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NEW STUDY ON PHYSICAL THERAPIST SERVICES FINDS SELF-REFERRERS BILL MORE, PROVIDE LESS EFFECTIVE SERVICES

Patients receive more active, hands-on care from non-self-referred physical therapist services

ALEXANDRIA, VA, August 11, 2015 – A new study published in the Forum for Health Economics & Policy titled “Physician Self-Referral of Physical Therapy Services for Patients with Low Back Pain: Implications for Use, Types of Treatments Received and Expenditures” reveals insight into the cost and utilization patterns of physicians who self-refer to physical therapist services for low back pain (LBP). The survey builds upon and fills in gaps of a previous U.S. Government Accountability Office (GAO) study on self-referral.

Two significant findings revealed that self-referring physicians refer more patients to physical therapy for LBP, but for fewer visits per episode while, on average, costing significantly more than non-self-referring providers. Patients who saw self-referring providers also received more passive treatment, which is not hands-on, does not engage the patient, and is proven to be less effective for treatment of LBP.

The study, which was funded by the Foundation for Physical Therapy and the National Institute on Aging, took an alternative approach to look at the differences in physical therapist services provided by self-referring providers and non-self-referring providers. The study’s focused look at LBP allowed researchers to more accurately classify self-referring and non-self-referring providers than the GAO report could, allowing it to pinpoint whether the physical therapy given was “active,” meaning hands-on and engaged with the patient, or “passive,” relying on some physical agent or modality; for example, giving the patient an ice pack to place on an injury. It is important to note that “passive” treatments can be performed by a person who is not a licensed physical therapist (PT).

Researchers found that non-self-referred episodes of care were far more likely, 52% as opposed to 36% for self-refferrers, to provide “active” physical therapist services. This, according to the study’s authors, suggests the care delivered by PTs in non-self-referred episodes is more tailored to promote patient independence and a return to performing routine activities without pain.

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Other significant findings to come out of the study indicate that self-referring physicians were more than 2.5 times as likely to prescribe physical therapy to patients but, as previously mentioned, for less time and for more passive treatment. And, on average, spending for self-referring providers was $144 per episode of care compared with an average of $73 for non-self-referring providers. This illustrates that, although self-referring episodes consist of 2 or more fewer visits, there are significantly increased expenses associated with self-referred episodes.

“The results of this study further confirm what APTA has firmly believed for years now,” said APTA President Sharon L. Dunn, PT, PhD, OCS. “Referral for profit leads to health care practices that benefit the provider and remove the focus from where it should be; the patient. APTA has long advocated for the elimination of referral for profit for physical therapist services from health care.”

The American Physical Therapy Association represents more than 90,000 physical therapists, physical therapist assistants, and students of physical therapy nationwide. Learn more about the types of conditions physical therapists can treat, and find a physical therapist in your area, by visiting www.MoveForwardPT.com. Follow Move Forward PT on Twitter and Facebook.

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