

Direct Access To Physical Therapy

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Sunday, 22 February 2009
Last Updated Sunday, 22 February 2009

In the state of Texas, you can't see a physical therapist for treatment without a referral. It's the law - plain and simple. It doesn't matter what your insurance company says regarding your particular "referral requirements" because that relates specifically to whether or not they will reimburse for your treatment (or not).

Seeing a physical therapist as a first line of health care and assessment is an accepted standard internationally, in many other U.S. states - and even within our own military. But not in Texas.

So here's the crazy reality of this long-outdated regulatory practice.

Let's say you have back pain … or an ankle sprain … so here are some of your current options:

You can see a massage therapist - who may provide some form of exercise program - though massage therapists have, for all intents and purposes, little or no formal training in therapeutic exercise prescription.

You

can see a chiropractor - who may provide some form of exercise program - though chiropractors have, for all intents and purposes, little or no formal training in therapeutic exercise prescription.

You

can see a physician - who may provide some form of exercise program - though physicians have, for all intents and purposes, little or no formal training in therapeutic exercise prescription.

You can see an advanced nurse practitioner - who may provide some form of exercise program - though nurse practitioners have, for all intents and purposes, little or no formal training in therapeutic exercise prescription.

You

can even see a personal trainer - an unregulated and unlicensed occupation - who may provide some form of exercise program - though personal trainers have, for all intents and purposes, little or no formal training in therapeutic exercise prescription.

Under the current law, you can go to any of these "providers" - all having little or no formal training in therapeutic exercise prescription. But if you want to go to a physical therapist - the internationally accepted "experts" in therapeutic exercise prescription - you have to have a "gatekeeper" (the list includes physicians, dentists, chiropractors, podiatrists, physician assistants, and advanced nurse practitioners) approve it first.

This is where Texas House Bill 607 and Texas Senate Bill 433 come into play. Both of these pieces of legislation have been filed to provide direct access to physical therapy in the state of Texas. Both are consumer access bills. Neither change the scope of practice of physical therapists in the state of Texas, but they do eliminate the current "gatekeeper" scenario that limits a patient's access to care.

The available evidence squarely supports direct access for physical therapy. Here are the reasons why:

1. As I mentioned previously, physical therapists are internationally accepted as "exercise experts". Our training is focused on the use of therapeutic exercise in the treatment of disorders of the musculoskeletal and neurological systems. Physical therapists have the formal training and education to make functional and mechanical

diagnoses for our patients. This is the reality. It is part of our task as physical therapists - to evaluate, to assess, to establish a plan of care. Physical therapist professional education prepares us for autonomous practice, and it is already a part of our current scope of practice.

2. Do physical therapists have the training and education to establish "red flags" in the patient's history, assessment, or treatment that would indicate that physical therapy is not appropriate? This is also an absolute YES. Once again, this is part of our current day-to-day patient care responsibilities. We must be able to decide when it is safe for a patient to participate in physical therapy, and when they must be referred elsewhere. The difficult cases, the ones that need further diagnostic work-up, are typically NOT the ones that are going to see a physical therapist first - it's those that have conditions like neck and back pain and sprained ankles, issues that - in the literature - respond readily to self care strategies and therapeutic exercise prescription from a qualified practitioner. Studies have shown that there is no increase in the incidence of any medical problems in direct access states. Again, physical therapist professional education prepares us for autonomous practice, and it is already a part of our current scope of practice.

3. Access to health care is an important issue in our health care system. You currently have to go to a gatekeeper for a referral to physical therapy. This currently adds at least one extra step in the process of a patient receiving timely and effective care that is appropriate to their condition. When given the option to go to a physician first, then to a physical therapist - or simply not bother "jumping through the hoops" (both in cost and in cumulative time), they will oftentimes resort to the latter option, and not get any care at all. This is a barrier to care, making an acute issue a chronic one.

4. Last but certainly not least, there is the cost of care within the current regulatory practices. By adding more steps to get to the appropriate provider, we are creating more barriers to care for the average health care consumer. This "referral" process creates greater costs for the patient and/or insurance carrier. First you pay your "referring provider" (i.e. physician) for him/her to then send you to a physical therapist, who you will then pay to provide therapeutic solutions to your problem. Why have this extra cost involved? Studies have shown that there is a direct cost benefit to the consumer by seeing a physical therapist as the

first line of assessment. This cost extends not only to the individual but to the state's Medicare system. It has been estimated that there would be a savings of \$1200 per patient episode of care - or 55% of the total cost.

So
if all the evidence leads us down this path, why is this not the accepted standard of care for all Texans?

This
is where we must simply face the harsh reality of our current regulations. There is no evidence that in countries (or states) that have direct access, the cost of care has shown a dramatic increase or a higher incidence of medical problems requiring further medical intervention. As a matter of fact, it's the opposite. Opponents of more effective legislation are not necessarily driven by patient safety, nor access to care, nor cost of care. So what drives this resistance?

It's
not about the patient - and we need to simply stop letting this fallacy be proposed to the public, the legislature, and the media. The primary parties lobbying against this type of legislation are typically physicians and chiropractors, and it is, in all reality, driven by two things: dollars and cents - and power.

Why
do these "powers that be" not want physical therapists to have direct access when all of the data supports it being beneficial for the patient and for access to cost-effective health care? Referring sources such as physicians and chiropractors feel that it is not in their best interests financially to have this take place. "It will drop my bottom line" … "It reduces my power as a gatekeeper" … etc.

But

as health care dollars grow scarce, and the demand for evidence-based medicine expands, the days of money and power are gone. The gravy train has left the station. The current medical climate forces everyone to be "on their game", to be a provider that a patient would want to utilize to help solve their problem in a cost-effective and timely manner. In order for our health care system to move forward, it is time for all of us to put our best foot forward and foster a medical system that is truly patient-centered.

Let

us not forget, it IS about the patient. It IS about your consumer access to health care. And it IS about the cost of your health care.

What

can be done? Speak to your state representative and your senator - they work for you - not the lobbyists. Write letters. Do the reading and understand the issues. And support House Bill 607 (Farabee) and Senate Bill 433 (Carona).

For some supplemental reading, refer to the following:

<http://murphy.house.gov/News/DocumentSingle.aspx?DocumentID=61988>

http://murphy.house.gov/UploadedFiles/HealthCareFYI_53.pdf

<http://www.house.state.tx.us/members/dist69/farabee.php>

<http://www.senate.state.tx.us/75r/senate/members/dist16/dist16.htm>

And while we're at it, how about a few videos to help illustrate the point - one serious, and one slightly more tongue-in-cheek:

<http://www.youtube.com/watch?v=CH4ywhBbp5Q>

http://www.youtube.com/watch?v=-Rqa_KU6l2U