

Economic Viability of Hand Therapy Clinics in Rural Settings

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BACKGROUND

The need for rural-based hand therapy and consultation services grows with increasing populations residing in communities based outside of traditional urban settings and their associated abundance of healthcare services. Additionally, manufacturing-based companies find refuge from high urban costs in rural areas. More than half of rural hand therapy patients require splinting, and nearly 85% require exercise prescriptions showing a need for skilled therapy (Kingston, Williams, Judd, Gray, 2015). Individuals working in trades and manual labor positions have an increased need for environments to boost both productivity and longevity, especially with older employees (Boyce, 2008). With this demand comes a need that is often not filled. The basis for effective rural hand therapy services is providing skilled therapy for both patients and businesses in rural settings that would meet financial requirements, as well as provide services, to help patients reach their highest rehab potential. Maximizing and maintain rehab potential is critical to deliberate and specific protocol adherence and ergonomic adjustment during successful rehab-to-work transitions (Joss, 2007). With the goals of improving the patient experience of care, providing accessible skilled therapy services, assessing and facilitating workplace tolerance, and increasing the health of populations. Hands On Therapy can effectively address each of these four aims. Currently, the best rural hand therapy practices are not established, and a gap exists for effective hand therapy to reach non-urban settings. The increasing need of hand therapy and work consultation in rural settings, necessitates the development of an effective program to fill this gap in care.

PROGRAM DETAILS

A plan was developed for outpatient clinic-based therapy services, starting with an occupational therapist and administrative employee, in a facility easily-accessible to targeted rural populations. Services provided:

- Skilled upper-extremity rehabilitation.
- Workplace ergonomics assessments.
- Work tolerance assessment.
- Workplace conditioning for group and individual.

FOCUSED QUESTION

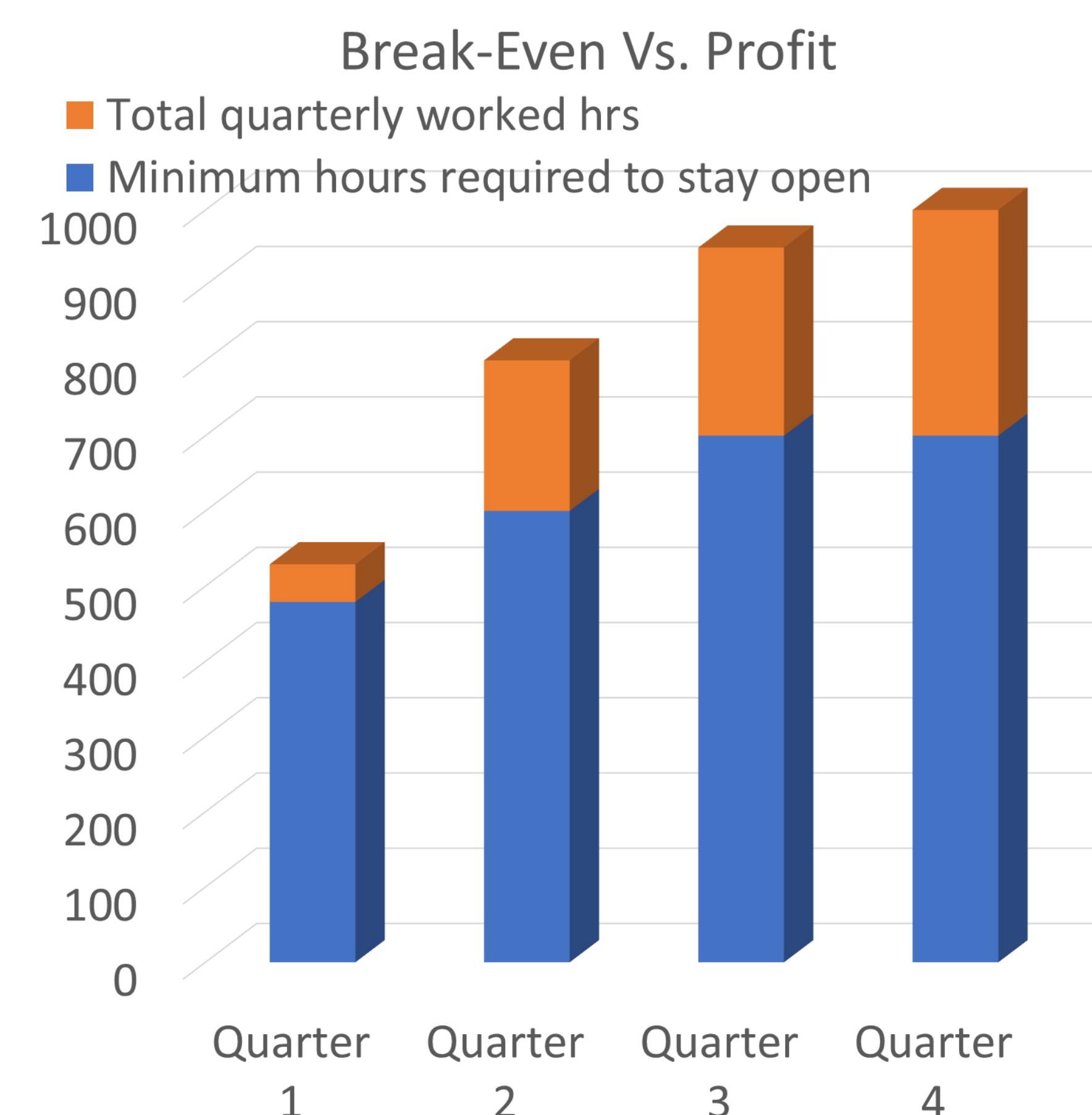
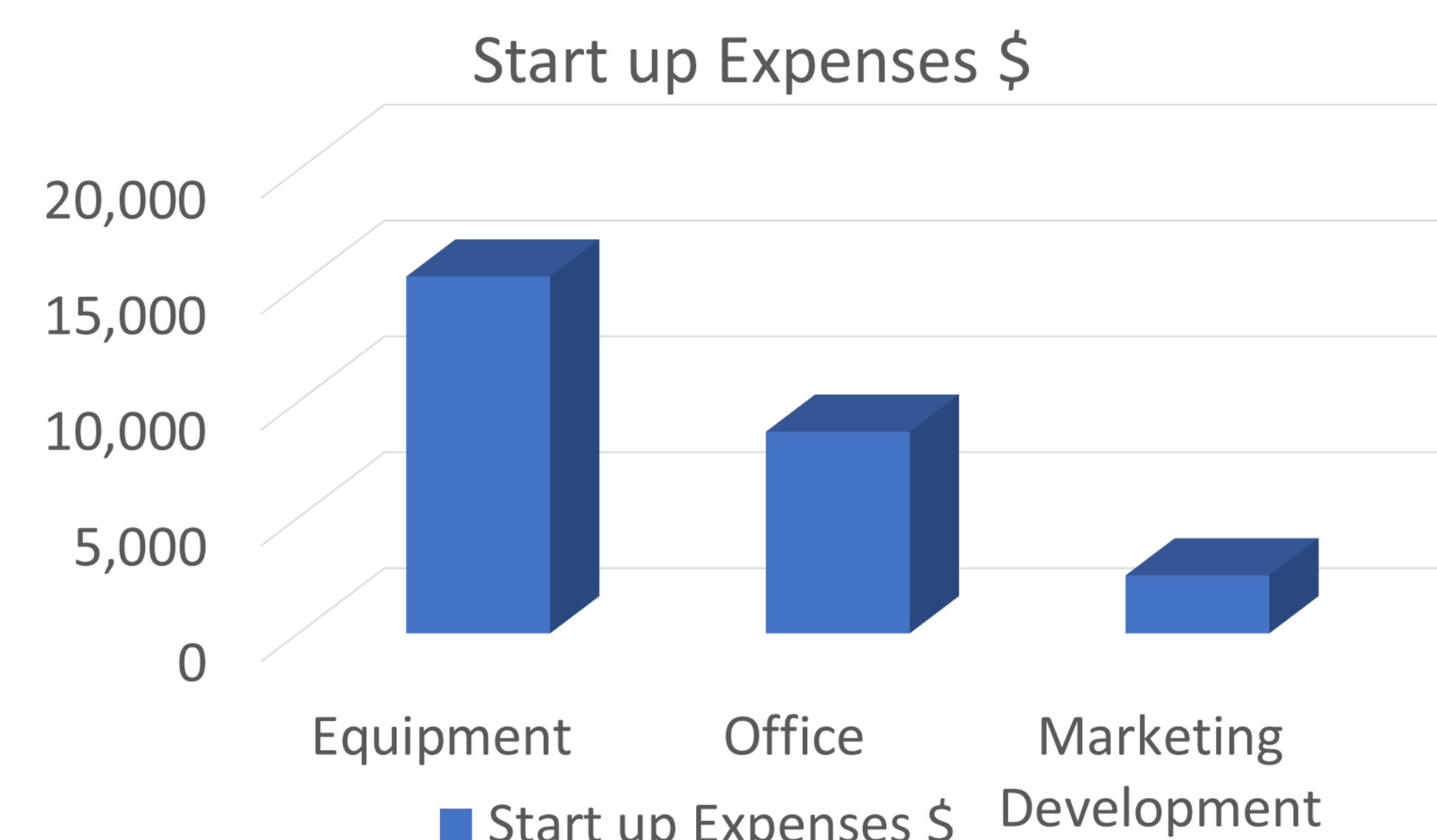
What are the main barriers to delivering effective rural hand therapy services and what business model would be required to operate a successful clinic?

METHODS

A narrative design using semi-structured interviews was used to explore the perceptions of hand therapy needs and current resources available to those in rural settings. Those interviewed were patients identified as rural (residing >20 miles from an outpatient rehabilitation clinic), healthcare leaders, small business owners, and other healthcare professionals. Participants were identified from Select Physical Therapy in Destin, Niceville, and Crestview, FL. To improve the outcomes with a more diverse population of participants, individuals represent both healthcare professionals and patient demographics.

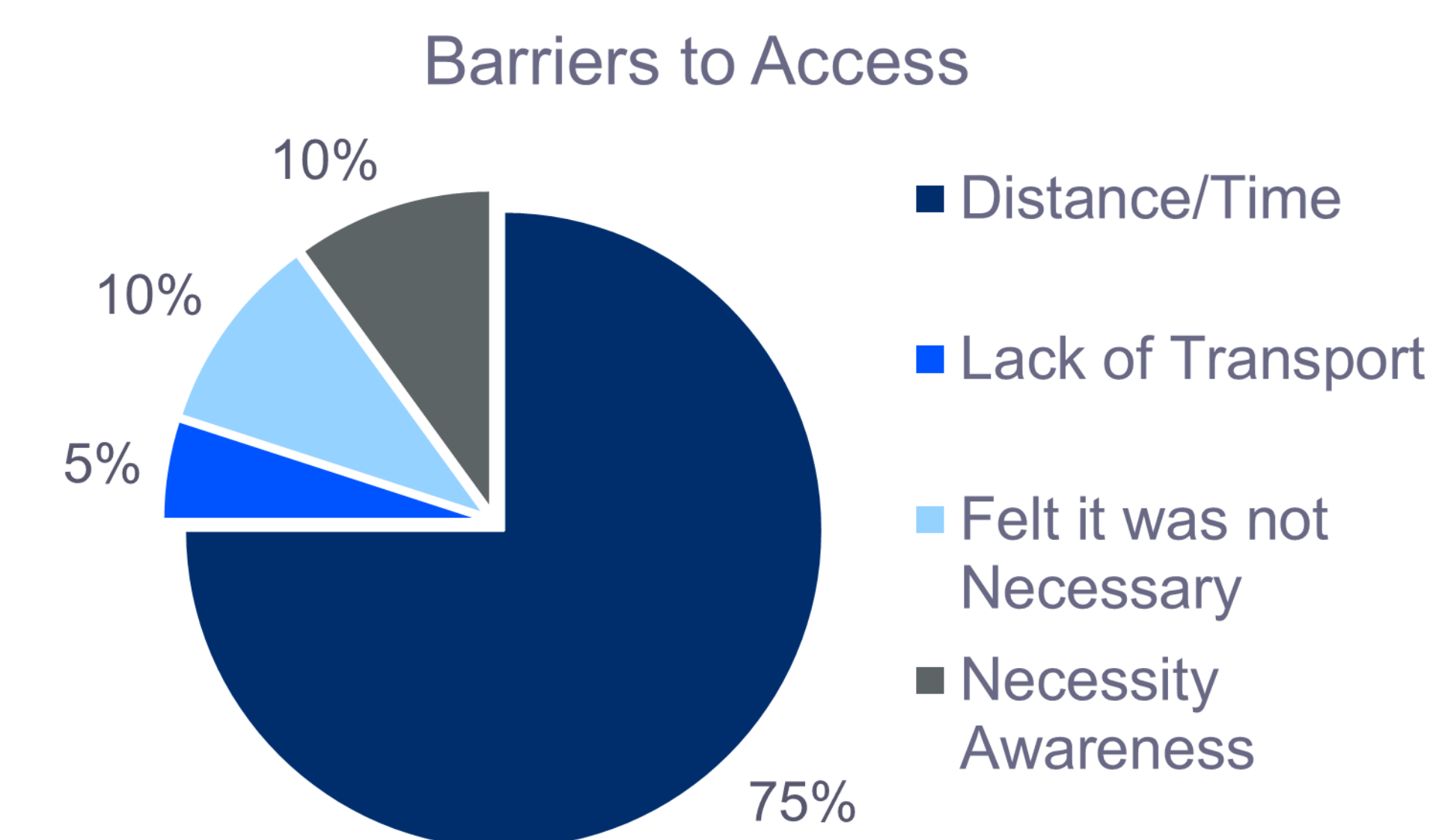
Additionally, a literature matrix was produced and analyzed exploring the current effectiveness of hand therapy in rural settings and the barriers preventing those needs being met. Clinic saturation offering hand therapy services was explored with a 40-mile radius. Information gathered from research was then analyzed and triangulated. Patterns and relationships among data were analyzed and themes were identified.

Clinic start up and running costs, appreciation, depreciation, and annual demographic elasticities were researched and analyzed alongside need concentration to find an optimal clinic location.

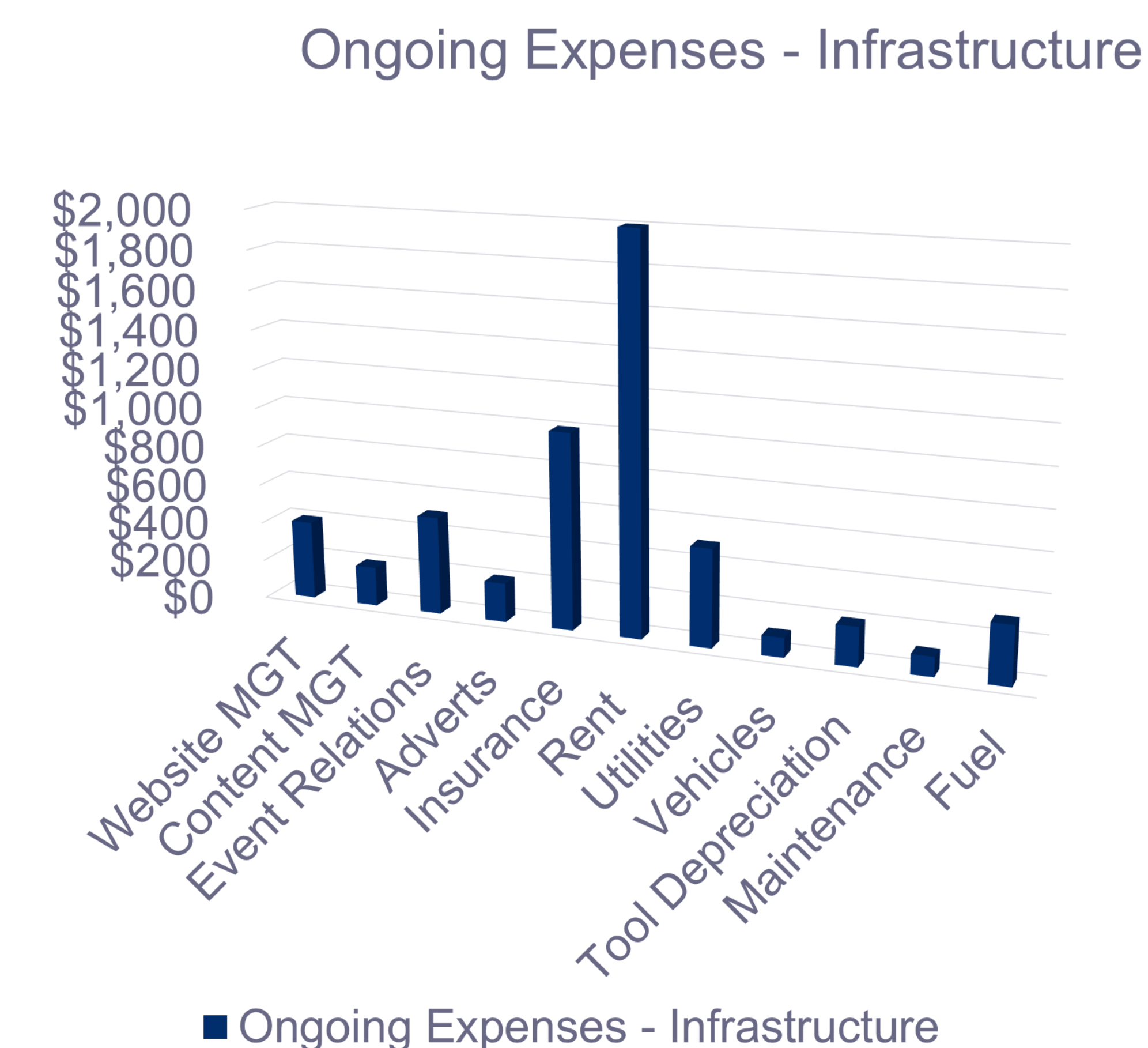


RESULTS

Key barriers to providing services based in rural settings were traveling time, low patient volume, and lack of expert knowledge in upper-extremity rehabilitation. Additionally, a key barrier for rural patients to reach skilled upper extremity therapy was travel time, lack of transport, and lack of knowledge (Kingston, Williams, Judd, Gray, 2015). Health literacy, lack of awareness, and travel time were shared themes among both health care providers and patients in rural settings.



Occupational therapy can help to facilitate improved quality of life for individuals affected by injuries to the upper-extremity residing in rural settings. By focusing and applying evidenced-based techniques for occupation-based outcomes, more desirable results can be achieved. Rural settings often present barriers to providing those services. High expenses combined with a high debt-to-credit ratio does not support expansion. During an economic downturn, this business structure vulnerable, elastic, and prone to failure.



BOTTOM LINE FOR OT

While there is a need for skilled occupational therapy and hand therapy in rural settings, there is not a sufficient population of patients to successfully run a business focusing solely on outpatient hand therapy. In addition to having an outpatient clinic, a successful hand therapy clinic must integrate a facet of business that caters to the needs of small- and large-scale community employers, patients requiring physical therapy services, as well as programs focusing on ergonomic assessment, injury prevention, and work conditioning programs performed in clinic. These demands can be filled in the form of mobile healthcare consultation, and treatment.

Other services that will help facilitate a successful hand therapy practice should address and provide assessments in workplace ergonomics, work tolerance, post-hire work tolerance certification, and workplace conditioning for groups and individuals. Limited access to resources for revenue generating businesses based in skilled hand therapy services need to be explored. An efficient business model focusing on those needs will ensure the delivery of comprehensive and skilled services with rural populations, while still protecting the financial integrity of the business.

With these conditions met, goals of improving the patient experience of care, providing accessible skilled therapy services, assessing and facilitating workplace tolerance, and increasing the health of populations can be met.

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