Direct access in physical therapy

-The Norwegian model of practice for Manual Therapists (MT)
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.
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 an extended scope role with direct access.
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