TPTA supports *DIRECT PATIENT ACCESS TO PHYSICAL THERAPY*, which decreases costs while improving access to care.

Texas Physical Therapy Association

Direct patient access greatly improves access to care, allowing patients to recover faster while reducing the risk of opioid addiction and unnecessary imaging.

25% of the U.S. population report at least one full day of low back pain within the last three months. It is the most common type of pain experienced, and is estimated to cost the U.S. "up to $90.6 billion in direct costs and $19.8 billion in indirect costs," including "missed days of work, disability, and low productivity."[i] Physical therapy is a low-cost alternative that improves recovery times for low back pain and other musculoskeletal conditions while reducing patient risks. As one study notes, "patients living in states with restrictions on access to PT had significantly higher utilization of imaging services and higher rates of opioid prescriptions," and direct patient access resulted in a "significant decrease in opioid prescription, [emergency department] visits, and imaging."[ii] *Unfortunately, Texas is <u>one of only three states</u> that does not allow physical therapy treatment without a referral, which creates a barrier in access to care.* Texas was ranked 47th in access to physician services, and the average wait time to see a family practitioner in some areas, including urban settings like Houston, can be over two weeks.[iii,iv] In addition, the 2011-2016 Texas State Health Plan states that, "…Texas supply ratios [of physical therapists] have consistently lagged behind the U.S. average…" and "[in] 2009, 49 counties did not have a PT." The State Plan goes on to state that, "a physical therapist with direct [patient] access could be [the] entry point…, especially in areas where primary care physicians are in shortage… [and, with] a change in the PT Practice act…, [physical therapists] have the potential of addressing the shortages of [healthcare providers] …."[v]

Multiple studies show that direct patient access reduces unnecessary costs to the patient and insurers.

Many studies demonstrate the cost-effectiveness of direct patient access versus required physician referrals. In a 2014 study, the impact of direct access on healthcare service utilization was studied in comparison to physician referral environments. Additionally, fewer imaging procedures were performed, and patient visits were shorter in duration in a direct access environment.[vi] In a study of Maryland Blue Cross-Blue Shield claims, physician referral episodes averaged 13.4 more physical therapy claims, representing a 67% increase, and 4.6 more office visits, representing a 60% increase, than direct access. Direct patient access reduced the cost to Blue Cross-Blue Shield by $1,232, while "physician referral episodes exceeded the cost…by about 123%."[vii] Another study of more than 67,000 claims also supported the benefits of direct patient access. The average spent in a direct patient access environment was only 64% of the amount spent when requiring a physician referral.[viii] And the Fortune 500 company Starbucks, in a joint study with Aetna and Virginia Mason Medical Center, found that it could decrease the average cost of medical care by 50% and the patient's wait time for medical care by one month by utilizing direct patient access for physical therapy services.[ix] These studies demonstrate that <u>healthcare costs are *higher* in states requiring physician referrals,</u> and direct patient access <u>*reduces costs.*</u>

Physical therapists are highly-trained, clinically competent healthcare professionals who serve as part of the healthcare team, with a demonstrated history of providing safe care and referral of patients when necessary.

Physical therapists play a unique role in a collaborative healthcare team by serving as musculoskeletal experts. Physical therapist education, as part of a Doctor of Physical Therapy program, includes specialized musculoskeletal education and training in diagnostics, imaging, pharmacology, evidence-based practice, and differential diagnosis. Physical therapy education has included detailed study of clinical red flags for decades, and physical therapists use their clinical decision-making to refer patients to physicians or other healthcare providers when necessary. As part of a physical therapy evaluation, physical therapists review the patient's history and complete a systems review, which includes cardiovascular/pulmonary, integumentary, musculoskeletal, and neuromuscular systems, and utilize tests and measures.[x] After completing an evaluation, the physical therapist may identify a need to refer the patient to a physician or another provider. As one study of the literature reported, 74% of case studies reviewed with prior referrals resulted in the physical therapist referring the patient back to the physician due to concerns regarding patient health.[xi] By exercising their role in a collaborative healthcare environment, direct patient access to physical therapy helps patients recover faster while eliminating unnecessary spending.

Patient safety, related to direct patient access, is supported by the literature and data from licensing and insurance entities.

A study involving the U.S. military, who have had direct patient access since 1973, found that, in a retrospective analysis of 472,013 patient visits at 25 healthcare sites, "45.1% of the visits were determined to be patients with direct access and without physician referral" and "[no] adverse events were determined from either physical therapy diagnosis or management." [xii] Concerns regarding misdiagnosis of cancer are not supported in the medical literature. As noted in one journal commentary, "the prevalence rate of [low back pain] due to cancer is approximately 0.7%, that of compression fracture 4%, and spinal infection 0.01%."[xiii] Another study involving patients with back pain seen in private practice multidisciplinary spine centers found that the incidence rate of tumors in general musculoskeletal practice "has been determined to be 0.12% or approximately 1 in 1,000 patients." [xiv] Unless red flags are identified, imaging patients is not recommended within the first six weeks for patients for non-specific low back pain, as stated by several medical specialty societies, including the American College of Physicians, since 'routine imaging can subject patients to unnecessary harm" and imaging results are "unlikely to alter clinical management for back pain." [xv] Physical therapy clinical education provides the skills necessary to ensure that any red flags are identified early and appropriate action taken.

Aon, the leading provider of professional liability insurance, states that "current actuarial summary…indicates that the average loss experience in direct access states is comparable to…those states where direct access has not yet been approved" and that "direct access is not a risk factor." [xvi] In addition, the Federation of State Boards of Physical therapy, an organization whose members are physical licensing jurisdictions within the United States, has stated that they are "not aware of any evidence of increased number or severity of final disciplinary actions in jurisdictions that have unlimited direct access to physical therapy when compared with those jurisdictions that have limitations to direct access." [xvii] The data supports that direct patient access does not represent additional harm or risk to patients.

Direct patient access to physical therapy improves patient health while significantly reducing costs and does not create risks to the patients, as shown by the clinical research. As such, TPTA recommends the passage of the direct patient access bill.

If you have any questions regarding any information, please contact Craig Tounget, CAE, TPTA Executive Director, at (512) 477-1818 or ctounget@tpta.org.

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