Direct Access Physical Therapy in an Urgent Care Setting: An Administrative Case Report

Combined Sections Meeting 2014

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Session Type:  Educational Sessions  
Session Level:  Multiple Level

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www.aptahpa.org  
Section on Health Policy & Administration of the American Physical Therapy Association
Direct Access PT in an Urgent Care Setting: An Administrative Case Report

Tuesday, February 4, 2014 3:00 – 5:00 PM

Objectives of This Presentation

Participants will understand:

• how the literature influenced development of this program.
• how a “new program proposal” was developed to address the organization’s key strategic goals and common values.
• strategies used to develop, evaluate and improve the program and address barriers to meeting objectives.
• implications for Healthcare Reform.

Outline of Presentation

• Triple Aim of the Affordable Care Act
• Description of Group Health Cooperative – SCW
• Inspiration, Literature Review & Program Development
• Vision, Mission, Values and Goals
• Target Population and Scope of Services
• Triage and Scheduling
• Program Evaluation and Data Tracking
• Hurdles and Continuous Quality Improvement
• Urgent Care PT/OT Services and Patient Satisfaction
• Implications for Healthcare Reform
• Feedback

Transforming society by optimizing movement to improve the human experience.

Vision 2020

Advocates:

“…integrating PTs into health care delivery services responsible for diagnosing and treating musculoskeletal issues affecting movement and functional activities.”
“We envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society’s occupational needs.”

Florence Clark, PhD, OTR/L, FAOTA
AOTA President, 2010-2013

Relevance of the UC PT/OT Program

Triple Aim of the Affordable Care Act (ACA)

Provide better care through more accessible, patient-centered approaches

Accessible: same or next day appointments
Patient Centered: the right care at the right time by the right provider

Better health of our population by delivering higher-quality, evidence based services

Research on early intervention of musculoskeletal conditions by therapist = improved outcomes

Triple Aim of the ACA #2

Lower costs by improving delivery systems

Group Health Cooperative of South Central Wisconsin

Staff Model HMO
(Insurance and providers under one roof)

Dane County’s First Member-Owned Health Plan

- 72,000 members in Dane County
- 7 clinic locations in Madison
- 10 clinic affiliations in the Madison area
- 700 employees

Specialty Care Services

- Behavioral Health
- Chiropractic
- Clinical Health Education
- Complementary Medicine
- Dermatology
- Eye Care
- Occupational Therapy
- Physical Therapy
- Podiatry

Health and Wellness

- Complementary Medicine
- Health Education Classes
- Wellness Reimbursements
- WebMD® Health ManagerSM

Primary Care Services

- Family Practice
- Internal Medicine
- Pediatrics
- Geriatrics
- Laboratory
- Radiology
- Pharmacy
- Urgent Care

Staff Model HMO

GHC PT/OT Department

3 Clinics:
- Princeton Club West PT/OT Clinic
- East PT/OT Clinic
- Capitol PT/OT Clinic

18 Physical Therapists

Scope of PT Services:
- Orthopedics
- Pelvic Floor Rehab
- Balance & Vestibular

GHC PT/OT Department

Urgent Care PT/OT

Capitol Clinic Location

4 Occupational Therapists

Scope of OT Services:
- Hand Therapy
- Lymphedema Management
- Lifestyle Re-Design
Evidence Base for Early Intervention

Studies* show that early therapy for musculoskeletal injuries has a positive effect on outcome.

*See references on last slides
Prevention

Primary Prevention:
Employed before a critical event occurs

Secondary Prevention:
Keep mild disorders from becoming severe

Tertiary Prevention:
Keep serious disorders from producing permanent disability

“The Physical Therapist as a Musculoskeletal Specialist in the Emergency Department.”

The Back Story...
Originally Conceived by Dr. Kris Knoepke

News 3 (WISC-TV) with Sara Carlson
Thursday, March 29, 2012

Initial Exploration:
Department Meeting
**Initial Conflict**

WI PT Practice Act: Direct Access for Most Conditions  
WI OT Practice Act: Referral Needed for Most Conditions

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**Initial Exploration**

Evidence Based Practice (EBP) Review


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**Program Development:**
Consultations with Prof Michael Lebec, PT, PhD

- Need to educate physicians as to what physical therapy can offer
- Find gaps in knowledge and establish training needs
- Become clear on the purpose of having PT in UC

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**Should GHC Offer Urgent Care with PT Services?**

Analysis (Draft 1/13/10) by Marcy Schulz, DPT, ATC and Diane Hartlowe, MS, OTR, FAOTA

**Why Put PTs in Urgent Care?**

- PTs specialize in musculoskeletal; UC practitioners are generalists  
- Opportunity to provide same day PT evaluations

**Positives:**

- Early instruction in exercise and self-management  
- Potential benefits of early movement supported in the literature:  
  * Decreases edema  
  * Reduces pain  
  * Prevents disuse atrophy  
  * Restores normal movement  
- Assure recommendations for follow up therapy are made  
- Potential to improve patient satisfaction with same day PT

**Continued...**

Should GHC Offer Urgent Care with PT Services?

**Positives (continued)**

- Cost effective:  
  * Prevent unnecessary MRIs or referrals to Sports Med  
  * More efficacious provision of DMEs  
  * Reduce PCP lag-times and improve access in UC  
- PT visits are half the cost of PCP visits but twice the length

**Negatives & Logistical Concerns**

- Would patients need to see a medical practitioner to rule out “red flags?”  
- PT in UC would need to be comfortable working with very acute injuries  
- Don’t want pts. coming to UC to see a PT for a chronic problem  
- Hours of operation  
- Increased staffing needed

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**Initial Exploration with Leadership**

Michael Ostrov, MD, MS  
Medical Director 1998 - 2013

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Pam Heilman, MD  
Chief of Urgent Care
Administrative Processes

New Program Proposal for Budget Year 2011:
- 1 FTE for Physical Therapist Assistant

GHC Common Values:
- Patient Centered
- Quality Driven
- Innovation
- Community Involved
- Not for Profit Cooperative

Program Development:
"Market Research"

Phone survey of 38 area medical facilities
Followed up on a rumor of an urgent care PT program in Chicago: not true

Administrative Processes

Program Proposal:
Addressed GHC-SCW Strategic Focus Areas
* Quality Care: benefits of early PT/OT intervention
* Financial Health: reduce costs by reducing duplication of services
* Customer Service: exceed expectations of Urgent Care and access to PT/OT
* Employee Engagement: highly motivated by this ground breaking initiative

Why Physical Therapy in Urgent Care?

1 out of every 5 GHC Urgent Care patients: musculoskeletal conditions
Wisconsin PT license laws: direct access for most musculoskeletal conditions. PT is the treatment of choice.
Unnecessary UC/PCP visits increase lag times and the cost of care.
By putting PT in Urgent Care, we intend to...

Marketing to Decision Makers:
- Primary Care Practitioners (PCPs)
- Manager Meetings
- Meetings of the Board of Directors
1) Improve the quality of care by delivering the right services at the right time.

2) Reduce costs by decreasing duplication of services.

3) Improve customer service through same day access to PT.

4) Establish an innovative service that may be the first in the country.

5) Enhance employee engagement through involvement in a cutting edge program that will establish GHC-SCW as a leader in the field.

Vision
To provide the right service at the right time with the right provider involving the fewest number of practitioners and visits.

Values
1. Eliminate unnecessary provider visits prior to patient seeing PT/OT.
2. Get appropriate patients into PT/OT rapidly post injury/exacerbation regardless of previous medical appointments.
Targeted musculoskeletal concerns:
- Jaw (TMJ) pain
- Neck pain
- Shoulder pain
- Back pain
- Hip pain
- Knee pain
- Ankle sprains/pain
- Foot pain

Age: 13 years and older

Acute issues occurring (or exacerbated) within the past 2 weeks

Meets RN Triage Criteria

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UC OT Target Population

Targeted musculoskeletal concerns:
- Upper arm
- Elbow
- Forearm
- Wrist
- Hand/fingers
- Urgent Post Op Orthopedics

Age: 13 years and older

Acute issues occurring (or exacerbated) within the past 2 weeks

Meets RN Triage Criteria

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Excluded from PT/OT in Urgent Care

Patients with the following conditions are not eligible due to possible medical risks, chronicity and/or medication needs

- Chronic Pain
- Headaches
- Dizziness
- Chest Pain
- Pelvic pain
- Toe Pain
- Sub-Acute Conditions (over 2 weeks post onset)

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Urgent Care PT/OT Patient Schedule

Schedules open up one full day prior (24 hrs)
- Can schedule for same and next day
- The schedule opens up on Friday for Monday
- OT appointment times are 45 min

Urgent Care PT/OT is currently closed on:
weekends, snow days, holidays, and if the assigned therapist calls in sick.

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Triage and Scheduling

- Patient who call in with symptoms are routed to NurseConnect
- Nurse determines their eligibility for Urgent Care PT/OT:
  - Administers Triage Questionnaire and the Screening Tool
- Schedules patient in Urgent Care PT/OT or medical provider if therapy is not appropriate
**Standing UC OT Order**

**POLICY:**
1. GHC-SCW RNs are authorized to triage musculoskeletal conditions and screen for eligibility of Occupational Therapy services in GHC-SCW Urgent Care.

2. GHC-SCW RNs are authorized to enter a referral in the member’s Electronic Medical Record (EMR) for said services as long as the member meets set criteria.

3. Eligibility for OT services in UC are as follows:
   - a. In the last 2 weeks, musculoskeletal pain, injury, re-injury or recent surgery of an upper extremity below the shoulder (includes elbow, forearm, wrist, hand, finger)
   - b. Age 13 or older
   - c. No fracture suspected
   - d. If related to MVA or work comp, must see a medical provider first.

**PROCEDURE:**
1. For members calling with musculoskeletal complaints, the RN must triage the symptom to determine severity and urgency.
2. If fracture NOT suspected, symptoms are not otherwise deemed emergent, and symptoms warrant an office visit, the RN will screen for eligibility of OT in Urgent Care.
3. If screening indicates eligibility for OT services in Urgent Care, the RN will schedule the appointment and enter the referral into the EMR.
4. Authorizing Provider will automatically default to the Encounter Provider which should be the PCP.

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**Program Development**

**Creating an Evaluation Process**

- Scope of service
- Nuts and bolts of encounter
- Objective testing
- Collaborative Care

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**Program Development Evaluation Forms**

Urgent Care PT/OT Evaluation
- Therapist impression
- Plan
- Subjective
  - Medical screening
  - Red flag screening
- Objective Findings
- Goals
- Home Program/recommendations

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**Medical & Red Flag Screening**

To help us serve you better please answer the following questions:

Do you personally (not a family history) have a diagnosis of, suffer from or take medication for any of the following?

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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<td>Heart Problems</td>
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<td>High Blood Pressure</td>
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<td>Pregnancy</td>
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<td>Neurological/Endocrine System</td>
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Do you have any allergies? Yes No
Program Development:
Communication & Documentation

• Project Management Plan
• Focused Meetings: Unique for GHC
• Developed a Communication and Documentation Tool for this project
• Status Reports

Status Report: PT/OT in Urgent Care Planning
(Draft 4/21/2011)

Program Development: Hurdles

Context for Addressing Hurdles:
• Identification of a “problem” is a gift
• Look for the opportunity in the problem
• Everyone’s perspective has something to offer
• Find the good and praise it
• Constantly reinforce staff for engagement in the project
• Use positive energy to manifest the future
• When dealt lemons…

Hurdles: Staffing

• No PTA’s available for hire
• Some PTs Not Interested in Participating

Biggest Hurdle – Fear of the Unknown

Commuter surprises?
Patient frustration/anger:
  – Drug seekers?
  – Not seeing MD first?
  – Red flag failure?
  – Double co-pay?
  – Question Skill of PT provider?
Fear issues were over-addressed… and then revised after “all clear”

Biggest Functional Hurdle:
Triage and Scheduling

Call Center procedure prior to “Nurse Connect”
• Had to remember to offer triage
• Fear of making mistakes or angering patients
Biggest Functional Hurdle: Triage and Scheduling

Nurse triage: involved 70 different people
- Concern about taking business away from Primary Care
- Not aware of PT skills (red flag screening, x-ray screening);
- unable to describe benefits of PT
- Triage process

MD Resistance: NOT a Major Issue at GHC-SCW

Physical Therapy in Urgent Care
This Program began with a Pilot week on August 29, 2011

675 West Washington Ave
Madison, WI 53703

Start Dates for PT & OT In Urgent Care
Target dates were chosen to start the program before flu season, UGM and initiation of ICD 10.
A. Pilot Week: 8/29/11 - 9/2/11
   - Began with 5 days of full time PT UC services
   - This allowed us to evaluate scheduling processes
B. Evaluation Week: 9/6/11 - 9/9/11
   - No PT in UC
   - Meetings to evaluate data gathered during the pilot week
   - Identified and addressed process problem
C. Resume PT in UC: 9/12/11
D. Occupational Therapy in Urgent Care: Nov 12, 2012
   - Urgent care OT services began
   - Treating conditions of the elbow, wrist and hand

Program Evaluation Week
Pause & Reflect
Plan, Do, Check, Act
Program Evaluation - Quality Indicators

Surveys Collected From
Nursing Staff
Call Center Staff
Urgent Care Medical Providers
Physical Therapists

Member Survey Results
Appropriate  Helpful  Clear  Quick  PCP Visit
Instructions  Access

Member Survey Results
**Urgent Care RNs & Medical Provider Feedback**

– I love it. Let’s keep it going. Members are shocked when I offer them a same day or next day apt. I think that we are really helping people.

– Very good service to offer patients and may prevent several repeated (MD) visits for same problem when PT, if started early on, could have prevented problem.

**Challenges and Rewards of UC PT**

**PT/OT Data Tracking**

- Utilization
- Patient Population by Body Area
- Direct Access/"Urgent" care
- Appropriateness
- Medical or Imaging Follow up Needed?

**Utilization of Urgent Care PT**

**Sept. 12, 2011 – Sept. 13, 2013**

- Available openings: 3494
- Number of patients Scheduled: 2859 (78% utilization)
- Number of patients Seen: 2705 (5% no show rate)

**Utilization of Urgent Care PT By Month**
Data Tracking: Patient Population

Top 6 reasons for visit:
- low back pain 30% (841 pts.)
- knee pain 19% (522 pts.)
- neck pain 14% (406 pts.)
- shoulder pain 13% (372 pts.)
- ankle pain 9% (261 pts.)
- hip pain 6% (158 pts.)

Other visit reasons: foot, thoracic, jaw, elbow, vestibular, wrist/hand

Data Tracking: Direct Access

Patients first seen by PCP or UC MD within 2 weeks: 1707 pts of 2705 = 63%

Direct Access to UC PT: 37%

Data Tracking: Appropriate Referral?

- Patients that did not meet the UC PT criteria:
  370 of 2705 pts. = 14%

- Patients that could have received direct access PT prior to medical visit:
  273 of 1111 pts. = 25%

*Data tracking began in July 2012

Data Tracking: Imaging or Provider Follow up?

- Patients Referred back to medical provider (pain, red flags, MRI, etc...)
  76 of 2705 = 2.8%

- Patients Referred for plain film imaging (due to fracture concern)
  39 of 2705 = 1.4%
Data Tracking: Patient Satisfaction

- "If I had been able to see a PT first, I may have been able to skip the MRI. Great idea to have a PT at Urgent Care. I highly recommend! Thanks."
- "Perfect execution, doc to PT in one day. Great job. This was brilliant."
- "This was an excellent option for me. I’m a very busy person with a tight schedule. Avoiding the urgent care visit to be told I need to see a PT was excellent."

Continuous Quality Improvement - Program Evaluation

In the first year, we wanted to know how we were doing. Surveys collected from:
- Nursing
- Call Center Staff
- Urgent Care Providers
- Physical Therapists
- Patients

Ongoing data was collected regarding patient population, % direct access, appropriate referrals etc…

Most Significant Quality Improvement

Nurse Connect

Data Comparison:

Prior to NurseConnect | With NurseConnect
--- | ---
9/12/11 - 9/28/12 | 10/3/12 - 9/11/13
Utilization (of available UC PT openings): | 75% | 88%
Direct Access (no prior PCP/UC visits): | 35% | 39%

PT/OT Access Improvements

Acute Initial and Follow-Up Lag times 2009 to 2012 Working Days

52% decrease in Acute Initial lag times
59% decrease in Follow-up lag times in the past 4 years

Lag Time= 3rd available open slot
Does NOT include Urgent Care PT/OT

Continuous Quality Improvement

Two Day Training with Dr. Bill Boissonault, PT, DPT, DHSc, FAAOMPT, FAPTA

Medical Screening Training Required for all New GHC-SCW PT/OT Staff
Marketing: Media Coverage

Radio – WTDY 1670 AM
“All About Living”
with Carol Koby
Saturday, February 25, 2012:
10.00 a.m. - 11:00 a.m.

News – Channel 3, WISC-TV
Thursday, March 29 @ 6:00 & 10:00
with Sarah Carlson

Marketing: Celebrating Milestones in Organizational Publications

Marketing:
Helen Parish Better Together Award

Implications for Healthcare Reform

PT Direct Access in WI

Written referral of a physician, chiropractor, dentist or podiatrist required except if a PT provides services:
1. In schools to children with exceptional education needs.
2. As part of a home health care agency.
3. To a patient in a nursing home pursuant to the patient’s plan of care.
4. Related to athletic activities, conditioning or injury prevention.
5. To an individual for a previously diagnosed medical condition after informing the individual’s physician, chiropractor, dentist or podiatrist who made the diagnosis.

Written referral is not required for the following services related to the work, home, leisure, recreational and educational environments:
1. Conditioning
2. Injury prevention and application of biomechanics
3. Treatment of musculoskeletal injuries with the exception of acute fractures or soft tissue avulsions.

Must refer a patient to a physician, chiropractor, dentist, podiatrist, or other appropriate health care practitioner if services needed are beyond the scope of physical therapy.

Physical therapists providing services pursuant to a referral shall communicate with the referring physician, chiropractor, dentist or podiatrist as necessary to ensure continuity of care.
Linton S, Andersson T. Can chronic disability be prevented on acute
Linton S, Hellsing A, Anderson D. A Controlled study of the effects of an early intervention
Linton S, Hallidin K. chronic musculoskeletal pain.
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Other References


