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Before the House Committee on Consumer Protection and Government Efficiency
Testimony in support of Senate Bill 683

Submitted by Diana E. Godwin, Attorney, on behalf of
Oregon Physical Therapists in Independent Practice (OPTIP)

OPTIP is an association of approximately 165 independent practice physical therapy
clinics located throughout Oregon

I emailed all of my OPTIP member clinics 3 days ago asking them to let me know what was
happening in their communities about the problems of Physician or Hospital PT clinics. Below
are some of their responses.

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I have historically received a significant amount of referrals from St. Charles Immediate Care
providers. Recently, St. Charles has expanded its services into primary care and continues to
expand its physical therapy services. I have had 2 providers (an RN and a Nurse Practitioner)
who are still very pleased with our services and used to refer consistently tell me that they are
now being "encouraged" to refer to physical therapists that are part of St. Charles rather than
outside physical therapists.

Respectfully,
Independent Private Practice Physical Therapy Clinic, Bend

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When you get a referral from a POPTS (Physician Owned Physical Therapy Service) MD on
their referral pad and only their facility is listed/noted, isn't that implicitly a "hard sell?"

I've had conversations with Providence MDs and Portland Clinic MDs, a number of whom have
admitted to me that they no longer refer as many patients to our clinics because they are being
pressured by administration to refer "in house." In fact, I've had conversations with 2 doctors
(one a podiatrist) who simply admitted to me that we (Beaverton PT) provided superior care so
he sends his difficult patients to us. He only sends his easy cases in house.

We get about 105-120 new patients a month. I would say at least 3x per month we get stories
about patients being told they need to see the MD's PT. When they are previous patients of our

clinic, most say "no, I want to see my PT at TAI Beaverton." Others may try the other clinic and will often end up here saying they were not pleased. I had an MD who referred quite a few patients over the past 3 years stop in my office and tell me that they were going to open their own PT clinic. He said it was for "convenience" for his patients. It's hard to sell one location (the same location as his office) as convenience when TAI has 22 clinics in Portland.

I even referred a patient to a Rebound physiatrist and he tried to convince the patient to continue with PT at their location....in Vancouver. Patient lives in Beaverton!

Independent Private Practice Physical Therapy Clinic, Beaverton

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Feel free to use my name and clinic. It happens every day. I hear this directly 3-5x/week and I am a small clinic.

Patients are not only steered but patients have told me that physicians told them that they were required to go to a certain clinic as the care there was so much better especially when there is a financial interest.

These big medical corporations ultimate goal is to put all small practices out of businesses.

Optimal Results Physical Therapy, Portland

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A big referral source of ours (Gresham Troutdale Family Medical) was recently acquired by Adventist. Their referral coordinators have been instructed to funnel all PT directly to the hospital. It is so ingrained in them and their system that a PT referral automatically goes to the PT department at the hospital regardless of where the patient wants to go for therapy. Case in point, my husband, who they all know is married to the manager of a PT clinic, needed PT. He obviously wouldn't go anywhere else but here. The doc suggested Adventist. The referral coordinator suggested Adventist. Adventist PT called him to schedule before he even got home from the appointment and continued to call him for days.

Independent Private Practice Physical Therapy Clinic, Gresham

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Last year a patient of mine had joint replacement surgery and was handed a list of maybe a dozen PT appointments at the clinic where the surgeon practiced (I believe it was OMG) The patient figured that since he already had all of those appointments scheduled for him he would just take the path of least resistance and keep them. OMG has therapy departments at each of its clinics, and Slocum orthopedic group has around 20 therapists working there. I am currently seeing a joint replacement patient from Slocum so they may not put the pressure on like OMG. I had another PCP who always used to refer to me until he joined OMG, then his referrals stopped, and

there was another PCP at OMG that flat out told a patient "no" when he said he wanted to see me, and was sent to the OMG clinic instead.

Independent Private Practice Physical Therapy Clinic, Eugene

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In Salem there are numerous instances of patients being hard steered to a POPTS. In Silverton an MD admitted to me that he got in trouble for referring to us instead of Silverton Hospital PT. That MD no longer practices in Silverton and that is one of the reasons. In Woodburn the same thing is happening in that patients are steered to an outpatient PT clinic owned by Silverton Hospital and most of the MDs in Woodburn are Silverton Hospital employees.

Independent Private Practice Physical Therapy Clinic, Salem

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I had a recent incident that was a perfect example. A patient came to our clinic with a torn ACL. She had already had an MRI and met with an orthopedic surgeon at Legacy and was scheduled for surgery one month out. She was instructed by the surgeon to go to PT prior to surgery to start on a strengthening program and be established to start PT directly after surgery. She was excited to find our clinic because it was so close to where she worked. We had a very pleasant first visit and started her on a home exercise program. I wrote an evaluation and faxed it to the surgeon stating our plan of a few visits pre-op for the exercises and then seeing patient after surgery. He wrote back on the plan of care stating "Hold off on PT for now. Will resume post-op". We called the patient and told her what the note stated and she was shocked that he wrote that comment since he had been fairly adamant that she start PT pre-op. She told our receptionist that she wondered if it was because he wanted her to see his PTs. She told us she would contact his office and find out what was going on. We never heard back from her even after several calls. I am not sure exactly what happened but am pretty sure she was instructed to go to their PTs, since this is not the first time this has happened.

I have also had a few patients tell me that they "argued" with their surgeon about coming to our clinic because it was convenient for them but they had an obvious impression that the surgeon was unhappy about it. I have also had several patients state that their surgeon asked them why they would want to go to a different clinic. I have also had conversations with patients on how it is presented to them and if they are told that they can go where ever they want for PT. The answer is overwhelming that they are told to go to the PTs at that facility and never given the option of going elsewhere. Even when the patient requests going elsewhere due to convenience or otherwise they are frequently discouraged by the physician.

Independent Private Practice Physical Therapy Clinic, Portland

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One of the hospital employed physicians was told informally that her performance evaluations and therefore her pay was affected by her referral patterns.

Independent Private Practice Physical Therapy Clinic, Hood River

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House Consumer Protection and Government Efficiency Committee:

Thank you for your consideration in passing this much needed bill. For 13 years I have fought to break referral patterns by educating patients about their right to seek treatment at the PT clinic of their choosing. Most patients are not aware of that freedom, and a vast majority of my patients are not aware of the financial conflict of interest of HOPTS (Hospital Owned PT) and POPTS. My experience is twofold: 1) patients will go where their doctor recommends; 2) Patients will generally go to the facility the referral is written on. I have experienced patients ordered by their physician to transfer PT services to their in-house PT without rationale or clinical reasoning. I have even had patients who I was actively treating, sent "downstairs" or in house by their physician, for a "check in" with their employed (and usually lesser credentialed) PT.

Regards,

Independent Private Practice Physical Therapy Clinic, Scappoose

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I have two very specific incidents affecting my clinic;

"John Doe", M.D. an orthopedic surgeon employed by Tuality Community Hospital was the team physician for Westview High School and then later for Liberty High School. I'd spend my Friday night's walking the sidelines with Dr. "Doe" and he would send the injured athletes to my clinic. Dr. "Doe" told me on more than one occasion, that he would no sooner send a patient to my clinic and because of Electronic Medical Records, someone from Tuality would call him to remind him of who signs his paychecks. Once Dr. "Doe's" contract was over (6 months ago) he moved to Santa Fe, New Mexico, partially because of the pressures from Tuality Community Hospital.

A second and potentially more damaging incident involves a close personal friend that just recently sold his orthopedic practice to Tuality. Dr. "Smith" has been a close personal friend and referral source for the past 15+ years. We've had several long conversations and he has indicated that he will refer what he can, however, the worth of his practice is tied into his referrals back to Tuality Community Hospital, which has made it very clear that he will not be able to keep his present referral patterns once he sold to Tuality!

Sincerely;

Independent Private Practice Physical Therapy Clinic, Hillsboro

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Two examples of recent patient comments on initial evaluation:

1) MVA patient (seen by me previously) called to see if I would take him as MD told him I could not see him unless I am in their hospital provider network (Corvallis clinic). (Note: MVA patients are covered by Personal Injury Protection "PIP" coverage under their auto policy and can go to a provider of their choice. There is no issues of "in network" or "out of network" under PIP.)

2) Workers comp patient reported that MD gave him choice of their PT or me- when patient chose to come to my clinic MD replied that he did not think I am taking new patients. I have repeatedly sent this group updates of which insurances I am contracted with and that I am happy to see new patients. They are happy to send me their Medicare patients, I have had several patients request me and have to argue with the MD for referral.

I would love to see private practice do advertising and patient education about their right to choose providers.

Independent Private Practice Physical Therapy Clinic, Junction City

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The impact of such non-disclosure of financial interests in referral patterns is a travesty for the physical therapists, but most importantly for the consumer. It is CLEARLY evident here in Oregon that referral patterns fall specifically along the lines of ownership of physical therapy services. This applies both to our local hospital system, as well as with a local multidisciplinary provider who owns physical therapy.

I'm in full support of SB 683A.

Independent Private Practice Physical Therapy Clinic, Bend

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This sounds like it happens on average 3 times / month, where we get a patient that wanted to come to see us but was told either by the MD or by the hospital (because the hospital is also the payer -Providence) that they can't see us.

That is another thing, the hospitals can force people to stay within their system through being be the payer /insurer also, ala Providence.

Thanks,

Independent Private Practice Physical Therapy Clinic, Beaverton

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We had a group of Providence physicians who were located in downtown Central Point that use to refer to our clinic in Central Point frequently. Providence opened up a brand new 2 story physician clinic about 3-4 years ago that included PT and other services and needless to say we very rarely see patients from this group of physician any more. They encourage their patients to go to PT in house. We have also had a problem with naming of the clinic as they call themselves Central Point Physical Therapy and our Clinic is known as TAI Central Point Physical Therapy, we have heard on numerous occasions that Patients that were sent to our clinic ended up at their site without sending them to us. We have made several calls to their director to please answer their phone and identify them as Providence, to no avail.

We live in a retirement community and 45% of my patients are Medicare, this population does not realize they have a choice and go where their doc tells them to go.

Independent Private Practice Physical Therapy Clinic, Central Point

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Something I have heard multiple times from Providence Medford Medical Center physicians is that their system is set up to automatically default referrals in the computer to their own PT clinic in Medford. They can refer out, but have to manually specifically send the referral to a specific PT (not a local PT clinic in general). SO, all the referrals end up going to Providence only, unless there is a specific specialty PT who offers a service that Providence does not offer.

Independent Private Practice Physical Therapy Clinic, Medford

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At one point, the Adventist referral form had our phone number on it by mistake, so when patients called to make an appointment and asked where we were located, we would tell them - by the theatre. They would say, oh I was told to go to the one at the Athletic Club. We would tell them that they can go wherever they want (depending on the insurance), but they would say, "no I better go where the doctor told me to go". We have also been told that patients are being told specifically by their doctor at Adventist Health Medical Group & Emergency Care to go to the physical therapy office in the Athletic club, which is Adventist Physical Therapy. We also had an Ortho of the Adventist group share with us that he would send more patients to our facility, but if he did he would "get in trouble". In addition, we have had patient's bring their Adventist referral and ask if it is ok to come here. Subsequently, we put an on-screen Ad at the Sandy Theater to let potential patient's know they have a choice. We have been reviewing other avenues to inform the public it is their choice as well.

We have faced this issue for some time, especially since the Adventist Health Medical Group & Urgent care opened here in Sandy.

Independent Private Practice Physical Therapy Clinic, Sandy

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In January, we saw a drastic reduction in our physician referrals from the Providence system across the street. I inquired to their facility manager and she told me that they installed new software in their Providence system that automatically calls the patient to schedule with their in house PT system. We had two very angry patients who had told the physician they wanted to come to our facility. When I talked with the physician, she stated she had put in a referral for "outside" provider. Yet the patient went into the "work cue" as they call it for their department to call and the patients were furious when the Providence department called after the patient had made a plan of care with their physician. When they moved into the neighborhood 2 years ago, they also call themselves Bethany Rehabilitation (we are TAI- Bethany Physical Therapy). So the patients are often confused and think it is us calling. I spoke with the physician and she states, "we love you and I send EVERYONE who doesn't have Providence insurance to you", yet since January, her referrals have nearly dropped to 0. Both this provider, and one at OHSU told me that when EPIC was installed in their systems, it makes doing an outside referral very difficult and cumbersome and it is much easier to just click on the in-house provider for referral. Just my two cents that the systems of these big hospitals might be the bigger dilemma than the actual providers.

Independent Private Practice Physical Therapy Clinic, Portland

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For years I have seen 3 POPTs clinics say to patients "you need to see our PT's", "the services here will be better" or "you have to come here", all common phrases patients report to me that office staff and/or Physicians have told their patients.

Independent Private Practice Physical Therapy Clinic, Eugene

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In our practice we have noticed a 40% loss of revenue since the opening of a POPTS by our local orthopedic group and a 90% loss of referrals from this group. Of the patients we still get referred almost none are workman's comp or MVA (which pay higher).

We get weekly testimonies of old patients who were told to go the POPTS clinic even after requesting us, some have been told that is the only place insurance will allow them to go. Their prescriptions are set up for their clinic only. We have seen multiple referrals that were changed from 12 visits to 4 visits after the patient insisted on coming to see us.

We do have a good example of our patients being referred by POPTS. We have a MVA patient who was coming in for PT for 4 months at our clinic. She went to see a physician at South Coast Orthopedic Associates for the first time and he told her that she should come see their PT's. (They have recently opened up an outpatient PT clinic). She then told him that she was already doing PT at another clinic and he told her that he would still like her to do PT with "his" PT's. She then had to go to the PT clinic to pick up the PT order even though she decided to stay with us for her PT. Their PT orders get sent from the MD office directly to the PT clinic for their patients to pick up (where they are asked if they would like to schedule an appointment at that facility).

Independent Private Practice Physical Therapy Clinic, North Bend

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Here is a great example of a patient being steered to an MD facility: A patient was referred for PT post knee surgery. They were given a referral for 12 visits with the PTs in the MD's office. When the patient refused and stated that they wanted to see me in our private practice, the MD took the referral back, crossed off 12 visits and wrote 4 in its place and handed the referral back to the patient to bring to us. Pretty obvious.

Independent Private Practice Physical Therapy Clinic, Portland

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The following examples come out of a situation where a group of Doctors set up their own PT clinic.

Patient explained to us he was told by his Dr he should only see the PT that they hired to work for them. This meant that the patient drove 30 min farther than our local clinic. He had a large deductible and his first visit was over \$500 so he quit his therapy. We saw him later and his injured body part was not good.

We've had patients give us all kinds of stories. One Dr told a patient our lead PT had retired another Dr. told his patient we didn't treat knees. He had been sending us his knee patients until they hired their own PTs.

A past patient told us her Dr said she had to go to their therapists because her insurance wouldn't cover the 6 PT visits she had to have before her surgery unless she used their PT.

Independent Private Practice Physical Therapy Clinic, Coos Bay

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Thank you for the opportunity to share A FEW examples of how I have encountered physicians directing patients into PT clinics that they, or their employer, have a financial interest in. There are others, and probably many that I am unaware of.

A physician practicing in a Providence owned clinic in Wilsonville told me directly that he wanted to be able to refer more patients to me, but he was pressured (in an unspecified way) by Providence to refer patients to their PT clinics. The closest Providence PT clinic at that time (around 1999) was 8 miles north at Carmen Drive. He later left that Providence clinic to go out into independent medical practice. He has referred more patients to me from his new location 19 miles away than when he was in Wilsonville seeing patients who lived in and around Wilsonville.

A former patient of mine was referred by his Providence-employed physician to outpatient PT, and scheduled for that appointment before he left the doctor's office. The doctor's office told him they were sending him to "Wilsonville Physical Therapy" --- incorrectly stating the name of the new Providence Wilsonville Sports Therapy clinic located in Wilsonville. Wilsonville Physical Therapy, of course, is the name of my private practice. The patient thought he was being referred back to me which is what he would have requested. However, somehow, by the address possibly, the patient later discovered he was being directed to a Providence clinic. Fortunately, he insisted his physician then refer to me.

The ONLY patient I have treated referred by a physician in the Providence Medical Group - Wilsonville, despite what was a positive meeting with the medical director, was a former patient who specifically requested my clinic, rather than the Providence PT clinic located in the same building that the MD had recommended. I am local, located 1 mile from that clinic, and have been in Wilsonville since 1995 with a good reputation, and have extended offers to work with those doctors and their patients, but receive no referrals.

Additionally, I have seen only 2 patients from the physicians of Sports Medicine Oregon's satellite clinic in Wilsonville. They employ their own PTs in their Tigard location (POPTS). And, interestingly, that physician group *owns the building* and occupies the same floor as the Providence Wilsonville Sports Therapy Clinic. I believe this is an encouragement for them to refer to that Providence PT clinic to help assure their success and continued leasing of their building.

With Providence acting as MCO for some workers' compensation patients, building more outpatient PT clinics in Wilsonville and Canby, employing more physicians, taking over Willamette Falls Hospital in Oregon City, and offering lower priced plans to employers so that I become out of network for more former and future patients, the Providence system has definitely decreased the number of patients able to come to my clinic, (and I have had a drop in patient load during the same period of time) and has increased the difficulty of staying open as a small business and private practice.

Independent Private Practice Physical Therapy Clinic, Wilsonville

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As a private practice owner in Gresham I have had multiple conversations with physicians in the Legacy and Providence System. One quote that really stands out was from Dr. "Blank" who

works part time at Concentra Urgent Care. He told me "....I was sending to therapists (private practice) that I knew did a good job and I was sat down in a small room and management told me that I must send to Concentra therapy no matter what."

A physician with Providence in Gresham told me that she knows that patients that have insurance other than Providence can go where the patient wants but the management has stressed to her that she needs to send to Providence clinics.

Legacy purchased Firwood Medical Clinic in Sandy. My referrals dropped to 0 in a matter of 6 months. I was regularly seeing 1 to 2 patients from a few providers each month. I went and talked to the doctors and they told me that the Legacy Management came to talk to their group and stressed that the out-patient hospital therapy in Gresham needs to be getting referrals for therapy.

Adventist has purchased Troutdale Family Medical Clinic. I was seeing 2 patients per month from a Dr. there. She told me that the Adventist System told her that she needs to support their physical therapy department and she didn't want to "ruffle any feathers". My referrals dropped to 0 and I was only able to see patients that specifically requested me. (The Dr. at Troutdale can then document that patient requested a specific PT clinic and this stops the administration from reprimanding her.)

Legacy UMR insurance changed their benefits that all employees on the UMR insurance plan can ONLY go to a Legacy PT clinic. Rehab is the only medical care that Legacy has isolated and forcing employees to one provider, even though the Legacy system is not an HMO.

Independent Private Practice Physical Therapy Clinic, Gresham

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I think that SB683 is an extremely important bill and I do have a couple examples of where the self-referral mentality has hurt our business. The first example was when Sports Med Oregon came in and created their own in-house PT clinic and the impact it had on our bottom line.

As the owners of our clinic, we have also had several interactions with the larger hospital groups and their anti-competitive approach to therapy services. We are located directly around the corner from a Legacy clinic in West Linn. We had a lunch lecture for the physicians on low back pain soon after opening our clinic in 2009. They were impressed and started to send patients regularly. It was a wonderful relationship...they were very happy with our services and the patients were happy and doing well. We started to send patients their direction for primary care services as well. One day, the referrals from their clinic completely dried up. I was concerned that a patient had potentially had a bad experience, but thought that was unlikely and was surprised considering what a great rapport we had enjoyed. We figured it was high time we went back in to give another lecture and thought we would call to set it up. When Melissa (my wife and PT partner) called she was told by the newly installed clinic manager that we would be wasting our time. She said that she was not comfortable having us in to lecture to the physicians until they got it through their heads that they should be referring in-house. She was kind enough

to mention that if a patient was already coming to us for therapy and we referred them to one of their physicians we could continue to see them.

Another experience with Legacy relates to their employees and their health insurance plan. We developed quite a following after a nurse that had not progressed well with therapy at Legacy sought care with us after a friend referred her to us. She did very well and soon sent a couple other co-workers who were also struggling. Soon we developed a following within the nursing circles. Two years ago, Legacy switched their plan to make Legacy services in-network and all other entities out of network. This required patients to pay an additional \$40 per visit for out of network services. Despite this change, our patients were still willing to see us and felt that the care they received was worth the additional cost. As of this year, they have now switched their plan again to offer no out of network benefits. In effect, employees can only go in-house for services. Out of network services must be covered entirely out of the patient's pocket. It is another example of being anti-competitive. Hard to lose if no one else is on the field with you.

The final example that I hear consistently is that patients are pressured to stay in-house for PT and only begrudgingly "allowed" to go elsewhere after a bit of a sales pitch. I feel like they are often fairly flexible when it comes to patient requests to go elsewhere, but as you mentioned it really needs to come from the patient. The ones that drive me nuts are when we have seen a patient with good success and run into them in the community later and find out that they had a surgery and went through therapy elsewhere. It is frustrating when they say that it was not nearly as good an experience as they had with us, but felt pressured by their doctor to go. One patient mentioned that they thought their doctor would be mad at them if they went elsewhere.

Independent Private Practice Physical Therapy Clinic, West Linn

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I have patients who have been told by the surgeons at Orthopedic and FX Clinic they must go to the PT downstairs. I have talked with friends who are PTs at Providence and they have patients who sometimes have to wait 2-3 weeks to get PT services and they cannot refer out of the system to get them into a facility in a quicker time frame. I had tried to market these PTs and they said their supervisor would have a fit if patients were referred out of the Providence system.

It is widely known that the hospitals strongly encourage the MDs to refer to their hospital systems. PTs who work at OHSU have expressed this happening. I have heard it from MDs at Providence as well. When Providence Health came into existence our business from many of the Providence and OHSU MDs dropped off completely. Word on the street is that Legacy is doing it as well now. They are sponsoring insurance plans that will be out of network for the employee if they do not go to the employer based system. Employees have only out of network benefits with very high deductibles and co pays so the employee/pt stays in network of the hospital system. The only way for us to compete is to offer a discount to the already high discount for the patient to go where they want to.

Hospitals have set up the medical benefits to be in network for the employee if they say in their system and out of network benefits are not affordable for the patient to go where they want.

If a MD's statistics at the hospital show decreased in-house referrals, the supervisor PT will go to this MD and ask them why they have dropped in referrals or not sending to the in house PT. We have been told by the Providence MDs at Glisan that this happens all the time. It is a highly watched system for the outsourcing of referrals with immediate follow through by the PT supervisors.

This is a good bill to protect access for patients, particularly acute patients, who can get care within 24-48 hours after initial contact with our clinic instead of waiting 2-3 weeks and then only getting a 30 minute treatment because the hospital PTs don't spend the medically necessary time to treat the patient. How can you see a Medicare pt who takes 10 minutes to get into the room, 10 minutes to get dressed and 10 minutes to get on/off the table. No treatment time left.

Independent Private Practice Physical Therapy Clinic, Portland

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The big hospitals and clinics are "hard steering" our clients all the time. I have several clients from Physician groups (POPTS) that had been required to go the "their" therapists before coming to me. It uses up much of their limited insurance coverage and personal finances for PT. I get the same issue from the large hospital groups.

It is an unfair advantage that they have. It is not in the patient's best interest. It is not appropriate.

Independent Private Practice Physical Therapy Clinic, Tigard

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My PT clinic in McMinnville is experiencing the situation where former patients are being told by our local hospital, Willamette Valley Medical Center that they need to be seen by their in-house Physical Therapists. The two most recent incidents occurred when two injured workers, seen by the hospital's OCC Med department on separate occasions, were re-directed to their hospital's PT department. The patients contacted us and asked if they were allowed to seek care at our facility.

Independent Private Practice Physical Therapy Clinic, McMinnville

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There are several issues to consider here, some may be relevant some tangential.

P.T. availability in large institutions. Often wait times for care can be delayed for those patients who are encouraged to remain in the system, leading to poorer outcomes.

Dumping of lower reimbursed care to PT owned private practice clinics that are not part of the surgery center rehab. clinic. (i.e. Medicare and Medicaid).

Profiling of physicians' referral patterns by large institutions. In my experience, the orthopedist makes a referral to an in-house clinic and when the patient requests to go outside the facility the physician usually capitulates. But there have been cases where the physician becomes adamant.

One other note to consider is the fee schedule for outpatient hospital PT. I believe there is a huge disparity here compared to stand alone PT clinics.

Independent Private Practice Physical Therapy Clinic, Tigard

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We have many patients who are told to go to preferred clinic with financial ties. When a patient asks to or does go to our clinic, regardless of progress or results, patient is again asked to discontinue with our clinic and go to their clinic. Physician does not cite financial disclosure as a reason, but says, we communicate better with people in our system, giving patients the impression that their follow up care is compromised if they choose an independent physical therapy clinic.

Independent Private Practice Physical Therapy Clinic, Redmond

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ZoomCare, locally owned by two physicians, has integrated PT into two of their offices. I stopped by the Pearl District office about 4 weeks ago to introduce myself and provide some collateral marketing material for my practice. The staff person at the front desk I introduced myself to, and told her why I was stopping, indicated that they now have their own physical therapist at the downtown office and all patients from ZoomCare clinics are required to go to PT there.

Independent Private Practice Physical Therapy Clinic, Portland

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What the hospitals are saying is not what we are experiencing with them. Our marketing person visited the Providence Medical Center on Glisan, to drop off referral pads to a Dr. there. She was told by the office manager of the Dr.'s office that they had been instructed by management to not accept any materials from outside providers. If it did not have a Providence Logo they could not take it. The same was true for Adventist Hospital in Vancouver.

We had an OHSU patient who was scheduled with us but the patient called to cancel because her OHSU doctor wanted her to go to the OHSU PT clinic so he could "keep a closer eye" on her.

We have also seen up to 100% drop in referrals from doctors who have opened their own PT clinic.

Independent Private Practice Physical Therapy Clinic, Portland