

Direct Access

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Direct Access

- Attendees will have a more clear understanding of the Direct Access rules and regulations in the State of California.
- Attendees will have a more clear understanding of the opportunities that direct access can provide for their practice.
- Attendees will consider the many benefits that direct access offers for patients, clients, and the public at large.



Credibility

- College of Southern Idaho - A.A. Liberal Arts
- College of Idaho - B.S. Exercise Science
- Mount St. Mary's College - MPT
- Idaho State University - DPT
- RehabAuthority, LLC - Founder and CEO
- Idaho Physical Therapy Association - Past President
- APTA's - Past Director on Board
- PPS - Current Director on Board



CONGRATULATIONS!!!

- DIRECT ACCESS!!!
- To each of you and the CPTA Leadership!
- It is hard to think of any CPTA program that has demanded a greater investment of volunteer time and energy, financial commitment, and staff resources than the work that has been done to achieve direct access.



Direct Access

- The Highlights!!!**



Direct Access

- BUSINESS AND PROFESSIONS CODE SECTION 2620.1**
- Must practice within Scope
- Refer when appropriate
- Disclose business relationships
- Notify Physician / Surgeon
- 45 days / 12 visits – whichever comes first
 - In person exam / eval by physician
 - Wellness patients are not required to see a physician
- Disclaimer – Orally and in writing



Direct Access

- **BUSINESS AND PROFESSIONS CODE SECTION 2620.1**
- 2620.1. (a) In addition to receiving those services authorized by Section 2620, a person may initiate physical therapy treatment directly from a licensed physical therapist if the treatment is within the scope of practice of physical therapists, as defined in Section 2620, and all of the following conditions are met:



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- (1) If, at any time, the physical therapist has reason to believe that the patient has signs or symptoms of a condition that requires treatment beyond the scope of practice of a physical therapist or the patient is not progressing toward documented treatment goals as demonstrated by objective, measurable, or functional improvement, the physical therapist shall refer the patient to a person holding a physician and surgeon's certificate issued by the Medical Board of California or by the Osteopathic Medical Board of California or to a person licensed to practice dentistry, podiatric medicine, or chiropractic.



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- (2) The physical therapist shall comply with Section 2633, and shall disclose to the patient any financial interest he or she has in treating the patient and, if working in a physical therapy corporation, shall comply with Article 6 (commencing with Section 650) of Chapter 1.



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- (3) With the patient's written authorization, the physical therapist shall notify the patient's physician and surgeon, if any, that the physical therapist is treating the patient.



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- (4) The physical therapist shall not continue treating the patient beyond 45 calendar days or 12 visits, whichever occurs first, without receiving, from a person holding a physician and surgeon's certificate from the Medical Board of California or the Osteopathic Medical Board of California or from a person holding a certificate to practice podiatric medicine from the California Board of Podiatric Medicine and acting within his or her scope of practice, a dated signature on the physical therapist's plan of care indicating approval of the physical therapist's plan of care. Approval of the physical therapist's plan of care shall include an in-person patient examination and evaluation of the patient's condition and, if indicated, testing by the physician and surgeon or podiatrist.



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- (b) The conditions in paragraph (4) of subdivision (a) do not apply to a physical therapist when he or she is only providing wellness physical therapy services to a patient as described in subdivision (a) of Section 2620.



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- (c)(1) This section does not expand or modify the scope of practice for physical therapists set forth in Section 2620, including the prohibition on a physical therapist diagnosing a disease.



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- (2) This section does not restrict or alter the scope of practice of any other health care professional.
- (d) Nothing in this section shall be construed to require a health care service plan, insurer, workers' compensation insurance plan, employer, or state program to provide coverage for direct access to treatment by a physical therapist.



Direct Access

- (e) When a person initiates physical therapy treatment services directly, pursuant to this section, the physical therapist shall not perform physical therapy treatment services without first providing the following notice to the patient, orally and in writing, in at least 14-point type and signed by the patient:



"Direct Physical Therapy Treatment Services"

- You are receiving direct physical therapy treatment services from an individual who is a physical therapist licensed by the Physical Therapy Board of California. Under California law, you may continue to receive direct physical therapy treatment services for a period of up to 45 calendar days or 12 visits, whichever occurs first, after which time a physical therapist may continue providing you with physical therapy treatment services only after receiving, from a person holding a physician and surgeon's certificate issued by the Medical Board of California or by the Osteopathic Medical Board of California, or from a person holding a certificate to practice podiatric medicine from the California Board of Podiatric Medicine and acting within his or her scope of practice, a dated signature on the physical therapist's plan of care indicating approval of the physical therapist's plan of care and that an in-person patient examination and evaluation was conducted by the physician and surgeon or podiatrist.
- Patient's Signature/Date"



References

- APTA
- Nancy White



Direct Access

How Direct Access / Patient Self Referral Can Change Your Practice?



Direct Access

- The impact of direct access on our practice appears to be less than anticipated.
- Data collection efforts are under way to determine the extent to which direct access is being used and promoted by physical therapists and the reasons **why it is not being used more extensively.**



Direct Access

- It is important to consider the ***potential*** that direct access has to enhance the practice of physical therapy and the care we give our patients.



Direct Access

Direct access allows physical therapists to:

- Develop more collaborative relationships with other health care professionals.



Direct Access

Direct access allows physical therapists to:

- Compete in all markets by marketing directly to consumers.
- Be responsible for all clinical decisions related to physical therapy patient care.
- Soften the impact of declining insurance reimbursement by offering cash-based services in the areas of prevention, fitness, and health promotion.



Direct Access

Direct access allows physical therapists to:

- Save patients valuable time and money otherwise spent obtaining unnecessary referrals / tests/ procedures.
- Improve patient access to care.



Direct Access

MYTHS!!!

- Even after many years, there are myths and misconceptions that surround the topic of direct access.
- Let's eliminate some of them now:



Direct Access - MYTHS

1. Direct access is only relevant to private practices.

- Incorrect.
- Major hospital and health systems recently have been able to eliminate institutional restrictions on the use of direct access and are successfully treating outpatients without referral.



Direct Access - MYTHS

2. Direct access only applies to outpatients.

- Incorrect.
- Physical therapists across the country are successfully using direct access in private-pay home care, in industry, on the sports field and performing arts venues, in school systems and pediatric centers, and through admission orders in ICUs and other in-patient settings.



Direct Access - MYTHS

3. Insurance companies will not pay for patients seen without a referral.

- Incorrect.
- While it is always important to verify individual coverage for each patient, it is a mistake to assume that all insurers require a referral.



Direct Access - MYTHS

4. Direct access will increase my liability risk.

- Incorrect.
- In all of the years that direct access has been available (more than 30 years in some states), there has never been a documented increase in liability claims or an increase in liability premiums resulting from direct access.



Direct Access - MYTHS

5. Direct access will destroy my relationships with referral sources.

- Incorrect.
- Most professionals (attorneys, dentists, physicians, accountants and others) rely upon referrals from other professionals to build and sustain their practices.



Direct Access - MYTHS

5. Direct access will destroy my relationships with referral sources.

- Incorrect.
- Direct access laws eliminate the legal requirement for a written referral--but the need for strong referral relationships is as important as it's always been.
- PTs can now become a REFERRAL SOURCE!



Direct Access

What else?



Direct Access

- Using direct access in practice requires both confidence and competence in clinical judgment and skills.
- For many, it also calls for new knowledge and expertise in marketing and relationship building.
- Treating patients directly without physician referral is a choice, not a mandate!



Direct Access

- How can physical therapists begin to take advantage of the opportunities provided by direct access to the benefit of both their practices and their patients?



Direct Access

- **Start in your own backyard:**
 1. Tell all of your patients.
 2. Make sure you remind them again at their final visit.
 3. Have information in your waiting room, on your Web site, and in all your promotional materials informing patients that they can come to you directly. ***APTA Hand Outs!!!***
 4. Offer workshops and lectures on topics of special interest to your current patients to help them become familiar with your many skills and abilities.



Direct Access

- A study published in April 2012 in the journal *Health Services Research (HSR)*, suggests that "the role of the physician gatekeeper in regard to physical therapy may be unnecessary in many cases."



Direct Access

- *Health Services Research (HSR)*:
- ...fewer visits and lower overall costs on average than those who were referred by a medical doctor,
- ...overall related health care use ... was lower in the self-referred group...
- Examples of this type of care might include physician services and diagnostic testing.



Direct Access

- **Work to change your employer's policies.**
 1. Some hospital organizations and corporations have bylaws and policies that require a referral.
 2. Physical therapists across the country have worked successfully in several settings to get these requirements changed.
 3. Through data collection efforts, they have been able to show successful outcomes in terms of number of visits, length of treatment, and reimbursement.



Direct Access

- **Check your payment contracts.**
 1. Many Payors have no requirement for a referral for physical therapy.
 2. Don't assume that there is a referral requirement unless you know for sure.
 3. Many insurance companies now recognize the cost savings and improved access to care that come with direct access and do not require a referral for payment.



Direct Access

- **Offer cash-based services.**
 1. Physical therapists are well qualified to provide services that are valuable and of great interest to patients-but that may not be covered by insurance plans.
 - Osteoporosis and balance programs for seniors
 - Fitness assessments and personalized fitness training
 - Weight-loss programs
 - Sports enhancement training
 - Group exercise classes.



Direct Access

- **Think outside the box.**
 1. While many physical therapists consider their patients to be their primary clients, there are many opportunities to provide physical therapy services through arrangements with **corporations, self-insured employers, child development centers, urgent care centers, and health clubs**, to name a few.
 2. These situations provide many opportunities to build relationships with those who are in a position to suggest physical therapy to others-and are great settings in which to use direct access.



Direct Access and Medicare

- **What the Rules Say**
- PTs must comply with State law.
- The plan of care developed by the PT must be certified by a physician or nonphysician practitioner (NPP) (PA, NP, CNS, CMN) (not a DC) within 30 days of the initial therapy visit.



Direct Access and Medicare

- Certification requires a dated signature on the plan of care or some other document that indicates approval of the plan of care.
- Stamped signatures are not acceptable.
- If the order to certify is verbal, it must be followed within 14 days by a signature.



Direct Access and Medicare

- Medicare does not require that the patient visit the physician/NPP. However, California requires a physician/NPP visit after 45 days / 12 treatments.
- Medicare does not require a physician order / referral / prescription for PT services.



Direct Access and Medicare

- Recertification of the plan of care is required if changes in a patient's condition requires revision of long-term goals or within 90 calendar days (45 Calendar Days to meet California's requirements) from the date of the initial treatment, whichever is first.



Direct Access and Medicare

- **What This Means for PTs**
- To be paid by Medicare for their services, PT practices should have procedures in place to ensure that the plan of care is certified.
- Medicare does not require certification of the plan of care before treatment is initiated.
- However, if the PT does not have a relationship with the physician or is not confident that the physician will sign the plan of care, it may be prudent for the PT to contact the physician for verbal authorization before initiating treatment.
- California State law is more restrictive than Medicare regulations, physical therapists must comply with California State law.



Direct Access

- Has direct access changed your practice?



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