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Physical Therapy in a Value-Based Healthcare World

The United States spends more money on healthcare per person than any other country in the world. Average per capita healthcare spending in the United States is 20% greater than that of the next highest country, and about 50% higher than the average for European countries. In 2009, spending was an estimated 2.5 trillion dollars, and current projections indicate 20% of the gross domestic product of the United States will be devoted to healthcare by the year 2019. Not only is the current spending trajectory unsustainable, we are not getting what we pay for based on life expectancy, disease prevalence, access to care, and numerous other metrics. The necessity of reforming how healthcare is delivered and reimbursed is clear, and the urgency for reform is growing.

Musculoskeletal conditions are important contributors to healthcare spending and are certain to play an important role in the future as the population continues to age. Almost half of the population of the United States experiences a musculoskeletal condition annually. Meeting the needs of these individuals within a changing healthcare delivery and reimbursement environment prompted a recent Summit sponsored by the United States Bone and Joint Initiative (USBJI). The USBJI is continuing the work initiated as the Bone and Joint Decade to bring the musculoskeletal community together in a unified effort to raise awareness of the burden of musculoskeletal disease. The Summit dealt with a topic critical to the future of healthcare for clinicians, consumers, and payers alike: value.

Value can be defined as the health outcome achieved relative to the costs incurred. We do not operate within a value-based healthcare system. Our current delivery system continues to reward volumes, not value. Failure to focus on value has had devastating consequences, including fragmentation of care, imprudent efforts to contain costs instead of maximizing value, a disincentive towards efficiency, more mistakes, and worse outcomes. The challenge of shifting from a volume-based to a value-based system is central to the future of healthcare. Key considerations for making this shift were the focus of the Summit. Discussion and action around these topics will be critical for the physical therapy profession moving into the future.

First, as with most medical conditions, musculoskeletal disorders are inherently multidisciplinary from a management perspective, with long time horizons over which value should be determined. In this context, value cannot be viewed as the standalone property of a single intervention or individual provider. As physical therapists, we need to envision our role as one in a series of interdependent, multidisciplinary steps composing a complete cycle of care. For example, the value of physical therapy after a total knee replacement is inextricably related to the quality of the surgical procedure and perioperative management. Likewise, the value of primary-care management for patients with low back pain is linked with the decision to utilize physical therapy, the timing of this decision, and the quality of care provided. Seeing ourselves in this manner may require some reconsideration of what professional autonomy means in a changing healthcare environment. Autonomy has been the topic of considerable discussion within physical therapy over the past decade. We cannot overvalue autonomy to the point of failing to work collaboratively with other disciplines to improve the total cycle of care for specific conditions. In a value-based system there can be no autonomy without accountability.

Second, disciplined, rigorous, and transparent measurement is critical to both the numerator and denominator of the value equation. Capturing outcome measures has long been an aspiration of physical therapists, yet remains largely unrealized. In a value-based system, the ability to quantify the clinical results of care from a patient-centered perspec-
tive is essential. Surrogates such as patient satisfaction or measures of process compliance are more common; but the ultimate goal must be actual measures of clinical outcomes. Consistent measurement and reporting of clinical outcomes is the most powerful tool in moving towards a value-based system. It is also the element most lacking in our current system, and physical therapy is no exception. Ideally, measurement should occur throughout the cycle of care, using standardized outcome measures accompanied by sufficient information to risk-adjust for important patient characteristics. Accomplishing this ideal scenario may seem daunting, but the first step may be recognition that outcome measurement is as essential to patient management as establishing a diagnosis and developing a treatment plan.

Third, a value-based delivery system requires payment reform. Several models have been proposed and/or piloted, and more are likely to come. But the essential task is to align financial incentives with delivering value instead of volume. Single bundled payments covering an entire cycle of care for a given condition are one approach to reform payment in a manner that rewards efficiency and has the potential to align the interests of providers, patients, and payers around the concept of delivering value. Change of this magnitude is challenging, perhaps even frightening. If the goal of our profession is to be an indispensable part of a value-based healthcare delivery system, we should welcome reforms that pay for value, and the accountability to our patients, payers, and fellow providers that comes with it.

Transforming healthcare delivery to a value-based system has been labeled a “revolution.” The label certainly fits when one considers how fundamentally the system must change to realize this goal. It is no less revolutionary than redefining what it means to be a “good” physical therapist from a practitioner primarily focused on the care delivered within the walls of his or her clinic, to an integral team member sharing in the accountability for improving the value across a complete cycle of care. This is a revolution we should welcome and embrace.

REFERENCES