

DOI <https://doi.org/10.30525/978-9934-26-614-0-6>

MEDICAL PRACTICE IN THE HEALTHCARE SYSTEM

ОЗДОРОВЧІ ПРАКТИКИ В СИСТЕМІ ОХОРОНИ ЗДОРОВ'Я

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The primary care sector is constantly facing challenges. A Merritt Hawkins "secret shopper" study showed that the waiting time for a primary care physician's appointment increased by 30% from 2014 to 2017. Due to difficulties with access, patients are turning to other medical institutions. From 2002 to 2015, the number of acute primary care visits per capita decreased by 30%, while visits to urgent care centers, private clinics, and emergency departments grew [1]. In other words, there is a problem of overloading the healthcare system, and this overload occurs because most of the problems that patients bring to their doctors are ones that require the attention of a physiotherapist rather than a doctor. To clarify, seeking help from primary and secondary care doctors often turns out to be a matter of physiotherapy, not requiring medical intervention. Therefore, physiotherapists can help relieve the burden on physicians while improving the quality of care.

The purpose of this study is to determine how the integration of health-promoting physiotherapy techniques into the healthcare system can help to relieve its burden.

Systematic review in 2014 showed that patients who directly saw physiotherapists had better outcomes (achieved treatment goals faster, experienced less pain, missed fewer work days), had lower costs, higher

service satisfaction, and less use of diagnostic imaging and medications, and did not experience an increased risk of complications. The number of doctor visits decreased, which indicates a reduction in the workload on physicians [2].

The U.S. law allows direct access to physical therapy services in all 50 states, although specific details vary by jurisdiction [2].

Consider the model from before the coronavirus pandemic (COVID-19). Let's assume that a doctor works 200 days a year and sees 20 patients a day, which amounts to 4,000 visits per year. If this doctor has 2,000 patients who, on average, require 3 visits per year, the total demand for appointments is 6,000 visits per year. The difference between supply and demand is 2,000 visits, which leads to limited patient access [3].

Physiotherapists can significantly help with this. Musculoskeletal problems are one of the most common reasons for a doctor's visit. Studies show that 10–27% of primary care physician visits are related to such conditions. If 15% of doctor visits are due to musculoskeletal problems that physiotherapists can treat independently, this amounts to 600 visits per year. This reduces the gap between demand and the doctor's capacity to 1,400 visits. Additionally, involving nurses, pharmacists, and behavioral medicine specialists can completely close this gap, improving access to care without overloading physicians [3].

The Bellin Health medical network in Wisconsin has created effective core teams in which two clinical assistants ("care team coordinators") work with each physician. Bellin is implementing a program where physiotherapists, working directly in primary care departments, help doctors reduce patient visit times [2].

The program began in 2018 within a single primary care unit. Each weekday, one physiotherapist works in the unit, serving patients with musculoskeletal complaints. Physiotherapists, who usually work in the physical therapy department within the same medical facility, take turns serving as the integrated specialist. This approach allows physiotherapists to collaborate daily with doctors, patients, and medical teams [4].

Physiotherapists provide care to patients with neck, back, shoulder, hip, knee, ankle, and foot pain. They also treat dizziness, balance problems, and provide physical exercise training for patients with diabetes, depression, and chronic pain.

Firstly, patients have a brief consultation with a doctor and then are referred to a physical therapist. This is convenient because many visits concern not only musculoskeletal problems but also other medical issues.

Preliminary evaluations of the Bellin program have shown positive results. A 2018 survey found that all doctors noted that integrated physical therapy improved the quality of patient care. Patients rated their satisfaction

with the program at 98,6%, as they received the necessary treatment immediately without an additional appointment [2].

Physiotherapists also had a positive view of this model, as it diversifies their practice, allows for earlier intervention, improves treatment outcomes, and reduces the use of expensive diagnostic procedures [5].

As in most states, patients in Wisconsin can directly see a physical therapist without a referral. However, at Bellin, it was decided that the initial visit should be with a physician, after which the patient can be referred for physical therapy. This allows doctors to receive higher payment compared to visits exclusively to a physical therapist. When considering direct access, Bellin found that it could be financially beneficial in the context of value-based contracts but less viable in a fee-for-service system [2].

One of the positive aspects of this approach is an increase in referrals to the physical therapy department. For example, in one of the Bellin centers, the number of referrals increased by 34% within a year after integration. Before the program was implemented, only one in 42 primary care physician visits resulted in a referral to a physical therapist, whereas after the changes, this rate improved to one in 33. Additionally, the integration of physical therapists can contribute to a decrease in the overall cost of medical services as value-based payment becomes more popular. However, the financial feasibility of this approach still requires further analysis [2].

The integration of physical therapists into primary care began even before the pandemic. However, COVID-19 demonstrated that physical therapy is also possible through video consultations. Several systematic reviews have shown that telemedicine in physical therapy can effectively reduce pain and improve patient functionality just as much as in-person treatment. This applies to conditions such as osteoarthritis, lower back pain, and rehabilitation after knee replacement surgery.

Physical therapists can remotely assess a patient's pain, swelling, range of motion, muscle strength, balance, gait, and overall functionality. Studies show that the diagnostic accuracy of physical therapy telemedicine ranges from 60% to 93%, and the concordance of decisions between video and in-person consultations reaches 83%. Moreover, patient satisfaction with online rehabilitation can be even higher than with traditional appointments [3].

Conclusions. Many healthcare facilities can integrate physical therapists into their teams, which will help improve service accessibility, increase system capacity, and even reduce physician burnout. One of the challenges is the financial justification of this approach. Healthcare managers should involve financial directors at the planning stage. We concluded that the integration of physical therapists into small clinics is not profitable due to an insufficient number of patients. To justify the cost of employing a physical

therapist, they must see enough patients to generate additional referrals to the physical therapy department.

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