

The Impact of Physical Therapy Residency or Fellowship Education on Clinical Outcomes for Patients with Common Musculoskeletal Impairments Rodeghero, Flynn, Cleland, Whitman, Wainner, Wang (In Review)

Study Design A retrospective cohort design was conducted using data from an electronic survey and an existing commercial outcomes database.

Objective Investigate the clinical outcomes of patients with musculoskeletal conditions achieved by physical therapists who had completed residency or fellowship programs.

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Background There is an increasing focus on specialization through post-professional education in PT residency and/or fellowship programs. Scant evidence exists that evaluates the influence of post-professional clinical education on actual patient outcomes.

Methods Using a national outcomes database PTs were surveyed to determine their level of post-professional education. Outcomes for 25,843 patients with musculoskeletal conditions treated by 363 therapists were extracted from the database from June 2012 – June 2013.

These data were analyzed to identify any differences in the outcomes achieved between therapists with different post-professional education.

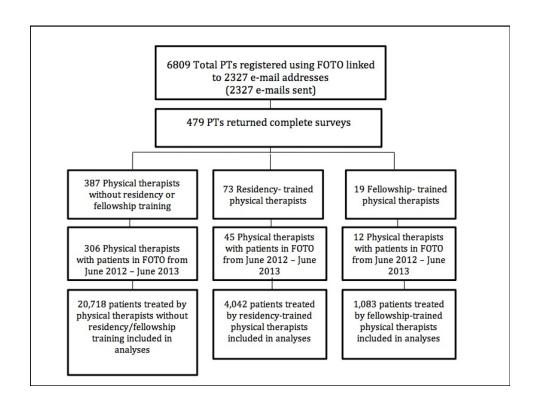


- Largest commercial outcomes database
- Used by over 2000 clinics
 - -6,809 registered PT users
- Use in research
 - -77 peer-reviewed studies



3 KEY VARIABLES

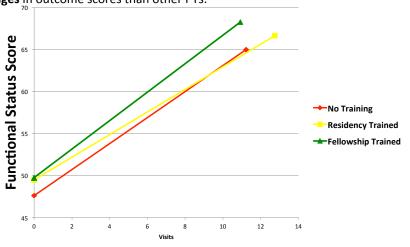
- Functional Status (FS)
 - Body region specific for MSK impairments
 - Developed, validated, & reliability established
- Efficiency
 - # of visits
- Utilization Index (FS/# of visits)
 - -20 point change in 5 visits = 4.0
 - 20 point change in 10 visits = 2.0

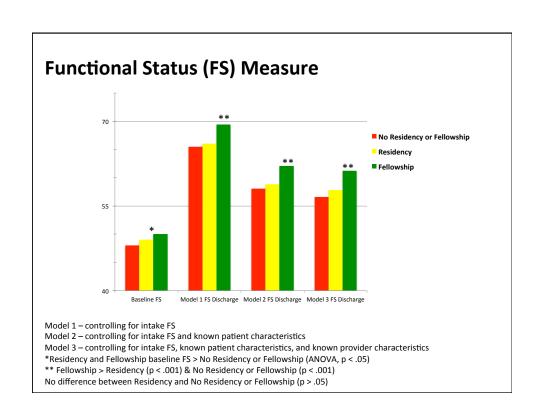


Results

Patients who received treatment from PTs who completed fellowship training demonstrated **greater improvements** in outcome scores than patients treated by residency trained PTs and those without post-professional training.

Patients treated by fellowship-trained PTs were also more likely to achieve **higher changes** in outcome scores than other PTs.

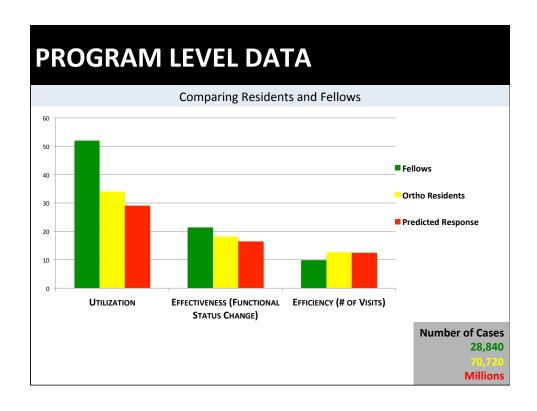




USING OUTCOMES FOR PROGRAMATIC REVIEW

Example- EIM OMPT FELLOWSHIP

Clinical Expertise and Leadership



USING OUTCOMES TO PROVIDE MENTORING TO A FIT

Example- EIM OMPT Fellow in Training (FiT)



Clinical Expertise and Leadership

Individual Level Data

Individual FiT Mentoring

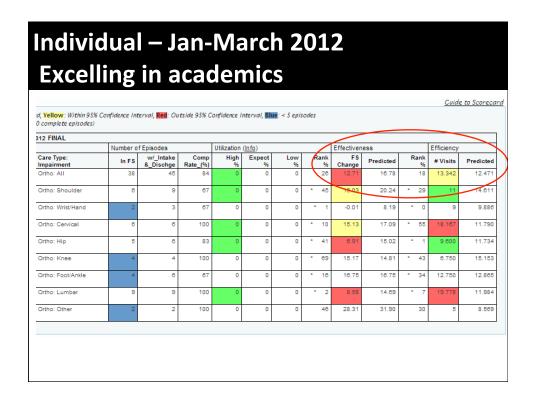
- Quarterly reviews by FMLs Screencast review of FOTO outcomes or alternate outcomes and recommendations
- Outliers identified for Program Director for further investigation and mentorship
- Program Director investigates as needed, but especially for any FiTs struggling in clinical decision making courses or laboratory training weekends.

Individual Level Data

Example FiT

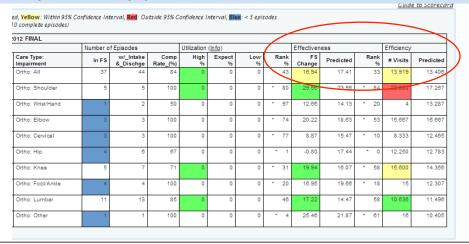
- January 2011- Starts Program
- June 2012- EBP & Foundation Courses Completed
- July 2012- Starts Advanced Clinical Reasoning Courses
- 2013- Graduates
- Stellar work in academics. Very strong in techniques exams and hands-on skills.

Care Type: In FS w/Intake Comp Impairment In FS & Dischge Rate_(%) High Expect % % % % % Change Predicted Rank % #Visits	$\overline{}$
Impairment In FS &_Dischge Rate_(%) % % % Change Predicted % # Visits	/
Ortho: All 28 39 72 32 29 39 * 41 18.91 16.62 * 57 18	Predicte
	12.6
Ortho: Shoulder 10 10 100 40 30 30 * 65 18.90 14.58 65 16.70	12.3
Ortho: Elbow 0 2 0 0 0 0 * 0 0 0 * 0 0	
Ortho: Cervical 1 1 100 0 100 0 * 70 25.20 20.62 * 65 5	11.
Ortho: Hip 4 5 80 75 25 0 * 79 33.32 24.28 * 78 16.50	16.
Ortho: Knee 3 5 60 33 0 67 * 9 11.91 16.48 * 27 15.33	12.
Ortho: Foot/Ankle 4 4 100 0 50 50 * 1 17.34 17.33 * 47 19.50	10.
Ortho: Lumbar 6 12 50 17 17 67 * 3 12.84 13.83 * 42 13.61	11.

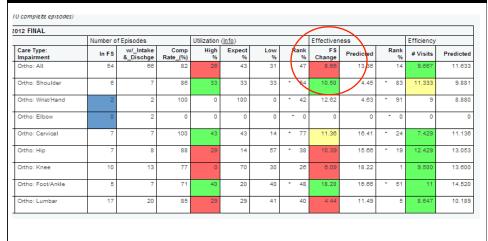


Individual – Apr-June '12 About to start OMPT PMF Jul 1

7/31/12 - I am not sure if you have been watching your FOTO data, but from my perspective it looks like your outcomes are gradually improving. While your overall efficiency values look like there is some room for improvement, the effectiveness values look much better (more green, less red/yellow). Nice job. I can't wait to see how things continue to evolve as you get deeper into the clinical decision making coursework. Let me know if you have thoughts on this, and also how the OMPT Patient Mgt Framework course is going. Julie

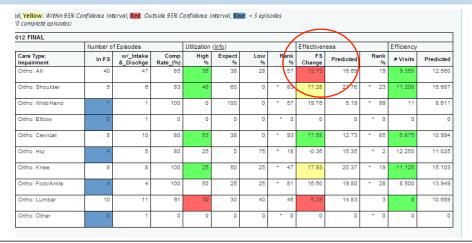


Individual – Jul-Sept '12 Started Advanced Clinical Reasoning- July 1



Individual – Oct-Dec '12 Just finished Advanced Clinical Reasoning

<u>PD Phone Conversation with FiT -</u> 11/12/12 – Bottom line that academics were strong, not coming together in patient outcomes ("outcomes are not what I know you are capable of, and are not what I know you want" – need a detailed plan for 1:1 hours – target 1st hrs with xxx mentors – coordinated with mentors



Individual - Jan-Mar '13 **In Fellow Virtual Rounds** 0 complete episodes) 013 FINAL Number of Episodes Effectiveness Efficiency Care Type w/_Intake &_Dischge High % Exped Low % Rank % FS In FS # Visits Predicted Change Ortho: All Ortho: Shoulde Ortho: Cervical 50 4 27 8.48 23.99 Ortho: Knee 13.015 20 89 12.455 Ortho: Foot/Ankle 33 18.47 48 10.794 33 Ortho: Lumbar 13.18

Individual – Apr- Jun '13 Just finishing Fellow Virtual Rounds

PD Guidance on Mentor: April 2013 – About 40 hrs 1:1; June 2013 45 hrs 1:1

	Number of Episodes			Utilization	(Info)			Effectiv	eness	Efficiency		
Care Type: Impairment	In FS	w/_Intake &_Dischge	Comp Rate_(%)	High %	Expect %	Low %	Ran	k F 6 Chang	S Predicted	Rank %		Predicted
Ortho: All	28	26	100	77	19	4	9	5 26.1	5 17.65	82	8.731	13.46
Ortho: Shoulder	9	9	100	78	22	0	* 9	6 25.9	5 17.70	* 88	9.333	13.86
Ortho: Elbow	2	2	100	100	0	0	* 10	2 36.0	2 24.81	* 71	10	19.81
Ortho: Cervical	2	2	100	50	0	50	* 5	1 22.8	1 22.82	* 48	7	11.41
Ortho: Hip	1	1	100	0	100	0	* 6	0 7.9	0 5.57	* 77	8	10.14
Ortho: Knee	6	6	100	67	33	0	* 9	7 21.2	8 14.71	* 75	8.333	14.30
Ortho: Foot/Ankle	1	1	100	100	0	0	* 9	9 20.0	1 9.91	* 97	10	9.91
Ortho: Lumbar	4	4	100	100	0	0	* 9	9 29.8	7 20.08	* 91	8.250	11.33
Ortho: Other	1	1	100	100	0	0	* 9	9 55.7	2 20.29	* 99	8	11.55

Individual – Jul-Sep '13

Finishing 1:1 mentorship - Graduate 12/13

PD Guidance on Mentor: 1:1 with mentor - 53 hrs from Jul-Nov '13

11/7/2013 – These scores are looking awesome! Great work! Julie

11/7/2013 - Julie - Finally – all green, about time :) Thanks

	Number o	Number of Episodes			(Info)			Effectiveness				Efficiency		
Care Type: mpairment	In FS	w/_Intake &_Dischge	Comp Rate_(%)	High %	Expect %	Low %	R	ank %	FS Change	Predicted	F	lank %	# Visits	Predicte
Ortho: All	16	18	100	81	19	0		97	24.18	15.52		84	7.688	12.70
Ortho: Shoulder	4	4	100	100	0	0	•	99	19.74	8.76	•	94	7.500	11.26
Ortho: Elbow	1	1	100	0	100	0	•	42	15.95	23.43	•	7	8	16.21
Ortho: Cervical	2	2	100	50	50	0	•	95	25.78	14.70	•	98	8	11.54
Ortho: Hip	2	2	100	100	0	0	•	99	33.80	18.23	•	99	5.500	10.23
Ortho: Knee	4	4	100	100	0	0	•	99	26.91	18.17	•	84	9.500	16.29
Ortho: Lumbar	3	3	100	67	33	0	•	90	21.71	17.12		74	6.667	11.10

FiT Reflections on FOTO

These data are informative and eye opening and a very important aspect to drive change in my clinical practice patterns. I think what this data also demonstrates is that a fellow can complete coursework and even make an "A" in the courses and yet clinical practice patterns can remain unchanged. In short, knowledge does not carry over to changing clinical practice patterns.

For me the thing that changed my practice patterns was the clinical decision making course and one-on-one mentorship. These classes changed the way that I thought, organized patient interventions and therefore improved my patient outcomes which can be seen in the last two quarters data in FOTO.

FiT Reflections on FOTO

The FOTO data was the first time that I had even seen the effect of my interventions. Or maybe I should say the lack of effect! This was the first time in my career that I had the ability to tie my treatment to outcomes and compare those outcomes to other physical therapists. Prior to utilizing FOTO I had no way of comparison and really no reason to drive change in my practice.

The FOTO data was a wake up call for me because I could not argue with the data. It was my patients, my interventions and it showed that I was not efficient or effective.

I would have to say that I would not have believed that and would have predicted that my patients would have had good outcomes.

FiT Reflections on FOTO

- The patient management coursework demanded that I re-work my patient exams and patient treatment. It taught me that I was lacking in my clinical reasoning and that I had gaps in my clinical examination. For me this was the moment when I had to be willing to tear down and let go of my old practice patterns and re-build my clinical practice. This was the most difficult and painful but had the most amazing pay off. I could have not made this last bit of change without my mentor and their teaching and quidance.
- The 1:1 feedback allowed me to fine tune my model during actual patient care. This is why I wanted to do a fellowship and made the last three years worth all the time, energy and effort. I have to say that this has been one of the hardest and most rewarding things that I have ever done.

IMPLICATIONS

- Residency & Fellowship Training Improves Patient Outcomes and PT Efficiency
- Systematic Outcome Monitoring Can Inform Both Programmatic Level and Individual Level Performance
- The Focus of Monitoring Should be on Patient
 Outcomes over Process Which Has Profound
 Implications on Standards and Credentialing
 Nationally & Internationally



