Direct access and patient self referral in physical therapy

- towards a map of Europe

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WCPT international action

- October 2009, International Summit on Direct Access co-hosted by CPA, APTA & WCPT
- Top 3 questions were
  1. How do we raise/maintain worldwide standards?
  2. How do we identify/eliminate barriers to patient self referral/direct access?
  3. How do we best inform/convince internal and external stakeholders?

- Information is key

Global mapping

- Following International Summit - survey instrument prepared by Emma Stokes & Tracy Bury
- May 2010 Workshop at ER-WCPT General Meeting - seek a common understanding, framing of questions was explored, terminology debated and clarity sought
- Further iteration reviewed by international reference group
- Closing date 31st August 2011

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ER-WCPT & EEA

- Region made up of 40 MO' s
- EEA = EU27 + Norway, Liechtenstein & Iceland
- All WCPT member organisations invited to complete - 34 of current 40 ER-WCPT MO's responded – 85%

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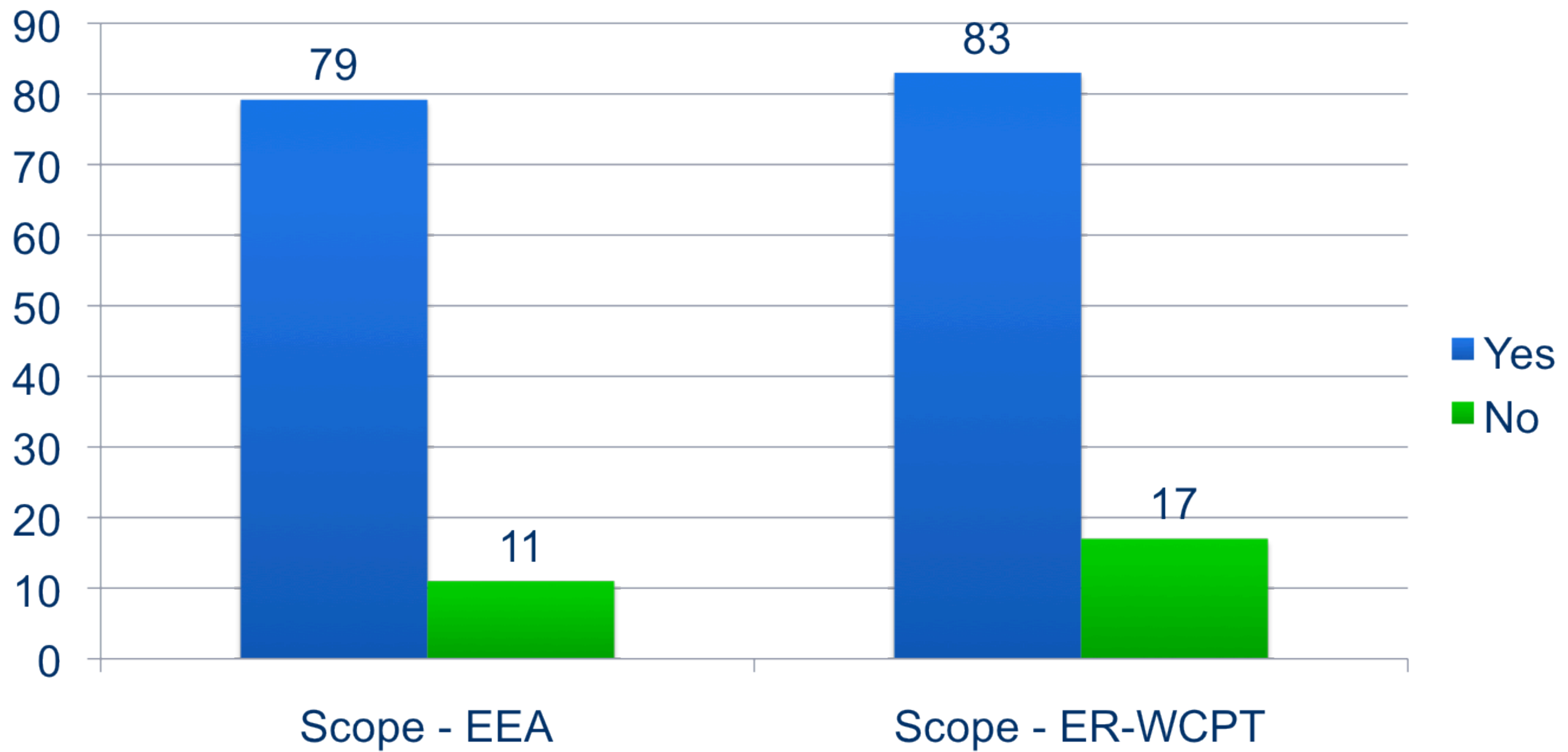
100% of MO’ s within EU have legislation regulating physiotherapy*



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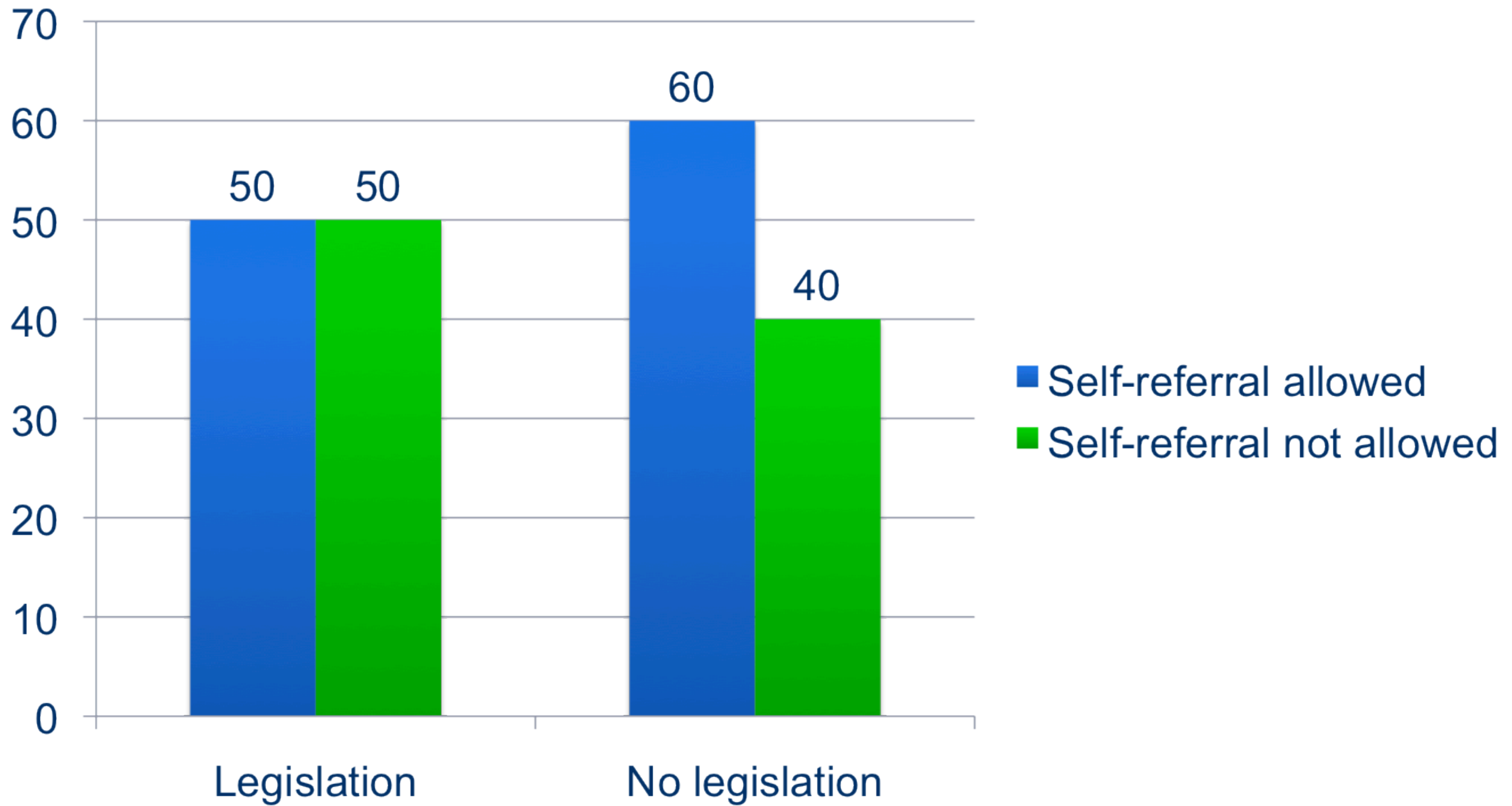
In 50-60% of MO's, patients can self-refer to physiotherapy



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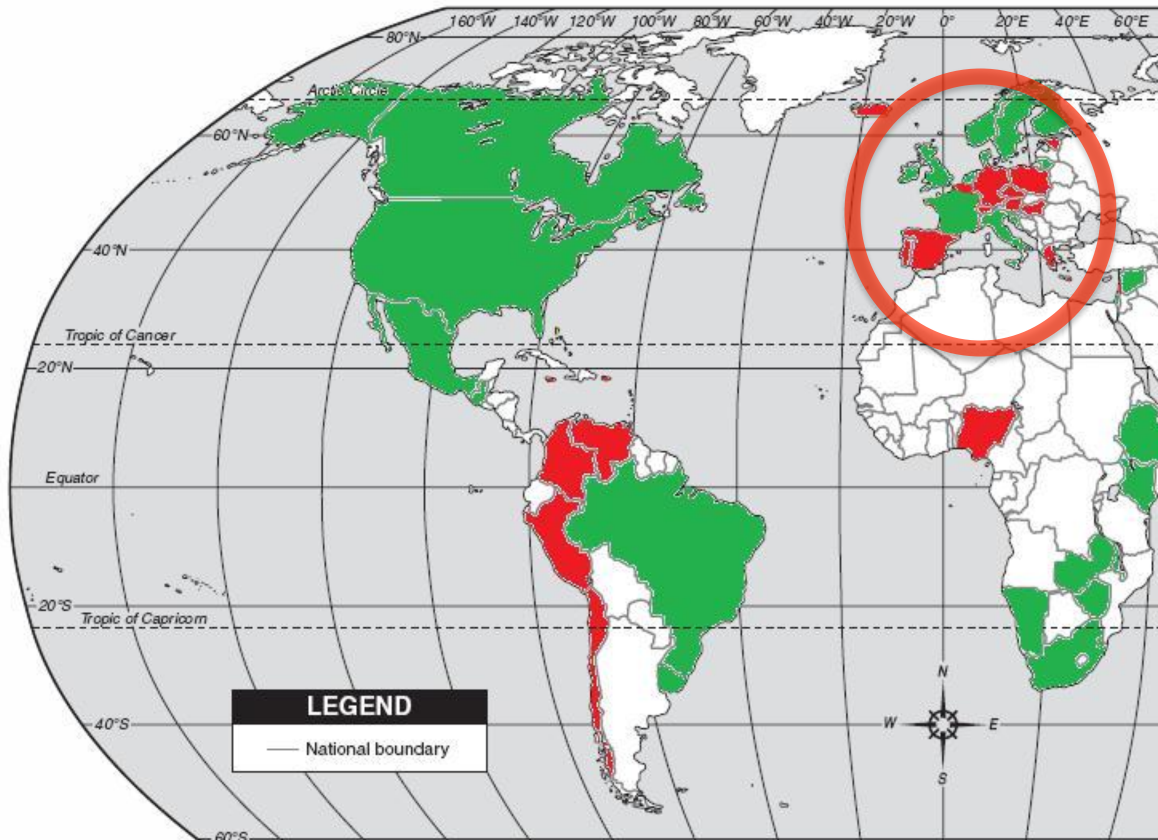
Where in the European Region can patients refer themselves to physical therapy?



- Croatia
- Danmark
- Finland
- France
- Ireland
- Israel
- Italy
- Liechtenstein
- Lithuania
- Malta
- Netherlands
- Norway
- Romania
- Slovenia
- Sweden
- Syria
- UK

50% of the ER responding MO's have self-referral

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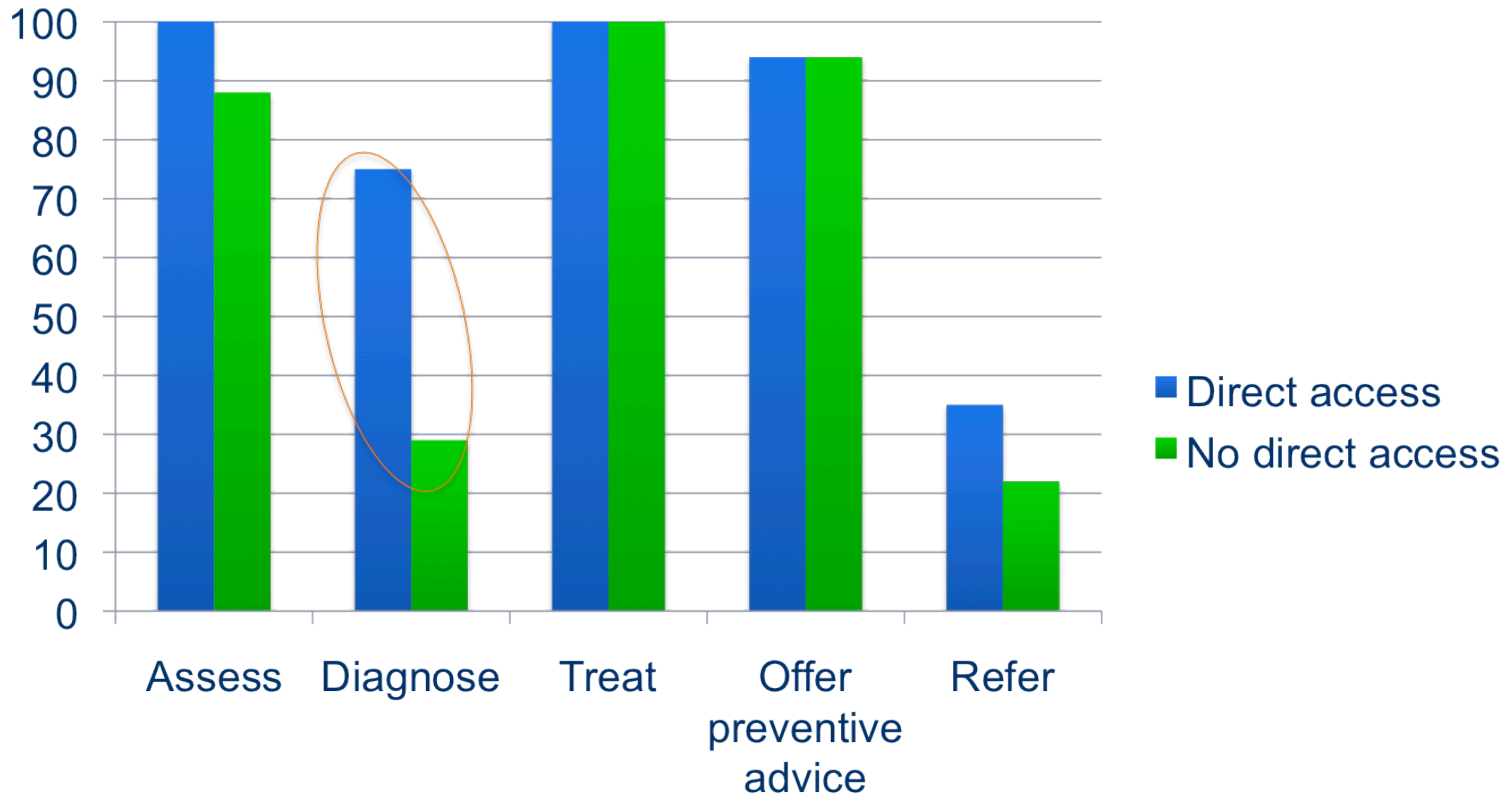
Having direct access may impact on scope of practice



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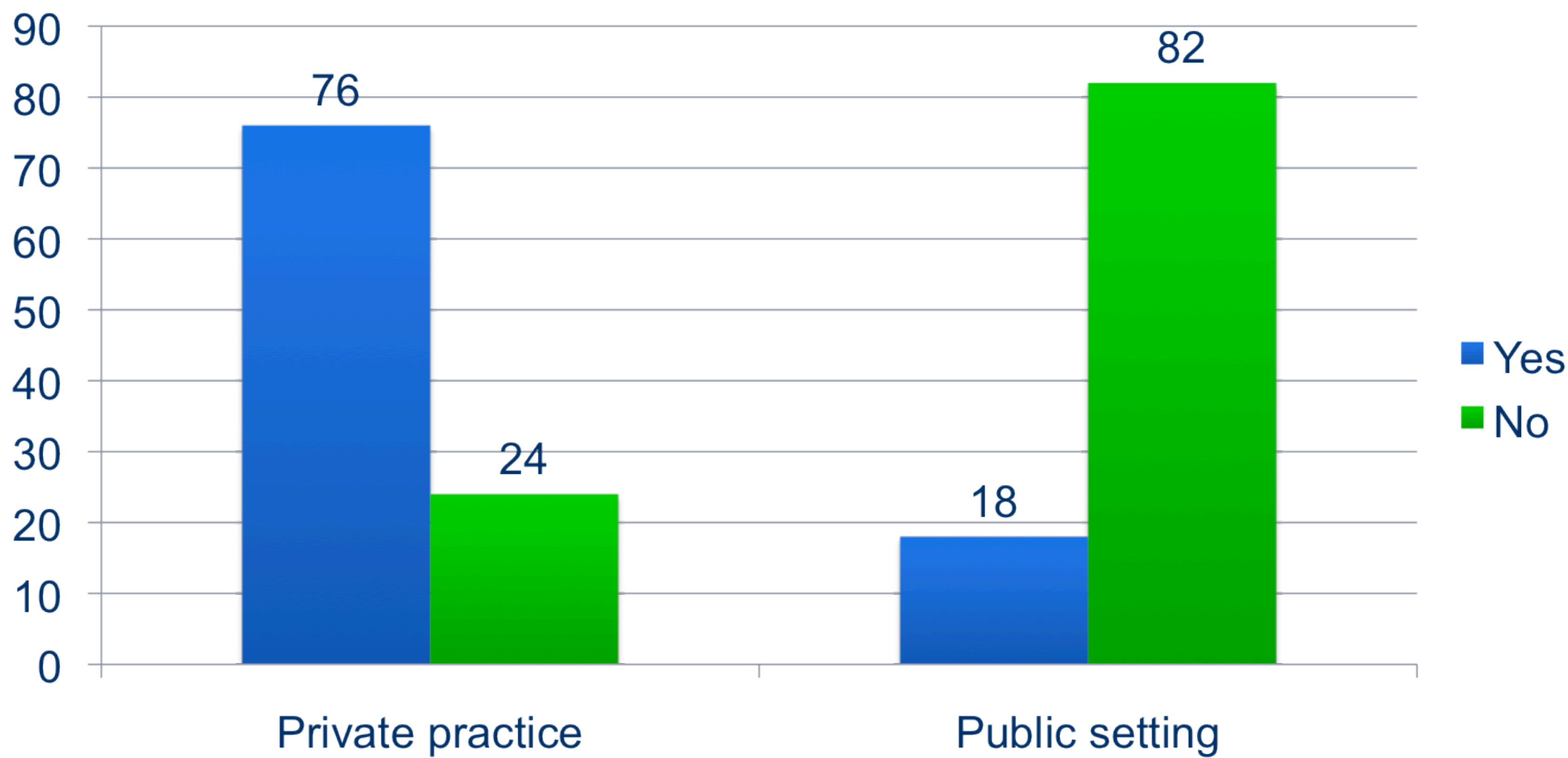
Direct access is mainly in private practice



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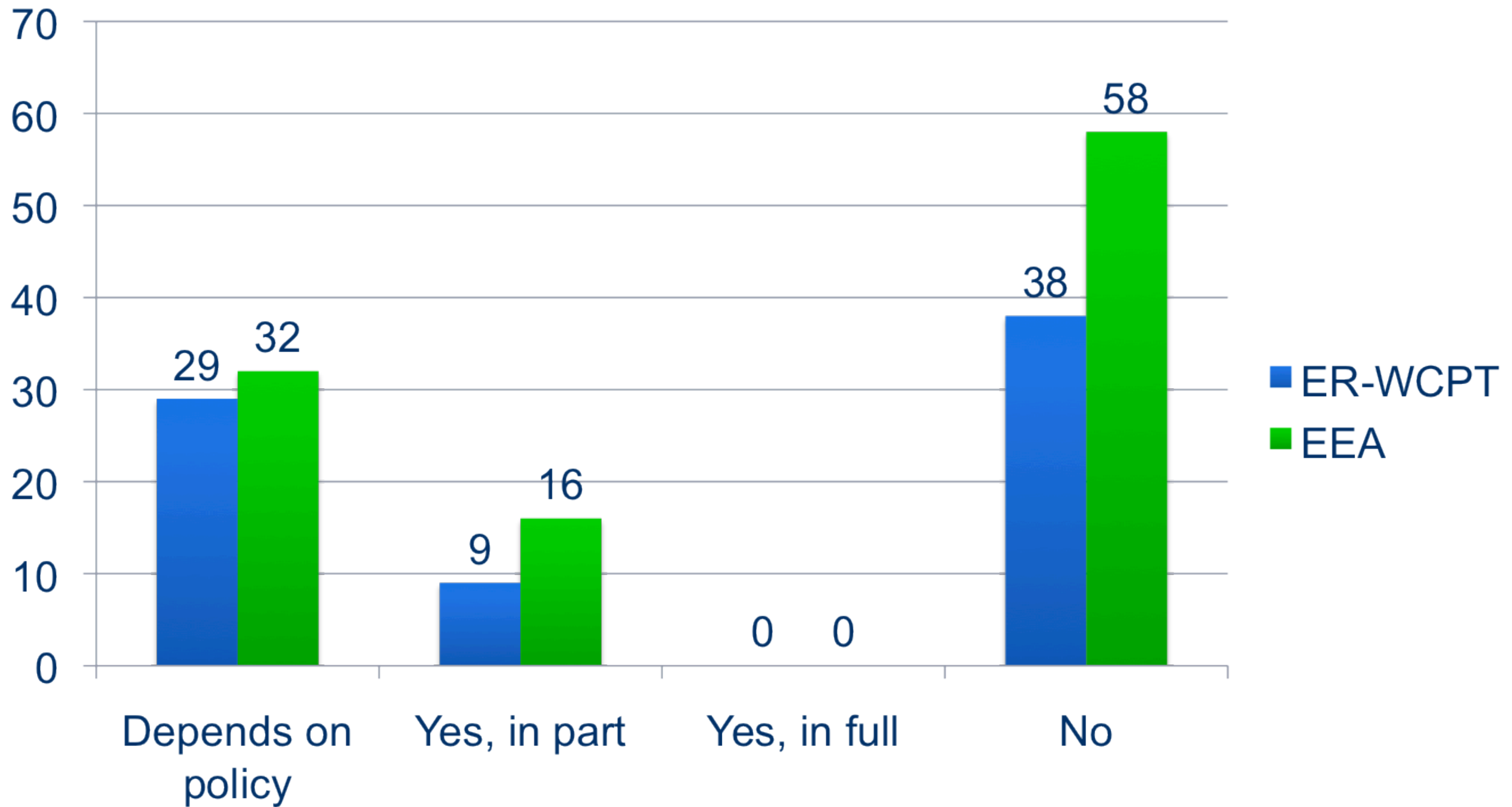
Reimbursement depends on provider



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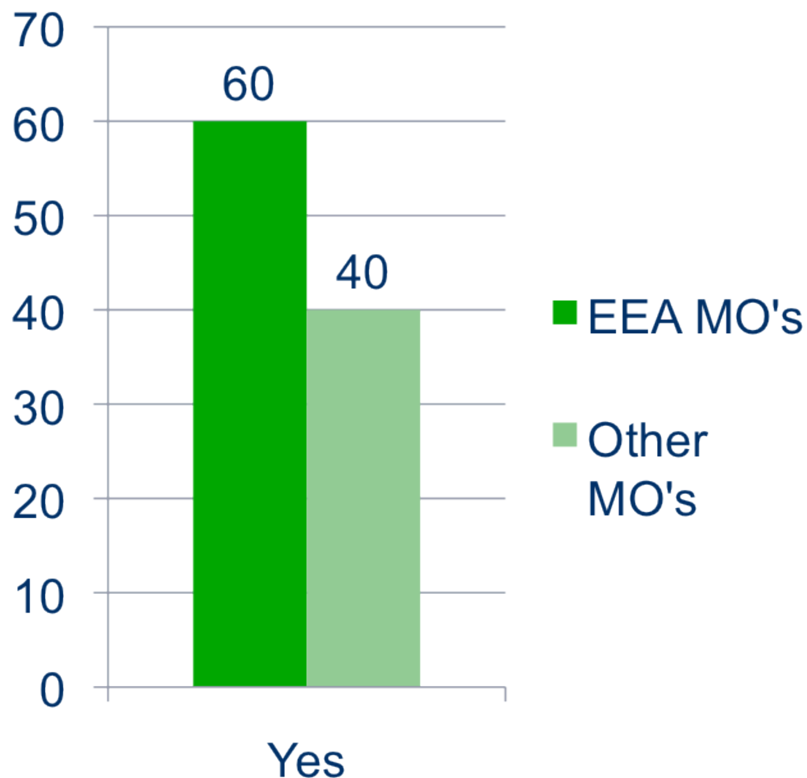
Are graduates prepared for patients self-referral? competencies



- Period of supervised practice – 50%
- Period of continuing professional development – 37.5%
- MSc level of education – 25%

Measures to compensate

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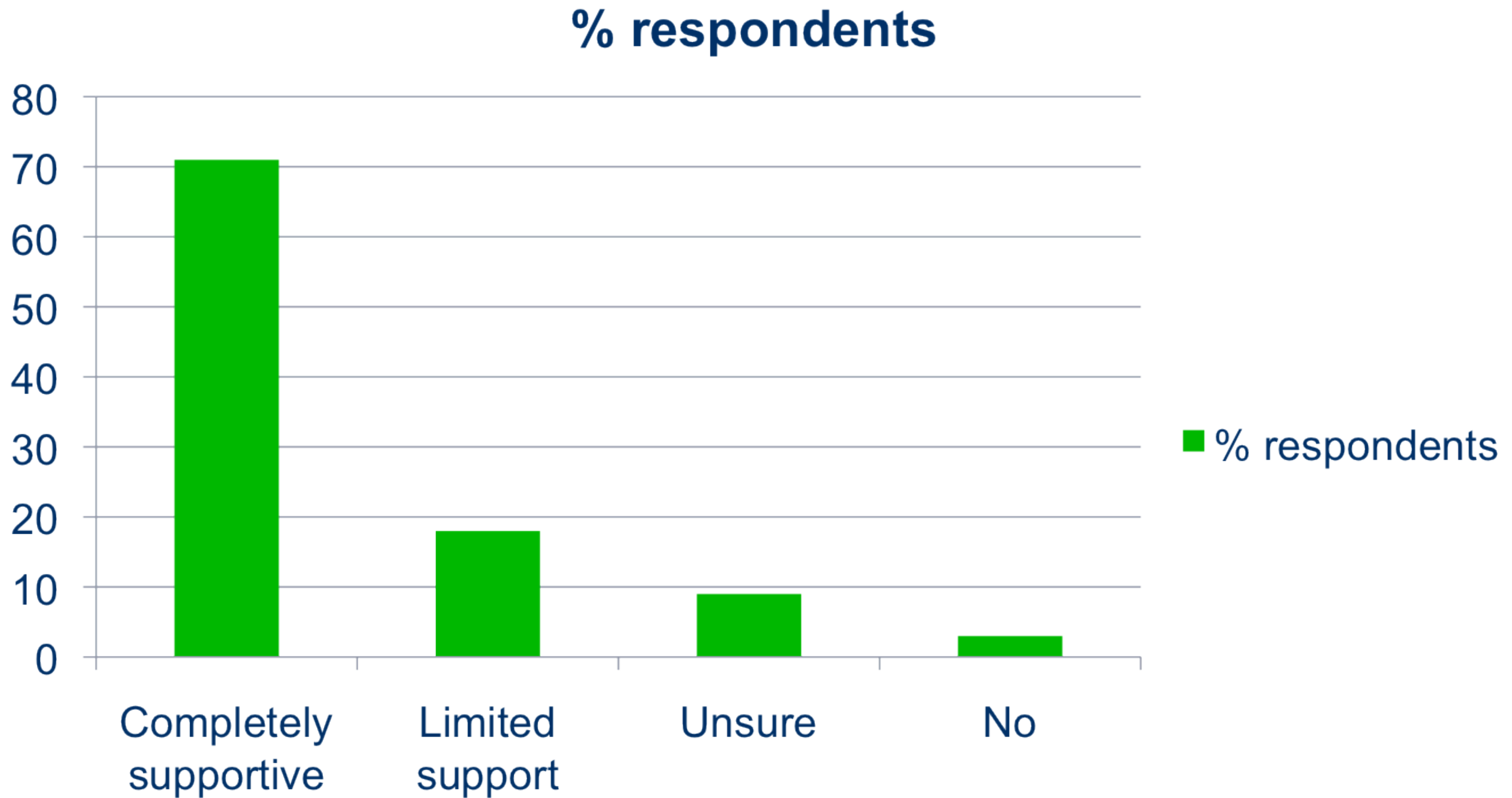
Majority of MO's support direct access and patient self-referral



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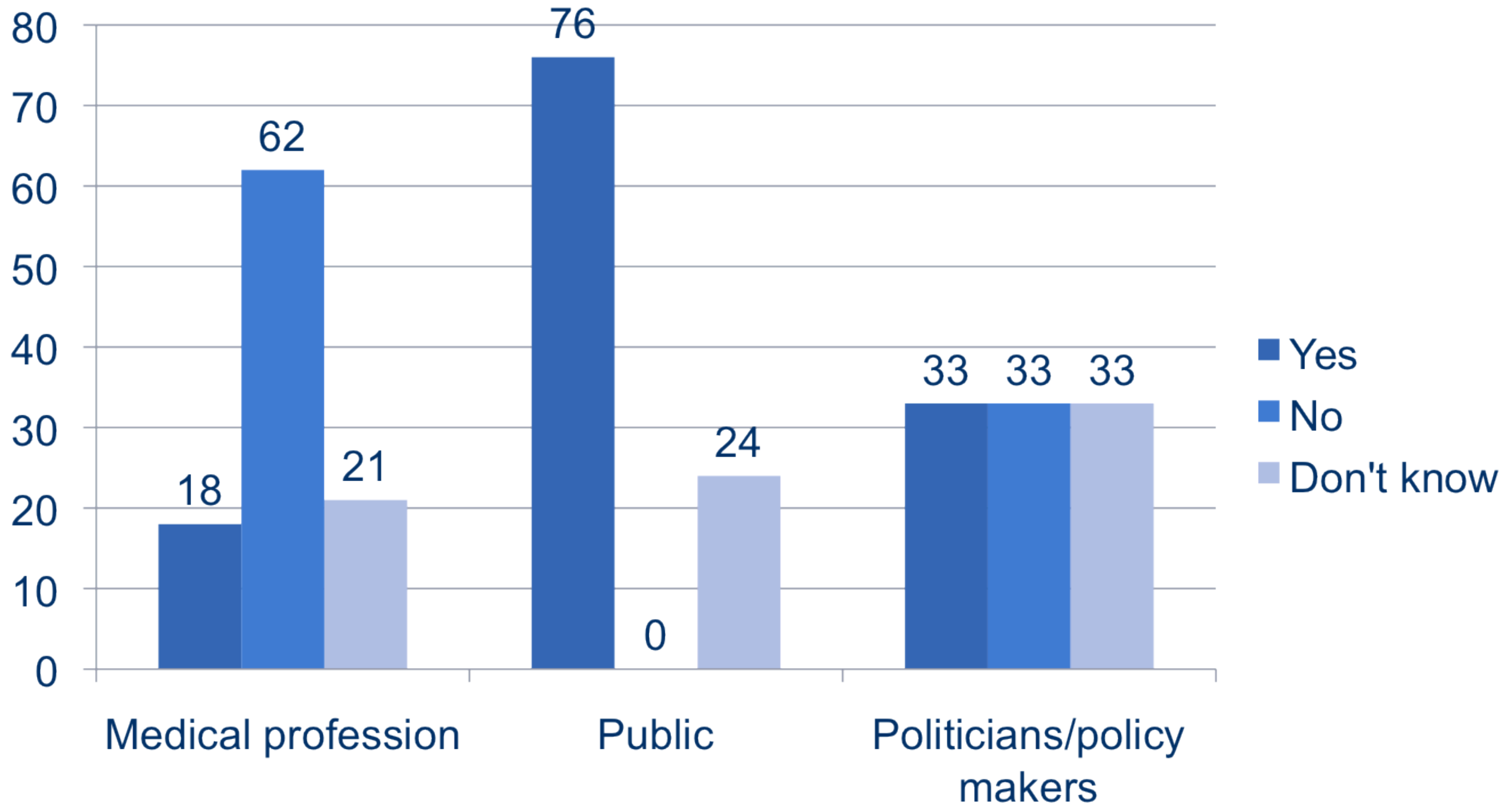
Other support is more mixed



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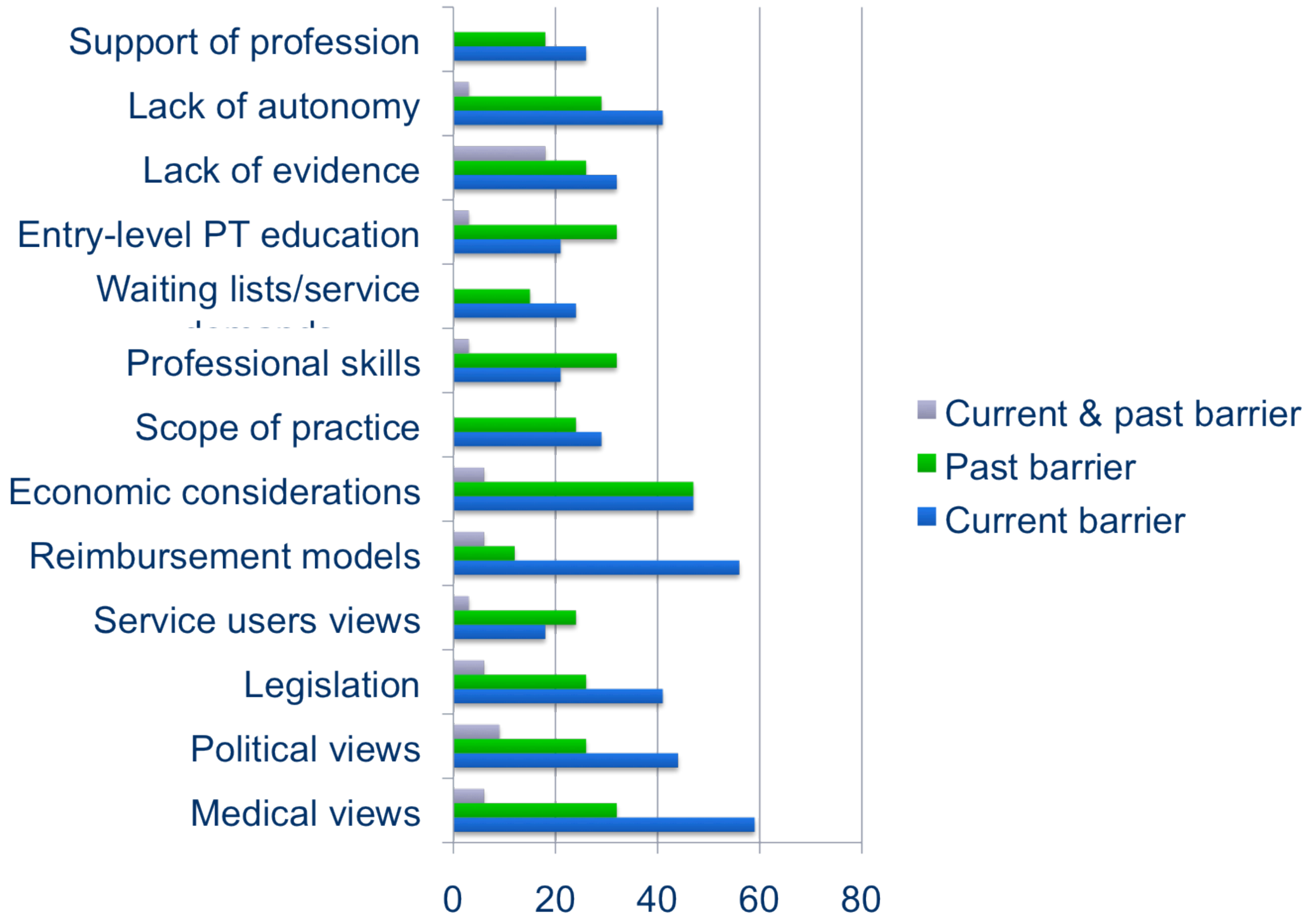
Barriers & facilitators

- Asked if item was a barrier or facilitator
- If yes, current or past
- Rank the impact
  - 1 =minor
  - 2
  - 3
  - 4
  - 5 = major
- Mode = highest % rank chosen



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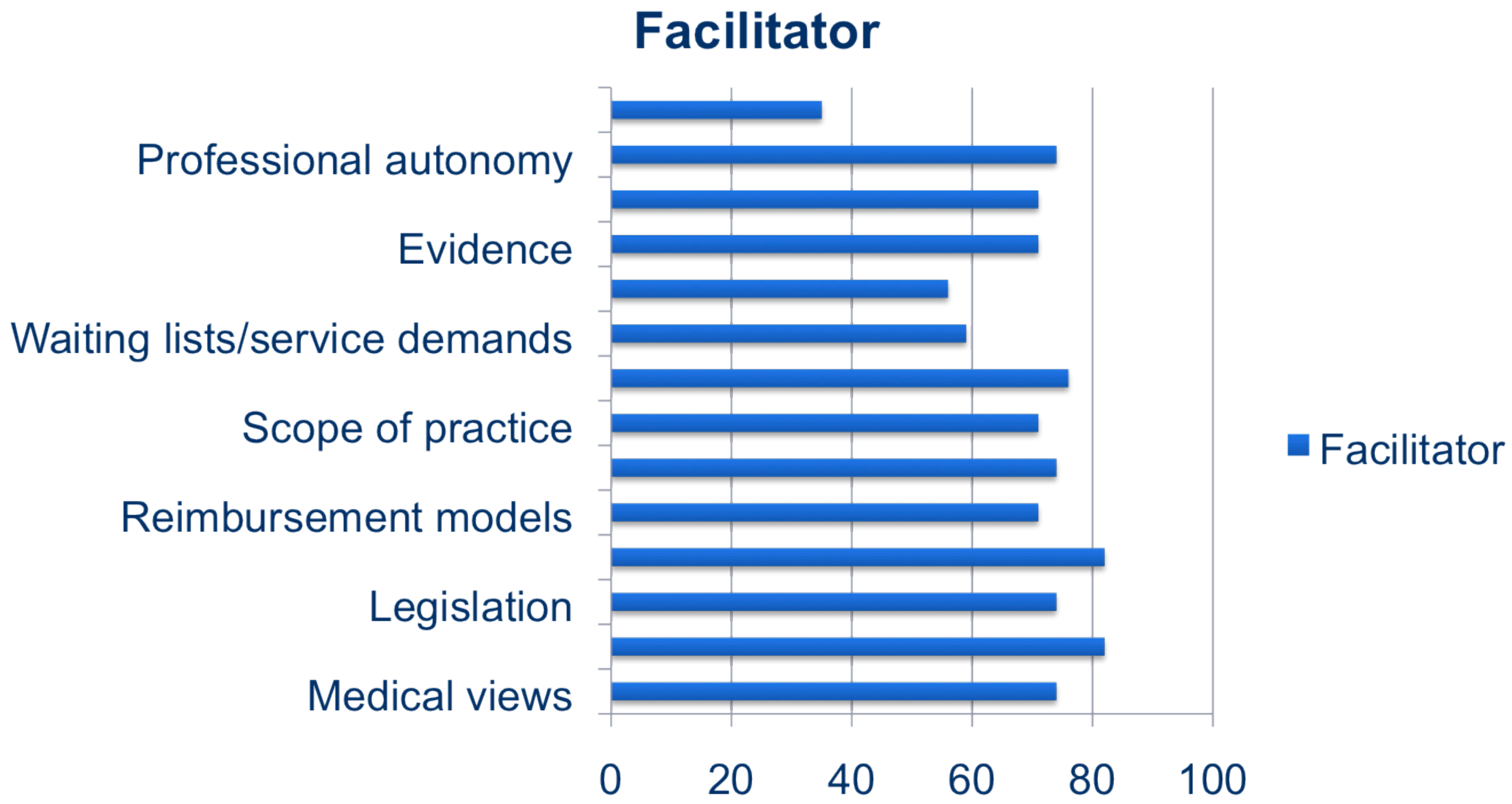
	Current barrier	1-2	3	4-5
Reimbursement models	65%	12%	19%	69%
Medical views	65%	6%	30%	63%
Political views	56%	22%	44%	33%
Economic considerations	56%	33%	14%	53%
Legislation	53%	35%	4%	61%
Lack of professional autonomy	50%	34%	19%	45%
Lack of evidence	50%	41%	44%	14%

Facilitators – current & past



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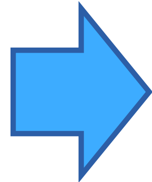
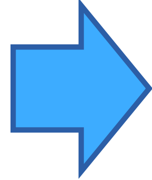
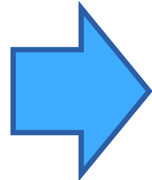
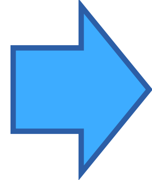
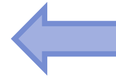
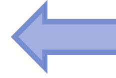
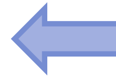
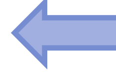
	Facilitator	1-2	3	4-5
Reimbursement models	71%	23%	5%	73%
Medical views	74%	16%	20%	64%
Political views	82%	19%	15%	67%
Economic considerations	74%	21%	17%	61%
Legislation	74%	8%	8%	84%
Service user support	82%	15%	33%	52%
Professional org leadership	71%	14%	23%	63%
Professional autonomy	74%	8%%	13%	80%%
Evidence	71%%	41%	44%	14%
Entry-level education	56%	19%	19%	63%
Professional skill	76%	8%	29%	63%
Waiting lists	59%	17%	17%	67%

Push and pull: major facilitators versus major barriers

Facilitators

- Service users
- Political support
- Medical support
- Legislation
- Professional skills
- Professional org leadership
- Reimbursement

Barriers

- Medical views
- Legislation
- Lack of autonomy
- Lack of evidence
- Reimbursement models
- Economic considerations
- Political support

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Conclusion

- Many contemporary drivers: economy, demographic
- Challenges are recognizing opportunities for influencing change: elections, re-organisation of service delivery
- Understanding the barriers and facilitators, using them to influence policy
- Create portfolio of support & supporters
- Learn from other's experience