

## Proposed Bill No. 5376

An act prohibiting physicians from owning businesses that provide physical therapy services.  
**Purpose:**To prevent a conflict of interest by restricting physicians from owning a PT business.

Although there is merit in the concern that some physicians may abuse their privilege as healthcare providers and recommend unnecessary treatment for their patients for financial gain, the motive for treatment is generally the anticipated well being of the individual requiring care. As a physician specializing in Physical Medicine and Rehabilitation, I can humbly say that I am uniquely qualified to comment on proposed bill no.5376 , owing to my area of medical specialization and nearly 25 years of clinical experience, first as Director of Inpatient Rehabilitation at Danbury Hospital, and then as Medical Director of my own private practice, Team Rehab. Our quality of care has consistently earned us local distinction by both patients and physicians who consistently refer themselves, their family members, and friends. This could never have happened if a bill such as PBN 5376 had ever been approved in the past.

To begin with, all physical therapists are not trained, skilled, and experienced the same. Physical therapy is not something we can consider generically. I learned this early on in my experience, more than 20 years ago at Danbury Hospital when I found some therapists outside of the walls of the hospital who could often resolve problems the hospital therapists could not. I always referred to the therapist I felt was best qualified to treat the individual patient, despite frequent criticism from hospital administrators. This eventually contributed to my leaving the hospital and starting Team Rehab, an interdisciplinary group including physical therapists, athletic trainers, exercise physiologists, massage therapists, myself, a physiatrist, a non-surgical orthopedist and a chiropractor. Some of the therapists I joined with were the very ones the hospital once discouraged me from referring to.

Now, 19 years later, we are still recognized as the best 'Rehab' practice in the area, and with all of the changes occurring in the delivery and financing of healthcare services, the 'Team' model appears to be getting the most support from experts and visionaries as to how we should structure things going forward. Not having all of the necessary contributors working 'under the same roof' will not make sense. Efficiency, close collaboration and cooperation lead to the best outcomes.

I currently own my practice and have 22 employees. Despite being the owner, there is a spirit of Team dynamics where all opinions are respected and sought out in the care of a patient. There is a feeling of autonomy on behalf of each member of the clinical staff, yet the close working environment promotes regular communication that is difficult to duplicate in other working arrangements. Additionally, I tell all patients that they may take their physical therapy prescription anywhere, and sometimes I direct them to a specific physical therapist outside of my practice. I realize that all physicians do not practice this way, however, the legislation proposed would interfere with best practice models, reducing quality of care and increasing cost.

As Physiatrists we are the only medical specialists formally trained in many aspects of physical therapy and are certified to perform skills commonly delivered by physical therapists, including modalities such as ultrasound, manual techniques such as manipulations and soft tissue releases, and

therapeutic exercise. I mention this to bring attention to the ever present ‘conflict of interest’ concern that exists throughout the healthcare delivery system. Restricting physicians from providing physical therapy in their practice would be similar to preventing physical therapists from using electrical stimulation, manual manipulation and exercise. They are reimbursed for the treatment they provide which can create a conflict of interest for the therapist. Are they using a modality or manual skill because it reimburses better or because it is best suited for the patient? Does the orthopedist order x-rays as being part of a well thought out plan that is best for the patient or because of the revenue it generates? Does the primary care physician vaccinate out of best practice guidelines or the meager reimbursement it provides? Does the Neurologist refer the adolescent for neuropsychological testing (within the practice) in the hopes of improving the educational outlook of the patient or to maximize the ‘bottom line’? If I choose to do a manipulation on one of my patients is it because I can bill a little more for it or for it’s treatment value?

In summary let me say that my motivation for offering testimony is to provide realistic perspective in the true interest of public health and not personal gain. Over the last 10 years there has been a great deal of federal legislation that has interfered with the advancement of medical care including physical therapy. Currently, best practice initiatives and the movement toward accountable care organizations (or ACO’s) strengthen the support for access to efficient, collaborative, cooperative Teams of healthcare providers, and passage of Proposed Bill No.5376 will only undermine that model, decrease quality and increase costs. It is not about who owns the physical therapy, but rather the values and integrity of the owners as they relate to delivery of care. Strong support for best practice models will eventually undermine the individual practices founded on selfish interests.

I would like to thank the members of the Public Health Committee for the opportunity to share these insights, and if I can provide any additional input please feel free to contact me anytime. (203-233-3484)

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