Improved & Timely Access to Physical Therapy Decreases Opioid Use & Lowers Costs

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The modern U.S. Medical Industrial Complex has created, promoted, and sustained an epidemic in pain & opioid abuse.

HOW DO WE FIX IT?
Stagnant physical therapy referral rates alongside rising opioid prescription rates in patients with low back pain in the United States 1997-2010
Multiple studies & systematic reviews of published research consistently show that improving access to physical therapy services decreases opioid use & is more cost effective.

BRIEFLY PRESENTED ON FOLLOWING SLIDES
Only 7% of patients received PT within 90 days.

Early PT was associated with decreased risk of advanced imaging, surgery, injections, & opioid use as compared with delayed PT.

Total medical costs for LBP were $2736 lower for patients receiving early physical therapy.
Impact of a patient with low back pain receiving early management by a Physical Therapist.
Implications of early and guideline adherent physical therapy for low back pain on utilization and costs

John D Childs¹, Julie M Fritz², Samuel S Wu³, Timothy W Flynn⁴, Robert S Wainner⁴, Eric K Robertson⁵, Forest S Kim⁶ and Steven Z George⁷

753,450 patients included in analysis

122,723 patients received PT

72,641 (59%) early PT

50,082 (41%) delayed PT
Early PT versus Delayed PT

Substantial reduction in the rate and cost of medical interventions/procedures

- Opioid Use
- Spinal Injections
- Lumbar Surgery
- Advanced Imaging

Odds Ratio (99% CIs)
There was a lower risk of subsequent medical service usage among patients who received PT early after an episode of acute LBP relative to those who received PT at later times.
Likelihood of Utilization for Early PT versus Delayed PT

- Frequent Physician Office Visits
- Spinal Injections
- Lumbar Surgery
Early PT versus Delayed PT

Substantial reduction in high cost procedures

Opioid Use
Spinal Injections
Lumbar Surgery
Advanced Imaging

Odds Ratio (99% CIs)

Childs et al. 2015, 15:150
Only 11.1% of beneficiaries were exposed to outpatient rehabilitation services.
However, there are a number of barriers to the successful use of exercise therapy for pain management including: patient factors - lack of knowledge about exercise, fears of worsening existing pain with exercise, depression, excessive deconditioning, and a lack of self efficacy (not self starters).

Finally, there are health care delivery barriers, including the system’s rigid focus on the biomedical model for pain (due to tissue damage), a lack of attention to or education about the value of exercise, and a lack of insurance coverage to reduce the costs of exercise and physical therapist management.
Current Barriers

Barriers to access to physical therapy services exist in Colorado including:

- Consumer Awareness

- 3rd Party Utilization Reviewers which delay and often prevent appropriate care being provided to the consumer

- High Physical Therapy Co-Pays which frequently prevent consumers for accessing physical therapists and can even incentivize patients to choose riskier Opioids & higher cost procedures that have been shown to have not added value over physical therapy
Recommendations

When it comes to Pain, Seek PT First NOT Opioids

Increase Consumer Awareness
- Promote & Fund Public Information Campaign on Opioid
- Insurance Beneficiary Newsletters
- Medicaid Newsletters
- Physician Newsletters
- Other Newsletters

Better Coordination with Partners
- Increase access to PT in acute, painful settings. Many emergency departments and urgent care settings are employing PT’s to treat patients who are showing symptoms of pain. Dr. Rebekah Griffith PT, DPT, NCS will discuss this care model further.

Decrease Barriers to Access PT by partnering with the Insurance Carriers to:
- Decrease high co-pays
- Decrease regulatory burden and restriction of care from 3rd Party Utilization Reviews
Together ...

... We Can

REVERSE THIS SCURGE
Physical Therapy in the Emergency Department

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Recent Trends in Emergency Departments

- Nationwide emergency department (ED) availability has decreased\textsuperscript{1,2}
- The number of annual ED visits has continued to rise\textsuperscript{3,4}
- Patient wait times have increased\textsuperscript{5}
- Increased patient loads for physicians
- Expansion of personnel types and services within the ED
- Use of ED in place of primary care
Recent Trends in Emergency Departments

Primary ED diagnoses have the potential for PT triage and early treatment

<table>
<thead>
<tr>
<th></th>
<th>Musculoskeletal</th>
<th>Neuromuscular</th>
<th>Cardiovascular/Pulmonary</th>
<th>Integumentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contusion (with intact skin)</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Open wound</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Spinal disorders</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sprains and strains</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cellulitis and abscess</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Fractures</td>
<td>X</td>
<td>X</td>
<td></td>
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</tr>
</tbody>
</table>

A complete list of leading diagnoses of emergency department visits and the percent distribution categorized by age and sex can be found in Table 13 of the NHAMCS 2009 Emergency Department Summary Tables, http://www.cdc.gov/nchs/data/ahcd/nhamcs_emergency/2009_ed_web_tables.pdf
## Ten leading principal reasons for emergency department visits: USA, 2009

<table>
<thead>
<tr>
<th>Principal reason for visit</th>
<th>Number of visits in thousands</th>
</tr>
</thead>
<tbody>
<tr>
<td>All visits</td>
<td>136,072</td>
</tr>
<tr>
<td>Stomach pain, cramps and spasms</td>
<td>9,597</td>
</tr>
<tr>
<td>Fever</td>
<td>7,373</td>
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<tr>
<td>Chest pain and related symptoms</td>
<td>7,169</td>
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<tr>
<td>Cough</td>
<td>4,684</td>
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<tr>
<td>Headache, pain in head</td>
<td>3,993</td>
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<tr>
<td>Shortness of breath</td>
<td>3,710</td>
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<tr>
<td>Back symptoms</td>
<td>3,696</td>
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<tr>
<td>Pain, site not referable to a specific body system</td>
<td>2,881</td>
</tr>
<tr>
<td>Vomiting</td>
<td>2,785</td>
</tr>
<tr>
<td>Symptoms referable to throat</td>
<td>2,596</td>
</tr>
<tr>
<td>All other reasons</td>
<td>87,587</td>
</tr>
</tbody>
</table>

The #1 drug type given to patients are narcotic & nonnarcotic analgesics and nonsteroidal anti-inflammatory drugs.
Benefits of an Emergency Department PT

The value & benefits of an ED PT is supported by both national and international research.

- Increased patient satisfaction
- Decreasing the cost of unnecessary care
- Increasing the treatment and service options available in the ED
- Improving patient function and outcomes
- Improving productivity and operations within the ED
Increasing the Treatment and Service Options Available in the ED

- ED PT service increases the scope of practice options available by:
  
  • Providing more comprehensive, early evaluation and treatment plan for musculoskeletal conditions
  
  • Expanding management and treatment for dizziness, chronic disease management, pain management\textsuperscript{13}

DECREASING NEED FOR OPIOIDS
I am a [Bar Chart]

- PA/NP: [Bar Chart]
- Attending physician: [Bar Chart]
- Resident physician: [Bar Chart]
- Case manager: [Bar Chart]

Answered: 60  Skipped: 0

I consult physical therapy to evaluate and treat patients in the ED [Bar Chart]

- Frequently: [Bar Chart]
- Sometimes: [Bar Chart]
- Never: [Bar Chart]

Answered: 60  Skipped: 0
“The presence of PTs in the ED has absolutely changed my clinical practice and allowed me to deliver significantly better care to patients…”
Typical Case Example

68 year old female brought in by ambulance for LBP. X-rays negative. Pending MRI. Receiving morphine for pain control. PT evaluate and treat.

*Now evaluating patients prior to use of opioid medications.
Increasing Access & Decreasing Need for Opioid Use

1. Acute injury or chronic pain flair
2. ED Visit
3. Early access to PT
4. Ease of referral to next level of care
5. Wait & opioid reliance
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