

Direct access to physiotherapy: from the physiotherapists' perspective

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Objectives

In 2006, direct access to physiotherapy (DAP) was introduced in the Netherlands. The research that has been conducted on this topic until now, contains a lot of information that can be very valuable to countries in which direct access to physiotherapy is also on the agenda. This presentation addresses DAP from the physiotherapists' perspective in general, and two questions that are posed in every discussion about direct access specifically: 1) Does a physiotherapist need a special qualification or academic degree? 2) Is there any danger about patients safety?

Methods

Data from the National Information Service for Allied Health Care (LiPZ) were used. LiPZ is an electronic registration network based on physiotherapists' medical records in which about 100 Dutch physiotherapists participate. These therapists enter data on their patients, referrals, complaints, treatments and results in their practice software. Monthly, data is sent to the research institute. Every year, information is registered about 15,000 patients. In addition, during five months in 2006 physiotherapy patients from the LiPZ-network were asked to complete a questionnaire about their reasons for visiting a medical doctor first or for using direct access. A random sample of the Dutch population was asked to complete a questionnaire about their knowledge of direct access and the likeliness for using it. Recently, an additional study explored the experiences of physiotherapists with direct access, this study was conducted from the physiotherapists' perspective.

Results

In the first year after introduction, 21% of the patients came via direct access, this percentage has risen to 34% in 2009. Almost all physiotherapists have positive experiences with DAP and this also increased in the past three years. They feel DAP acknowledges the profession and increases the professional responsibility. In addition, they think patients are sooner in the right place for treatment and have more freedom of choice. According to physiotherapists, general practitioners (GP) have become more positive towards DAP as well. Negative experiences concern an increased amount of administration and an increased number of patients which have actually been referred but did not receive a letter of referral from the GP. When patients refer themselves for physiotherapy, a screening is required to decide whether physiotherapy is indicated and whether there are no contra-indications. All physiotherapists were trained on how to do this and nearly all of them consider their knowledge and skills to be adequate to perform this screening. A large group of physiotherapists inform the patients GP about the screening and the results, although it is not obliged to do so and despite they are not so happy with the GP's feedback on their report. However, this way at least one caregiver has a good overview of the patients health.

Conclusion

Physiotherapists have positive experiences with direct access. They have been trained to screen all patients that come without referral from a medical doctor and, most important, feel capable of doing so. This screening is also important to maintain the patients safety, as is good communication between GP and physiotherapist. In this matter there is still room for improvement.