



Physiotherapy project of the GP's cluster model program in Hungary

Ilona Balajti

University of Debrecen, Hungary

Abstract

In addition to rehabilitation tasks in the specialised care physiotherapists' competences cover health promotion services as well. Therefore their work could be easily incorporated into public health focused care. The majority of GPs work in patient care or referral to specialized care and spend much less time on diverse preventive activities. Nowadays the weakness of the preventive services in primary care is well known and it is no different in Hungary either.

GPs' clusters were established by the intervention activity of the Hungarian government's health reform in 2012. It was a pilot programme funded by the Swiss-Hungarian Cooperation Programme 'Public Health Focused Model Programme (PHFMP). The aim of the pilot programme, which is based on the acceptance of the Health 2020 concept, is to improve the general health status of the population, thereby substantially reduce social inequalities in health.

Further goals of PHFMP are health status assessment of the population, adaptive health promotion based on individual risk factors, and promotion of the health-conscious behaviour of clients and communities. Physiotherapists' activities are fully synchronized with these aims, thus this new profession will perfectly fit into primary care.

PTs with BSc level are familiar with the latest professional rules and protocols and do their jobs according to Evidence Based Practice (EBP). They have competence to do rehabilitation, take care of patients, and accomplish prevention programmes. The new services provided by the physiotherapist of the GPs clusters are based on prevention. Their various exercise programmes could contribute to a new health promotion and prevention service.

In Hungary physiotherapy programmes are available mostly on the secondary health care level. The objective of the Model Programme was to make physiotherapy available at all levels, thus addition of new professionals to the team of GP practices makes health care accessible to a significantly broader population.

The aims of the applied physiotherapy programmes were determined by PHFPC specifications. One of the most important aspects of the new services was to reach more and more clients of the population in the GPs cluster. Another aim was to involve them in the programmes and facilitate participants' access to the new type of service.

The organization and implementation of physiotherapy -

in the GP's clusters -, focused on different levels of prevention. Physiotherapists' services included obligatory programs like spinal training, increasing general physical status, treating movement system complains, and weight loss programs. In addition, other goals were determined: health promotion activities for people with sedentary lifestyle, overweight, obesity, elderly people, and children. Lifestyle counselling, its target groups were people with sedentary lifestyle, overweight, and obesity, and chronic care and rehabilitation for patients with chronic disease.

The novel physiotherapy programmes of primary health care in the GPs clusters fall into two groups: the first was the compulsory services:

1. Exercises for posture correction, based on strengthening of antigravity muscles, and increasing coordination abilities. Muscle training of the arch. The target group was preschoolers, aged 6-7.
2. Therapeutic exercises to treat the most common orthopedic diseases of the spine, like functional postural disorders and structural developmental anomalies. The target group was students, aged 6-18.
3. Exercise for spinal training, back school therapy which based on theoretical and practical patient education to teach them to how to help them take active part in the management of the back pain. The main target group was adults with sedentary lifestyle, aged 18-65.
4. General condition training for elderly people, over 65. This program included strengthening trunk muscle, increasing coordination ability, posture correction, and improving endurance.
5. Weight loss training program for obese, and overweight clients, over 18. These training programs have always been complemented by nutritional and mental counseling with the help of relevant professionals, the dietitian and the health psychologist.

These programs have always been in small groups to reach more clients of the population in the GPs cluster. The second group of the novel physiotherapy program was the recommended services.

We tried to integrate exercises for posture correction, and back school program into the physical education classes in collaboration with physical education teachers. The target group was students, aged 6-18.

1. Special physiotherapy program for pregnant women, physical training for the successful and complication free process of labor and childbirth.
2. Particular gymnastics for women in perimenopausal or postmenopausal ages, to prevent and treat urinary incontinence
3. individual counselling as necessary

The efficiency of the physiotherapy services was proved by

special questionnaires measuring health quality and surveyed with protocols based on physiotherapy examinations. The results showed significant improvement. Furthermore, analysis of the questionnaires filled out by participants showed an over 90% satisfaction rate.

Overall we can conclude that, in accordance with the endeavours of WHO and the frame for action of World Confederation for Physical Therapy, we have found new and efficient methods to integrate physiotherapists into primary care and encourage the population to treat and prevent non-communicable diseases through health promotion programmes, facilitating a paradigm shift towards preventive activity.

Groups are at altogether different stages and levels of improvement, across Wales as well as inside individual wellbeing board zones. There are different views on the value and maturity of clusters. According to some respondents there is a large degree of reliance on the energy and enthusiasm of individual GPs, GP

Practices or cluster leads in terms of driving development in some clusters, and that this is not a sustainable long term model.

The provision of health promoting services is included in the competences of physiotherapists in addition to rehabilitative tasks provided in specialized care. Therefore, physiotherapists integrated seamlessly into the Primary Care Development Model Programme. Physiotherapeutic services in the GP clusters were implemented at different levels of prevention, and in all clusters included programmes such as spinal training, improvement of motility and endurance, treatment of various problems of the musculoskeletal system, and exercise programs for weight loss. Efficiency of the physiotherapy services was supported by surveys on health status and quality of life as well as physical status examinations yielding significantly improved results. A patient satisfaction survey conducted among participants of physiotherapeutic interventions showed that over 90% of the clients were satisfied with these types of services.