

Early Intervention by PTs Saves Money, Avoids Drug Misuse, and Produces Better Outcomes



Spending More, But Not Healthier

U.S. families are drowning in health care costs. The median U.S. household spends [approximately 20% of disposable income on health care](#), with \$6,832 in yearly premiums and \$3,306 on out-of-pocket costs such as deductibles, copays, and coinsurance projected in 2022. [Hospital costs have risen 600% since 1990](#), and [48 million Americans can't afford their prescriptions](#).

According to [the Bureau of Labor Statistics](#), employers paid 78% of medical care premiums for single coverage plans and 66% for family coverage plans. In 2019, employers spent \$810 billion on employee health coverage and are expected to spend \$2 trillion per year by 2040. Warren Buffett has referred to health care as the ["tapeworm of the U.S economy."](#)

Despite all the expenditures, Americans are not healthy. The [prevalence of obesity in the United States](#) was 42.4% — prior to the COVID pandemic and the nation's lock down. [Healthy People 2020](#) reported that most adults (81.6%) and adolescents (81.8%) do not get the recommended amount of physical activity. As a result, as many as one in two adults will experience a musculoskeletal disorder. The health system [spends over \\$200 billion each year treating these disorders](#). Additionally, musculoskeletal conditions are the primary cause of lost workdays, accounting for [10 days per worker every year](#).

Unresolved pain can result in opioid misuse and other tragic consequences. The CDC [reports](#) that in 2019, 20.4% of adults had chronic pain, with 7.4% reporting pain that frequently limited life or work activities. Pain generally gets worse as we age and is [noted to be increasing in rural communities](#). The annual estimated cost in the U.S. to treat pain ranges from [\\$560 billion to \\$635 billion](#). To manage the pain, many Americans resort to opioids, whose short-term use can lead to addiction. It is estimated that [21%-29% of patients prescribed opioids for chronic pain misuse the drug](#). Addiction shatters lives and families and can lead to overdoses, which caused the death of close to [50,000 Americans in 2019](#). Beyond the human toll of the opioid misuse epidemic, the average cost to treat an opioid use disorder is \$221,000. That's just for treatment. The [total "economic burden"](#) of prescription opioid misuse in the United States is \$78.5 billion a year, including the costs of health care, lost productivity, addiction treatment, and criminal justice involvement.

What If Employees Saw a PT First?

While it can't solve all these problems, early access to physical therapy can help prevent and address some of the most significant human and cost challenges in the U.S. health care system. Voluminous evidence demonstrates that physical therapy is a low-cost, high-value alternative to opioids that can produce stunning economic savings, high-quality results, and provide long-term benefits to patients, employers, and the community.

What if we recreated a health system with all these factors in mind? As a thought experiment, assume patients are directed to see a physical therapist first, and then only those who "fail" to progress with physical therapy access the traditional system of more expensive diagnostic procedures, surgery and prescription medications.

What if care pathways and out-of-pocket costs were aligned to incentivize conservative management for musculoskeletal conditions? Currently, many plans offer drugs at a \$20 copay for a month's supply while physical therapy can have upwards of a \$50 copay per visit. Given a choice, a patient with limited means may feel compelled to take the less costly short-term alternative. Reversing this trend would require the designers of benefit plans to incorporate lower copays and immediate access to physical therapy.

This model could create huge savings and better outcomes for a host of musculoskeletal interventions. Take for example the most common elective orthopedic procedure: total knee arthroplasty. Close to [600,000 knee arthroplasties are performed in the US each year](#) with an average cost of [\\$30,000 per procedure](#). The Osteoarthritis Initiative of the National Institutes of Health has been tracking osteoarthritis specific to TKA for 11 years and estimates that [34% of cases of knee osteoarthritis are deemed inappropriate for surgery](#) and could have been managed conservatively. That means in any given year if more than 200,000 of these patients had been referred to physical therapy instead of surgery, physical therapists could have saved the health care system \$6 billion dollars in unnecessary surgery costs. And because so many postop patients are prescribed opioids for pain, early conservative treatment could also avoid the patient and societal burden of opioid misuse. It's estimated that [25% of patients given an opioid prescription go on to chronic abuse](#). Let's say 25% of the patients who are prescribed opioids for pain following unnecessary TKA surgery became addicted. That will likely cost our health care system an additional \$11 billion.

All are avoidable annual costs from just one procedure.

Voluminous studies show similar results for other overused procedures:

- [Arthroscopic ACL reconstruction.](#)
- [Arthroscopic partial meniscectomy.](#)
- [Arthroscopic repair for acute rotator cuff tears.](#)
- [Arthroscopic subacromial decompression.](#)
- [Lumbar spinal decompression.](#)

The potential savings is enormous if benefit and care delivery pathways were to be redesigned to direct appropriate patients with these conditions to evidence-based physical therapy first.

Impact on Worker Compensation

Health insurance analyses often ignore another important part of physical therapist practice: workers compensation. Evidence supports the value in moving physical therapy upstream to treat conditions paid for through the workers' compensation system. A recent [report](#) from the Workers Compensation Research Institute noted that when physical therapist treatment started more than 30 days postinjury, patients were 46% more likely to receive an opioid prescription and 47% more likely to receive an MRI, compared with patients who had physical therapist treatment initiated within three days of injury. Additionally, workers who started physical therapy 30 days postinjury were 29% more likely to receive pain management injections and 89% more likely to undergo low back surgeries than those who started physical therapy within three days.

In addition, workers' comp patients who saw a physical therapist as the entry point to the health care system were 85% less likely to receive an opioid prescription within the first 30 days after the initial visit than were patients who were first seen by a primary care physician. The argument here is not that the initial use of pain injections, opioids, or even surgeries is inappropriate, but instead that reliance on these interventions can be avoided altogether for many patients if they visit a PT within three days post-injury. PTs have the skills and training to screen patients and will refer back to the physician if red flags are evident. The bottom line? WCRI calculates that the average medical cost per claim for workers who had physical therapy more than 30 days

postinjury was 24% higher than for those who started physical therapy within three days postinjury. The savings in medical costs are in addition to the potential for an overall decrease in indemnity costs for the employer when considering the impact of an earlier return to work.

A Better Way To Manage Musculoskeletal Conditions

Beyond the clear evidence for this type of system change, experience in every state demonstrates there is a better way to manage the whole panoply of musculoskeletal conditions and prevent and manage musculoskeletal pain within the current health care system. Every state now has laws that empower patients to directly access PTs without a gatekeeper's referral. State governments have been wise enough to structure their health systems to enable patients to receive physical therapy first, recognizing they will save dollars for themselves, employers, and the health system; require less non-physical therapist intervention; experience fewer lost workdays; and, perhaps most important, have a better functional outcome for musculoskeletal patients with fewer side effects. These outcomes often eclipse the results from more invasive treatment options.

Physical therapists envision a day when a patient dealing with musculoskeletal diagnoses such as low back, neck, shoulder, hip, and knee pain access a PT first and receive care within days of onset. To get past the current model of treatment, in which patients wait weeks or months for an appointment with a primary care physician, then receive diagnostic tests or specialist consults while being prescribed pain medications, we need to harness the value of early conservative management to bring us to a better day in the care of musculoskeletal conditions.

Physical therapy, a doctoring profession, strongly promotes provider participation in care collaboratives of all sizes. Accountable care organizations are placing physical therapy early in musculoskeletal care pathways. Community providers are collaborating to decrease care variation, guided by shared functional outcomes, patient-reported outcomes, or both.

The paradigm: 1) Establish a value benchmark, based on outcomes data; 2) Reward providers who meet or exceed the benchmark; and 3) Penalize providers who fail to meet the benchmark.

The result: 1) The provider bears responsibility for high-value care; 2) Employers and insurers interests are met by participating with providers in developing fair and equitable benchmarks; and 3) Consumers' experience continues to improve as competition drives innovation and high-quality care.

To impress your CEO or client with serious, evidence-based solutions for decreasing health care spending and producing happier, healthier individuals, find a physical therapist in your community. Share your claims data that details the types of injuries and conditions experienced by your covered lives and begin the conversation about how to ameliorate the economic and human impact on your organization. Physical therapists can be the conduit to musculoskeletal patients' recovery from common conditions through exercise and manual treatment, resulting in lower health care costs and improved outcomes for the community, employer, patient, and payer.