



Original article

Referral to specialist physiotherapists in the management of whiplash associated disorders: Perspectives of healthcare practitioners



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ABSTRACT

Background: Guidelines for whiplash associated disorders (WAD) recommend early referral to specialists (e.g. specialist physiotherapists) of people who are not recovering. This recommendation is a key component of a proposed clinical pathway of care for WAD.

Objective: To explore healthcare practitioners' opinions about referral to specialist physiotherapists of people with WAD at high risk of non-recovery.

Design: Qualitative descriptive study.

Methods: Six focus groups were conducted among primary care allied-health practitioners (n = 16) and specialist physiotherapists (n = 12) in New South Wales and Queensland, Australia. Discussions were audio-recorded and transcribed for thematic analysis.

Results: Ten themes were generated from analysis. Practitioners appeared to have good knowledge of indicators for referral; however, referrals were often made to the medical practitioner, less commonly to specialist physiotherapists. There was general support for referral to specialist physiotherapists, which was deemed as a viable alternative for people who are not recovering. Practitioners, however, had differing views about the attributes of a specialist physiotherapist and referral timeframe. A number of factors have been identified to influence the referral process and practitioners expressed specific expectations of the desired outcomes of referral as well as considerations for specialist management approaches. There was strong support for a collaborative approach in management that involved the referring practitioner.

Conclusion: Results support the feasibility of referral to specialist physiotherapists despite limited uptake in practice and recognised barriers to referral. These findings have implications for further study and adopting strategies to facilitate effective implementation and translation of the proposed pathway into primary care practice.

1. Introduction

Evolving professional roles and changing needs in musculoskeletal healthcare have provided opportunities for healthcare practitioners, such as physiotherapists, to advance practice and provide specialist services. Internationally, countries including the United Kingdom, New Zealand and Canada have introduced clinical specialisation in musculoskeletal physiotherapy (Chartered Society of Physiotherapy, 2001; Canadian Physiotherapy Association, 2011; Physiotherapy Board of New Zealand, 2016). In Australia, physiotherapists who provide specialist services (e.g. peer review, advanced skills and expertise)

(specialist physiotherapists) have either completed Fellowship in the Australian College of Physiotherapists (FACP) or appointed by a government insurance regulator as independent consultants.

Clinical specialisation through the Australian College of Physiotherapists (ACP) is a three-tiered process and a mechanism for awarding specialist titles has been in place since 1982 (Van de Meene, 1988; Carr and Shepherd, 1996; Jull and Moore, 2008). FACP specialisation is awarded upon demonstration of advanced knowledge, skills and behaviours in physiotherapy management, and highly developed service delivery skills in an area of practice (e.g. musculoskeletal physiotherapy) (ACP, 2017). Comparatively, independent consultants are

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appointed based on demonstrated expertise in complex injury management and include physiotherapists, chiropractors, osteopaths and psychologists (Insurance Commission of Western Australia, n.d.; Transport Accident Commission, n.d.; Motor Accidents Insurance Commission, 2012; State Insurance Regulatory Authority, 2016). Independent consultants provide independent clinical opinion and peer review to assist in claims management and determine appropriateness of treatments (Insurance Commission of Western Australia, n.d.; Transport Accident Commission, n.d.; Motor Accidents Insurance Commission, 2012; State Insurance Regulatory Authority, 2016). FACP and independent consultants provide specialist services to primary healthcare practitioners through referral either within or across disciplines.

To date, the role of specialist physiotherapists is more established in tertiary healthcare settings. In these settings, referral to specialist physiotherapists for low back pain and other orthopaedic conditions has resulted in reduced waiting times for routine appointments and improved resource utilisation, without compromising patient satisfaction with care (Hart and Dobrzykowski, 2000; Rymaszewski et al., 2005; Oldmeadow et al., 2007; Robarts et al., 2008; Blackburn et al., 2009; Desmeules et al., 2012; Murphy et al., 2013). These changes in the tertiary care setting have led to improved service delivery and reduced burden on the medical system through efficient resource utilisation and provision of more appropriate management.

In the primary healthcare setting, referral to specialist physiotherapists could also potentially improve service delivery by reducing unnecessary imaging and treatment and redirecting interventions to improve outcomes. This type of role for specialist physiotherapists has been identified in the management of one of the most complex and costly conditions namely, whiplash associated disorder (WAD). In New South Wales (NSW) and Queensland (QLD) Australia, treatment following a motor vehicle accident can be funded through compulsory third party (CTP) insurance. NSW and QLD operate under a common law fault-based scheme and CTP insurance is provided by private insurance companies, under license and regulated by the State Insurance Regulatory Authority (NSW) and the Motor Accident Insurance Commission (QLD). Practice guidelines recommend referral to clinicians with expertise in WAD (e.g. specialist physiotherapists) as early as three weeks after injury for people who fail to recover (State Insurance Regulatory Authority, 2014). Similarly, we propose, in a randomised controlled trial, that a clinical pathway of care involving referral to specialist physiotherapists of people at high risk of non-recovery would improve health outcomes in WAD (Rebbeck et al., 2016). This early referral is believed to enable early identification of factors related to non-recovery and early action to address these risk factors. Referral of people at high risk of non-recovery to specialist physiotherapists, however, is seldom acted upon and where it is referral is initiated by insurance companies in the later stages of the injury when barriers to recovery are entrenched (Nicholas, 2016). Moreover, the acceptance, use and perceived value of such referral and an understanding of how the process might work have not been well-explored.

The practice of referring to specialist physiotherapists by other physiotherapists is not common and limited information exists about why this may be the case (Robertson et al., 2003). Barriers to referral to medical specialists and integrated care have been investigated among primary care physicians, specialists and allied health practitioners. These barriers included poor communication, delayed referral, access and disagreement with specialists' role (Akbari et al., 2008; Mehrotra et al., 2011; Pollard et al., 2011). Such factors, however, have not been explored within the context of referral to specialist physiotherapists in a primary care setting.

An exploration of the feasibility of referral to specialist physiotherapists is an important step in translating this pathway of care within the primary healthcare setting to potentially address the burden of complex musculoskeletal conditions. The aim of this study therefore was to explore healthcare practitioners' opinions about referral to

specialist physiotherapists of people with WAD at high risk of non-recovery. Insights gained could elucidate on the feasibility and acceptability of the concept of specialist physiotherapist referral and subsequently inform the implementation of the proposed clinical pathway of care.

2. Methods

2.1. Design

This qualitative descriptive study is part of a larger mixed-methods project, underpinned by phase 2 of the Research Translational Framework (Rubio et al., 2010; Sax Institute, 2016), which investigated the feasibility and acceptability of implementing a proposed clinical pathway of care for WAD. Qualitative description provided a rich, straight summary of the participants' perspectives regarding the topic (Sandelowski, 2000, 2010; Neergaard et al., 2009). The pathway involved; early screening using a clinical prediction rule to assess risk of non-recovery, provision of matched guideline-based treatments and early referral to specialist physiotherapists of people at high risk of prolonged pain and disability (Rebbeck et al., 2016). This study reports on perceptions around one aspect of this pathway namely, referral to specialist physiotherapists (Fig. 1). The study involved semi-structured focus group discussions using methods described by Kitzinger (1994) and Wong (2008). Approval was obtained from The University of Sydney (2015/444) and Griffith University (2015/707) human research ethics committees.

2.2. Participants

Participants were recruited using purposive sampling targeting practitioners who treat people with WAD (Creswell, 2007). This was necessary because not all primary healthcare practitioners or specialist physiotherapists regularly see people with WAD. Participants included were; registered physiotherapists, chiropractors and osteopaths working in a primary care setting (generalists), who treat at least 1 patient with WAD per year and physiotherapists with expertise in complex musculoskeletal conditions (specialist physiotherapists) in NSW or QLD, Australia; and available to attend a focus group discussion on a nominated time. We invited general medical practitioners (GP) in the focus groups; however, none participated. Participant characteristics varied in terms of experience level and practice settings (metropolitan and rural areas) to improve transferability (Shenton, 2004).

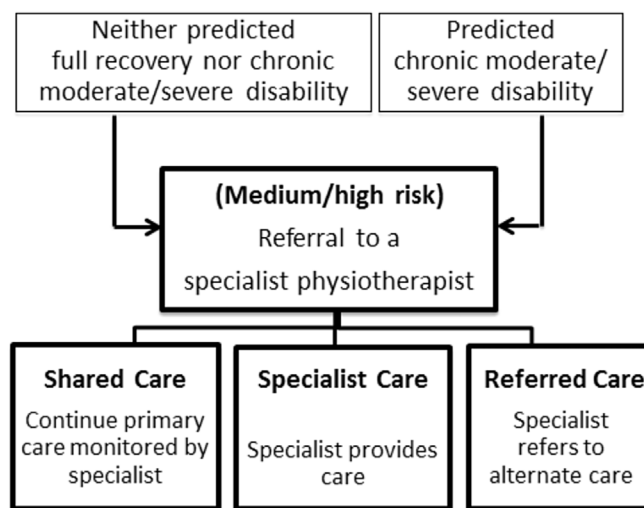


Fig. 1. Referral to specialist physiotherapists. Decisions that specialist physiotherapists would make for people who are at medium/high risk of experiencing prolonged pain and disability as a component of the proposed clinical pathway of care for WAD.

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