

GUIDE

# The Future of Physical Therapy Is Hybrid: A Guide to More Effective MSK Care


By Medbridge




### Pathway assigned


The Low Back Pain pathway was assigned to Margaret Barnett. The invitation will expire after 7 days.

### Motion assessment

30 Second Sit-to-stand Oct 24  11

 +1 rep from previous

 Scoring logic

 View history



# Overview

During a [featured webinar](#), Medbridge sat down with Jonathan Jean-Pierre, COO of Ivy Rehab, to discuss Ivy's hybrid approach to physical therapy, which is centered on the philosophy that in-person care and the provider-patient relationship are still critical to patient success.

In this guide, we'll explore how organizations like Ivy Rehab are using a hybrid care model to expand access to therapy, and how leveraging virtual and digital care solutions can drive ongoing engagement with patients.

## IN THIS GUIDE WE'LL COVER:

- The limitations of in-clinic PT and digital-only PT
- How organizations are using hybrid care to treat MSK conditions more efficiently
- How Medbridge's new digital care platform helps organizations use hybrid care to deliver superior patient outcomes for MSK conditions

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# Musculoskeletal (MSK) conditions in the US are prevalent and have a high economic toll



More than 50 percent of adults over the age of 18, approximately 124 million people, have reported a musculoskeletal condition each year, and that number rises to nearly 75 percent for adults ages 65 and over.<sup>1</sup> MSK conditions are not only prevalent, but are incredibly costly too. The estimated national cost of musculoskeletal pain in the USA is \$560–\$635B,<sup>2</sup> far more than any other chronic condition.

According to CMS 2024 National Health Expenditure (NHE) Fact Sheet, the NHE grew 7.2 percent to \$5.3 trillion in 2024, or \$15,474 per person, and accounted for 18 percent of gross domestic product (GDP). It's a problem that reverberates far beyond just the patient experience or the healthcare system, as one-third of all lost-time workplace injuries are due to musculoskeletal disorders.<sup>3</sup> Waiting for care not only affects the patient's quality of life, but also ripples out, affecting their ability to provide for themselves and their families.

And the problem is only going to get more urgent as the Baby Boomer generation continues to age into Medicare qualification. Today, Baby Boomers are a demographic group of approximately 68 million people,<sup>4</sup> and by 2030 they'll all be Medicare-eligible. Something must change—and soon—before the problem turns into a crisis that our already overburdened system can't handle.

There is, however, one modality of care that has proven extremely effective in treating musculoskeletal care: early physical therapy. There's strong evidence for this type of care model, with benefits ranging from shorter episodes of care to lower costs.

Read more of the [CMS 2024 National Health Expenditure \(NHE\) Fact Sheet](#) here.

### Early PT Can Drive<sup>5,6</sup>



46%

reduction in spine surgeries



50%

lower emergency room utilization for acute low back pain



48%

reduction in spine injections



58%

reduction in imaging utilization



10%

reduction in long-term opioid usage

If early physical therapy is so effective, why isn't it the standard? Unfortunately, it's not so simple to achieve because of the limitations of the two most prominent PT models: in-clinic physical therapy and digital-only physical therapy. And while the increase in MSK volume presents an opportunity to boost the value of PT, providers will need to adjust their practices to be able to overcome these limitations and capture this opportunity.

# Current physical therapy models and their limitations



## In-clinic physical therapy

In-clinic PT is still the most common way for patients to obtain therapeutic care today, and it has been proven again and again to be highly effective. But this model also comes with a number of significant challenges, the most common of which are access and adherence.

First, think about the massive number of patients who require MSK care each year, which we highlighted before. Even if we did prescribe physical therapy to all of these patients, the current in-clinic system couldn't handle the massive caseload. Second, according to industry statistics, fewer than 70 percent of patients actually complete their full course of care.<sup>7</sup> And with today's busy lifestyles, it's simply not practical for most patients to come to a physical clinic three times a week for rehab sessions.

Plus, even if you can hit that optimal number, in-person sessions are often limited by a patient's insurance or finances. If a patient has a \$25 copay per session, seeing a PT three times a week means that they are paying \$75 per week—or \$225 a month—and for many people, that's simply not feasible. Only a small amount of their physical therapy exercise can realistically be conducted inside of that limited in-office timeframe, meaning 80 percent of their outcome will be determined by the work they do outside of their clinical visits<sup>8</sup> (i.e., their home exercise programs). We also know that fewer than 35 percent of patients adhere to their home exercise regimen,<sup>9</sup> slicing the actionable time to progress their care plan into a fraction of what is needed to be effective.

**\$225**

Monthly cost to see a PT three times a week with a \$25 copay per session

That's not to say that it's only a matter of patient drive, finances, and motivation. Ask anyone with a gym membership card collecting dust and they'll tell you that life has a way of getting in the way of our attempts to take care of ourselves! Common physical barriers like transportation, time constraints like busy work schedules, and family obligations like arranging child care can all alter even the most well-intentioned patient's plans to seek out care in an in-clinic setting. And that's not even considering patients who live in rural areas where fewer services are available and require longer travel times.

This leads us to the other most common model: digital-only physical therapy.

### Digital-only physical therapy

Digital-only PT slowly gained prominence in the past decade before taking a lightspeed jump forward during the COVID-19 pandemic. Home exercise programs, remote therapeutic monitoring, and patient education—these critical tools have been instrumental in solving some of the access and adherence problems facing patients using in-clinic PT. Digital-only PT does, however, come with its own set of critical downsides—notably enrollment and impact of outcomes.

First, digital-only MSK solutions disintermediate the in-clinic providers who are paramount to the MSK care continuum. While digital MSK care is great for increasing access to care and helping patients work around their busy schedules to boost adherence, when it comes to outcomes, there's simply no substitute for high-quality provider-led therapy.

Second, higher-acuity patients require hands-on care and also drive the most cost to the healthcare system. Without the right level of care, this patient population will likely end up in more cost-intensive specialty services when they would have been better served by a therapy-first intervention in the first place. Digital-only care can benefit this population for initial triage and check-ins down the line, but overall, it is better suited for lower-acuity patients and will ultimately be insufficient for those with more severe conditions. Providing patients with the right care at the right time is critical for their recovery as well as keeping costs down.

Both models have their pros and cons, but ultimately neither will be able to keep up with the high demands of today's healthcare landscape. There is, however, good news: By adopting a hybrid care model, we can meet patients where they are at while ensuring both access and quality of care.



# The future of physical therapy is hybrid care



A hybrid care model takes the best aspects from both in-clinic PT and digital PT and combines them into a single, highly effective care program. In hybrid care, organizations can create a layer of digital technology that spans the entire patient journey. Virtual care consultations can be offered as a standalone option or as a supplement to in-person care, making these ideal for low-risk interventions as well as check-ins along the way. Once a patient is in the system, digital tools like patient-reported outcomes (PROs), remote monitoring, patient messaging, and patient portals provide new opportunities for engagement that help bridge the gap.



By using digital care to expand treatment options, you can continue to treat, engage, and inform patients even when they aren't able to physically make it for an in-person session. With the time saved from this increased efficiency, clinicians can see more patients and spend more hands-on time with higher acuity patients who need the most care. And because patients get their consultations sooner, triage is faster and more effective, directing higher acuity patients to the in-person care they need earlier in the process, while lower-acuity patients receive guidance to get them started on a home program or in-person care as necessary. You can serve more patients, more efficiently—they get better faster, and you don't lose them to other providers.

## Value of Hybrid Care



### To the patient

#### More convenient access to personalized care

- Flexibility based on preference and schedule
- Personalized care based on real-time data
- Direct communication between visits
- Cost savings



### To the clinician

#### Effectively engage patients and drive optimal outcomes

- Expanded reach
- Data-driven insights to support effective care decisions
- Stronger therapeutic alliance
- More flexible work options



### To the organization

#### Drive new business opportunity

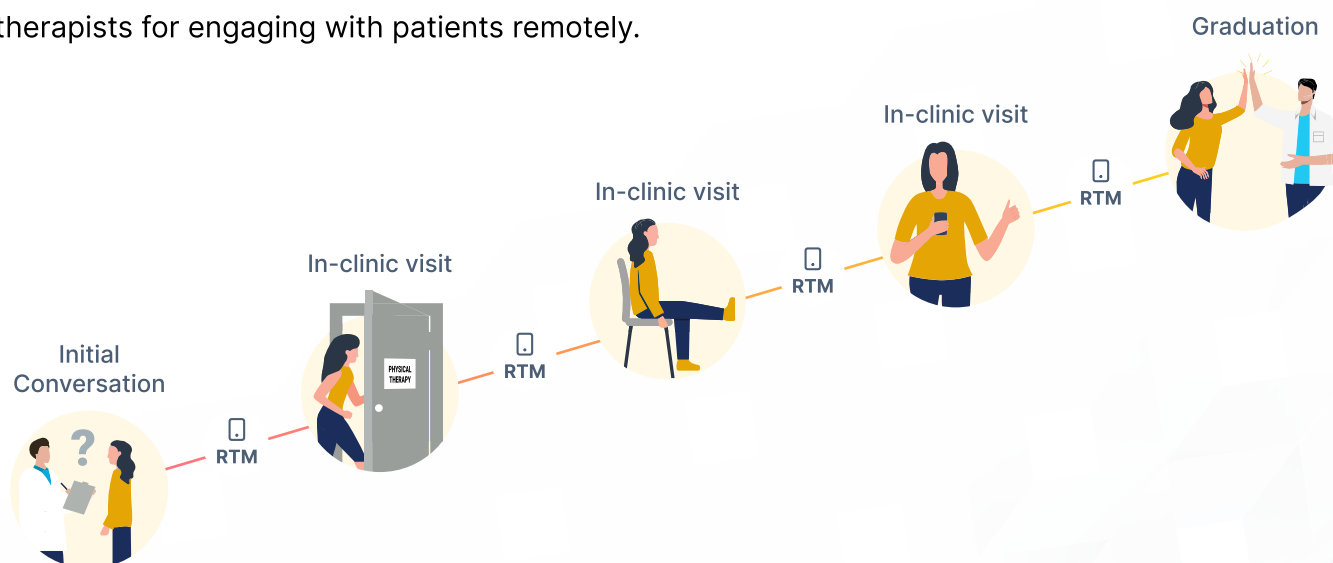
- Market differentiation through modern consumer-first care
- New revenue opportunities
- Improved provider satisfaction
- Increased care completion, LOS, capacity and access
- More patients retained within the network

Hybrid care is already an efficient and effective treatment modality, but you can take it to the next level by introducing remote therapeutic monitoring for even greater benefits and efficacy.

# The role of remote therapeutic monitoring in hybrid care



Remote therapeutic monitoring (RTM) refers to the CPT codes CMS launched in 2022 that allow providers to bill for the remote management of patients with musculoskeletal and respiratory conditions using medical devices (including certain software) that collect non-physiological data, such as patient adherence and reported pain levels. Simply put, the CPT codes offer a new resource to improve patient engagement, adherence, and outcomes, while also offering a new revenue opportunity to compensate therapists for engaging with patients remotely.



RTM is a fantastic tool on its own, but Ivy Rehab saw an opportunity to take it to the next level. Seeing the advantages offered and the opportunity to advance the industry toward innovative solutions, Ivy used RTM as a stepping stone to establish a hybrid care model that maximizes the patient experience and more effectively achieves patient outcomes.

## RTM Research and Data

Data supports improvement in patient experience and outcomes

### Patient Outcomes

13%

More patients achieve their patient-reported outcome goal\*

### Care Completion

15%

Fewer patients decided to end care in five visits or less

### Patient Engagement

40%

More patients completed 2+ in-person visits per week

### Episode Revenue

7%

Higher average revenue per patient episode\*

According to data shared by Ivy Rehab during a [recorded webinar presentation](#).

\*denotes statistical significance

RTM offers the potential for the team to be MSK care navigators who can provide on-demand care coordination for patients with MSK conditions. So much of a patient's total health care spend is dependent on where they entered the system, which is often a primary care physician or orthopedic surgeon. But when the patient comes to a PT first, patients are often able to effectively resolve their condition within the PT system without additional intervention. And if the right place is ultimately determined to be orthopedic surgery, they can be directed there quickly. By being a point of triage for patients, the PT team can educate them on what they're experiencing, what some of the different care options are, and make an overall recommendation and communicate that back to referring provider partners.



We want to be here for you, both the days you're in the clinic and the days you're not."

— Jonathan Jean Pierre, COO of Ivy Rehab

## Future of Hybrid Care

MSK care navigator



**Physical therapist** acts as an **MSK Care Navigator**, conducting on-demand virtual MSK care coordination and guiding patients through the full continuum of care to meet their MSK needs.

**Triage** patients to optimal **in-network** course of care (e.g., PT/ortho specialist) with hybrid care access.

**Educate** patients on their condition and option set.

**Communicate** care plan and patient progress/outcomes back to referring providers.

**Collaborate** with supportive entities to provide holistic treatment (e.g., nutrition, psychology, exercise physiology).

# How are organizations using hybrid care?



We've discussed how remote therapeutic monitoring can not only be woven into hybrid care but also act as a force multiplier to make hybrid care more effective along the care continuum. These additional use cases make it possible to boost access, reduce stress on clinicians, and better engage patients throughout their care journey.

**Virtual Evaluations** — It's always difficult to find staff, and diminished clinical capacity can prevent organizations from responding to the growing demand from all of their patients. But if providers can conduct evaluations remotely, they can determine which patients would benefit from PT or make alternative recommendations as appropriate more quickly. This also helps patients overcome common physical barriers to care; virtual evaluations are a game changer for rural patients with longer travel times and reduced access to needed care, allowing them to come in-clinic only when it would benefit them the most. Patients spend less, organizations keep costs down, and clinicians get more time with patients.

**Employer-Based Contracts** — Many large digital-first providers suggest that organizations will experience financial relief by transitioning to a digital-only care model, but that comes at the cost of effective in-person care. Hybrid care offers a complementary clinical solution that bonds the efficiency of digital care with hands-on PT to keep therapy at the forefront of care, delivering superior patient outcomes while keeping costs down.

**Value-Based Care Agreements** — Hybrid care increases the likelihood of improving patient outcomes in a highly cost-effective manner and gives providers the ability to be more flexible, agile, and responsive. No matter where your organization is on the fee for service to value-based care spectrum, hybrid care is an effective choice.

By increasing engagement and activation of patients via **hybrid care**, organizations are able to open up a myriad of new business opportunities.



RTM



Virtual Evaluations

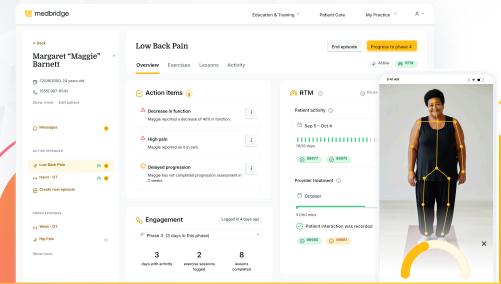


Employer-Based Contracts



VBC Agreement

# Introducing Medbridge One Care



**One Care, Medbridge's new comprehensive movement-based medicine platform,** is an all-in-one solution designed to support hybrid care at scale through cutting-edge technology. One Care was built to unite fragmented systems by bringing together our trusted HEP, Patient-Reported Outcomes (PROs), Remote Therapeutic Monitoring (RTM), and innovative guided Pathways into a single, seamless experience.

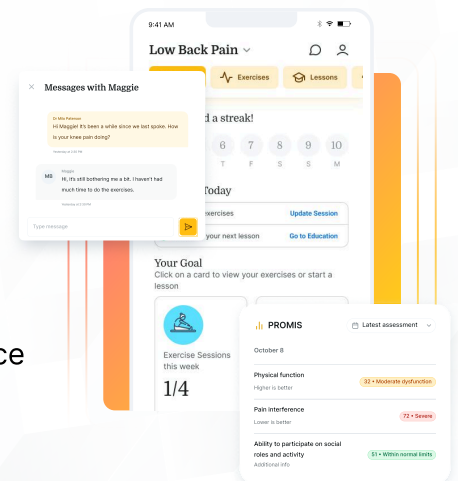
One Care offers the option to supplement existing in-person programs with a variety of customizable HEP or standardized digital care Pathways based on patient acuity. Pathways offers clinically validated, progressive digital programs to support patients in managing specific health conditions. Each program is tailored to address particular needs with progression plans, educational materials, and interactive features designed to engage patients between several weeks of set planned phases.

Remote Therapeutic Monitoring helps providers remotely track patient progress, adherence, symptoms, and functional outcomes between visits through digital tools like exercise platforms, symptom check-ins, and patient messaging. RTM helps extend care to patients without extending clinician hours, a win-win for patients and staff. With RTM-compatible workflows, providers can effortlessly track progress, engage patients between visits, and easily bill for time.

With Medbridge's Patient-Reported Outcomes, patients can log their activity or respond to simple text messages, which help track adherence to the program. Clinicians gain real-time insights into pain, function, and adherence, which helps personalize care, guide clinical decisions, and demonstrate value—turning outcomes into actionable intelligence.

Medbridge One Care won't disrupt the clinician-patient relationship; instead, it empowers providers to keep patients in their ecosystem for a lifetime of care. Providers can supplement brick-and-mortar care with a cutting-edge, digitally enabled therapy platform that gives patients a modern, convenient care experience, improves health outcomes, and allows higher care capacity while reducing provider workload.

[Request a demo](#) to learn more about how One Care can help you deliver personalized, evidence-based care through trusted home exercise programs and digital care pathways—at scale, across every care setting.



## About medbridge

Combining powerful digital patient care tools with the highest quality education, Medbridge is committed to making healthcare better for both providers and patients. Organizations across the care continuum use Medbridge to provide an enriched, digitally enabled experience that engages patients while streamlining and simplifying care. Designed with over a decade of insight from more than 350,000 clinicians and 25 million patients, Medbridge has helped thousands of organizations realize better patient outcomes. [Learn more.](#)

See how Medbridge can help your organization.

[Contact us to request a demo.](#)

## About Ivy Rehab

Founded in 2003, Ivy Rehab is a rapidly growing network of best-in-class outpatient physical, occupational, speech, and ABA therapy clinics. The Ivy Rehab Network consists of multiple brands dedicated to providing exceptional care and personalized treatment to get patients feeling better, faster. With backing from leading middle-market private equity firm Waud Capital Partners, Ivy Rehab will continue to grow and further expand its U.S. footprint.

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