# Benchmarking for Outpatient Physical/Hand Therapy 

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## Topics

> Trends
> Provider productivity metrics
> Financial metrics
> Growing revenue

## Database

## >Physical therapy

$>$ Hand therapy
$>$ Outpatient orthopaedic
>Average about 30\% MC population - but growing

| PT Growth | $19-21 \%$ | $21-22 \%$ |
| :--- | :---: | :---: |
| New Patients | $12 \%$ | $3 \%$ |
| Visits | $9 \%$ | $1 \%$ |
| Visits/Patient | $-3 \%$ | $-2 \%$ |


| HT Growth | $19-21 \%$ | $21-22 \%$ |
| :--- | :---: | :---: |
| New Patients | 21\% |  |
| Visits | $8 \%$ | $4 \%$ |
| Visits/Patient |  |  |

## CPT

2023 Medicare National Payment Rates (before geographic adjustment and MPPR)

Initial Evals
97110
97112

97116

97140
97530

G0283/97014
\$101.66
\$29.82
\$34.23
$\$ 29.82$
\$27.45
\$37.62
$\$ 12.20$

| PT Code Mix | 2019 | 2020 | 2021 | 2022 |
| :--- | :---: | :---: | :---: | :---: |
| 97110 | $51 \%$ | $48 \%$ | $45 \%$ | $44 \%$ |
| 97140 | $16 \%$ | $16 \%$ | $17 \%$ | $17 \%$ |
| 97530 | $8 \%$ | $12 \%$ | $13 \%$ | $14 \%$ |
| 97112 | $7 \%$ | $6 \%$ | $7 \%$ | $12 \%$ |
| 97010 | $5 \%$ | $5 \%$ | $4 \%$ | $2 \%$ |
| 97161 | $3 \%$ | $3 \%$ | $4 \%$ | $3 \%$ |
| 97016 | $3 \%$ | $4 \%$ | $5 \%$ | $2 \%$ |
| 97014 | $2 \%$ | $2 \%$ | $1 \%$ | $1 \%$ |
| G0283 | $2 \%$ | $1 \%$ | $1 \%$ | $1 \%$ |

PT Eval Mix ..... 2019

| 97161 | $90 \%$ | $92 \%$ | $97 \%$ | $98 \%$ |
| :---: | :---: | :---: | :---: | :---: |
| 97162 | $9 \%$ | $7 \%$ | $3 \%$ | $2 \%$ |
| 97163 | $1 \%$ | $1 \%$ | $<1 \%$ | $<1 \%$ |


| HT Code Mix | 2019 | 2020 | 2021 | 2022 |
| :--- | :---: | :---: | :---: | :---: |
| 97110 | $39 \%$ | $34 \%$ | $31 \%$ | $34 \%$ |
| 97140 | $20 \%$ | $22 \%$ | $24 \%$ | $21 \%$ |
| 97530 | $14 \%$ | $16 \%$ | $16 \%$ | $17 \%$ |
| 97010 | $7 \%$ | $7 \%$ | $7 \%$ | $5 \%$ |
| 97022 | $5 \%$ | $6 \%$ | $6 \%$ | $3 \%$ |
| Custom Orthotics | $3 \%$ | $3 \%$ | $2 \%$ | $3 \%$ |
| 97035 | $3 \%$ | $3 \%$ | $3 \%$ | $2 \%$ |
| 97165 | $3 \%$ | $4 \%$ | $3 \%$ | $4 \%$ |
| 97014 | $1 \%$ | $1 \%$ | $1 \%$ | $1 \%$ |
| 97026 | $1 \%$ | $1 \%$ | $1 \%$ | $1 \%$ |


| HT Eval Mix | 2019 | 2020 | 2021 | 2022 |
| :--- | :---: | :---: | :---: | :---: |
| Low | $90 \%$ | $98 \%$ | $96 \%$ | $99 \%$ |
| Moderate | $9 \%$ | $2 \%$ | $3 \%$ | $1 \%$ |
| Complex | $1 \%$ | $<1 \%$ | $1 \%$ | $<1 \%$ |

## Provider Productivity Metrics

> Primary: Procedures/Provider Work Hour
> Components

- Visits per hour/day/week
- Procedures/Visit
> New patients (evals)/week/FTE provider
> Custom orthotics/week (hand therapy)


## Weighted Procedures (WPs)

> Purpose-Weight procedures to e.g., account for difference between evals and e-stim
> Allows comparisons between providers (e.g., PT v PTA), locations and practices regardless of procedure mix
> More "user friendly" wRVUs
> Downloadable procedure to WP conversion table

## Weighted Procedures

$>15$-minute timed procedure=1 WP (timed procedures are about $85 \%$ of all billed procedures)
> Initial evals

- Simple=3
- Moderate=4
- Complex=5
> Custom orthotics=3
$>$ Modalities 0.5:1
> Basically 1 WP=15 minutes ( 1 WP=. 45 wRVU)


## Provider Work Hours

> Use of hours allows for comparisons regardless of whether provider is working part or full time
> Include regular/overtime hours (but no reduction for documentation time)

- Do not include vacation, holiday, CME hours
> Admin time allowance for directors/leads: About 45 minutes/FTE staff provider/week (e.g., 5 staff providers=4 hours/week)


## Procedures/Provider Work Hour

$>$ Why relevant?

- Quick and reliable provider productivity measure
- Still primarily paid by procedure
- Vast majority of costs are in staffing and staffing cost is proportional to hours
- So, more procedures/hour=more revenue per staffing dollar=higher profitability
- More reliable than visits because high visit count with low charges/procedures per visit is counterproductive (discussed below)


## Procedures/Visit

> Total number of procedures divided by visits

- Often ignored at peril of practice
- Tracking/billing timed procedures is tricky
- Providers tend to (almost always) under charge
- Exponential impact on productivity and revenue


## Visits per Hour/Day/Week

> Key but often misleading measure of productivity, e.g.,

- 14 visits/day @ 2.8 procedures/visit=39 procedures
- 11 visits/day @ 3.5 procedures (45-60 minutes)/visit=39 procedures
- Same revenue but $27 \%$ more visits
- More "wear and tear" on front desk, billing and providers


## WPs/Hour Illustration

| Visits/Day | 9 | 10 | 11 | 12 |
| :--- | :---: | :---: | :---: | :---: |
| WPs/Visit | 4 | 3.6 | 3.3 | 3 |
| WPs/Day | 36 | 36 | 36 | 36 |
| Hours/Day | 8 | 8 | 8 | 8 |
| WPs/Hour | 4.5 | 4.5 | 4.5 | 4.5 |
| Payments/WP | $\$ 28.00$ | $\$ 28.00$ | $\$ 28.00$ | $\$ 28.00$ |
| Payments/Day | $\$ 1,008$ | $\$ 1,008$ | $\$ 1,008$ | $\$ 1,008$ |

## 2022 Data

| Physical <br> Therapists | WPs/Hour | WPs/Visit | Visits/Hr | Visits/ <br> $8-\mathrm{Hr}$ Day | Visits/ <br> 40-Hr <br> Week | New Patients/ <br> 40-Hr <br> Week |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| Top 10\% | 5.3 | 3.9 | 1.4 | 11.3 | 57 | 11.7 |
| Top 25\% | 4.7 | 3.8 | 1.3 | 10.6 | 53 | 9.4 |
| Top 50\% | 4.3 | 3.5 | 1.2 | 9.9 | 49 | 7.2 |
| Top 75\% | 3.9 | 3.3 | 1.1 | 9.1 |  |  |

$$
3.5
$$

$$
1.5
$$

12.161Top 25\%4.7
3.5
1.3
10.7

54

Top 50\%
4.3
3.5
1.2
9.849

Top 75\%
3.9
3.5
1.1
8.9

45

| PTAs | WPs/Hour | WPs/Visit | Visits/Hr | Visits/ <br> 8-Hr Day | Visits/ <br> 40-Hr Week |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Top 10\% | 4.9 | 3.7 | 1.5 | 11.7 | 58 |
| Top 25\% | 4.3 | 3.4 | 1.3 | 10.6 | 53 |
| Top 50\% | 3.9 | 3.2 | 1.2 | 9.7 | 49 |
| Top 75\% | 3.5 | 3.1 | 1.1 | 8.9 | 45 |


| Hand <br> Therapists | WPs/Hour | WPs/Visit | $\begin{aligned} & \text { Visits/ } \\ & \text { 8-Hr Day } \end{aligned}$ | Visits/ 40-Hr Week | New Patients/ 40-Hr Week | Custom Orthotics/ 40-Hr Week |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |


| Top 10\% | 4.7 | 4.2 | 10.8 | 54 | 8.8 | 9.3 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Top 25\% | 4.2 | 3.8 | 9.6 | 48 | 7.2 | 7.6 |
| Top 50\% | 3.6 | 3.4 | 8.5 | 42 | 6.1 | 4.1 |
| Top 75\% | 3.2 | 3.1 | 7.8 | 39 | 5.2 | 2.0 |

COTAs WPs/Hour

WPs/ Visit

Visits/
8-Hr Day

Visits/40-Hr Week
Top 10\%
4.1
3.7
10.0
50
Top 25\%
3.7
3.6
8.7
44
Top 50\%
3.3
3.5
7.4
37
Top 75\%
3.1
3.3
7.0
35

Comparison: WPs/Hour
5.3
4.9
4.7
4.1

Top 25\%
4.7
4.3
4.2
3.7

Top 50\%
4.3
3.9
3.6
3.3

Top 75\%
3.9
3.5
3.2
3.1

| Comparison: <br> Visits/8-Hr <br> Day | PTs | PTAs | HTs | COTAs |
| :--- | :---: | :---: | :---: | :---: |
| Top 10\% | 11.3 | 11.7 | 10.8 | 10.0 |
| Top 25\% | 10.6 | 10.6 | 9.6 | 8.7 |
| Top 50\% | 9.9 | 9.7 | 8.5 | 7.4 |
| Top 75\% | 9.1 | 8.9 | 7.8 | 7.0 |

## Comparison: WPs/Hour

## PTs

PTAs
PTA/PT \%
4.9

94\%

91\%

90\%

Top 75\%
3.9
3.5

89\%

## Comparison: WPs/Visit

PTs
PTAs

Top 10\%
3.9
3.7

94\%

91\%


Top 75\%
3.3
3.1

93\%

Comparison: Visits/8-Hr Day

## PTs

PTAs
PTA/PT \%

Top 10\%
11.3
11.7

103\%

100\%

98\%

Top 75\%
9.1
8.9

98\%

Comparison: PTA/PT \%

| Top 10\% | $94 \%$ | $94 \%$ | $103 \%$ |
| :---: | :---: | :---: | :---: |
| Top 25\% | $91 \%$ | $91 \%$ | $100 \%$ |
| Top 50\% | $90 \%$ | $90 \%$ | $98 \%$ |
| Top 75\% |  |  |  |

## Productivity Factors

> Wide range in individual productivity

- But staff provider productivity at each clinic commonly matches lead therapist's productivity
> No need to apply Medicare rules to all payers
- Can appropriately charge commercial and WC patients for aide-assisted services (e.g., monitoring therex)
- Rarely need to apply Medicare "total time" rule to commercial, WC and MA patients


## Productivity Factors

> Appropriately charge for all treatment time

- PT/HT providers commonly undercharge
- Tracking timed units is challenging (e.g., Medicare total time rule $v$ commercial 8 -minute rule)
- Need to ensure all providers are appropriately charging for all treatment time
- If you do not spend at least 8 minutes on a timed procedure, do not do it


## Productivity Factors

> Scheduling

- More important than ever and it was always important
- Need proactive schedulers to keep schedule full
- Need to double book a couple times/day to compensation for cx/ns
- Better to double book and write off charges
- Providers need to be flexible


## Average Visits/Patient

> Exponential impact on total visits
> Highly dependent on patient demographics
> Very useful if practice has multiple locations with similar demographics

- Location with low average might have patient satisfaction issues
- But low average might also be due to understaffing
Visits/Patient
2019
2020
2021
2022
$\begin{array}{llllll}\text { PT Providers } & 7.8 & 7.8 & 7.7 & 7.5\end{array}$
8.2
8.3
8.5
8.3

HT Providers
PT Management

## Visits/Patient

> Why trending down?

- Higher copays/deductibles
- 2022 staffing disruptions/shortages
- Covid
- Change in patient attitudes toward keeping appointments?


## Visits/Patient

$>$ Factors

- Importance of communication
- Patient's perception of value
- Patients need to help set and understand goals
- HT average decreases as custom orthotics increase


## CX/NS Rate

$>$ Data is not reliable

- Most scheduling systems are not built to track relevant cx/ns rate
$>$ Tied to patient demographics-so hard to compare across practices
> If you can reliably track:
- Separately track eval and follow-up cx/ns rates
- Track for each provider
- Look for variations between providers


## CX/NS Rate

$>$ Eval cx/ns rate factors

- Importance of scheduling w/i 48-72 hours
- Physician communication ("You can try therapy")
$>$ Follow-up (treatment) visits
- Providers need to communicate value of therapy
- Variation among providers
- But often $c x / n s$ rate is "baked in" so schedule for cx/nx


## Financial Metrics

> Payments/WP

- Most relevant measure of payment rate
> Payments/Visit
- Impacted by procedures/visit
> Payments/Provider Work Hour
- Impacted by provider productivity
- Excellent indicator of profit trends


## Payments/WP

$>$ Factors

- Geographic variation
- Co-pay collection
- Authorizations
- Tracking authorized visits, payments, etc.
- Billing/collection problems


## Payment/Visit

> Payment/visit can be misleading measure of payment rate because procedures/visit has a huge impact

- Example
2.8 WPs/Visit @ \$26/WP = \$73/visit
- 3.5 WPs/Visit @ \$26/WP = \$91/visit
- 25\% difference completely due to \# procedures


## All PT Providers <br> Payments/WP

Payments/wRVU
2019
\$26.10
\$26.63
\$59.18
\$27.24
\$27.58
$\$ 58.00$
2020
2021
2022

# All HT Providers 

## Payments/WP

## Payments/wRVU

$$
\$ 29.58
$$

$\$ 30.12$
\$29.68
\$32.67
\$65.73
\$66.93
$\$ 65.96$
$\$ 72.60$

Physical Therapists

| Top 10\% | $\$ 31.43$ | $\$ 98.41$ | $\$ 145.06$ |
| :---: | :---: | :---: | :---: |
| Top 25\% | $\$ 28.52$ | $\$ 91.26$ | $\$ 120.62$ |
| Top 50\% | $\$ 26.79$ | $\$ 85.94$ | $\$ 103.10$ |
| Top 75\% | $\$ 24.72$ | $\$ 76.22$ |  |

Hand Therapists
\$38.00
\$35.39
\$121.72
\$107.44
\$118.60
$\$ 103.46$

## COTAs

| Top 10\% | $\$ 34.79$ | $\$ 105.14$ | $\$ 110.78$ |  |
| :--- | :--- | :--- | :--- | :--- |
| Top 25\% | $\$ 32.79$ | $\$ 104.13$ | $\$ 109.83$ |  |
| Top 50\% | $\$ 28.44$ | $\$ 100.72$ | $\$ 91.51$ |  |
| Top 75\% | $\$ 24.88$ |  |  |  |

Comparison: Payments/ WP

PTs

Top 10\% $\$ 31.73$ $\$ 31.43$
$\$ 38.00$
$\$ 34.79$

Top 25\%
\$29.77
$\$ 28.52$
$\$ 35.39$
$\$ 32.79$
$\$ 32.67$
$\$ 29.78$
\$24.88

## Comparison: Payments/WP

Top 10\%

Top 25\%
\$29.77
\$28.52
96\%

Top 50\%

Top 75\%
\$26.12
\$24.72
95\%
Comparison:Payments/

| Top 10\% | $\$ 99.35$ | $\$ 98.41$ | $99 \%$ |
| :--- | :--- | :--- | :--- |
| Top 25\% | $\$ 92.60$ | $\$ 91.26$ | $99 \%$ |
| Top 50\% | $\$ 92.08$ | $\$ 85.94$ |  |
|  |  |  |  |
| Top 75\% | $\$ 82.55$ | $\$ 76.22$ | $96 \%$ |

## Payments/WP

PTs
HTs
HT/PT \%

| Top 10\% | $\$ 31.73$ | $\$ 38.00$ | $120 \%$ |
| :--- | :--- | :--- | :--- |
| Top 25\% | $\$ 29.77$ | $\$ 35.39$ | $119 \%$ |
| Top 50\% | $\$ 27.97$ | $\$ 32.67$ | $117 \%$ |
| Top 75\% | $\$ 26.12$ | $\$ 29.78$ | $114 \%$ |

## Gross Payroll/WP

> Gross payroll=Base and bonus compensation for providers, aides and front desk (does not include benefits, employer taxes, billing staff)
> Good way to compare expenses because accounting for gross payroll typically consistent from practice to practice
> Removes rent, general overhead and other expenses that are subject to widely different accounting practices and vary by region
> Important indicator of profitability trends because payroll is by far the largest cost

2019

2020

2021

2022
\$11.36
\$12.13
\$12.22
\$13.01
\$15.05
\$16.38
\$14.34
\$15.09

## Therapist v Assistant

> Medicare paying for PTA/COTA services at $88 \%$ of PT/OT rates as of 1/1/2022
> Humana and UHC are also applying PTA/COTA cut
> Does it make sense to use PTAs and COTAs for Medicare patients?

## Therapist v Assistant

| PT v PTA-Medicare Payments | PT | PTA |
| :---: | :---: | :---: |
| Payments per work hour after PTA reduction | \$100 | \$88 |
| Annual compensation (PT@\$42/hr; PTA@\$26/hr) | \$87,360 | \$54,080 |
| $\begin{aligned} & \text { Compensation + taxes/benefits @ } \\ & 20 \% \end{aligned}$ | \$104,832 | \$64,896 |
| Total comp/taxes/benefits per work hour | \$55 | \$34 |
| Hourly payment less comp costs | \$45 | \$54 |

## Net Margin

> Net income/revenue
> Wide range due to reimbursement rates and productivity
> At MC allowable rates, expect 15-20\% profit margin

## Management Focus?

$>$ Revenue
> Revenue
$>$ Revenue
$>$ Revenue
$>$ Expenses

## US Population over 65

- 2009
39.6 million
- 2019
54.1 million
- 2040 projection
80.8 million
- 2060 projection
94.7 million


## Referral Illustration

## Year One

Year Ten

| Annual \% Increase in New Patients | NA | 0\% | 2\% | 4\% | 6\% |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Total New Patients | 1,000 | 1,000 | 1,219 | 1,480 | 1,791 |
| Visits/Patient | 10 | 9 | 9 | 9 | 9 |
| Total Visits | 10,000 | 9,000 | 10,971 | 13,322 | 16,118 |
| Payment/Visit | \$100 | \$90 | \$90 | \$90 | \$90 |
| Total Payments | \$1,000,000 | \$810,000 | \$987,385 | \$1,198,998 | \$1,450,587 |
| \% Change | NA | -19.0\% | -1.3\% | 19.9\% | 45.1\% |

## Growing Revenue

> Get patients in asap and when convenient for patient
$>$ Try not to let increase in new patients be offset by decrease in average visits/patient
> Really communicate with patients
> Communicate with physicians
> Share patient comments
> Specialized programs (e.g., golf, running, fall prevention)

## To Do List

$>$ Ensure everyone understands Medicare v non-Medicare rules
$\rightarrow$ Apply Medicare rules only when required

- Consider bonus plan tied to provider productivity
$\rightarrow$ Alternate Medicare and non-Medicare patients on schedule
$\rightarrow$ Pick a schedule that works for your practice
$>$ Double book when appropriate to address cx/ns
$>$ Consider PTAs/COTAs to reduce staffing cost
$>$ Replace (or supplement) aides with PTAs if MC \% high (above 40\%)
> Grow revenue


## Questions

