**Another Secret to Success in Physical Therapy – Contract with high quality providers at a fair rate and then get out of the way.**

Ms. Michelle Despres, P.T. recently discussed one of the most widely known secrets of healthcare since the biopsychosocial model of practicing medicine was first discovered by a mother, father, grandparent or other loving adult when their child fell and skinned their knee. Studies by universities have confirmed what they knew! Treating the patient - not just the injury - works!

With zeal to put this age old “secret” into practice, workers’ compensation systems nationwide have developed complete infrastructures capturing and packaging and controlling their contracted providers on behalf of their client, the claims administrator. That infrastructure, including the costs of the claims duties it is purported to replace as more efficient, is now the costliest component in the work comp system - not injured worker indemnity benefits and not the actual hands-on care.

Let’s quickly examine the components of the model:

1. **Early Engagement (by the network)**  
   “The ability to connect with a patient quickly establishes a foundation of trust.” If the PPO network comprises high-quality professionals the primary treating physician has already done that. The Network’s job is to facilitate the PTP’s work, not replace it.
2. **Accurate assessment of the injury (see #1)**. The Network has nothing to add to communication between the PTP, the patient, claims professional and the physical therapist. – except another person.
3. **Rapid scheduling accomplished by the PPO network’s staff** rather than the patient or primary treating physician? Faster than providing a list of qualified PTs from which the patient and PTP can choose and make their own phone call? Again, networks should put the choice of healthcare provider into the hands of the PTP and injured worker rather than the hands of a network customer service agent with access to the lowest contracted reimbursement rates.
4. **Fostering a Positive Mindset (see #1)**  
   “A patient with a favorable attitude tends to heal quicker, and with fewer complications.” We would add that accurate, complete information and a sense of control also build a positive mindset. Your loved one did not need a university study to know this when you fell down. Neither does the well qualified primary treating physician and physical therapist. The Network has nothing to add to this communication except provide incentives for it to take place and get out of the way. The PTP is responsible for diagnosis and communication of this information – one would hope the diagnosis and need for care is first discovered by a physical therapist and not sequestered there.
5. **Physical therapists (and primary treating physicians) who create a goal-oriented recovery experience enable patients to stay focused and positive while on their road to recovery**. A truism. Except for enabling and incenting great communication among the health care provider team, the Network need not be the conduit for communication amongst team members.
6. **Active Engagement (see #1, #2, #3, #4 and #5)**  
   Engagement begins at the beginning with the PTP. If the Network has contracted with quality providers, patient engagement is carried out to the extent possible throughout the downstream healthcare provider team. During treatment, the physical therapist could be the person with the most frequent and highest quality contact with the injured worker’s level of “engagement.” Communication of changes – good and not so good – should be direct to the PTP and claims professional and not through the Network.
7. **“Treating the patient not the injury” is the straightest path to the best healthcare outcome.**  A network of the best providers, working closely with engaged claims professionals and unencumbered by extraneous network interference, is by far the best model to pave that path.

The network is a means to an end. If the network contracts with highly qualified providers, those providers should know how to work with the PTP and how to communicate with other team members.

The patient must be able to choose the best provider possible, not be forced to go to a provider chosen instead by the network which has a built-in conflict of interest based on its contracted rate with that provider. To assume it is the network’s responsibility to guide the treatment plan, places no faith in the quality of claims professional and other medical professionals who are available.

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