



ValidationInstitute

2021 Validation Report

Review for: Airrosti

Validation Achieved: Level 2 - Outcomes

Valid through May 2022



Company Profile

Category:	Musculoskeletal
Website:	www.airrosti.com
Public or Private:	Private
Year Established:	April 2004
CEO:	Mark Metcalfe
Company contact:	Dr. Chris Cato/ chris@airrosti.com



Description:

Airrosti is a nationwide provider-led MSK solution, offering in-person and virtual care. **Airrosti** has over 17 years of experience and 1 million cases treated. Their licensed providers eliminate muscle and joint pain within 3-4 visits and 9 out of 10 patients report full injury resolution, allowing patients to return to pain-free activity. **Airrosti** works with employers and health plans to improve access to MSK therapy patients want, combined with the consistent provider relationship that keeps them engaged. Wellness information, virtual outreach and digital engagement is included at no up-front cost.





Claim Assertion for Validation

Patients who use the Airrosti program have shorter treatment times than patients using other providers. From the first day of seeking care to the last, Airrosti patients had on average 34 days from the first to the last day of treatment; people using other treatment had on average 76 days from the first to the last day of treatment. Similar results can be expected for Airrosti's remote patient management program, as it applies the same principles and guidelines as the in-person care programs.

Research evidence supports the effectiveness of remote patient care for musculoskeletal conditions. For example, a randomized trial assigned low back pain patients to six physiotherapy sessions over six weeks with online education support or to 12 weeks of access to a multi-disciplinary back pain app; at 12-week follow-up, app users had significantly lower pain intensity than the usual care group. (Toelle, 2019).

Another randomized trial found that total knee arthroplasty patients assigned to virtual physical therapy had lower 90-day health care costs than patients assigned to usual care. (Prvu Bettger J, 2020)





Method / Calculation / Examples

To be included in the analysis, patients had to have 90 days before their first day of care with no medical claims with a musculoskeletal diagnosis as primary. The end of each patient's care episode was determined by their last day of care after which there was 90 days with no musculoskeletal medical claims. Thus, each patient had a 90-day period before and after their care episode with no musculoskeletal care.

People were deemed to be Airrosti patients if the majority of their musculoskeletal visits were with Airrosti; similarly, people were considered Non-Airrosti if the majority of their visits were not with Airrosti. The visit count determined the assignment, not whether the first day of care ("index") was with Airrosti or elsewhere.

For the Airrosti and non-Airrosti groups, each patient's number of days from the first day of care to the last was calculated and then averaged. The 95% confidence intervals were also calculated to give the lower and upper limits of the difference between the two groups.





Findings and Validation

Airrosti patients had significantly fewer days in their musculoskeletal episode of care than non-Airrosti patients. Table 1 shows the number of days Airrosti and non-Airrosti patients had in their episodes, broken down by body part treated. Table 2 shows the difference between the two groups' days and the lower and upper limits (95% confidence intervals); for each body part, the difference between the two groups was statistically significant (p<0.001).

Table 1: Average Days in Episode of Care

	Airrosti Attributed Pts		Non-Airrosti Attributed Pts	
	N	Average Days	N	Average Days
Back & Neck	8,425	37	1,325,883	95
Hip	3,319	32	133,746	58
Knee	2,818	30	318,503	45
Shoulder	4,309	33	271,755	58
Other Extremities	6,087	37	392,171	47
Multi	487	18	203,235	90
Total	25,445	34	2,645,293	76





Findings and Validation

Table 2: Difference between Airrosti and Non-Airrosti Patients days in episode

	Non-Airrosti Avg - Airrosti Avg	Lower Limit	Upper Limit
Back & Neck	58	54.3	61.7
Hip	26	22.8	29.2
Knee	15	12.1	17.9
Shoulder	25	21.9	28.1
Other Extremities	10	8.1	11.9
Multi	72	58.9	85.1
Total	42	40.3	43.7





Limitations and Work Cited

The Airrosti and non-Airrosti groups were not matched to one another. For example, the two groups may vary in the mix of ages and genders. In addition, patients actively selected Airrosti or other treatment. There may be an unmeasured factor that makes the Airrosti patient group results more favorable.

- Prvu Bettger J, G. C. (2020). Effects of Virtual Exercise Rehabilitation In-Home Therapy Compared with Traditional Care After Total Knee Arthroplasty: VERITAS, a Randomized Controlled Trial. *J Bone Joint Surg Am.*
- Toelle, T. R. (2019). App-based multidisciplinary back pain treatment versus combined physiotherapy plus online education: a randomized controlled trial. *npj Digital Medicine .*





Validation and Credibility Guarantee

Airrosti has achieved a level 2 – Outcomes validation. Validation Institute is willing to provide up to a \$25,000 guarantee as part of their Credibility Guarantee Program. To learn more, visit

<https://validationinstitute.com/credibility-guarantee/>.

Level 1 - Savings

Can produce a reduction of health care spend including the cost of the provider. Product/solution has produced, and replicated a lower cost for healthcare overall or a specific component of healthcare

Level 2 - Outcomes

Product/solution has measurably “moved the needle” on an outcome (risk, hba1c, events, employee retention, etc.) of importance.

Level 3 - Contractual Integrity

No outcomes or savings has been shown, but vendor is willing to put a part of their fees “at risk” as a guarantee

Level 4 - Metrics

Claim is made that – with sourced, overridable assumptions linked to peer-reviewed or government sources





Validation Expiration: May 2022

CERTIFICATE OF VALIDATION

Applicant: **Airrosti**
111 Tower Drive, Building 1
San Antonio, TX 78232

Claim: People who use the Airrosti program have shorter treatment times than people using other providers.

Validation Achieved: **Level 2 - Validated for Outcomes**

Award Date: May 2021

Linda K. Riddell, MS
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Validation Institute

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About Validation Institute

Validation Institute is a professional community that advocates for organizations and approaches that deliver better health value - stronger health outcomes at lower cost. We connect, train, and certify health care purchasers, and we validate and connect providers delivering superior results. Founded in 2014, the mission of the organization has consistently been to help provide transparency to buyers of healthcare.

