

Thank You for your Participation

The Results Are In!

Objectives: The purpose of this study was to identify patterns of successful proactive and long-term maintenance physical therapy (PT) programs for people with Parkinson’s Disease (PD), as well as barriers and facilitators to these delivery models. Gaining an understanding of expert experience and opinions provides information that can inform quality improvement efforts in the future. This document summarizes the results of the study.

Summary Aim 1: Participants from 32 expert centers for PD in the U.S. completed online surveys providing information about PT practice patterns. The poster attachment and report provide more details on the survey results. **Of note, 70% of MDs and PTs would recommend PT at least every 6-12 months in people with early PD who had trouble exercising, with increasing frequency of follow-up visits with increasing disease severity. This finding supports an interest in learning how to better implement proactive PT and long-term maintenance models of PT.**

Summary Aim 2: Focus groups and interviews were completed with MDs, nurses, social workers, physical therapists, and people with PD at 6 academic medical centers selected for regional diversity and variable PT practices. A descriptive content analysis was used to **identify barriers and facilitators to proactive and long-term PT delivery for people with PD (see table).**

COMMON BARRIERS AND FACILITATORS FOR PT IN PD

	Barriers	Facilitators
PT Intervention Characteristics	<ul style="list-style-type: none"> • Variable PT delivery across centers and disease stages (see poster) • Use of protocols with varied level of evidence • Difficult to maintain trained PT for PD workforce, particularly in communities • Difficult for people with PD to get increased dose of PT visits with experts at centralized centers requires more home participation 	Identifying and defining successful models of delivery: <ul style="list-style-type: none"> • Centralized Expert Delivery Model: Expert PTs at academic medical center provide care themselves at centralized location, often with reduced frequency of PT visit; use of consultative models, particularly in early PD • Dispersed Knowledge Model: Expert centers (MDs and PTs) train and communicate or disperse knowledge/plans to local community care/PT teams
People	<ul style="list-style-type: none"> • Lack of knowledge or value: <ul style="list-style-type: none"> • Regarding varied roles of PT beyond gait and balance training • Insurance benefits (PT, referrer, people with PD) 	<ul style="list-style-type: none"> • Define and disseminate alternative care paths for PT: (1) consultative, (2) exercise prescription, (3) restorative care, (4) compensatory, and (5) skilled maintenance • Education on insurance benefits
Processes	Clinical and administrative processes: <ul style="list-style-type: none"> • Referral communication • Insurance pre-authorization • Difficulty scheduling same day and long-term follow-ups • Timing of plan of care re-certifications • Clinic capacity • Team coordination and communication within referral networks 	<ul style="list-style-type: none"> • Leadership support with culture of interdisciplinary care • Administrative care coordinators to assist with: <ul style="list-style-type: none"> • Insurance authorization (same day financial clearance if possible) • Scheduling • Flexibility to see people with PD on same day as neurologist with or without co-location
Outer Setting	<ul style="list-style-type: none"> • Lack of clear clinical practice guidelines • Insurance limitations • Reduced access to in-network PT experts • High co-pays and high deductible insurance plans • Difficulty finding/knowing where to find PT and community exercise experts 	<ul style="list-style-type: none"> • Local, national, and global organizations facilitate quality PT through: (1) trainings, (2) sharing information about exercise classes, (3) creating vetted lists of experts, and (4) creating clinical practice guidelines. • Advocacy for direct access to PT without referral