

BUSINESS & MARKETING CORNER

In this issue of the MDTWP Business & Marketing Corner, Georg Supp, PT, Dip.MDT seeks to help us better understand what physicians are often looking for in reports from PT's. The McKenzie Institute thanks Georg for translating his original article, published in February 2013 in Physiopraxis, from German to English. We hope you find Georg's tips and advice useful.

What techniques do you use that other MDT clinicians around the world might also be able to use to improve their business bottom lines? Please feel free to send us details how you have improved your clinic's business by utilizing new and innovative business and marketing approaches.

Many thanks in advance,

Yoav Suprun, DPT, Dip. MDT

MDTWP Business & Marketing Corner Editor

What Doctors Prefer

Georg Supp, PT, Dip. MDT—McKenzie Institute Germany

(Reprinted with permission from the Editor - Physiopraxis, February 2013)

Statutory provisions differ from country to country. Physical therapists must sometimes provide referring physicians with reports on evaluation and treatment of patients. Georg Supp, MDT Senior Faculty in Germany, and owner of a private PT clinic, surveyed more than 100 doctors on that topic. This text is a modified and translated version of an article Georg published earlier this year in a German PT journal.

In Spring 2011, orthopedic doctor, Dietmar Goebel, inflamed the passions of his colleagues in Germany with an article in a journal for orthopedics and surgeons (Goebel und Schultz 2011). His conclusion, from a research project on 260 physical therapy prescriptions, was simple and sharp: most of the time PTs ignore the doctor's request for a report on the referred patient. If they send a report, the content is rubbish and the demand for further prescriptions is near to 100%.

The reactions of PTs and doctors were quite predictable. Physicians did find support for their bias on lazy physical therapists who just beg for the next prescriptions. Conversely, PTs complained that doctors seemed uninterested and wouldn't cherish good reports anyway (Supp 2011). Thus, the question came up: Who sets the standard for PT reports?

What helps?

Not statutes...

The German juridical guidelines on this topic leave it to generic advises (Gemeinsamer Bundesausschuß 20.01.2011/19.05.2011)

...Or statistics either...

In Germany, the prescribing doctor can tick a box on the prescription and ask for a report from the physical therapist. An analysis of more than 250,000 prescriptions in 2011 has shown that doctors tick that box on the form in only 18 – 20 % of all cases. (Abrechnungszentrum azh/zrk 2011). Why do the physicians use this easy form of communication in only one-fifth of the prescriptions? What do they want to read? What's bothering them about the present reports?

109 Doctors Surveyed

To move away from pure assumptions and the hope of some kind of inter-human osmosis of knowledge, our clinic ran a survey of 109 doctors in our hometown of Freiburg, Germany (see **"the survey and its results"**). We sent a letter with a return fax to our 40 main referring physicians. Furthermore, we chose 70 additional doctors from different fields of specialty out of 1,100 colleagues in town. We acted quite subjective, going by the motto: "This name seems familiar to me, he may answer". Admittedly, this is quite nonscientific and biased, but pragmatic and cost efficient.

The addressees of the survey were 49 orthopedics, 34 GPs, 16 surgeons, five neurologists, two pain specialists, two rheumatologists and one gynecologist.

31 doctors returned the answer fax in the next ten days. Following a reminder fax, another 31 of the addressees answered. In total, we received 62 answer-backs, equaling 57% of those surveyed - a plenty good result!

Quotations show the plurality of opinions

Taken as a whole, we received a good impression from our referring physicians. We didn't really expect an improvement of our knowledge from questions 1 – 3 (see **“the survey and its results”**). Rather, we hoped for a slightly pedagogical effect. The options put forth by question 3 are suitable to convince doctors of the benefit of reports.

While the survey may be unrepresentative, my personal bottom line is absolutely positive based on the fact that more than half of the physicians did send feedback. Many doctors went beyond just ticking a box on the return fax, but also provided us with very helpful comments. For example, under “other reasons”, we identified interesting hints regarding the possible aspects that motivate doctors to ask for a report or not. Two doctors who never use the possibility of asking for a report explained their behavior as follows: “I can see the progress” and “If physical therapy is indicated, our diagnostic labels match. In many other cases, the viewpoints are too subjective”. Another physician, who asks for reports only once in a while, stated: “The reports are very seldom of adequate quality. I can't use the information. Often they lack important aspects.” Yet another doctor admitted that he often forgets to tick the box. Two advocates of the reports argued with the content. “I like to know which techniques were used so I may be able to conclude why the treatment hasn't been successful” and “In this way, I can get feedback on the compliance of the patients”.

Be concrete!

The physicians were also asked to express their wishes for an effective report.

The answers speak for it as follows:

- “If you ask for a subsequent prescription, provide a good reason why that makes sense.”
- “Which self treatment exercises did you prescribe?”
- “Define a goal and tell me whether it's achievable.”
- “Did you achieve the treatment goal? If not, why?”
- “Be precise. Please don't write: “Range of motion improved” or “It feels better”.”

Black sheep

Dietmar Goebel identified some “black sheep” in the PT community (Goebel und Schultz 2011). These bad apples also exist in doctors. “I didn't know at all that this possibility exists”, one physician stated frankly. Another doctor, who had never asked for a report in our clinic, was obviously not aware of the usual procedure. Nevertheless, he complained: “I don't get reports.” The fact that both doctors are surgeons leaves a bad taste. These specialists should be highly interested in the further management of their operated patients. Todd Wetzel once explained the relation between surgery and rehabilitation to the point “Surgery prepares the body for proper rehabilitation.” (Wetzel 2010)

Leave it to 5 - 10 sentences

Let's stick to the white sheep. Pragmatic management helps. The fact that Physicians in Germany use the possibility of a PT report in only 20% of all prescriptions may be superficially interpreted as a lack of interest. However, this must not lead to the conclusion of not writing reports or to writing lousy ones.

Instead, PTs have to ask what is reasonable content for a report? Reports of high quality express competency and can convince doctors of the benefits of this kind of interdisciplinary communication.

The survey shows that physical therapists and doctors are not too far apart. Doctors like to receive information in 5 – 10 brief sentences. Topics, familiar to physical therapists, may include:

- Which physical therapy interventions were used?
- Which self treatment exercises did the patient learn?
- How is the compliance?
- What comprehensible reasons account for a further prescription?

Against expectations, movement tests and measurements of joint motion are of less interest. Information on PT assessment can be restricted to a minimum. Additionally, special expressions commonly used by physical therapists are often unknown to doctors, and thus, can be left out.

Write a report quick and easy

Very often therapists use lack of time or insufficient payment to justify their refusal of reports. As far as I can see, that's horseplay. Reports don't actually require additional time and don't generate extraordinary costs.

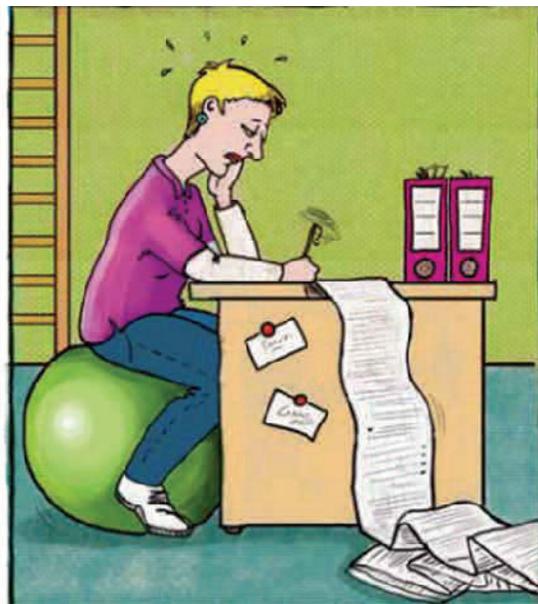
A simple solution to that is as follows:

1. At the beginning of the last appointment, the therapist tells the patient that a report for the prescribing physician should be written.
2. Together, with the patient, the therapist fills in the form and writes the report. In this manner, the therapist can be sure to adequately cover the patient's situation. The patient is aware of interdisciplinary communication and realizes that he's actively involved.
3. At the end of the session, the therapist sends or faxes the report to the physician.

Writing short and meaningful reports gives therapists the chance to show competency and improve communication between disciplines – for the sake of the patient.

References:

1. Abrechnungszentrum azh/zrk (2011): Auswertung Physiotherapeutischer Mitteilungen 2011 Primärkassen und VdeK.
2. Gemeinsamer Bundesausschuß (20.01.2011/19.05.2011): Richtlinie über die Verordnung von Heilmitteln in der vertragsärztlichen Versorgung Heilmittel-Richtlinie, HeilM-RL. In: Bundesanzeiger 2011; Nr. 96 (S. 2247). Online verfügbar unter http://www.g-ba.de/downloads/62-492-532/HeilM-RL_2011-05-19_bf.pdf, zuletzt geprüft am 27.12.2012.
3. Goebel, D.; Schultz, W. (2011): Ambulante Physiotherapie in Orthopädie und Unfallchirurgie: Kann der Erfolg überhaupt beurteilt werden? In: *Z Orthop Unfall* 149 (01), S. 17–21.
4. Supp, Georg (2011): Studie zur Arzt-Therapeuten-Kommunikation: Ein Kommentar - Peinliches Ergebnis. In: *physiopraxis* 9 (05), S. 33–35.
5. Wetzel, Todd (2010): The Role of MDT in Diagnostic and Surgical Decision Making. McKenzie Institute Americas Region. Baltimore, 06.08.2010.



THE SURVEY AND RESULTS

Why doctors do/do not use reports

In a survey, the certified McKenzie PULZ in Freiburg, Germany asked referring physicians about their expectations of physical therapy reports. Five questions, with open and closed answers, confirmed that it makes sense to write meaningful reports. Here are the results:

I never ask for a report, because... (13%)

- I don't have time to read it (1)
- Administration on that produces too much work load for me and / or the therapist (5)
- I prefer to ask the patient (4)
- Other reasons (see below "summarized results")

I ask for a report once in a while, because... (21%)

- It's only relevant for some patients (10)
- Other reasons (see article)

I ask for a report every time, because... (66%)

- The report helps me to decide, whether further prescriptions make sense (39)
- I can use the report to justify the costs of PT prescription (33)

Wishes for the report

The report should cover the following aspects:

- PT assessment (23)
- Range of joint motion and results of movement tests (19)
- PT interventions (41)
- Compliance of the patient (36)
- The report should not be longer than:
 - 5 sentences (16)
 - 10 sentences (12)
 - 15 sentences (3)
 - No maximum length (9)

Doctor Complaints

A sample of the answers shows the following picture

- "Please don't send the patient with specific claims."
- "Stop the therapy once in a while to see whether it makes a difference at all."
- "Some clinics ALWAYS ask for further prescription."

Summarized results

- 95 % use the report to decide about further prescription of physical therapy
- 80 % use the report as support in recourse claims of insurance companies (in Germany doctors can run into trouble if they prescribe too much physical therapy)

Use of request for reports according to professional group (56 answers could be allocated)

- Orthopedics: report always 79 %, sometimes 13 %, never 8 %
- GPs: report always 55 %, sometimes 35 %, never 10 %
- Surgeons: report always 29 %, sometimes 29 %, never 42 %

What doctors like to read?

- 67 % want to know about the applied physical therapy interventions
- 58 % want information on compliance of the patient
- 37 % are interested in the PT assessment
- 40 % want to read five sentences or less