Physiotherapy in Primary Care

Thursday May 14, 2015

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Agenda

- Introductions
- Population Health
- Roles for PT in Primary Health Care
  - Self Management Support for people with chronic pain
- Transitioning into Primary Health Care
- Integrating into Practice
- Questions

Introductions

Jordan Miller

- PhD student, McMaster University
- Sessional Instructor, McMaster Physiotherapy
- Physiotherapist, Woodstock and Area Community Health Centre
- Committee Member, Primary Care Advisory Committee, OPA

Dr. Julie Richardson

- Professor, School of Rehabilitation Science, McMaster University
- Extensive research in service delivery models for physiotherapy in primary care
- Committee Member: Primary Care Advisory Committee, OPA

Mike Williams

- Physiotherapist, East End Community Health Center, TO
- Committee Member, Primary Care Advisory Committee, OPA

Sarah Wojkowski

- Chair, Primary Care Advisory Committee, OPA
- Director of Clinical Education (Physiotherapy), McMaster University
- Hamilton Family Health Team: Quality Improvement and Chronic Disease Prevention & Management Facilitator

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Population Health

Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health.

http://www.phac-aspc.gc.ca/ph-sp/approach-approche/index-eng.php

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PT and Population Health in Primary Care Health (PHC)

- Population health approaches of PT in PC will allow for low FTE of PTs to maximize service to individuals who are in need
  - i.e 1 FTE to 5,000 – 7,000 rostered patients
- Different from the traditional 1:1 PT: individual model
  - Examples: group based care, e-monitoring, assessment and systems navigation
  - *May* have some 1:1 care for specific population (i.e. unmet need)
- Webinar will focus on this approach to care

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PT IN PRIMARY Health CARE (PHC)

Julie Richardson, PT, PhD

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What is the role of PT within PHC?

- Overall Objective for Physiotherapy in primary Health care:
- To maintain optimal Functional Health for persons within that primary care setting
- Therefore needs to be multiple management strategies and approaches

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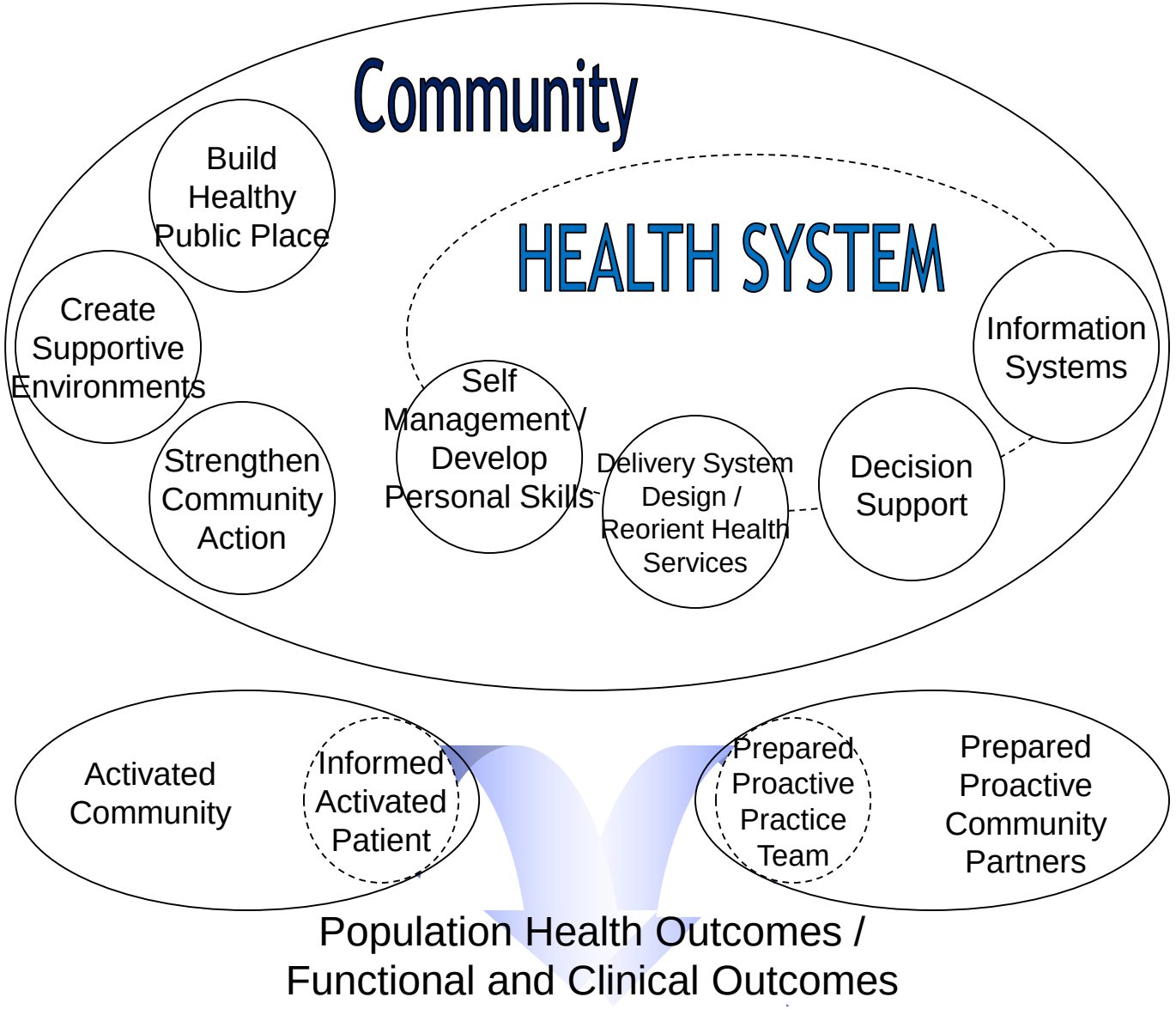
THE EXPANDED CHRONIC CARE MODEL: INTEGRATING POPULATION HEALTH PROMOTION



www.improvingchroniccare.org, University of Victoria, Centre on Aging

Expanded Chronic Care Model (Barr, 2010)

- *Self management support*: Educational resources, skills training and support
- *Decision support :* Evidence into daily clinical practice
- *Delivery system design:* Team work and expanded scope of practice to include planned visits and sustained follow-up
- *Developing information systems:* patient population specific data surveillance system and recall and patient groups requiring proactive care
- *Community resources and policies:* Developing partnerships with organisations for integrated care; identify relevant and effective based community programs

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Rehabilitation Self management

- Rehabilitation self management programs for group and individual interventions
- SM programs incorporating MSK principles and rehabilitation strategies are needed
- SM program for knee OA is an excellent example (Coleman, BMC MSK 2008, 9, 117, Coleman, Arthritis Research and Therapy, 2012;14, 1-14)
- This model of SM argues for the role of PTs as well as other health professionals in delivery of SM – added value from modelling, more detailed knowledge about the condition and adaptive functioning.
- (Richardson et al SM of function in Older Adults: The contribution of PT Curr Transl Geriatr and Exp Gerontol Rep; Richardson et al Self management interventions for Chronic disease: a scoping review. Clinical Rehab,2014, 28,(11), 1067-1077)

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Delivery system design

- Identifying priorities for care and risk groups of patients
- Triaging according to priority and type of intervention and service delivery model
- Group and individual based care with follow-up if it is complex or chronic condition (booster sessions through 1:1, telephone or email reminders)
- Ongoing monitoring functional status

EMR and PHR communications supported integration

- Electronic Medical Record:
  - OSCAR used for documentation, and secure messaging amongst team
  - Physical Function Flow Sheet develop to support regular monitoring during visits
- Personal Health Record:
  - MyOSCAR use for patients to complete self-monitoring and communicate with therapists via secure messaging.

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Integration of PT into PHC supported by:

- Adoption of the Expanded Chronic Care Model
- Incorporation of rehabilitation principles into existing self-management interventions
- Electronic communications including the e-chart, secure messaging, and personal health record for patients
- Strategies to support integration with the primary care team

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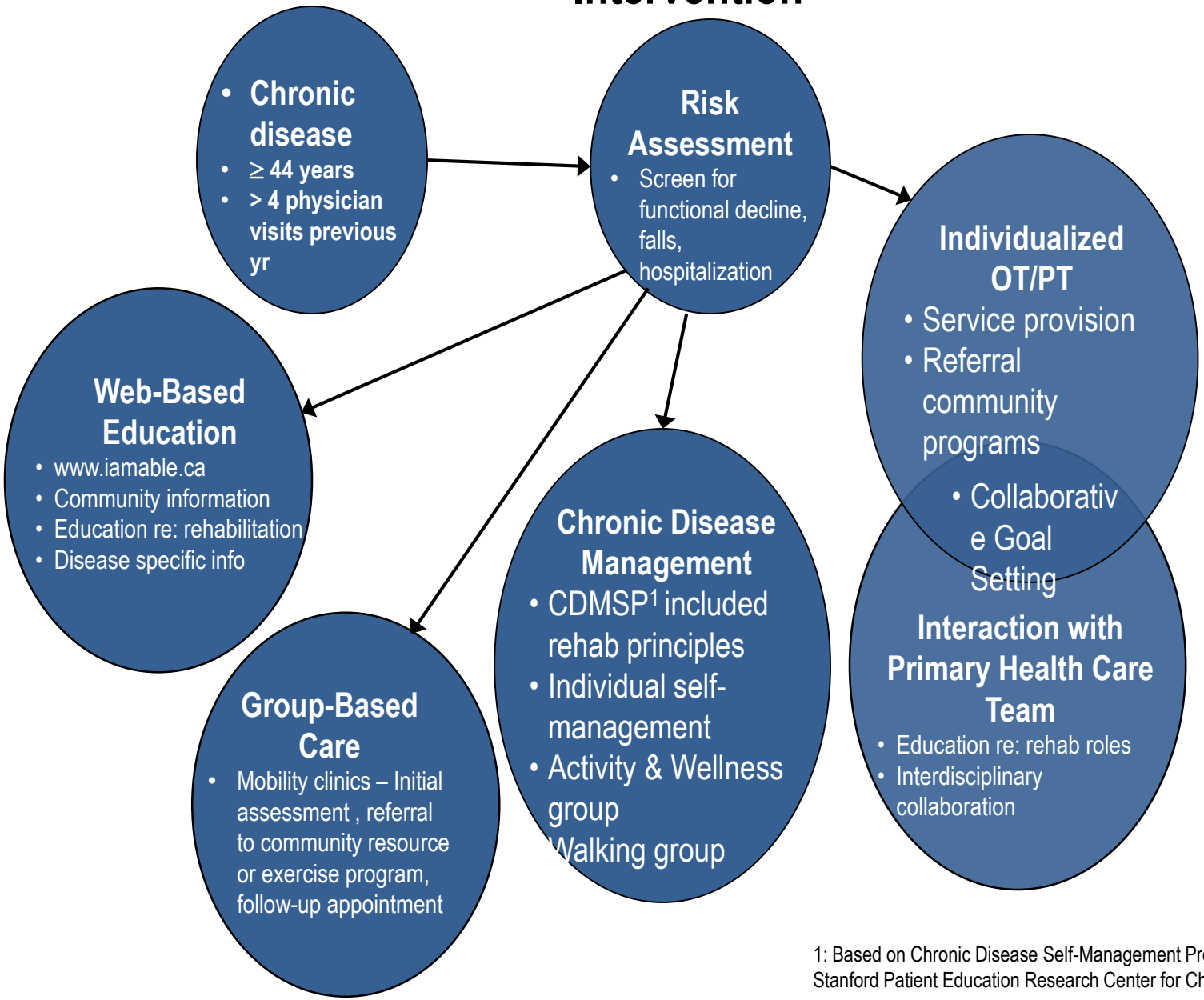
EXAMPLE: RCT Rehabilitation in primary care for persons with chronic illness

(Richardson et al 2010)

Criteria used to triage patients for priority functional decline :

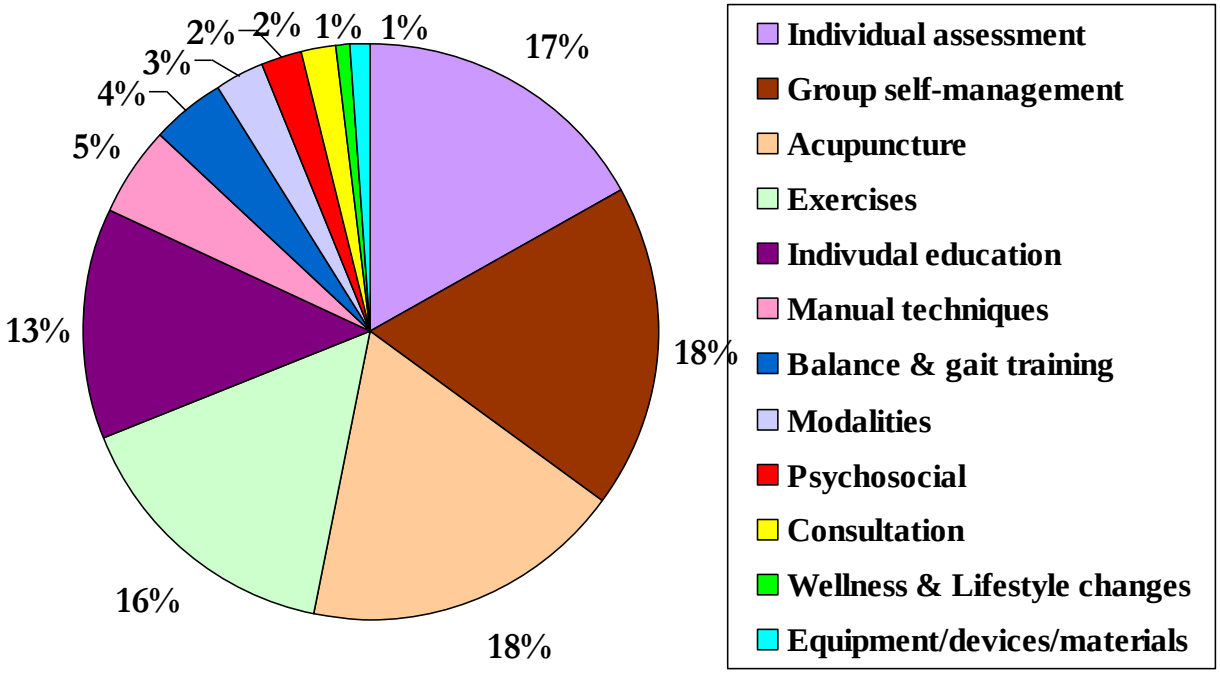
- (a score of ≤60 The Late Life Function and Disability Index (LLFDI) (Jette et al., 2002)
- falling (a fall in the previous 12 months), or
- a health event or hospitalization (an eight item questionnaire was used to classify patients into risk groups). The questionnaire enabled the calculation of the probability of repeated admission and functional decline (Pra) and identified persons who were more likely to use healthcare services (Boult et al., 1994; Pacala et al., 1995; Coleman et al., 1998).

Primary Care Model for Rehabilitation Intervention



1: Based on Chronic Disease Self-Management Program from the Stanford Patient Education Research Center for Chronic Disease

Distribution of Direct Time: Physiotherapy



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Self-management support for people with chronic pain

an example of program development, implementation, and evaluation

Jordan Miller, PT, PhD(c)

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Background

- Woodstock and Area Community Health Centre (WACHC) offers multidisciplinary health care for people who face barriers to accessing health care
- Priority populations
  - Mental health challenges
  - Addiction
  - Poverty
  - Isolated seniors
  - No health insurance
- Most common reason for a health care visit: chronic pain
- They reached out to our team to help find a solution

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What is self-management support?

- Self-management: The taking of responsibility for one's own behavior and well-being
- Self-management support: the systematic provision of education and supportive interventions by health care staff [or others] to increase patients' skills and confidence in managing their health problems

Institute of Medicine, 2003

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What does the evidence say about self-management for people with chronic pain?

Low quality evidence suggests that in comparison to an attention-control, self-management support results in:

- Moderate change in knowledge
- Small to negligible improvement in self-efficacy
- No clinically meaningful change in pain or function

Can we target function with a different self-management approach?

Du S et al. Patient Educ Couns 2011; 85(3):e299-310.
Kroon et al. Cochrane Database of Systematic Reviews, 2014 Fernandes L et al. Ann Rheum Dis 2013; 72(7):1125-35.
McAlindon TE et al. Osteoarthritis Cartilage. 2014; 22(3):363-88

Living better with pain

A self-management program targeting function

- 2 times/week over 6 weeks
  - Once per week = group setting,
  - Once per week = individualized
- Emphasis is on gradual increases in activity while controlling symptoms
- Pain neurophysiology education, cognitive-behavioural principles and individualized exercises included

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Measuring outcomes

Construct	Outcome Measure
Function*	Short Musculoskeletal Function Assessment –Dysfunction Index (SMFA-DI)
Pain intensity	Numeric Pain Rating Scale (NPRS)
Depressive symptoms	Patient Health Questionnaire – 9 (PHQ-9)
Self-efficacy	Pain Self-efficacy Questionnaire (PSEQ)

* = primary outcome

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Screening and prognostic indicators

Construct	Outcome Measure
Catastrophic thinking	Pain Catastrophizing Scale (PCS)
Post traumatic stress	Post-traumatic Stress Disorder Checklist – Civilian Version (PCL-C)
Medication use	Number of medications Morphine equivalency

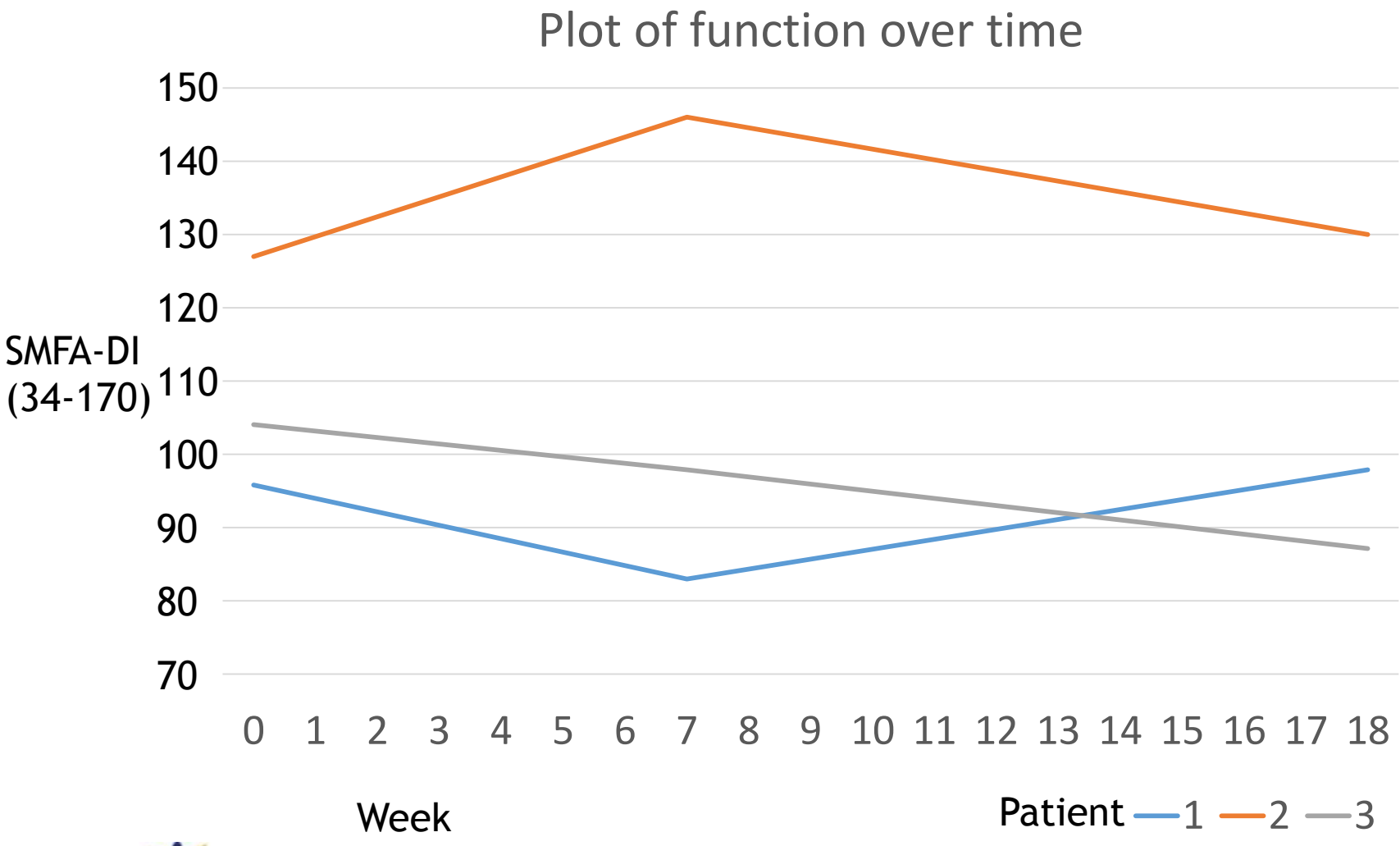
Case descriptions

	01	02	03
Age/Gender	48, male	47, female	45, female
Pain duration	5 years	20 years	28 years
Pain location	Primary concern: left hip pain Secondary concerns: right knee pain, neck pain	Primary concerns: lower back pain with referral into legs Secondary concern: Upper back pain	Primary concerns: Bilateral knee pain, low back pain Secondary concerns: Bilateral hip, shoulder, wrist, and hand pain
Diagnosis by HCP	Hip OA	Lumbar disc herniation	FM, OA
Co-morbidities	Hypertension, depression	Depression, anxiety, incontinence, diabetes	Depression, hypertension, pre-diabetes, obesity
Patient goals	- Walking > 2 blocks - Getting up from a low chair - Getting up off of the floor	- walking >400m - gardening - getting groceries - bowling	- walking >10 minutes - reaching top shelf of cupboards - volunteer at church

Baseline Assessment

	01	02	03
Pain intensity (NPRS, 0-10)	8	9	8
Function (SMFA-DI, 34-170)	62	131	70
Depression (PHQ-9, 0-27)	20	26	22
Catastrophizing (PCS, 0-52)	43	48	28
Post-traumatic stress (PCL-C, 17-85)	58	70	62
Self-efficacy (PSEQ, 0-50)	15	25	35

Results - function



Results – secondary outcomes

	Measurement timepoint (week)	01	02	03
NPRS (pain intensity)	0	8	9	8
	7	9	10	5
	18	10	9	3
PHQ-9 (Depressive symptoms)	0	20	26	22
	7	20	24	13
	18	23	23	8
PSEQ (Self Efficacy)	0	15	25	35
	7	37	18	32
	18	24	32	45
Satisfaction		Moderately satisfied	Moderately satisfied	Very satisfied

No meaningful change in pain or depression
Clinically meaningful improvement in self-efficacy

No meaningful change in pain, depression, or self-efficacy

Clinically meaningful improvements in pain, depression, and self-efficacy

Take home messages from my experiences…

- Large variance in response to treatment
- Screening is an important role for PTs in primary care
- Working in primary health care settings presents exciting opportunities for program development and responding to program evaluation
  - Example: response to some participants regressing after short-term gains = booster sessions to maintain behaviour changes during the program

Transitioning to Primary HEALTH care

Mike Williams, PT

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East End Community Health Centre

- 1.8 FTEs physiotherapists
- 3700 clinical (registered) clients
- 1200 group clients
- Individual care and group programming

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My interest in a CHC setting

- providing physiotherapy services to clients who would not otherwise have access
- better collaboration with other health care providers
- advocating for greater inclusion of physiotherapists in primary care settings

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Primary care compared to private practice

- self management approach
- emphasis on community involvement/engagement
- group programs (development and/or consulting)
- sole physiotherapist

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Challenges of primary health care

- social determinants of health (ie. income, employment, education, housing, food security etc)
- chronic pain and chronic disease
- lack of physiotherapy mentoring

Benefits of primary health care

- Pace: 20-50 min f/u appts, 50 min ax appts
- improved continuity of care
- communication with other health care providers
- salary, extended health benefits, PD time and funding

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System Navigation & Preparing for PT Integration

Sarah Wojkowski, PT, PhD(C)

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Community Navigation

- PTs can be best prepared to help clients navigate the available resources to promote equity in service
  - Often need resource information “now” when working with clients
  - Difficult to remember all the inclusion criteria for programs that we do not refer to often
  - Access needs vary from patient to patient (i.e. affordability, availability, acceptability)

- **Community-Based Publicly Funded Physiotherapy Services and other Programs**

The OPA has developed **LHIN-specific navigation tools*** for physiotherapists in all sectors to use when assisting patients and families to access publicly funded physiotherapy services and other programs in the community. The tools include brief descriptions and contact information for community-based publicly funded physiotherapy services (including CPCs) as well as other community programming such as wellness programming, funding, and equipment resources.

**see members only section of the OPA website*

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Integrating into PHC Practices

For many PHC teams the integration of PT will be a new venture. Some recommendations to consider when integrating into the PHC team:

- Consider patient populations where a PT can impact service
  - High users of healthcare system
  - Access challenges
  - Targets for the practice
- Work with other HCP to understand current services and gaps / needs and where your knowledge and skills can compliment and build on what already exists
  - regular communication with team members (formal and informal)
- Reinforce with patients and other team members that PT will *not* be the traditional model that patient may have had experience with in the past (i.e. visits 3 x / week)
  - Emphasizing self management support: education, empowerment, advocate, resource navigation
  - May need to do lunch time sessions for staff / consider joining any journal clubs / rounds even if not initially structured for PT as they provide great opportunities to help others understand PT role and scope

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Considerations for PT service delivery in PHC

- Investigate alternative service models (i.e. groups, education)
  - balance individual care and group programs
  - utilize a consultation model and indirect service model when possible to help build capacity in the primary care team (space is a challenge and many teams divided across multiple sites)
  - Create community partnerships to maximize equity and access of services

- Consider participating in the Community of Practice for PT in primary care hosted through the Association of Family Health Teams of Ontario
  - Contact: millerjd@mcmaster.ca for more information

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Considerations for PT service delivery in PHC

- Consider metrics to help promote successes
  - Patient registries
  - Outcome measures
  - Efficiency of health care provided
  - Health care utilization
  - Case studies (with consent!)

- PCAC is currently working on recommendations for metrics relevant to PT in PHC…stay tuned!

Thank you!

Any Questions?

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