Untapping the potential of advanced musculoskeletal physiotherapy

Paula Harding[1], Kerrie Walter[2], Uyen Phan[3], Carolyn Page[4], Bridget Shaw[5], Kathleen Philip[6], Desiree Terrill[7], Debbie Law[8]

1,2 Alfred Health, 55 Commercial Rd, Melbourne, Vic, 3000, P.Harding@alfred.org.au
3 The Royal Melbourne Hospital, Grattan St, Parkville, Vic, 3052, uyen.phan@mh.org.au
4,5 St Vincent's Hospital, 41 Victoria Pde, Fitzroy, Vic 3065, Carolyn.PAGE@svha.org.au
6,7,8 Department of Health and Human Services, 50 Lonsdale St, Melbourne, Vic, 3000, Kathleen.Philip@dhhs.vic.gov.au

Background
Expanding advanced musculoskeletal physiotherapy (AMP) roles provides an alternative pathway of care for musculoskeletal patients. Alfred Health, St Vincent's Hospital, and Melbourne Health, partnered with the Victorian Department of Health and Human Services to mentor 13 AMP services across 12 Victorian health care networks (sites). The Victorian funded AMP implementation program in 2014-15 aimed to test workforce redesign in delivering the AMP model in the areas of improved patient access and care, managing demand for medical staff, and health services meeting evidence based guidelines.

Method
AMP services were implemented across rural, regional and metropolitan hospital departments. The AMP program enabled sites to integrate the model into emergency, orthopaedics, and neurosurgery services. This was underpinned by clinical education and competency standards and a credentialling framework for physiotherapists undertaking the model. Twelve months of planning occurred, prior to data collection and implementation.

Results: Twenty seven advanced practice physiotherapists participated in the program, providing a total of 3,152 planned occasions of service (OOS) during a ten month data collection period. Average AMP clinic capacity over the entire period was 80%. Early results indicate costs of an occasion of service averaged $18 ($5 - $58) less per site compared to baseline. The average cost effectiveness of increasing surgeon capacity was $8,290 ($3,244 - $13,985). Safety and quality was demonstrated with Australian Orthopaedic Association guidelines for reviews being met throughout the AMP program, consistent use of outcome measures, increased communication with general practitioners, and no adverse events recorded. Of significance, 96% of patients were satisfied with their experience, and 85% of the workforce expressed they were very satisfied / satisfied in understanding the scope of practice for the role.

Discussion: Physiotherapy-led AMP clinics are a safe, cost effective and efficient adjunct to the traditional surgeon-led clinics. These services can contribute to managing increasing patient demand. As a result of state wide investment, there are more AMP services in operation in Victoria than any other state in Australia. Victoria's collaborative effort has strengthened capacity and the evidence base for further expansion in physiotherapy led clinics with the aim of embedding AMP as part of routine service delivery.

Conclusion:

- New models of care provided by musculoskeletal physiotherapists can be cost effective and efficient compared to traditional medical models of care.
- Physiotherapy-led AMP clinics increase capacity for surgeons to review patients with urgent and/or complex needs.
- The collection of patient outcome measure across multiple hospitals provides a unique opportunity to measure outcomes for future research.
- Longer term data collection aims to demonstrate improved access of services and that the AMP model is sustainable.