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Direct Access in Washington State

Kayla Thaller

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Direct Access in Washington State

Expanding access to healthcare services while remaining cognizant of rising health care costs is an ongoing challenge in our country. Direct access to medical professionals such as physical therapists has proven to not only decrease the financial burden of healthcare, but improve patient outcomes^{1,2}. Currently, direct access is regulated at the state level and every state has legislation that permits some variation of direct access. However, while some states allow unrestricted direct access, most states have provisions or limitations. These barriers can inhibit physical therapists from providing the level of care patients need.

In Washington state citizens may seek physical therapy without a physician referral, but their treatment is limited by unwarranted restrictions. Insurance entities, state agencies, and programs have infinite control over utilization of services and can refuse or delay care at their disposal. This is commonly demonstrated via inadequate treatment sessions, diagnosis pre-requisites, restricted patient populations, reduced reimbursement, and necessitating a referral for certain treatments³. Another limitation is that therapists may only utilize orthoses to address structural problems intrinsic to the foot or ankle with referral or consultation from an authorized professional. The third and only defensible provision is that therapists must refer patients who present with conditions outside of their scope of practice.

The conditions placed on direct access in Washington do not reflect the years of education and training required to earn a Doctor of Physical Therapy degree and frankly, are offensive to our profession. Today's physical therapists are more than qualified to perform clinical evaluations and treat a wide range of neurological and orthopedic conditions. Additionally, physical therapists are trained to identify "red flags" that indicate a need for more

extensive medical treatment outside of their scope of practice. While some argue that restrictions are needed because physicians are essential to diagnoses, evidence shows that this is not the case⁴. Diagnostic accuracy of physical therapists and orthopedic surgeons for patients with musculoskeletal injuries are statistically the same⁵. Furthermore, both providers are more than twice as accurate as non-orthopedic providers⁵. This reinforces proficiency of physical therapists to make sound clinical judgments without physician referral.

Some suggest that bypassing a physician could pose risks for patients, but there is substantial evidence supporting the safety of direct access to physical therapy. A large study that followed 50,799 direct access patients over a 40-month period reported no adverse events related to physical therapy diagnosis or management⁴. Moreover, physical therapists successfully identified numerous conditions outside of their scope and directed patients to appropriate treatment⁴. Results from a similar study analyzing patients with neck and back pain support these findings¹. Out of 171 patients, therapists referred eight patients to orthopedic doctors or primary care after diagnosing complications that necessitated outside intervention¹. Again, there were no adverse events reported for any of the patients who utilized direct access¹. These outcomes dispute a common argument that direct access to physical therapy increases risk of serious conditions going unnoticed. Furthermore, the top provider of professional liability insurance in the United States, Health Providers Service Organization (HPSO), reported that they have no specific concerns regarding direct access for physical therapy³.

Another argument concerning unrestricted direct access is the potential for negative patient outcomes. However, it lacks validation. Not only is direct access physical therapy safe,

but it is linked to superior results^{1,6}. Direct access expedites the rehabilitation process by allowing patients to avoid long periods of waiting to see their physician, who will likely end up referring them to physical therapy anyway. While this time could have been used to initiate recovery, patients may get set back even further due to lack of intervention. Evidence shows that patients who seek physical therapy services via direct access have more significant improvements in self-reported pain and disability^{1,6}. Direct access patients also average less days of work missed due to their condition⁶. Additionally, research suggests that the percentage of patients who achieve their goals is significantly higher for those who elect to see a physical therapist first⁶. This is not surprising given that a higher percentage of direct access patients finish their course of care when compared to physician referred patients⁶. In line with the aforementioned findings, overall patient satisfaction is also greater for direct access patients⁶. This is especially notable given that emerging reimbursement models include patient satisfaction. It is also important to recognize that these superior outcomes are occurring alongside a significantly lower average number of treatment sessions per episode of care for direct access patients^{1,6}.

Early engagement of physical therapy services supports nationally recognized clinical practice guidelines for nonspecific low back pain (LBP), which recommend avoiding routine imaging and diagnostic tests, and implementing nonpharmacological therapy². Despite these guidelines, opioid prescriptions are given to 50% of LBP patients, while physical therapy, exercise therapy, and psychological therapy are only recommended 12, 19, and 8% of the time respectively⁹. Evidence shows that patients who see a physical therapist first have significantly lower opioid prescription rates, advanced imaging services, radiography, and ED visits than

those who attend physical therapy later^{2,6}. This is notable given the recent increase in awareness of health risks associated with opioid prescription.

If patient care is not valued enough to eliminate restrictions to direct access, perhaps financial implications will draw more attention. Musculoskeletal disorders are the leading cause of pain, suffering, and disability in American workplaces, accounting for a third of all workers compensation costs⁸. Direct costs of musculoskeletal disorders are \$20 billion a year while total costs are estimated between \$45-54 billion a year⁸. Care expenses have proven significantly lower across all settings (provider office, outpatient, inpatient, and pharmacy) for patients who seek physical therapy via direct access². Both patients and insurance companies benefit from reduced charges when choosing a direct route of care⁶. These savings are not small either, research has found that on average, each direct access patient costs third-party payers anywhere from \$1,232 to \$1,543 less than those who use traditional medical referral in the year following the start of care^{1,6}.

Amending physical therapy practice acts to remove restrictions to direct access in Washington state will improve patient care while addressing rising health care costs and expanding services. All accredited physical therapy programs provide the education and clinical training required to see patients without a physician referral. Giving individuals a more direct entry point to the services they need increases patient autonomy and creates a more efficient system for all parties involved. It is time to remove the unwarranted limitations placed on our services.

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