Physiotherapy prescribing - better health for Australia

The Australian Physiotherapy Association (APA) is seeking reforms to allow qualified physiotherapists to be endorsed to autonomously prescribe medicine within their scope of practice. These changes will help make the Australian healthcare system more patient-centred, more effective and more affordable.

Australia’s public healthcare system provides one of the highest levels of health in the world. To keep up with our changing circumstances. We must create an integrated health system which is accessible, affordable and sustainable, and can respond to a range of costs, changes in the population and patterns of illness, and our expectations about service delivery.

Healthcare providers are challenged to efficiently deliver equitable care to all Australians, particularly to people in rural and remote regions, and to older people, and the vulnerable and disadvantaged, who rely more on publicly funded healthcare. Current practice does not enhance patient centred care or health outcomes and it is not the most cost-effective use of available resources.

In many circumstances, funding streams, red tape, legislative barriers and workplace practice create a fragmented health system and add cost, complexity and duplication to the patient journey, and delay the patient’s recovery, particularly the case in rural and remote Australia and in the public healthcare sector.

**Prescribing reform will improve healthcare**

Australia urgently needs to reform healthcare to ensure it is accessible, affordable and sustainable, particularly for people in rural and remote regions for Aboriginal and Torres Strait Islanders, for older people, and for the vulnerable and disadvantaged. These members of our communities often have poorer health and rely more on publicly funded healthcare.

Under the current system, physiotherapists in Australia are only able to add a proportion of the increased value to improved healthcare of which they are capable. Extending prescribing responsibilities to physiotherapists, however, will create safe, innovative ways of working that improve the quality of services and the patient experience. It will help form partnerships across traditional professional and organisational boundaries and will build better care that is more cost-effective and sustainable, for example by improving the transition from acute to community care. It will ensure patients receive the right treatment at the right place and at the right time.
THIS YEAR IN PUBLIC HOSPITALS:

14,357 patients in ED will need a script as part of their assessment and treatment by a physiotherapist.

92,383 inpatients will need a script as part of their physiotherapy assessment and treatment.

The equivalent of one nurse practitioner will spend six working weeks in ED prescribing on behalf of physiotherapists.

14 ED doctors will spend a month of their year at work writing scripts on behalf of physiotherapists.

100 doctors will spend four working weeks simply writing scripts on behalf of physiotherapists.

650 public sector physiotherapists will spend this working week waiting for scripts for their patients.

200 nurse practitioners in in-patient departments will spend today writing prescriptions for physiotherapy patients.

in ED, 95 physiotherapists will spend the equivalent of an entire working week waiting for prescriptions for their patients before they can continue their treatment.
This year, reform could save the taxpayer over $1.89 million in Medicare fees alone.

1-2 million visits to private physiotherapists alone will be caused by the ‘prescription treatment loop’.

51,000 patients will need a script for their physiotherapy treatment.

The ‘prescription treatment loop’ will cost consumers and insurers $64-$128 million.

Public sector consumers could be losing up to $5 million this year on unnecessary visits to GPs and referral loops.

2,500 GPs won’t treat patients at all today. They will spend the day writing prescriptions for the patients of physiotherapists instead.
Better patient care outcomes  
- supports patient centred care and meets consumer’s needs  
- improves the patient experience  
- avoids delays in treatment  
- reduces health inequalities  
- improves access and choice  
- promotes better clinical outcomes  
- supports evidence based practice  

Better healthcare pathways  
- reduces visits to a GP  
- builds care pathways that are cost-effective and sustainable  
- creates new ways of working across historical professional boundaries  
- enhances self-referral pathways  

Better use of resources  
- makes better use of existing workforce resources  
- helps recruit and retain the best physiotherapists  
- reduces pressures on GP services  
- reduces costs for the patient or taxpayer  

Better care for people in rural and remote Australia

Physiotherapy prescribing has enormous potential to benefit those—including Aboriginal and Torres Strait Islander peoples—who face greater barriers to accessing healthcare services in rural and remote communities.

Every encounter with a qualified healthcare professional is a vital opportunity to receive the right advice, treatment, support and services. In remote and rural communities, endorsed physiotherapy prescribing will provide a wider pool of qualified practitioners who can provide access to medicines quickly and safely and in a ‘one stop shop’ model of care.

Quicker treatment for people in hospitals

Small changes in healthcare systems can provide great benefits for patients. This is particularly the case in emergency departments (ED) where the efficient operation of an ED is crucial for improving the consumer experience and health outcomes.

In 2014, Health Workforce Australia led a project for qualified physiotherapists to triage musculoskeletal patients in emergency departments. This included limited prescribing of medication, providing local anaesthetic joint injections, and referral and discharge of patients. Of the 14,512 patients treated by physiotherapists in the project, 93% were discharged within four hours, compared to less than 75% for similar patients seen by other practitioners. Patients also waited on average 30 minutes less, had shorter treatment time and their overall length of stay was reduced by 70 minutes. Most importantly, the trial found patients reported good experiences and high levels of satisfaction with the care they received and the time it took to be seen by the physiotherapists.
Consumers support wider prescribing

The Health Practitioners Prescribing Pathway (HPPP) provides a model for Australia to improve health workforce productivity and the patient experience by safely increasing the ways people can get prescribed medicines.

In the UK, qualified and endorsed physiotherapists may prescribe medicines to their patients. Non-medical prescribing in the UK is safe and acceptable to patients and other clinicians, and its benefits include faster access to medicines, time-savings and improved service efficiency.

The HPPP and UK models present a significant opportunity to effect system-wide change that will provide value for money and the greatest benefit to consumers, improve access and choice, and reduce health inequalities.

In Australia, Health Workforce Australia (HWA) found that 81% of consumers were somewhat or very supportive of health professionals, in addition to medical practitioners, prescribing medications provided appropriate safeguards and guidelines are in place. They found that consumers expect that a health professional who can prescribe medications should be:

- knowledgeable about their medical condition
- knowledgeable about medicines
- appropriately qualified and legally allowed to prescribe medicines
- prepared to spend time with the patient and prepared to consider alternatives to medicines.

Quality and safety

The APA fully supports the rigorous system that ensures patients receive quality healthcare and are safe when taking medicines.

Patient safety is currently ensured by a robust framework of medicines and prescribing legislation, governance practice and procedures, and professional codes of practice. Mechanisms are also in place to report and monitor the use and effects of medicines.

Physiotherapists are registered nationally by the Physiotherapy Board of Australia and regulated by the National Law which is enforced by AHPRA. They are subject to the Board’s Codes of Conduct, workplace rules and guidelines, and members of the APA are also subject to the rules and codes of membership. Physiotherapists are also subject to the criminal and civil legal system.

Physiotherapists with autonomous prescribing rights will work within this framework and meet all these requirements through rigorous training and continued education, as proposed by the HPPP.
**Only qualified physiotherapists will be able to prescribe**

Under the proposed model, registered physiotherapists will need to successfully complete a course of study approved by the Physiotherapy Board of Australia, and only then apply for endorsement on their registration for prescribing.

Such courses are currently available. For example the University of Melbourne has modules available that have been developed specifically for non-medical prescribers such as nurse practitioners.

Only endorsed physiotherapists who have met these rigorous educational and practical experience requirements at a postgraduate level will be able to autonomously prescribe within their scope of practice.

**Prescribing within the physiotherapist’s scope of practice**

The APA recommends the Physiotherapy Board of Australia endorse credentialed physiotherapists to administer, prescribe or use scheduled medicines related to their expert clinical knowledge, skills training, and scope of practice.

This means the physiotherapist is educated and authorised to prescribe in their specific area of clinical practice without the approval or supervision of another health practitioner. For example, an endorsed physiotherapist in ED may prescribe and administer joint injections or pain medication.

**Stronger partnerships across the health professions**

GPs are the cornerstone of primary care and will continue to be so into the future. Physiotherapists work closely with a wide variety of health professionals, including GPs, to deliver optimal patient-centred, evidence-based care that is safe and effective.

GPs recognise the importance of physiotherapists in a patient’s treatment and refer more patients to physiotherapists than any other healthcare profession (4).

Physiotherapists currently provide detailed reports to a patient’s referring GP on interventions and progress when treating under Medicare arrangements. This process will continue for any physiotherapist endorsed to prescribe medication.

Physiotherapy endorsement to prescribe certain medications within their scope of practice aims to help free-up unnecessary GP visits, make better use of GPs’ resources, and ease pressure on the health system.

**Keeping the best physiotherapists in frontline care**

The reasons for any person deciding to stay in a post or leave are complex and individual, of course, but one factor is the opportunity for personal fulfilment and career progression.

Physiotherapists with prescribing responsibilities will make better use of the resources we already have and help retain staff. Extension of prescribing and medicines supply to physiotherapists creates a career pathway that encourages physiotherapists to remain in the public sector where they can work to the full extent of their skills.

This keeps the best and most experienced physiotherapists in frontline care, grows the capacity of the system to provide services, and improves the quality of care.
POTENTIAL SAVINGS TO GOVERNMENT AND GENERAL PUBLIC

Public hospital EDs
Avoided time spent by physiotherapists, doctors, nurse practitioners to handover and re-assess patients. Avoided GP visits and ED attendances by patients who are referred solely for a prescription

$422,588
(Government)

Public hospital and inpatient departments
Avoided time spent by physiotherapists, doctors, nurse practitioners to handover and re-assess patients. Avoided GP visits and ED attendances by patients who are referred solely for a prescription

$2,823,506
(Government)

Public outpatient departments and community healthcare
Avoided time spent by physiotherapists, doctors, nurse practitioners to handover and re-assess patients. Avoided GP visits and ED attendances by patients who are referred solely for a prescription

$426,580
($396,705 to Government + $29,875 to patients and PHI)

Private practice
Additional physiotherapy consultations in private practice

$2,354,917
(Patients and PHI)

Private practice
Avoided time spent by physiotherapists, doctors, nurse practitioners to handover and re-assess patients. Avoided GP visits and ED attendances by patients who are referred solely for a prescription

$3,196,411
($2,972,534 Government + $223,877 to patients and PHI)

Total savings
$9,224,002
($6,615,333 Government + $2,608,669 patients and PHI)
References


