

PT-First Models of Care Through Partnerships in an Integrated Health System

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Clinical Shared Services Outpatient Rehabilitation Services

Peaks

- Montana, Denver (Front Range), Grand Junction
 - 10 outpatient MGClinics
 - 9 HOD locations

Canyons

- Utah/Southern Idaho
 - 49 group practicePTR clinics
 - -1 HOD (S. Idaho)

Desert

- Southern Utah/Nevada
 - 5 outpatient departments (St. George)
 - Embedded and virtual care LV



Why PT-First Models of Care?

PRESS RELEASE

New AAMC Report Shows Continuing Projected Physician Shortage

According to new projections published today by the AAMC (Association of American Medical Colleges), the United States will face a physician shortage of up to 86,000 physicians by 2036.



October 8, 2024

Sentara Medical Group to double number of advanced practice providers, increasing access

New team-based care model will reduce waits for appointments and give patients more time with primary care providers

"Each advanced practice provider added to a physician-led team increases primary care capacity by over 70%."

Advanced practice provider is a term for a healthcare professional with an advanced degree who can perform many of the medical activities performed by physicians, including conducting physical exams, prescribing medications, and making referrals.



Prevalence of MSK Conditions

1 in 3 individuals have health conditions requiring rehabilitation services (2019 Global Burden of Disease Study)

Cieza, A., Causey, K., Kamenov, K., Hanson, S. W., Chatterji, S., & Vos, T. (2020). Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019. The Lancet, 396(10267), 2006-2017. https://doi.org/10.1016/S0140-6736(20)32340-0

60% of patients seek care due to MSK conditions

Wiitavaara, B., Fahlström, M., & Djupsjöbacka, M. (2016). Prevalence, diagnostics and management of musculoskeletal disorders in primary health care in Sweden – an investigation of 2000 randomly selected patient records. Journal of Evaluation in Clinical Practice, 23(2), 325-332. https://doi.org/10.1111/jep.12614



Low Back and Neck Pain Burden

Health Care Spending Rank (High to Low)	Health Condition	Category Code ^b	Health Care Spending, 2016 \$Billion (95% CI)
1	Low back and neck pain	Α	134.5 (122.4-146.9)
2	Other musculoskeletal disorders ^c	Α	129.8 (116.3-149.7)
3	Diabetes	В	111.2 (105.7-115.9)
4	Ischemic heart disease	С	89.3 (81.1-95.5)
5	Falls	F	87.4 (75-100.1)
6	Urinary diseases ^d	В	86.0 (76.3-95.9)
7	Skin and subcutaneous diseases ^e	E	85.0 (80.5-90.2)
8	Osteoarthritis	Α	80.0 (72.2-86.1)
			<u> </u>



PT-First Evidence



COST-EFFECTIVE CARE



IMPROVED PATIENT OUTCOMES



REDUCING THE BURDEN ON PHYSICIANS



REDUCTION OF HEALTH CARE COSTS



IMPROVED HEALTH OUTCOMES



Primary Care Physical Therapists

We have fantastic news! SB196 – Physical Therapy as Primary Care passed the House Business and Labor Committee UNANIMOUSLY on Friday! Legislators shared overwhelmingly positive support for the bill, recognizing the importance of expanding access to physical therapy in Utah.



Intermountain Health Initiatives

Upstream PT

- Spine Care Navigation
- Connect Care Physical Therapy
- Clinician Integration



Spine Care Navigation



Intermountain Low Back Pain Vision

Implement a compassionate spine care journey that exemplifies our dedication to value, adaptability, and sustainability, while inspiring nationwide adoption of this model



Health System Experimentation

- Virginia Mason
- Kaiser
- St. Luke's (Eastern PA)
- Maryland Medicaid
- Virtual Vendors
- St. Mary's Comprehensive Spine Program





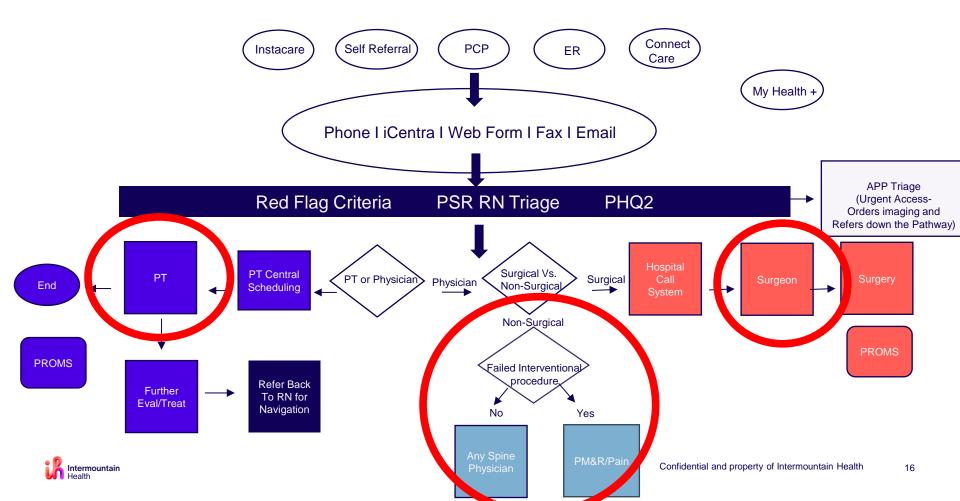


Levers of Guideline-Concordant care:

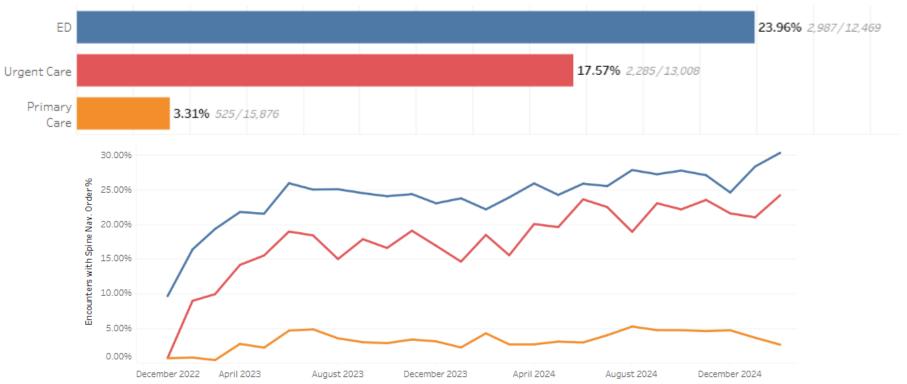
- 1. Screen for red flags
- 2. No Subspecialty Care Referral
- 3. Referral for Physical Therapy*
- 4. No Opioids
- 5. No Imaging



System Wide Spine Workflow



% of Encounters with Spine Navigation Order

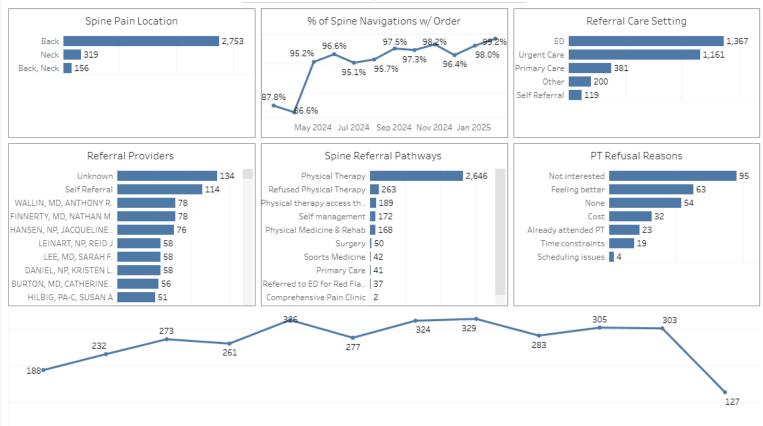




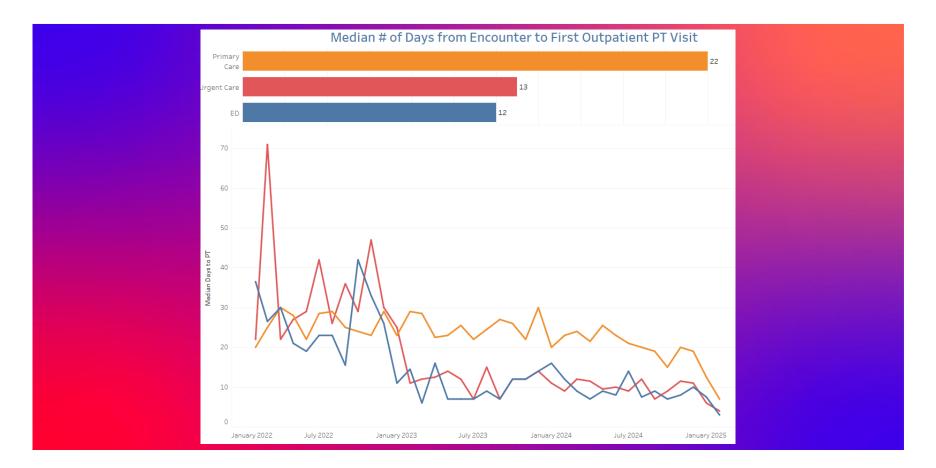
Spine Navigation Overview

Total # of Spine Navigations

3,228



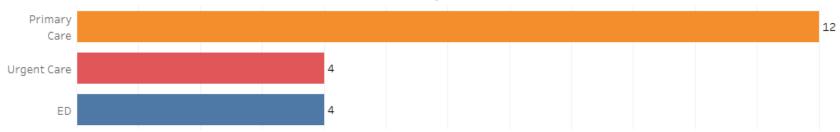






Median # of Days from Encounter to PT Visit

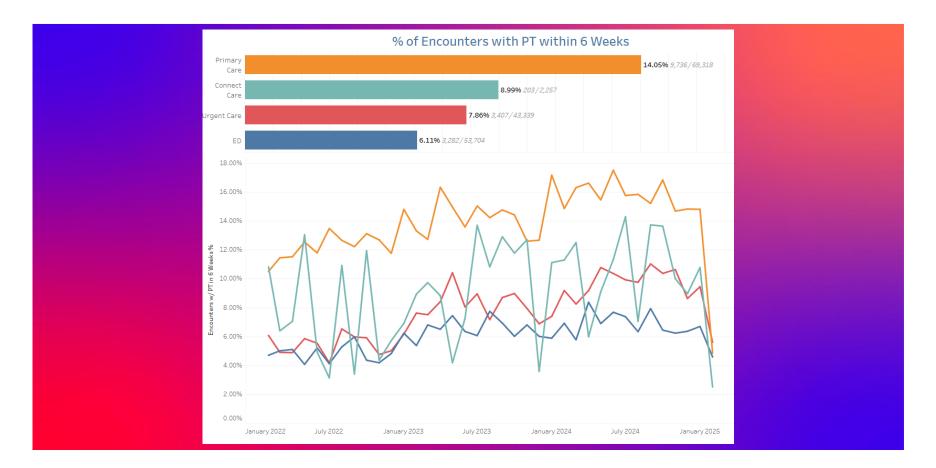




Without Navigation

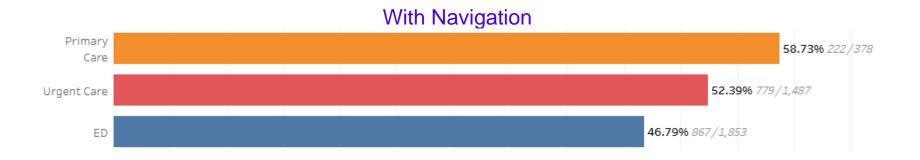


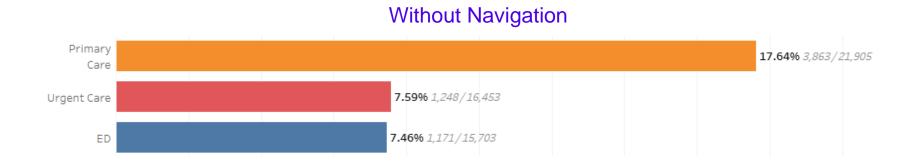






% of Encounters with PT within 6 Weeks

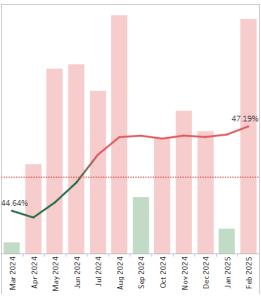






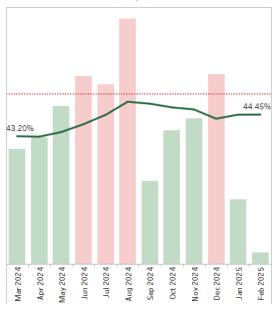
Clinical Outcomes





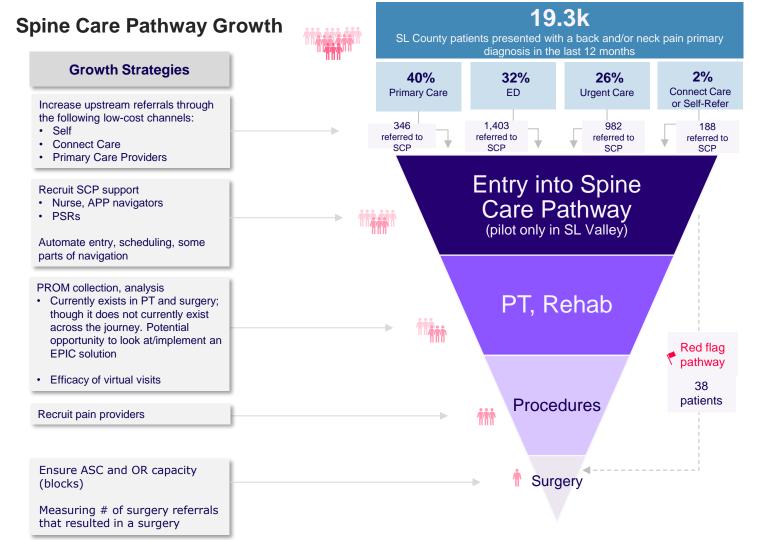
System

44.3% 1,493/3,371



Salt Lake Valley





Connect Care Physical Therapy





Get relief from your joint pain and muscle strains.

Connect Care: Physical therapy

Get urgent care for aches, pains, and muscle strains by quickly visiting with a board-certified physical therapist in minutes.

\$69 per visit

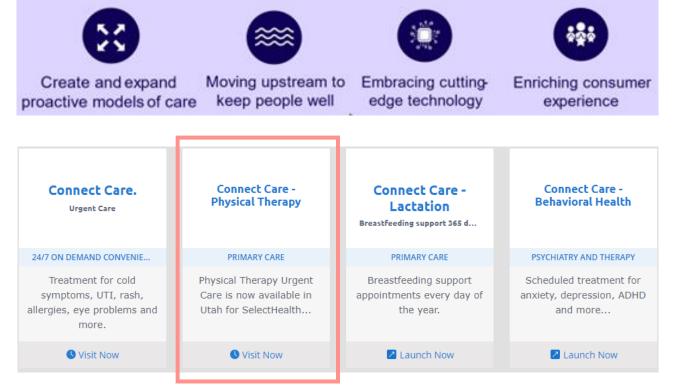
Available in Utah. Open Mon - Fri 8 a.m. - 5 p.m.

- Available in the Intermountain Health app
- Highly effective
- No charge for visits that result in a referral

Start a visit



Connect Care Physical Therapy





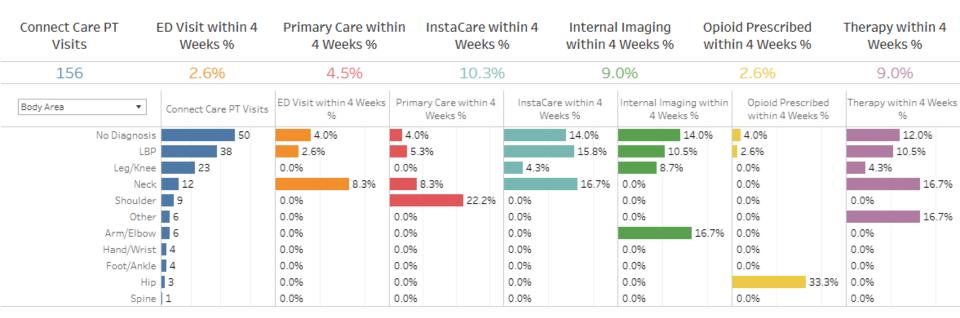
Connect Care Physical Therapy

- On-demand consult with physical therapist
- Reduce down-stream costs by addressing issues early and prevent the need for further care
- Covered under Selecthealth Connect Care benefit (\$69)
- Does not count toward therapy benefit limits





Connect Care Physical Therapy





Clinical Integration



Figure 1 Warm handoff access to care pathway. LPN = licensed practical nurse; MA = medical assistant; PCP = primary ...

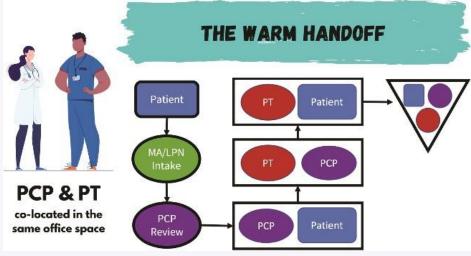
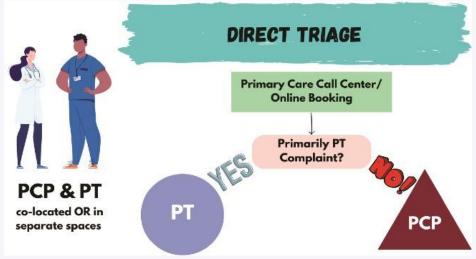






Figure 2 Direct triage access to care pathway. PCP = primary care provider; PT = physical therapist.







Clinical Integration

Falls

- At-risk Primary Care clinic
- Falls screen and risk assessment as part of annual visit
- Embedded therapist to hand off where falls risk is high
- In person, virtual, RTM (Medbridge Pathways)



Clinical Integration

Pelvic Therapy

- Primary Care Sports Medicine
- Hip diagnostic clinic
- PT on-site and part of care team
- Evaluation in physician clinic, follow up as needed in PT clinic
- Next steps: OB/GYN partnership



Clinical Integration

Additional Opportunities







Speech/ENT



Future Initiatives

Virtual/Hybrid Care

- MSK Navigation
 - Upstream access to therapy services for MSK conditions
 - How far upstream can patients gain access to PT/OT/SLP?
 - Early virtual access with in-clinic FU as needed
 - Becoming a community resource for reliable information



Recommendations

Navigating resistance

- Acknowledging reasons for resistance
 - Managed care "gatekeeper" model, control, financial incentives
- Physician partnerships
 - Gaining trust
 - Demonstrate how therapy is part of the solution
- Words matter
 - "PT-First" v "Proactive Care" v "Value-based Care" v "Upstream"



Thank you

