Advancing the Practice of Physiotherapy in Canada

Alice B. Aiken, PhD, MSc, BScPT, BSc(Kin)
Ordre professionnel de la physiothérapie du Québec
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Overview

- Background – where it all began
- Primary Care – lessons learned from other countries
- Expanded / Advanced practice – lessons learned from other countries
- Advanced practice in Canada – how we got there from here / where we are now.
Where it All Began

- Other Countries
  - PT in usual scope of practice in alternative settings
    - Primary care physician practices
    - Rural Settings
  - PT with expanded practice
    - Emergency Departments
    - Orthopedic Outpatient Clinics
Primary Care

- PT in physician practices, usual scope of practice

- UK & US Military– 2 models:
  - Part of health care team, see patients instead of physician (Hackett et al 1987, Hyslop 1993, Mitchell and de Lissovoy 1997)
Primary Care - Effects

- PT in physician practices:
  - Up to 70% managed effectively within one week of being seen (Hackett et al 1987)
  - Decreased cost of drug prescribing (Hackett et al 1987)
  - Lowered costs of health care generally since fewer visits required (Hackett et al 1987, Mitchell and de Lissovoy 1997)
Primary Care - Effects

- Lost work time cut in half (Hackett et al 1993)
- Referral to ortho and outpatient PT (Gentle et al 1984, Roland et al 1991)
- Reduced pressure on outpatient ortho clinics (Bahrami et al 1983)
- High patient satisfaction because problem dealt with effectively (Pinnington et al 2004)
- High physician satisfaction because patients received appropriate care (Pinnington et al 2004)
Primary Care – Rural Settings

- Out reach PT programs to rural and itinerant communities in Africa (Abereuje 1988)
- 4 areas of health care addressed:
  - Preventive – education
  - Promotive – home programs of care
  - Curative – physiotherapy services
  - Rehabilitative – following disability
Rural Settings- Effects

- Addressed the rehab needs of rural and itinerant communities in Nigeria
- Recommended for incorporation throughout Africa
- Rural dwellers, community leaders and school teachers should be involved in planning and implementation of programs (Abereuje 1988)
- Similar programs in Australia (Boucaut 1998)
Expanded / Advanced Practice

- Started in England
- Models in Australia and New Zealand
- Orthopedics and Emergency
England

- Publicly funded system
  - Therefore uniformity in studying advanced role – focused on orthopedics
- Graded system
  - 9 bands of pay for the system
  - PT typically bands 5 – 7
  - Increase with experience
  - Can now do bands 8 and 9 (consultant)
England – Advanced Scope

- Advanced Scope includes (orthopedics):
  - Ordering diagnostic tests (Xrays, blood, etc)
  - Cortisone injections
  - Limited prescription
  - Referral to surgeon / specialist
  - Formulate / communicate diagnosis

England – Lessons Learned

• Thank-you
  • Most of the preliminary research into AP roles in orthopedics (Byles and Ling 1989, Daker-White et al 1999, Gardiner and Wagstaff 2001, Hourigan and Weatherly 1995)

• Problems
  • Not unique to PT, also nurses, OTs, etc
  • Many calling themselves “consultants”, not PT
  • More of a PA role??
Australia

- Focused in orthopedics, and emergency department

- Similar scope changes as in England (APA 2005)
  - Ordering diagnostics
  - Referral to specialists
  - Discharge planning (ED)
Provided definitions (APA, 2010)

- Advanced Scope of Practice - A role that is within the currently recognised scope of practice for that profession, but that through custom and practice has been performed by other professions. The advanced role may require additional training as well as significant professional experience and competency development.

- Extended Scope of Practice – A role that is outside the currently recognised scope of practice and one that requires some method of credentialing following additional training, competency development and significant professional experience, as well as legislative change.
Australia – Lessons Learned

- Thank-you
  - Added emergency department role
- Problems
  - Barriers remain
    - Legislative
    - Funding
    - Cultural
New Zealand – Models /Lessons

• Similar to Australian model
  • Orthopedics
  • Emergency department
• Extra information: the sell to the government
  • Drugless practitioners
  • Cost savings to the system (NZPA, 2010)
The Challenge:
To make research relevant to the Physiotherapy profession in Canada and able to cross provincial borders
Where we are now:

- Started in orthopedic triage and post-op clinics
- Researched and publications produced

- Will now focus on the research in orthopedics:
The First Attempt (Aiken et al., 2007)

Patients with knee and shoulder impairments arrive at clinic.

Patients see PT

Surgeon and PT discuss management

Patients see surgeon

Most appropriate provider discusses treatment with patient
The Results?

- 70% of those referred do not require surgery! (Mayman and Yen 1999)

- Diagnostic concordance $K = 80\%$ for all primary & secondary knee diagnoses

- Shoulder = 100% concordance (Aiken et al, 2007)

- Confirmed by MRI, surgery, US:
  - PT showed 75% accuracy
  - Orthopedic surgeon showed 75% accuracy (Aiken et al, 2007)

- Patient satisfaction very high with both practitioners (Aiken et al, 2007)
Important Input

- Pleased with PT who participated
- By the end, they felt that a PT triage model would be beneficial (save time and $$)
- Wished to retain control of the clinics
- System change needed for full implementation
- This was a very important first step into the next models that came along (Aiken et al, 2007)
The Next Steps

- Moved to hip and knee joint replacement clinics with having a PT assess patients

- Had to start out the same way as the previous model

- Needed to build trust with surgeons

- Needed to get buy in from the hospital (Aiken et al., 2008)
The Model That is in Place (Aiken et al., 2009)

Physiotherapist with Extended Scope does Pre- and Post-Op, and Screening Assessments

Does the patient need to see the surgeon?

YES

1. Conservative Management
2. Prioritize for surgical assessment

NO

1. Conservative management
2. Refer as necessary
3. Continue to follow if needed
The Effects

- Went from having the longest wait times in the province to having the shortest (Aiken et al., 2009)
For the Hospital

- This is now a permanent position in the hospital
For the System

- $$$ savings:
  - Less expensive professional managing the patients
  - Surgeons can spend more time in OR
  - Fewer health complications because waits are shorter (Aiken et al., 2009)
For the Profession

- Advanced Practice PT is working under medical directives, therefore position is non-transferrable and can take time
- PT’s require changes to scope of practice
Over the Years, It Worked!

Important Legislative Outcome

Existing Controlled Acts

- Tracheal suctioning
- Spinal manipulation

Acts to be Added

- Communicating a Dx
- O₂ titration (+)
- Women’s health
- Wound healing
- Ordering MRI, CT, US or Xray

In Ontario, Bill 179
Other important Canadian Initiatives

- Most provinces have adopted some form of the orthopedic model:
- ON – also has advanced practitioners in rheumatology
- BC – Fraser health has PTs in emergency departments, standard, hoping to research it
- NS – looking at same model of putting PTs into emergency departments

- RESEARCH IS NEEDED!!
References

References