



Direct access in physical therapy

- The Norwegian model of practice for Manual Therapists (MT)

History



- In 1999, 3 members of the parliament suggested to extend the scope of practice for Physical Therapists with specialisation in manual therapy .
- The proposal was supported by a majority, who suggested a trial investigation of 2 years in 3 different counties.

The trial project would enable MT's:

- Direct access without a referral from GP/MD
- To be able to refer patients directly to medical specialists and other areas of physical therapy.
- Refer to relevant radiology, including MRI scans.
- Provide up to 8 weeks sick leave.
- Receive payment from national insurance without a referral from a medical practitioner.

The trial project:



- The trial project started September 1, 2001 and ended August 31, 2003.

Goals of trial project



- More effective and targeted use of health care personnel.
- Earlier start of treatment and shorter periods of sick leave.
- Improved cooperation between manual therapists, chiropractors and other personnel in health care.
- Economic savings for society.
- More satisfied patients.

Evaluation



- An external organisation, Sintef, evaluated the project in terms of:
 - Utilization of resources and co-operation between health professions.
 - User satisfaction .
 - Economic consequences.
- The report was published December 2003.

Utilization of resources and co-operation



- MT's had increased contact with medical specialists (especially radiologists)
- Medical specialists and GP's felt that contact with MT's were unchanged.
- GP's reported no change in quality of medical reports.

Utilization of resources and co-operation



- Significant increase in **NEW** patients for examination/treatment in all trial counties.
- Portion of patients with GP referral:
2001: 95% 2002: 35% 2003: 25%
- Portion of pts in contact with GP'S prior to MT treatment: 2001: 71%, 2003: 46%.

Utilization of resources and co-operation



- 10% decrease in use of medication (NSAIDS) amongst MT patients trial counties vs control counties

Patient satisfaction



- Patients were very satisfied with the new model and were positive for it to become permanent.

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Economic consequences

- Not fewer sick leave certificates, but of shorter duration
- The direct access model contributed to a reduction in total payments of sickness benefits in the order of one to two percent in the trial counties.

Politics



- Early in 2005 the cabinet suggested that the primary contact role was to be extended to all qualifying manual therapists, but only with a referral from a medical practitioner. This mirrored the considerable resistance from the medical profession since 1999.
- The Finance committee however supported the original proposal that we could treat without a referral.

Politics



- In June 2005 the majority in Parliament introduced the bill for all qualifying manual therapists to have a an extended scope role with direct access.

Direct Access today



- In 2009 Parliament extended the right to provide sick leave from 8 to 12 weeks .
- After 12 weeks: a multi-disciplinary meeting between the patient, the social security office, employer, work leader and the sick leave provider.

Direct Access today



Advantages:

- Opportunity to give patient other options in terms of investigations/management
- More efficient management of patients problem.
- Improved communication between MT and GP/Medical specialist/Employer.

Direct Access today



Disadvantages:

- Increased amounts of paper work
- Increased responsibility without economical compensation