

Unrestricted Direct Access to Physical Therapists Promotes Health Care That is Efficient, Effective, and Safe

Issue Brief: A review of the literature supports early access to a Physical Therapist by removing arbitrary restrictions that still remain in policy today



PATIENT SAFETY

American Association of Medical Colleges Report IV Contemporary Issues in Medicine:

Musculoskeletal Medicine Education (2005)

[<https://www.aamc.org/media/24216/download>]

CONCLUSION: Patients who have MSK conditions were more likely to receive inadequate treatment by physicians and authors recommended more training than the 2 weeks average training in medical schools on this topic.

A Description of Physical Therapists' Knowledge in Managing Musculoskeletal Conditions (2005)

[*BMC Musculoskeletal Disorders*, 6(32)]

CONCLUSION: PTs had higher levels of knowledge in MSK medicine than medical students, physician interns and residents, and all physician specialties except orthopedics.

Safety Events and Privilege Utilization Rates in Advanced Practice Physical Therapy Compared to Traditional Primary Care: An Observational Study

(2020) [*Military Medicine*, 185 (1-2)]

CONCLUSION: Patients with MSK conditions who saw a PCP first had twice the risk of experiencing an actual or near miss safety event as compared to seeing a PT first.

Stagnant Physical Therapy Referral Rates Alongside Rising Opioid Prescription Rates in Patients with Low Back Pain in the United States

(2020) [*Spine*, 42(9): 670 – 674]

CONCLUSION: While opioid prescriptions were on the rise, only 10% of patients with low back pain who were seen by their primary care provider were referred to a PT.

Observational retrospective study of the association of initial healthcare provider for new-onset low back pain with early and long-term opioid use (2019) [*BMJ Open*, 9(9)]

CONCLUSION: Compared to patients who had primary care visits first, patients who had PT first decreased their odds of early opioid use by 85-91% and their odds of long-term opioid use by 73% - 78%.

COST EFFECTIVENESS

Unrestricted Direct Access to Physical Therapist Services is Associated with Lower Health Care Utilization and Costs in Patients with New-Onset Low Back Pain (2020) [*Physical Therapy*, 100(1): 107-115]

CONCLUSION: As compared to patients in states with unrestricted access to a PT, patients in restricted access states had 31% more physician visits and a higher odds of having imaging in the first 30 days of the onset of low back pain.

Does Unrestricted Direct Access to Physical Therapy Reduce Utilization and Health Spending? (2016) [<https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.12984>]

CONCLUSION: PT as the first provider for low back pain was found to result in a significant decrease in opioid prescriptions, emergency department visits, and imaging

Implication of early and guideline adherent physical therapy for low back pain on utilization and costs (2015) [*BMC Health Services Research*, 15:150]

CONCLUSION: Early and adherent PT for low back pain was associated with significantly lower utilization of advanced imaging, lumbar injections, surgery, and opioid use.

A Comparison of Health Care Use for Physician-Referred and Self-Referred Episodes of Outpatient Physical Therapy (2011) [*Health Services Research*, 42(2): 633-654]

CONCLUSION: Direct access to PT was not found to correlate with overuse, nor was it associated with a loss in quality or continuity of care within the healthcare system.

Impact of Physical Therapist Services on Low Back Pain Episodes of Care (2018)

[<https://ppsapta.org/userfiles/File/ImpactofPhysicalTherapistServicesonLowBackPainEOC.pdf>]

CONCLUSION: Episode total costs of care were lower for early access to PT, with the lowest costs for patients without physician referral for low back pain. Early and direct access reduced the rates of high cost and invasive procedures.

Workers Compensation Research Institute Report: The Timing of Physical Therapy for Low Back Pain: Does it Matter in Workers' Compensation? (2020)

[<https://www.wcrinet.org/reports/the-timing-of-physical-therapy-for-low-back-pain-does-it-matter-in-workers-compensation>]

CONCLUSION: Patients with early access to PT had lower total medical costs of low back pain care, a significantly lower likelihood of receiving opioid prescriptions and undergo MRIs, and much shorter durations of short-term disability.

CURRENT PRIMARY CARE PT MODELS

Many models of Primary Care PT have been successful in improving efficiency while preserving effectiveness and safety in large populations. Among them are:

The U.S. Military Health System – since 1971: In response to a physician shortage, direct access to military PTs brought the advantages of effectiveness,

efficiency, more appropriate use of physicians, and more appropriate use of PT education, training, and experience [Murphy et al. 2005].

Kaiser Permanente Northern California: While Kaiser sought to improve care quality and accessibility they recognized PTs' diagnostic and treatment expertise and integrated PT into primary care. As a result, more time became available for primary care providers to manage the care of non-MSK conditions [Murphy et al. 2005].

The Dept. of Veterans Affairs Salt Lake City Health Care System: Modeled after the military, patients with MSK conditions have quicker access to Primary Care PT and reduced rates of specialty referrals. Today the entire VA system follows this model [Murphy et al. 2005].

CURRENT PILOT PROJECTS BY THIRD PARTY PAYERS

While some payers have been reluctant to remove the referral barriers to PTs, there are large national health insurance companies who recognize the cost savings benefits and the relative safety of PT first. Their pilots create incentives for patients to seek out high value PT care first.

UnitedHealthcare (UHC): UHC is currently piloting a strategy to drive patients with new-onset LBP to physical therapists first by waiving copays and deductibles for 3 PT sessions for low back pain, and allowing additional visits that are normally covered. Targeted toward employer-sponsored plans, the original pilot started in 5 states in June of 2019 and beginning Jan. 1, 2020 the pilot was been expanded to 10 more states [APTA, 2019].

TRICARE: This health insurance system for the US military, is running a demonstration project waiving patient cost-sharing for up to three physical therapy sessions for individuals with LBP. The pilot will run between Jan. 1, 2021 through Dec. 31, 2023 in ten states and TRICARE hopes to decrease more costly, low value testing and interventions such as imaging, surgery, and opioids [Federal Register, 2020].