Protect Minority Access to Physical Therapy Services APTQ



According to a Journal of the American Geriatrics Society study, significant racial differences exist in the overall use of rehabilitation services in community-dwelling individuals 65 years of age or older. Specifically, minority groups, particularly African Americans, face significant barriers to care they need to recover from injury and illness, manage pain, regain strength and mobility, and maintain independence.

More Need, Less Access

Healthcare disparities experienced by minority populations are well documented, as are roadblocks they face in accessing physical therapy:

- African Americans are more likely to suffer from diabetes and vascular disease, including peripheral artery disease (PAD).2
- Among African Americans living with diabetes, amputation risks are as much as three to four times higher than the national average.3
- African Americans are more likely to suffer from serious conditions including heart disease and stroke.4
- African Americans are, on average, 36% less likely to use rehabilitation services than their white counterparts.⁵
- Hispanic and Black Americans suffering from arthritis are less likely to seek treatment at a therapy clinic compared with other racial groups.6
- Therapy utilization for patients suffering from musculoskeletal conditions is measurably lower among minority groups.7

Physical therapists can provide services to help address the health impact of many of these aforementioned conditions, including wound care, gait training, and therapeutic exercises to increase mobility and strengthen balance.

Cuts Place Minority Groups at Greater Risk

Previous payment reductions and challenges brought on by the COVID-19 pandemic make it increasingly difficult for physical therapy providers to reach patients. At a time when therapists are already under pressure, Medicare is scheduled to impose deep cuts to physical therapy reimbursement. The Final Medicare Physician Fee Schedule Rule for 2020 imposes a drastic 8% cut to physical therapy services starting in 2021.

If implemented in its current form, these cuts could drive physical therapy providers out of business, particularly those who deliver care to underserved communities and older Americans.

Timely Solution

Congress must take decisive action by passing legislation to:

- Waive budget neutrality requirements stipulated in Section 1848(c)(2) of the Social Security Act for purposes related to proposed E/M payment adjustments.
- Maintain payment increases for E/M services proposed in the Final Physician Fee Schedule Rule for 2020.
- Allow physical and occupational therapists to provide telehealth services to Medicare beneficiaries.

¹ Keeney, T., Jette, A. M., Freedman, V. A., & Cabral, H. (2017). Racial Differences in Patterns of Use of Rehabilitation Services for Adults Aged 65 and Older. Journal of the American Geriatrics Society, 65(12), 2707-2712. doi: 10.1111/jgs.15136

²Variation in the Care of Surgical Conditions: Diabetes and Peripheral Arterial Disease. A Dartmouth Atlas of Health Care Series. http://www.dartmouthatlas.org/ downloads/reports/Diabetes_report_10_14_14.pdf

⁴Crawford, C. (2017, May 9). Despite Narrowing Gap, Racial Health Disparities Remain. Retrieved from https://www.aafp.org/news/health-of-thepublic/20170509mmwr-healthdispar.html

⁵ Fat, S. C., Herrera-Escobar, J. P., Seshadri, A. J., Rafai, S. S. A., Hashmi, Z. G., Jager, E. D., ... Nehra, D. (2019). Racial disparities in post-discharge healthcare utilization after trauma. The American Journal of Surgery, 218(5), 842-846. doi: 10.1016/j.amjsurg.2019.03.024

^e Sandstrom, R., & Bruns, A. (2016). Disparities in Access to Outpatient Rehabilitation Therapy for African Americans with Arthritis. Journal of Racial and Ethnic Health Disparities, 4(4), 599-606. doi: 10.1007/s40615-016-0263-7

⁷ Carter, S. K., & Rizzo, J. A. (2007). Use of Outpatient Physical Therapy Services by People With Musculoskeletal Conditions. Physical Therapy, 87(5), 497–512. doi: 10.2522/ptj.20050218