



# Five ways primary care physiotherapy keeps people out of hospital

## Physio-led primary care intervention prevents unnecessary hospitalisation.

More money is spent on musculoskeletal disorders such as osteoarthritis and back pain than on any other disease, condition or injury in Australia. In total, musculoskeletal conditions cost the health system an estimated \$14.6 billion each year.<sup>1</sup> A true prevention approach would prioritise the promotion of lifelong healthy bones, muscles and joints for all Australians. Physiotherapists can make a greater contribution in primary healthcare to help prevent unnecessary hospitalisation, enabling more timely and appropriate intervention.



**01**  
Publicly funded first contact physiotherapy



**02**  
Physiotherapy advanced practice screening clinics



**03**  
Physiotherapy in Medicare Urgent Care Clinics



**04**  
Physiotherapy for pain prevention and management



**05**  
Physiotherapy-led in-home care funding and packages

Physiotherapists working to their full scope of practice provides part of the solution to the GP and emergency department crisis.

### PHYSIOTHERAPY EARLY INTERVENTION AND NON-OPERATIVE TREATMENT PATHWAYS IN PRIMARY CARE



#### Rapid access, diagnosis and clinical management

For patients at high risk of future hospitalisation, **publicly funded first contact physiotherapy** in primary healthcare in Australia will provide better and faster access to diagnosis and treatment and safe and effective care for musculoskeletal pain and conditions. Funded first contact physiotherapy will reduce unnecessary referrals, imaging, opioid prescription and surgical referrals, along with costs to the patient and the healthcare system.

#### Advanced practice non-operative pathways in primary care

For high-risk primary care patients and those with multiple long-term conditions, a chronic, painful musculoskeletal condition independently increases the risk of admission for hospital care.<sup>2</sup> A key solution lies in primary care-based intervention through **physiotherapy screening clinics**, where patients can be managed without surgery, including for osteoarthritis of the knee and hip.



Physiotherapy ensures continuity in primary and acute care, alleviates GP workloads and diverts non-life-threatening cases from emergency departments.

**PHYSIOTHERAPISTS KEEP PEOPLE OUT OF EMERGENCY DEPARTMENTS**



**Physiotherapy at the primary and acute care interface**

A significant proportion of the expected patient load in **Medicare Urgent Care Clinics** will be sprains, strains and spinal pain, conditions best managed by physiotherapists, who are experts in musculoskeletal conditions. A pilot undertaken in the UK found that advanced practice physiotherapists were able to assess, treat, discharge and appropriately refer and were likely to be highly cost-effective within an urgent treatment centre.<sup>3</sup>



**Expanded public physiotherapy for pain prevention and management**

Living with chronic pain is not only debilitating to the individual; it also places a significant economic burden on the nation. Opioid medications are only one option but they are overused and are placing a strain on the health budget simply because of inadequate access to multidisciplinary services such as physiotherapy.<sup>4</sup> Investment in **publicly funded physiotherapy** will advance health, improve care, increase value and reduce wait times for patients.

Patients with chronic and complex pain, mental health conditions or dependence on medication are overwhelming our health system.

The APA is calling on government to expand public physiotherapy for pain management.

<p><b>PHYSIOTHERAPY</b> Funding to drive new models of care for <b>chronic pain</b> prevention and management</p>	<p><b>PREVENTION</b> Prevention and early intervention should be incorporated into the system</p>	<p><b>Prevention and early intervention</b> physiotherapy services for people at risk of persistent pain</p>
	<p><b>ONGOING</b> Beyond the MBS, a range of existing funding models should also be utilised</p>	<p><b>MBS pain-related items</b> expanded to enable high-value care via multidisciplinary, patient-centred approaches to pain management</p>

**PHYSIOTHERAPISTS OPTIMISE PATIENT OUTCOMES DURING CARE TRANSITIONS**

In-home rehabilitation reduces the risk of readmission and ongoing dependence on services and improves long-term outcomes.



**Physiotherapy-led in-home care funding and packages**

There is strong evidence linking functional decline during and after hospitalisation with an elevated risk of hospital readmission.<sup>5</sup> Physiotherapists improve patient physical function to facilitate a timely and safe discharge from hospital. They also support early discharge and reduce readmission by providing treatment and rehabilitation in the home for people with stroke, fall injuries, long hospital stays, traumatic brain injury, post-surgical conditions and chronic disease.

**References:**

1. Australian Institute of Health and Welfare. (2022). *Disease expenditure in Australia 2019–20*. 2. Clark, P.M. & Ellis, B.M. (2014). A public health approach to musculoskeletal health, *Best Practice & Research Clinical Rheumatology*, Volume 28, Issue 3, 2014, Pages 517–532, ISSN 1521-6942, <https://doi.org/10.1016/j.berh.2014.10.002>. 3. McDonough, A., Lennox, A., Angus, M. & Coumbarides, A. (2022). An analysis of the utility, effectiveness and scope of advanced physiotherapy practitioners in an urgent treatment centre pilot. *Physiotherapy*, 115, 61–65. 4. Dunlop, A.J., Lokuge, B., Lintzeris, N. (2021). Opioid prescribing in Australia: too much and not enough. *Med J Aust.* 2021 Aug 2;215(3):117–118. 5. Freund, T. et al (2012). Patterns for multimorbidity in primary care patients at high risk of future hospitalization. *Popul Health Manag* 15(2):119–124.