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**Referrals to Exercise Physiology: A Reboot of Getting Clients in Healthcare**

Eric Durak, MSc

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ecently, I read an article by Tommy Boone (1) relating to referring specific medical patients into the exercise physiology realm of treatment and therapy. While I agree patients need to have some level of interaction with exercise professionals who have an understanding of exercise prescription, I also believe the professionals need a sound foundation of how the current (and future) healthcare system works and how to navigate it.

**A Look at Healthcare**

Over the course of my career that spans more than 30 years, I have spent more than half working directly with medical patients performing clinical research, personal training, group fitness programs, and health coaching. In that time I received many physician referrals, but did not rely solely on a doctor’s script for getting my clientele.

In the early 1990s about the time that HMOs were becoming a prominent fixture in the U.S. healthcare system, a company from Arizona developed a senior exercise program that used existing health clubs to deliver wellness programs through Medicare, subsidiaries and private health plans. They contracted directly with these health insurers, negating the aspects of performing direct fee for service reimbursement on a per-patient basis. Contracting allowed this company to estimate the number of “patient” visits per month, any ancillary services needed, and who to pay as sub-contractors. Then, they developed a monthly contract dollar amount that would pay them for all wellness services.

Currently, in the healthcare system, more allied health professionals (such as PTs, OTs, and PAs) are using a cash payment system – sliding scales, and group rates (or upfront payments) to entice people to work longer with them, to use other therapy modalities, and to keep a distance from the insurance billing system, which many of them say is failing them more and more each year.

**The Referral System**

Boone also discusses the elements of the patient referral system. He cites a web page from a Chicago-based law firm that discusses the standards of care for referrals, and the legal breach of duty by failing to refer to specific medical professionals (2). He is making the case that physicians and I would assume other primary care practitioners (e.g., DCs, Counselors, NDs, DOs, etc.) should also be referring based on primary or secondary medical conditions that may need an exercise physiologist regarding chronic care.

The crux of this argument is suspect from a referral standpoint. First, the legal website is a commercial platform for a group to sell legal services to clients and make the case that doctors can be sued for not referring is not steeped in historical jurisprudence. Second, Boone is trying to steer the conversation to refer to Exercise Physiologists and, specifically, ASEP Board Certified Exercise Physiologists as they are highly trained professionals who would do well in reducing weight, controlling blood pressure, dealing with cancer recovery, and other chronic diseases and disabilities (3).

While his points are spot on, it is important to point out that the healthcare system looks first and foremost to refer from within – meaning that most (if not all) referrals would go to licensed healthcare professionals whether or not they are highly qualified in weight loss, cancer recovery, or sports performance. The Exercise Physiologist of yesterday, today, and tomorrow is fighting an uphill battle because they are not part of the healthcare system, never were a part, and some academic types think they will never be a part.

Now, before all of the ASEP members who read this start steaming, go back and read about the Arizona business that contracted with health clubs to build a national network of wellness providers to work with seniors. That business is SilverSneakers (4). It is known throughout the health and fitness world (and the health insurance world as well). They contract (as of 2018) with over 14,000 health clubs, have thousands of SilverSneaker’s certified trainers and coaches, and do over $400 million in revenues each year.

So this begs the question: Why should Exercise Physiologists be working to get referrals from a system that is more akin to prescribing opioids for back pain (5), and suffering the consequences of their actions through law suits and media scrutiny than they ever would think first and foremost to refer to an outside wellness professional for services that they may never see any referral fees for? Since this issue is all about money first (health second), the most obvious question is this: Will there be some level of compensation for the person who is giving out the referral? At this point, I would have to say that the answer is “no”. Most primary care physicians are too busy to solicit outside professionals to refer their patients. They would need an EP to come to their office, or be invited to an “after work” program whereby they would get to know the provider, and the program they are referring to. Then, it will be an on-going effort to keep the relationship and referrals going.

**Understanding the Referral Process**

Stewart (6) and Sanok (7) discuss how to obtain physician referrals. The practice is more marketing and sales than just knowledge of subject matter and years of hands-on laboratory experience. Nonetheless, all four go a long way in medicine, and being able to have them is a good way to get into a physician’s office. Also, an EP with a few success stories is also beneficial. They don’t have to be case studies per se, but a few happy and healthy patients on your end will help ensure more appointments in medical offices.

Start with your own doctor. If you pay him or her for a visit, lab work, and exams, then they should know you and be willing to refer. Being known in your community by giving lunch talks, grand rounds lectures to doctors, and specialty groups (like breast cancer support sessions) are also great ways to get your name out in the community. Being interviewed on community TV (cable or local news) on all things health related is also a great way for community exposure. Do good work, but let others know who you are. Outside of your outstanding credentials, knowing that others know about you will go a long way to getting more people into your door.

The hallmark of sound business practices is relationships. There are many success stories in the health and fitness profession, and some very good clinical outcomes. The combination of working with support groups, regional health plans, and publishing outcomes is exactly the methodology that Exercise Physiologists should employ. However, I have yet to see more than a handful of EP professionals who have developed a marketing system, a referral system, and an outcomes delivery system that would spark the interest of third party payers.

A recent report from Marshall and colleagues (8) and Health and Wellness Associates in New Jersey may have paved the way for the use of quality outcomes reporting with the medical health club setting. They developed a medically-based system of outcomes reporting, standardized it, and put it to use over years. The result was a quality first-of-its-kind medical study that could be employed by exercise physiologists who wish to raise the bar relating to their work.

**Final Thoughts**

Developing a quality referral system should be sound these days, as every day in American 10,000 people turn 65. These sheer volume numbers would dictate that online health coaching, small group exercise, technology-based outcomes data collection, and inclusion of healthcare professionals as part of the team approach to chronic care could ensure that patients are getting the highest value of exercise programs they deserve and at a price they can afford. Exercise physiologists are healthcare professionals and, therefore, they should keep working to develop the healthcare relationships that will ensure a long term stream of clients and patients to their facilities and wellness programs.

**References**

1. Boone T. Failure to Refer to an Exercise Physiologist: Personal Injury Claim or Implications for Physician Training. ***J Prof Ex Physiol.*** 2016; 14(7);July.
2. ***Staver Law Group.*** Failure to Refer to a Specialist. Accessed 6/30/ 2016, (Online). http://www.chicagolawyer.com/medical-malpractice/failu re-to-refer-to-a-specialist/
3. Boone T. ***ASEP’s Exercise Medicine: Text for Exercise Physiologists.*** Bentham Science Publishing, 2016.
4. ***SilverSneakers.*** (2018), (Online). https://www.silversneakers.com/
5. ***Optum Health Management.*** Managing Opioid Risks Requires a Comprehensive Approach. White paper, January. 2018, (Online). https://www.optum.com/campaign/co-ci/optumiq/opioid-ebook.html?o=o ptum:eml:CO\_7.4\_2018:em:co:lrn:188ku5101jp17&s=email&elq\_mid=1 6831&elq\_cid=1812363
6. Stewart G. ***Healthcare Success: Scientific Marketing That Delivers Patients.*** (2014), (Online). https://www.healthcaresuccess.com/blog/ physician-marketing/how-to-get-your-patients-to-refer-in-droves.html
7. Sanok JR. ***Practice of the Practice.*** (2015), (Online). https://www. practiceofthepractice.com/doctors/
8. Marshall TF, Groves JR, Holan GP, et al. Feasibility of Community-Based, Supervised Exercise Programs to Engage and Monitor Patients in a Post Rehabilitation Setting. ***Am J Lifestyle Med.*** 2018, (Online). http://journals.sagepub.com/doi/full/10.1177/155 9827617750385