

Three Important Consumer Issues In Physical Therapy And Health Care

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Not so long ago, in an infomercial or two, we were provided some of the finest observations of the state of the union - by none other than Ross Perot.

For those who have forgotten, while using his pointer and hand-held charts, he resolutely stated that "In America, we have a problem". He may not have been talking about health care specifically, but he certainly could have been.

Consumers have somehow been lead down the garden path in the discussion of quality, cost, and access in health care (including allied health professions such as physical therapy, chiropractic, and alternative therapies). In any business realm that we can think of, our task is to find the greatest quality of product or service at either an affordable price, or a price that we feel is directly related to the quality of the service. But in health care, the system is currently driven by some very anti-consumer principles.

As Dick Cavett once noted, "As long as people will accept crap, it will be financially profitable to dispense it". Health care is no different. So what are the underlying mechanisms and motivators that are currently working against the health care consumer?

Payment and reimbursement models are a cornerstone mechanism to examine. When a third party payer is contracting a physical therapist (or doctor, or chiropractor) at an exceedingly low rate of reimbursement, there is an internal motivator by the practitioner to utilize more visits. More visits, in the current system, inherently equates to greater reimbursement. When a third party payer's reimbursement is based on the number of procedures performed, there is an internal motivator by the practitioner to utilize more procedures. More procedures, in the current system, inherently equates to greater reimbursement.

It doesn't matter what is being performed, the plausibility of the treatment, nor the outcome provided. And though you may have health insurance, your co-pay may in fact be unaffordable anyways. And it may not be the most cost-effective solution, even if you've already paid into the plan.

But before we utter an "oh woe is the provider" and "those mean nasty insurance companies", let's look at the inherently anti-consumer practices being driven by the beliefs and practice patterns of the practitioners themselves.

Practitioners continue to utilize "accepted" forms of treatment that either have little or no support for their use (such as ultrasound and many other passive modalities). Where is the quality control? And perhaps even worse than that, practitioners continue to foster the belief (unsupported at best) that care can be almost interminable. Given what we know about the human body in this day and age, and it's ability to adapt and repair and recover from injury, do you really need 8 to 12 to 20 visits (or more) to solve the problem? How about 3 to 5 instead?

So not only are practitioners still using passive forms of treatment that have minimal to no effect on outcome nor functional independence, but they are being reimbursed for them, and at a low rate which fosters a motivation to, well, see the patient more frequently and use even more procedures and "tools". Furthermore, let's throw in the issue of ethics. How can you ethically apply a treatment to a patient that you know, for all intents and purposes, has little to no documented treatment effect?

Of course, there is also the issue of access to care. We have what essentially amounts to a legalized monopoly in the United States. Doctors have traditionally been the gatekeepers to care, but we're now finding that the most cost-effective (and accessible) option for many conditions can be provided by direct access to other practitioners such as physical therapists and nurse practitioners. Of course, this data is met by resistance from the aforementioned legalized monopoly, and we're told how these other professions aren't qualified to be first-line practitioners since they "don't have the training of a physician". But how much "specialized training" is truly required to provide exemplary care for the common cold? Or an ankle sprain? And how much "specialized training" is available when the consumer goes to the Internet first and avoids using the clinical reasoning skills of ANY provider AT ALL?

It's high time to foster consumer advocacy. Patients need to stand up and, simply put, be a consumer. It should not be considered acceptable to have interminable passive treatments from your provider - guru or otherwise. It should not be considered acceptable to pay a \$40 co-pay without having some timely tangible product or service outcome. And it should not be considered acceptable to have "standards of care" from providers which are not only 10 years behind the current scientific evidence, but may not even have a biologically plausible theory to support them.

Why are you spending your hard-earned money on a service or product, health care or otherwise, that has a questionable outcome and an exorbitant expense? You'd demand it from the marketplace if you were buying a car or

having it repaired. But do you demand it from your doctor, your physical therapist, or your chiropractor?

Stop the insanity. Demand high quality, outcome-driven, consumer-centered, cost-effective solutions. And with the words of Dick Cavett as a backdrop, if we stop accepting crap in health care, regardless of the mechanisms behind the crap, it won't be financially profitable to dispense it.

And we'll all be better off for it.

Photo credit: TheTruthAbout.