

Perspective on Direct-to-Employer Population Health Services by Physical Therapists



Background

Perceptions about the sustainability of health care finance are changing. Current models of care in the United States are increasingly scrutinized due to high costs and low return for improving health outcomes. U.S. health care consumers have relied largely on a fee-for-service payment model that incentivizes providers to order or perform procedures even in scenarios in which benefits may not outweigh the risks or cost of doing so. This is especially important in the case of chronic noncommunicable diseases such as cardiovascular disease, diabetes, and chronic musculoskeletal pain, which are increasing in both prevalence and cost to treat without a corresponding increase in resolution or reversal of these conditions (Benjamin, 2017; CDC, 2020, Geiss, 2010; Heron, 2016; Meyer-Davis, 2017; USBJI, 2014).

Against this backdrop, health care consumers and providers are realizing that a fundamental shift in health care management is necessary. APTA proposes that this shift involve physical therapists providing evaluative and preventive management to mitigate risks of disablement and progression of these chronic noncommunicable diseases. APTA also proposes that PTs work directly with employers or employer groups to decrease reliance on third-party payers. In such arrangements, PTs would be positioned to promote the development, evaluation, and implementation of high-value management that can serve more people at lower per-capita costs than existing disease-management models — with the potential to decrease employers' health care costs without compromising quality.

Challenges to Society's Health and Opportunities to Help

Chronic noncommunicable diseases directly result in seven out of 10 deaths in the United States annually, contributing significantly to the overall functional and financial disease burden (CDC, 2015). Beyond the severe effects of chronic disease mortality is the slow drain on personal and societal resources from people living with chronic conditions. More than half of the 120 million US adults have at least one chronic condition (Ward, 2014), and more than \$2 trillion is spent annually for disease management, accounting for 86% of overall health care costs (Gerteis, 2014). This equates to an estimated \$500 per month for every American.

Undoubtedly, costs at this scale take away from other personal, business, and societal priorities. The combination of physical impairments, activity limitations, participation restrictions, and related costs create a deep challenge to individuals and society, and provide motivation to take action as a physical therapy profession.

Refocusing Physical Therapy's Professional Lens to Reduce Health Risks

Prevention through risk reduction can decrease the frequency of health problems and their associated costs. However, for such an approach to be viable, health care management needs to refocus away from solely the individual and to the health and management of population-specific risks. Health care accounts for only about 10% of the variability in premature death among the U.S. population. The remainder involves genetic predisposition, social circumstances, environmental exposure, and behavioral patterns,10-12 requiring an in-depth analysis of individual and population lifestyle profiles (Schroeder, 2007; McGinnis, 2002; McGinnis, 1993).

These big-picture issues need to become the focus of physical therapist management if PTs are to keep people healthy. Chronic diseases often develop over many years, providing ample opportunity for PTs to assess risk and intervene before a condition progresses or requires expensive intervention. So, rather than waiting to address a problem after it arises, PTs have the opportunity to address health risk factors that either cause or are strongly associated with disease, and head off disabling and costly health problems. Such services would provide substantial lifetime value to both the consumer and the health care system. Doing so, however, requires a significant shift in practice, from a reactive health care ideology and toward a proactive and preventive health care model. As experts in human movement, physical therapists are the most qualified health care providers to assess risk associated with the musculoskeletal system and movement — two of the most commonly affected systems that, when impaired, result in some of the most disabling and costly chronic conditions.

Why Focus on Employers?

Physical therapists need to treat people where they are.

Adding to PTs' traditional focus on the individual, APTA proposes influencing employer groups as a unit. This new focus will require moving away from the one-on-one model of care delivery and toward treating "one-on-many." Population health promotion and management strategies will require PTs to look outside the typical clinical settings to treat people in their usual living, working, and social environments.

Considering the substantial amount of time US employees spend at their workplaces, those environments can be seen as logical places to start addressing the health needs of society. Unfortunately, neither the US government nor insurance companies currently recognize the value in paying for preventive services. However, employers are more willing to use preventive approaches that improve the wellness of their employees when they see potential short-term gains such as increased productivity, decreased lost work time, decreased health care spending to include fewer unnecessary tests and a reduction in claims for employees who experience major illness or injury.

Employers and employees shoulder a great financial burden for health care costs.

The costs of health insurance have substantially outpaced the rate of growth in wages and inflation in the United States. Employer-sponsored health insurance has become increasingly more expensive for both employers and employees (Claxton, 2015). The 2017 Milliman Medical Index estimates that coverage for a family of four will cost nearly \$27,000 per year, with employers contributing about 56% and employees paying the other 44% (Girod, 2017). Not only does this represent one of employers' highest costs, but the consistent and substantial growth of this cost has made it a target of blunt demand-side cost-control tactics such as increased employee cost sharing. As the impact of these tactics' plateaus, employers face an unsustainable cost increase. Simply put, the scenario requires more emphasis on health maintenance, compressed morbidity (delaying the onset of illness that leads to death), and more efficient models of delivery.

APTA believes such new models will motivate employers and employees to change their approaches to health care delivery. For example, employers could provide primary prevention services such as screening for suboptimal fitness, sleep, and nutrition and delivering lifestyle coaching to at-risk individuals. Improving employees' health through preventive services would reduce reliance on health insurance for risk-factor management, which can ultimately reduce costs for employers and employees.

When management of risk factors or resulting conditions is needed, physical therapists could lead early frontline care efforts onsite for employees presenting with acute needs.

Physical therapists already are integral members of the occupational wellness team.

As human movement experts, physical therapists are well-positioned to contribute to an employer's efforts to maintain employee productivity and wellbeing and facilitate return to work when the need arises. PTs are trained in assessment and treatment of limitations in physical function, a skillset that can provide significant value to any large purchaser of health care. For many years, PTs have been engaged in collaborative efforts to maintain a healthy workforce. Their expertise in prevention and care within work settings make PTs uniquely effective in addressing non communicable diseases and their associated risk factors before they become symptomatic, disabling, and, therefore, costly. PTs have additional expertise to approach workplace health from not only an occupational health but also a lifestyle perspective. At the employer's worksite, this may include ordering appropriate tests, assessing the employees' biopsychosocial health and risk for persistent pain, and intervening to influence health behaviors — not only of a single employee but of groups of employees or populations of employees across employer groups. It is for these reasons that APTA advocates that PTs add “one-on-many” to their traditional one-on-one focus of patient care.

Physical therapists can be an important part of the solution.

APTA proposes to support physical therapists in strategies to design, implement, evaluate, and lead programs to meet the targeted needs of employers and their employees through managing lifestyle health risk factors at every level of the social-ecological (Sallis, 2008) and International Classification of Functioning Disability and Health framework. Such strategies can lower medical expenditures, improve employee health-related quality of life, and increase business success through less need for expensive medical services and gains in employee productivity and engagement (Conn, 2009; Cassidy, 2011; Baicker, 2020). APTA's initial effort in this area is focused on employers, because they are common aggregating points in society for large groups of people. However, this is not the only necessary approach if the profession is to deliver on its vision statement promise to “transform society.” APTA supports the development of other population-based approaches for people who are not covered by employer health insurance. The association also acknowledges the important role PTs have in medical screening and risk-factor management in traditional clinical settings across the care continuum. By exploring and refining physical therapist-led models that can thrive in an environment that incentivizes care delivery focusing on “lives under management” — the cohort of individuals covered under an employer's insurance plan, the profession can be positioned to deliver on its mandate and demonstrate the value of PTs' knowledge and skills on a significantly greater scale.

Summary

Widening the lens of the physical therapy profession to include population health strategies will require a shift in practice from the traditional focus on individual patient care. Preventive interventions will be needed before and during the long asymptomatic preclinical phases for chronic non communicable disease, and will occur through managing health risk factors that could result in the development of disease, corresponding disablement, and costs. Physical therapist interventions should influence people through their workplaces, a common aggregating location for populations. As stated in the APTA positions Health Priorities for Populations and Individuals, Physical Therapists' Role in Prevention, Wellness, Fitness, Health Promotion, and Management of Disease and Disability, and The Association's Role in Advocacy for Prevention, Wellness, Fitness, Health Promotion, and Management of Disease and Disability, APTA supports physical therapist efforts to create, implement, evaluate, and lead new initiatives to introduce population health approaches to transform society.

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