



QUIZ: Are You Getting the Best Value From Your Outpatient Rehabilitation Services?

Managed care organizations and self-insured employers face a tough balancing act to provide quality health care amidst spiraling costs. One often-overlooked area that can significantly impact both costs and quality is outpatient rehabilitation.

Outpatient physical therapy is critical for most high-cost illnesses—heart disease, stroke, cancer, diabetes, and pulmonary disease—to help patients regain the strength and skills needed to recover and function at home and at work.

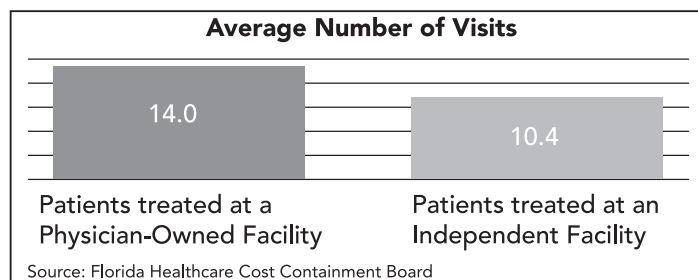
Rehabilitation therapy not only helps prevent accidents that lead to costly inpatient stays and surgeries, it also improves chronic conditions such as arthritis, back pain and osteoporosis that affect the mobility and workplace productivity of aging Americans.

Take the following quiz to see if you're getting maximum value from your outpatient rehabilitation services.

Are financial incentives aligned for your benefit?

Conflicts of interest in the ownership of rehab clinics or networks and their sources of revenue can negatively impact costs and quality of care.

Studies cited in the *Journal of the American Medical Association* and the *New England Journal of Medicine* have shown that utilization and charges per patient are higher when physical therapy and rehabilitation facilities are owned by referring physicians than when they are owned by independent therapists.



Patient care may also suffer in physician-owned facilities. Both licensed therapy workers and non-licensed workers spent less time with each patient, and assistants were often substituted for licensed therapists, indicating a lower level of patient care, according to a study by the Florida Health Care Cost Containment Board.

The study also indicates that physician-owned facilities, driven by the need to cover high overhead and share holder dividends, tend to drive up costs—even when offering a low price per visit—by increasing the number of visits and using aides instead of licensed physical therapists (PTs).

In contrast, payors save money by choosing a network of independently owned rehabilitation clinics without these conflicts or expenses. They save further by choosing a network that doesn't charge access fees or derive income from volume of claims processed or visits delivered by members, creating incentives for over-utilization.

Is there one source to handle the key functions of network administration?

A rehabilitation network that offers “one-stop” shopping—contract negotiation, credentialing, customer service, and quality assurance—reduces administrative costs and headaches for you. By delegating the credentialing process to the network, payors avoid the costs of doing this time-consuming process themselves.

Are providers held to strict standards of performance?

Therapists should meet strict membership criteria and stringent credentialing requirements, ideally surpassing those required by the National Committee for Quality Assurance (NCQA). A rehab network should enforce strict ratios of clinical support staff to therapists to guard against increased utilization by having aides instead of licensed therapists treat patients.

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Quiz Answers: If you answered yes to all five questions, you're on your way to lower overall medical and workers' compensation costs, improved patient care, and increased worker productivity.

Is there access to an extensive network of providers who provide a wide range of affordable rehabilitation services?
A rehabilitation network should have broad geographic coverage for easy patient access, and should offer physical, occupational, speech, hand, and pediatric therapy, as well as specialty areas such as workers' compensation injuries, ergonomic assessment, and geriatrics.

Are providers subjected to utilization review?
A network utilization review program serves as your watchdog, reviewing and managing cases to ensure that treatment matches the patient's needs and produces the desired outcomes. Unfortunately, some providers deliver more visits than necessary to drive up revenues; however, monitoring by a third party, such as a peer review committee, guards against over-utilization.

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This information is provided by PTPN, the nation's first and largest outpatient rehabilitation network. All members of PTPN must be independent practitioners who own their own practices. Headquartered in Calabasas, California, PTPN's network includes more than 1,000 therapist offices throughout the United States.

Want more information? To request a copy of the article "Maximizing the Value of Outpatient Rehabilitation," contact Stephen Moore, smooore@ptpn.com or 800-766-PTPN. Or visit the Payor portal at www.ptpn.com for more information about increasing workplace productivity.

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