

FIRST CONTACT PRACTITIONER

SEPTEMBER 2021

Option Paper

MBS funded primary care physiotherapy - First Contact Practitioner (FCP)

Objective

A more efficient health system that provides better and faster access to diagnosis, treatment, and care of musculoskeletal pain and conditions.

Exec summary

We propose a comprehensive feasibility study and model development for the implementation of funded First Contact Physiotherapy (FCP) in Australia's Primary Health Care system.

This systemic reform combines better health outcomes for patients, significant overall cost reductions, and efficiency gains in the Health system.

Prepared by

Australian Physiotherapy Association (APA) – August 2021

1. Access to diagnosis, treatment, and care of musculoskeletal pain and conditions can be improved in Australia



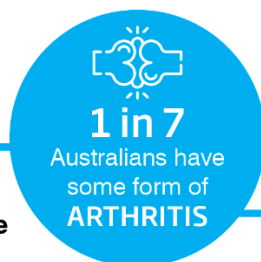
Disease prevalence

7 MILLION

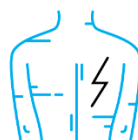
Almost

1 in 3

(30%) Australians



In 2011, MSK conditions
were responsible for
12%
OF THE TOTAL BURDEN OF
DISEASE AND INJURY IN AUSTRALIA



BACK PAIN is the most
common MSK condition
affecting 16% of the population
and the 2nd leading cause of
overall disease burden



MSK conditions
result in
\$9.2 BILLION
direct health costs
and further costs
from reduced
productivity

Sources:

- Australian Institute of Health and Welfare (AIHW). (2020). *Arthritis*. Cat. no. PHE 234. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW). (2020). *Back problems*. Cat. no. PHE 231. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW). (2017). *The burden of musculoskeletal conditions in Australia: a detailed analysis of the Australian Burden of Disease Study 2011*. Australian Burden of Disease Study series no. 13. BOD 14. Canberra: AIHW.
- MOVE muscle, bone & joint health, PwC. (2017). *Everybody MOVE: Improving outcomes in musculoskeletal health*. Victoria: MOVE and PwC.

The lack of public funded access to First Contact Physiotherapy (FCP) in Primary Care means that Australians are missing out on better and faster access to diagnosis and treatment of musculoskeletal pain and conditions.

Australians with musculoskeletal pain or similar conditions have only two health care choices: access their GP, or see a physiotherapist in a private setting. With the latter, patients must cover the full cost of the visits and treatments, and do not benefit from the best Medicare cover for specialist referrals and imaging (often having to seek referral through their GP). This locks many Australians out of this option.

For those who see their GP first, it can mean delayed access to diagnosis and treatment (long waiting times for an appointment in some locations, deferred access to treatment if the GP refers the patient to a physiotherapist), potentially unnecessary imaging referral (physiotherapists are skilled and trained in diagnosing a range of conditions without having to request imaging), potentially unnecessary prescription of pain medication (physiotherapists are skilled and trained in pain management). On top of not providing the best health outcomes and the best patient journey, those delays and potential unnecessary referrals and prescribing come at a cost for the health system.

Our solution

A First Contact Physiotherapy service would be provided by appropriately qualified Ahpra-regulated autonomous clinical physiotherapy practitioners who are able to assess, diagnose, treat and discharge a person without a medical referral – where appropriate.

FCP already operates to some extent within Aboriginal Community Controlled Health Organisations (ACCHOs), some Emergency Departments (EDs), and overseas. To date, this model has not been piloted in Primary Care in Australia.

A successful trial would lead to the roll-out of public (Medicare) funded First Contact Physiotherapy in Primary Health Care across Australia. This would complement the Primary Health Care 10-Year Plan.

2. Physiotherapists as First Contact Practitioners

- Faster access to diagnosis, treatment and care for patients with musculoskeletal conditions
- Longer, more in depth appointments with fewer “pathways”
- Enhanced opportunities to address physical / lifestyle issues
- Reduced opioid prescribing for patients with musculoskeletal conditions
- More efficient use of imaging
- With adherence to best practice use of radiology and medications, health outcomes and hence long term social, welfare and health costs would all be reduced
- Overall improved efficiencies of Primary Health Care resources (reduced burden on GPs, reduced costs related to better use of imaging and prescribing)

Sources:

- Goodwin, R., Moffatt, F., Hendrick, P., Timmons, S., Chadborn, N., & Logan, P. (2020). First point of contact physiotherapy; a qualitative study. *Physiotherapy*, 108, 29–36.
- Demont, A., Bourmaud, A., Kechichian, A., Desmeules, F. (2021) *The impact of direct access physiotherapy compared to primary care physician led usual care for patients with musculoskeletal disorders: a systematic review of the literature*, *Disability and Rehabilitation*, 43:12, 1637-1648.
- Traeger, A., Machado, G., Bath, S., et al. (2021) Appropriateness of imaging decisions for low back pain presenting to the emergency department: a retrospective chart review study, *International Journal for Quality in Health Care*, Volume 33, Issue 3.

3. Looking at the UK example

There is a wealth of clinical evidence of the benefits of seeing a physiotherapist for patients presenting with musculoskeletal pain or condition.

The UK experience provides evidence of the benefits at systemic level. First Contact Practitioner (FCP) trials were initiated in the UK to find more innovative models of care and to reduce the demand on GPs. Musculoskeletal conditions accounted for 20-30% of a GPs caseload and were a significant financial burden to the health system with expensive investigations, multiple referrals, delayed care and high rates of surgery. In the context of the trials, FCP were embedded in GP clinics, funded by the government, and were the first contact practitioner for any musculoskeletal conditions. The FCP were able to inject, prescribe and request diagnostic tests as the Chartered Society of Physiotherapy (CSP) had successfully advanced the scope of their profession.

In the UK, thanks to FCP trials in 41 areas, tens of thousands of UK patients have avoided hospital admissions and costly surgery for health problems such as arthritis, back pain, and muscle, bone and joint conditions by seeing a physiotherapist as part of their primary care.

A recent evaluation of FCP in the UK is available: Dr Stynes, Dr Goodwin, Dr Bishop. (2020) [National Evaluation of First Contact Practitioner \(FCP\) model of primary care Patient characteristics, outcomes and qualitative evaluation.](#)

The UK has produced implementation guidelines that could be adapted for Australia: Chartered Society of Physiotherapy, Royal College of General Practitioners, British Medical Association. (2018) [First Contact Physiotherapy posts in General Practice. A guide for implementation in England.](#)

4. For a Roadmap towards Public Funded First Contact Physiotherapy in Primary Health Care in Australia

What

The project will be to undertake a comprehensive feasibility study and pilot program for the implementation of public funded First Contact Physiotherapy in Primary Health Care.

The feasibility study will include:

- **Year 1:** A systematic cohort and evidence base assessment, and environment scan looking at both domestic and international examples;
- **Year 1 to 2:** A consultation of the Primary Health Care sector and workshops to develop a detailed model (or models) for a pilot;
- **Year 3 and 4:** A scalable pilot program to trial public funded First Contact Physiotherapy in a variety of settings and locations;
- A Measurement and Evaluation Plan of the pilot with the view of a national roll out; and
- **Year 5:** A Plan for a national roll out.

Underlying the project, here are some of the questions the models will need to take into consideration:

1. Models of funding arrangements and opportunities for MBS funding
2. Impact on workforce
3. Prescribing in the context of FCP and referral pathways (including Specialist referrals and Imaging referrals) and costing
4. First Contact Physiotherapy standards and guidelines with reference to advanced practice model working within primary care
5. Clinical governance
6. Development of career pathways as they relate to First Contact Physiotherapy
7. Identification of risks (including impact on medical stakeholders)

As the ultimate outcome of this project is a systemic health reform, a program logic approach will be embedded in the project.

Where

The pilot model(s) will aim for implementing trials across a variety of locations spread out through the Monash Modified Model (MMM) classification 1 to 7, with a focus on MM2 and above to measure the impact on rural, regional and remote locations. The model(s) will also explore opportunities in a mix of care settings, including GP clinics and community health.

When

Starting mid-2022 – 5 years (delivery of the national rollout plan).

Who

The project will involve the APA as subject matter experts; a Research Partner (literature review, environment scan, research component of consultation and model development); a Project Partner (project management, consultation and model development, implementation of the pilot); an Evaluation Partner (can be part of the Project Partner); Pilot Partners (potentially a selection of Primary Health Networks).

Expected budget

Costing will be determined by scope and size of the pilot project.

Evaluation

There is a wealth of evidence of the clinical benefits of First Contact Physiotherapy in the treatment of musculoskeletal pain and conditions. The evaluation of this project will focus on the systemic impact of First Contact Physiotherapy at Primary Health Care level. This project will also be the opportunity to demonstrate the efficacy and efficiency of integrated and collaborative models of care.

5. Better health outcomes, improved patient journey and savings to the Health system

KEY BENEFITS

