

Increasing Access to Care:

Using virtual physical therapy to improve outcomes and reduce cost

April, 2020

Mike Hill – Coldbrook Insurance Group

Brett Windsor – ATI Physical Therapy



- ▶ Coldbrook Insurance Group and Total Control Health Plans are focused on helping each employer to design and implement the best, custom, health plan for their employees.
- ▶ Total Control Health Plans leverage creative and flexible solutions to help employees get the best possible care, as easily and cost effectively as possible.
- ▶ The coronavirus crisis has made virtual health care mainstream, which we do not expect to change once the crisis subsides.
- ▶ Early and regular access to physical therapy for many ailments (back, joint, etc.) has been clinically proven to help patients achieve better outcomes faster, in addition to helping many patients avoid costly and painful surgeries.
- ▶ Virtual physical therapy is something your plan participants can leverage now while access to in person visits are severely limited, but also something that is a smart addition to your plans moving forward.

Rick:

Background: Rick is 44 years old and has been working in manual labor since he's been 18. He is married with 2 kids and coaches his son's soccer team.

Hobbies: In addition to coaching youth sports, Rick enjoys working in his yard and playing softball on the weekends.

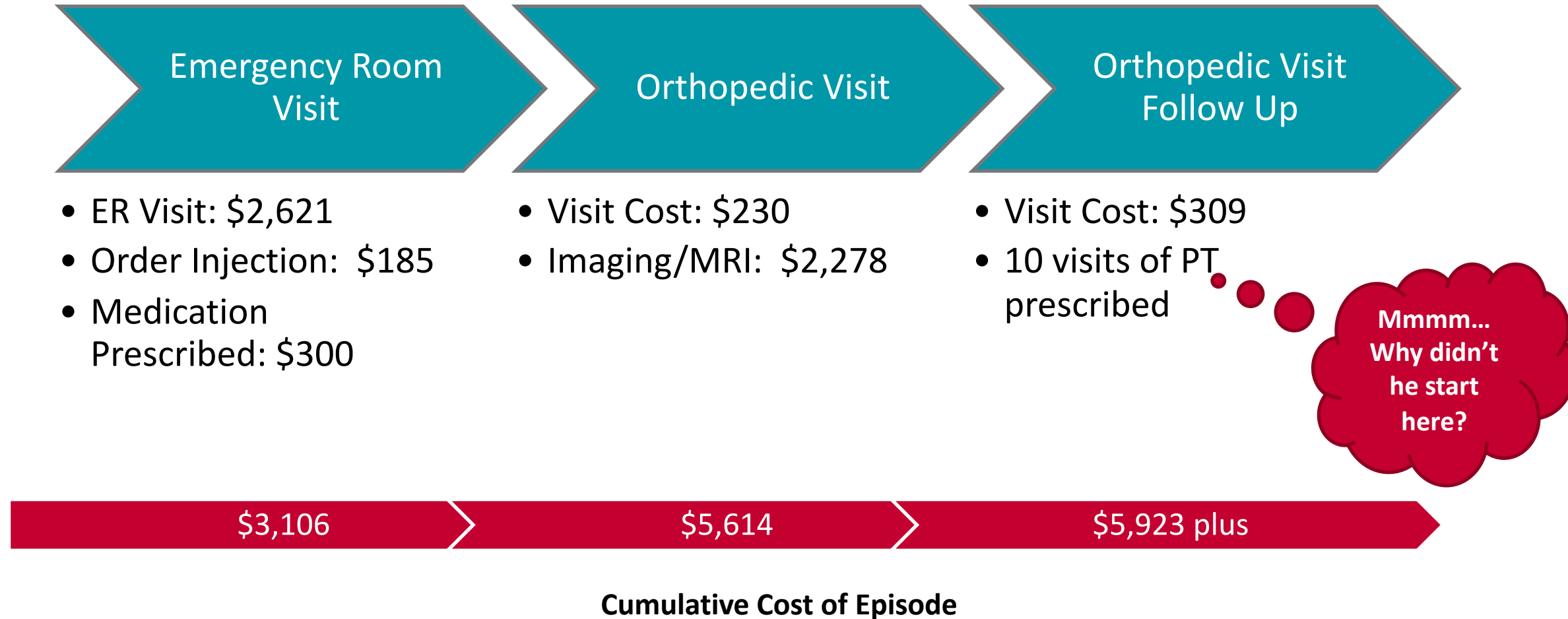
Condition: Low Back Pain

Episode: About 2 years ago, Rick starts to feel some stiffness when getting up in the morning in his low back. Sometimes it was after playing softball with his buddies, sometimes after standing long days. He thinks "that's just age." He manages the pain with Ibuprofen, when necessary. Lately, it's become more consistent and sometimes has trouble sleeping...maybe it's the mattress?

Three days ago, Rick's back goes out while helping a friend move a piece of furniture. Sleeping is an issue as well as coaching his son's soccer team. Yard work is out of the question and working is becoming even more challenging.



So What Does Rick Do?





We Are ATI

ATI is a privately held, nationally recognized healthcare company, with a focus on delivering a remarkable experience to every customer and patient, every day. With both on-site and near-site locations, ATI works with employers, health plans, physicians and patients every day across the country. For more information on ATI, please visit ATIpt.com

Over 7,500 team members across 36 states
850+ Clinics
100+ Direct Employer Relationships
Largest U.S. employer of musculoskeletal experts



Brett Windsor, PT, MPA, OCS, FAAOMPT
Director of Clinical Excellence







Physical Therapy is High-Value & Low-Cost

Primary Care Referral of Patients With Low Back Pain to Physical Therapy

Impact on Future Health Care Utilization and Costs

Julie M. Fritz, PT, PhD, ATC,* John D. Childs, PT, PhD,† Robert S. Wainner, PT, PhD,‡ and Timothy W. Flynn, PT, PhD§

Childs et al. *BMC Health Services Research* (2015) 15:150
DOI 10.1186/s12913-015-0830-3



RESEARCH ARTICLE

Open Access

Implications of early and guideline adherent physical therapy for low back pain on utilization and costs

John D Childs^{1*}, Julie M Fritz², Samuel S Wu³, Timothy W Flynn⁴, Robert S Wainner⁴, Eric K Robertson⁵, Forest S Kim⁶ and Steven Z George⁷

From the *Du University of U Army-Baylor L Physical Ther Department Professions, So Acknowledgm 2012, Second The device(s) national agen Institutional fu No benefits in party related d Address corre Department of Lake City, UT DOI: 10.1097/ 2114 www Cop

Abstract

Background: Initial management decisions follow profound implications for health care utilization and early and guideline adherent physical therapy for System (MHS).

Methods: Patients presenting to a primary care December 31, 2009 were identified from the MHS utilization, and costs were examined on the basis guidelines over a 2-year period. Utilization outco (Use) were compared using adjusted odds ratios o over the 2-year follow-up were compared using

Results: 753,450 eligible patients with a primary Physical therapy was utilized by 16.3% (n = 122,7 physical therapy that was adherent to recommen physical therapy was associated with significantly costs.

Conclusions: The potential for cost savings in th substantial. These results also extend the findings association between early guideline adherent ca research is necessary to examine which patients for providing early guideline adherent care.

Keywords: Guideline adherence, Low back pain,

Background

Low back pain (LBP) is among the most commo sons to visit a physician and up to 25% of Americ port an incidence of back pain within the previou

Neck and back pain conditions are common in general medical practice, are associated with notable morbidity, and are the first and fourth conditions, respectively, leading to the greatest number of years lived with disability.^{16,23,35} Approximately \$85 billion are spent annually on spine-oriented conditions,³² and an additional \$10 to \$20 billion are attributed to economic losses

● **STUDY DESIGN:** Retrospective study.

● **BACKGROUND:** Alternative models of care that allow patients to choose direct access to physical therapy have shown promise in terms of cost reduction for neck and back pain. However, real-world exploration within the US health care system

● **RESULTS:** Patients who chose to enter care via the direct-access physical therapy-led spine management program displayed significantly lower total costs (mean difference, \$1543; 95% confidence interval: \$51, \$3028; *P* = .04) than those who chose traditional medical referral. Patients in

RESEARCH REPORT

THOMAS R. DENNINGER, PT, DPT, OCS, FAAOMPT¹ • CHAD E. COOK, PT, PhD, FAAOMPT²
COLE G. CHAPMAN, PhD³ • TIMOTHY MCHENRY, MD⁴ • CHARLES A. THIGPEN, PT, PhD, ATC^{1,3}

The Influence of Patient Choice of First Provider on Costs and Outcomes: Analysis From a Physical Therapy Patient Registry

PAUL E. MINTKEN, PT, DPT^{1,4} • JEFF R. MOORE, PT, DPT^{4,7} • TIMOTHY W. FLYNN, PT, PhD, FAPTA^{4,6}

Physical Therapists' Role in Solving the Opioid Epidemic

J Orthop Sports Phys Ther 2018;48(5):349-353. doi:10.2519/jospt.2018.0606

ant opioid profession s include o physical prevention. pain medi are often severe pain surgery. In f Medicine by stating, of narcotic opment of 95, the US n approved LP, Stam- ease opioid d to have a and abuse ties.⁷ Pharsively pro- drugs, while unity that .³¹ This led prescription

medications.³¹ Unfortunately, the medical community failed to realize that these medications were highly addictive³ and this has led to a public health crisis, with rampant opioid misuse and overdoses. Vowles et al.,³² in a systematic review on the rates of opioid misuse, abuse, and addiction, defined addiction as a "pattern of continued use with experience of, or demonstrated potential for, harm."³² Opioid-related harm has reached epidemic levels.³³ The quantity of opioid prescriptions in the United States is staggering, with the Centers for Disease Control and Prevention (CDC) reporting 259 million prescriptions written in 2012, enough for every single American adult to have a bottle of pills.³⁴ In a survey of more than 51,000 civilian, noninstitutionalized American adults, more than one third reported prescription opioid use in 2015.³⁵ Based on this survey, the authors estimated that almost 92 million (37.8%) Americans used prescription opioids in 2015. The majority of the individuals (63.4%) took the opioids to relieve physical pain. In many cases, addiction starts with an opioid prescription for the treat

Research

Physiotherapist as an alternative to a GP for musculoskeletal conditions: a 2-year service evaluation of UK primary care data

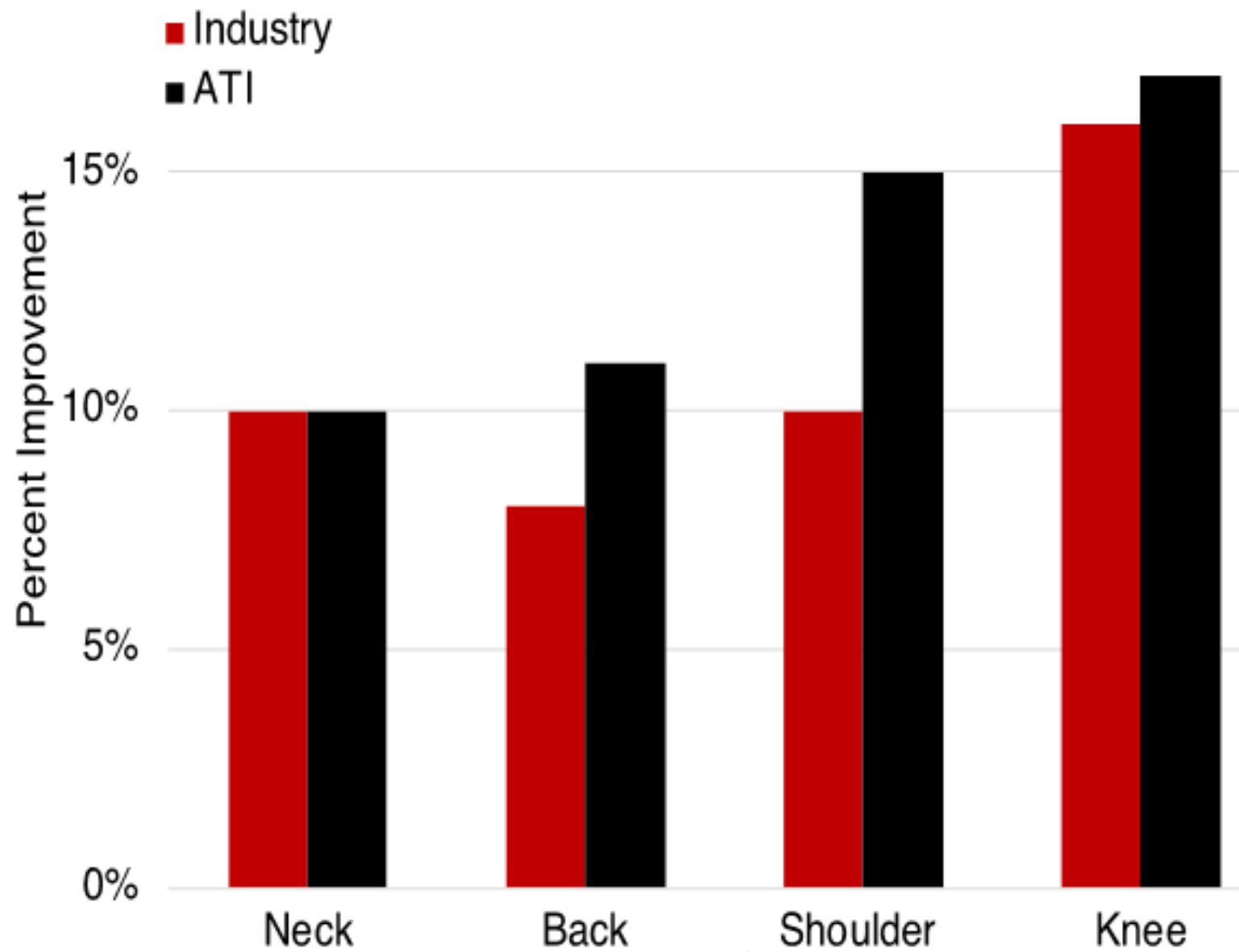
Fiona Downie, Catherine McRitchie, Wendy Monteith and Helen Turner
Br J Gen Pract 8 April 2019; bjgp19X702245. DOI: https://doi.org/10.3399/bjgp19X702245

Next Article

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FUNCTION
D
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edgments
ENCES
ata

musculoskeletal diseases,
primary health care, referral and





\$1,542 per member per year

We have to reach our patients in new ways!!



ATI
CONNECT



The RIGHT CARE

The RIGHT TIME

The RIGHT PROVIDER

A FAIR COST



It's here to stay!!

Complaint of "Shoulder Symptom"

Level 1: Screening

History, Basic Physical Exam, Red or Yellow Flags

Appropriate for PT

Appropriate for PT
And Referral

Not Appropriate for PT

Level 2: Medical Dx (Pathoanatomic)

Specific Physical Exam

Shoulder origin of sx

Non-shoulder origin of sx

Subacromial "Syndrome"

Frozen Shoulder

Glenohumeral
Instability

Other

Level 3: Rehab Classification

a) Tissue Irritability (guides intensity of physical stress)

b) Impairments (guides specific intervention tactics)

High Irritability &
Identified Impairments

Moderate Irritability &
Identified Impairments

Low Irritability &
Identified Impairments

Participation

PRO's

Patient Reported Outcomes

SANE

Single Assessment Numerical
Evaluator

How would you rate your affected
joint today as a percentage of normal
(0-100% scale)



Triaging...What's the Right Care?



High Pain (>7/10)

Continuous night/rest pain

Pain before end Range of Motion
(ROM)

Active ROM < Passive ROM

High disability

Patient Reported Outcome (PRO) or
SANE* \leq 60%

*Single Assessment Numerical Evaluator

**< 50% able to fully participate in work
or home functions**

Clinic



Triaging...What's the Right Care?

2

Low Pain (<3-4/10)

Intermittent pain at night and at rest

Pain at end Range of Motion (ROM)

Active ROM = Passive ROM

Moderate disability

Patient Reported Outcome (PRO) or

SANE* ≤ 61-74%

*Single Assessment Numerical Evaluator

>50% able to participate in work or home functions – some significant restrictions

Clinic or E-visit



Triaging Patients What's the Right Care?

3

Low Pain (<3-4/10)

No night or rest pain

Minimal or no pain at end Range of Motion

Passive Range of Motion > Active Range of Motion

Low disability

Patient Reported Outcome (PRO) or SANE* >74%%

*Single Assessment Numerical Evaluator

> 80% able to participate in work or home functions

E-Visit

How it Works...





 **ATI**
PHYSICAL THERAPY



Text Message
Today 12:00

Your Phzio appointment starts at 12:30 PM EDT. Enter now at <https://us.phzio.com/chat/8qd03mhs9pt86.880537dc-735f-11ea-a702-0a9e7b4ae1da>

First Appointment

Hi Brett,

You have an upcoming assessment appointment using Phzio. It is scheduled for:



Brett Windsor, PT

MAR
31

6:30 AM EDT

Join
Session

You will need to have the following available to you on the day and time of your appointment:

- A smartphone, tablet, laptop, or desktop with working/enabled camera and mic
- A reliable Wifi connection
- A quiet, private space at your home/office for you to move around
- Comfortable, athletic-type clothing that will allow your provider to evaluate movements related to your condition

Contact your provider directly:

Email My Provider

If you would like to cancel or re-schedule your appointment you may do so here:

Change or Cancel Appointment

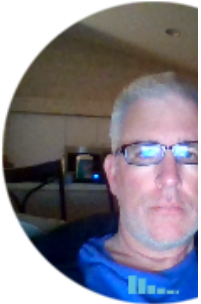
If you haven't already completed your medical history, we encourage you to do so now.

Complete Medical History

What does the patient see?



Starts at 6:30 AM EDT



Waiting for Brett Wind



Starts at 6:30 AM EDT

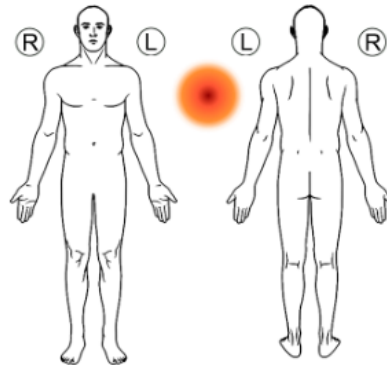


Your provider Brett Wind
Please click Next

Next



Move the circle to pinpoint the origin of
your symptoms



Next →



therapeutic program | virtual care works

Reviewing Your Info

Your provider is checking your medical history and other documentation to make sure you are getting the best care possible. Thanks for your patience!

Launching the Appointment



The screenshot displays the Phzio web application interface. On the left, a large blue panel contains the text "Patient has Arrived" and an orange button labeled "Allow Patient to Enter". The main content area shows a patient profile for "Tom DEMO Denninger" with contact information and a navigation menu with tabs for Overview, Subjective, Objective, Assessment, and Plan. The "Assessment" tab is active, showing fields for Observations, Patient Presentation, Impairments, Functional Deficits, and Rehab Potential. On the right, a "Patient View" sidebar displays the Phzio logo, the start time "Starts at 10:30 AM EDT", a black circular profile picture, and a notification: "Your provider Tom Denninger, PT is now online. Please click Next to continue." A green "Next" button is located at the bottom of the sidebar. The browser's address bar shows the URL "app.phzio.com/demo-appointment/kyzqqv212x19f".

Video Demonstration

Patient: Tom DEMO
Denninger
(203) 243-4888 | thomas.denninger@atipt.com
Emergency Contact: |

[Review](#) [Help](#) [Book](#) [To Do](#) [Close](#)


[Overview](#) [Subjective](#) [Objective](#) [Assessment](#) [Plan](#)

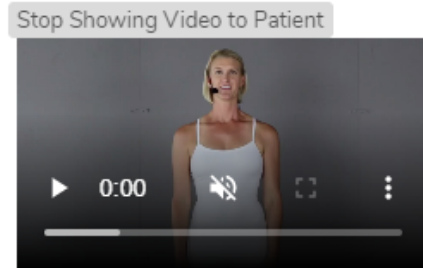
[Library](#) [Exercise 7](#) [Instructions](#) [Save](#)


Duration 00:17:49 Rest: 5 sec
Exercises: 7 Save as template

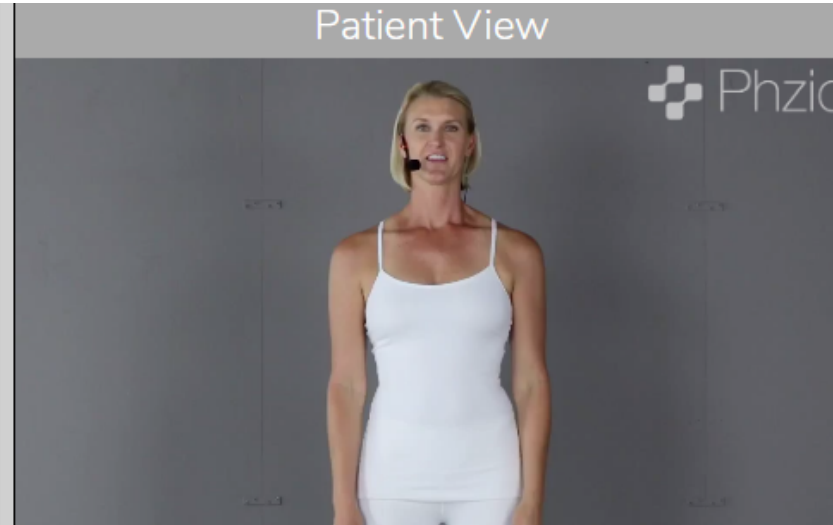
HEP Notifications and Settings
The patient will be sent an email at this frequency up until they have completed the stated number of self-directed treatments

HEP Frequency: Every other day
Telerehab sessions: 10
 Record HEP Sessions

 AROM Shoulder Flexion (Front Raises)
AROM, Strengthening, Shoulder



 Bridge with Alternate Shoulder Flexion/Extension



Your Evaluation is Complete!

I HAD
PROBLEMS,
GIVE ME A CALL

THIS WAS A
GOOD SESSION

We look forward to getting started with you on your treatment program. You'll be monitored doing your exercises by your provider or one of their assistants.



Record a feedback video

Hi Brett

Welcome to your Phzio Home Exercise program and congratulations on taking your first steps towards your own rehabilitation. You have been set up for virtual treatment session for:

Low Back Pain

The program you're about to start was created by your Physical Therapist to meet your needs based on the completion of your Initial Evaluation. Please complete this home exercise program as prescribed by your physiotherapist.

To begin your Home Exercise program, you can use this direct link:

[Begin My Exercises](#)

Your program is 12:12 minutes long.
No props are required for your treatment

End Time

Exercise



02:31

High Plank with Shoulder Taps



05:04

4-point Arm Lift/Quadruped with arm reach



08:30

Abdominal Bracing 90/90 Heel Taps



11:57

Abdominal Bracing With Arms Overhead

When you click on the link to start your home exercise program, please complete your exercise playlist from start to finish. When you complete the session on your own, please rate your experience and send an optional video message to your therapist. He or She can provide feedback and guidance while making sure you get the most out of your treatments.

So, lets get started!

When you're ready, get your exercise equipment together (e.g. foam roller, exercise ball). Find a safe open space to follow your treatment and click the direct link to start a session.

If you have any other questions you can use the online help, support@phzio.com, or speak to your Physical Therapist directly.



[Start Program](#)
















Building a Program

Patient: Tom DEMO Denninger

(203) 243-4888 | thomas.denninger@atipt.com

Emergency Contact |









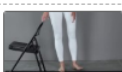
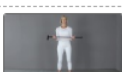

Review Help Book To Do Close

Overview	Subjective	Objective	Assessment	Plan
<div style="display: flex; justify-content: space-between; align-items: center;"> Body Focus Exercise Type <input type="text" value="Enter keywords"/> Found: 30 </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><input checked="" type="checkbox"/> Elbow</p> <p><input type="checkbox"/> L/S</p> <p><input type="checkbox"/> Head/Jaw</p> <p><input type="checkbox"/> C/S</p> <p><input type="checkbox"/> Shoulder</p> </div> <div style="width: 30%;"> <p><input checked="" type="checkbox"/> Elbow</p> <p><input type="checkbox"/> Wrist/Hand</p> <p><input type="checkbox"/> T/S</p> <p><input type="checkbox"/> Hip/Pelvis</p> </div> <div style="width: 30%;"> <p><input type="checkbox"/> Knee</p> <p><input type="checkbox"/> Ankle/Foot</p> </div> </div>				
Preview	Add	Fav	Title	Duration
	Add	<input type="checkbox"/>	AAROM Elbow Flexion/Extension	3 m 5 s
	Add	<input type="checkbox"/>	AROM elbow extension with arm supported	1 m 46 s
	Add	<input type="checkbox"/>	AROM elbow flexion in supination	1 m 26 s
	Add	<input type="checkbox"/>	AROM elbow flexion/supination (combined movement)	1 m 25 s
	Add	<input type="checkbox"/>	Cross Friction Massage to Common Extensor Tendon	3 m 40 s
	Add	<input type="checkbox"/>	Eccentric Wrist Extension	4 m 3 s
	Add	<input type="checkbox"/>	Elbow flexion with band (bicep curl)	2 m 1 s
	Add	<input type="checkbox"/>	Isometric elbow extension (self-resisted)	2 m 15 s
	Add	<input type="checkbox"/>	Median Neural Mobilization	2 m 41 s
	Add	<input type="checkbox"/>	Neural mobilization of median nerve in side lying with fingers pointing up, elbow flexion and side bending	2 m 14 s
	Add	<input type="checkbox"/>	Neural mobilization of radial nerve with shoulder down, side bending and abduction	1 m 40 s
	Add	<input type="checkbox"/>	Neural mobilization of ulnar nerve in side lying with fingers pointing down, elbow flexion and side bending	1 m 26 s
	Add	<input type="checkbox"/>	Prone Supermans	3 m 40 s
	Add	<input type="checkbox"/>	Pushups with Hands on Chair	2 m 2 s

Working Through the Program

Patient: **Tom DEMO Denninger**
 (203) 243-4888 | thomas.denninger@atipt.com
 Emergency Contact: |

Review Help Book To Do Close ▾

Overview	Subjective	Objective	Assessment	Plan
  7  				
Duration 00:17:49		Rest: 5 sec 		
Exercises: 7		Save as template ✓		
HEP Notifications and Settings				
The patient will be sent an email at this frequency up until they have completed the stated number of self-directed treatments				
HEP Frequency Every other day		Telerehab sessions 10		<input type="checkbox"/> Record HEP Sessions
	AROM Shoulder Flexion (Front Raises) AROM, Strengthening, Shoulder Show Video to Patient			x ▶
	Bridge with Alternate Shoulder Flexion/Extension AROM, Strengthening, Yoga Mat, Stabilization, Shoulder, L/S, Hip/Pelvis Show Video to Patient			x ▶
	AROM Shoulder Flexion (Front Raises) AROM, Strengthening, Shoulder Show Video to Patient			x ▶
	Heel Raises for Tibialis Posterior AROM, Strengthening, Ankle/Foot Show Video to Patient			x ▶
	Hip Abduction (Standing) AROM, Strengthening, Hip/Pelvis, Knee, Ankle/Foot, Chair Show Video to Patient			x ▶
	AAROM Elbow Flexion/Extension AAROM, Elbow, Stick/Cane Show Video to Patient			x ▶
	Neural mobilization of radial nerve with shoulder down, side bending and abduction Shoulder, Elbow, Wrist/Hand, C/S, Scapula, Neural Mobility, Standing Show Video to Patient			x ▶

Video Demonstration

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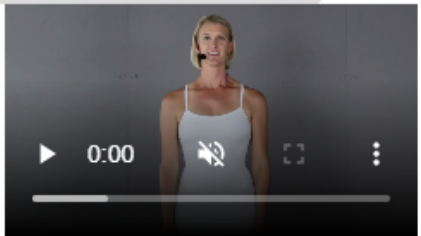

[Overview](#) [Subjective](#) [Objective](#) [Assessment](#) [Plan](#)

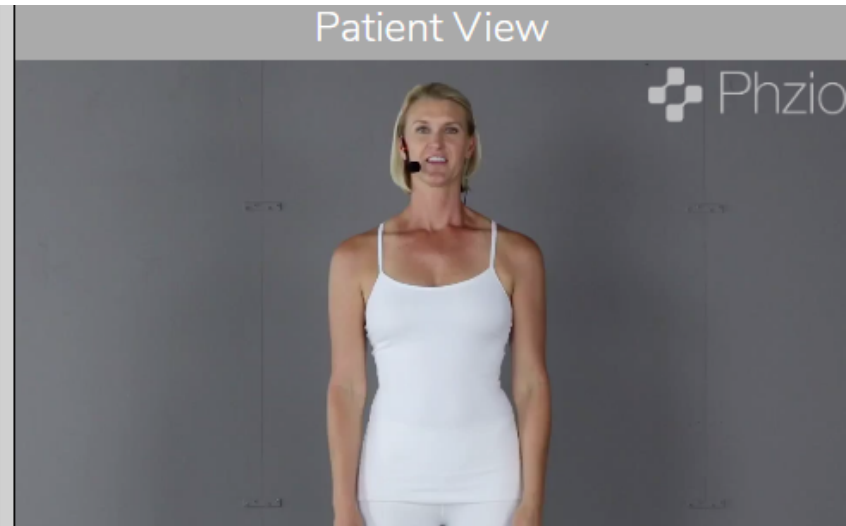
[Library](#) [Exercise 7](#) [Instructions](#) [Save](#)

Duration 00:17:49 Rest: 5 sec
Exercises: 7 Save as template

HEP Notifications and Settings
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HEP Frequency: Every other day
Telerehab sessions: 10
 Record HEP Sessions

-  **AROM Shoulder Flexion (Front Raises)**
AROM, Strengthening, Shoulder
[Stop Showing Video to Patient](#)

-  **Bridge with Alternate Shoulder Flexion/Extension**





Status Check

Symptoms since last visit Compliance with HEP

Review of Home Exercise Program

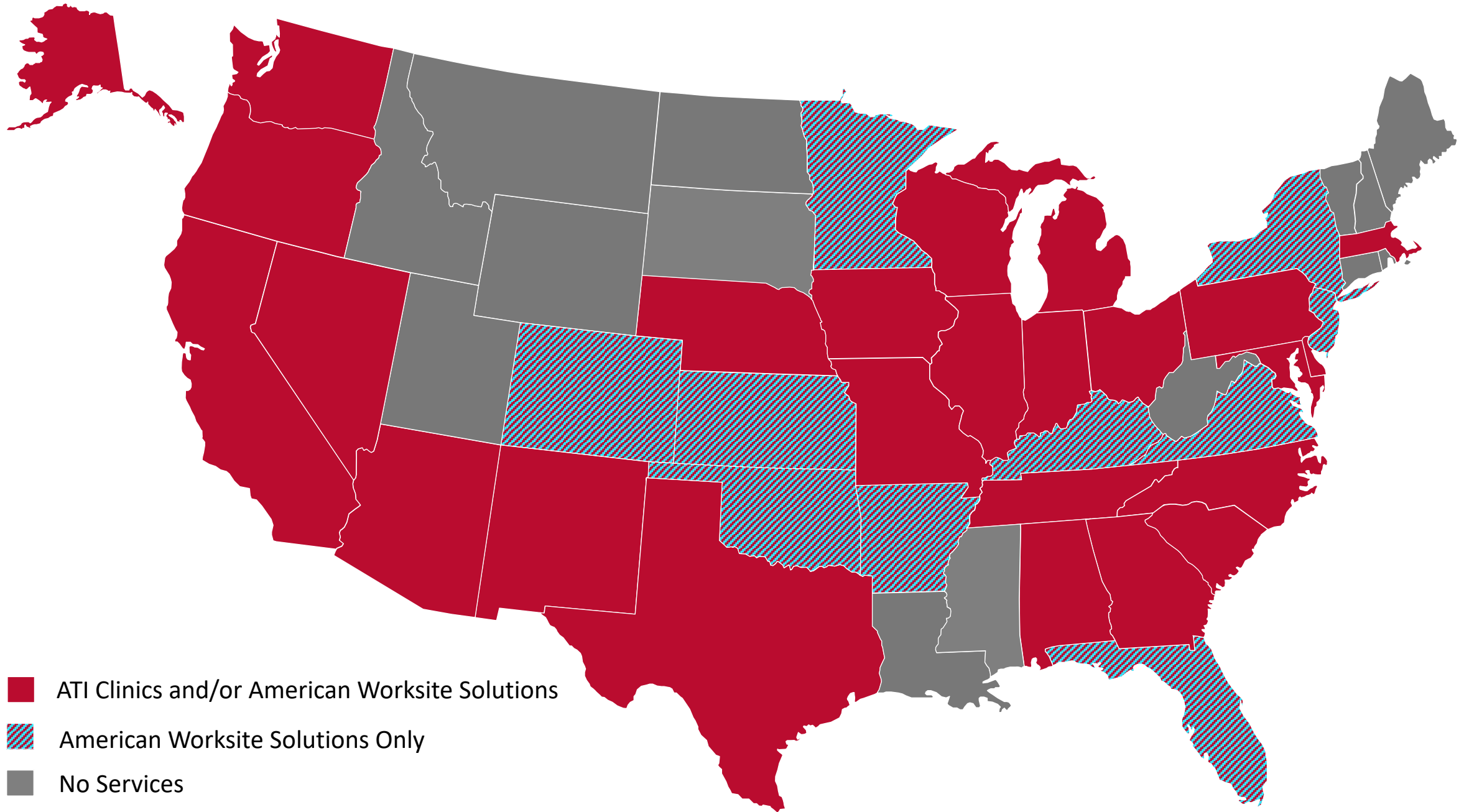
Progression of Program

Additions-Subtractions-Difficulty

Additional Education

Prognosis: Functional Progressions

What's coming next



ATI Clinics and/or American Worksite Solutions

American Worksite Solutions Only

No Services



Thank
you