

After Legislative Authorization: Implementing Imaging Referral Processes in PT Practice

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Background

- April 2016, qualified Wisconsin PTs obtained legal authority to sign radiography referrals
- August 2017, PT Examining Board promulgated rules governing this practice authority
- Case studies from hospital-based organizations
 - UW Health
 - MedStar Georgetown University Hospital



Individual Motivation



Relative Advantage

PT anticipates superior outcome with direct referral for imaging

PT deems pre-existing referral workflow superior

Compatibility

PT considers imaging referral within individual scope of practice

PT considers imaging referral outside individual scope of practice

Priority

PT believes implementation of imaging referral is paramount

PT believes implementation of imaging referral is less important than other innovations

Complexity

PT views imaging referral process as straightforward

PT views imaging referral process as burdensome

General Organizational Capacities



Innovativeness

General openness toward change
Organization's mission, vision, and goals

Culture

Characteristics of power authorities

Leadership

Staffing

Staff volume and skillset

Innovation-Specific Capacities



Clinician Competence

Clinicians adequately trained in imaging indications and referral

Clinicians insufficiently trained in imaging indications or referral

Organization Support

Local policies support and enable direct referral processes for imaging

Restrictive local policies prohibit direct referral processes for imaging

Community Support

Clear, evident support from medical colleagues

Explicit resistance from medical colleagues

Patient Finances

Direct imaging referral is a financial advantage to patients

Unknown or burdening patient costs associated with imaging referral by PT

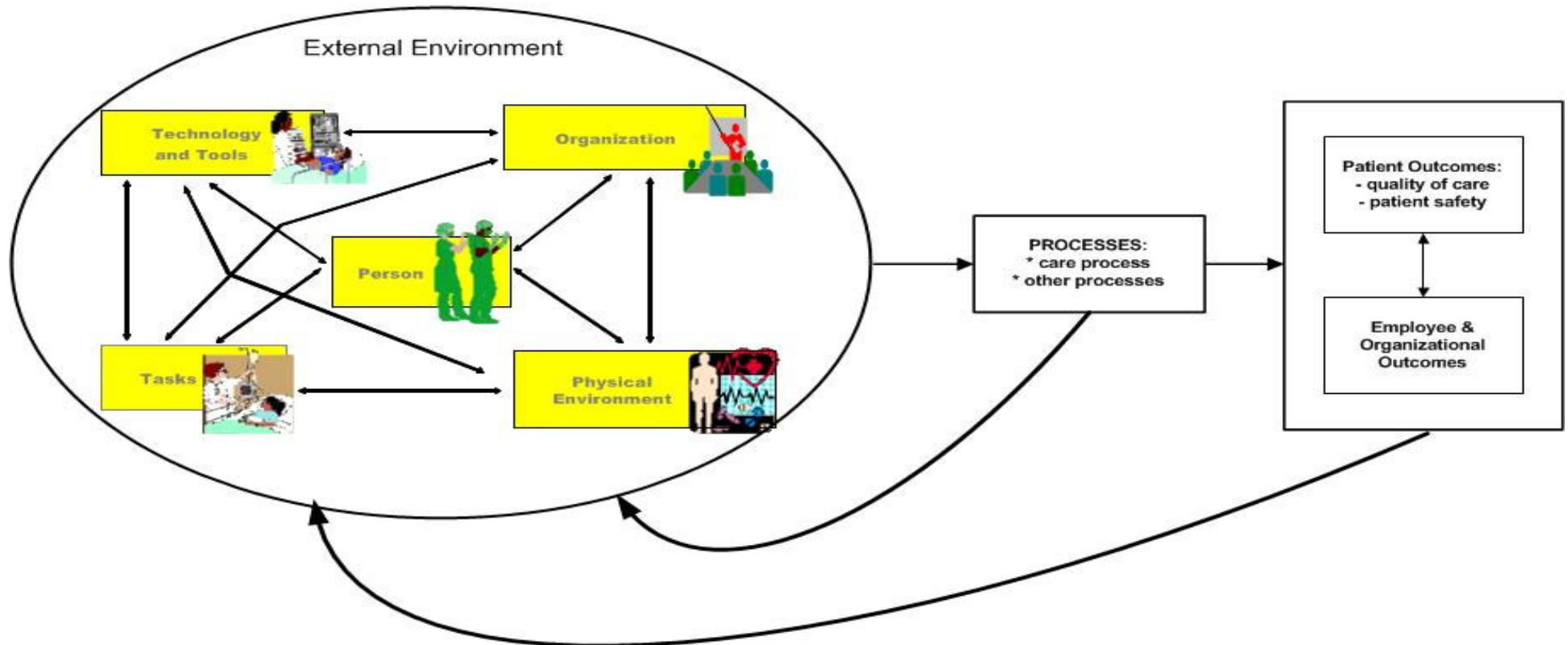
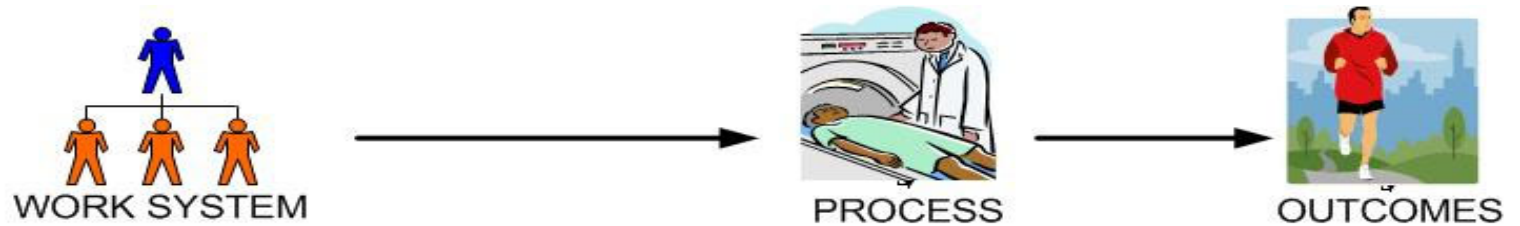
Organization Finances

Financially feasible to implement direct imaging referral in the organization

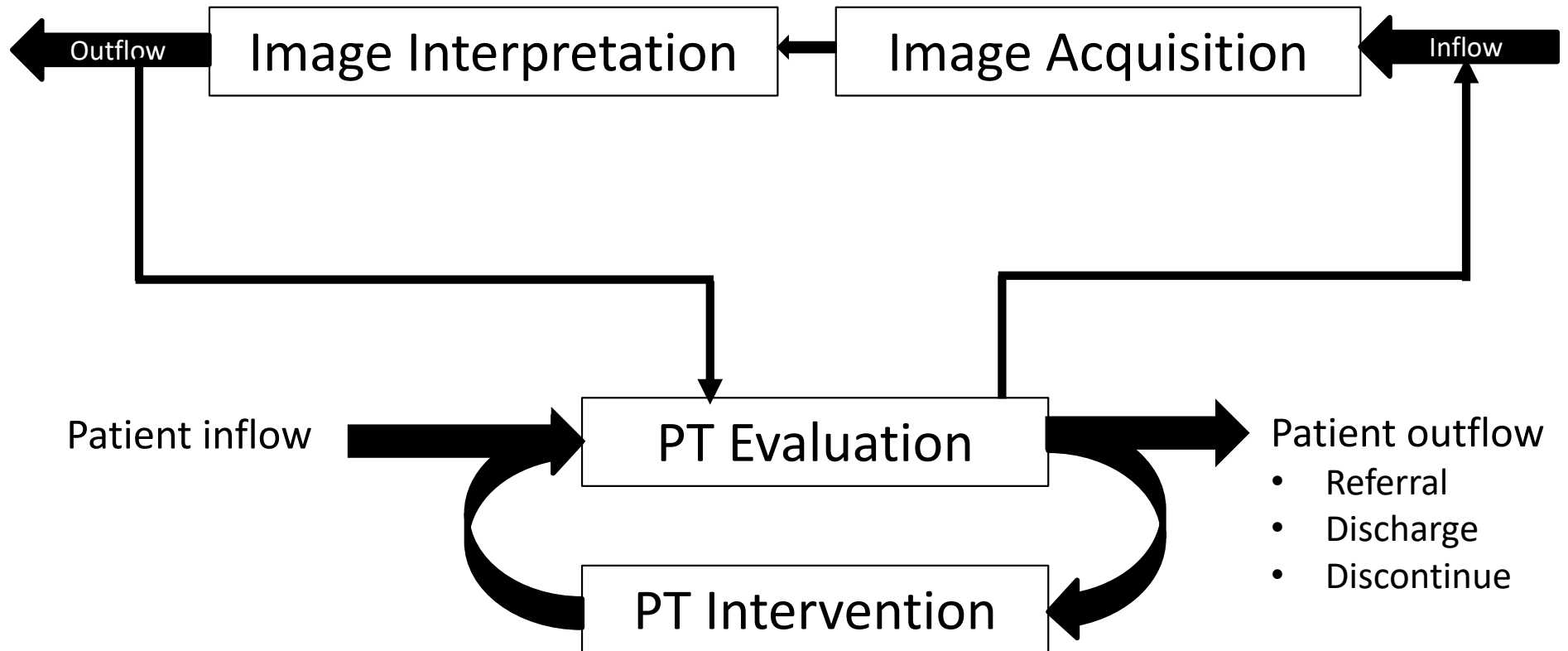
Too costly to implement direct imaging referral in the organization

SEIPS Model of Work System and Patient Safety

(Systems Engineering Initiative for Patient Safety)



Clinical Implementation



Establish a Delivery System

Authorization

Legislative authority

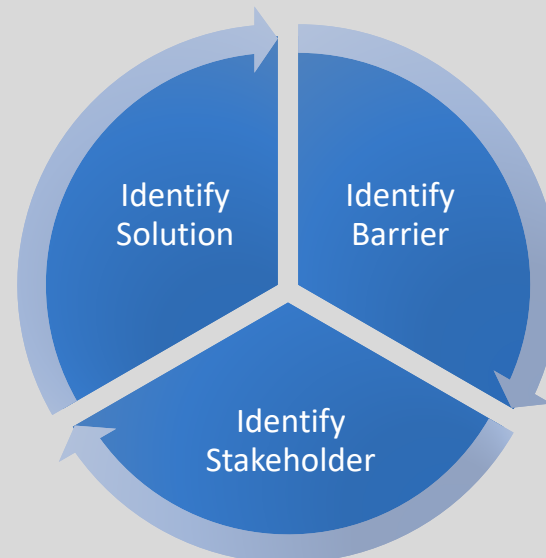
Organizational authority

Collaboration

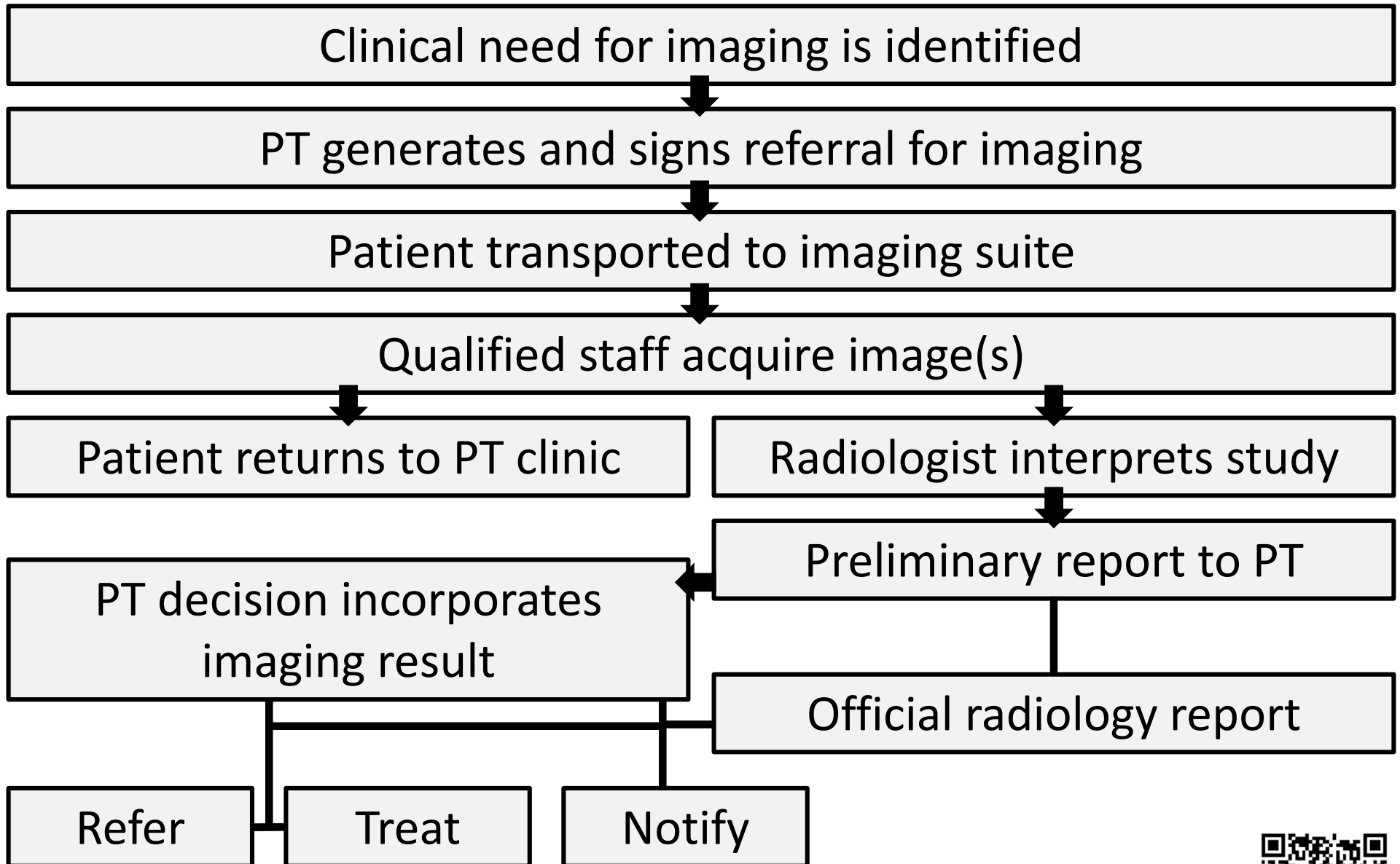
Business representatives with decision-making authority agree to collaborate

Establish consensus on desire to develop a process for physical therapists to refer patients for radiograph imaging

Process Development



Clinical Process



Process Outcome

- Advanced Physical Therapy and Sports Medicine
 - 5 referrals for imaging
 - 100% payment
 - APTSM – Physical therapy evaluation
 - Radiologist – professional component
 - Imaging center – technical component
- UW Health
 - 29% of PT workforce made at least 1 referral
 - 100 referrals in 3 years (0.02% of patient encounters)
 - Appropriateness
 - 87% appropriate (clinical judgement peer review)
 - 86% appropriate (ACR criteria)
 - 81% both criteria



Thank You



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