



# Equality, accessibility, and availability of physical therapy services in Israel—Perception of national directors<sup>☆</sup>



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## ABSTRACT

To date no research has described Israeli physical therapy (PT) services to determine whether they are provided in the spirit intended by the National Health Insurance Law (NHIL). This study aimed to assess the equality, accessibility, and availability of PT services in Israel. Qualitative research was based on semi-structured, personal interviews with all national directors of PT services in Israel, followed by content analysis of the data obtained. According to the findings, PT services are provided by all Health Maintenance Organisations (HMOs) throughout Israel. In peripheral areas, access to services is limited; availability of services at most clinics is poor, a problem which is solved mainly by referring patients to PT outsourcing. The number of treatment sessions is determined by the NHIL; however, all directors agreed that the number of treatments provided should be based on a professional decision following patient evaluation and progress, rather than on administrative considerations. Inequality of service to peripheral areas could be reduced by creating cooperation between HMOs, thereby establishing clinics capable of providing services that are both accessible and equitable. In addition, the number of sessions provided to patients in the health-care basket should be reassessed, and a set of uniform criteria should be created for determining the optimal number of PT sessions. This could lead to greater uniformity in distribution of PT services provided by the HMOs.

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## 1. Introduction

The National Health Insurance Law of 1994 (NHIL) ensures provision of a basket of health-care services to all Israeli citizens [1]. The law states that ‘health-care services will be provided according to medical judgement, at a reasonable quality, within a reasonable time and at a reasonable distance from the patient’s place of residence’. To

a certain degree, the NHIL brought the national health system closer to its goal [2], but still deals with inequalities [2,3]. One of the NHIL’s limitations is its vagueness concerning implementation [4]. Physical therapy (PT) services are included in the health-care basket as a general concept, which indicates that the legislator recognised the significance of rehabilitation for people with disabilities. The NHIL defines an arbitrary number of treatments (12 and 25 sessions for chronic and acute cases, respectively), with no allowance for professional judgement. No contingency is included for adjusting the number of treatments according to patient needs or in response to scientific evidence or globally recognised guidelines. The terms ‘quality care’ and ‘reasonable time and frequency’ are not defined.

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In the Western world, there is no uniform policy regarding PT services in the health-care basket. These services are included in the basket of medical services covered by government health insurance laws in many European countries, for example, in England [5], France [6], Germany [7], Austria [8] and Switzerland [9]. In Ireland, PT services are provided free of charge on the basis of need and subject to budget constraints, but is not clearly defined in the law [10]. Physical Therapy services are provided partially by Medicare in the Netherlands [11], Spain [12], the U.S. [13] and Australia [14], but not in New Zealand [15]. In the Netherlands for example, payment for healthcare services, including physiotherapy, is provided by individual private health insurance companies. The cost of physiotherapy services depends upon consumer choice of plans, so cost varies according to the plan chosen [11]. A National Health Insurance law was recently passed in the US, but it covers chiropractic rather than PT services [16]. This is remarkable, as in the US, entry into the profession requires a doctoral degree (DPT) [17].

Nearly 15 years after the law was enacted, it was complemented by the Law Regulating the Practice of Health-care Professions [18]. This law states that only professionals who fulfil the educational and training requirements stipulated in the law and pass the government exam qualify to receive a professional certificate from the Ministry of Health (MOH) and work as physical therapists.

Physical therapy services are currently provided throughout Israel to all sectors of the population and in all public institutions: general, rehabilitative and geriatric hospitals; Health Maintenance Organisations (HMOs); various facilities that operate under the supervision of either the Ministry of Welfare and Social Affairs (MOSA) or the Ministry of Education (MOE); and the Israel Defense Forces. Additionally, services are provided at many private facilities as well as in others supported by non-profit organisations. Physical therapy services are utilised by patients from infancy to old age in all types of medical care, from acute inpatient care to chronic disease management, as part of rehabilitation and in health promotion services. Approximately 4000 PTs are employed in the Israeli public sector (Table 1); certificates are issued to approximately 300 PTs every year [19].

Requests for PT treatment in Israel are common. The 2009 Central Bureau of Statistics Survey noted 8.3 million visits to paramedical professionals for that year, two thirds of which were for the PT service [20]. This type of data emphasises the need to review the services provided and the degree to which they comply with the intentions of the legislator.

To date, the implications of the NHIL have been described in the context of the health system in general [3], in relation to specific fields such as preventive health services for mothers and children [21] and dental care [22], and in view of the promotion of medical technologies [23]. As for PT services in Israel, the implications of the NHIL have yet to be examined. This topic is particularly interesting in light of the Law Regulating the Practice of Health-care Professions of 2008 [18], which ensure patients' rights to quality health-care, in terms of care given by qualified

**Table 1**  
Summary of the number of physical therapists by facility (2012)<sup>\*</sup>

Facility	Total number of physical therapists <sup>**</sup>
HMOs	2000
Hospitals, including rehabilitative	700
Geriatric facilities	400
Child development	200
Ministry of Health (head office)	20
Ministry of Education	300
Ministry of Social Affairs	300
Israeli Defense Force	50
Ministry of Defense	30
Academia	50
Private (estimated)	500
Total	4550

<sup>\*</sup> From a report sent to Dr. Tuvia Horev, Chairman of the Committee for inspection of staffing in healthcare professions, by Ayala Parag, Head Physical Therapist at the Ministry of Health, on May 8, 2012 (internal document. A permission for publication was received from Ms. Ayala Parag).

<sup>\*\*</sup> The totals represent the number of physical therapists employed at the various facilities. In many cases, the physical therapists held part-time positions at several facilities.

credentialed providers. A comprehensive description of the Israeli health system published in 2009 did not include a comprehensive description of PT services [24]. The current study focuses aspects of PT services as previously mentioned. Given that HMOs are the largest provider of PT services in Israel (Table 1), this study examines PT services in these organisations. Services provided under the direct responsibility of the MOE and MOSA have been described elsewhere [25]. The MOH published a Procedure Manual for PT Services in the Community in 2009 [26], as a step toward standardising PT services; implementation of the directives of the manual is examined on an ongoing basis by professional government audits of services, however the results have yet to be described and published. The purpose of this study is to examine and describe the implementation of the principles of equality and accessibility of PT services provided by the four HMOs in Israel. Results of this work may help improve not only the positioning of the profession within the health-care system, but also the quality, accessibility and availability of services provided. This is part of a wider study which considers PT services in Israel from a legal perspective.

## 2. Materials and methods

A qualitative study was conducted during 2012–2013, based on semi-structured personal interviews held with national directors of PT services in public institutions in Israel, as well as with the heads of the Israeli Physiotherapy Society and the Israeli Physiotherapy Association. A total of ten directors participated, including the Chief physical therapist from the MOH and directors of PT services at the four HMOs. Due to the fact that at the time the study was conducted the directors of PT services in all of the HMOs had retired within the past two years, both the current and the previous directors were interviewed.

Initial contact with potential participants was made via telephone; during the ensuing conversation the directors

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