Workers' Comp

Calculating the Value of Evidence-Based PT

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Tom Kerr (TK): Placing the term “evidence-based” before a medical treatment often gives it instant credibility to the listener’s ear. But is this phrase simply a marketing phrase or is their true meaning behind it?

Today, Enlyte’s Kim Radcliffe, DHA, MHA, PT, Senior Vice President of Product Management, helps us better understand what evidence-based physical therapy means and why it’s a key factor in achieving return-to-work goals.

TK: Kim, let’s start with the basic question. What is evidence?based physical therapy?

Kim Radcliffe: Well, evidence?based care combines three basic elements using the best available research, but also clinical expertise and patient preferences working all together to make sure that we are using treatments that are proven to work. But then, also taking into patients’ needs, considerations, and responses, as well as expertise.

Specific to physical therapy is that physical therapists are evaluating scientific literature, measuring outcomes as patients go through therapy, and then adjusting treatment based on both what they’re finding in the research and how the patients respond.

We look at physical therapy, some specific things like exercise selection and dosing. So, not one?size?fits?all; having very specific strength training programs based on patient goals, gradually increasing exercises based on

tissue healing stages, and just really adapting to patient's responses and the evidence.

It is also really making sure that we are applying the right types of treatment, the right quality treatment. Some of the basic treatments in physical therapy are, as I mentioned, exercise, which is a big piece, and then manual therapy, which is hands?on care, joint mobilization and manipulation. But the evidence has shown that manual therapy or hands?on care alone provides short?term benefits that need to be reinforced with active approaches.

A lot of the physical therapy programs really focus on that hands?on care. It's the reason a lot of us get into therapy, to work with patients directly and do that manual therapy. Early in my career, I used to think that was the most important thing, but the evidence has really shown that the best outcomes come from active patient education, exercise.

But, active treatments really have better patient outcomes than if you're just doing hands?on care. And then the other often misused approach is putting a lot of focus on modalities. So, there's electrical?stim and ultrasound, but the evidence doesn't always support what has become traditional care.

So, a big piece of evidence?based care is not just allowing what has been used in the past to be the norm. Really, always looking at the new research. And new research has really dissuaded us from using a lot of passive modalities particularly for long term use. So that's really some of the areas of focus for evidence?based physical therapy.

TK: And you had said that there's no one?size?fits?all approach in looking at evidence?based care. So, with that in mind, are there certain evidence?based PT guidelines that you follow that are more geared toward workers' comp?

KR: Yeah, that's really important in what we're doing because traditional evidence would focus on activities of daily living (ADLs), which include things like getting milk out of your refrigerator and doing your laundry. But when you're talking about workers' comp, you really must follow specialized guidelines that focus on work outcomes rather than some of the daily activities, or just pain relief.

Unfortunately, focusing just on pain doesn't usually relate to response from injured employees. That if they focus on their pain, they often don't return to work as quickly. So, we also have some great evidence?based resources in workers' comp. We have the Official Disability Guidelines, the American Physical Therapy Association's occupational health guidelines, and then many states have state?specific work comp protocols.

So, you want to make sure you incorporate these guidelines, and you have therapy providers that are familiar with them and are specifically applying them to the injured employees that they are treating. These again also emphasize active rehab over passive treatments, and they particularly focus on those functional improvements in specific job demands.

Again, going back to there's no one?size?fits?all, every single injured worker has a different job, so you must apply the right treatments with the right goals specific to that patient's needs.

TK: So, you talked about why evidence?based PT is so important. What could happen if the evidence?based PT practices aren't followed?

KR: So, evidence?based PT is really crucial because, as I mentioned before, it does improve patient outcomes. We're using proven interventions that are effective because it promotes efficient use of resources.

There's been a lot of discussion about the overuse of treatment. Sometimes it's overuse of what may work, but it is still more than what's needed, or performing treatments that don't have any positive proven effect. And that's costly to payers and can impact patient outcomes. So, you really want to make sure you avoid those ineffective treatments and standardize quality of care across different providers.

Traditional medicine used to be based on each person's expertise. It was the doctor or the PT down the street, they just did what always worked for them. But it would cause a lot of variability. Particularly in workers' comp, we've seen that if we're using a lot of ineffective measures like modalities and passive treatments, recovery gets delayed, the health care costs increase, and then the patient simply doesn't recover as quickly or completely.

And I think that's really an important aspect. I've really been passionate about evidence?based treatment, evidence?based PT. Often, people tie evidence?based treatments, thinking of it as denying care, right? Patients often get very frustrated if you say, "oh, we're not going to do this approach" or they ask about a treatment that may not be supported by evidence. They might think they're getting denied a certain treatment that they want. So, patient education is really important because the proof is that if you are performing ineffective or unproven treatments, it often makes the outcomes worse.

So, you have to make sure the patient understands why you're doing what you are doing, and also why you aren't doing something. Maybe they've seen something on Google or WebMD, where the treatment is not necessarily evidence?based and you have to explain why you need to follow protocols backed by scientific research. You have to also educate patients that what they read isn't always what they need.

TK: So, how does Enlyte incorporate evidence?based PT into its PT network?

KR: So, a couple of key things that we've done, we have a curated provider network that is built specifically based on identifying providers who have workers' comp expertise and proven workers' comp outcomes. With the plethora of providers out there — tens of thousands available clinics — most of these practices do less than 10 percent workers' comp, because the biggest payers are Medicare and group health.

But because of the unique needs of worker's comp, you really have to make sure you've identified providers who have more than 10 percent, right? Because workers' comp is, again, still a smaller payer in the industry, but you want to make sure the providers' population of patients incorporate a lot of workers' comp.

And then once we have built that network and we've developed a broad network that covers geographically, we then use data driven quality assessments to analyze both billing patterns and clinical documentation against those established treatment guidelines you mentioned. All those guidelines give us good insight into what's good

treatment. And so, we can objectively rank therapy clinics based on their adherence to evidence?based practices based on what we see in their bills and notes that they're following protocols that are proven. And then we can tier those providers.

We use those metrics to produce tiering and score for our providers. And then we have systematic processes to steer patients to the best providers based on that score. So, by directing patients to the highest performing providers based on quality metrics, we can ensure that they're going to the right place. We can even get as specific as billing analysis and billing patterns and what types of injuries they're seeing. Are they seeing a lot more low backs, or knees, or ankles? We can then determine where to send patients not just to work comp experienced providers, but also providers who have a lot of experience in treating that specific injury.

What we've really done uniquely is create score cards for providers not just looking at their utilization, how many visits a patient is going to, etc. These factors are important; however, our unique approach also prioritizes their history of delivering effective and quality care over just simply measuring their appointment visit counts.

TK: And that leads me into my next question. What type of results have you found in using evidence?based PT?

KR: We have data across our bill review platforms to really look deeply at how well monitoring appropriate care and getting patients to these evidence?based providers has impacted costs, and obviously, duration. Based on our results, we've seen that patients who are going quality through this evidence?based network have up to 15% lower PT duration than competitors, and that helps to get patients back to work faster.

Most return?to?work factors are associated with when injured employees complete their PT, get back to their doctors, and then get released back to work. So obviously, it starts with being treated by the right PT as quickly as possible. And then we're seeing that 15 percent lower duration which gets them back to their work quicker.

TK: Kim, is there anything else about evidenced-based PT you wanted to add that we didn't cover?

KR: I just want to reiterate that there's sometimes mixed feelings over evidence?based medicine when it gets to just the black?and?white research. However, putting evidenced-based practices to use requires the combination of proper research, science, the patient, the practitioner, and the expertise. You bring those together and you create a balanced approach that ensures our injured employees are receiving the care that is efficient, but truly effective for their recovery or return to work. It's a win?win for everybody.

TK: Thanks, Kim, and we'll be back with another Enlyte Envision podcast soon. Until then, thanks for listening.

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