



Professional issue

# Enhancing direct access and authority for work capacity certificates to physiotherapists

Venerina Johnston <sup>a,\*</sup>, Darren Beales <sup>b</sup><sup>a</sup> School of Health and Rehabilitation Sciences, The University of Queensland, Brisbane, Australia<sup>b</sup> School of Physiotherapy and Exercise Science, Curtin University, Perth, Australia

## ARTICLE INFO

## Article history:

Received 5 March 2016

Received in revised form

12 April 2016

Accepted 15 April 2016

## Keywords:

Physiotherapist

Workers compensation

Musculoskeletal disorders

Compensable injury

Sickness certification

## ABSTRACT

The mantra 'work is good for health' is familiar to those assisting in the rehabilitation of injured workers and is well supported in the literature. Regulators, workers compensation insurers and health professional bodies have taken steps over the last few years to promote early and safe return to work after a workplace injury. Improving direct access to physiotherapy and extending the role of physiotherapists to authorise work capacity certificates for injured workers will potentially facilitate early intervention, reduce absence from work in a cost-effective system while maintaining patient satisfaction. Several challenges to advancing the role of physiotherapists exist but are not insurmountable.

© 2016 Elsevier Ltd. All rights reserved.

## 1. Introduction

Detrimental effects of worklessness are well-known and include mortality, poorer general health, poorer mental health, psychological distress, higher medical consultation, medication consumption and hospital admission rates (Waddell and Burton, 2006). This message and the reverse, that work is good for health, has been the focus of media campaigns funded by Workers Compensation Regulators in Australia (<http://www.worksafe.vic.gov.au/about-wwa/campaigns>). In 2010, the UK initiated changes in certification for injured workers from a *sick note* to *fit note* to encourage medical practitioners to focus on capacity rather than incapacity. In support of the 'work is good for your health' message, most Australian jurisdictions have adopted a similar approach with the *certificate of capacity*. However, it is too soon to know whether this message and *certificate of capacity* is having a tangible impact on the cost and duration of workplace injuries. Despite this, many believe that more can be done to ensure health professionals not only promote work as a positive outcome for their patients but communicate the message that work can be therapeutic.

In the workers compensation arena, a primary determinant of work participation is certification of work capacity. This paper calls for changes to the way capacity for work is determined in Australia, highlighting the need for greater action by the physiotherapy profession. In particular, the authors propose that a) enabling direct access to a physiotherapist for patients with a workplace injury and b) extending the role of physiotherapists to authorize work capacity certificates will have positive benefits for the injured worker, employer, workers compensation insurer and society. While written in the Australian context, themes explored here are relevant to physiotherapists engaged in the management of work injuries internationally.

## 2. Why does the system need to change?

Several drivers have motivated the need to rethink the way injured workers are managed. Despite increasing knowledge of injury management, time away from work due to a workplace injury has increased over time. For example, the median lost work time and cost of workers compensation has increased by 29% and 71% respectively from 2000–2001 to 2011–2012 in Australia (Safe Work Australia, 2015). Workers compensation claims for musculoskeletal disorders account for over 40% of the \$57.5 billion annual expenditure of work-related injuries and diseases in Australia (Zheloukhova et al., 2012) and up to 1.6% of the gross domestic product of some European states (European Agency for Safety and

\* Corresponding author. School of Health and Rehabilitation Sciences, Level 7, Therapies Building 84A, The University of Queensland, St Lucia, QLD 4072, Australia. Tel.: +61 (0)7 3365 2124; fax: +61 (0)7 33652775.

E-mail address: [v.johnston@uq.edu.au](mailto:v.johnston@uq.edu.au) (V. Johnston).

*Health at Work*, 2008). Increasing costs are a threat to the sustainability of the workers compensation system.

### 3. Direct access to a physiotherapist for injured workers

Physiotherapists work as first contact providers in many countries where no medical referral is required to access treatment. However, when an individual sustains a work-related injury, a medical referral for physiotherapy is mandated in many jurisdictions. Physiotherapists have a primary role in the rehabilitation (Thompson and Munday, 2010) and return to work (Campbell Research and Consulting, 2012; Johnston et al., 2012) of injured workers. Enabling an injured worker with a musculoskeletal injury direct access to a physiotherapist may hasten recovery and return to work. Evidence suggests that early and direct access to physiotherapy reduces time off work, helps prevent acute problems becoming chronic, reduces long-term pain and disability (Nordeman et al., 2006) and improves work function (Addley et al., 2010). In one study, early active physiotherapy intervention for workers experiencing their first episode of acute musculoskeletal pain reduced the probability of developing chronic pain from 15% to 2% and also reduced lost work time in the following 12 months (Linton et al., 1993). In the USA, similar benefits of early access to physiotherapy have been reported. Workers receiving their first treatment of physiotherapy on the same day or next day after injury had fewer physician visits (3.1 versus 3.9), fewer restricted workdays (8.1 versus 13.4), fewer days away from work (4.5 versus 7), and shorter case duration (9.8 versus 16.5 days) compared with late access to physiotherapy (Zigenfus et al., 2000). These benefits will likely translate to cost savings for the worker, insurer, employer and compensation system.

Physiotherapy services are highly utilized by workers compensation insurers (WorkCover, 2011; Berecki-Gisolf et al., 2012). This is not surprising as the most common work-related injuries are musculoskeletal comprising 90% of serious claims (i.e. greater than one week absence from work) in 2012–2013 (Safe Work Australia, 2015). Enhancing physiotherapists' participation as one of the key decision makers regarding work capacity, clinical and vocational interventions and being experts in the management of musculoskeletal disorders, could provide timely cost-effective services to workers with musculoskeletal problems to ensure they remain productive and at work. Linton et al. (1993) estimated that an early active intervention for 198 workers with musculoskeletal pain saved more than US\$150,000 in reduced sick leave, insurance and medical investigations.

In Australia, several jurisdictions have removed the need for injured workers to seek a medical referral to consult a physiotherapist. Physiotherapists in the state of Victoria may enrol to complete specific training and after signing a declaration to provide services in line with the Clinical Framework (WorkSafe Victoria, 2012), will be reimbursed at a higher rate (WorkSafe Victoria, 2016). The Australian Commonwealth Safety and Rehabilitation provider for federal employees permits physiotherapists up to five sessions without a medical referral (Comcare, 2014). If the employee then wants to claim for incapacity payments, they must obtain a certificate from a medical practitioner to confirm the relationship between work and injury. Nationally and internationally, health systems are exploring different models of service delivery to improve access to care with equal or better clinical effectiveness, whilst also being cost-effective and maintaining patient satisfaction (Desmeules et al., 2012).

### 4. Extending authority for work capacity certification to physiotherapists

Physiotherapy practice has extended in many countries such as Australia and the UK to enable them to refer for imaging, limited

prescribing rights, triage of patients presenting to emergency departments (Taylor et al., 2011; de Gruchy et al., 2015), and be the first point of contact in the management pathway for patients referred for specialist orthopaedic medical opinion (Daker-White et al., 1999; Comans et al., 2014). Physiotherapists deliver these services efficiently and efficaciously. There is evidence that physiotherapists working in advanced practice roles provide equal or better than usual care in comparison to physicians with respect to diagnosis, categorizing patients into different care pathways and decisions on future management of musculoskeletal disorders (Desmeules et al., 2012). It is well documented that medical practitioners recognise physiotherapists as competent practitioners for the management of musculoskeletal conditions (Cremin and Finn, 2002; Pinnington et al., 2004; Holdsworth et al., 2008). Therefore, it is not unreasonable to extend the authority for work capacity certificates for musculoskeletal conditions. This task could be viewed as an extension to a physiotherapist's current role for workers with musculoskeletal injuries.

The topic of certification by health professionals other than the medical practitioner has been investigated by several researchers. Welsh et al. (2014) conducted interviews with general practitioners, nurses and physiotherapists to explore their views towards extending the role of sickness certification beyond the medical profession. Physiotherapists believed their technical expertise in the management of musculoskeletal problems enabled them to make a valuable contribution to sickness certification by increasing the efficacy of the health care system and reducing the burden on the medical practitioner. While the majority supported the extended role concept, the authors conceded that extending certification authority to nurses and physiotherapists is complex, due to deeply held values of professional identity. Another study surveyed physiotherapists and medical practitioners about the role physiotherapists could play in the management of patients in terms of prescribing, requesting X-rays and sickness certification. The majority of both professions (88% of medical practitioners; 78% of physiotherapists) indicated that patients would benefit more if physiotherapists monitored and issued sickness certificates (Holdsworth et al., 2008).

Some jurisdictions have already extended certification to physiotherapists. In Victoria, Australia, physiotherapists are authorized to complete the ongoing certificate of capacity but not the initial certificate which can only be completed by a medical practitioner (WorkSafe Victoria, 2016).

A recent analysis of certifying practices in Victoria found that 55% of all certificates issued by physiotherapists recommended return to alternate or modified duties (Gosling et al., 2015) compared with 23% of general practitioners (Collie et al., 2013). In Alberta Canada, the physiotherapist's diagnosis and fitness for work status is accepted by the workers compensation insurer to confirm compensation status without a physician's report (Workers Compensation Board Alberta, 2013). Most extended practice roles however, are usually within scope of practice and require completion of additional training. In Victoria, Australia, training physiotherapists in the management of compensable patients (including certifying capacity) have demonstrated positive outcomes (Pizzari and Davidson, 2013). The clients of physiotherapists completing a two-day training course demonstrated significantly improved physical functioning when followed for six months (Pizzari and Davidson, 2013). However, there was no difference in return to work outcomes for clients of trained physiotherapists, although the sample size in this case-controlled study was small ( $n = 21$ ). An online version of this training has been developed with preliminary results indicating improvement in the physiotherapist's knowledge of, and confidence in applying the Clinical Framework and correctly completing the certificate of capacity (Gosling et al., 2015).

Download English Version:

<https://daneshyari.com/en/article/2624544>

Download Persian Version:

<https://daneshyari.com/article/2624544>

[Daneshyari.com](https://daneshyari.com)