Integrating Physiotherapy into The Primary Health Care Model in New Brunswick

Representing almost 400 physiotherapists in New Brunswick, the New Brunswick Physiotherapy Association acknowledges that physiotherapists are essential and accessible health care professionals who lead in the promotion, improvement and maintenance of the mobility, health and well-being of Canadians.

We thank you for this opportunity to provide input and feedback to the discussion paper Improving Access and Delivery of Primary Health Care Services in New Brunswick.
Executive Summary

Physiotherapists are primary health care providers committed to care delivered by the right professional, in the right place, at the right time, who play a significant role in health promotion and injury and disease prevention.

As primary health care professionals, physiotherapists combine in-depth knowledge of how the body works with specialized hands-on clinical skills to assess, diagnose and treat symptoms of illness, injury or disability.

A Physiotherapist has specialized training in biological and basic sciences (i.e. human anatomy, physiology, pathology, immunology, endocrinology, genetics, and pharmacology to name a few). We have sound knowledge of anatomy and physiology of normal and abnormal movement, exceptional integration of team approach and we believe in the integration of a holistic approach.

Physiotherapists are also educated in the psychosocial sciences, including cultural anthropology, cognitive and behavioural sciences, social science, learning and education. Physiotherapists are equipped to manage the causes of physical health problems, deliver evidence-informed care, actively engage and inform all aspects of treatment.

Particularly in the area of musculoskeletal evaluation, physiotherapy has developed an expertise not shared by other general practitioners (Connolly, DeHaven & Mooney, 1998; Roberts, Adebajo & Long, 2002).
Primary Health Care

Physiotherapists should be integrated into every primary healthcare team, where they can be a first point of contact or consultant for a variety of conditions. Physiotherapists understand the importance of the broader determinants of health and their impact on individual and population health status. As an integral part of a collaborative interdisciplinary primary health care team, physiotherapists can assist in health promotion and disease prevention strategies, as well as in the identification and remediation of a myriad of health conditions. The evidence supports an increased role of physiotherapy in primary care, both as first contact for the public, and in a consultative role for other members of the health care team. International models have demonstrated the feasibility and cost savings of such a role in primary care, particularly in the area of musculoskeletal conditions. Not only does it provide the public with easier access to physiotherapy services, but it also alleviates some of the burden of long waiting lists from the physicians and the health care system as a whole.

Results of recent studies indicate that physiotherapy is well positioned to fill many of the primary health care roles (Soever 2006, Parroy 2005, EICP, 2005).

In Alberta, assessment clinics that include physiotherapists have achieved: “a decline of approximately 80% in consultation waiting time, a decline of almost 90% in surgery waiting time, a decline of 30% in hospital stay, enhanced patient accountability and education and no increases in costs per case from time of referral to discharge from hospital—the same dollars provided faster, more comprehensive and satisfying care” (Alberta Bone and Joint Institute, 2005).

A study in the UK demonstrated that physiotherapists in broader practice roles were equally as effective as sub-consultant surgical staff in their assessment and initial management of new referrals. Patients seen by the physiotherapists had lower indirect hospital costs and reported greater levels of satisfaction with care (Daker-White, et. al., 1999).
The Four Pillars

Access

Currently, people in New Brunswick do not have consistent access to physiotherapy services. While there is access in hospitals and some community health centres, physiotherapists need be part of every primary healthcare team. Physiotherapists can provide a comprehensive range of services, including assessment, treatment, health promotion and prevention, supportive care, palliation, and referral. We play a well-established role in acute care, ambulatory, in home care, rehabilitation and community health centres.

Physiotherapists have also been recently utilized as consultants and triage specialists in the area of musculoskeletal conditions in both the United Kingdom, as well as the Netherlands. Hattam and Smeatham (1999) found the majority of patients on an English orthopaedic waiting list could be effectively managed by a physiotherapist with extensive experience in musculoskeletal disorders and additional training in the use of corticosteroid injections. Daker-White, Carr, Harvey, Woolhead, Bannister, & Nelson, et al (1999) found similar results in another study in the United Kingdom, concluding that orthopedic physiotherapists were as effective as post-fellowship junior orthopaedic staff in the initial assessment and management of new referrals. Physiotherapists also generated lower indirect hospital costs. Jibuike, Paul-Taylor, Maulvi, Richmond & Fairclough (2003) found similar positive results in a study of physiotherapists assessing soft tissue knee injuries in an English accident and emergency department. In yet another study of physiotherapists working in general practitioners’ offices, on-site physiotherapy services resulted in 8% fewer referrals to Orthopaedics and 17% fewer referrals to Rheumatology over a one-year period (O’Cathain, Froggett, & Taylor, 1995).

Teams

Physiotherapists are active members of primary health care teams in rural and northern health care, as well as specific urban program areas. This partnership must be extended to other primary health care teams, particularly where it is supported by the scientific literature. In areas such as fall prevention, arthritis, chronic lung disease, incontinence, diabetes, physical inactivity and obesity, osteoporosis, workplace safety and mental health, the role of exercise “upstream” is well documented. Physiotherapists are the ideal health professionals to act as both providers and consultants in the area of
specialized exercise programming. As part of the health care team and possessing a broad understanding of community participation, they are also well suited to act as case managers or navigators for the public as they steer themselves through the health care system.

1. Cost Reduction
When comparing patients who are referred by a physician to patients who go directly to a physiotherapist, those with direct access to the physiotherapist require fewer treatment sessions, fewer diagnostic tests such as MRIs and x-rays, fewer referrals to specialists, and fewer prescriptions.

2. Safe and Effective Care
Physiotherapists have extensive knowledge in the assessment, diagnosis and treatment of patients with musculoskeletal, cardiorespiratory and neurological conditions. As university-educated and regulated primary health care professionals, physiotherapists are a safe and effective provider of choice for the treatment of many injuries including repetitive strain and neck and back injuries – the most common causes of employee lost-time at work. Physiotherapists also treat patients with chronic conditions such as arthritis and diabetes to help them maintain optimal function at work and play.

3. Increased Satisfaction and Decreased Likelihood of Re-injury
Patients who access physiotherapy directly report increased satisfaction with the care they receive and are more independent in the self-management of their condition. They are also less likely to re-injure themselves or require follow-up care once their condition is resolved.

4. Reduced Lost-time at Work and Fewer Disability Claims
Early intervention by a physiotherapist – which can include hands-on treatment, an individualized exercise program and education regarding return to activity – minimizes the risk of chronic injury and disability that can limit function and cause employees to be off work for extended periods of time.

5. No Increase in Demand for Physiotherapy
Allowing direct access to physiotherapy does not lead to an increased and potentially costly demand by patients for this service. In regions where physiotherapy services are readily available, studies have shown that the demand for physiotherapy did not increase when direct access was introduced.
**Timely Information**

Currently, there is no coordinated process for sharing information with other health professionals for patient care. For instance, Physiotherapists in New Brunswick are unable to access patient information across health authorities or in the region.

Introducing a system wide information sharing process will allow for physiotherapists to share information among professionals, access information and critical reports, therefore making the system more efficient and reducing wait times for care and follow up care.

**Healthy Living**

Physiotherapists are primary health care professionals that play a significant role in health promotion and injury and disease prevention. Physiotherapists are ideally situated to play a key role in with this population. As experts in movement and the prescription of exercise programs, physiotherapists can facilitate positive and permanent change in the physical activity levels of both adults and children. There are currently physiotherapists in the community who focus a portion of their practice on this type of intervention.

One example:

**Physical inactivity and obesity in children and adults**

The public health care burden of the propensity of Canadians to be increasingly physically inactive and obese is growing at an alarming rate.

Tremblay, Katzmarzyk and Willms (2002) compared data for overweight and obesity in Canada over the time period from 1981 to 1996. They found that the prevalence of overweight adults aged 20 to 64 years of age increased from 48 to 57% among men and from 30 to 35% among women.

Simultaneously, the prevalence of obesity rose from 9 to 14% in men and 8 to 12% in women. Much more alarming, however, was the corresponding data for children aged 7 to 13 years of age over the same 15 year period. The increase in overweight rose from 11 to 33% in boys and from 13 to 27% in girls, while the increase in obesity rates rose from 2 to 10% in boys and 2 to 9% in girls. The costs alone of physical inactivity and obesity represented 2.6% and 2.2% respectively of the total health care costs in Canada in 2001 (Katzmarzyk & Janssen, 2004): $5.3 billion associated with physical inactivity and $4.3 billion with obesity.
Chronic diseases associated with physical inactivity include coronary heart disease, stroke, hypertension, colon cancer, breast cancer, type 2 diabetes, and osteoporosis. Conditions shown to be linked with obesity include coronary heart disease, stroke, hypertension, colon cancer, postmenopausal breast cancer, type 2 diabetes, gall bladder disease, and osteoarthritis (Katzmarzyk & Janssen, 2004).

Primary prevention measures are crucial in this subpopulation while appropriate lifestyle modification strategies can promote healthy living and prevent physical inactivity. Secondary prevention programs in the way of targeting physically inactive adults, youth and children who are already overweight or obese are necessary to help address this concern.

The Value of Physiotherapists in Primary Health Care in New Brunswick

- Physiotherapists can facilitate access to the right level of care at the right time.
- Physiotherapists can minimize the duplication of service and the cost of services.
- Physiotherapists can reduce the number of visits by increasing patients’ commitment and capacity to self-manage through education.
- Physiotherapists can reduce wait times for medical specialists as they access patients who have already been assessed and screened in orthopaedics, rheumatology and neurosurgery.
- Physiotherapists can reduce avoidable admissions to hospital and residential care.
- Physiotherapists can optimise and maintain functioning of independence in those beginning to fail.
- Physiotherapists can facilitate early discharge.
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