

8-11-2016

# Implementation of the Affordable Care Act in Physical Therapy

Greg Austin

Western Kentucky University, [greg.austin365@topper.wku.edu](mailto:greg.austin365@topper.wku.edu)

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IMPACT OF THE AFFORDABLE CARE ACT ON PHYSICAL THERAPY IN  
KENTUCKY

A Capstone Experience/ Thesis Project

Presented in Partial Fulfillment of the Requirements for

The Bachelor of Science Degree with

Honors College Graduate Distinction

By:

Greg Austin

\*\*\*\*\*

Western Kentucky University 2016

CE/T Committee:

Dr. Travis Esslinger

Dr. Dana Bradley

Dr. Gregory Ellis-Griffith

Approved By:

\_\_\_\_\_  
Advisor

School of Kinesiology, Recreation & Sport

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Greg Austin

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## ABSTRACT

**Introduction:** With the implementation of the Affordable Care Act (ACA) in 2010, many medical specialties prepared to see reimbursement rates altered. Not impervious to this trend was the field of physical therapy (PT). This change in reimbursement structure could impact the effectiveness of PT treatment. Under this model, a patient may not be able to receive the appropriate number of visits to a physical therapist, resulting in a loss of utilization in the injured area and, possibly, a loss of independence. **Methods:** A literature review was performed to determine reimbursement rate impact on PT. A seven-item open-ended survey regarding various aspects of the ACA was sent to physical therapists in the area during November 2014. Interviews were also conducted with therapists from Kentucky. **Results:** Results from the survey indicated that, while a large portion of patients are gaining access to PT for the first time, the number of visits allowed have been drastically reduced. Kentucky's poor health status makes the state more susceptible to decline in quality of PT. **Discussion:** These results indicate that the ACA may negatively impact the field of physical therapy as reimbursement rates and the number of allowed visits change.

Keywords: Affordable Care Act, Physical Therapy, Insurance, Rehabilitation

Dedicated to my family, friends, and Tom Brady.

## ACKNOWLEDGEMENTS

I would like to thank all of my teachers throughout my academic career.

I also wish to express gratitude to Dr. Christian Williams for being a huge help with this paper since I began writing it. Without her attention to detail and expertise in the field, this paper would have been impossible to write.

Dr. Travis Esslinger is another individual I wish to thank in this process. Dr. Esslinger's care for each one of his students is a big reason why I asked him to be my secondary reader. His concern for his students is also the reason why he was willing to jump into this crazy thesis process so late in the game. Outside of being my reader, I wish to thank Dr. Esslinger for being one of my favorite teachers in my time here at WKU and always lifting my restrictions the day before registration so I could enroll in his classes.

I would also like to thank my parents, Bob and Lynn. My dad: for always supporting me and instilling a good work ethic in all of his children. My mom: for somehow proof reading this 30 some page document and offering me corrections within 5 hours on multiple occasions.

VITA

August 26, 1993.....Born- Bowling Green,  
Kentucky

2012.....Bowling Green High School  
Bowling Green, Kentucky

2016.....Western Kentucky University  
Bowling Green, Kentucky

FIELDS OF STUDY

Major Field: Health Sciences

## TABLE OF CONTENTS

	<u>Page</u>
Abstract.....	ii
Dedication.....	iii
Acknowledgements.....	iv
Vita.....	v
Chapters:	
1. Introduction.....	1
2. Literature Review.....	5
3. Methods and Methodology.....	11
4. Results.....	13
5. Conclusion.....	19
References.....	24
Appendix A.....	26
Appendix B.....	28
Appendix C.....	29

## CHAPTER 1

### INTRODUCTION

The United States spends 17% of its Gross Domestic Product (\$2.7 trillion) on health care each year. This is twice the amount that many leading nations spend per capita, and three times the amount Japan spends (Sultz & Young, 2014). Despite spending much more than other nations, the United States is ranked 8<sup>th</sup> in many determinants of health care quality such as infant mortality rate and life expectancy at birth (Sultz & Young, 2014). In order to both reduce costs and improve quality of health care, the Patient Protection and Affordable Care Act (commonly referred as the Affordable Care Act) was signed into law in 2010 (Sultz & Young, 2014). The overarching goal of this act was to reduce the number of citizens who are medically uninsured. The ACA focuses on primary prevention of disease to make insurance more affordable. This is done through practices such as health education and promotion of healthier lifestyles (Sultz & Young, 2014).

Physical therapy is a type of health care specialty that focuses on rehabilitating injuries. There are many different goals of rehabilitation that depend on both the need of the patient and extent of the injury. These goals include: pain relief, regaining range of motion, increasing strength, or returning function to the injured area (ONETonline, 2013). In order to become a licensed physical therapist in the United States, one needs to graduate from one of 218 postgraduate Physical Therapy schools and obtain a passing

score on the licensing examination (Commission on Accreditation in Physical Therapy Education (CAPTE), 2014).

The field of Physical Therapy has become more popular over the last several years. According to the Bureau of Labor Statistics (2014), the number of physical therapists is expected to increase by 36% between 2012 and 2022. Physical Therapists and physical therapy assistants have two of the best job outlook expectations during that timeframe (Bureau of Labor Statistics (BLS), 2014). This growth can be attributed to many factors. One reason for the anticipated growth is the aging of the baby boomer population, which, according to the US Census, accounts for around one-quarter of the United States' population (Colby & Ortman, 2014). The aging population affects the field greatly as a majority of physical therapy patients are 45 years or older (Scholte, Calsbeek, Nijhuis-van der Sanden, & Braspenning, 2014). Other factors contributing to increased growth are the increasing rates of diabetes and obesity. Diabetes can often lead to loss of function in an area which can require physical therapy. Obesity also increases the chances that a person will require rehabilitative service in that the extra weight can put an additional strain on muscles and joints which can lead to injuries inhibiting someone from carrying on their activities of daily life (BLS, 2014).

Kentucky faces one of the highest potential influxes of patients from this as they rank 5<sup>th</sup> in rates of obesity with 33% of adults being considered obese. Also, 10.6% of Kentucky residents have been diagnosed as diabetic by a doctor (America's Health Ranking, 2014). These two factors indicate that Kentucky may be experiencing one of the highest percent growths of physical therapy patients in the country.

The Affordable Care Act has several provisions that focus on primary prevention and health promotion. If these provisions have their desired effect, a much healthier population will begin to emerge. As a result, insurance agencies will be taking on less risk when insuring clients and, ultimately, policyholders may see insurance premiums decrease (Sultz & Young, 2014). A higher rate of insured citizens, accompanied with the aforementioned growth of physical therapy, shows potential to yield an exponential increase in the number of patients visiting a physical therapist's office. This increased accessibility will allow for injuries to be more fully rehabilitated and aid insurance companies in avoiding payment for costly surgeries (American Physical Therapy Association (APTA), 2014). However, events throughout the history of health care have shown that fluctuations in accessibility often lead to an inverse effect on quality of care given (Sultz & Young, 2014).

The medical field made many technological advances in the 1960's and 1970's including improvements in X-ray technology, oral contraceptives, and pain medication. However, as the quality and scope of each medicine or treatment increased, so too did the price of receiving this care. Ironically, the development and/or improvement of these new types of care were restricting citizens from receiving care altogether. This period in history provides an example of how improvements in one area of health care—in this case, quality—can lead to a decline in another area such as accessibility or an increase in price. Congress, in an attempt to remedy this imbalance and make care more accessible, enacted the Technology Assessment Act of 1972. One effect of this act allowed for a committee to cut spending on medical research and development in areas that did not seem necessary to spend money on. While cost never quite returned to normal, the

American public did have to pay a slightly larger sum of money for an exponentially greater degree of care and protection (Sultz & Young, 2014).

The government attempted to restore the balance of these three attributes in the 1960s when many large hospitals were charging patients for unneeded services in order to make up for money wasted on patient-less rooms. In this instance, costs were being driven up because of the high costs of running an empty hospital. This example shows how an excess of accessibility could lead to an unnecessary increase in cost. To combat this, state governments began passing Certificates of Need, which restricted building additions to hospitals that did not need them, while allocating building funds to places with decreased health care accessibility (Cauchi, 2014). Certificates of Need may look like they decreased availability to health care on paper, but it could be argued that their role in reducing the price of care actually increases accessibility.

The medical field is in a state of flux now as the Affordable Care Act is altering reimbursement rates and making insurance more available. Not much is known about how these alterations will affect the field of physical therapy specifically. Insurance companies may leave patients without a proper number of visits to become fully rehabilitated or the increase in the insured may saturate clinics with patients. The specific impacts of the Affordable Care Act on physical therapy need to be further researched to determine if the impact is positive or detrimental.

## CHAPTER 2

### LITERATURE REVIEW

This chapter will examine the literature concerning the effect the Affordable Care Act has had on reimbursement of Physical Therapy services.

#### **Changes in access to physical therapy**

A 2011 study examined 39 Blue Cross Blue Shield® health plans after the implementation of the Affordable Care Act. All of these states' plans provided reimbursement for necessary physical therapy visits (Sandstrom, Lehman, Hahn, & Ballard, 2013). As a result, more individuals than ever are gaining access to physical therapy visits as these visits are becoming less financially taxing. In two-thirds of the Blue Cross Blue Shield® plans studied, physical therapy was combined with other disciplines in reimbursement. In many of these plans, occupational therapy and rehabilitation of the wrist and hand were combined with physical therapy. The average number of visits to these specialties was approximately 21 visits per year (Sandstrom et al., 2013).

One-third of the plans that included reimbursement for physical therapy allowed for an unlimited number of visits to a physical therapist (Sandstrom et al., 2013). This unlimited access to medical attention ensures that a patient has plenty of time to

rehabilitate properly and fully, thus reducing the risk that a patient would need to return after reinjuring the same area.

In the United States there are 51 Blue Cross Blue Shield® plans; one in each state and one in Washington D.C., however this study only included 39 plans, thus limiting the scope and creating a larger possibility to skew numbers. The gap in this study widens when considering its narrow focus on only one insurance provider. Not all insurance companies are adjusting to the regulations of the Affordable Care Act through the same methods (Sandstrom et al., 2013). Therefore, results of this study may not be inferable to the rest of the United States' population.

This study, however, may be more generalizable to the Warren County and Kentucky population than it is to the remainder of the United States as the majority of insured citizens are insured through Anthem. Out of the over 4 million Kentucky residents, greater than 2 and a half million of them are Anthem Insurance consumers (Kentucky Health Facts, 2010)

Coinciding with the passing of the Affordable Care Act in 2010, came the expansion of Medicaid®. Under this provision, parameters of eligibility for Medicaid® were widened. To date, 25 states, including Kentucky, have expanded their programs to be more inclusive (Angier, Hoopes, Gold, Cottrell, Heintzman, & DeVoe, 2015). The Medicaid® expansion allowed for many individuals who were previously ineligible for Medicaid® benefits to receive assistance. A 2015 study highlighted the number of people who had gained access through Medicaid® expansion by looking at the frequencies of uninsured patients' visits to "Safety Net Clinics," or clinics for the uninsured and under-

insured citizens to receive health care. The study determined that, in the states that chose to expand Medicaid<sup>®</sup>, the number of uninsured patients decreased by 40%. These clinics also reported a 36% increase in the number of patients using Medicaid<sup>®</sup> (Angier et al. 2015).

Mirroring the widening of its parameters, Medicaid<sup>®</sup> also expanded its range of services by including physical therapy as an “Essential Health Benefit” (Drummond-Dye, 2012). While these expansions did not take place until 2014, a 2012 article from PT in Motion discussed the potential impact that this expansion would have on the field of physical therapy. The author predicted the impact of this expansion by looking at provisions approved by the Supreme Court in 2012. Before the Affordable Care Act was signed into law, only 39 states had physical therapy categorized under “optional benefits” in their Medicaid<sup>®</sup> programs. With this change in policy, an expected 17 million people will have access to physical therapy services through Medicaid<sup>®</sup> across the country (Drummond-Dye, R, 2012). In Warren County, roughly 22% of citizens are insured through Medicaid<sup>®</sup> while Kentucky’s overall rate drops to about 19% (Kentucky Health Facts, 2010).

Kentucky is providing its citizens with another route to accessing physical therapy services in the form of Direct Access. Direct Access allows for citizens to receive physical therapy and rehabilitative services without having to receive approval from a medical doctor. The practice of Direct Access varies from state to state and certain stipulations exist. However, Kentucky has no restrictions on who can make an appointment with a physical therapist. This policy was seemingly made to ensure that people would not mistakenly go to the physical therapist when they actually did not need

rehabilitative services or any medical services at all. However, Kentucky's Direct Access will continue the trend of making physical therapy more accessible to the general public (American Physical Therapy Association (APTA), 2015).

Medicaid<sup>®</sup> expansion and Direct Access both serve as conduits for citizens to obtain rehabilitative services. This, accompanied with the information yielded from the previous study regarding the Blue Cross Blue Shield<sup>®</sup> insurance plans predicts a significant increase in the number of patients gaining access to physical therapy services because of the Affordable Care Act.

While physical therapy is certainly being made more accessible through the Affordable Care Act, a great deal of uncertainty lies in how these changes will affect the quality of the rehabilitative service. England's National Health Service, a universal health program which provides medical care to all of England's citizens, could provide some insight as to how a more accessible health care system operates. A recent review of both the United States' health care system and England's National Health Service found many discrepancies between the standard health care and universal health care. The author determined the main difference in the two systems to be exhibited in cost and efficiency. While the United States provides quality health care and expedient service, the cost of the service leaves the more impoverished citizens without medical care. England, on the other hand, was noted as having a significant drop in quality of health services. The National Health Service was also marked by long delays in procedures as citizens of England usually had to wait weeks or months to receive services (Brzezinski, 2008).

The Affordable Care Act should not be expected to yield as drastic of a decline in quality because the services provided are still paid for by the recipient of those services in most cases. This study is not exactly inferable to the Affordable Care Act as the Affordable Care Act is not a universal health system. Also, other variables, such as medical training and health of the population, could be factored in to this discrepancy.

### **Advantages and disadvantages of number of visits**

A 2011 study examined the effectiveness of rehabilitation on certain musculoskeletal ailments. A group of Medicare® beneficiaries were asked to evaluate their injuries in terms of pain level and utilization, both before and after completing their rehabilitation. The number of visits was also factored into the study. An interesting piece of data yielded from this study regarded the success rate of patients who received a proper number of visits. Out of patients who received a minimum of 7 visits, 63.9% reported improved condition of the injury. The study went on to determine that a higher number of visits was more likely to yield improved utilization of the previously-injured area (Fritz, Hunter, Tracy, & Brennan, 2011).

This study had a very small sample and the average age of the subjects was 74 years old since this sample was taken from Medicare® beneficiaries. However, since the majority of physical therapy patients are elderly, theoretically, the results may be more accurate than a different subset of the population. This study was conducted in only one geographic region, which increases the chances of extraneous variables skewing results and numbers (Fritz, et al, 2011). Overall, the results of this study indicated a strong

relationship between the number of visits and treatment effectiveness, which would seemingly hold true across all age groups and regions.

A potential disadvantage of an increased number of visits was highlighted in a 2013 study. This survey-based study found a correlation between the number of visits and overdependence on a physical therapist. Often the incidence of overdependence was increased in rehabilitative services that were more painful. Also affecting the issue is the increasing age of most physical therapy patients. For many of the elderly patients, a trip to see their physical therapist is one of the few instances of social interaction that they will receive in a week. The desire to continue physical therapy can lead to a psychosomatic condition where more pain is perceived in the formerly-injured area than is actually present (Huprich, Hoban, Boys, & Rosen, 2013).

The information produced from the study regarding the maladaptive relationships with a patient and their physical therapist should not be viewed as statistically significant for a number of reasons. A very small sample size could lead to a misrepresentation of the actual trends and themes of the population as a whole. This maladaptive relationship is not very severe and prevalent. In this sample, over three-fourths of the respondents were female, therefore not generalizable to the overall population. Finally, the limiting of research to only one geographic region dwarfs the significance of the findings in that the environment, such as a small town, should be considered as an extraneous variable that led to an increased incidence of over dependence (Huprich, et al, 2013).

A number of sources could be found regarding the benefits and insurance rates of physical therapy and the Affordable Care Act (Huprich, 2013; Brzezinski, 2008;

Sandstrom, 2013; Drummond-Dye, 2012). Surprisingly, not many sources exist featuring the perspective from actual physical therapists on the Affordable Care Act. These therapists could shed more light onto how the day-to-day operations of physical therapy have been changed since the Affordable Care Act was signed into law and how therapists believe this is impacting their profession.

## CHAPTER 3

### METHODOLOGY

A pilot study was conducted with seven questions (Appendix A) regarding various aspects of the implementation of the Affordable Care Act in Physical Therapy. Approval for this project was sought and attained from Western Kentucky University's Institutional Review Board (IRB 665616-1). Between the dates of November 13<sup>th</sup>, 2014 and November 20<sup>th</sup>, 2014, five local physical therapists responded to the open-ended questions. The five physical therapists comprised a convenience sample of individuals with whom the researcher had met during various shadowing experiences. They each received an email asking them to participate in the study and a link to the questionnaire. Each physical therapist was asked to complete the questionnaire within a ten-day time frame. At the end of the ten-day period, the researcher had received questionnaire responses from all 5 physical therapists. All answers were then thematically analyzed.

After the pilot study was completed a subsequent study was conducted to broaden the scope of the research as well as increase the number of respondents. Approval for the subsequent study was again sought and attained from Western Kentucky University's Institutional Review Board (IRB 665616-2). This research included interviewing 10 physical therapists in 5 different clinics from various areas in Kentucky (Appendix B). Therapists were contacted through phone calls and emails to set up times when they could be reached between April 5, 2016 and April 12, 2016. These interviews were

mostly conducted over the phone, with two being done face-to-face. While dialogue varied from interview to interview, all interviewees were prompted to answer the same questions in no certain order. These questions (Appendix C) focused on Physical Therapy in Kentucky and the overall impact of the Affordable Care Act on this profession.

## CHAPTER 4

### RESULTS

#### **Pilot Study**

The data yielded in the pilot study corroborates the information of the Fritz study (2011). When asked about the significance that the number of visits has on a patient's outcome, all five respondents stressed the importance of an adequate number of visits. One respondent claimed, "The number of visits determines the Physical Therapist's ability to provide the amount of care needed for optimal outcomes for a patient and their condition, and the number of visits is critical to meeting rehabilitation goals."

After highlighting the importance of the number of visits, respondents were asked to discuss any potential issues that may arise with too few visits being covered. Many potential issues with not having enough visits were cited, such as loss of function in an area. As one respondent noted, "Potential issues include: unresolved pain (opens the potential for chronic pain development), unresolved dysfunction with Activities of Daily Living (ADLs) or movement, unsatisfied customers, and patients are held responsible for caring for themselves and their ailments unsupervised by medical professionals."

The survey also inquired about issues that may arise when a patient is allotted too many visits. Four out of the five respondents stated that too many visits were not an issue,

while the remaining respondent stated that a patient may attempt to come in more times than medically necessary.

Another question was posed to the respondents regarding the willingness of patients to pay out-of-pocket for physical therapy services. All five respondents stated that they rarely or never have a patient willing to pay out-of-pocket, indicating that a strong majority of visits are paid for through insurance. An alternate perspective was highlighted when a respondent qualified his answer regarding the frequency of patients paying out of pocket saying, “very minimally- unless he or she is trying to return to a specific sporting event.” The strong takeaway from these answers was that, if a patient is not covered for a physical therapy visit, they are extremely unlikely to seek or receive physical therapy services. The impact that a decreased number of visits would have on the effectiveness of the profession is highlighted when considering this information. Also, taking into account the fact that 20% of Warren County residents do not have health insurance (19% of Kentuckians overall) this would suggest that approximately 1 out of every 5 people in Warren County would not seek physical therapy services when in need of rehabilitation (Kentucky Health Facts, 2014)

A question was posed regarding the current impact that the Affordable Care Act has on physical therapy. Respondents had a variety of answers, including increased loads of one type of insurance and increased copayments. One answer encompassed many facets: “There are a greater number of individuals with Medicaid® insurance plans. These plans require special authorization before initiating physical therapy treatments, and are more restrictive in the number of visits allowed in physical therapy.”

Another question asked about the prospective effects that the ACA will have on physical therapy in the future. Four of the respondents were fairly unified in their answer to this question. It can be summed up in the answer of the respondent who stated “I think it will continue to decrease the total number of visits each patient will receive despite whether or not they are returned to premorbid levels.” The other respondent believed that an increased patient load is in store for physical therapists in the future.

A final question asked if the respondents believed that the Affordable Care Act has had a positive impact on the field of physical therapy. Two of the five respondents cited positive effects such as increased accessibility and reduced overall costs. The final three respondents said that they did not think the ACA has affected physical therapy positively.

The limitations of this pilot study are seen in its sampling. Only five physical therapists responded which is considered a very small sample size. Also, the respondents were all from the same geographic region which may skew data from national opinions and policies. Finally, the five therapists all worked in the same clinic which may tend to them viewing policies similarly and agreeing more unanimously than if the survey were conducted among different clinics.

## **Interviews**

Similar to what was seen in the pilot study, a minority, in this case 3 out of 10 mentioned beneficial outcomes of the Affordable Care Act in Physical Therapy. One interviewee stated, “I’m seeing more patients than I have in the past; about 2 or 3—sometimes 4 more a day, which is great because more and more people are able to get the

PT they need. Fewer people can slip through the cracks.” The researcher followed up this response with a question regarding potentially being overextended with more patients to which this therapist responded, “Definitely at first it was a lot more hectic. I started to multitask; bounce around in between two patients... I’ve gotten used to it.” Another therapist mentioned that seeing two patients at once could upset or even anger a patient and that this practice should not be used on every patient.

When the interviewed therapists were asked whether or not they believed that the Affordable Care Act was having a positive impact on Physical Therapy, seven said it was not. This question prompted an outpatient therapist to claim, “ACA is all about getting individuals to be healthy and exercise so that we can insure them without having to pay for knee surgeries and triple by-passes, but people are not getting healthier—it’s not working... ‘Obamacare’ was not designed for this population...” Another therapist who provided a negative response to this question claimed that, while not often, she had to release more patients prematurely since 2012 than she had in the first 10 years of her career.

All ten of the therapists interviewed stressed the importance of receiving enough visits to complete a rehabilitation schedule. One therapist framed the issue well when saying, “Someone may come to us with 5 visits and need 7 or 8 after an ACL surgery. There’s not much we can do so we send them on their way. Long story short, they didn’t have enough mobility or strength in the joint to avoid hurting themselves again so they come back at the start of the new year for another 5 visits. Well now, insurers are paying for 10 visits rather than the 7 we would’ve needed to rehabilitate the patient up in the first place.” This example highlights a tricky situation that can be caused by a reduced number

of visits. This practice can actually cost insurers more money per patient than a more accommodating plan would have.

When the issue of the potential detriments of having too many visits reimbursed was broached, all ten interviewees downplayed the severity of any issue. One therapist went on to mention how Kentucky's Direct Access to physical therapy is usually not abused by patients. "We have more problems getting patients to stay long enough," she added. This information accompanied with the pilot indicates that therapists rarely, if ever, have a patient that makes unwarranted trips to a rehabilitation center.

The researcher also asked therapists who had practiced Physical Therapy outside of Kentucky for an amount of time if they had noticed a difference in the number of patients they saw on a daily basis. Of the four respondents who qualified for this question, three said no, while the final one said she had but it was more than likely a result of changing clinics. The answer to this question indicated that the population in Kentucky is generalizable to the rest of the United States when it comes to Physical Therapy visits.

Another question was posed in these interviews asking therapists about the most common ailments that need rehabilitation. Most therapists mentioned shoulders and ankles; one therapist who had practiced in both Indiana and Texas before settling in Louisville, Kentucky noted that he saw no significant differences in the injuries he saw frequently in the various locations in which he had been employed.

A follow-up question was posed about whether or not therapists believed that Kentucky's health status played a role in altering the number of patients in need of

Physical Therapy. Eight of the ten respondents talked about the importance of healthy lifestyles in injury or ailment avoidance. An inpatient Physical Therapist also mentioned that she frequently worked with patients with more severe conditions such as stroke victims and amputees and attributed the inordinately high number of these patients to Kentucky's poor health status. Another therapist said, "People are accelerating the wear and tear on their bodies through unhealthy habits. So we, as therapists, are getting a larger chunk of the population susceptible to requiring rehabilitation." The information yielded from this question seemingly indicates that Kentucky Physical Therapists should expect an even larger influx of patients in the future unless certain health factors are to change.

A final question was phrased asking therapists what improvements, if any, they would make to the Affordable Care Act in regards to Physical Therapy. Many ideas were mentioned for possible improvements or amendments but the central theme of the interviewees' responses was that the number of visits needs to be more accommodating to the needs of the client. Three therapists mentioned implementing an unlimited amount of visits if the patient had received approval from a medical doctor. Two respondents suggested that therapists should have some form of contact with an insurance agent to determine how many visits a patient would need to rehabilitate fully from their injury. Regardless of the method chosen, all of these responses showcase that the number of visits permissible under the Affordable Care Act is not adequate for every patient.

The portion of the study is still limited by the number of subjects interviewed. But an area of improvement can be seen in the diversity of the interviewees. The ten interviewees were from five different cities which would lessen the likelihood that any irregularities in one region would corrupt data more so than the survey. Also, the

interviewees included inpatient and outpatient therapists as well as hospital physical therapists.

## CHAPTER 5

### DISCUSSION

One of the most important issues highlighted in the literature review is the impact of the number of visits (Sandstrom, 2013; Angier, 2015; Hubrich, 2013; Fitz, 2011). According to the present survey, corroborated by the interviews, a reduction in number of visits is to be expected with the Affordable Care Act. The importance of this is stressed when considering the results of the Huprich (2013) study and the fact that 100% of therapists surveyed and interviewed listed multiple issues that arose when a patient could not receive enough visits. The present study and the Huprich study both signify the impact of having a sufficient number of visits with a Physical Therapist in order to properly rehabilitate. The current survey also yielded information that working with a condensed rehabilitation schedule may not allow enough time to gradually build up strength or range of motion in the patient's injured area, thus limiting the variety and intensity of exercises that can be performed. Often times, in the event of an Anterior Cruciate Ligament (ACL) tear, that ligament will have scar tissue that will make it more susceptible to a tear in the future; proper rehabilitation will significantly reduce those chances (Donatelli, 2007).

Even further worsening the quality of Physical Therapy care would be the influx of patients seen daily. This increase in Physical Therapy appointments could lessen the quality of the rehabilitation given. Historically, as the cost of a health care service goes

down and that service's availability increases, a decline in quality is often seen (Sultz & Young, 2014). With more visits covered, Physical Therapists will be seeing more and more patients.

Also bringing more patients to Physical Therapy clinics is Kentucky's Direct Access to Physical Therapy services. Allowing patients to bypass the doctor may serve to set up unnecessary appointments at a time when a rehabilitative clinic is saturated with patients. Seeing more patients would compound the issue of a declined number of visits, brought about by the Affordable Care Act, in that a therapist's time may be further divided among patients throughout the day.

With more injured individuals gaining approval for these services to be rendered, this issue of the influx of patients is further compounded when considering the demand for Physical Therapy also is projected to increase. A previously-referenced study also mentioned that the majority of Physical Therapy patients are 45 or older (Sultz et. al, 2014). The "Baby Boom" generation is aging and, soon, the population will have a higher number of citizens over 45 than this country has ever seen. This, theoretically, will increase the number of patients in need of Physical Therapy services. Also, the prevalence of both obesity and diabetes are increasing, especially in Kentucky. Diabetes and obesity are two factors that increase the likelihood that a person will require Physical Therapy. Knowing this, the number of Physical Therapy appointments looks poised to increase exponentially in the not-too-distant future (BLS, 2014).

Another interesting point yielded from the survey was that of higher copayments resulting from the Affordable Care Act. Although this was just noted by a few

respondents, this issue highlights one of the concerns that citizens have with this. While the passage of the ACA is associated with higher monthly premiums, the quality of insurance has lowered and the extra money saved month to month could easily disappear through copayments when a serious medical situation should arise. The Affordable Care Act encompasses somewhat of a risky trade-off when considering the financial repercussions that an individual could incur in the event of a medical emergency.

Before health insurance, individuals would have little to no assistance in paying off medical debts or making up for lost wages in the event of their being unable to work. Because of this, health insurance was founded on the principle of lessening the financial risk that individuals would take on by allowing for clients to pay monthly bills. The insurer would then pay to make up for lost wages or medical expenses in the event a client could no longer work. The Affordable Care Act, surprisingly, seems to be taking a step backwards toward the days without insurance as less risk is being taken on by the insurers and more is being left in the hands of the individual. This new brand of quasi-insurance is essentially distancing itself from the original intention of lessening the chance that a person becomes destitute in the event of a medical crisis. It should be noted, nonetheless, that more money will be saved in the pockets of individuals than will be lost as a result of the ACA as most Americans do not accumulate medical bills significant enough to outweigh the difference in monthly premiums. However, for those individuals adversely affected by the Affordable Care Act, the repercussions will be significant.

As mentioned in the 2010 study of the Blue Cross Blue Shield® insurance plans, a small portion of insurance plans will allow for an unlimited number of visits to a physical therapist (Sandstrom, et al., 2013). While 93.3% of therapists interviewed in the current

study noted that having too many visits would not be an issue, the remaining respondent noted that a patient may often desire to come back if they can. Physical Therapists and insurers could encounter somewhat of a perfect storm if a patient with overdependence, similar to those mentioned in the Fritz study (2011), has an unlimited number of visits covered. A therapist would have their hands tied if a patient could not be cleared because of complaints of pain or failed range of motion testing; thus allowing a patient to drain clinic resources as well as therapist's time. Moreover, it should be mentioned that this is a very rare occurrence.

The results of this research seemingly indicate that deciding the number of visits to a Physical Therapist is a multi-faceted issue. The two resolutions to the debate have the potential to decrease accessibility of this service. One resolution, placing a cap on the number of visits covered may lead to a person in need of a medical service not receiving it. The other resolution, however, allowing unlimited visits and clogging the clinics with over-dependent patients, could yield waiting rooms full of people, many of whom actually do need medical assistance.

An interesting idea was yielded from the interview portion of this research. It was suggested that insurers should meet and check in with rehabilitative specialists during the course of a treatment to ensure that the patient had an adequate amount of visits to rehabilitate properly and reduce the risk of re-injury in the future. This would help prevent both patients being discharged too soon as well as insurance agencies over paying. This idea seems more complex and less practical due to the interface required between the two parties. Nevertheless, this is an idea worth exploring.

Some of the goals of the Affordable Care Act have been achieved in Physical Therapy. One respondent noted how there is more of an emphasis on preventive treatment to avoid surgeries, which has helped reduce overall costs. The reduction in cost has resulted in, as one respondent said, “more patients being able to engage in treatment that can improve function and movement.” Many of the therapists interviewed spoke about how more people having access is just as or even more important than patients getting their visits cut. “Putting a patient on the right path to rehabilitating properly is sometimes all that is needed.” as one therapist summarized this issue.

The patient’s perspective is not the only one that needs to be considered in this instance, as therapists are seeing more patients now than they have in the past. Many of the therapists talked about the strain that this puts on them and the decline in the quality of rehabilitative services that they are able to produce as a result.

Undoubtedly, the future of Physical Therapy has been altered by the creation and passage of the Affordable Care Act. The most prominent effect of this will undoubtedly be seen is an influx of patients. The expected growth of patients because of the Affordable Care Act and other aforementioned factors is expected to grow faster than the number of therapists. This problem is even more severe in Kentucky if the health status of Kentucky citizens continues to drive people into requiring rehabilitation. The other important takeaway is the reduced number of visits. This seems to be putting a strain on Physical Therapists and the services they provide as they often times no longer have adequate time with a patient to provide the necessary services to rehabilitate them. The Affordable Care Act is essentially making a worsened service available to more people. Ultimately, there is no right or wrong answer to this trade off, but it appears that the vast

majority of therapists do not believe that the direction that the Affordable Care Act is taking the profession of Physical Therapy is conducive to healthier patients.

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## APPENDIX A

### Instructions:

The purpose of this study is to assess local physical therapist's experiences with health insurance pre and post Affordable Care Act (ACA). By completing this survey you are agreeing to be a voluntary participant in this research study. Please answer each question to the best of your ability; there are no right or wrong answers. You may choose to skip any questions that you are not comfortable answering. No identifying information will be used in summarizing the results from this study.

If you have any questions regarding this study please feel free to contact the Principal Investigator, Mr. Greg Austin at 270-562-2812 or [greg.austin365@topper.wku.edu](mailto:greg.austin365@topper.wku.edu). You may also contact the Western Kentucky University Institutional Review Board at 270-745-2129. Thank you for your participation!

Description:

The Affordable Care Act, signed into law by President Barack Obama in 2010, is legislation that sets out to improve the cost, quality, and access to health care in the United States today. Its goal is to have universal health care for all US citizens by 2015.

- 1) What is the significance of the number of visits to a physical therapist during the rehabilitation process?
- 2) In your experience, how frequently are patients willing to pay for therapy out of pocket (or if they are uninsured)?
- 3) Since the Affordable Care Act has been enacted, have you noticed any type of change in the field of physical therapy? If yes, please describe.
- 4) Since the act has yet to be fully implemented, in what ways do you see ACA affecting physical therapy?
- 5) What issues arise if a patient is covered for fewer visits than treatment requires?
- 6) What issues arise when a patient is covered for more visits than treatment requires?
- 7) Limited only to the field of physical therapy, in your opinion has the ACA benefited the field in any way?

## APPENDIX B

Interviewees:

Interviewee	Clinic	City	Type of Therapist	Gender
1	A	Bowling Green	Inpatient	F
2	A	Bowling Green	Inpatient	M
3	B	Lexington	Outpatient	F
4	B	Lexington	Outpatient	F
5	B	Lexington	Outpatient	M
6	C	Owensboro	Inpatient	F
7	C	Owensboro	Inpatient	F
8	D	Pikeville	Sport/Athletic	M
9	E	Louisville	Hospital	M
10	E	Louisville	Hospital	F

## APPENDIX C

- 1) What is the significance of the number of visits to a physical therapist during the rehabilitation process?
- 2) Since the Affordable Care Act has been enacted, have you noticed any type of change in the field of physical therapy?
- 3) Since the act has yet to be fully implemented, in what ways do you see ACA affecting physical therapy?
- 4) How can health issues lead to someone needing rehabilitative services?
- 5) What issues arise if a patient is covered for fewer visits than treatment requires?
- 6) What issues arise when a patient is covered for more visits than treatment requires?
- 7) Limited only to the field of physical therapy, in your opinion has the ACA benefited the field in any way?
- 8) Have you noticed a difference in the number of patients you rehabilitate in Kentucky as opposed to the state where you worked formerly (Only asked to therapists who had worked outside of the state)?
- 9) Have you noticed certain injuries that occur more frequently in Kentucky (Only asked to therapists who have worked outside of the state)?
- 10) Do you believe Kentucky's poor health has led to a higher per capita number of physical therapy patient