Nonoperative spine care centers present new ancillary service, quality patient care

Centers raise at least $30,000 a month per clinic in revenue while improving back-patient care.

By Tina DiMarcantonio
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Some orthopedic practices are implementing a new type of ancillary service that improves quality of patient care, while also increasing revenue: the nonoperative spine care center.

Potomac Valley Orthopaedic Associates (PVOA) in Olney, Md., is one practice that has seen success with its spine care center, based on a model developed by consultant company Physicians Rehabilitation Services LLC (PRS). The practice implemented this alternative to traditional therapy for back pain patients in January 2002.

“The quality of our nonoperative spine care has increased tremendously,” Navinder Sethi, MD, a spine surgeon with PVOA, told Orthopedics Today. “Ninety percent of the patients that we see in the office and in most orthopedists’ offices are nonoperative [cases].

“For the majority of our patients, we really stress conservative, nonoperative care, and now with the PRS model and our nonoperative spine rehabilitation, we feel that we have the best-quality nonoperative spine care out there,” he added.

In 2003, PVOA Chief Financial Officer Anthony D. Kling and Thomas G. Montebell, MEd, partnered to create PRS.

Kling, Montebell, and Dana Walker, MPT, general manager of Potomac Valley Sports Medicine and Rehabilitation, outlined the benefits and implementation of a spine care center at the BONES Society 38th Annual Conference.

What sets it apart?

The PRS model of spine care uses the MedX Core Spinal Fitness System [MedX], which includes both cervical and lumbar units, Walker said.

MedX holds a patent on pelvic and upper extremity stabilization, which differs from traditional spine care, Walker told Orthopedics Today. “It truly isolates the back and neck musculature, and that’s the key component in eliminating spine pain – addressing the musculature and strengthening it.”

MedX compares patients’ current condition to where they should be for their age, weight and height to have a healthy spine, she added. “From those results, we are then able to develop an exercise program to address their limitations [and] weaknesses and build a strong healthy spine.”

Sethi said he sends a majority of his acute and chronic back pain patients to the nonoperative spine care center for treatment. If patients do not see symptom relief after 6 months, he typically recommends surgery. He also sends his patients to the spine care center after surgery for a 6-week period to strengthen the muscles. PVOA also implemented a monthly maintenance program and a personal training program with the center to maintain patients’ progress. “Patients become such believers in this model that they don’t want to leave,” Walker said.

Ancillary benefits
Orthopedic practices that implement a spine care center using the PRS model are typically able to achieve a return on their investment within a year, or after a conservative estimate of 90 patients complete the program, Kling told Orthopedics Today.

“We figured that [the nonoperative spine care center] can actually generate at least an additional $30,000 per month compared to … traditional spine care,” Kling said.

Montebell said the potential revenue could be even larger, depending on the size and makeup of the practice.

“If you are in a five-to-seven member orthopedic practice, with or without a spine surgeon, and you have a significant amount of spine patients … there’s no reason that you can’t generate between $800,000 and $1 million per year in spine-specific revenue,” Montebell told Orthopedics Today.

How to get started

PRS works with practices to complete a practice and market analysis to determine the potential success of a spine care center, he said. Practices that already have facility space and a physical therapy program can have nonoperative spine care centers up and running within 6 months.

“If they have no therapy whatsoever and they have to find additional space within their building or do significant remodeling, it depends on their lease and their location. It can be upwards of 2 years,” Montebell said.

For those practices without any therapy that want to start a comprehensive clinic with nonoperative spine care, Kling estimates the cost is between $300,000 and $325,000.

“To implement a strictly nonoperative spine care clinic, starting from scratch, your costs will be approximately $170,000,” Kling said. “If you have an existing therapy clinic, you could add nonoperative spine care for approximately $115,000 — the cost of the necessary equipment.”

Further benefits

These costs do pay off, though, according to Montebell.

“Prior to implementing the model, less than 5% of therapy patient visits were related to spine. Since implementing the model, about 33% of therapy visits are related to the spine, and revenues are significantly greater. But most importantly, the patients are more satisfied and they’re not coming back all the time with the same complaints,” he said.
Reimbursement also increases with the PRS spine care center. “Because the PRS model emphasizes efficient one-on-one and improved quality of care, the therapists are able to bill multiple active codes, which are clinically more effective and reimburse at a higher rate,” Walker said.

Therapists can appropriately bill for these active codes, which include functional activity, therapeutic exercise and neuromuscular re-education.

And with the objective feedback provided by the MedX technology, insurance companies will generally authorize more visits and approve billed codes to the center, she added.

PVOA is currently the only practice in Maryland offering a PRS spine care center. “It’s a great way to differentiate yourself from other clinics in the area that offer just the traditional care,” Kling said.

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References:

- For more information on Physicians Rehabilitation Services LLC, visit www.prsclinics.com

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