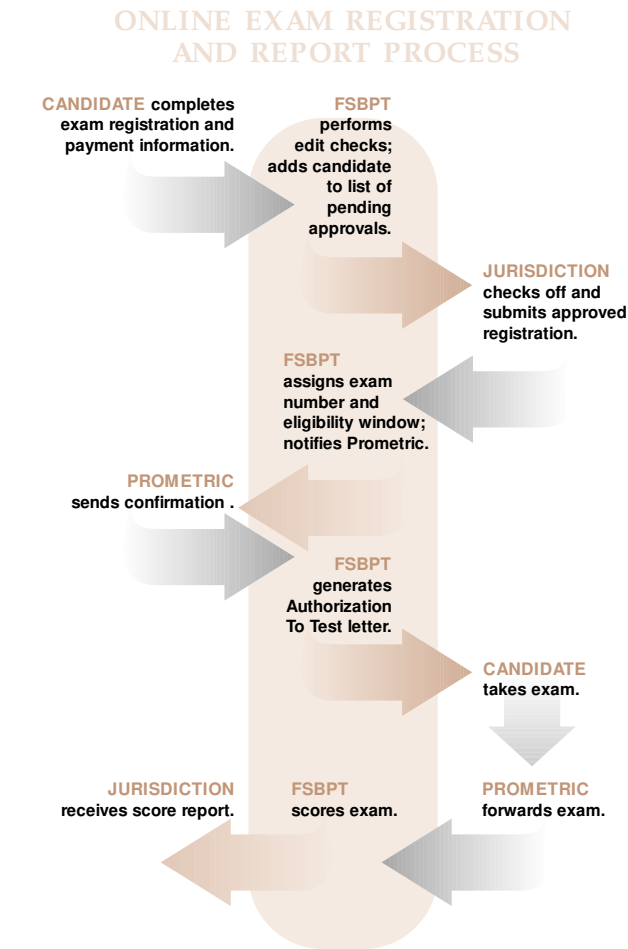
- When the candidate has completed the examination, the Federation will receive the candidate's answers from Prometric and will score the examination. The score is then included in a list of new scores that is viewable by the jurisdiction.
- To complete the electronic process, the jurisdiction will select the candidate from the list of candidates and scores and indicate that 1) the candidate was not licensed or 2) if the candidate is licensed, the jurisdiction will provide the system with basic licensing information—license number, issue date and expiration date.
- When a Physical Therapist or Physical Therapist Assistant wants to transfer a score, the process is also electronic, from the completion of the request to the final step of licensure by the jurisdiction.

One of the system's key features is the ability for the candidates, as well as the jurisdictions, to view the status of a registration. The jurisdiction simply goes to the Web site and enters the candidate's Social Security Number. The candidate will go to the Web site and enter the Social Security Number, date of birth and mother's maiden name. This is an exciting feature that will reduce the number of telephone calls from candidates who want to know the status of their registration.

Other features of the online system include the ability to create queries of the licensure database and produce reports. Reports can be printed or saved as files that can be downloaded by the jurisdiction. There is also a function whereby the database can be updated for disciplinary action by completing a report that looks like the form required under the HIPDB regulations. When disciplinary action is taken and reported within the electronic system, all jurisdictions that have licensed that individual are automatically notified of the disciplinary action. The jurisdiction can also view and print the disciplinary report.

PROCESS FOR BRINGING JURISDICTIONS ONLINE

It is important to the Federation that jurisdictions wishing to use the online system go into this with a clear understanding that the transition will not be as simple as turning on a switch. It will require a collaborative effort between the jurisdictions and Federation staff to ensure that jurisdictions are properly trained, that instructions for the online registration process are sent to candidates from the jurisdictions, and that the data included by jurisdictions in the licensure portion of the database are current and accurate.



Training will begin with the distribution of a user manual. Once a jurisdiction staff has had the opportunity to read the user manual, a member of the Federation staff will provide a training session. The system is very user friendly and users will come to quickly understand the process by viewing the screens while a Federation staff member provides explanations over the telephone. Jurisdictions will be trained on both the candidate interface to the online registration system and the jurisdiction interface. This training should take less than two hours.

In addition to the online registration system, the Federation has also developed a software application that will enable the Federation to directly import a copy of a jurisdiction's licensure database. This is an important step in the process of bringing jurisdictions online, since it will close the loop on scores that have been processed since July 1999 when the Federation started to receive score information for all candidates.

Here's how this will work. A candidate whose score is in the Federation system, but who does not show up in the

Federation system as having been licensed by a jurisdiction, will appear on a jurisdiction's listing of new scores when the jurisdiction logs onto the system for the first time. For example, if a jurisdiction has approved 5,000 candidates to test between July 1999 and today, there will be 5,000 new scores awaiting action by the jurisdiction. The action required is for the jurisdiction to either approve a license or to close the transaction if the candidate failed the exam.

Without the new software application, the jurisdiction would have to go through all 5,000 records individually. With the new software, however, the jurisdiction can provide the Federation with a disk of its licensure database and the Federation will import the information automatically. If the imported information contains Social Security Number and license status, the software will match the candidate's score from the new score listing with the licensure information received from the jurisdiction. This will move the candidate off the new score listing and into the Federation's licensure database. Also, if the Federation database already has licensure information for an individual and the jurisdiction disk provides updated information, such as a new address, that data also will automatically transfer to the Federation database.

A Federation staff person will work with technical personnel at the jurisdiction to agree on a file format prior to transferring the data.

CURRENT BENEFITS

Here are more of the significant benefits of the online system:

- Turnaround time for score reporting is measured in hours rather than days or weeks. The electronic reporting system reports new scores within 24 hours of the examination date.
- Score transfer requests are processed within two days of receiving the request. Two years ago this process was completed in a one- to two-week period.
- It will be possible for a registration to be processed in one day. Candidates complete and submit their registrations and the jurisdiction approves them the same day.
- The online system should reduce cost for storage, postage and paper. The forms are stored electronically and they can be reviewed at any time.
- The quality of the data will be vastly improved. The beauty of the online registration process is that requested information can be made mandatory and edit checks can be established for each field of information. When the form is not completed properly, the candidate is notified immediately of the omitted information or problem. This will eliminate the "phone tag" or extended mailing

process that is currently necessary to obtain the correct information.

- The candidate can view the status of his/her registration by visiting the Web site rather than calling the jurisdiction and/or the Federation.
- Adverse actions can be viewed by all jurisdictions that have submitted licensure information for a PT or PTA.

THE FUTURE OF THE ONLINE SYSTEM

Now that the groundwork has been laid, additional applications can be developed to further enhance this system. Here are some of the suggestions that have been made at various Federation meetings:

- **ELECTRONIC FILE TRANSFERS.** Updating the licensure portion of the database currently requires the jurisdiction to manually key the information into the database. We will develop methods to electronically transfer data files between jurisdiction and Federation databases.
- **LICENSURE APPLICATION DATA.** The examination registration process could be expanded to include capturing licensure application data on behalf of the jurisdiction. This information could then be sent to the jurisdiction electronically to be viewed and printed. Once a true electronic file transfer program is developed, the information could be transferred between databases and the jurisdiction's application process would be significantly streamlined

- **ABILITY TO CAPTURE ADDITIONAL DATA.** The current use of scanable forms significantly reduces the amount of information that can be requested. The form itself creates a physical limitation. For example, some jurisdictions have requested that e-mail addresses be captured. However, it would take one full page to accommodate the combinations for e-mail. In fact, the current paper form is at its capacity for information because of physical constraints. This will not be an issue with the electronic system.

The purpose of the entire online system is to efficiently and accurately collect and report data. This data will follow individuals throughout their careers, from the time they are candidates registering for the exam until they are licensed therapists in one or more states. Any time a score transfer or disciplinary action is taken, the system is able to track that information, and all affected jurisdictions can view the up-to-date information.

The Federation is excited to have been able to work closely with the jurisdictions in developing this product in order to ensure that it meets the jurisdictions' needs and at the same time helps the Federation to achieve its mission. ■

THE EFFECT OF NEW TECHNOLOGIES

Bean offered examples of how technology will affect the various aspects of licensing exams.

MULTIPLE CHOICE AND TRUE-FALSE QUESTIONS. These “paper-and-pencil” approaches provide extremely valid responses if they are well written and beta-tested. Now, test makers can enhance them by using features such as “point and click” or “drag and drop,” allowing the exam to be more three-dimensional in handling concepts.

SIMULATION. Everyone is talking about making simulations a part of testing, Bean noted. “The model of future simulations is at today’s video arcades!” he said. “This is where we start to head toward virtual reality, by dropping someone inside a scenario, a simulated world, and getting them to navigate their way through it.”

REAL-TIME LAB-BASED TESTING. This approach heralds a bold leap forward in computerized testing. Individuals are put in a “real world” scenario as part of the exam, so they have a hands-on test experience. “People can actually be taken ‘live’ on a computer anywhere in the world to solve specific problems,” Bean said. “They can’t get through the exam unless they demonstrate that they know how to do the function for real.”

ESSAY. Computer-testing methods today allow computer analysis of a free response or essay question, providing test administrators with an automatic score on what once required human evaluation.

TESTING THE QUESTIONS AND BEYOND

“Today, technology lets us look at test questions item by item, literally in real time, 24/7, to see how that question is performing,” Bean said. Ineffective test questions do not have to be left in the field for long periods of time any longer—they can be pulled and revised. Faster test development then

allows organizations to keep pace with innovation.

Such fully automated tests, with immediate links to testing statistics and relevant reports, along with in-house compiling of tests and quality assurance checks, means that administrators can take control of their own exams. “In other words, you aren’t beholden to an external provider to develop or implement your testing tools,” Bean said. “As I look to the future, I hope to see more of this approach.”

Enhanced database storage and management practices will allow better data management. Bean explained that not only will test administrators have easily retrievable, relevant and automated reports and readily accessible archives, but examiners will be able to store information, such as full-motion videotapes, photographs, fingerprints, “whatever you want to keep on record about test takers,” said Bean, “at a very reasonable price.”

Some testing procedures in the future will make people very uncomfortable, Bean predicted. Cameras on top of testing computers to monitor candidates every five to six seconds, fingerprinting with data points from hands applied to testing screens—these technologies exist now and they will be joined by many others that may be objectionable to some test takers or administrators.

Future testing also will facilitate worldwide test publication, remote testing, Internet-based testing, and local and immediate registration, scheduling and billing.

THE QUESTION OF SECURITY

Security will be a critical concern for future test administrators. Bean said that stopping cheaters will continue to be a challenge as testing moves into the 21st Century. “Why should we be worried about cheating?” Bean asked. “Because I absolutely believe that human beings, in their heart of hearts, love to cheat! Technology allows you to deliver

whatever you need, wherever you need it. But you can’t keep people from cheating.”

The best way to ensure security is to simplify the job of the test administrator. “Right now, proctors have to do an unbelievable number of tasks,” Bean said. “Registering, scheduling, bundling exams, checking people in and out, making sure the tests are downloaded—these all detract from their ability to keep cheating at bay.”

Another major problem in test security is keeping test materials at the test locations secure. “The best way to ensure security at the test site is to get rid of the tests and the test-related data stored there,” Bean said. “Even if you have wonderful encryption technology protecting data on your servers, there are also wonderfully brilliant hackers ready to break in. Move it somewhere else.”

THE TEST SITE OF THE FUTURE

Future testing sites will look similar to what we know today. Proctoring will remain in place. Audio and video monitoring will be used, as will parabolic mirrors and observation windows.

Inside the test site, however, testing will look different. “You’ll see test centers that are nothing more than rooms with computers and high-speed Internet connections,” Bean said. “There will be no site-level data, no real-time connections, no massive virtual private networks—what testing companies run today. And tests themselves will reside at testing sponsors’ Web sites, as will all test results data.”

Candidates in 2020 will rent seat time at workstations. They will log on to the test Web site, use an authorization code and take the test. They will get their scores immediately on-screen or via e-mail. An administrator will be on hand to check ID and watch people take tests. “Gathering candidate biometric data also can be done in an automated fashion if so desired,” Bean said.

Bean summed up his discussion with a challenge: “Take back control of your testing process. Think about testing both in terms of methodology as well as technology. Decide what changes you want to see in the way you deliver exams in the future. Make those right choices to ensure your outcomes. Because at the end of the day, you want to be sure the patient is taken care of and protected.” ■

It’s In the Mail

The following items were mailed or faxed to the membership since the last issue of *Forum* was published:

- *News Briefs* was faxed to members in September, October, November and December. If you are on a state board or Federation committee and have not been receiving *News Briefs*, please contact Nancy Busse at nbusse@fsbpt.org, or call (800) 881-1430, ext. 240.
- On October 2, 2001, renewal contracts for the National Physical Therapy Examination were sent out to every jurisdiction except Tennessee. Current contracts expire either March 1 or July 1, 2002. Tennessee’s contract runs until 2004.
- Spring Education Meeting funding packets were mailed to board administrators.
- FSBPT’s position paper on Uniform Pathway was sent to jurisdictions.
- NPTE policies (revised) were mailed in early November (per the NPTE contract) to jurisdictions with an effective date of January 7, 2002.

PREDICTIONS FOR 2020

Without a doubt . . .

- More testing, not less
- Technology-based testing standards
- Reduction of test development time from months and weeks to days and hours
- Integration of item and test development with test distribution, delivery and data retrieval
- Simulation-based or real-time items as the dominant alternative to multiple choice
- Innovative item types, test designs and scoring methods for improved measurement
- Convenient and relatively inexpensive worldwide testing

More than likely . . .

- Routine use of computerized adaptive testing
- Automated scoring of essay questions
- Computerization of psychometric tasks
- No delay for localized/translated exams
- Immediate responsiveness to test taker concerns
- More research and a scientific journal devoted to technology in testing

LEGAL NOTES continued from page 8

- Establish physical safeguards, such as locked doors and pass codes on computers.
- Develop an internal complaint process for patients to use.
- Establish sanctions for employees who fail to abide by the established policies and procedures.
- Have legal counsel review all third-party contracts to ensure adequate protection for the covered entity with regard to use and disclosure of protected information. These contracts will likely need to be amended to reflect the requirements established by the Regulations. All

contracts that will extend into the year 2003 must include provisions relating to these Regulations as well.

- Draft consent forms that will be used with each patient who seeks medical treatment.

Although the effective date of the Regulations is some time off, there is much work to be done to protect against potential sanctions for violating HIPAA and its Regulations. Accordingly, the member boards should be clear on HIPAA’s broad-reaching impact. ■

One goal of the 2002 Spring Education Meeting is to provide special programming for your board's public member. The theme of this meeting is public protection and the important role public members play in looking out for the public interest. Encourage your public members to attend this informative meeting—the more they know about physical therapy and regulation, the more valuable their contribution will be to your board's work.

FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY

FSBPT Spring Education Meeting

Public Protection

March 15–17, 2002 • Orlando, Florida

Advocacy in Action



This meeting will offer program choices in three tracks: programs tied directly to the theme of public protection, programs to update you on Federation activities and initiatives, and skills-training programs on topics that are always timely. Below are some highlights to get you thinking — and to encourage you to make plans now to join your colleagues in Orlando in March!

FRIDAY Friday will lead with a keynote address on *Public Members: Their Importance in Regulation*, with a speaker who has particular expertise in that area. From there, the afternoon's programming will explore cultural competence, credentials evaluation, changing your state's practice act, Uniform Pathway, and disciplinary guidelines. A special roundtable session later that afternoon will provide a way for attendees to learn more about Uniform Pathway issues. Special programming for public members in attendance will concentrate on an overview of the Federation and FCCPT, and on *Credentialing, Registration, Certification, Accreditation, Licensure: Definitions and Implications for Regulation*.

SATURDAY Saturday's programming will begin with a keynote address by Bruce Hubbard, JD, on *Experiences with the ECFMG Examination*, exploring issues related to the licensing of foreign-trained practitioners. Hubbard was legal counsel to the Educational Commission on Foreign Medical Graduates for many years and can ably speak about issues related to a uniform pathway for licensure.

Other programming on Saturday will focus on such topics as *Changes in Practice: The Job Analysis Study, Setting the "Cut Score" and Understanding Examination Reports; Prior Learning Assessment and Remediation: The Canadian Alliance Approach; and Methods of Remediation: Tools in the U.S. Educational System*. Sessions geared to the public member will look at scope of practice and conflict of interest, and will include programs on *Understanding the NPTE, Physical Therapy 101, and Introduction to the Model Practice Act*.

In the skills-training track, National Seminars will lead participants in an all-day session called "Creativity Day Camp."

SUNDAY Sunday's keynote speaker, Catherine Dower, JD, of the University of California, San Francisco, will address the topic, *Continuing Competence: The Time Is Now*. Dower also served on the staff of the Pew Health Commission and is currently on a brief leave of absence as public member of the FCCPT Board of Directors.

Other sessions on Sunday will explore the development of jurisprudence examinations, introduce the concept of a professional portfolio for continuing competence, describe the new NPTE online registration system, offer opportunities for roundtable discussions about current technology available to licensing authorities, and about issues related to continuing competence.

Public members will participate in programming designed to educate them in such areas as assuring continued competence, and a roundtable discussion with FSBPT's public board member, Barbara Safriet.

DETAILS For more information, contact the Federation by telephone at 800.881.1430, ext. 223; by e-mail at lbartman@fsbpt.org, or aatkinson@fsbpt.org; by fax at 800.981.3031; or visit the Federation's Web site at <http://www.fsbpt.org>.

NOTE For this education meeting, jurisdictions are encouraged to send their public member as one of the funded attendees. If your jurisdiction does not have a public member or your public member cannot attend, FSBPT will provide funding for a board representative and a board administrator.

TIME The meeting begins Friday, March 15 at noon and ends Sunday, March 17 at 12:15 p.m.

Plan now to join your colleagues in Orlando to explore the many facets of public protection. For program details, see the FSBPT Web site at www.fsbpt.org.