Evaluation of the Integration of the Physiotherapy Practitioner into the Toronto Western Family Health Team

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Background

The traditional model for family health teams (FHT) utilizes referrals to community physiotherapists for patients requiring assessment and management of musculoskeletal conditions. Unfortunately, significant barriers have been identified when accessing community physiotherapy in Ontario including a limited number of publicly funded clinics; restriction on who may access publicly funded physiotherapy services, as well as long wait times to access services, particularly for patients with chronic musculoskeletal conditions. Our study demonstrated that inclusion of a PP in the FHT allowed for expert consultation, triage and improved access to physiotherapy expertise for musculoskeletal disorders. The PP in our study trained through the Advanced Clinician Practitioner in Arthritis Care (ACPAC) program and therefore had additional expertise to provide advice on imaging and medication to patients.

Learning Objectives

1. Examine the demographics of the patient population being seen by the Physiotherapy Practitioner (PP) at the Toronto Western (TW) FHT (patient-level outcomes).
2. Examine the clinical utilization of the PP within the TW FHT (institutional-level outcome).
3. Determine the level of satisfaction of patients seen by the PP at the TW FHT (patient-level outcome).
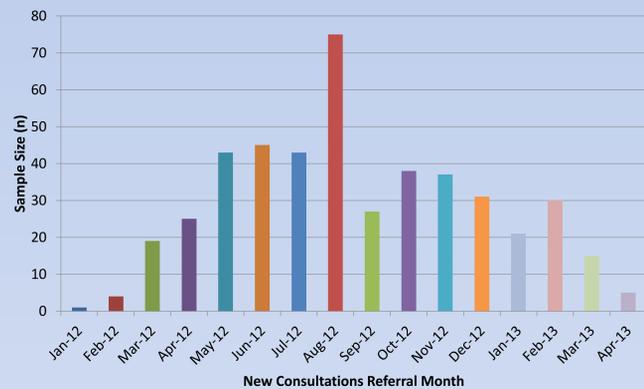4. Determine the access to the PP within the TW FHT (system-level outcome).

Figure 1: Number of referrals per month for new consultations.

Figure 2: Number of assessments per month for new consultations.

Methods

The role of the PP will be evaluated by both retrospective and prospective means. Retrospective data collection will involve chart extraction by the PP following interaction with the patient (including new assessments and follow-ups). Prospective methods will be used to determine the level of satisfaction of patients seen by the PP at the TWH FHT. Data will be analysed using descriptive statistics, including univariate methods.

Table 1: Demographics (n=460)

|	Sample (n); Frequency (%)
Age Groups	
• 0-19	n=8 (1.7)
• 20-29	n=34 (7.4)
• 39-40	n=90 (19.6)
• 40-49	n=82 (17.8)
• 50-59	n=83 (18.0)
• 60+	n=163 (35.4)
Sex	
• Male	n=181 (39.4)
• Female	n=279 (60.7)
Employment	
• Employed	n=238 (51.7)
• Retired	n=103 (22.4)
• Homemaker	n=11 (2.4)
• Student	n=16 (3.5)
• Disabled	n=27 (5.9)
• Sick leave	n=2 (0.4)
• Looking for work	n=8 (1.7)
• Other	n=55 (12.0)
Education	
• <Grade 8	n=10 (2.2)
• High school incomplete	n=22 (4.8)
• High school graduate	n=90 (19.6)
• College	n=167 (36.4)
• University	n=170 (37.0)
Potential Coverage	
• Extended Health Care	n=90 (19.6)
• WSIB	n=1 (0.22)
• Auto Insurance	n=1 (0.22)
• Out of Pocket	n=150 (32.7)
• Unable to Afford	n=77 (16.8)
• Other	n=140 (30.5)
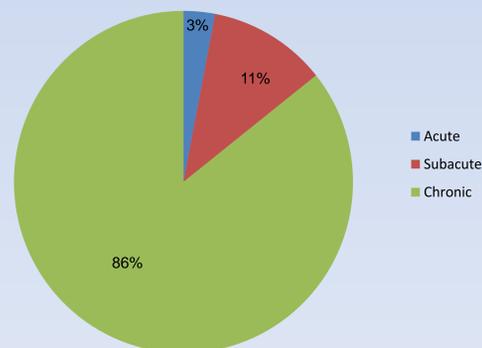
Figure 3: Acuity levels.
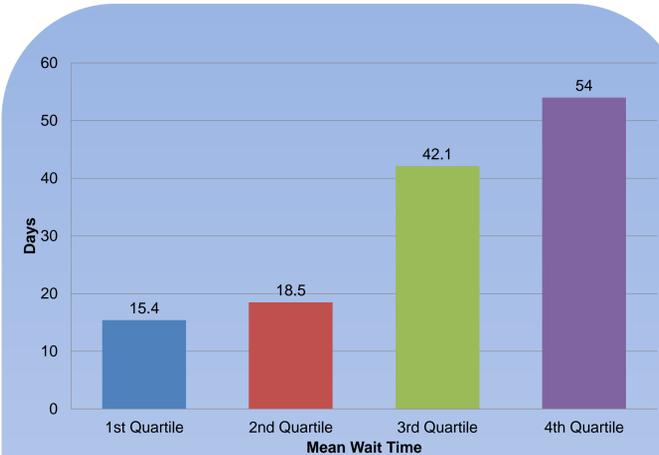
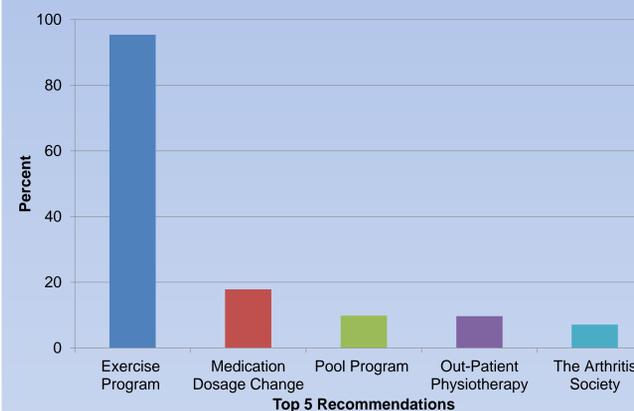**Figure 4:** Mean wait times per quartile.

Figure 5: Top 5 Recommendations; Exercise program (n=439), Medication/Dosage Change (n=82), Pool Program (n=45), Out-patient Physiotherapy (n=44), The Arthritis Society (n=32).
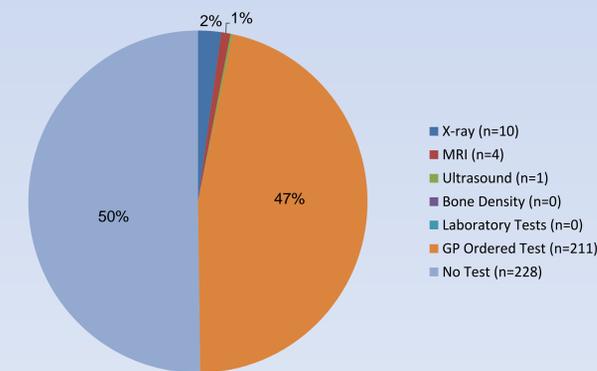

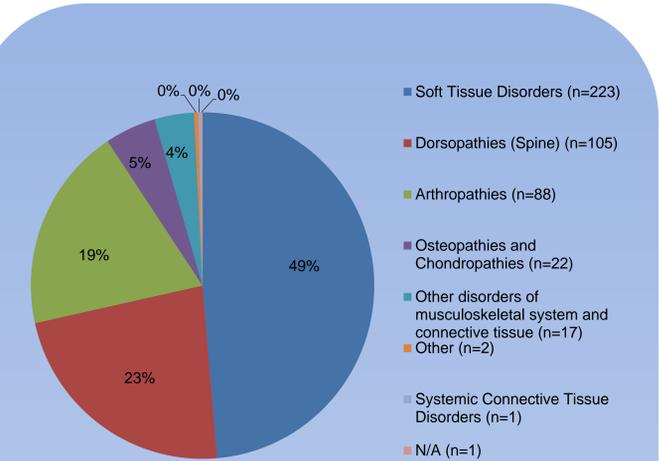**Figure 6:** Tests ordered by physiotherapist or GP to diagnosis issue.

Figure 7: Physiotherapy Diagnosis/Clinical Impression.

Table 2: Patient Satisfaction Questionnaire Subscales- Each question is ranked on a scale of 1-5 (1 being strongly disagree and 5 strongly agree).

Variable (Subscale) n=31	Mean	Median	STD
Providing Info (Q1-2)	4.6	5	0.83
Rapport (Q4-8)	4.7	5	0.82
Meeting Needs (Q9-11)	4.6	5	0.87
Service Satisfaction (Q12-19)	4.5	5	0.85

Evidence

The PP assessed 460 patients between March 2012-April 2013. The mean age was 51.7 years (STD 17.1), the majority of patients were female (60.6%). The number of referrals for each quartile is as follows: 113, 145, 106, 66. The majority of patients were seen on a consultation basis (98.5%), only 11.7% of the 460 seen were follow-up assessments. The majority of clients had chronic conditions (85.7%), specifically soft tissue disorders (48.5%). Only 19.6% of patients had extended health care and the majority, 66%, do not have a University education. Overall, patient satisfaction was high for all subscales on the patient satisfaction survey.

Conclusions/Discussion

This study demonstrated significant utilization of a PP by the FHT for both acute and chronic conditions. Working closely with the FHT, the PP was been able to provide expert assessment, treatment and education to a wide variety of patients who were otherwise not able to access therapeutic care. The PP was able to facilitate referrals to specialist clinics within the hospital, as well as help link patients with community programs and services. Although our model was mainly a consultative model, patient satisfaction with the services offered by the PP was high. Possible future implications for using a PP within a FHT are to further improve patient access by having a dedicated acute triage clinic and to use the PP to screen patients with musculoskeletal disorders prior to their visit with a physician.