Physical Therapist Practice and Ordering X-Rays in a Direct Access Model in Wisconsin

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Learning Objectives

• Participants will
  – Identify the primary factors that led the WPTA to introduce x-ray legislation in 2013;
  – Describe a range of tactics for introducing legislation that requires significant education to legislators, stakeholders, and members; and
  – Examine options for ensuring that physical therapists can order x-rays.
Background – Practice Act

- Wisconsin achieved direct access in 1987;
- 448.56 Practice requirements. (1) Written referral. Except as provided in this subsection and s. 448.52, a person may practice physical therapy only upon the written referral of a physician, physician assistant, chiropractor, dentist, podiatrist, or advanced practice nurse prescriber certified under s. 441.16 (2).
448.56 (1) [Continued] Written referral is not required if a physical therapist provides services in schools to children with disabilities, as defined in s. 115.76 (5), pursuant to rules promulgated by the department of public instruction; provides services as part of a home health care agency; provides services to a patient in a nursing home pursuant to the patient's plan of care;
Background – Practice Act

- 448.56 (1) [Continued] provides services related to athletic activities, conditioning, or injury prevention; or provides services to an individual for a previously diagnosed medical condition after informing the individual's physician, physician assistant, chiropractor, dentist, podiatrist, or advanced practice nurse prescriber certified under s. 441.16 (2) who made the diagnosis.
Background – Practice Act

• 448.56 (1) [Continued] The examining board may promulgate rules establishing additional services that are excepted from the written referral requirements of this subsection.
PT Chapter 6.01 Referrals (Wisconsin Rules and Regulations): In addition to the services excepted from written referral under s. 448.56, Stats., a written referral is not required to provide the following services, related to the work, home, leisure, recreational and educational environments: 
(a) Conditioning. (b) Injury prevention and application of biomechanics. (c) Treatment of musculoskeletal injuries with the exception of acute fractures or soft tissue avulsions.
Background – Practice Act

• WI Statute 448.50 4 (b) states “(b) "Physical therapy" does not include using roentgen rays or radium for any purpose, using electricity for surgical purposes, including cauterization, or prescribing drugs or devices.”
• In 1995, the WPTA sought a legal opinion by the Wisconsin Department of Regulation and Licensing (DRL) asking for a legal opinion by writing the following:

• It is the WPTA’s interpretation that the aforementioned article would not allow physical therapists to use (administer) roentgen rays or radium in provision of physical therapy, though would allow a physical therapist to request or refer a patient for these tests to be administered by
Background - DRL

• [Continued] the appropriate health care practitioner who is qualified to perform these tests. We believe that judicious utilization of appropriate diagnostic imaging tests by physical therapists would enhance patient care and improve public safety through identification of conditions that would necessitate referral to the a more appropriate health care provider, as required by the Wisconsin PT Practice Act.
Background - DRL

• DRL Response: “Consistent with s. 448.50 (4) of the Wisconsin Statutes, the Board concurred with your conclusion that physical therapists may not administer roentgen rays or radium for any purpose. In addition, the Board determined that a physical therapist may refer a patient for diagnostic imaging to an appropriate health care practitioner qualified to perform those tests.”
Background - DRL

• DRL Response [Continued]: “The results of those tests must then be interpreted by a qualified health care professional and may be utilized by a physical therapist to determine an appropriate course of physical therapy or to determine whether a referral to another health care provider is necessary...”
WPTA Interpretation

• Interpretation suggested the following:
  – PTs may not directly deliver roentgen rays or radium;
  – PTs may refer a patient for x-ray as long as the x-ray is performed by someone qualified to perform those tests (i.e. radiologic technician and/or physician);
  – PTs may not interpret the x-ray images; and
  – PTs may use the findings from the x-ray(s) when developing a course of physical therapy treatment or making the decision to refer to another provider
WPTA Member Action

• WPTA members at two hospitals began advocating for physical therapists to order x-rays as part of a direct access model

• These two hospitals ultimately approved formal direct access programs that included the ability for PTs to order x-rays. This was done in close collaboration with the medical board and individual physicians (including radiologists)
Fast Forward to 2009

• Radiologic technologists in Wisconsin introduce and ultimately pass a scope of practice that defines from whom they can accept an order for x-rays. Several providers (MDs, PAs, NPs, podiatrists, chiropractors, and dentists) are listed, but physical therapists are not included.

• The law is passed without WPTA knowledge. Therefore, WPTA has no public testimony on the bill and does not register in opposition.
Fast Forward to 2013

- The WPTA becomes aware of the radiologic technologist practice act from a member.
- The WPTA investigates, seeks legal counsel, and quickly determines that radiologic technologists may not accept an order from a PT for x-ray.
- WPTA communicates with its members to make them aware of the law and to stop ordering x-rays if doing so.
Legislative Strategy

• The WPTA gets a legal opinion on how to proceed with legislation.

• Prior to introducing legislation, WPTA contacts the Wisconsin Medical Society, the Wisconsin Chiropractic Association, and the Wisconsin Hospital Association to make them aware of the issue and to let them know that legislation is coming
Legislative Strategy

• Initial response by stakeholders is one of a lack of awareness that physical therapists were ordering x-rays; thus, groups had questions and needed a lot of education on the issue

• The WPTA introduces legislation in the fall of 2013 that amends the radiologic technologist’s practice act (WI Statute 462.04) by adding physical therapists to the list of providers from whom a radiologic technologist may accept an x-ray order
Legislative Strategy

• As part of the legislation, the WPTA decides not to open the physical therapy practice act and instead only opens the radiologic technologist practice act

• Legislation is Assembly Bill 658 and Senate Bill 496 and are identical

• Bill authors are Senate Health Chair Leah Vukmir, and Representative Dale Kooyenga
Action on Introduced Bills

• Instead of pushing for public hearings with limited session time, WPTA opts for behind the scenes negotiations with the Chair of the Senate Health Committee and stakeholders, which includes: Medical Society, Chiropractors and Health Plans.

• Ultimately the Wisconsin Hospital Association informed us they would be neutral and only the Chiropractors registered officially in opposition.
Identified Issues

• Stakeholders signaled that legislation would be strengthened by:
  – Modifying the physical therapist practice act to make it explicitly clear that PTs can order x-rays and to add language that ensures coordination of care and adequate training
Proposed Practice Act Modification

- Wis. Stat. § 448.50(4)(b) should also be amended to read: “Physical therapy” does not include using roentgen rays or radium for any purpose, using electricity for surgical purposes, including cauterization, or prescribing drugs or devices, but does include ordering x-rays to be performed by qualified persons, subject to Wis. as provided for in Wis. Stat. § 448.50(4)(a) 5 and Wis. Stat. § 448.56(8), and using x-ray results to determine a course of physical therapy or to determine whether a referral to another health care provider is necessary.
Revised Language – Care Coordination

• When a physical therapist orders an x-ray, the physical therapist must communicate with the patient’s primary care physician or an appropriate health care practitioner to ensure coordination of care, unless all of the following apply: (a) a radiologist has not identified a significant finding on the x-ray film; (b) the patient does not have a primary care physician; and (c) the patient was not referred to the physical therapist by another health care provider to receive care from the physical therapist.
Revised Language – Training

- A physical therapist may order x-rays to be performed by qualified persons only if the physical therapist satisfies one of the following qualifications: (a) the physical therapist obtained a clinical doctorate degree in physical therapy; (b) the physical therapist holds a nationally recognized specialty certification; (c) the physical therapist holds a nationally recognized residency or fellowship certification from a credentialed physical therapy program; or (d) The physical therapist has completed a formal x-ray ordering training program with demonstrated physician involvement.
Our biggest challenges

• Concern over coordination of care amongst many groups, particularly doctors and hospitals
• Lack of knowledge on training and education of physical therapists ability to determine when an x-ray is needed
• Skepticism about cost containment for imaging
• Uncertainty over how to handle PTs who do not have the education or training to order x-rays
• No other state has statutory language explicitly allowing PTs to order x-rays
Our biggest opportunities:

• Direct access state
• Legal opinion from our licensing agency that we could order/refer a patient for x-ray
• The basis of training and education that led two WI hospitals to approve by their boards – which includes doctors and other physicians – the ordering of x-rays
• Healthcare reform
• Military model
• Author is the Chair of the Senate Health Committee
Key Message Points

• Without this law change, patient care can be more costly and be delayed. Under direct access, if a physical therapist believes an x-ray is warranted, the physical therapist must refer a patient to another provider and the patient must wait for that provider to write the order (which may delay care and add cost)

• Prompt care is patient centered and less expensive

• The PT practice act requires a “duty to refer” if findings and subsequent treatment are beyond the scope of a physical therapist

• The WPTA is offering compromise language to ensure coordination of care and proper education/training
Status and Conclusion

• Wisconsin’s Legislature is currently out of session; session will begin in January, 2015.

• WPTA plans to work through the fall to finalize compromise legislation and introduce in 2015.

• In the meantime, we are holding meetings and discussions with various stakeholders which has been a critical part of this process.
Thank you for the opportunity