

Empowering Patients-Improving Care

Direct Access

Historical Perspective

- Physical therapists began as "Reconstruction Aides" around 1919.
- Growth in physical therapy as a profession increased greatly with WWII and the polio epidemic.

Historical Perspective

- Accreditation of PT degree programs were joint effort with AMA until 1977.
- Physician referral and prescription required.

What is "Direct Access"?

- Direct access is the legal right of the public to seek and receive an examination, evaluation, and interventions by a physical therapist without the referral of a physician.

(APTA Board of Directors, 2000.)

States with Direct Access

9 states currently have direct access to physical therapists for *evaluation only*.

39 with some form of evaluation and treat
 + 9 with evaluation only*

48 states with some form of direct access

(* 8 states trying to expand to add treat , 2 states trying for eval and treat)

States without Direct Access

Only 2 states currently do not have direct access:

Indiana
 Alabama

Common Provisions with Direct Access

- Time Constraints
- Experience/CEU Requirements
- Prohibition of "medical diagnosis"

Direct Access

- Missouri

APTA Vision Sentence

By 2020, physical therapy will be provided by physical therapists who are doctors of physical therapy, recognized by consumers and other health care professionals as practitioners of choice to whom consumers have direct access

for the diagnosis of, interventions for, and prevention of impairments, functional limitations, and disabilities related to movement, function, and health.

Doctors of Physical Therapy

- Starting January 2002, no programs will be accredited at the Bachelor's level.
- 86 accredited DPT degree programs and 39 Transitional DPT programs
- 34 Doctoral programs exist (28 are PhD programs)

(as of 11/12/03)

Can Physical Therapists make a "diagnosis"?

- Medical diagnosis: interruption of normal cellular processes
vs.
- Diagnosis of impairment, functional limitation, or disability: loss of function, restriction of ability to perform task, inability to engage in activity

Can Physical Therapists make a "diagnosis"?

- CVA vs. Hemiplegia
- Rheumatoid Arthritis vs. Joint inflammation, joint deformity, muscle weakness and inability to turn keys
- MS vs. Balance deficits, weakness and decreased sensation

Why Direct Access?



Patient



Provider



Payer

Benefits of Direct Access for the Payer

- Decreased costs when referral not required
 - ✓Physician visit costs

Physician Visit costs

- Medicare 99203: mid-level E & M code
Average physician payment = \$87.17
- Medicare 99213: mid-level established visit code
Average physician payment = \$48.08

(Medicare 2003; Conv factor= 534.5920)

Physician Visit costs

If 97001 represents the start of each PT episode of care and each required a physician visit for referral, then.....

of 97001 x \$87.17 = payer's approximate cost of unnecessary physician gatekeeper visits *just to start* the episode of care

Physician Visit costs

- What about return visit to the MD?
If a patient returned to the doctor 4 times during each episode of care, then the approximate additional cost to the payer /per episode would be:

\$48.08 x 4 = \$ 192.32 additional cost per episode/patient

Benefits of Direct Access for the Payer

- Decreased costs when referral not required
 - ✓Possible unnecessary diagnostic or pharmaceutical costs

Potential cost savings: Shoulder "tendonitis"

X-Ray (73030)	✓	\$ 29.40
MRI: w/o contrast(73221)	✓	\$ 461.11
MRI: w/ contrast(73222)	✓	\$ 553.12
Injection(20610)	✓	\$ 63.65
NSAIDs	✓	\$?
Pain medications	✓	\$?

(Medicare 2004-2005)

Benefits of Direct Access for the Payer

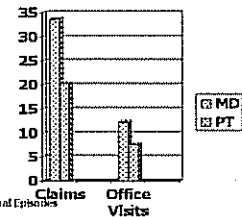
- Decreased number of claims to process
 - Physician visits
 - Diagnostics
 - Pharmacy
 - Appeals

Benefits of Direct Access for the Payer

- Increased customer satisfaction
 - Less out-of-pocket expense
 - Faster access to help
 - Faster return to work

Direct Access Does NOT promote over-utilization:

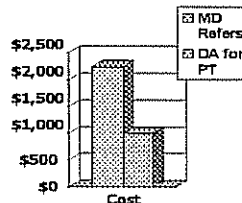
- Physician referral episodes of care generated 67% more claims and 60% more office visits



Mitchell, Direct Access Versus Physician Referral Episodes of Physical Therapy, Phys Ther 77(1), Jan 97.

Direct Access Does NOT result in higher physical therapy costs.

- Cost per visit were 123% higher when patients were first seen by a physician prior to PT.
- Claims paid under direct access to physical therapist were \$1,232 less than physician referred.



Mitchell, Direct Access Versus Physician Referral Episodes of Physical Therapy, Phys Ther 77(1), Jan 97.

Will Direct Access increase liability?

- Since 1994, the APTA endorsed liability carrier has not reported an increase or change in claim pattern that reflects negatively on Direct Access. The underwriter (CNA) agrees.
- Underwriter does not charge a premium in states with Direct Access.

Benefits of Direct Access for the Patient

- Choice of provider
- Less visits
- Convenience/flexibility
- Earlier intervention
- Decreased out-of-pocket expense (copays, pharmacy)

Benefits of Direct Access for the Physical Therapist

- Autonomy as a provider
- Increased credibility
- Contract directly as entry-level provider
- Earlier intervention → clinical efficiency
- Offer prevention and wellness programs

STRATEGY

Legislative Process

Planning for the 2007 Legislative Session

Remember!!! We do not have
Direct Access Legislation this
year (Jan-May, 2006)

2 Types of Direct Access

- **Omission:** No referral language in the physical therapy practice act
- **Provision:** No referral needed to access physical therapists examination, evaluation, and intervention if certain conditions or "provisions" are met.

Missouri Current Language

- Chapter 334.00 Physicians and Surgeons
- Chapter 334.100 Denial, revocation or suspension of license, grounds for – reinstatement provisions
 - #19 Any candidate for licensure or person licensed to practice as a physical therapist, **or practicing or offering to practice professional physical therapy independent of the prescription and directions of a person licensed...**

1998 Language

- Chapter 334.506 Physical therapists may provide certain services without prescription or direction of certain health care professionals, when... limitations.
- #1 ..providing educational resources and training, developing fitness or wellness programs for asymptomatic persons.. or screening or consultative services...

Chapter 334.506

- #2 ..from examining and treating, without prescription...any person with a recurring, self-limited injury within one year of diagnosis.... any person with a chronic illness that has been previously diagnosed...physical therapist shall contact....

Chapter 334.506

- #3 The provision of physical therapy services of evaluation and screening pursuant to this section... upon every re-initiation of ..services, a PT shall provide a full physical therapy evaluation....

Legislative Calendar 2007

- Summer 2006 Write Legislation
- December 2006 Pre-filing Period
- January 2007 Opening of legislature
- January 2007 Filing of House and Senate Bills
- February 2007 Lobby Day
- May 2007 End of Legislative Session

Life of a Legislative Bill

- Written
- Filed by Sponsor (House and Senate)
- Assigned to a Committee
- Committee Chair schedules Hearings
- Committee Vote
- Full Vote
- Governor Signature

Task Force Tasks

- Educate Membership
- Plan Legislative Strategy
- Raise Funds
- Network for Support
- Neutralize Opposition
- Write Language
- Lobby, lobby, lobby
- Celebrate

Probable Supporters

Medicare Direct Access Legislation

- Moving forward in the US House and Senate
- Would allow for Direct Access for Part B Medicare
- Continues to Gain Support

National Endorsements of Direct Access

- National Conference of State Legislatures (NCSL): "NCSL supports policies that would allow direct access to physical therapy..."
- National Black Caucus of State Legislatures (NBCSL): "The NBCSL urges the adoption of state legislation that permits access to physical therapists without a physician referral"

National Endorsements of Direct Access

- American Legislative Exchange Council (ALEC): "patients should have the ability to access physical therapists' services without current professional practice restrictions regarding referral".
- Health Providers Service Organization (HPSO*): "At this time, direct access is not a risk factor that we specifically screen for in our program because it has not negatively impacted our claims experience in any way."

Probable Opponents

Members' Tasks

- Educate Yourself
- Educate Others (members and non-members)
- Register to Vote
- Get to know your State Representative and State Senator (elections this year!)
- Volunteer to be MO State Key Contact

Members' Tasks

- Self Identify Personal Relationships with Legislators
- Plan to attend Lobby Day 2007
- Be prepared to write letters, make calls, **personal visits**
- Report any news to Task Force members
- Donate to MPTA PAC
- Prepare to educate, organize family members, patients, neighbors, etc



REMEMBER

We are Planning for the
Future!
No legislation this session!!