



## **A Strategic Approach to Expanding Scope**

*This article is based on a presentation by Lisa Hahn, MPA, Executive Director, Virginia Board of Physical Therapy, and Lisa Donegan Shoaf, PT, DPT, PhD, Mary Baldwin College, Staunton, VA at the 2014 FSBPT Annual Meeting.*

Direct Access (DA) is the removal of a state law requirement that a physician or other practitioner refer a patient to physical therapy services for evaluation and treatment. A recent study conducted in Virginia shows a 99% patient satisfaction rate with DA, indicating that DA should be expanded.

It has taken decades to reach this point. In 1957, Nebraska became the first state to allow DA with no restrictions. In 2001, Virginia passed its initial DA law. It was revised in 2007 but still contains significant restrictions. The commonwealth plans to introduce legislation in 2015 to reduce the number of restrictions. Currently 17 states have unrestricted access and all others have some type of restriction. In 2014, Oklahoma and Michigan became the final two states to pass laws allowing evaluation and treatment by a physical therapist (PT) without a referral.

Virginia began seeking DA during the late 1970s, but there were barriers to success. Physical therapy served as an advisory board under the Board of Medicine for licensure and oversight. Physicians were a strong lobby and very conservative. PTs had limited PAC funds and a limited legislative presence. The Virginia Physical Therapy Association (VPTA) was not focused on the DA issue.

Virginia made multiple attempts for DA during the 1980s and 1990s, with limited success. However, some early limited DA allowed them to do health promotion and wellness, to have individual education programs (IEPs) in the school systems for children with disabilities without the need for referrals, on the field management for certified athletic trainers (ATCs) who were also PTs, and added ergonomics and education at a worksite.

Virginia created an independent licensing board under the Department of Health Professions (DHP) in 2000, under which licensure is overseen by their peers (five PTs, one physical therapy assistant (PTA), and one citizen member). In 2001, Virginia passed its first meaningful DA law, which included the ability to see a patient with a previous diagnosis without a referral, but still had some restrictions.

In 2006, an attempt was undertaken to broaden DA without negotiating with physicians. The bill

never made it out of subcommittee. Proponents realized PTs needed to work more closely with the Orthopaedic Society of Virginia and the Medical Society of Virginia. This relationship became invaluable and the leadership of those organizations continues to meet annually with the leadership of the VPTA. They work on similar issues, such as worker's compensation.

The following year, a law passed that allowed, for the first time, PTs to see a patient without a referral and it did not include a previous diagnosis clause. There were still restrictions and included a certification process.

As an advisory board under the Board of Medicine, PTs had a limited ability to increase autonomy or practice. As an independent board, they could work more closely with VPTA. It has become stronger in the past 10 years, but still has areas in which to improve. PT and PTA educators are recommended for the licensing board along with leaders from the VPTA.

Strategies to reduce restrictions and expand scope for PTs include establishing an independent PT licensing board under DHP, appointing active members of VPTA to the licensing board, enhancing relationships with other associations (VCA, OSV, MSV), a DHP study of PT workforce in Virginia, and DA research by the VPTA.

#### Workforce Study in Virginia

DHP is the umbrella agency overseeing the research data center that conducted healthcare workforce studies for all 13 healthcare regulatory boards. In 2012, the research data center completed the workforce studies on PTs and PTAs, which will be updated every two years. The full report can be found at: [www.dhp.Virginia.gov/Physicaltherapy](http://www.dhp.Virginia.gov/Physicaltherapy).

#### Statistics from the 2012 Study

There were 6,663 PTs with 8% new and 9% not renewed in Virginia. The response rate for all licensees was 74% and for renewing practitioners, 89%. Seventy-seven percent of the PTs were female and, of those, 78% were younger than 40. The median age was 41 with 46% younger than 40 and 16% who were 55 or older. The diversity index was 32%, with those younger than 40 at 38%.

Fourteen percent had an urban childhood and 27% were from a rural area, but only 10% worked in non-metro counties. One in 5 PTs who grew up in rural areas worked in a non-metro county and fewer than 1 in 14 from an urban or suburban area worked in non-metro counties. Thirty-six percent had attended high school in Virginia and 36% had PT education in Virginia, with 45% having high school or PT education in Virginia.

Twenty-nine percent of PTs had a bachelor's degree, 30% had a master's degree, and 41% had a doctorate. Ninety-five percent are employed in the profession. Sixty percent of those surveyed said they have full-time employment, with another 18% having two or more positions. Among the employed, 49% worked 40 to 49 hours a week, 4% worked 60 or more hours, and 21% worked fewer than 30 hours.

The median income was \$70,000 to \$80,000, with the middle 50% earning \$50,000 to \$90,000. Fifty-nine percent had employer health insurance and the same percentage had employer retirement benefits. Seventy percent said they were very satisfied with their profession, while 97% said they were satisfied.

More than 75% of those were working in only three regions. Sixty-four percent worked in for-profits while only 2% were federally employed. The top establishments were physical therapy office (group or solo), 23%; general hospital (inpatient or outpatient), 22%; and rehabilitation facilities (inpatient or outpatient), 17%.

Patient care takes up 90 to 99% of the PTs' time, which is good. Only 1 to 9% work in administration or education, and none in research.

#### Direct Access Research in Virginia

About 1,000 practitioners have opted into the DA certification process since 2006, when it began. The purposes of the study were to collect data about the utilization of the current DA law in Virginia, to determine patient satisfaction around the receipt of DA care, and to determine if any other medical conditions developed that were not identified by the treating PT under a DA episode of care. It was learned that about 40 to 50% who had chosen to do DA certification probably were already doing it in outpatient settings.

Data was collected from 12 outpatient PT clinics representing all VPTA districts between February 2012, and February 2014. Forty-six physical therapists collected data for the study with 175 patients completing the study.

#### Study methods included:

- Clinics enrolled patients participating in a DA episode of care.
- Clinics collected patient data and demographics during an episode of care, which was sent to researchers for survey follow-ups.
- Two online surveys were sent to patients completing an episode of DA care: patient satisfaction two to four weeks after the episode and a medical follow-up survey about five to six months after the episode.

Of those patients surveyed about a DA episode, 90% were for musculoskeletal conditions and 10% were for neuromuscular problems, almost exclusively vestibular, fall, and balance issues. Forty-six percent of those had an acute or traumatic injury and 52% were recurrent or chronic problems.

In Virginia, PTs can see the patient over 14 "business days" and PTs could resolve the problem for those under DA about 54% of the time. Another 25% needed more care and thus needed a referral. Twelve percent were referred to someone else for care. Several of those were referred back to the PT.

Patients were very satisfied by the care and the progress they made, with 99% saying that would use DA again. A very small number sought diagnosis from their primary care physician (PCP) or an orthopedist. Eighty percent of those in the study billed to their third-party payer and 95% of those were covered in some way, depending on their payers' co-pay, etc. Therefore DA is often covered.

Also surveyed were those certified in the state to rank the elements of the current law that they saw as problematic. This information was taken to the physicians, who were very interested in the data, especially because it showed PTs were not overlooking diagnoses that a physician

would have caught. Those patients with other conditions were sent to their PCP or orthopedist, and often sent back to the PT for continued care.

#### Lesson Learned and the Future

An active relationship between the licensing board and the state association is a win-win. Data is useful, but does take time to collect. There are models that exist so other states can use them to draft their own. Improvement is always possible, such as using technology to enhance communication. Information should go both ways.

Virginia currently has 7,000 PTs and 3,000 PTAs. The current DA certification process requires practitioners who want to opt in to using DA under the law to submit an application to the licensing board for a fee. They are eligible if they have an entry-level Doctor of Physical Therapy (DPT), a transitional DPT, or show evidence that includes a post-test of course work around medical screening and differential diagnosis. Being negotiated now is whether the certification is necessary because PT education has changed in the past seven years.

#### Assessing Your Jurisdiction

To assess your own jurisdiction, look at your board composition, especially recognizing if your board is proactive. Check your board's relationship with other associations and with General Assembly members. Before you propose legislation, do groundwork or repair work to be fully prepared. Open communication is very important throughout the process.

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**Lisa Hahn, MPA** currently serves as the Executive Director for the Board of Long-Term Care Administrators, and on the Board of Funeral Directors and Embalmers and the Board of Physical Therapy for the Department of Health Professions in Richmond, Virginia. Lisa has more than 25 years of regulatory experience. She previously served as the Executive Director for other health regulatory boards as well as serving as the Deputy Director of Enforcement for the Department of Health Professions. Additionally, Lisa served as the Chief for Private Security at the Department of Criminal Justice Service and was a former Richmond City Police Officer. She holds a Master's Degree in Public Administration from Virginia Commonwealth University and a Bachelor's Degree in Criminal Justice from the University of Maryland. Lisa is the Past President of an international association called CLEAR (The Council on Licensure, Enforcement and Regulation). She currently serves on the leadership team for the National Association of Long-Term Care Administrator Boards (NAB). She also serves on three national committees for the Federation of the State Boards of Physical Therapy. Lisa was born in Virginia and is married with two children. In her spare time, she enjoys reading, exercising, and watching her children in their sporting activities.



**Dr. Lisa Donegan Shoaf, PT, DPT, PhD** has been practicing Physical Therapy in Virginia for all 33 years of her PT career. She is a former member and President of the PT Licensing Board, including a charter member of the first Independent PT Licensing Board in Virginia. She has served as Chapter President of the Virginia Physical Therapy Association, Chair of the Direct Access Task Force, a member of the Legislative Committee, and is currently serving as Chief Delegate to the APTA House of Delegates for Virginia. She has been active on several FSBPT Task Forces, including those on Continuing Competency and Foreign Credentialing, as well as participating in various FSBPT activities. She has been a Credential Reviewer for Foreign Credentialing Commission on Physical Therapy (FCCPT) and is currently a member of its Quality Review Committee (QRC). Lisa continues to practice in outpatient orthopedics but has been in physical therapy education for 22 years. She currently serves as the Program Director of the developing DPT program at Murphy Deming College of Health Sciences, Mary Baldwin College, in Staunton, Virginia.