Physical Therapy Restrictions Should Stay, MedPAC Says

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WASHINGTON — Physicians should continue to control access to outpatient physical therapy for Medicare beneficiaries, according to the Medicare Payment Advisory Commission.

In a report to Congress, MedPAC recommended that Medicare keep in place its current policy of using physicians as gatekeepers to accessing physical therapy.

Under current law, Medicare beneficiaries must be referred by a physician to receive physical therapy services; the physician must review a written plan of care every 30 days. The Medicare Modernization Act required MedPAC to examine the idea of allowing beneficiaries direct access to these services.

But MedPAC commissioners were reluctant to recommend removing the restrictions because so many Medicare beneficiaries have multiple and chronic health conditions.

"Without these physician requirements, the medical appropriateness of starting or continuing physical therapy services would be more uncertain," the MedPAC commissioners said in their report. "Under Medicare, physical therapists are not allowed to order the diagnostic services that may be critical to identifying the patient's underlying medical conditions."

And current requirements do not appear to impair access for most beneficiaries. In 2003, 85% of beneficiaries reported no problem in getting physical therapy services, commission consultant Carol Carter said at a MedPAC meeting last November.

But MedPAC recommended that additional steps should be taken to make the current restrictions more effective. For example, there should be increased provider education about Medicare coverage rules both for physicians making the referrals and for physical therapists.

The Office of Inspector General has repeatedly recommended that Medicare claims contractors, the facilities where physical therapists practice, and the professional associations step up their efforts in increasing provider knowledge about Medicare's coverage rules, Ms. Carter said.

Better data are needed about the efficacy of physical therapy for older patients, the report said. This evidence could help establish guidelines to educate physical therapists and physicians about which therapy services are likely to be effective for beneficiaries. ■

Interventions Aim to Improve Patients' Health Literacy

WASHINGTON — Physicians are experimenting with better ways to communicate with patients who have limited health literacy, Joanne Schwartzberg, M.D., said at a conference on health literacy sponsored by the American College of Physicians.

"It's right in the lap of every physician," said Dr. Schwartzberg, director of aging and community health at the American Medical Association.

The AMA has developed a health literacy kit with a video and manual for clinicians, and has started a train-the-trainer program, she said.

Preliminary results show that after the training, a majority of the physicians changed their communication with patients.

For example, many reported that they were more often asking patients to repeat back instructions.

Reaching out to patients with low health literacy is especially important in managing chronic disease because there is a "mismatch" between the capabilities of individuals and the demands of their diseases, said Dean Schillinger, M.D., associate professor of medicine at the University of California, San Francisco.

For example, in examining the interactions between physicians and patients with type 2 diabetes, Dr. Schillinger found that physicians used a lot of medical jargon when providing recommendations or education to patients.

Patients with low health literacy were confused by terms that physicians might expect a person with chronic diabetes to know, such as "glucometer," or by hearing that their weight is "stable."

But simply raising awareness among physicians may not be enough, Dr. Schillinger said.

Physicians say they need more systemic support, such as more appropriate educational materials and improved labeling of pill bottles.

—Mary Ellen Schneider