

Direct access to physical therapists associated with lower costs and fewer visits, new study says

October 13 2011

A new study suggesting that "the role of the physician gatekeeper in regard to physical therapy may be unnecessary in many cases" could have significant implications for the US health care system, says the American Physical Therapy Association (APTA).

The study, published ahead of print September 23 in the journal Health Services Research (HSR), reviewed 62,707 episodes of physical therapy using non-Medicare claims data from a Midwest insurer over a 5-year period. Patients who visited a physical therapist directly for [outpatient care](#) (27%) had fewer visits and lower overall costs on average than those who were referred by a physician, while maintaining continuity of care within the overall [medical system](#) and showing no difference in health care use in the 60 days after the physical therapy episode.

The study is noteworthy because services delivered by [physical therapists](#) account for "a significant portion" of outpatient care costs in the United States, according to the study, and some health insurance plans require a physician referral for reimbursement of these services. In addition, although 46 states and the District of Columbia now allow some form of direct access to physical therapists, some of them nonetheless impose restrictions if patients have not been referred by a physician.

"Physical therapists have long known that direct access to our services is safe and effective," said APTA President R. Scott Ward, PT, PhD. "The

elimination of referral requirements and other restrictions has been a priority of APTA for decades. This study provides further evidence that direct access to physical therapists could go a long way toward helping to make health care more affordable and accessible for all. We encourage researchers and insurers to continue to further investigate this important issue that could have a profound impact on patient care."

"When patients choose direct access to a physical therapist, it does not mean the end of collaboration with their physician, nor does it diminish continuity of care," added Thomas DiAngelis, PT, DPT, president of APTA's Private Practice Section. "We believe the results of this study will support our efforts to work with legislators and physician groups to establish policies that reduce unnecessary regulations, improve access, and build models of delivery that best serve the patient and the [health care system](#). Although this study focused on direct access, it is not about the provider. It is about the patient. It means better opportunities to provide the proper care to those who need it, when they need it."

Led by Jane Pendergast, PhD, professor of biostatistics and director of the Center for Public Health Studies at the University of Iowa, the study retrospectively analyzed 5 years (2003-2007) of private health insurance claims data from a Midwest insurer on beneficiaries aged 18-64 in Iowa and South Dakota. A total of nearly 63,000 outpatient physical therapy episodes of care were analyzed – more than 45,000 were classified as physician-referred and more than 17,000 were classified as "self-referred" to physical therapists. Physical therapy episodes began with the initial physical therapist evaluation and ended on the last date of services before 60 days of no further visits. Episodes were classified as physician-referred if the patient had a physician claim from a reasonable referral source in the 30 days before the start of physical therapy. Researchers found that self-referred patients had fewer physical therapy visits (86% of physician-referred) and lower allowable amounts (\$0.87 for every \$1.00 of physician-referred) during the episode of care, after adjusting

for age, gender, diagnosis, illness severity, and calendar year. In addition, overall related health care use – or care related to the problem for which physical therapy was received, but not physical therapy treatment – was lower in the self-referred group after adjustment. Examples of this type of care might include physician services or diagnostic testing. Potential differences in functional status and outcomes of care were not addressed.

"Health care use did not increase in the self-referred group, nor was continuity of care hindered," the researchers write. "The self-referred patients were still in contact with physicians during and after physical therapy. Concerns about patient safety, missed diagnoses, and continuity of care for individuals who self-refer may be overstated."

According to Rick Gawenda, PT, president of APTA's Section on Health Policy and Administration, the study should cause insurers and policymakers to rethink the physician gatekeeper concept when it comes to physical therapist services. "Evidence shows that, in the case of physical therapy, the physician gatekeeper model is doing exactly the opposite of what it was originally designed to do; it does not reduce ineffective and duplicate care nor reduce [health care](#) costs," says Gawenda. "It's time to end the physician referral requirement in every state, and it's time for all payers to embrace direct access to physical therapists."

Earlier research has supported direct access to physical therapists, but the new HSR study is the most comprehensive to date. A 1994 study analyzed 4 years of Blue Cross Blue Shield of Maryland claims data and found that total paid claims for physician referral episodes to physical therapists were 2.2 times higher than the paid claims for direct access episodes. In addition, physician referral episodes were 65% longer in duration than direct access episodes and generated 67% more physical therapy claims and 60% more office visits. The HSR study looked at a

far more extensive number of episodes than the previous study, and also controlled for illness severity and other factors that could have affected the patients' outcomes.

"In summary," the researchers write, "our findings do not support the assertion that self-referral leads to overuse of care or discontinuity in care, based on a very large population of individuals in a common private health insurance plan with no requirement for PT [[physical therapy](#)] referral or prohibition on patient self-referral. We consistently found lower use in the self-referral group, after adjusting for key demographic variables, diagnosis group, and case mix. We also found that individuals in both groups were similarly engaged with the medical care system during their course of care and afterwards."

More information: Pendergast J, Kliethermes SA, Freburger JK, Duffy PA. A comparison of health care use for physician-referred and self-referred episodes of outpatient physical therapy. Health Services Research. Published ahead of print September 23, 2011. [DOI: 10.1111/j.1475-6773.2011.01324.x](https://doi.org/10.1111/j.1475-6773.2011.01324.x)

Provided by American Physical Therapy Association

Citation: Direct access to physical therapists associated with lower costs and fewer visits, new study says (2011, October 13) retrieved 25 April 2024 from <https://medicalxpress.com/news/2011-10-access-physical-therapists.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.