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NETWORKING

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Treating People Like People

Jerison Speer's Victory Rehabilitation is a Base of Support

Jerison Speer always knew he would go into healthcare, but it wasn't until he got a job as a PT Tech Aid while studying pre-med at Shorter University in Rome, Georgia, that he found his calling.

"I fell in love with physical therapy because you get to spend time developing relationships with people," said Speer. "You get to know them by helping them through a difficult time or injury — there was just more patient interaction than other fields."

Speer transferred to Columbus State University, earning his bachelor's in exercise science. He also worked part-time as a PT Aid at Hughston Clinic in Columbus. Later, he went on to the Medical College of Georgia in Augusta (now Augusta State University), where

he got his master's in physical therapy.

Speer landed his first official physical therapist job at Hughston, where he would spend the next decade honing his PT skills, later becoming a director of physical therapy at a local clinic.

Working in a big, bustling clinical setting and as a director, Speer learned that bigger didn't necessarily mean better.

"I recognized that in bigger clinics, I was just working for big companies," he said. "In general, some places are more geared toward numbers; they've lost treating people like people."

Speer's mantra of treating people like people would set the tone for what would come next.

Larger clinics didn't create the kind of experience he wanted for his patients, so he opened his own practice in October 2018 – Victory Rehabilitation where treatment plans are customized, and patients receive the personalized treatment, attention, and privacy Speer feels they deserve. It's a place devoted to promoting healing while creating the kind of relationships that would nurture his soul – supporting his philosophy of treating people like people.

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Victory Rehabilitation is located at:

122 Enterprise Ct. STE E, Columbus, GA 31904. For more information, call 706-507-5917

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Treating People Like People

Jerison Speer's Victory Rehabilitation is a Base of Support



Back then, Speer was a one-man-band doing it all — from the front desk to scrubbing toilets. The administrative part was a bit of a learning curve — the billing, the authorizations, the insurance.

Having Health Network One's team just a phone call away, helped.

"I've done the therapy part but not the administrative part," said Speer. "When I was trying to set up, I did stuff wrong, I could call my rep and ask, what do I need to do to make it right, and they would point you in the right direction. I have a good rapport with Sharon (Chambliss) — she has definitely treated me like people, and that's important."

At Victory Rehabilitation, you won't find those big open gym-like therapy settings; instead, Speer set up individual treatment rooms, giving each patient privacy and the ability to work with them one-on-one.

Speer's insight was spot on — privacy mattered — especially during COVID.

"It's about people's comfort," he said.

Victory Rehabilitation's environment gives patients room to talk, so they're more

likely to mention a symptom or describe something they're experiencing. Speer can leverage those additional insights to refine treatment or for further diagnosis.

To best meet the needs of patients, Speer keeps learning, becoming certified in a variety of techniques:

- CERT DN — Dry needling
- CMP — Certified Mulligan Practitioner, manual therapy focused on mobilization with movement
- CERT vestibular — for treating balance and vertigo
- LSVT BIG — treatment for patients with Parkinson's disease

Other courses include manual technics, IASTM Instrument Assisted Soft Tissue Mobilization, cupping, and more.

"Because of this, I'm a much better therapist than I was ten years ago."

His end game remains the same — seeing people recover.

"People come to us because they're not the person they were. They've sustained some injury; their function has been taken away. We're giving them back the ability to go on doing the things they love to do. At Victory, we have a goal, giving people their lives back."



Q&A

What's the latest book you've read?

The Ruthless Elimination of Hurry by John Mark Comer

What's your favorite movie?

Star Wars, the original trilogy

Who do you admire most?

My wife, Stephanie, is an amazing mom, a great wife and the registrar at Columbus State. I'm in awe of how she manages the school — and my parents, Jerry and Becky Speer.

What's playing in your headphones?

Audiobooks and a wide range of music from Motown to Radiohead.

If you could have lunch with anyone, who would it be?

My dad Jerry, we have lunch date every Friday.

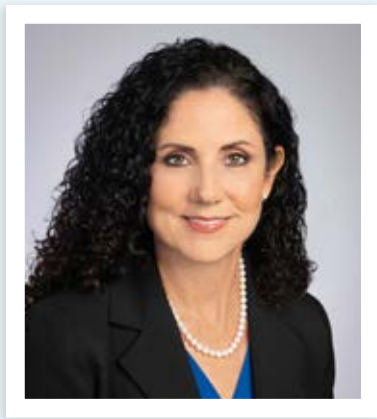
What's your guilty pleasure?

Watching Netflix and playing board games.

What's your favorite junk food?

Key lime pie ice cream from Bruster's.





“We’ve made it as easy, user-friendly, and as painless as possible. First, it’s convenient; you can access the training from anywhere — on your laptop, desktop, or phone, and complete the attestation quickly.”

A Message from our VP of Network Operations Karen Chewning

Hello, Health Network One Providers!

Time flies. Can you believe we’re heading into the fourth quarter — already?

It’s a great time to pause and take a look at all you’ve accomplished so far. We’d like to take a moment to salute you! Thank you for your quality services and partnership.

As we gear up for what’s left to conquer in the final quarter, we’ve got one item you can check off your list... details below.

What’s left to conquer — compliance!

If you haven’t logged in and completed the annual regulatory training requirements, I’m sending you a virtual nudge — please, get it done!

Everyone serving patients enrolled in Medicare Advantage or a Medicaid health plan must complete their training by the end of the calendar year — did I mention we’re heading into the fourth quarter? The same rule applies to me and the entire staff here at HN1, we’re all in this together.

So, we’ve made it as easy, user-friendly, and as painless as possible. First, it’s convenient; you can access the training from anywhere — on your laptop, desktop, or phone, and complete the attestation quickly.

Inside the training, we’ve created a tool that allows you to download the materials to review at your leisure — that’s it.

If you have a few minutes, you can complete it right now. Just click the link, and there’ll be one less thing to conquer this year.

Who’s in the spotlight?

As you may have noticed, we’re featuring one of our providers in each issue of Networking.

Inside, you’ll meet Jerison Speer, one of our physical therapists and owner of Victory Rehabilitation in Columbus, Georgia.

Find out why Jerison chose PT, what makes Victory Rehab special (hint, it’s also his basic philosophy when it comes down to treating patients) and

who he’s taking to lunch every Friday.

Maybe you know a network provider with an interesting story — that provider might even be you. If so, get in touch, my contact info is below, and as always, I look forward to hearing what you think!

Warm regards,

Karen Chewning

VP Network Operations
o: (305) 614-0107 c: (305) 510-5463
Chewningk@healthnetworkone.com

What Industry Insiders are Saying

The Biggest Trends, Opportunities and Challenges for Rehab Therapy



The past two years have left an indelible mark on each of us. Navigating a pandemic has forever changed nearly every aspect of our lives — socially, professionally, and internally.

If one word summed up how those working in healthcare responded to the times, it would be resilience, as everyone had to flex in some way, lean in and learn to roll with the punches.

Last month, WebPT released its annual report, “The State of Rehab Therapy,” giving us a snapshot of what rehabilitation therapy insiders are thinking, feeling and experiencing out there.

Each year, WebPT gathers its data by conducting an electronic survey that includes its members and the general rehab therapy community. This 2022 report is based on 6,647 responses, of which 65% are WebPT members.

Many of the challenges in the report have endured over the last six years since WebPT started conducting these surveys, including declining reimbursement rates, therapist burnout, increasing student debt and lack of diversity in the workforce.

This year, the report lists employee retention and satisfaction as another critical issue, but five factors stood out.

5 KEY TAKEAWAYS

1) Resignations: Employees and Employers Don't See Eye-to-eye on Why

Employees want higher wages, while employers ranked the need for higher salaries as number three. Executives believed the top reason people resigned was to move to a new state or city, while employees put that as their second- lowest reason for leaving.

- 70% of respondents are considering a professional change
- 15% are contemplating moving to a different clinical role or care setting
- 14% are eyeing a move to a non-clinical role
- 13% are thinking about leaving health care altogether

2) Strategies to Keep Staff Aren't Cutting It

According to employees, they're more likely to stay at jobs that offer them a better work-life balance, a company culture they can align with and income stability. Executives are touting flexible schedules as their number-one strategy for retaining and hiring employees.

3) Burnout Reaching Dangerous Levels

High patient workloads, long hours and burdensome documentation are

the three biggest reasons that more than a third of rehab therapy workers are burnt out.

Burnout was ranked the second-highest concern for the industry's future, which rang true regardless of race, ethnicity, role, setting, age or number of years worked in rehab therapy.

4) We're Adopting New Technology Faster than Ever

Despite all the horrors of the pandemic, the one thing it did was force us to jump into using more technology. Here are the top four ways rehab therapy put tech to use this past year:

- Virtual meeting software and videoconferencing 35.6%
- Telehealth software 22.6%
- Digital home exercise program (HEP) software 22.5%
- Secure patient messaging, patient engagement and marketing software 21.9%

5) Increasing Number of Women in the C-suite

In all rehab therapy roles, women out-represent men, except at the executive level. Today men hold 53% of the C-level positions while women account for 46%. The gap may show signs of narrowing because, in 2021, C-level survey respondents were 60% male and 40% female.



ANNUAL TRAININGS

All providers are required to complete the Provider Trainings, within thirty days of their contract effective date and annually thereafter. Your attestation will confirm that your office has received all mandatory trainings for the year.

FRAUD, WASTE & ABUSE

All providers are required to report concerns about actual, potential or perceived misconduct to our Corporate Compliance Department at: **1 (866) 321-5550**

DEMOGRAPHIC UPDATES

If your practice has any demographic changes, please be sure to contact your Provider Relations Rep, to update us with this information.



Annual Quality Improvement Documents

Annually the Quality Improvement (QI) Department develops Quality documents, which includes a QI & UM Evaluation, Program Description, and Work Plan. The development of the Quality documents satisfies Health Plan and NCQA Accrediting body requirements. The QI & UM Evaluation analyze the QI department's previous year quality indicators, key accomplishments, identify any areas needing improvement, and develop action plans to improve results. The Program Description and Work Plan establish objectives, goals, QI activities, and the QI Program Structure for the current year.

Copies of the annual QI documents are available by contacting the QI department at the address below.

2001 South Andrews Avenue Fort Lauderdale, FL 33316
Phone: 800-422-3672 Ext. 4701
Fax: 305-614-0364

Affirmative Statement about UM Decision Making

All clinical staff that makes Utilization Management (UM) decisions is required to adhere to the following principles:

- UM decision making is based only on appropriateness of care and service and existence of coverage.
- The organization does not specifically reward practitioners or other individuals for issuing denials of coverage.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.
- Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support or tend to support benefit denials.

Clinical Practice Guidelines

The organization uses Apollo, Milliman Care, or our Health Plan partner Clinical Guidelines (depending on the LOB) for Medical necessity determinations. These guidelines are based on appropriateness and medical necessity standards; each guideline is current and has references from the peer-reviewed medical literature, and other authoritative resources such as CMS Medicare. For any medical necessity Recommendation of Denial, the Medical Director shall make an attempt to contact the requesting provider for peer to peer consultation. The Apollo, Milliman Care, or our Health Plan partner Clinical Guidelines are reviewed and approved by HS1 Medical Advisory committee annually, and are available in both electronic and hard copy format. If a provider would like a copy of a specific guideline they may contact their assigned Provider Relations Representative and a copy will be provided.