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Intervention Design and Implementation Strategies for Direct Access to Physiotherapists in Primary Care: Synergizing the Roles of Family Doctors and Physiotherapists

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Introduction

The policy for direct access to physiotherapists in primary care context is being formulated in Hong Kong. Research has demonstrated the benefits of direct access to physiotherapists. Issues remain on the appropriate policy design in the context of patient safety and organizational challenges in implementation. This study aims to:

- Examine the **intervention design options** for the policy of direct access to physiotherapists in Hong Kong and
- Identify corresponding **implementation strategies**, informed by **Implementation Science** and verified in a **Delphi Survey**.

Methods

Sequential mixed-method approach:

- Formation of an **expert steering group** to advise on the development of policy options and implementation strategies
- **Literature review** to understand the different aspects of policy intervention design, and barriers and facilitators of implementation;
- Qualitative in-depth **interviews** and **focus group discussions** to understand key stakeholders' perspectives related to the direct access model: policymakers, tertiary physiotherapy education institutions, employers, physiotherapists, doctors and patients; and
- A **Delphi Expert Survey** for a consensus-based approach

Results

Literature review

- The **literature review** highlighted **policy and legal frameworks**, **scope**, and **restrictions** for direct access across different countries.
- **US:**
  - Explicitly written in "Physical Therapy Practice Act" in their states, with **varying levels of direct access model by states**:
    - Unrestricted Direct Access
    - Direct Access with Provisions
    - Limited Direct Access
- **UK, Australia, Singapore:**
  - Not explicitly written in law
  - **Practice guidelines/ Scope of practice**

Qualitative key findings

21 key informant interviews *(December 2023 to May 2024)*
7 focus group discussions and **14 individual interviews** with frontline doctors, physiotherapists, and patients *(April to September 2024)*

- **Stakeholders**, particularly doctors and physiotherapists, had **different interpretations of the government's proposal**, such as the **need for a medical diagnosis** and **compliance with clinical protocols**
- Main **barriers** identified in the implementation:
  - **Insufficient understanding** of the details of the government proposal,
  - **Inadequate engagement** of different stakeholders, and
  - Concerns about **patient safety** and **quality assurance**
- Key **facilitators** include:
  - **Enhancing patient knowledge**,
  - **Equipping physiotherapists** with necessary **competencies**, and
  - **Effective understanding** of the **role and practice of physiotherapists**

Delphi survey

The 1st round of Delphi for deliberation *(12th November 2024),* and the 2nd meeting for rating *(2 December 2024)*

Level of Consensus
>70%
Rating 4-5
out of 5-likert scale on Agreement of
"Appropriateness"
"Feasibility"
"Clarity"

- **Consensus** was achieved for **all 27 statements** (including all sub-statements), with a relatively higher level of consensus for statements relating to policy implementation

Summary of Delphi Statements on

Policy Design (Government's Proposal)

Condition 1
Patients can produce proof of diagnosis from a registered medical practitioner within the last 12 months *(with pre-existing diagnosis)*

- **Format**
- **Duration**

Condition 2
Compliance with clinical protocol or cross-disciplinary collaboration arrangement promulgated by authorised bodies *(without pre-existing diagnosis)*

- **Format/ Type**
- **Components**
- **Settings**
- **Who decides and how**

Condition 3
Emergencies and other circumstances endorsed by the SMP Council

- **Definition**

Policy Implementation

- **Clarification & education to address knowledge-related barriers**
- **Ensuring & maintaining physiotherapists competency**
- **Monitoring, Evaluation, Regulation & Governance**
- **Engagement between the stakeholders**

- **Policy Design** statements: Consensus reached, but a fundamental divergence of views reflected by a higher interquartile range (IQR*) >1 by a minority of professional members warrants attention:

Statements with divergence views *(under Condition 2)*:

Statement 4: A clinical protocol is established for direct access model without known pre-existing diagnosis"

- Divergence in the understanding and interpretation of the term **"clinical protocol"**, e.g. concerns on the use of a single protocol to guide physiotherapists' intervention (e.g., mode, intensity, duration) due to the variety of reasons causing immobility, therefore suggested using "guideline"

Statement 5c: If a condition persists for 30 days, or shows no expected progress, or deteriorate unexpectedly after 10 visits, whichever occurs first, a referral to medical practitioners is required

- Concerns on the **specification of the number of visits or days for a condition** for referral to doctors, due to the diverse patient progress for different conditions

- **Policy Implementation** statements:
  - All agreed on the **appropriateness of a specified number of post-graduate clinical experience hours**, a doctor suggested **3 years** to ensure competency and retain public sector manpower
  - Doctors worried about **potential resistance from physiotherapists to conducting audits**, and highlighted that **Physiotherapists Board needs support,** e.g. expanding its current representatives in monitoring
  - Some concerned the **resources and time** required to **develop the electronic health record system** for direct access model

*IQR: Spread of data (Difference between 25th and 75th percentile of data)

Conclusions

The study underscores the importance of **developing clear protocols and guidelines**, **ensuring professional autonomy**, and addressing **safety concerns** through **systematic regulation**. Effective implementation requires **ongoing evaluation**, **public education**, and **stakeholder engagement**. By synergizing the roles of family doctors and physiotherapists, the direct access model can enhance primary care outcomes, improve patient accessibility, and strenthen the overall healthcare system.

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