

Physiotherapist referral to specialist medical practitioners

2015-16 pre-budget submission



The following is an extract of this report's findings:

- ***an estimated net saving to Medicare of more than \$13.6 million per year***
- *a reduction in the number of GP visits by around 737,000 per year*
- *an increase in specialist medical practitioner consultations by 55,521*

Despite the increase in medical specialist consultations, this report found significant savings, with the increased benefit of better patient care.

This report's economic analysis concluded that the following savings would be made:

Savings to Medicare: **\$13,641,362**

Savings to patients: **\$2,175,407**

Total savings: **\$15,816,769**

It is estimated that referrals to medical specialists requiring GP sign-off cost consumers \$2.1 million in out of pocket medical expenses.



Physiotherapy in context

In Australia, physiotherapists are the fifth largest group of registered primary health care professionals. Physiotherapists assess, diagnose, treat and work to prevent disease and disability through physical means with their patients. Physiotherapists are educated through bachelor, masters or professional doctorate programs, and they are required by law to be registered nationally.

Since 1976 physiotherapy in Australia has been a primary contact profession and no GP referral is required to visit a physiotherapist. They are an important part of the health system, with GPs referring

more patients to physiotherapists than any other single group.¹ In itself this reveals that GPs recognise the in-depth knowledge of physiotherapists in the field of musculoskeletal health.

However the majority of private physiotherapy practitioners patients will choose to visit a physiotherapist without a referral from a doctor. Approximately 71% of physiotherapy patients have not been sent by their doctor, but have independently chosen to visit their physiotherapist.²

The education, training and experience of physiotherapists make them valuable members of multidisciplinary teams in primary health care settings.

Their educational programs include the biomedical and physiotherapy sciences that underpin evidence-based practice. They base their practices on their ability to clinically reason and problem solve.

They independently plan, implement and evaluate interventions. They have skills as health educators and are well practised communicators. Physiotherapists work as autonomous practitioners but are also committed to multidisciplinary teams to provide better health outcomes for the community in both the public and private sectors.

Referring physiotherapy patients to the most suitable medical professional

When a physiotherapist is presented with an injury, condition or co-morbidity that is outside their scope of practice, or a patient who needs ongoing care and management, they refer the patient to a GP. Patients referred to their GP are supported by MBS funding.

Physiotherapists also see patients with conditions that are within scope for the physiotherapy profession, but whose condition is such that consultation with a medical specialist is indicated.

Because of funding barriers within the MBS, physiotherapists often need to refer to a GP even when they have assessed that a medical specialist is the most suitable health

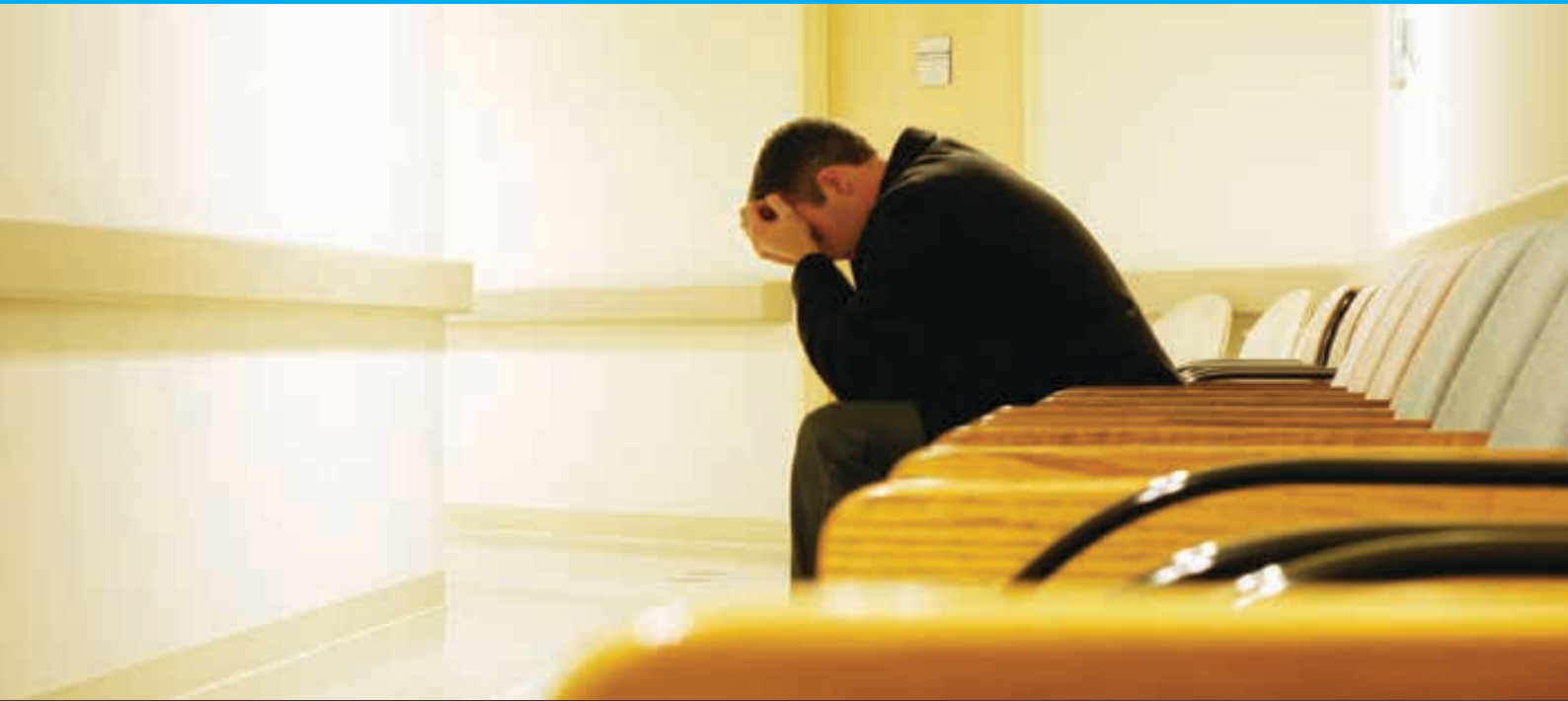
professional. In these instances the physiotherapist often writes a detailed letter to the patient's GP. This letter usually outlines the course of treatment given, the response and which medical specialist the patient should see. The physiotherapist will ask the GP to fill out a referral form for the relevant medical specialist. This necessitates a GP consultation that is driven purely by funding structures.

This can delay specialist treatment, utilises the time of busy GPs, and costs the Medicare Benefits Schedule millions of dollars. The patient and the MBS would be well served if the patient received a rebate for referral directly to the most appropriate medical

practitioner, be it a GP or a medical specialist. Working with GPs is well entrenched in physiotherapy practice, and where the physiotherapist referred to a medical specialist, they would notify the patient's nominated GP and provide them with a copy of the referral letter.

The way the MBS is structured excludes the patients of physiotherapists from receiving MBS benefits unless they first visit a GP to carry out the administrative task of writing a referral. This adds unnecessary complication, time and cost to the patient journey, but does not contribute to any improvement in standards of care.

It is estimated that referrals to medical specialists requiring GP sign-off cost Medicare Australia \$13.6 million per year in unnecessary spending.



A patient journey – Malcolm's knee

Malcolm attended his physiotherapist with a knee problem after an injury during a weekend football match. He was in considerable pain, had significant swelling and difficulty bending his knee. When Malcolm's physiotherapist examined the knee, he diagnosed a ruptured anterior cruciate ligament (ACL).

Malcolm is a keen amateur footballer, playing on most weekends and training during the week in season, so was keen to recover full use of his knee. Surgery is often indicated for a severe ACL rupture in an athlete, meaning that Malcolm needed

to see an orthopaedic surgeon. The physiotherapist wrote out a letter of referral for a local orthopaedic surgeon, providing details of his clinical findings and requesting an opinion regarding Malcolm's knee.

Malcolm's physiotherapist told him that Medicare rebates would not be available without a GP referral to the surgeon, so he suggested Malcolm to go to his GP to write out a referral for the specialist consultation. Malcolm doesn't have a regular GP, and because his local practitioners were busy, with some not taking new patients, he had to wait a week

for a GP appointment. When he attended the appointment with the GP, she listened to Malcolm's account of the physiotherapist's advice, and promptly wrote the referral as requested. This enabled Malcolm to claim a Medicare rebate for the subsequent surgical consultation, but cost him a \$35 gap fee and delayed his specialist appointment.

The GP visit left Malcolm out of pocket, wasted the GP's time and cost the government an unnecessary Medicare rebate.

The solution

The APA believes that it is entirely appropriate that general practitioners are the primary source of referrals to medical specialists. They are the group that see the vast majority of patients, and they are the practitioners who are highly trained in generalist medical treatment. The physiotherapy profession does not claim to have this broad ranging training, but are experts in their field of practice.

Unfortunately the lack of recognition of this expertise through the MBS is costly to the Federal Government and to patients. A change to the MBS requirement for a GP referral would allow physiotherapists to directly refer to the most suitable medical practitioner and would be safe,

cost effective and reduce red tape for patients, physiotherapists and GPs. Similar to optometrists, dentists, midwives and nurse practitioners, physiotherapists should be facilitated to refer within their sphere of expertise. To ensure the best use of physiotherapists within the health system, the MBS should be changed to facilitate referral to medical specialists within their scope of practice.

Such a change would not exclude the GP from the management of patients with musculoskeletal conditions. Similar to referrals from dentists and optometrists, the APA believes that such referrals should last for twelve months from the date of first

visit to the specialist, and a copy of all referral and other relevant documentation should be sent to a patient's nominated GP.

Referral to medical specialists by physiotherapists is not new. It has been happening in the public sector for many years and in a variety of ways.

More recently funding systems in the private sector have also begun to support physiotherapy referral to medical specialists. In Victoria, a new TAC pain management program has seen good results, with physiotherapists now being able to refer motor accident patients directly to pain medicine specialists.

Physiotherapists working with Medical Specialists in the public sector

Working with medical specialists is well accepted in the physiotherapy workforce. In the public sector, the expertise of physiotherapists is well recognised, with the integration of innovative and multidisciplinary practises in hospital settings resulting in better patient outcomes – reduced waiting times, reduced surgery and higher patient satisfaction.

One such example is physiotherapy screening of patients on the orthopaedic waiting list at Ballarat Health Service. In this model, a musculoskeletal physiotherapist screens patients referred by GPs to an orthopaedic surgeon, filtering and treating patients who could benefit from conservative treatment and reducing the number of appointments on the orthopaedic wait list.

These types of roles demonstrate that physiotherapists are more than capable of dealing with patients in

need of specialist care. An analysis of physiotherapy led orthopaedic and neurosurgery screening clinics in Queensland has found that 58% of the patients referred by a GP did not require surgical consultations at all and 83% were referred for conservative physiotherapy management rather than surgery. The same review found that patients, GPs and medical specialists had high levels of satisfaction with the clinics.³

The right for physiotherapists to refer to medical specialists would improve the patient journey, while at the same time saving Medicare Australia \$13.6 million dollars.



TAC Pain Network –physiotherapy referral to pain medicine specialists

Network Pain was developed to provide a faster route into a multi-disciplinary pain management program (PMP) for Victorian WorkSafe and TAC clients, and to build positive collaborations with clinicians who have demonstrated high-level knowledge of pain management and compensable healthcare. Each multi-disciplinary group of providers has developed their own program, which fits within an overarching framework in terms of length, frequency and content. The group is comprised of a doctor, psychologist, physiotherapist and/or an occupational therapist.

Preparation for, or commencement of, a return to work is a key expectation of the Network Pain programs.

The program has achieved excellent results. 92 % of clients have reported some level of improvement in their pain. The excellent level of satisfaction also suggests that compensable clients are satisfied with the relevance of the contents of a Network PMP, including the self-management and return to work messages.

There has been a reduction in the number of clients receiving pharmaceuticals. This can have significant positive consequences for the individual and their ability to safely work and drive without these medications affecting their performance. There are additional benefits for the client's long-term

general health, as well as potential societal benefits.

The strong sustained benefits of Network Pain have resulted in an extension of the program through to late 2014. New providers have been recruited to provide even better access to these programs for compensable clients. The pivotal role that physiotherapists play in the management of compensable clients has been recognised by a change in referral practices, so that physiotherapists can now refer their compensable clients directly to a Network Pain provider, including a pain medicine specialist. This aims to promote earlier referral of clients, as well as cut down on red tape.

Quality and Safety

It is important to recognise that the APA is not arguing that physiotherapists should replace the role of the GP. Instead the APA wants to bring the MBS into line with current practice, the skill set of physiotherapists and improve the patient journey. The proposed changes to the MBS would cut unnecessary spending and utilise health resources at the patient's first point of contact with the health system.

The training and skills of physiotherapists mean that they are capable and well qualified to refer their clients to the right medical practitioner. In many instances the right medical practitioner will be the patient's GP, however the potential benefits of physiotherapy referral to medical specialists is both financial and quality of care.

Physiotherapy entry level training standards mean that entry level programs include education on diagnosis, red flags and sinister pathologies that would trigger referral to a GP if the underlying condition was outside of a physiotherapist's sphere of expertise. As part of a physiotherapy assessment of a client, physiotherapists screen for a range of conditions that would warrant referral to another practitioner. This coupled with a subsequent specialist assessment makes direct physiotherapy referral to a medical specialist safe and appropriate.

The APA Code of Conduct is binding on all members and requires physiotherapists to refer patients to their GP where appropriate. In this code, section 6 states that 'members shall refer clients to more suitably qualified colleagues and/or health professionals as reasonably required.'⁴ In addition, the Physiotherapy Board of Australia has a legally binding code of conduct that requires physiotherapists to 'recognise and work within the limits of their competence and scope of practice.'⁵ This reflects the practice in the profession in referring patients to a GP if the aetiology is unclear or outside a physiotherapist's scope of expertise. Physiotherapists are also well accustomed to referring a patient to a GP when there is a need for ongoing care.

The APA Code of Conduct requires that physiotherapists 'collaborate professionally with all relevant providers to achieve optimal client outcomes'.⁶ This will often involve collaboration with a GP, which is normal practice within the profession.

Under the APA Standards for Physiotherapy Practices (8th edition: 2011), physiotherapy private practices are required to engage with other health providers to ensure optimal client care. This means establishing relationships with local general practices, diagnostic imaging providers and medical specialists

working in similar fields.

A physiotherapy practice working with patients with musculoskeletal conditions would normally have an established professional relationship with the orthopaedic surgeons in the area. Sports physiotherapists often work very closely with sports and exercise medicine specialists, and paediatric physiotherapists are likely to refer often to a particular paediatrician with an interest in their field.

The APA supports the view that where the patient has a regular GP, the GP should be informed when a physiotherapist provides a referral for a patient. Where the patient has been referred to physiotherapy from a GP, it is already common practice for physiotherapists to work with the doctor when ordering diagnostics such as x-ray or ultrasound. Referral rights to medical specialists would follow this pattern, and the APA is in a position to develop guidelines on how physiotherapists should work with the patient's GP when making a referral to a medical specialist.

The training and skills of physiotherapists mean that they are capable and well qualified to refer their clients to the right medical practitioner.



Benefits to Patients

Additional GP consultations often incur out of pocket costs. The imposition of additional costs can lead patients to delay their care, or to fail to follow through on treatments at all, which can have a negative effect, exacerbating their condition and potentially create an acute episode later on. By changing current requirements, health policymakers will streamline patient care allowing for faster diagnosis by a medical specialist. This will lead to improved patient outcomes, which could impact on work productivity and therefore flow to employers in a wider benefit.

It is estimated that referrals to medical specialists requiring GP sign-off cost consumers \$2.1 million in out of pocket medical expenses.

Building capacity in rural areas

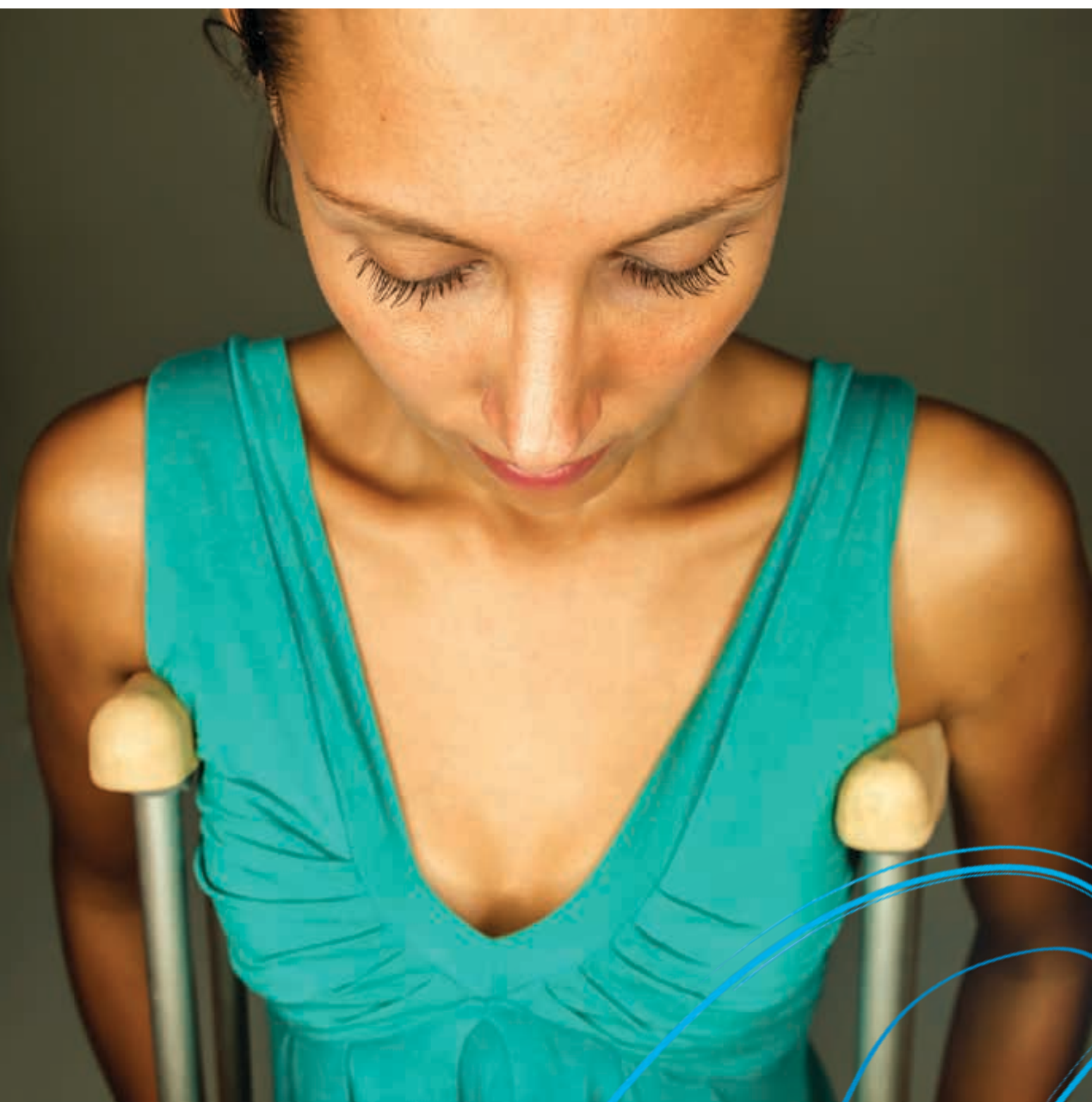
It is well established that patients in rural areas have particular difficulty accessing already overburdened GPs. One in 20 Australians lives in an area with severely reduced access to GP services. In some of Australia's most underserved areas, only half

the number of GP services per person are provided, than to people living in metropolitan areas.⁷

This means that the patients of physiotherapists in rural areas, who already have restricted access to the medical specialists because of chronic shortages, have an additional hurdle to care when accessing the most suitable medical practitioner. Allowing for physiotherapy referral to specialist medical practitioners will better utilise the existing workforce, cut red tape and free up GPs to dedicate more time to clinical care.



It is estimated that referrals to medical specialists requiring GP sign-off cost consumers \$2.1 million in out of pocket medical expenses.



The report's findings: An estimated net saving to the Medicare Benefits Scheme of more than \$13.6 million per year.

Economic analysis

Such a change would not only reduce red tape and have the potential to improve early intervention, but would have significant cost savings for both the MBS and for consumers. The Deeble Institute and Griffith University's Centre for Applied Health Economics have published a report into the economic cost of physiotherapy referral to medical specialists.

The following is an extract of the report's findings:

- an estimated net saving to the Medicare Benefits Scheme of more than \$13.6 million per year
- a reduction in the number of GP visits by around 737,000 per year due to the ability of physiotherapists to directly refer patients to specialist medical practitioners and allow for Medicare rebates
- an increase in specialist medical practitioner consultations by 55,521 due to:
 - increased referrals overall by physiotherapists
 - increased likelihood of patients attending specialist medical practitioner appointments as no additional GP visits are required

Despite the increase in medical specialist consultations, the report found significant savings, with increased benefit of better patient care.

The report's economic analysis concluded that the following savings would be made:

If patients directly referred to specialist medical practitioners by all physiotherapists could receive Medicare rebates:

<i>Savings to Medicare:</i>	\$13,641,362
<i>Savings to patients:</i>	\$2,175,407
<i>Total savings:</i>	\$15,816,769

APA Recommendation

Section G.6.1. *REFERRAL OF PATIENTS TO SPECIALISTS OR CONSULTANT PHYSICIANS* of the Medicare Benefits Schedule describes the requirements for referral in order for patients to be eligible for Medicare benefits. It makes reference to general practitioners, optometrists, dentists, midwives and nurse practitioners.

The APA contends that physiotherapists should also be included.

The APA recommends that section G.6.1 be amended to include section (i)(e) as proposed below:



Who can refer?

The general practitioner is regarded as the primary source of referrals. Cross referrals between specialists and/or consultant physicians should usually occur in consultation with the patient's general practitioner.

Referrals by Dentists or Optometrists or Participating Midwives or Participating Nurse Practitioners

For Medicare benefit purposes, a referral may be made to
(i) a recognised specialist:

(a) by a registered dental practitioner, where the referral arises from a dental service; or

(b) by a registered optometrist where the specialist is an ophthalmologist; or

(c) by a participating midwife where the specialist is an obstetrician or a paediatrician, as clinical needs dictate. A referral given by a participating midwife is valid until 12 months after the first service given in accordance with the referral and for 1 pregnancy only; or

(d) by a participating nurse practitioner to specialists and consultant physicians. A referral given by a participating nurse practitioner is valid until 12 months after the first service given in accordance with the referral.

(e) by a registered physiotherapist to specialists and consultant physicians within the physiotherapist's scope of practice. A referral given by a participating physiotherapist is valid until 12 months after the first service given in accordance with the referral.

Notes



For more information:

Contact: Tim Noblet, Manager, Policy and External Relations

E: tim.noblet@physiotherapy.asn.au

P: 03 9092 0888

About the APA

The Australian Physiotherapy Association (APA) is the peak body representing the interests of over 16,700 physiotherapists and their patients. APA members are registered with the Physiotherapy Board of Australia, have undertaken to meet the APA Code of Conduct, are expected to use the latest research in practice and often have further and/or specialist qualifications.

The APA sets a high standard for professional competence and behaviour and advocates best practice care for clients. It is our belief that all Australians should have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

Vision

To be a focus of excellence for the global physiotherapy community.

Belief

All Australians should have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

Mission

To evolve into a more member-centric organisation that gives value to members and to support our belief.

¹ Britt H, Miller GC, Henderson J, Bayram C, Valenti L, Harrison C, Charles J, Pan Y, Zhang C, Pollack AJ, O'Halloran J. General practice activity in Australia 2012–13. General practice series no.33. Sydney: Sydney University Press, 2013.

² Australian Physiotherapy Association, (2010). Physiotherapy Business Australia Benchmarking Survey, Melbourne, APA

³ Raymer M, Smith D and O'Leary S, (2012). Physiotherapy screening clinic model improves neurosurgery and orthopaedic outpatient services, Queensland Government

⁴ Australian Physiotherapy Association (2008). APA Code of Conduct, p4, available at http://www.physiotherapy.asn.au/DocumentsFolder/APAWCM/The%20APA/Governance/Code_of_Conduct_V2013.pdf

⁵ Physiotherapy Board of Australia (2011). Code of Conduct for Registered Health Practitioners, p2, available at <http://www.physiotherapyboard.gov.au/Codes-Guidelines.aspx>

⁶ Australian Physiotherapy Association (2008). APA Code of Conduct, p4, available at http://www.physiotherapy.asn.au/DocumentsFolder/APAWCM/The%20APA/Governance/Code_of_Conduct_V2013.pdf

⁷ Duckett, S, Bredon, P and Ginnivan, L, (2013). Access all areas: new solutions for GP shortages in rural Australia, Grattan Institute, Melbourne

⁸ Comans T, Byrnes J, Boxall AM and Partel K, (2013). Physiotherapist referral to specialist medical practitioners, Centre for Applied Health Economics, Griffith University and the Deeble Institute, p 12

⁹ Ibid, p 17