

# Stakeholders Meeting Plan: APTA Maryland & Maryland PT Organizations

## Purpose of the Meeting

To strengthen collaboration among PT stakeholders in Maryland, establish shared priorities around payment reform and practice issues, and build actionable commitments for collective advocacy and system improvement.

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## 1. Pre-Meeting Preparation

### A. Work with Chapter Leadership on Date and Location

### B. Invite Business Partners

- APTA Maryland leadership
- Business Partners Representing
  - Clinic owners and administrators (small, medium, and large PT practices)
  - Representatives from hospital-based PT departments
  - Outpatient rehab organizations
  - Home health and SNF PT leaders
  - Private payor and insurance liaison representatives (optional or invited for later stages)
  - PT academic program representatives
- Legislators or policy advisors (optional for selected sections)

### B. Distribute Pre-Read Materials

*Sent 1–2 weeks before the meeting:*

- Summary of current payment landscapes in Maryland (Medicare, Medicaid, commercial)
- Prior surveys or feedback collected from PT businesses
- APTA legislative and policy priorities
- Proposed meeting agenda and objectives
- Short questionnaire asking stakeholders to rank their top 3 concerns (aggregated results presented at meeting)

### C. APTAMD Role

*APTAMD to identify roles for the following.*

- **Facilitator**
  - **Timekeeper**
  - **Recorder / Scribe**
  - **Breakout Group Leads**
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## 2. Meeting Structure & Agenda (3–4 hours)

### Welcome & Opening (15 minutes)

- Introductions and representation roll-call
  - Review meeting goals and ground rules
  - Quick overview of the importance of unified PT advocacy in Maryland
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### A. Strengthening Coordination Among PT Stakeholders (45 minutes)

**Objective:** Identify current coordination gaps and create a foundation for better mutual support.

**Approach**

1. **Short presentation:** Overview of APTA Maryland initiatives and goals for working with PT business partners/stakeholders
  2. **Roundtable discussion**  
Prompt questions:
    - What are the biggest regulatory and payment challenges among PT entities
    - Coordination and Collaboration Opportunities
    - Communication Channels and Preferences
  3. **Report Out**
    - Identify urgent shared challenges
    - Discuss current payment and regulatory advocacy
  4. **Large Group Discussion:** Stakeholder Outcome Goals
    - A consolidated list of 6–10 coordination opportunities
    - Agreement on communication channels to formalize (e.g., quarterly calls, shared email list, joint advocacy efforts)
    - Agreement on Coordinated Advocacy: Use APTA MD as a platform to influence regulation, payment policy, and model design.
    - Appoint a PT/PTA liaison to sit on government relations committee
    - Share data / stories about reimbursement challenges
      1. Use APTAMD’s online testimonial portal to influence policy.
      2. Collect data on your value
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**B. Establishing Shared Priorities on Payment Reform & Practice Issues (60 minutes)**

**Objective:** Determine which payment and practice issues most need collective action.

**Approach**

1. **Presentation**
  - Current payment environment (Medicare cuts, Medicaid rates, commercial payer trends)
  - Barriers to practice (documentation burdens, telehealth rules, PTA supervision, etc.)
2. **Interactive Ranking Session**  
Stakeholders vote in real time (sticky dots or digital polling) on:
  - Top payment reform priorities
  - Top practice barriers
  - Issues requiring immediate advocacy
3. **Discussion & Alignment**  
Narrow to 3–5 consensus priorities.

**Example Priority Areas (to be refined at meeting)**

- Advocacy for fair commercial payer contracting
- State-level Medicaid reimbursement increases
- Reducing administrative burden (prior auth, documentation)

- Workforce shortages and retention
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## **C. Commitments to Follow-Up Actions, Task Forces & Timelines (60 minutes)**

**Objective:** Translate priorities into action with accountability.

### **Approach**

#### **1. Breakout Group Tasking**

Each group develops an action plan for a selected priority:

- Objectives
- Specific tasks
- Responsible parties
- Timeline (30/60/90-day milestones)
- Needed resources

#### **2. Plenary Report-Out**

Groups share their plans, followed by discussion.

#### **3. Form Task Forces (Immediate)**

Potential task forces:

- **Payment Reform Task Force**
- **Practice Regulation & Innovation Task Force**
- **Business Operations & Workforce Task Force**
- **Communications & Collaboration Task Force**

#### **4. Data Collection & Surveys**

- Pre- and post-meeting assessments
- Annual survey of payment/practice issues to ensure priorities remain aligned

### **Outcome**

- Task force rosters confirmed
  - Chairs or co-chairs appointed
  - Timeline for first deliverables set
  - Agreement on how progress will be monitored and shared (shared document hub, quarterly)
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### **Closing & Next Steps (15 minutes)**

- Summary of agreements
  - Confirm follow-up meeting dates (e.g., 3-month and 6-month checkpoints)
  - Immediate action items reviewed
  - Closing remarks
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## **3. Post-Meeting Follow-Up**

### **A. Within One Week**

- Send a meeting summary report:
  - Coordination roadmap
  - Final shared priorities

- Task force membership
- Action plans and deadlines
- Provide access to:
  - Shared collaboration platform (Google Drive, Teams, or Slack)
  - Contact list of all participants

**B. Within 30 Days**

- First task force meetings held
- APTA Maryland publishes a quarterly update or dashboard

**C. Quarterly**

- Stakeholder coordination calls
- Progress review against 90-day milestones

**D. Annual Statewide PT Stakeholders Summit**

- Comprehensive evaluation of progress
- Adjustment of priorities and strategic direction

## Workplan

**Role legend (adjust names as assigned):** Chapter President (CP) • Government Relations Chair (GRC) • Meeting Facilitator (FAC) • Project Coordinator/Staff (PC) • Recorder/Scribe (SCR) • Breakout Leads (BL) • Communications Lead (COMMS)

### Phase 1: Pre-Meeting Preparation (T-6 weeks to T-1 day)

Timing	Task	Owner	Deliverable / Notes
T-6 to T-5 weeks	Confirm meeting date, time (3–4 hours), format (in-person/hybrid), and location; reserve space and A/V.	CP, PC	Confirmed logistics; draft budget (if applicable).
T-6 to T-4 weeks	Finalize invite list (APTA MD leadership; clinic owners/admins; hospital-based PT; outpatient rehab; home health/SNF; academia; optional legislators/policy advisors).	PC, CP, GRC	Stakeholder roster with contact info and category.
T-5 to T-4 weeks	Draft agenda and facilitation approach (ground rules, roundtable prompts, ranking method, breakout structure, report-out format).	FAC, PC	Agenda v1; facilitation script outline.
T-4 weeks	Send save-the-date and registration/Rsvp request; include purpose and expected outcomes.	COMMS, PC	Save-the-date email + Rsvp tracker.
T-3 to T-2 weeks	Prepare and package pre-read materials (payment landscape summary; APTA priorities; prior surveys; draft agenda/objectives).	GRC, PC	Pre-read packet ready for distribution.

T-2 weeks	Send pre-read packet and short questionnaire (top 3 concerns); set deadline and confirm how results will be shared.	COMMS, PC	Questionnaire live; response dashboard/tracker.
T-2 to T-1 weeks	Recruit and brief roles: facilitator, timekeeper, recorder/scribe, breakout leads; assign breakout topics and templates.	CP, FAC	Role assignments confirmed; breakout worksheet template.
T-1 week	Compile questionnaire results; convert into slides (top themes, ranked issues) for meeting use.	PC, SCR	Slide(s) with aggregated results and discussion prompts.
T-3 days	Finalize materials and tools: sign-in sheet, nametags, sticky-dot voting or digital poll setup; print handouts; confirm room setup.	PC	Ready-to-run meeting kit.
T-1 day	Send final reminder with parking/connection details and agenda; confirm speakers and breakout leads.	COMMS, PC	Reminder sent; final attendee list.

## Phase 2: Meeting Day Execution (T-0)

Time	Activity	Lead	Outputs
0:00–0:15	Welcome, introductions/roll-call, goals, and ground rules.	FAC	Shared expectations; attendance recorded.
0:15–1:00	A. Strengthening coordination: short overview of APTA MD initiatives; roundtable prompts; report-out.	FAC, SCR	List of coordination gaps/opportunities (target 6–10).
1:00–2:00	B. Shared priorities: payment/practice presentation; interactive ranking; align to 3–5 consensus priorities.	GRC, FAC	Ranked priorities; top 3–5 confirmed.
2:00–3:00	C. Commitments: breakout groups build 30/60/90-day action plans (objectives, tasks, owners, resources); plenary report-out.	BL, SCR	Action plans per priority; named owners.
3:00–3:15	Task force formation: confirm rosters and chairs/co-chairs; agree on cadence and collaboration space.	CP, FAC	Task forces confirmed; first meeting dates proposed.
3:15–3:30	Closing: recap agreements, immediate action items, and confirm 3- and 6-month checkpoints.	FAC, CP	Decisions recap; next dates drafted.

## Phase 3: Post-Meeting Follow-Up (T+1 day to 6+ months)

Timing	Task	Owner	Deliverable / Notes
T+1 to T+3 days	Consolidate notes, votes/rankings, and breakout worksheets; confirm decisions and assignments with leads.	SCR, PC, FAC	Clean notes + decision log + owner list.
Within 1 week	Send meeting summary report (coordination roadmap, final priorities, task force membership, action plans & deadlines); share participant contact list and collaboration workspace access.	COMMS, PC	Summary packet distributed; workspace live.
Within 2 weeks	Hold task force kickoff calls; confirm charters (scope, goals, cadence), and identify quick wins.	Task Force Chairs, PC	Charters; meeting cadence; initial backlog.
Within 30 days	Publish first progress update (newsletter/dashboard); verify 30-day milestones and barriers; adjust owners/resources as needed.	COMMS, PC, Chairs	Update published; risk/issues log started.
60 days	Midpoint review of 60-day milestones; collect early advocacy wins, payer/regulatory feedback, and stakeholder stories/data.	GRC, Chairs	Milestone status; advocacy/story bank.
90 days	Quarterly stakeholder coordination call; review against 90-day milestones; agree next quarter priorities and tactics.	CP, FAC, Chairs	Quarterly recap; updated roadmap.
3 months	Hold first formal checkpoint meeting (as agreed in Closing & Next Steps).	CP, PC	Checkpoint notes; refreshed action plan.
6 months	Second checkpoint meeting; evaluate impact and refine advocacy strategy.	CP, GRC	Impact review; strategy adjustments.
Annual	Plan and deliver statewide PT Stakeholders Summit; repeat annual survey and refresh priorities.	CP, PC, COMMS	Summit outputs; annual priorities set.

## Milestones & Checklist

- Logistics confirmed (date/time/location/A&V)
- Invite list finalized and save-the-date sent
- Agenda finalized and roles assigned (FAC, SCR, BL, timekeeper)
- Pre-read packet + questionnaire sent; results compiled
- Meeting completed with: (1) coordination opportunities list, (2) top 3–5 priorities, (3) draft 30/60/90 plans, (4) task force rosters/chairs

- Summary report and collaboration workspace shared (within 1 week)
- Task forces kicked off (within 2 weeks)
- First 30-day update published
- Quarterly call held and 90-day milestones reviewed