

## Comment on “Models of care for musculoskeletal health in Australia: now more than ever to drive evidence into health policy and practice”

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Briggs *et al.*<sup>1</sup> have identified the gap in current healthcare policy between the available evidence supporting models of care (MoC) and actual service delivery across musculoskeletal healthcare in Western Australia and New South Wales. As an allied health practitioner with experience in public health in Australia and internationally, I wish to make the case for these novel MoC to be led by senior physiotherapists, namely those acting in extended scope of practice (ESP) roles.

There has been a recent focus at national and state levels<sup>2,3</sup> on ESP physiotherapists leading these new MoC that have so far been shown as not only cost-effective for health services, but also achieving their targets of patients receiving appropriate care in a more timely manner.<sup>4</sup>

ESP physiotherapy roles originated in the UK more than 20 years ago,<sup>5</sup> with an initial aim of patients having better access to quality care, delivered by appropriately qualified senior health practitioners. However, in Australia this has been a relatively new initiative. In their recent publication, Morris *et al.*<sup>6</sup> discussed how ESP could best be implemented in the Australian workforce, recommending strong business cases be put forward to all stakeholders before service establishment to avoid the *ad hoc* nature of how ESP physiotherapy-led MoC evolved in the UK.

This business case model, adopted by Health Workforce Australia (HWA), has designated physiotherapy as an area of focus to identify new MoC across the spectrum of public health. This includes emergency departments, where ESP physiotherapists are primary contact practitioners, outpatient triage services (e.g. Orthopaedic Physiotherapy Screening Clinics (OPSC) in Queensland (Qld) and Western Australia) and ambulatory settings in the community.<sup>3</sup>

Some initiatives so far include: orthopaedic screening clinics, such as the Osteoarthritis Hip and Knee Service (Alfred Health, Vic.);<sup>7</sup> physiotherapy-led neurosurgery spinal pain triage (Sir Charles Gardiner Hospital, WA);<sup>7</sup> and musculoskeletal pathway with prescribing rights as part of the OPSC (Gold Coast Hospital and Health Service, Qld).<sup>8</sup>

Here in Victoria, ESP physiotherapy in the emergency department as a new MoC has had support from the Victorian Department of Health as well as HWA.<sup>2</sup> This service, run by advanced practice musculoskeletal physiotherapists, aims to

manage acute musculoskeletal conditions presenting to the emergency department, with patients with acute back pain 14.5-fold less likely to require admission when seen by the physiotherapist,<sup>9</sup> certainly a better outcome for both patient-centred care and hospital efficiency benchmarking.

Of course, one of the keys to a successful new service is to ensure that the clinicians running it are appropriately qualified and credentialled (another recommendation from Morris *et al.*<sup>5</sup>) and the large-scale project run through Alfred and Monash Health services has also involved developing a competency framework for this program, achieving state-wide recognition in winning a highly commended award at the Victorian Public Healthcare Awards.<sup>10</sup> Hopefully through this enhanced awareness of the potential benefits of ESP physiotherapist-led MoC, further progress in integrating the evidence into policy and practice can be made.

### References

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