Physiotherapy in Primary Care

Wednesday May 6, 2015

Dr. Sinead Dufour, PT, PhD
Dr. Julie Richardson, PT, PhD
Emily Stevenson, PT
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Agenda

- Introductions
- Physiotherapy Scope of Practice
- Population Health
- Roles for PT in Primary Care
- Preparing for PT
- Questions

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Introductions

Dr. Sinead Dufour
PhD and post doctorial research related to roles for PT in primary care
Physiotherapist – The World of My Baby
Committee Member: Primary Care Advisory Group, OPA

Dr. Julie Richardson
Faculty, McMaster University
Extensive research in roles for physiotherapy in primary care
Committee Member: Primary Care Advisory Group, OPA

Emily Stevenson
Physiotherapist, East End Community Health Center, TO
Committee Member:
- TO LHIN working group for PT in primary care
- Primary Care Advisory Group, OPA

Sarah Wojkowski
Chair, Primary Care Advisory Committee, OPA
Director of Clinical Education (Physiotherapy), McMaster University
Hamilton Family Health Team: Quality Improvement and Chronic Disease Prevention & Management Facilitator

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Population Health

Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health.

http://www.phac-aspc.gc.ca/ph-sp/approach-approche/index-eng.php

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PT and Population Health in Primary Care Health (PHC)

- Population health approaches of PT in PC will allow for low FTE of PTs to maximize service to individuals who are in need
  - i.e 1 FTE to 5,000 – 7,000 rostered patients

- Different from the traditional 1:1 PT: individual model
  - Examples: group based care, e-monitoring, assessment and systems navigation
  - *May* have some 1:1 care for specific population (i.e. unmet need)

- Webinar will focus on this approach to care

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PHYSIOTHERAPY SCOPE OF PRACTICE

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Scope of Practice: PT in Ontario

"The assessment of neuromuscular, musculoskeletal and cardio respiratory systems, the diagnosis of diseases or disorders associated with physical dysfunction, injury or pain and the treatment, rehabilitation and prevention or relief of physical dysfunction, injury or pain to develop, maintain, rehabilitate or augment function and promote mobility. 2009, c. 26, s. 22 (1)"

http://www.ontario.ca/laws/statute/91p37

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Scope of Practice

- Self Regulated Health Care Providers

- Only individuals registered with the College of Physiotherapists of Ontario may use the title "physiotherapist" or "physical therapist"
  - To check registration and rostering: http://publicregister.collegept.org/PublicServices/Start.aspx

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Scope of Practice: PT in Ontario

Additional Authorities

1. Communicating a diagnosis identifying a disease, a physical disorder or dysfunction as the cause of a person's symptoms.

2. Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.

3. Tracheal suctioning.

4. Treating a wound below the dermis using any of the following procedures: cleansing, soaking, irrigating, probing, debriding, packing, dressing.

5. For the purpose of assessing or rehabilitating pelvic musculature relating to incontinence or pain disorders, putting an instrument, hand or finger, beyond the labia majora, or beyond the anal verge.

6. Administering a substance by inhalation. 2009, c. 26, s. 22 (2)

http://www.ontario.ca/laws/statute/91p37

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Scope of Practice: PT in Ontario

Some changes to the profession's scope of practice have not yet been implemented as the government is still in the process of developing required regulation changes to enact these new authorities.

These include:

- The authority of "ordering the application of a prescribed form of energy",

  which will permit physiotherapists to order diagnostic ultrasound and MRIs.
- The authority for physiotherapists to order laboratory tests under the Laboratory and Specimen Collection Centre Licensing Act.
- The authority for physiotherapists to order x-rays under the Healing Arts Radiation Protection Act.

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Scope of Practice

- PTs who wish to perform one of the authorized activities are required to declare their competency and currency by rostering for the activity on the College of Physiotherapists of Ontario public registry
- The exception being communicating a diagnosis as this is an entry level to practice competency

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PT IN PRIMARY CARE

Julie Richardson, PT, PhD

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What is the role of PT within PHC?

(Richardson, 2015)

- Overall objective for physiotherapy in primary health care:
  - To maintain optimal functional health for persons within that primary care setting
  - Therefore needs to be multiple management strategies and approach

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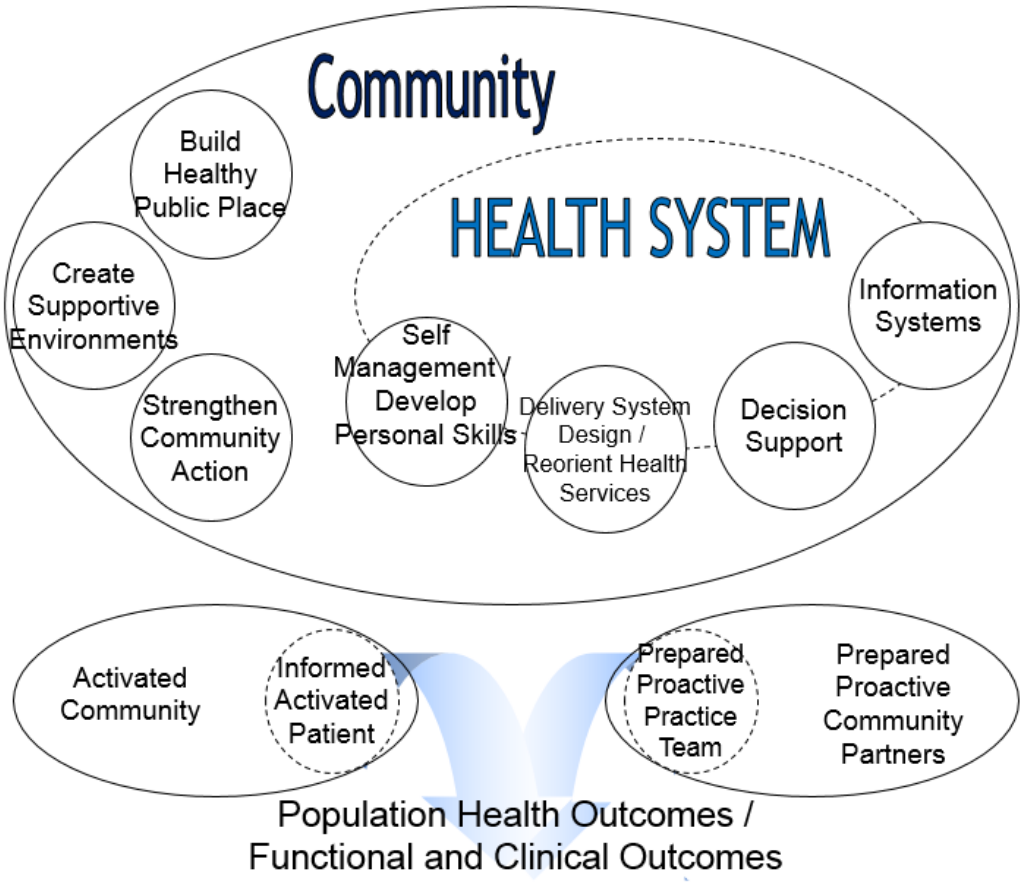
The Expanded Chronic Care Model: Integrating Population Health Promotion



www.improvingchroniccare.org, University of Victoria, Centre on Aging

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Expanded Chronic Care Model

(Barr, 2010)

- *Self management support*: Educational resources, skills training and support
- *Decision support :* Evidence into daily clinical practice
- *Delivery system design:* Team work and expanded scope of practice to include planned visits and sustained follow-up
- *Developing information systems:* patient population specific data surveillance system and recall and patient groups requiring proactive care
- *Community resources and policies:* Developing partnerships with organisations for integrated care; identify relevant and effective based community programs

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Rehabilitation Self Management

- Rehabilitation self management programs for **group** and **individual** interventions
- SM programs incorporating MSK principles and rehabilitation strategies are needed
- SM program for knee OA is an excellent example (Coleman, BMC MSK 2008, 9, 117, Coleman, Arthritis Research and Therapy, 2012;14, 1-14)
- This model of SM argues for the role of PTs as well as other health professionals in delivery of SM – added value from modelling, more detailed knowledge about the condition and adaptive functioning.

(Richardson et al SM of function in Older Adults: The contribution of PT Curr Transl Geriatr and Exp Gerontol Rep; Richardson et al Self management interventions for Chronic disease: a scoping review. Clinical Rehab,2014, 28,(11), 1067-1077)

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Delivery system design

- Identifying priorities for care and risk groups of patients
- Triaging according to priority and type of intervention and service delivery model
- Group and individual based care with follow-up if it is complex or chronic condition (booster sessions through 1:1, telephone or email reminders)
- Ongoing monitoring functional status

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EMR and PHR communications supported integration

- Electronic Medical Record:
  - OSCAR used for documentation, and secure messaging amongst team
  - Physical Function Flow Sheet develop to support regular monitoring during visits
- Personal Health Record:
  - MyOSCAR use for patients to complete self-monitoring and communicate with therapists via secure messaging

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Integration of physiotherapists into PHC supported by:

- Adoption of the Expanded Chronic Care Model
- Incorporation of rehabilitation principles into existing self-management interventions
- Electronic communications including the e-chart, secure messaging, and personal health record for patients
- Strategies to support integration with the primary care team

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EXAMPLE: RCT Rehabilitation in primary care for persons with Chronic illness

(Richardson et al 2010)

Criteria used to triage patients for priority functional decline:

- (a score of ≤60 The Late Life Function and Disability Index (LLFDI) (Jette et al., 2002)
- falling (a fall in the previous 12 months), or
- a health event or hospitalization (an eight item questionnaire was used to classify patients into risk groups). The questionnaire enabled the calculation of the probability of repeated admission and functional decline (Pra) and identified persons who were more likely to use healthcare services (Boult et al., 1994; Pacala et al., 1995; Coleman et al., 1998).

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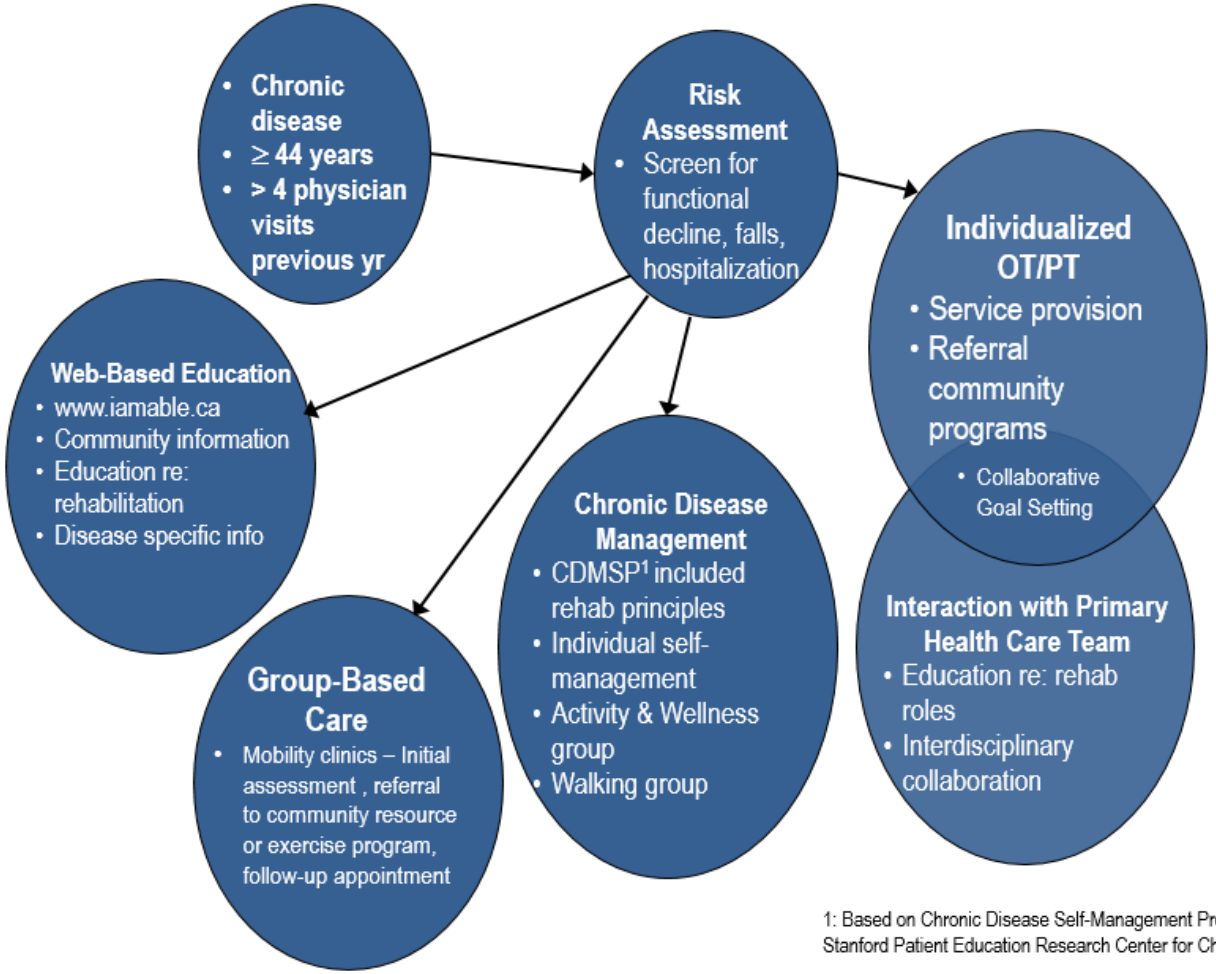
Primary Care Model for Rehabilitation Intervention



1: Based on Chronic Disease Self-Management Program from the Stanford Patient Education Research Center for Chronic Disease

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Integrating Physiotherapists into PHC Teams - Provider Perspectives

Sinéad Dufour, MScPT PhD

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Physician and Nurse Practitioner Perspectives

- lack of physiotherapists → gap
- high perceived demand for and value of physiotherapists
- possibility of enhanced outcomes
- more appropriate use of health human resources (HHR) and capacity building
- lack of funding, viewed as a key barrier to inclusion

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High demand/value of PTs

- Physiotherapist on team = less unnecessary diagnostic testing, and less unnecessary referrals to certain specialists
  - Sophisticated MSK physical examination skills

- Physiotherapist on the team = an important resources for the team to inform the development various programs (particularly chronic pain and other chronic conditions)

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Possibility of ↑outcomes

- Physiotherapists on the team = enhances partnership with patients relative to fostering self management principles (problem solving around improved mobility and pain reduction)

- Could translate to less use of unnecessary medications and less ER visit due to improvement management of health status

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More appropriate use of HHR

- The addition of a physiotherapist could translate to the team being able to roster more patients.
- This means physiotherapists really need to devise a care model that involves some direct one to one care but has a bit component related to consultation to the team and informing effective programing to promote health and active engagement of patients.

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Perspectives of Physiotherapists

- The process of enacting PTs' roles within Ontario PHC teams → varied & dynamic

- Five interrelated roles enacted
  (1) Manager (2) Evaluator (3) Collaborator
  (4) Educator (5) Advocate

- Balance between direct and indirect care

  → Influenced by 3 contexts
  (1) Team (2) Community (3) Structure

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One-to-One Care/Group Programming (a balancing act)

"The ideal scenario would be that patients have access to direct one-one physio, in a time limited fashion, but that the emphasis within that framework of care is to augment this with groups and community resources. That might be exercise classes or education classes where there is physio input, but I don't think the physiotherapists need to run these classes. This is where the contribution of the team is so important." (003, CHC)

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Congruent Perspectives

- Enacting PTs roles in Ontario PHC teams
  →Variable & dynamic (influenced by context)
  →Different from traditional private practice

- PTs resourceful & pushed boundaries
  →balancing act managing patients / supporting community health (direct and indirect roles)

- Emphasizing the MSK expert role and supporting self management of chronic conditions a key focus
  - through direct and indirect service provision

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Physiotherapy at East End CHC

Emily Stevenson, PT

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Overview

- Population health approach is in the fabric of CHCs, including physiotherapy care
- 1.8 FTEs physiotherapists
- 3700 clinical (registered) clients
- 1200 group clients
- Individual care and group programming

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Individual Care

- Self-referrals, or referrals from clinical/allied health team
- Interventions: **education, posture and movement retraining, exercise program, manual ("hands on" therapy), acupuncture/dry needling
- Frequency of visits: **1x/week** maximum
- Average # of visits per client: **4.5**

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Individual Care (cont'd)

- Initiatives to manage demand
  - Referral prioritization
  - Urgent care appointments
  - Full scope of practice (direct access, medical directives)

Group Programs

- Chronic Pain Management *(community health worker, physiotherapist, psychotherapist, pharmacist, MD,)*
- Bone Health *(community health worker, physiotherapist)*
- Weight Management *(dietitian, physiotherapist)*

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Group Programs

- Gentle Fit (*kinesiologist*)
- Building Better Backs (*kinesiologist*)
- Walking program (*kinesiologist*)
- Yoga (*yoga instructor*)
- Aquafitness program (*community health worker*)

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SYSTEM NAVIGATION & PREPARING FOR PT INTEGRATION

Sarah Wojkowski, PT, PhD(C)

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Community Navigation

- PTs can be best prepared to help clients navigate the available resources to promote equity in service
  - Often need resource information “now” when working with clients
  - Difficult to remember all the inclusion criteria for programs that we do not refer to often
  - Access needs vary from patient to patient (i.e. affordability, availability, acceptability)

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Preparing for PT in PHC Practices

For many PHC teams the integration of PT will be a new venture. Some recommendations to consider when planning for / integrating the PT in PHC are:

- Consider patient populations where a PT can impact service
  - High users of healthcare system
  - Access challenges
  - Targets for the practice
- Work with PT and other HCP to understand current services and gaps / needs and how to integrate PT into team
  - Integration of PTs into interdisciplinary team
  - regular communication with team members (formal and informal)

- Reinforce with patients and other team members that PT will *not* be the traditional model that patient may have had experience with in the past (i.e. visits 3 x / week)
  - Emphasizing self management support: education, empowerment, advocate, resource navigation

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Considerations for PT service delivery in PHC

- Support PT in investigating alternative service models (i.e. groups, education)
  - balancing individual care and group programming
  - utilizing a consultation model and indirect service model (space a challenge and many teams divided across multiple sites)

- Identifying PT with skills/interests in both individual care and program development/delivery/evaluation

- Support/resources for PTs in new/emerging primary care roles

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THANK YOU!

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