



Patient-centered Strategies for Better Outcomes

>> BEYOND THE CLAIM

» Why Utilization and Cost Control Are Not Enough

If we look back just 20 years in our history, it is easy to see how far the field of managed physical medicine has come. In years past, carriers and TPAs had no way to effectively manage the utilization of physical therapy, occupational therapy or chiropractic services. Multiple visits and requests for continued treatment were uncontrolled – without clinical treatment guidelines in place and administrative resources to manage the process. Consequently, quality of care suffered and return-to-work results were less than optimal.

Today's managed care organizations have made impressive strides in containing utilization rates and associated costs. This is no doubt an improvement from the haphazard systems in place two decades ago. But are there instances where the pendulum has swung too far in the other direction?



» The Flaws of a 'One-size-fits-all' Approach

Many treatment plans have been standardized in an attempt to achieve episodic savings, but at the same time lack the flexibility to anticipate long-term – and cost-prohibitive – barriers to recovery, both clinical and nonclinical. In our efforts to reduce costs and improve efficiencies in the short term, has the managed care industry gotten too formulaic?

Our primary goal shouldn't be to simply reduce unit costs, but to develop a system that minimizes administrative burdens and medical expenditures while also improving the quality of patient care and outcomes for all stakeholders.

Contemporary research shows that many factors can contribute to an injured worker's rehabilitation process. Several strategies have been developed to address these unique contributors; however, in many settings they are only adopted when they can be justified with predictions of lowered costs and decreased utilization. Similar to how an MRI is empirically incapable of giving us a complete picture of back pain, this calculation of short-sighted savings, if poorly executed, may oversimplify the rehabilitation process.

For example, surgery may be considered a standard intervention for certain types of low back pain, but physical therapy may prove to be the better—and **more economical**¹—solution for treatment. In other cases, there may be psychosocial barriers at play that need to be identified and addressed by the clinician to facilitate timely return to work.

Our primary goal shouldn't be to simply reduce physical medicine costs, but to develop a system that reduces administrative burdens and overall medical expenditures while also improving the quality of patient care and outcomes for all stakeholders.

» Effecting Outcomes Through Patient-centered Treatment

Today, leading managed care organizations and their partners in both the medical community and throughout the workers' comp industry have the opportunity to create a balanced, cost-efficient and even more successful approach to getting employees back on their feet, back to work—and keeping them there.

Optimal outcomes require rehabilitation tailored to the needs of the injured worker. Rather than creating cost structures and utilization rules around the idea of an “average” patient, best practices that go beyond acute clinical diagnoses to make room for patients’ unique conditions and personal circumstances are turning out to be much more successful for long-term rehabilitation.

Below we’ll explore several substantiated, patient-centered approaches to physical therapy and how each goes beyond slashing expenditures to qualitatively impact clinical outcomes, patient experience, and, in the end, cost.

Flexible Evidence-based Guidelines

There is no such thing as a one-size-fits-all rulebook for utilization. A healthy 30-year-old does not face the same challenges as a 60-year-old diabetic smoker when recovering from a knee injury. While a framework is needed to ensure consistency and quality, a degree of flexibility is also necessary to account for these variations.

Injured workers who accepted evidence-based care had less time off work and fewer recurrences and spent less time on modified duties (70 percent resuming normal duties immediately) than those who elected traditional care paths.

Using evidence-based guidelines that are detailed enough to consider things such as severity of injury, type of injury, age, comorbidities, and psychosocial barriers is one method to ensure that a patient’s unique health status is considered in the design of their treatment plan and in their clinical review.

A **recent study**² showed that injured workers who accepted evidence-based care had less time off work and had fewer recurrences, and a smaller proportion of patients developed chronic pain compared with those who elected usual care. Patients receiving evidence-based care also spent less time on modified duties, with 70 percent resuming normal duties immediately.

Patient Education

Knowledge is power – a point especially true for injured workers undergoing rehabilitation. Feeling comfortable and in control—or not—can have a significant impact on treatment outcomes.

According to **recent research**³, patients who felt they were well educated in advance of their procedures—knew what to expect, were prepared for and followed post-procedure instructions—were 33 percent more satisfied with the results, experienced 19 percent fewer problems and reported a much higher level of contentment. They also had fewer readmissions indicating faster, smoother recoveries, and potentially lower costs.

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Additionally, patient-centered communication can strengthen patient trust and enhance the healthcare experience leading to more effective treatment outcomes. A recent observational cross-sectional study scored 100 Rochester-based physicians using the Measure of Patient-centered Communication (MPCC), which utilizes six components to measure both the patient and provider's statements that reflect a patient-centered focus. The analysis showed that providers who had MPCC scores in the lowest tercile had higher standardized diagnostic testing expenditures, greater total standardized expenditures, and higher total (testing, ambulatory and hospital care) expenditures. **The fewer patient-centered statements, the higher the overall cost of treatment.**

While patient-centered communication and education are not direct treatments for injured workers, they both can have far-reaching effects on patients' lives and on carriers and carrier personnel burdened with delayed recovery cases and ever-increasing costs.

Conservative Care

A growing body of research suggests that while advanced imaging and resulting surgical interventions to "correct" a structural abnormality can be extremely valuable in certain contexts, it may not be a necessary course of treatment in the initial management of uncomplicated lower back pain and shoulder injuries.

For example, a **2015 study⁴** published in *Health Services Research* found that compared with those that received physical therapy as first management strategy, those who were first sent for MRIs were more likely to receive a surgical or injection intervention, require specialty care or visit an emergency department. In addition, patients who received physical therapy first saw total LBP-related charges averaging \$4,793 less than those who received an MRI as the first order of business.

Patients who received physical therapy first incurred substantially fewer low LBP-related charges—an average of \$4,793 less than those who received an MRI first.

Care-seeking prompted by advanced imaging can lead patients down a road of specialists and procedures, rather than encouraging them to actively participate in the management of their condition. A major component of physical therapy is engaging patients in their treatment and educating them about their pain. A conservative care approach often motivates patients to

contribute to the management of their back pain away from the clinic. Additionally, it has been suggested that the self-management strategies learned in physical therapy may play an important role in long-term care and help patients avoid recurrent cases.

Telerehabilitation

While telerehabilitation has not yet become a conventional treatment-delivery method within the workers' comp community, it undoubtedly has a multitude of benefits from both an injured worker and a cost control perspective.

Telerehab makes accessing physical therapy much easier for injured workers, especially those in rural areas, non-native English speakers, or patients who need specialized PT. With today's nationwide shortage of physical therapists, telerehab offers a way to connect patients to PTs no matter where each are located, and without any impact to the quality of care. **Recent research⁵** suggests clinical outcomes associated with telehealth sessions are equal to that of traditional in-person PT care services.

Telerehabilitation results in added convenience for the patient, lower transportation costs for the payer and increased productivity for the employer.

For employers, insurers and TPAs, reducing travel time to and from the clinic equates to a reduction in transportation costs, especially in rural areas. Additionally, injured worker travel to appointments during business hours result in lost time and productivity for employers. Physical therapy is prescribed, on average, two to three times per week for several weeks. Allowing patients to use video-conferencing technology from the home or workplace to connect with a physical therapist means added convenience for the patient, lower transportation costs for the payer and increased productivity for the employer.

Telerehab doesn't work for every patient in every case, but for the right patient at the right time, it can provide substantial benefits to the injured worker and, at the same time, increase efficiency of care and cost control for employers, insurers, and TPAs alike.

» Conclusion

Many managed care organizations are successful in keeping the cost of medical equipment and services in check, but physical rehabilitation and safe, return to work is not solely achieved through applying discounts or reducing visits. From psychosocial barriers to age-related complications and comorbidities, it is clear that injured worker recovery cannot always be achieved through a one-size-fits-all approach.

While utilization and cost must be effectively managed, research indicates that a holistic, patient-centered approach can lead to positive outcomes for all stakeholders.

Specialty managed care companies are uniquely positioned to take a leadership position in developing new solutions and strategies to strike this balance.

Over the last 20 years, MedRisk has reduced managed physical medicine patients' duration of care by 38 percent compared with unmanaged cases. This is a collective statistic, but it was not achieved by approaching the patient population as an indistinguishable group.

Instead, improved patient outcomes have been affected one by one, at the individual level throughout every step of recovery, with solutions such as:

- ▶ The only physical medicine-specific evidence-based guidelines in the industry, which are continuously refreshed to incorporate new research in the field, as they relate to severity, chronicity, comorbidities, and other complications to recovery.
- ▶ The application of best-practice clinical review protocols and peer-to-peer provider coaching on cases that are trending off track.
- ▶ Dynamic scheduling algorithms which match patients to the right provider with the right experience based on his or her unique needs.
- ▶ Data-driven assessments that determine injured workers best suited for a blended program that includes telerehabilitation and remote patient monitoring and reporting.

MedRisk believes that there is no such thing as an “average” patient. Our innovative solutions, including flexible and evolving evidence-based guidelines and a sophisticated provider-patient matching system, have been designed to enable personalized treatment delivery – and to ultimately help us achieve better care without sacrificing better cost.

» Meet MedRisk

MedRisk has been specializing in managing medical care for injured workers since the early 1990's. They are known for their innovative approach and clinically based solutions for the workers' compensation community.

For more information on MedRisk's managed physical medicine program, visit medrisknet.com

» Sources

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