

Five Questions With... Tim Fox, DPT

Geriatrics expert weighs in on the future of home care

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Editor's note: "5 Questions With..." is a recurring Web feature that spotlights distinguished professionals in the field of rehabilitation. To suggest an interview subject, contact jbassett@advanceweb.com.

Home care is a specialty in flux. As lengths of stay shorten and patients are discharged home with more acute health needs than before, home care models and practices will have to evolve.

Tim Fox, PT, DPT, GCS, graduated from Thomas Jefferson University in Philadelphia in 1995. Three years later, identifying a gap in services to the elderly, he established Fox Rehabilitation, based in Cherry Hill, NJ. Today, Fox Rehabilitation employs more than 400 practicing clinicians providing over 9,000 house calls to residents in seven eastern states, with plans for more. Fox Rehabilitation was the first private practice to offer a post-graduate residency training program in geriatrics.

In an exclusive interview with ADVANCE, Dr. Fox weighed in on the impact of federal health reform, where we often fail in our services to older people, and the future of geriatric home care rehab.

ADVANCE: How did Fox Rehabilitation get its start?

Tim Fox, DPT: Early in my career, I observed that many elderly patients didn't receive as much time and care as they should. Reasons included limitations in policy, and even more frustrating, the lack of vigor that some of my colleagues exhibited when working with our older folks. Recovery and quick discharge were the goals. These patients needed more intense therapy to regain a better quality of life. I became frustrated and began digging into volumes of HCFA transmittals. I searched for months. I still remember the feelings when I stumbled upon the founding regulation--a transmittal that allowed PTIPs to not only treat their patients in clinics, but also in our patients' residences. Now I had a model that would allow me to apply evidence with vigor to the elderly population, and focus on optimal function, quality of life and well-being. I founded Fox Rehabilitation in August 1998.



ADVANCE: What was the biggest challenge in establishing your business?

Dr. Fox: Marketing my work to physicians who treated geriatric patients, helping them understand the scope of physical therapist practice, and getting them to view us as a valuable asset to their plan of care. Physicians also found it hard to believe that I could treat patients in their homes.

Many were skeptical because this was a new concept back then (some still are skeptical today). I had to build trust by taking good care of their patients and delivering what I promised. Another major barrier was starting a business with limited working capital. It was a major test, for both myself and my wife. Hard work always pays off.

ADVANCE: What do you feel is missing from home care and geriatric rehabilitation today?

Dr. Fox: Most home care clinicians generally agree that many of their clients would benefit from ongoing skilled physical therapy once the HHA episode is complete, and they no longer qualify for agency care. The Medicare Part B outpatient clinic was originally intended to be that next step. But in practice we find that our elderly clients aren't able to access the community to gain these services. And if they can, they're typically unable to develop the consistency needed for physical therapists to "dose" them with the frequency, duration and intensity required to obtain the desired physiological outcome. What I feel is missing is a harmonious relationship between the home health agencies and community Part B house call providers. There are misunderstandings as to where we fit in the continuum, and what it is we do. A smooth, well-communicated transition to the next level of care can only enhance the physical foundation that the agency clinicians have begun to lay down.

ADVANCE: What challenges do you see on the home care horizon?

Dr. Fox: We'll continue to be nimble and innovative--to work within the given guidelines and policies to provide the most optimal care, while recognizing and compensating our clinicians for the exceptional work they do. Along with being clinically proactive, we'll continue to be proactive within our business operations, divisions and political affairs. In regard to payment restrictions, it's difficult to comprehend how on one hand, CMS is (thankfully) beginning to discuss prevention, and the Obama Administration is pushing mandatory use of expensive EHRs, injecting over 30 million people into the health care system, and accommodating an exponentially growing elderly population. On the other hand, at the same time the administration is recommending 39 percent cuts in payments to physical therapists in 2011. Go figure. I am indeed an optimist, but if the recent January-to-June mishap with the SGR debate within the Physician Fee Schedule and the new proposed 2011 payment structure is any indication of the future, we're in for an interesting next couple of years. Intelligent decision making, strong application of foresight, and innovation with minimal bureaucracy will allow us to continue to flourish.

ADVANCE: What's next for Fox Rehabilitation?

Dr. Fox: We'll continue to build our clinical, business, and marketing operations infrastructure with a particular focus on clinical excellence. We have an amazing internal ladder of clinical excellence within our Division of Professional Enhancement, which is due to roll out in September. It's a beefed-up version of our current programming. The graded ladder rewards and recognizes advancements and excellence in post-professional training, publications, presentations and scholarly works. I am very, very excited for our staff and our practice.

For more information visit www.foxrehab.org

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