

Digital Health Corner by Genie Health

Implementing a Hybrid Model of Therapy is a Win for Therapists, Patients and Payers

Ben Galin, DPT^{1a}

¹ Vice President of Strategy, Genie Health

Keywords: digital healthcare, hybrid PT, remote therapy

<https://doi.org/10.26603/001c.91126>

International Journal of Sports Physical Therapy

Vol. 19, Issue 1, 2024

Having the mindset of a veteran practicing physical therapist (PT), a clinic owner, and a PT consultant, I see a perfect storm brewing between reimbursement rates, care delivery costs, and vacancy of PT positions that could mean a serious doomsday vision – if I did not know a solution already existed.

Current physical therapy stats shown by WebPT said that only 30% of patients finish their course of care. Other previously published statistics have shown that only 19% to 30% of patients perform their HEP (Home Exercise Plan). My anecdotal ‘n of 1’ tells me post-surgical patients are compliant with their HEP for a few weeks, but non-operative patients are “dabbling” in it at best.

The current physical therapy machine is broken. It worked when patients came into the clinic three times a week for 12 weeks. It does not work today when competing for a patient’s 2-4 hours per week is difficult to say the least; let alone competing for their time between appointments.

The lack of follow through between sessions and attrition from the prescribed program causes a perceived “failure of conservative care” to the payer, referral source, and the patient. It results in a loss of momentum between sessions. When I started practicing 20 years ago, the three-time-per-week diligent patient could overcome some of the fall off between sessions. Today, forward progress is difficult to attain with patients coming in-clinic only one to two times per week at best, with the typical eight sessions over seven or so weeks. The constant in-clinic reassessments and program adjustments cause lost progress and time. Clinically, we know that motor learning, neuroplasticity, and pain theories require repetition of non-noxious and prescribed motion, and the average patient is not getting that between sessions or in clinic enough to make PT work.

BILLING SCENARIOS

A traditional clinic, seeing one patient per hour, and scheduling for 2.25 times per week on average per FTE could feasibly carry a caseload of 18 active patients per week.

With the national 20-25% cancellation rate, this brings visits down to 1.88 per week (data across various states). Using CMS rates, this means a FTE is billing \$3,900 per week. The available physical space, desired scheduling times of day, staffing availability, all factor into how much you can maximize the total number of patients seen per day in a clinic. The same traditional clinic that had three FTEs, and patients open to scheduling, could max out at a 54 active patient caseload and bill \$11,700 weekly.

But the reality is all patients want to be seen at clustered times and many staff members will not work past 6 p.m. Another reality is that there are more patients who want to come in that front door than can be scheduled, but “squeezing them in” just means other patients are not getting their visits, or it is getting over-crowded, and it must give somewhere. That “somewhere” is provider burnout or in patient’s not being seen regularly enough to see the value.

So, we know the problem. But what is the answer? Luckily, hybrid care is also an operational reality.

- **Virtual Care**
- **Remote Monitoring**
- **Telehealth**

Individualizing the amount, timing, and frequency of in-clinic patient care (per their unique needs and abilities) allows some patients to be seen all in-clinic, some all virtual but MOST benefiting from hybrid care based on their recovery life cycle. For example, someone in a phase of pure AROM and AAROM for the shoulder after surgery, may do very well at home for a period of a few weeks. Someone who has progressed in plyometrics, and randomization of tasks would do much better in the clinic.

SCENARIOS OF A HYBRID PATIENT JOURNEY

A two-unit patient in-clinic visit is the standard of hybrid care (and why does a patient need to be in the office for an hour anyway?). Knowing we have another two-unit virtual and telehealth program backing the in-person sessions ensures progression, attention, and compliance between visits. Evenly dosing patients with virtual and in-clinic and

a bgalin@genie.health

one weekly session of telehealth, the case load capacity at LEAST doubles.

This now means with the same three FTE plus a telehealth PT, can carry 110 patients, and there is room for evaluations, more patients, and cancellations are easily rescheduled (and are not as painful when they happen). The billing per week max for the three FTE and PT tele position goes up to \$22K a week. It doubles with the same in-office staff, with just one telehealth position and monitoring team added. There is more NET revenue in this model and the billing per hour per therapist is higher due to less MPPR infliction. Other benefits:

- Patients get their hand held and receive concierge care both at home and in-clinic throughout their journey in a virtual remote monitored program.
- Concerns can be escalated into telehealth as needed.
- Patients are not inconvenienced by having to come to the clinic.
- The clinic is open for more capacity.
- Evals can happen on the same day.
- No stress about scheduling the new and already active patients.

There is no downside.

The catch? Mindset changes. Therapists need to embrace the hybrid model and step away from the three-time-per-week-four-unit mantra that has been followed for decades. They need to understand the power of the home program when it is fully deployed, monitored, and followed. They need to see patient's acceptance and approval and improved outcomes when a fully hybrid model is deployed.

According to Genie Health patient surveys, when using the Genie Health platform, patients recovered 60 percent faster, their pain was reduced by 50 percent, and they reported a 90 percent increase in satisfaction with their traditional PT program.*

Hybrid care addresses:

- the consumerization of healthcare

- the vacancy of PT positions
- staffing issues of current staff
- declining reimbursements
- cancelations
- therapists who want to work from home
- patient outcomes

Hybrid care is here, it is in its infancy for sure, but those who conquer it the soonest will be reaping the rewards and the patients will surely be steering themselves to these models.



To contact the author, please email: bgalin@genie.health

Sources: Webpt: <https://www.webpt.com/blog/7-thought-provoking-facts-about-physical-therapy-you-cant-ignore>

Neuroplasticity Source: Dr. Schmidt's 1991 book *Motor Learning*, "it takes 300–500 repetitions to develop a new motor pattern. To correct a bad motor pattern, it takes 3,000–5,000 repetitions."

*As presented at both the American Physical Therapy Association and American Association of Orthopedic Surgeons annual meetings in 2023.

© The Author(s)



This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CCBY-NC-4.0). View this license's legal deed at <https://creativecommons.org/licenses/by-nc/4.0> and legal code at <https://creativecommons.org/licenses/by-nc/4.0/legalcode> for more information.