



# Direct Access - Challenges and Strategies

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Direct Access and Advanced Scope of Practice  
in Physical Therapy  
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# Obstacles to direct access

- Legislation
- Economy
- Organization



# Legislation

## Challenge: New legislation to attain full scope for the profession

- The law on authorization concerns protection of title and protection of the patient
- A physiotherapist may now perform treatment of diseases without a referral from a physician – keeping within accepted principles for professional standards
- The new law: No lawful obstacles for direct access

## Strategy:

- The Association works towards attaining new professional extended competences, education at research level, responsibility, role and position in the health service



# Economy

## **Challenge: Direct access is limited by economic concerns**

- Referral through a physician or triage is often based on financial concerns
- At the private practice setting the health legislation requires a physician's referral to obtain reimbursement for treatment
- At the local community settings the patients has a legal right to rehabilitation, but it is clearly financially ruled
- More often now private insurance patients are receiving treatment without referral
- The policy in Denmark is to obtain physicians as gatekeepers
  - reason: a tax financed health service

## Strategy:

- The Association works towards that the financial concerns is based on the assessment of the physiotherapist.



# Organization

## Challenge: Physiotherapeutic professional responsibility

- Within the public hospitals the physicians have the professional responsibility, one reason being the liability for damages.
- It is obligatory to have a physician as professionally responsible at the hospitals – also at privately owned hospitals.
- The physicians can delegate responsibility and physiotherapists are working on extended scope in different areas – but it is not formalized

## Strategy:

- The Association works towards obtaining formal organizational accept of expanded physiotherapeutic scope and professional responsibility within hospitals and treatment institutions.



# Questions to the Minister of Health

At the first parliament reading of the legislation regarding authorization for health personnel (2006) a number of questions were addressed to the Minister of Health regarding physiotherapy competence -

Questions focused on doubts regarding physiotherapists' qualifications and competence:

- Competence to diagnose and treat patients with medical illness without a physicians regular diagnosis
- Competence to take the responsibility for the security of the patient
- Necessity to give up the requirement for medical referral if, for example, a physicians statement/ treatment plan for rehabilitation still exists as a regular standard



## Answers from the minister of health:

- The new law regards authorization – meaning that it is only a question of what physiotherapists, based on their basic education, can perform independently within the health service.  
The law does not deal with administration and planning of health service
- Giving up the request for medical referral for the physiotherapeutic treatment of illness would not with my understanding influence on the security of the patient.