

Increasing PFPT/PFMT Access & Awareness

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Introduction

- Pelvic floor injuries can significantly decrease quality of life by causing: chronic pain, urinary and fecal incontinence, pelvic organ herniation, anogenital fistula, and sexual dysfunction.^{1,2}
- **Pelvic Floor Physical Therapy (PFPT)/Pelvic Floor Muscle Training (PFMT)** is a first-line, low-risk, and minimally invasive intervention commonly recommended:
 - In the treatment of stress incontinence, idiopathic overactive bladder, and to treat or prevent incontinence after radical prostatectomy.³⁻⁵
 - During the peripartum period to prevent pelvic floor dysfunction (PFD) and pelvic organ prolapse.⁶⁻⁸
- **Adherence to PFMT is variable.** Recent studies show 46-68% of referred patients initiate therapy, and only 15-47% complete therapy.⁹⁻¹⁵

Barriers to Access

- **Financial barriers** to access may include insurance status, insurance coverage, and limitations on duration of insurance coverage.¹⁶⁻²⁰
 - Only 5% of Federally Qualified Health Centers (FQHCs) have access to PFMT.²¹
 - PFMT therapists are increasingly operating out of network or through cash based services due to low reimbursement rates and discrepancies on insurance coverage.²²
- **Distance from physical therapy** may be another barrier. One analysis showed fractured referral networks where pelvic floor therapists work in groups and treat locally.²³
- Other barriers include **lack of patient knowledge and perceived efficacy and lack of referral and counseling.**¹⁶⁻²⁰
- There is **no common guidelines scheme for PFMT and no standardized outcomes measurement**, which limits the research on PFMT efficacy and the implementation of PFMT.²⁴⁻²⁵

PFPT/PFMT are used to treat a **growing number of PFD cases**. We recommend supporting bills to decrease barriers to PFMT in order to **encourage access and adherence to therapy**.

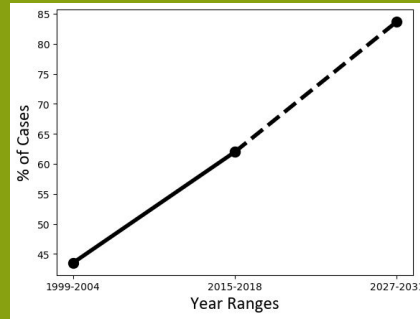


Figure 1: Rise in pelvic floor dysfunction cases. 1999-2004 = 43.5% average, 2015-2018 = 62% average, 2027-2031 = 83.7%. PFD cases are on the rise.^{26,28}

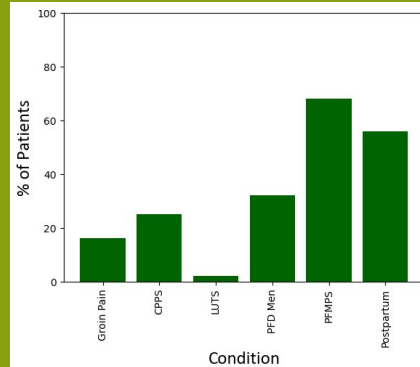


Figure 2: Referred patients that scheduled an appointment with PFPT. Testicular/Groin Pain: 16%. Chronic Pelvic Pain Syndrome (CPFS): 25%. Lower Urinary Tract Syndrome (LUTS): 2%. Pelvic Floor Dysfunction Men (PFD Men): 32%. Women Pelvic Floor Myofascial Pain Syndrome (PFMPS): 68%. High-Risk Postpartum: 56%. Low amounts of people that are referred to PFPT are able to schedule appointments. There are many reasons and barriers behind these low statistics.²⁹⁻³¹

Examples of Support

- PFMT is integrated into postpartum care standards in several European countries, including France, Sweden, and the United Kingdom.³²⁻³⁴
- Several speciality societies in the United States are in support of PFMT for postpartum women
 - The American College of Obstetricians and Gynecologists (ACOG) recommends providers assess for urinary and fecal incontinence, and refer patients to PFMT or urogynecology as indicated.³⁵⁻³⁶
 - The American Physical Therapy Association (APTA) publicly supports bills including the Optimizing Postpartum Outcomes Act (H.R. 2480).³⁷⁻³⁸

Potential Solutions

We recommend the AUA support:

- **H.R.2480 - Optimizing Postpartum Outcomes Act of 2023:**
 - To expand Medicaid and CHIP coverage of PFMT
 - To study gaps in PFMT coverage
 - To educate providers and postpartum patients about PFMT
- **H.R.4829 - Physical Therapist Workforce and Patient Access Act of 2023**
 - To increase availability of physical therapists in rural health clinics and federally qualified health centers
- An upcoming AMA resolution in support of increasing Pelvic Floor Physical Therapy Access (previously Resolution OF002 (I-24))
- Education of medical students, residents, physicians, and patients on the benefits and indications of PFMT

Future Directions

Future areas of advocacy may include:

- The creation of a standardized approach for PFMT outcomes to improve quality of research
- Further interprofessional collaboration between physicians and pelvic floor physical therapists
 - Increasing hospital based or health system employed pelvic floor physical therapists
- Further research regarding inequalities in access to PFPT/PFMT
- Increased insurance coverage for PFPT/PFMT



Special thanks to Sweta Parjia, Meenal Cascella, and Rachel Rezabek for their work on the AMA resolution.

REFERENCES