

Preserving the Quality of the Patient-Therapist Relationship: An Important Consideration for Value-Centered Physical Therapy Care

PAUL F. BEATTIE, *PT, PhD, OCS*¹

ROGER M. NELSON, *PT, PhD, FAPTA*²

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Porter and Teisberg¹⁶ in their fascinating new book predict that future health care in America will be revolutionized by market-based competition in which providers compete with one another based upon the value of their care. In this context, value is defined as the “health outcome per dollar of cost expended.” This sounds like good news for physical therapists providing outpatient care for individuals with musculoskeletal disorders. Current best evidence suggests that, when adjusting for risk, a substantial number of patients receiving outpatient physical therapy report good outcomes and have lower cost of care or frequency of adverse events when compared to pharmacologic or invasive procedures.^{1,7,14,21} In other words, physical therapy care, supported by the best available research evidence, is often a bargain when compared to other treatment approaches. However, a question that must be asked is, “How much do patients value their physical therapy care?”

To explore that answer, consider that, in addition to the effectiveness of the specific interventions utilized by the physical therapist, the process by which a patient receives care, often assessed by patient satisfaction instruments,^{3-6,9,15,19} is also likely to be a strong influence upon the degree to which a patient values the care that he or she has received.¹³ Considering that patients who are satisfied with their

care are more likely to return for future care and recommend their healthcare provider to others than are those who are not satisfied^{2,5}—and that this behavior will become more pronounced as patients are required to increase out-of-pocket expenses to pay for treatment—it becomes clear that strategies that maximize patient satisfaction with care are of great interest to clinicians in the competitive marketplace. Consequently, the next logical question is, “What should these strategies be?”

To maximize customer satisfaction, traditional business models typically emphasize accessibility of services—ie, convenient location, lots of parking, and a large staff to provide expedient appointments and minimize waiting. These all sound like

great ideas; who wouldn't want to go to a conveniently located clinic and get right in? Interestingly, however, several recent studies³⁻⁶ have reported that these traits—ie, location, parking, and time spent waiting—have consistently been shown to have weak, or no, correlation with patient satisfaction with physical therapy care. What, then, are the primary things that patients are looking for to be satisfied with their physical therapy care?

In 2002, we reported responses from 1869 patients receiving outpatient physical therapy not covered by Worker's Compensation.⁵ The traits most predictive of high degrees of satisfaction with care were those directly related to patient-therapist interaction. These included:

- Treating the patient with respect
- Spending enough time with the patient
- Listening to the patient's concerns
- Providing clear instruction

In addition, patients wanted to be treated respectfully and efficiently by the receptionist.

In a subsequent study of 1502 patients receiving Worker's Compensation for outpatient physical therapy, we found nearly identical results.³ These findings were replicated again in a recent study investigating

¹Clinical Associate Professor, Department of Exercise Science and Physical Therapy, Arnold School of Public Health, University of South Carolina, Columbia, SC. ²Professor, Department of Physical Therapy, Lebanon Valley College, Annville, PA; Vice President, Expert Clinical Benchmarks, LLC, King of Prussia, PA.

Spanish-speaking patients.⁴ In fact, very similar findings have been reported in numerous other studies assessing patient satisfaction with physical therapy outpatient care in the United States and in other countries. Goldstein et al⁹ found that items relating to patient-therapist interaction had the highest correlation to patient satisfaction, while Potter et al¹⁶ reported that patients receiving care in private practices indicated that communication ability as well as the skills and knowledge of the therapist were of primary importance. In other studies, May²³ reported that the professional manner of the physical therapist and the explanation of the treatment, were the main factors in patient satisfaction, while Curry and Sinclair⁸ found that interpersonal aspects of care were the most important features, and Hills and Kitchen^{10,11} identified duration of the consultation, the nature of the facilities, and the therapist's willingness to answer questions as the strongest predictors. Thus, while convenience of location, parking, and appointment times can't hurt, the critical issue most related to patient satisfaction with care comes down to the quality of the physical therapist's interaction with the patient.

This makes sense. Outpatient physical therapy intervention is very personal; the patient is not sedated and usually actively participating in the treatment. Evidence-based physical therapy intervention is usually a composite of manual therapy, exercise, and instruction that requires the patient and the therapist to continually interact to make necessary modifications. For this to work there must be effective communication and trust between the patient and the physical therapist.^{12,18,22} This in turn requires therapists to be skillful, reflective, and spend adequate time with the patient.

This brings up a fundamental issue identified by Porter and Teisberg¹⁶: in the current health care system, too much attention is given to short-term financial profit and cost savings, without consideration of the long-term impact upon the patient. Administrative pressures to double- or triple-book patients, while simultaneously trying

to maximize the frequency of each patient's visits, combined with the interchanging of physical therapists and patients during follow-up appointments, are in direct conflict with the best evidence related to patient satisfaction with care. Reducing quality time spent with a patient during a visit, the failure to carefully re-evaluate patients, or having a patient be treated by multiple physical therapists throughout his or her course of care is likely to reduce patient satisfaction with care.³ In addition, these behaviors are likely to make it harder for physical therapists to achieve the critical thinking and reflection that is necessary to provide optimal, evidence-based care.²⁰ Thus, in a value-based approach, administrative policies such as these, will in the long run be cost ineffective and damaging to the practice and to the profession.

In the future, those clinicians and facilities that provide the best value of care will be economically rewarded in the health-care marketplace. Maximizing value of care will require a combination of professionalism and skill by the therapist and environments that strive to preserve the patient-therapist relationship. Conversely, those facilities that focus on maximizing billable units at the expense of quality of care will suffer, as our system will no longer be able to sustain the economic burden of low-value health care. ●

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