

POSTER ABSTRACT

Physiotherapy In Primary Care: Piloting of A New Integrated Service

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Introduction: In recent years, the prevalence of osteoarticular pain in our society has been following an unstoppable upward curve, with a medium-term forecast that points to it as one of the major causes of disability. The approach to the treatment of these ailments from an exclusively biomedical model, far from resolving them, saturates the health services themselves and fails to add value to the health/disease experience of those who suffer from them.

Objectives: To evaluate the implementation of a Physiotherapy service in Osakidetza Primary Care centers for the management of people suffering from osteoarticular pain.

Material And Methods: As part of the corporative strategy delineated by Osakidetza for Pirmary Care, the aim was to introduce a new approach to osteoarticular pain based in an integral model using exercise as the instrument to maintain health and prevent relapses, empowering the person in the management of their process, in connection with the municipal sports services. Specifically, it is intended to refer patients from primary care family medicine professionals to physiotherapy, under an agreed treatment protocol and in coordination with the Rehabilitation Service. This process is based on a fundamentally educational approach, consisting in 10 sessions of 1 hour of duration, in groups of 8-10 people, carried out over 2 weeks each group, with specific exercises adapted to their pathology. The piloted evaluation of the program was conducted in 2 gyms located in 2 health centers serving the entire regional population of 312,000 inhabitants, between November 2018 to December 2021.

Results: The number of people assessed by 4 physiotherapists during the evaluation period was 4,175. Of these, 3,294 (79%)performed the treatment, 4% were referred to the hospital rehabilitation service after the assessment, 3% of the patients were returned to their Family Doctor due to inadequate referral and 17% refused treatment, in all cases due to the impossibility of reconciling work-family life. In accordance with the available evidence, the most frequent reason for consultation was back pain, in 72% of the cases. In 76% of the cases, the waiting time from the physical therapist's evaluation to access to the treatment was less than 1 month, being in all cases less than 2 months. After participation in the program, 81% of the users treated showed improvement in pain and/or functionality. Regarding satisfaction, 95% found the treatment useful and 100% would recommend the treatment to others, with an average satisfaction of 9.3 out of 10.

Tutor: Physiotherapy In Primary Care: Piloting Of A New Integrated Service .

Conclusions: The approach to non-specific back and shoulder pain in the context of primary care offers a service to the affectd citizens closer in time and space, with an effective resolution of the symptomatology and a highly valued patient experience. The physiotherapist, in addition to leading the whole process, is a key figure of integration between the two levels of care of Primary and Specialized Care. By resolving non-complex pathology in the primary care setting, more space is given to address more complex pathology in the hospital setting.