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Current Challenges Facing Physical Therapists in Urban Nebraska

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Current Challenges Facing Physical Therapists in Urban Nebraska

University Honors Program Thesis/Capstone/Creative Project

University of Nebraska at Omaha

Submitted by

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May 2019

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UNIVERSITY OF NEBRASKA AT OMAHA

HONORS THESIS/PROJECT/CREATIVE ACTIVITY ABSTRACT

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ABSTRACT OF THESIS:

Previous research regarding the analysis of the current healthcare professional workforce has been done in the state of Nebraska in order to determine to magnitude of healthcare resource deficits among different counties and populations, and research has shown that deficits are severe in the field of physical therapy primarily in rural counties. Consequently, the flow of patients to more urban areas in order to receive care has challenged physical therapists with accounting for the deficits in rural Nebraska. It is known that these issues as well as challenges regarding insurance and lack of interprofessionalism has led to complications in patient health and financial outcome; however, there is a lack of information regarding the perspective of the healthcare professionals who practice in these communities. This capstone project aims to highlight the current issues that physical therapists in urban Nebraska perceive to be the most important to address. Oral interviews were conducted with professionals in order to gain their insight and expertise. Insurance coverage, patient education, interprofessionalism, and technology and resources. have been identified as important topics currently in the field, and the challenges associated with these topics have led to consequences that have affected the way they practice in certain situations.

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Introduction

Issues in healthcare are some of the most complex situations currently faced by the government of the United States. Their complexity stems from a variety of factors regarding legislative government, healthcare practitioners, insurance providers, and all the citizens that they serve. Throughout the discussion of these factors, it is important to remember that although the experiences and motives of any member of the aforementioned groups can individually vary, studies examining the statistics regarding healthcare disparities, outcomes, and education as well as the consequences of current legislation and regulation provide extremely valuable insight in terms of the general state of healthcare in the United States. It is imperative that the country continues to collect these data and values the knowledge gained from such studies so that further discussions among the vital decision makers and influencers of the country can be well-informed and consequently lead to better healthcare outcomes for all.

In order to have a more accurate understanding of the state of healthcare nationwide in a country formed by individual states each with their own state legislature, obtaining various types of healthcare information from each state would lead to a clearer perspective regarding the status of healthcare in the nation overall. States can differ in terms of the certain aspects of legislation regarding insurance coverage and funding for specific medical resources, and states can vary quite significantly in terms of the populations, cultures, and workforce present within them. These differences can have significant consequences on the availability of healthcare in certain areas of each state and can result in drastic healthcare disparities in certain populations of the country (Yearby, 2018).

A prevalent example of a state currently facing a variety of healthcare issues and disparities is Nebraska. Nebraska is one of the most efficient places to live in the United States in

terms of cost of living and has one the most advanced medical facilities in the region. However despite these advantages Nebraska has some of the worst healthcare disparities in the United States (Love, 1986; Wilson et al., 2018; Bureau of Census, 2019). These disparities often stem from lack of resources in rural and certain urban areas as wells as current legislation regarding who can qualify for Medicaid coverage. In particular, the most severe disparities are in the field of physical therapy. There are currently large gaps in the workforce in many rural Nebraskan counties, with 20 counties in Nebraska currently considered to have shortages in physical therapy resources (Wilson et al., 2018). Consequently, healthcare reform is necessary in order for more people to obtain the resources they need, and this is especially true for the state of Nebraska.

Although statistics exist regarding more easily quantifiable data such as household income, the amount of people with or without insurance coverage, and status of the healthcare workforce, there is very limited documentation of the views many healthcare providers have regarding the status of healthcare in the state. Despite their undeniable importance in the conversation, statistics can only inform researchers of certain aspects of the outcomes of current legislature and issues. Documenting the perspective and experiences of healthcare providers can help with illuminating certain aspects of healthcare that may not be considered, and this can also provide some first-person insight on what current legislation and disparities result in.

As previously mentioned, physical therapy is a field with complicated issues in the state of the Nebraska, so learning more about their perspectives and experiences highlights the importance of determining the outcomes of legislature, socioeconomic disparities, and gaps in the workforce. Therefore, this project involved orally interviewing various physical therapists that practice in Omaha, the largest city in Nebraska. Throughout the interviews, the physical therapists referenced issues facing the field such as insurance coverage policies, patient

education, interprofessionalism among healthcare providers, technological changes, and types of resources available to rural and urban populations. The aim of this project is to highlight the key ideas and discussion points these healthcare professionals identified and elaborate on these conversations in greater detail in order to facilitate more discussion surrounding healthcare in Nebraska.

Interview Process

Prior to all of the interviews, a question prompt was created in order to facilitate all of the discussions (Appendix I). The prompt consisted of questions pertaining to the interviewees' general background, educational experiences, views regarding their community, values regarding physical therapy, and changes currently occurring in the field. It also addressed challenges they have faced either in the field of physical therapy, practicing in the Omaha community, or dealing with specific cultural or language barriers. The main objective of asking these questions was to identify issues, values, and beliefs that are common among physical therapists in the community and to determine what kind of experiences brought them to their current practice.

A total of five physical therapists in the Omaha area were orally interviewed. Four of the interviewees were interviewed in person while the fifth was interviewed via telephone. Each interview lasted 20 minutes of average, the shortest being 10 minutes and the longest lasting 32 minutes. The time differences are due to the length of responses from the participants as well as presence or absence of additional follow-up questions. These questions were asked in order to clarify responses or gain additional information regarding a particular subject. All of the conversations were recorded via the Voice Memos application on an iPhone XR. Following the

interviews, the discussions were manually transcribed in order to analyze their responses and determine the similarities and differences between participant responses.

Four of the five participants are employed at Quality Living Inc. (QLI) which is a rehabilitation facility that specializes in traumatic brain and spinal cord injuries. These participants were Patricia Kearns, Brad Dexter, Michala Witas, and Megan Potter. All of the QLI participants are physical therapists with over 10 years of experience. QLI treats individuals from many different states around the nation, and many of the residents rely on Medicaid for insurance while others resort to privately paying out of pocket. The fifth physical therapist interviewed was Ashley Conlin who has been employed at OrthoNebraska for 8 years. OrthoNebraska is a facility that houses a variety of different healthcare professionals such as surgeons, physical and occupational therapists, and even primary care physicians. Conlin primarily works with patients undergoing sports rehabilitation, but she also works with those recovering from knee and shoulder surgeries. Patient background and insurance coverage can vary for this facility, but people with no coverage usually do not go to OrthoNebraska to receive care.

Current Issues Facing Physical Therapists

Issues Involving Insurance Coverage

Although there are a variety of factors that physical therapists discuss when asked about things that have led to the current state of healthcare, the factor considered the most important is insurance coverage. Every participant in this project discussed working with insurance companies as an issue when asked about the challenges facing the field of physical therapy. It is undeniably a significant aspect of working in the field of healthcare, and policy changes regarding insurance can have drastic effects and implications on the type and quality of

healthcare that people receive. Consequently, the perspectives from the physical therapists in the project are extremely valuable in terms of determining exactly how these policies can affect people at an individual level.

It is important to determine what exactly is covered by health insurance plans in order for healthcare providers to efficiently treat patients. When patients have limited financial resources, it can lead to healthcare providers implementing the care that is the best financial option for their patients rather than recommending a different treatment plan that is the best option for their health. Ashley Conlin explained this occurrence further by stating that “Insurance benefits are decreasing for physical therapy. There is less money for therapy, so there are less visits as a result. We are trying to enable patients with more personal responsibility and teach them about what they can do for themselves outside of the clinic” (Conlin, Personal Interview, 2019).

It is true that there are often limitations of insurance benefits when it comes to physical therapy. For example, as many as two third of the plans associated with Blue Cross Blue Shield have limited the amount of visits an individual can have covered (Sandstrom et al., 2013). Some insurance providers have also exited the state of Nebraska as a result of conflicts with the Affordable Care Act (Nebraska Retains Insurer, 2017). The exits are due to disagreements with the policies associated with the Affordable Care Act which can affect the financial status of the insurance companies (Nebraska Retains Insurer, 2017).

Issues created by lack of insurance coverage exist for those without insurance as well since uninsured individuals utilize healthcare resources far less than those who are insured (Lentz et al., 2018). Other factors such as age, intensity of pain associated with a condition, and psychological distress can also affect how often individuals seek physical therapy (Lentz et al., 2018). The result of these factors limiting the number of visits and resources patients can have

places a heavier burden on the healthcare providers to educate and encourage their patients to independently do more of their own rehab. Although this may be ideal for a lot of individuals with disabilities and injuries considering their financial situations, this may lead to severe role strain for the physical therapists due to the potential development of feelings of guilt for not doing enough. Consequently, physical therapists may experience feelings of fatigue associated with their profession or feelings of “burnout” (Bullock et al., 2017). Burnout is typically higher among healthcare professionals and students, and this is especially true for those who have careers in mental health and medicine (Bullock et al., 2017; Morse et al., 2012; Rotenstein et al., 2018). Brad Dexter commented on burnout further by stating that “Burnout in physical therapy is actually fairly prevalent right now; there are a lot more pressures to do more with less nowadays” (Dexter, Personal Interview, 2019).

Insurance can be a significant obstacle for healthcare professionals that are actively attempting to treat their patients to the best of their ability. Michala Witas even referred to working with insurance companies as her most challenging experience while being a physical therapist. Witas commented that, “Therapists and clinicians have to spend more time on working with insurance in order to get reimbursed” (Witas, Personal Interview, 2019). This increased amount of time spent working with insurance companies is likely due to professionals having to work harder to justify the therapies and treatment plans implemented so that insurance providers will cover these treatments.

When discussing the advantages of working with certain insurance providers in comparison to others, Witas stated that, “We would love to work directly with the state again because they are in it for the long haul. They understand the benefit of somebody coming to us for a short period of time for the long-term benefit” (Witas, Personal Interview, 2019). She is

referring to situations where patients have to justify their residencies at rehab facilities such as QLI, and this is a more feasible process when working with the state in comparison to working with private insurance companies that may be profit driven. Megan Potter also commented on some of the difficulties associated with getting insurance to cover certain types of care by saying that, “People can get denied because they don’t have anything physically going on even though they have a lot going on cognitively, and insurance companies don’t always look at that cognitive side of things” (Potter, Personal Interview, 2019). As a result of these types of situations, it may be more beneficial for legislatures to discuss the possibility of implementing a different payment system across the state rather than having individuals pay for private insurance that may not have the patients’ best interests in mind.

Despite the significant number of individuals who receive private insurance coverage, physical therapists in urban Nebraska work with many individuals who are covered via Medicaid. QLI CEO and physical therapist Patricia Kearns discussed working with this population during her interviews. “I’ve been at QLI at 18 years serving a disabled population and a very heavy Medicaid population; a lot of people we see are middle class who became eligible for Medicaid following their injuries” (Kearns, Personal Interview, 2019). The eligibility of this population is due to their ability to claim disability benefits. The expansion of Medicaid resulting from a vote in state legislation in late 2018 allowed for more individuals to receive health insurance coverage (Medicaid Expansion Nebraska, 2018). A greater availability of resources for coverage can facilitate greater health outcomes for patients and more efficient treatment plans implemented by healthcare providers.

Although the interviewed physical therapists did not provide specific solutions for insurance issues discussed, it can be inferred that increased insurance benefits would lead to

some of these problems diminishing. Implementing pipeline programs in state educational institutions that incentivize healthcare professionals to practice in rural or urban areas in need may also result in greater healthcare outcomes at a state and individual level (Wilson et al., 2018).

The Need for Patient Education

When considering all of the social dynamics of the healthcare system and the patient-provider relationship, the knowledge the patient has regarding lifestyle factors can affect their health in many ways. The degree to which patients value following through with treatment plans and prioritizing their health is also crucial for determining how successful their interactions will be with their providers and how successful their treatments and programs will be overall. Not every patient has the education needed in order to be successful with their treatment programs; therefore, the duty to educate patients about what their health priorities should be falls onto providers. As a result, healthcare providers (including physical therapists) have to find ways to educate all of the different patients that they see.

As stated previously, the insurance benefits for physical therapy visits are decreasing, so physical therapists have to use the resources they are given to best assist their patients' needs without harming them financially (Conlin, Personal Interview, 2019). Since individuals seeking physical rehab may have a limited number of visits, physical therapists are challenged to educate their patients on being proactive with their health and must teach them how to independently complete their own therapies. Although this is something that should be encouraged by physical therapists regardless, due to the limited insurance benefits some individuals have, physical therapists have to stress independence more than ever before. As stated previously, this can

potentially lead to feelings of stress and burnout experienced by the physical therapist (Bullock et al., 2017).

If patients do not acknowledge the importance of being self-driven in regards to completing their treatment plans and therapies, their conditions or injuries most likely will not improve, or they may even become worse. Individuals who reside at inpatient rehabilitation facilities for an extended period of time may have poor progress after leaving these facilities if they do not continue their therapies and remain self-motivated. This can be seen in patients that have discharged from a variety of different inpatient facilities that specialize in mental health, physical therapy, and other branches of healthcare (Little et al., 2019; Williams, 2010). The interviewed participants of this project referenced this concept throughout the discussions. Not only is this due to the limited resources that they have in regards to assisting certain individuals, but this is also a general principle shared among the organizations that they are a part of. QLI in particular stresses the importance of facilitating independent living among the residents so that they can ideally maintain different aspects of their lives that they had prior to their injuries. Michala Witas emphasized the vital importance of physical therapy and being willingly to take on such a role. “We have a huge responsibility, and we are in charge of helping to put someone’s life back together” (Witas, Personal Interview, 2019). In order to be successful in such endeavors, part of the treatment programs should address life after discharging from inpatient facilities and include options such as simulation rooms for residents to better prepare them for challenges they may encounter outside of the facilities. These treatment plans are particularly important for people with disabilities such as residents with spinal cord injuries (Santos et al., 2013).

Although her facility is outpatient rather than inpatient, Ashley Conlin referenced the importance of patient education as well considering the lack of resources some people have (Conlin, Personal Interview, 2019). Encouraging people to have more personal responsibility is crucial for their overall rehab success. This doesn't always occur without difficulty since patient personalities and expectations can vary. In one study done with patients with disc herniation injuries, researchers found that those who stay at inpatient facilities may have higher expectations regarding the intensity of their care and treatment and their progress in comparison to those at outpatient facilities (Löbner et al., 2017). Some patients may also desire to put in less effort in therapies and to have more time to relax in comparison to others in similar situations, and this is strongly associated with their health outcome long-term (Löbner et al., 2017). The desire to spend less time in therapies may result in a slower recovery time, and in these situations it may be necessary for physical therapists and other staff members to encourage these patients and educate them on the importance of following through with therapies.

Other difficulties that healthcare providers may encounter while attempting to educate patients are cultural barriers among the provider and patient. Some providers lack cultural awareness or find difficulty in working with others from a different culture, and the poor communication that follows can lead to poor patient outcomes (Polster, 2018). The interviewed participants in this project stated that they have each had a few encounters with cultural or language barriers; however, providers can navigate through these situations by being culturally aware or having interpreters present when visiting with patients (Conlin, Personal Interview, 2019; Kearns, Personal Interview, 2019). In particular, three of the female physical therapists that were interviewed discussed situations where their patients had different cultural beliefs in regards to women which led to difficulties in establishing a proper relationship and difficulties

with the patients following through with therapies recommended by their physical therapist (Conlin, Personal Interview, 2019; Potter, Personal Interview, 2019; Witas, Personal Interview, 2019). Ashley Conlin discussed her experience by saying, “You could tell that he thought of women very differently, and there was definitely this difference with him because it was difficult for him to take direction from me” (Conlin, Personal Interview, 2019). Due to these situations and others that physical therapists face, training that involves skills needed to navigate through these situations may be necessary to implement throughout the educational experiences of different healthcare providers and specialists.

The patient education issues referenced by the participants of the project highlight the difficult situations that physical therapists may face when interacting with their patients and the health outcomes that follow. When considering the financial limitations in many different individual situations, physical therapists are challenged to do more with less funding. The need for patients to understand the importance of independently following through with therapies and making healthy lifestyle choices has become more of an issue than it has ever been. Also, physical therapists require the social skills and cultural awareness in order to have the most efficient and positive interactions possible with their patients in order to facilitate health education.

Interprofessionalism in Healthcare

It has been most common in many areas of the country including Nebraska for individuals needing several different types of therapies and care to go to a different facility for each profession. Typically, those seeking treatment for a sore throat would go to a primary care physician employed at an independent practice, people in need of mental health treatment would

seek care at a facility specializing in mental health, those in need of physical therapy would go to the respective rehab facility, and so on. Currently, multi-professional facilities that employ multiple different healthcare specialists are becoming more common around the country and in urban Nebraska (Center Interprofessional Practice, 2017; Legare et al., 2010). These facilities are designed to promote collaboration in healthcare and ultimately promote the wellbeing of the patient by eliminating communication boundaries and facilitating professional relationship building among healthcare specialists.

QLI is an excellent example of such a facility present in the Omaha community. Among those employed at the facility are nursing aids, nurses, physical therapist assistants, physical therapists, occupational therapists, speech-language pathologists, and many other medical professionals. The leaders of the company value building interpersonal skills and collaboration among all employees regardless of their position. This model of healthcare facilitates better communication among healthcare professionals and consequently can lead to better healthcare outcomes for patients in comparison to typical models with greater degrees of separation among those in the workforce (Braithwaite et al., 2012; Watters et al., 2015).

All of the participants discussed interprofessionalism as a vital aspect of delivering quality healthcare. Patricia Kearns reflected on the concept by saying, “I think that in order to best serve our patients, we need to ensure true collaboration among healthcare professionals” (Kearns, Personal Interview, 2019). Ensuring this true sense of collaboration among these healthcare providers requires an environment that promotes the values associated with collaboration, and this is something that QLI consciously makes an effort to do through an orientation program, offering incentives for quality work, and giving recognition to those who have excelled in their positions. When QLI was voted the “Best Place to Work in Omaha”,

Kearns once again credited their commitment to collaboration by commenting to reporters that, “If we are going to be successful rebuilding lives affected by devastating injuries, having employees who are not only positive but 100% committed to our mission and the individuals we serve is the key to that success” (QLI Best Place, 2016).

The emphasis on the increased quality and efficiency of communication is vital for patients to receive better care, but some facilities are still lacking in these communication areas in comparison to facilities that implement interprofessional models of structure. Errors and inefficiencies in communication among the healthcare workforce can occur for a variety of reasons. In many situations in the field, healthcare can be very unpredictable when considering the variation in specialties, schedules, and employment locations among the workforce. Other differences could also exist in professional opinions, values, and beliefs regarding a patient’s needs and the kind of care that they receive. Variation in types of training and structure of the organization they are involved with can also further complicate communication and increase division among the workforce.

Communication errors are often considered to be the most common cause of patient harm in healthcare facilities, and they continue to occur likely due to the complexity of communication in many organizations (Murphy & Dunn 2010). One study even found that the analysis of 421 communication exchanges in an operating room resulted in 30% of those exchanges failing, and these communication failures can jeopardize the patients’ well-being and lead to other complicated issues (Linguard et al., 2004). These errors can result in a variety of negative health outcomes for patients such as reduced patient safety, inefficient use of resources for the patient, reduced patient satisfaction following provider visits, and economic consequences for physicians and other healthcare providers (Vermeir et al., 2015).

As a result of the studies examining the occurrence and effects of these communication errors, it is important for leaders in healthcare to promote the principles associated with more efficient communication. This is particularly important for the field of physical therapy in which therapists often have to work with primary care physicians, occupational therapists, and other specialists in order to promote patient recovery. Interprofessional models of healthcare appear to greatly benefit physical therapists by making these communication exchanges more feasible and timely. As seen at QLI, there are facilities where physical therapists can walk to a different part of a building and have a conversation with a patient's occupational therapist about the patient's progress. It is much more efficient than providers having to play "phone tag" with colleagues at a different facility or waiting for other providers to respond to emails regarding a patient's health status (Dexter, Personal Interview, 2019).

These concepts can also be observed at OrthoNebraska according to Ashley Conlin. When asked about how the field is changing, she responded by saying that, "It is important to practice under evidence-based and be current on the research. Interpersonal skills are becoming more and more relevant in the field" (Conlin, Personal Interview, 2019). The facility she is employed at is very similar to QLI in that multiple specialties practice in the same building. The increased efficiency in communication and elevated level of collective expertise at the facility is far more positive for the patient than having specialties divided physically and socially.

In summary, it is crucial that facilities prevent these types of errors by possessing the tools they need to follow-up on these incidents and educate employees on proper communication. Communication skills should also be emphasized during graduate and postgraduate experiences, and educators should provide opportunities to facilitate the development of these skills since this aspect of healthcare education may be overlooked in

certain situations. The values of healthcare organizations should be consistent with principles associated with efficient communication and relationship building in order to reduce these instances and promote patient health and satisfaction. Whenever possible, an interprofessional model of hierarchical structure in facilities should be used to more efficiently implement these principles.

Technology and Resources

Due to the demand of more efficient medical treatments and scientific advancements, technology has become increasingly used throughout many different aspects of healthcare in the United States. The increased use of more advanced technology for documenting patient records, treating many different types of conditions in a variety of ways, and providing more resources to certain communities has been proven to be beneficial for both sides of patient-provider relationships. Although the use of advanced technology has led to monumentally positive outcomes in healthcare, there are still several issues regarding technology that need to be addressed in the future according to some of the local physical therapists interviewed in this project.

Although certain types of medical technology such as pacemakers used to treat heart conditions or devices used to detect blood glucose levels for those who have a form of diabetes have become more available to people of lower socioeconomic status, some newer technologies used to treat certain medical conditions are still financially or physically inaccessible for certain populations (Health Quality, 2018; Mader et al., 2018). As a result, these barriers to proper medical treatment may result in further health disparities among certain populations of the

country, and this may be particularly true for rural areas in comparison to urban cities with greater healthcare resources (Matthews et al., 2017).

In terms of physical boundaries, many rural counties of Nebraska lack the proper number of healthcare resources and facilities needed which can result in residents traveling outside of their counties, and at times traveling to several counties in order to receive the care that they need (Wilson et al., 2018). This leads to a heavier burden being placed on healthcare providers in the areas with a larger healthcare workforce, and this may be especially true for providers in urban Nebraska. The most urbanized areas of the state, which are considered to be counties encompassing or immediately surrounding the cities of Omaha and Lincoln, have the highest number of healthcare providers in comparison to other counties. (Wilson, et al., 2018) Out of all of the specialized healthcare professions, the worst workforce disparities can be seen in the physical therapy for the state of Nebraska. (Wilson, et al., 2018). Due to the disparity, physical therapists in these urban areas then have to find ways to account for the lack of resources in many rural counties with even greater diligence than other healthcare providers who also face similar issues. Consequently, having more healthcare providers within the communities that currently lack healthcare resources would likely improve the financial well-being of people within the communities and improve their health conditions.

One of the current initiatives set in place to account for the lack of healthcare resources in certain areas is telehealth. This involves healthcare providers using telecommunications technology to reach individuals that are isolated from proper resources. Telehealth has successfully been used by physical therapists to reach patients that are a significant distance from their practice or facility (Lee & Harada, 2012). This could lead to a decrease in waiting list times for providers in urban areas. Telehealth has become increasingly used in 40 states across the

nation in order combat the issues associated with underserved populations (Bierman et al., 2018). Nebraska is one of the states implementing telehealth as a means to get more healthcare resources to communities with a lack of resources, and a bill was passed by the Nebraska state legislature in 2016 that allows telehealth to be approved for insurance coverage (Goodwin & Wenke, 2017). Since then, it has been more feasible for people in underserved communities to use telehealth as a means to receive medical advice or therapies from providers. Providers in urban Nebraska can use this technology whenever appropriate to get in touch with more of their patients in rural areas or socioeconomically disadvantaged communities.

Regarding financial barriers to treatment, insurance policies may have limits on the number of physical therapists visits or restrictions on the types of care covered, and a significant portion of residents in Nebraska are still uninsured (Bureau of Census, 2019; Sandstrom et al., 2013). Consequently, physical therapists are forced to take such factors into account when creating treatment plans or recommending therapies. Since some patients are unable to pay for certain treatments, some physical therapists may feel frustrated at these situations because they want to provide the best treatment options, and this is something several of the participants discussed. Michala Witas believes that there needs to be a greater push for the availability of more advanced and efficient treatments in order to better serve more patients. She commented that, “What we have to figure out as an industry is how can we make technology affordable to people, that’s the biggest thing I feel like we need to focus on. We currently have amazing technology, but not everyone can afford it” (Witas, Personal Interview, 2019). Non-profit organizations such as QLI offer hope to disadvantaged patients in the form of fundraisers throughout the year that are planned in order to potentially fund some of the patients’ treatments. Patricia Kearns gave insightful comments on fundraisers and those who contributed to their

causes. She elaborated on the fundraising events by saying, “We’ve discovered that as a clinical program, given the number of partnerships and relationships, we’ve been able to build with other organizations that truly want to contribute to our mission through fundraising, and we are truly a community that cares about our neighbors” (Patricia Kearns, personal interview, 2019). Through these efforts, additional funding for treatments can be acquired.

Although fundraising events can provide some financial relief for some individuals, not every healthcare facility is a nonprofit and fundraising opportunities do not exist for many people. For these reasons, obtaining the funding for the appropriate treatments is still a very significant and even urgent issue. Some people have to resort to using platforms such as GoFundMe in order to gain the financial ability to receive their treatment (By the Numbers, 2018). It is clear that providing resources for certain patient populations is an ongoing issue for physical therapists and other healthcare providers, and there needs to be more discussion and legislation put forth in order to address these issues in healthcare in urban Nebraska.

Conclusion

The responses from all of the participants identify key areas of concern regarding working as a physical therapist in urban Nebraska. In particular, insurance coverage, patient education, interprofessionalism, and technological changes and types of resources available to rural and urban populations, and patient education are all important issues currently facing the field of physical therapy in Nebraska (Appendix II). In order to address these problems facing healthcare in Nebraska, researchers need to continue gathering information involving the status of the current healthcare workforce and statistics regarding insurance coverage and healthcare outcomes of rural and urban populations. These types of studies would help to better inform state

legislators and healthcare leaders so that they can make appropriate decisions regarding healthcare legislation and policy.

More research may be necessary to determine if these concerns are shared explicitly by healthcare professionals of other occupations such as physicians, occupational therapists, or mental health practitioners. If these healthcare providers also share the concerns and values expressed by the physical therapists in this project, these results would better demonstrate the relevance of these issues and hopefully lead to more recognition from healthcare leaders of Nebraska. These studies may also illuminate the presence of other issues in Nebraskan healthcare that may only be visible from the perspective of certain healthcare providers. This may consequently lead to more information regarding healthcare in Nebraska and enable healthcare leaders to improve the healthcare systems and policies throughout the state.

Overall, the responses from the participants in the project emphasize the underlying issue of some physical therapists being expected work with more patients with less interprofessional resources and less funding from insurance companies for treatments and visits. They also may experience increased stress associated with the increased responsibility to educate their patients and prepare them for independent living within a shorter amount of time with fewer treatment resources. Healthcare leaders should take the perspectives of physical therapists and other healthcare providers into account in order to improve the Nebraskan healthcare system. Without direct input from those within the healthcare workforce, certain issues may not be recognized as relevant, and certain information regarding the outcomes of healthcare policies in Nebraska may not reach healthcare policy decision-makers.

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Appendix I

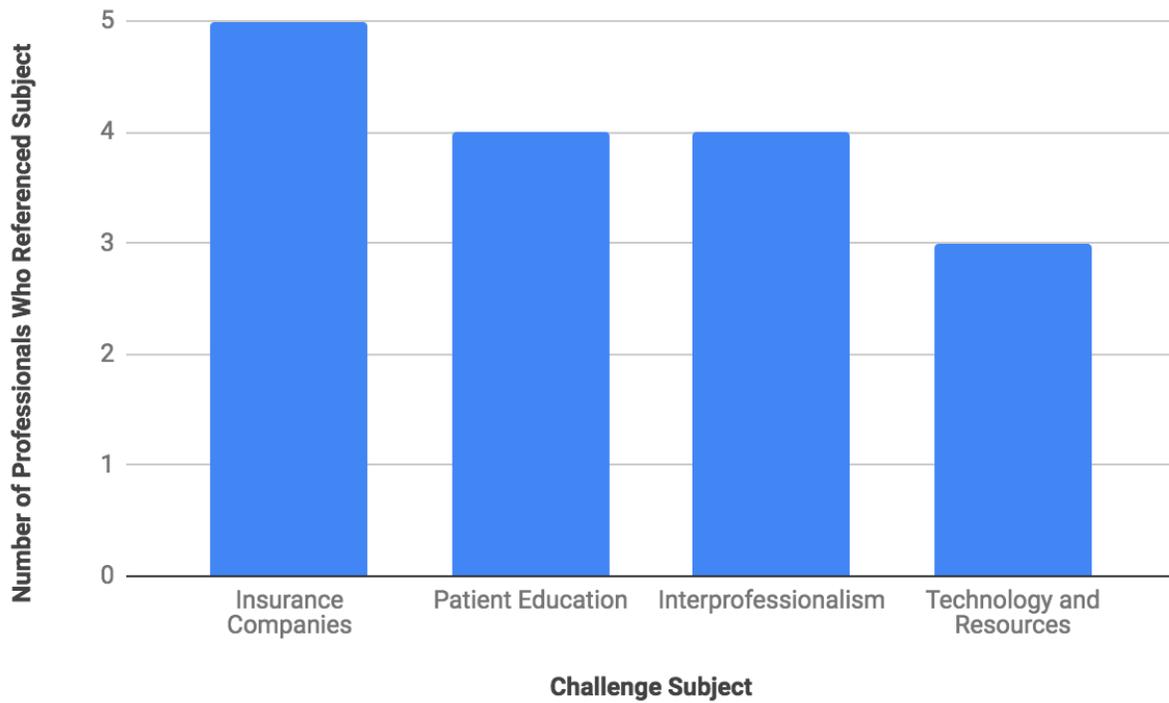
Interview Prompt Used Throughout Interviews

Interviewee Name:

Interview Date:

- Where are you from? Where did you go to school?
- What brought you to the PT field?
- Please describe your PT school experience:
 - What types of challenges did you face?
 - What do you wish you were taught? Was there cultural competence training?
 - What experiences were most valuable to you?
- What brought you to your current practice?
- Why did you choose to practice in urban Nebraska?
- What aspects of the community do you enjoy? Wish were different?
- How is your practice different from other places/types?
- What is your personal definition of physical therapy?
- What makes a good physical therapist?
- What are some of the current challenges facing the field?
- How is the field changing?
- What types of issues do you face while practicing in your community/with the population you serve?
- How do you deal with these issues currently?
- What changes do you think would help solve these issues?
- What has been your most challenging experience while being a PT?
- What kinds of language/cultural barriers have you experienced, and how did you overcome those challenges?

Appendix II



This figure shows the number of participants who referenced certain types of healthcare issues at least once during the interviews. All of the participants discussed insurance companies when asked about issues currently facing their field.