

CONTROL ID: 3040927

TITLE: CHARACTERISTICS OF PRODUCTIVITY STANDARDS IN PHYSICAL THERAPY PRACTICE: RESULTS OF A CROSS-SECTIONAL SURVEY

PRESENTATION TYPE: Poster

CURRENT SECTION: Health Policy and Administration

Author Details

AUTHORS (LAST NAME, FIRST NAME): Tammany, Justin¹; O'Connell, Janelle K.¹; Allen, Brad²; Brismee, Jean-Michel²

INSTITUTIONS (ALL):

1. Physical Therapy, Hardin-Simmons University, Abilene, TX, United States.
2. Rehabilitation Sciences, Texas Tech University Health Sciences Center, Lubbock, TX, United States.

SPONSOR NAME: Justin Tammany

Student Category - Research Report: Not a Student

Abstract

ABSTRACT BODY:

Purpose/Hypothesis : To determine the prevalence and characteristics of physical therapy productivity standards in various settings. This data was part of a larger study looking at the relationship between productivity standards and unethical behavior.

Number of Subjects : 3,446 physical therapy clinicians (2,381 PTs and 1,065 PTAs) licensed in the State of Texas

Materials/Methods : A 27-question electronic survey of physical therapy clinical productivity standards and clinical behavior was developed and distributed online through a mailing list purchased from the physical therapy licensing agency in the State of Texas. Respondents were asked to report information regarding demographics, practice setting, presence of productivity standards, productivity standard characteristics, influence on treatment and rewards or reprimands associated with success or failure to achieve the standard. Responses were made on SurveyMonkey via Likert scales or free text.

Results : The respondents' mean age was 42.5 years (SD=11.5) and mean years of practice was 14.9 years (SD=11.3). The majority of respondents (73.9%, n= 2,548) had a formal productivity goal set by their employer. Of those, 85.1% (n= 2,169) reported their productivity was measured as a percentage of billable units produced per hour worked. The largest proportion of respondents worked in SNFs (23.1%), followed by private outpatient (17.7%), home health (17.5%), and hospital-based outpatient (14.5%) settings. Mean reported productivity standards ranged from 74.5-89.7% across different practice settings. Prevalence of having a productivity standard differed by practice setting ($p < .001$), with PT clinicians working in SNFs reporting the greatest prevalence of productivity standards (97.1%), and those working in school systems reporting the lowest prevalence (13.2%). Daily (52.3%) or weekly (24.8%) productivity measurements were most common. Many reported their productivity standards were "difficult" or "very difficult" (53.0%), and 60.2% reported they were "high" or "much too high". A portion (29.9%) received rewards for productivity achievement, but many more (68.6%) had negative consequences tied to failure to reach their goal. Most (83.4%) said productivity standards influenced their clinical decision making. Yet, over half (54.5%) reported they never participated in setting their productivity goal.

Conclusions : Productivity standards in PT practice are common in the State of Texas. Many clinicians reported their standards were too high and difficult to achieve. Few participate in creating their productivity expectations, despite the influence of these standards on their clinical decision making. Further research is needed to determine the appropriateness of productivity standards in PT clinical practice and their effects on ethical behaviors.

Clinical Relevance : These findings may help clinicians navigate productivity pressures within their organization. Additionally, this may open conversation regarding the most appropriate methods of balancing the responsibilities of patient care with organizational operational efficiency.

KEYWORDS: Productivity, Operations, Utilization.

References: Limit to only those materials that ensure that the content is evidence-based; minimum 5 references, no more than 10 years old (2009 and forward): Mukherjee D, Brashler R, Savage TA, Kirschner KL. Moral Distress in Rehabilitation Professionals: Results From a Hospital Ethics Survey. PM&R. 2009;1(5):450-458.

Machlin SR, Chevan J, Yu WW, Zodet MW. Determinants of Utilization and Expenditures for Episodes of Ambulatory Physical Therapy Among Adults. *Phys Ther.* 2011;91(7):1018-1029.

Lau B, Skinner EH, Lo K, Bearman M. Experiences of Physical Therapists Working in the Acute Hospital Setting: Systematic Review. *Phys Ther.* 2016;96(9):1317-1332.

Jung H-Y, Trivedi AN, Grabowski DC, Mor V. Does More Therapy in Skilled Nursing Facilities Lead to Better Outcomes in Patients With Hip Fracture? *Phys Ther.* 2016;96(1):81-89.

Jette AM. Moving From Volume-based to Value-based Rehabilitation Care. *Phys Ther.* 2018;98(1):1-2.

Childs JD, Harman JS, Rodeghero JR, Horn M, George SZ. Implications of Practice Setting on Clinical Outcomes and Efficiency of Care in the Delivery of Physical Therapy Services. *J Orthop Sports Phys Ther.* 2014;44(12):955-963.

From the House of Delegates: Help in Responding to "Productivity" Issues on Its Way. *PT in Motion.* <http://www.apta.org/PTinMotion/NewsNow/2014/7/9/HoDProductivity/>. Published 2014.