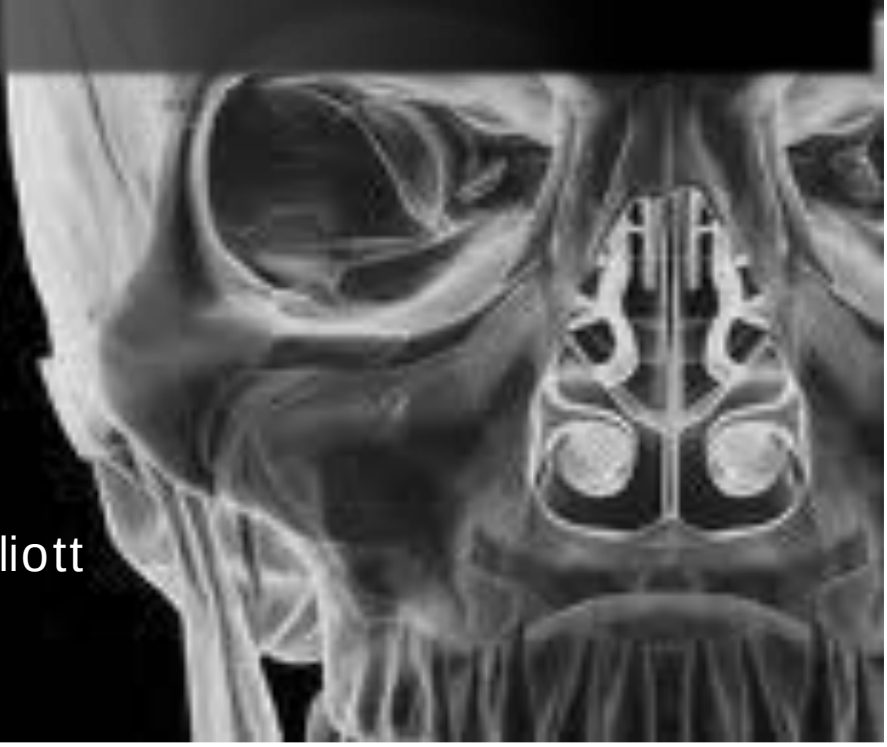
Referral for Imaging in Physical Therapist Practice: A Pragmatic Vision

Bill Boissonnault
Angela Shuman
Kip Schick
Aaron Keil
Scott Rezac
Chuck Hazle/James Elliott



SESSION OBJECTIVES:

At the completion of this session, attendees will be able to…

- Understand the expressed and implied language of physical therapy and associated practice acts relating to referral for imaging.
- Undertake administrative and legislative advocacy efforts within institutional and state jurisdictions.
- Communicate with radiologists and other providers in referring for imaging and following-up as indicated on radiologists reports.
- Provide a vision for enhanced physical therapy delivery by understanding the integration of imaging into practice.

Topic Area	Presenter	Time (mins)	Explanation
Introduction	Hazle/Elliott	5	An overview of the sessions
Historical Perspective & Ideal Practice	Boissonnault	10	Pragmatic vision for practice
APTA perspective	Shuman	15	Evolution at our National level
Chapter Level	Shick	20	What have we learned from Wisconsin?
Incorporating into: a) Institution b) Private Practice	a) Keil b) Rezac	15 x 2	Example models of incorporating imaging in PT practice
Q&A	Panel	30	Questions from participants

A Pragmatic Vision for Practice

William Boissonnault, PT, DHSc, FAAOMPT, FAPTA

APTA

Pragmatic Vision – Doing "It" Right!

Physical Therapists having the ability to order imaging modalities and when appropriate, interpret such tests

APTA

Be Careful What We Ask for!!

- Over-utilization and inappropriate ordering
- Poor correlation between imaging findings and symptoms
- Without indications of serious pathology, immediate imaging not indicated
- Early imaging may lead to poorer outcomes
- Promoting physical therapist management as an alternative to more expensive and invasive care
- Lack of evidence that imaging findings impact plans of care

APTA

Pragmatic Vision – Let's Not Become Part of the Problem!

Relevance to Practice and Education

- Relevance goes beyond ordering and interpretation
  - Understanding of imaging gold standards for screening and diagnosis is critical.
  - Patient education

LBP Rules-Cancer

Suspicious of Cancer:

- Personal history of cancer (+LR 14.7; post-test probability 33%, 22-46%)
  - **MRI indicated!**
- Age 50yrs or greater (+LR 2.7)
- Weight loss; (+LR 2.7)
- No improvement with 4-6 wks of conservative therapy!! (+LR 3.0)
- With combination of three then plain films, ESR

Chou et al. Diagnosis and treatment of low back pain: Ann Int Med. 2007;147:478.
Downie A, et al. Red flags to screen for malignancy and fracture in patients with low back pain: systematic review. BMJ. December, 2013

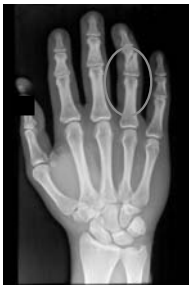
Imaging Idolatry:
Uneasy Intersection of Patient Satisfaction, Quality of Care and Overuse

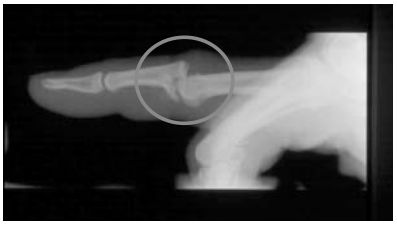
- Deyo RA. Arch Int Med. 2009;169(10):921-23
  - Redouble patient education efforts related to necessity of imaging- potential risks and benefits
  - Convince patients that more is not always better!

Relevance to Practice and Education

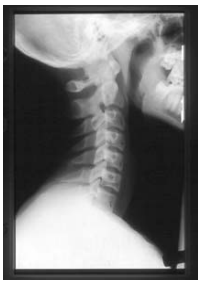
Ordering and Interpretation

- Some patients need imaging!
  - Suspicion of fracture
  - Suspicion of serious pathology
- To fully benefit from the implementation of direct access model
- To fully benefit from PTs assuming roles in primary care settings
- Ordering versus Interpretation of Imaging

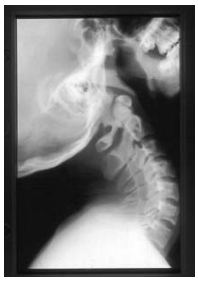




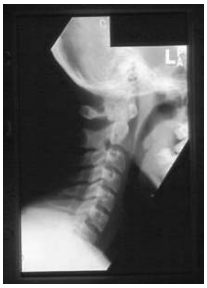
Cervical Spine
Lateral View

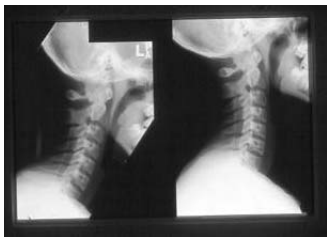


Stress Film
Cervical Spine
BBing



Stress Film
Cervical Spine
FBing





APTA Position on Diagnosis

- (HOD P06-12-10-09), *Diagnosis by Physical Therapists* states: "…….*When indicated,* ***Physical Therapists order appropriate tests including but not limited to imaging and other studies, that are performed and interpreted by other health professionals. Physical therapists may also perform or interpret selected imaging or other studies……***"

External Validation

- American Institute of Ultrasound in Medicine
  - November, 2017 added physical therapists to the list of those qualified for their accreditation training guidelines: "… Who Evaluate and Interpret Diagnostic MSK Ultrasound Examinations"
  - http://www.aium.org/officialStatements/51

Pragmatic Vision – Doing "It" Right!

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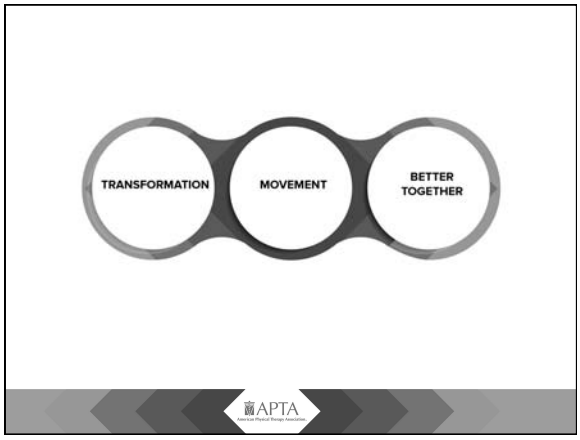

TRANSFORMATION
MOVEMENT
BETTER TOGETHER
APTA

APTA
American Physical Therapy Association

Imaging in PT Practice:
APTA Perspective

Angela Shuman
Director, State Affairs

APTA House of Delegates

DIAGNOSIS BY PHYSICAL THERAPISTS
HOD P06-12-10-09

...

When indicated, physical therapists order appropriate tests, including but not limited to imaging and other studies, that are performed and interpreted by other health professionals. Physical therapists may also perform or interpret selected imaging or other studies.

...

APTA House of Delegates

2016 Charge:

That the American Physical Therapy Association develop and promote a plan to achieve practice authority for ordering and performing imaging studies across practice settings.

Identify Barriers

- PT practice acts – prohibitions to remove
- PT practice acts – interpretation of existing language
- Other professions' practice acts
- Other state laws and rules – e.g. hospital licensure laws/rules
- Attorney general opinions and case law

Identify Barriers

Some state PT practice acts include the following:

The practice of physical therapy does not include the use of roentgen rays and radium for diagnostic purposes.

What does it mean to "use" roentgen rays and radium?

Identify Solutions

- Legislation to change the PT practice act may or may not be necessary, and may not be the best option
- Interpreting existing practice acts – Board opinion, AG opinion, Board rules
- Legislative approach: Broad or narrow?

State PT Board Opinions

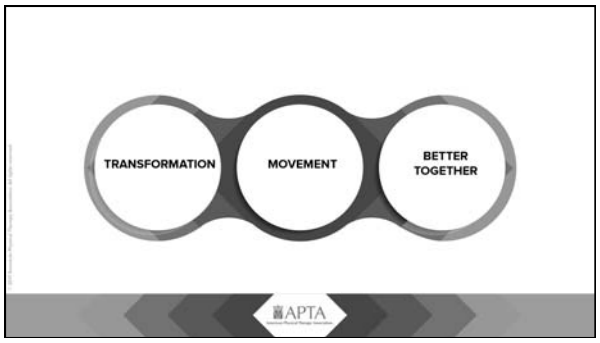
- Wisconsin (2005) Refer a patient for diagnostic imaging
- DC (2010) Refer a patient for diagnostic imaging
- Colorado (2014) Order or perform diagnostic imaging, including MRI
- Maryland (2014) Refer patients for radiological tests, including x-ray, MRI, and CT scans
- New Jersey (2016) Refer a patient for diagnostic testing such as imaging

State Legislative Activity: Imaging in PT Practice Acts

- Wisconsin – Enacted in 2016
- Ohio – Pending legislation (HB 131)
- Rhode Island – Imaging language removed from bill (2017)
- Utah – HB 382 (2018)

APTA Imaging Resources:

www.apta.org/imaging



Imaging Legislation in Wisconsin Lessons Learned

Kip Schick, PT, DPT, MBA
Past President, Wisconsin Chapter
Director of Clinics and Wellness, University of Wisconsin Hospitals and Clinics

Overview of the WI Experience

- Catalyst for introducing legislation
- Strategies to get legislation passed
- Considerations for language in statute vs. regulatory rule
- Implementation

Factors that Led to WPTA Introducing Language on Imaging

- Practice Act – Prior to April 2016:
  - WI Statute 448.50 4 (b) states "(b) "Physical therapy" does not include using roentgen rays or radium for any purpose, using electricity for surgical purposes, including cauterization, or prescribing drugs or devices."
- 2005: Department of Regulation and Licensing (DRL) in WI determines that PTs referring a patient for x-ray is allowed under state law

Factors that Led to WPTA Introducing Language on Imaging

- 2005: After the DRL ruling, PTs in WI begin ordering x-rays- primarily at two hospitals in the state: Amery Regional Medical Center (Amery, WI) and the University of Wisconsin Hospitals and Clinics (Madison, WI)
- 2009: Radiologic technologists pass a bill that outlines from whom they may accept an order to perform an x-ray. PTs are not included in the list of providers (MD, DPM, DDS, DC, NP, PA)

Factors that Led to WPTA Introducing Language on Imaging

- 2013: WPTA becomes aware of conflict with radiologic technologist scope issue; although a PT may refer a patient for x-ray the radiologic technologist is unable to accept the referral in order to perform the x-ray
- 2013: WPTA advises PTs in WI to refrain from referring patients for x-ray

Strategies to Get Legislation Passed

- 2013: Modify statute to allow a radiologic technologist to accept an order from a PT
- 2013 – 2014: Educate, educate, educate
  - Members
  - Healthcare professionals
  - Legislators
- Spring 2014: Legislation ends with no public hearing on our bills (AB658/SB496)

Strategies to Get Legislation Passed

- Spring 2014: As the legislative session ends, the Senate Health Committee Chair asks to meet with WI Medical Society, WPTA, and WCA to determine what issues WPTA must meet to get legislation passed
- WI Medical Society and WCA identify three primary issues: (1) care coordination; (2) training; and (3) modify PT practice act to ensure clarity with PTs ordering x-rays.

Strategies to Get Legislation Passed

- Spring 2014 – Summer 2015: WPTA works with its legal counsel to draft language addressing identified issues by stakeholder groups. Initial language ultimately passes.
- Fall 2015: New bill (AB549/SB453) is a single bill that modifies state law in two places: radiologic technologist scope of practice and the PT practice act.

Strategies to Get Legislation Passed

- Key language additions:
  - 448.50(4)(b): "Physical therapy" does not include using roentgen rays or radium for any purpose, using electricity for surgical purposes, including cauterization, or prescribing drugs or devices, but does include ordering x-rays to be performed by qualified persons, subject to Wis. as provided for in Wis. Stat. § 448.50(4)(a) 5 and Wis. Stat. § 448.56(8), and using x-ray results to determine a course of physical therapy or to determine whether a referral to another health care provider is necessary.

Strategies to Get Legislation Passed

- Key language additions:
  - 448.56(7) Ordering X-Rays. (a) A physical therapist may order X-rays to be performed by qualified persons only if the physical therapist satisfies one of the following qualifications, as further specified by the examining board by rule:
    1. The physical therapist holds a clinical doctorate degree in physical therapy.
    2. The physical therapist has completed a nationally recognized specialty certification program.
    3. The physical therapist has completed a nationally recognized residency or fellowship certified by an organization recognized by the examining board.
    4. The physical therapist has completed a formal X-ray ordering training program with demonstrated physician involvement.

Strategies to Get Legislation Passed

- Key language additions:
  - 448.56(7) Ordering X-Rays. (b) When a physical therapist orders an x-ray, the physical therapist must communicate with the patient's primary care physician or an appropriate health care practitioner to ensure coordination of care, unless all of the following apply:
    1. A radiologist has not identified a significant finding on the x-ray film;
    2. The patient does not have a primary care physician; and
    3. The patient was not referred to the physical therapist by another health care provider to receive care from the physical therapist

Strategies to Get Legislation Passed

- Fall 2015 – Spring 2016: Educate, educate, educate
  - Members (Legislative Day October 28, 2015)
  - Wisconsin Medical Society
  - Wisconsin Radiological Society
  - Alliance of Health Insurers (AHI)

Strategies to Get Legislation Passed

- Key Messages:
  - Under direct access – in place in WI since 1987 –PTs may see patients without a physician referral. Requiring an x-ray order from a MD often requires a visit with the MD, which delays care and increases cost.
  - Proposed x-ray legislation will provide clarity to allow PTs to order x-rays, which was allowable in WI between 2005 and 2009
  - Knowing when to order x-rays and which views to order are both taught and tested in all accredited PT programs in WI
  - Proposed x-ray legislation clarifies that PTs can order x-rays, not interpret them. Radiologists still perform the official read.
  - Insurance billing remains unchanged.
  - PTs have no financial incentive to order x-rays.
  - Hospitals determine whether or not to allow PTs to order x-ray.

WPTA
Wisconsin Physical Therapy Association

Strategies to Get Legislation Passed

- Legislation Passes:
  - Assembly Health Committee: Bipartisan vote of 8-3 in support; an amendment requiring physical therapists to work under physician supervision failed to pass in committee;
  - Senate Health Committee: 5-0 vote in support
  - Assembly and Senate: Passes unanimously on voice vote
  - Governor signs bill on April 25, 2016

WPTA
Wisconsin Physical Therapy Association

Considerations for Language in Statute vs. Regulatory Rule

- WPTA proposed charging the Physical Therapy Examining Board (PTEB) with promulgating rules on physical therapist training in order to order x-rays.
- Key reasons to take this approach:
  - Physical therapist educational curriculum will change over time and soon the majority of physical therapists practicing in the US will hold entry level doctoral degrees;
  - Organizations that oversee physical therapist education, physical therapist clinical specialization, and physical therapist residencies and fellowships may change in the future
  - Training requirements will evolve over time

Final Rule Physical Therapy Examining Board August 2017

- **PT 10.02 Qualifications.** A physical therapist may order x-rays to be performed by qualified persons if the physical therapist satisfies one of the following qualifications:
- **(1)** The physical therapist holds an entry level clinical doctorate or transitional clinical doctoral degree in physical therapy from a college or university that has a physical therapy program accredited by the Commission on Accreditation in Physical Therapy Education or a successor organization.

Final Rule Physical Therapy Examining Board August 2017

- **(2)** The physical therapist has been issued a specialty certification from the American Board of Physical Therapy Specialties. The clinical practice hours leading to the specialty certification shall include training in the practice of ordering x-rays. A specialty certification issued by a national organization other than the American Board of Physical Therapy Specialties satisfies the qualification under this subsection if the certification program meets the criteria under sub. (4) (a) to (f).

Final Rule Physical Therapy Examining Board August 2017

- **(3)** The physical therapist has completed a residency or fellowship accredited by the American Board of Physical Therapy Residency and Fellowship Education. The residency or fellowship shall include training in the practice of ordering x-rays. Completion of a residency or fellowship accredited by a national organization other than the American Board of Physical Therapy Residency and Fellowship Education satisfies the qualification under this subsection if the residency or fellowship program meets the criteria under sub. (4) (a) to (f).

Final Rule Physical Therapy Examining Board August 2017

- **(4)** The physical therapist has successfully completed a formal x-ray ordering training program meeting all of the following criteria:
- (a) The program constitutes an organized program of learning which contributes directly to the professional competency of a licensee to order x-rays.
- (b) The program pertains to subject matters which integrally relate to the practice of ordering x-rays.
- (c) The program is conducted by individuals who have specialized education, training, or experience by reason of which the individuals should be considered qualified concerning the practice of ordering x-rays. This shall include demonstrated physician involvement in the development or presentation of the program.

Final Rule Physical Therapy Examining Board August 2017

- (d) The program fulfills pre-established goals and objectives.
- (e) The program provides proof of attendance by licensees.
- (f) The program includes a final examination or other assessment of a licensees' competency to order x-rays.
- SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

Final Rule Radiologic Examining Board September 2017

- Current rules provide the scope of practice for radiographers involves the production of images for the interpretation by, or at the request of, a licensed independent practitioner. "Licensed independent practitioner" as defined in current rules did not include a physical therapist prior to September 2017.
- The Radiology Examining Board (REB) amended the definition of "licensed independent practitioner" to include a physical therapist who is licensed under s. 448.53, Stats., and satisfies one of the qualifications under s. 448.56 (7) (a), Stats.

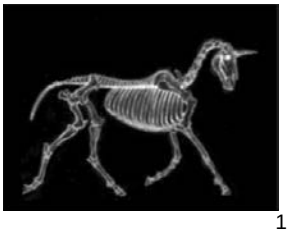
Implementation

- Educate, educate, educate
  - Membership
  - Radiologists
  - Hospital administrators
- Identify champions
  - University of Wisconsin Hospitals and Clinics (Madison, WI)
  - First WI health system to support PTs ordering x-rays – approval occurred in October 2017 (required Medical Board and Hospital Board approval)
  - Several health systems identified to allow PTs to order x-ray

Implementation

- Current Issues
  - Ordering labs for a urinalysis if pregnancy is identified as a possibility when the PT determines that x-rays are warranted
  - Questions from PTs and CE groups regarding “Formal training” provisions
  - Data collection going forward

REFERRAL *FOR IMAGING IN PHYSICAL THERAPIST PRACTICE: A PRAGMATIC VISION*



Dr. Scott Rezac, PT, DPT
Board Certified Orthopedic Specialist
Fellow of the American Academy of Orthopedic Manual Physical Therapists

WHO IS THIS GUY AND HOW DID HE GET HERE?

- Private practice owner since 2007
- Current Colorado Chapter Treasurer and Chief Delegate Elect
- Co-Chair of the Private Practice Section
- Faculty for OMPT Fellowship at Regis University
- Founding member of Colorado Chapter Imaging SIG (Pending)

WHO IS THIS GUY AND HOW DID HE GET HERE?

- Began ordering imaging in 2008 due to wording of the practice act and increase in direct access population
- Thought everyone was already doing it
- Board Policy supported this on March 21st, 2014

NEGATIVE LANGUAGE

(1) The board may take disciplinary action in accordance with section 12-41-116 against a person who has:

; (g) Engaged in any of the following activities and practices: Ordering or performance, without clinical justification, of demonstrably unnecessary laboratory tests or studies; the administration, without clinical justification, of treatment that is demonstrably unnecessary; ordering or performing, without clinical justification, any service, X ray, or treatment that is contrary to recognized standards of the practice of physical therapy as interpreted by the board;

BARRIER #1: CONVINCING THE IMAGING CENTERS

Practice act wording

Fiscal benefits of untapped market

This became easier with the Clinical Commentary by Boyles et al in 2011

BARRIER #1: CONVINCING THE IMAGING CENTERS

Trial of limited Physical Therapists to determine efficacy

No help with insurance companies however

BARRIER #2: CONVINCING THE PAYERS

Demonstration of fiscal efficacy

Cost to benefit ratio

Effective with commercial but not federal payers (i.e. Medicare, Medicaid, and Tricare)

BOARD MAKES A POLICY

Title: Scope of Physical Therapy Practice Date Issued: March 21, 2014 Purpose: Clarifying scope of practice for physical therapists authorized by statute A licensed physical therapist may order or perform, with clinical justification, any diagnostic imaging which is within the recognized standards of the practice of physical therapy, including magnetic resonance imaging (MRI).

FULL DISCOLOSURE! I MISSED THIS!!

NEXT STEP

Contacted by APTA National Task Force and Orthopedic Section SIG on Imaging

NEXT STEP

Contacted by APTA National Task Force and Orthopedic Section SIG on Imaging

No problem! ☺

NEXT STEP

Contacted by APTA National Task Force and Orthopedic Section SIG on Imaging

No problem! ☺

Problem ☹ Very limited number of Physical Therapists actually ordering

NEXT STEP

Identify barriers to imaging and address them accordingly via direct communication with PTs

- Misconceptions regarding;
  - Authority
  - Reimbursement
  - Referral sources

Needed a venue to disseminate information!

CHANGE OF PLANS

Slated to speak at state convention on Imaging Track with a panel of draftees (myself included). Topics addressed;

- Appropriate use of imaging
- Implementation strategies
- Provided resources
- Scope of practice
- Case studies

PROGRESS

Slated to speak at state convention on Imaging Track with a panel of draftees (myself included)

Allowed for connecting of Imaging Sponsors to University contacts for increased content and collaboration

PROGRESS

Capitalized on new relationship with imaging community to disseminate further information

Performed a series of talks all over the state to clarify and discuss implementation

HICCUP!

Large radiology group stopped accepting orders due to wording from the Colorado Department of Public Health and Environment not listing Physical Therapists as being able to order imaging

FUBAR

HICCUP!

Mobilized the troops! Made full use of available resources including State President, HCP section president, and Lobbyists

Immediate meeting with the supervisor of the department and brought supporting documentation

HICCUP!

Barrier on Physical Therapists ordering lasted roughly 3 business days!

OUTCOMES

- Physical Therapists ordering appropriate imaging up 400+%
- Imaging authority imminent at the VA
- Imaging centers actively involved in promoting new authority, VERY supportive
- Access to database of images and reports
- BETTER PATIENT CARE AND CONTINUITY!!

TOMORROW...

- Continuing education regarding appropriate utilization of imaging
- Imaging education at the VA AND direct access!
- Imaging centers actively involved in promoting new authority ongoing
- Collaborative effort with imaging community
- Again, BETTER PATIENT CARE AND CONTINUITY!!

Successful implementation:

Aaron Keil PT, DPT, OCS
Clinical Associate Professor
Univ. of Illinois at Chicago
akeil123@uic.edu

Objectives:

- The case for Direct Access AND Imaging
  - Why linking the two may matter
- Successful implementation
  - Usage and payment data

Why imaging?

- Other providers?
- The mandate to refer?

What other first contact providers routinely order imaging?

First-contact providers with privileges to order:

- Physicians
- Physician Assistants
- Nurse Practitioners
- Chiropractors
- Physical Therapists??

What other first-contact providers **CANNOT** order imaging?

Why imaging?

- It is standard among all other first-contact providers
- The referral mandate?

Illinois Practice Act:

"A physical therapist shall refer…any patient whose medical condition … should be determined to be beyond the scope of practice of the physical therapist."

Who is responsible for 'determining' when a condition falls outside our scope of practice?

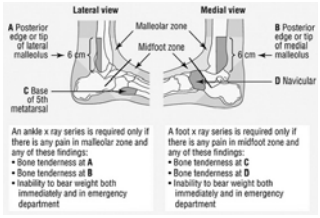
So…

- We're mandated by law to determine when conditions fall outside our scope.
- HOW??
  - Could radiological tests be helpful in making this determination?

So…

- Wouldn't most radiological tests be used for this exact purpose?
  - We don't treat:
    - Fractures
    - Infections
    - Tumors
    - Dislocations

Ankle sprain or fracture?



Why imaging?

- It is standard among all other first-contact providers
- The referral mandate:
  - In order to be compliant with the law, this is exactly what is needed

Georgetown University Hospital
MedStar Health

Sameer Mehta PT, DPT, SCS, CSCS
Clinical Supervisor
Medstar Georgetown Univ. Hospital

Brian Baranyi PT, DPT, OCS
Univ. of Illinois at Chicago

Direct Access:

- 2009:
  - Practice Act updated 2 years prior to allow for DA
- Can we do it at the hospital?
  - 'The hospital won't allow it'
  - 'Medicare won't allow it'
  - 'Insurance won't pay'

Fact Finding:

- Practice Act Language?
- Hospital policy language?
- Reimbursement?
- Has it been done before at a similar institution?

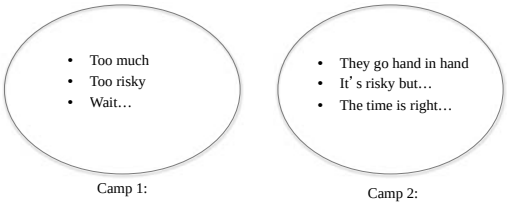
Case Report

Pursuit and Implementation of Hospital-Based Outpatient Direct Access to Physical Therapy Services: An Administrative Case Report

William C. Boissonnault, Mary Beth Badke, Jane Megan Powers

Boissonnault W, Badke M, Powers J. Phys Ther. 2010;90(1):100-109

Imaging?



Camp 1: Camp 2:

PT Board Query:

–Goal: Compliance with the referral mandate

–"Does section 6710.13 *prohibit* physical therapists from referring patients directly for diagnostic imaging studies?"

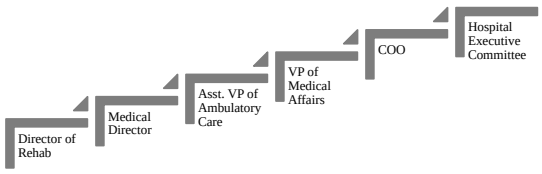
PT Board Opinion:

- *"Based on the foregoing language, the Board believes that a physical therapist may refer a patient for diagnostic imaging to a health care provider who is qualified to perform such testing, provided the other conditions as set forth in the regulation are met."*

Clinical Competencies:

- Coursework:
  - Medical Screening and Radiology
- Shadow time in Radiology
  - Follow ACR guidelines
- Clinical Vignettes Discussion
- Selected articles
- Patient tracking

Chain of command:



Updating Hospital Policy Language:

Policy #109 Section 9

"Per District of Columbia regulations (Direct Access Physical Therapy) , out patients may be seen by a physical therapist without the prescription of or referral by…"

"Only Physical Therapists who have received appropriate training…"

Updating Hospital Policy Language:

Policy #109 Section 9

'Per the District of Columbia…Physical Therapists can directly refer outpatients to a radiologist for imaging studies which may include but are not limited to; x-rays, magnetic resonance imaging, bone scans and Doppler ultrasound studies'.

Questions:

Did we get paid??

Did we over-utilize imaging??

Payment for Direct Access:

Direct Access Claims:

- 22 different insurance plans
- Claims tracked over 4.75 years
- **~2500** total visits
- **>500** New Episodes of care

Payment for DA:

% of Claims Reimbursed =

Payment for Imaging:

Payment for Imaging:

% of Claims Reimbursed =

Over-utilization?

69 Radiographs

Body Region	Number	Notes
Hip/Pelvis	23	
Ankle/Foot	11	7 ankle, 4 foot
Cervical Spine	8	
Tibia/Fibula	7	
Knee	6	1 distal femur
Lumbar Spine	5	
Shoulder	4	1 clavicle
Thoracic Spine	3	1 ribs
Wrist	2	
TOTAL	69	

39 Advanced Studies

Body Region	Number	Notes
Lumbar Spine	14	
Shoulder	7	
Hip/Pelvis	6	
Knee	5	
Ankle/Foot	4	3 ankle, 1 foot
Cervical Spine	2	
Tibia/Fibula	1	
TOTAL	39	3 CT; 35 MRI; 1 MRA

UTILIZATION OF DIAGNOSTIC IMAGING (Per new DA patient evaluation)	
Radiographs	**8.5%** (43/503)
Advanced Imaging	**4.0%** (20/503)
Total Imaging Utilization	**12.5%** (63/503)

Summary:

- It CAN be done
- Insurance does pay
- PTs use it wisely
- NOW is the time

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