

# The Use of Digital Tools within Physiotherapy: Facilitators and Barriers

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#### Introduction

This poster is **part of a larger study** undertaken in partnership with **Medbase**, which owns over 50 medical and physiotherapy outpatient clinics in Switzerland. Physiotherapists are provided with a **mobile health-application** from Physitrack TM (hereafter APP), that allows creating and distributing home exercise programs, monitoring patients' progress, offering chat/video remote coaching and education material.

The aims are to:

- investigate **how** the APP by Medbase and other digital tools are **used** in ambulatory physiotherapy
- identify factors that **facilitate** or **hinder** the adoption of the APP

Analysis of data collected before and after COVID-19-restrictions suggests particular relevance of certain factors.

# Background

The use of digital technology in health- and rehabilitation care has become increasingly important. International studies revealed:

- its **potential for physiotherapy practice**, e.g. improve therapy interventions, facilitate access to expertise and supervision (cf. Hinmann et al, 2017).
- patients' perception of its use is mostly positive (cf. Lawford et al, 2018)

However, studies pointed out:

- adoption in physiotherapy is **low** and therapists' perception of its benefits for practice is **mitigated** (cf. Button et al, 2018)
- impact on physiotherapy practice, its organization and communication between therapist and patient is **profound** (Blixt et al, 2019)
- research on its use in Swiss physiotherapy is scarce (PhysioActive, 2017)

# Ethnographic Workplace Study

In order to understand low adoption of the APP from an endogenous, i.e. users' perspective, an **ethnographic workplace study** approach was adopted (vom Lehn, 2018). Fieldwork in two Medbase physiotherapy outpatient clinics was undertaken from February to June 2020:

- observing physiotherapists' daily practice (therapy sessions; administrative work; team meetings)
- interviewing physiotherapists about use and perception of the APP
- eliciting patients' age, gender, general experience with digital tools

Data collection was interrupted during COVID-19 restrictions:

Period	Observed sessions	Participating PHY	Participating PAT
February-March 2020	31	13	31
June 2020	14		12

#### Ma3: Reimbursement model Legal framework of Access to face-to-face for virtual consultations mhealth vs. lifestyle therapy; proximity to applications (certifi-+ inclusion into list of next outpatient clinic reimbursable health cation; liability risks; services of insurances data privacy) Interoperability of APP Institutional policy on Institutional policy Funding of Technical services and Design of the APP in introduction of APP and guidelines regarding the administration of APP with other digital tools infrastructure and use outside face-touse of the APP physiotherapy practice face therapeutic user-friendliness well as its funding Mi2phy: Mi1phy: Mi4phy: Therapist's digital Therapist's con-Therapist's own Perception of ception of benefits health literacy patient's initiative to adopt of APP, identifyand use the APP, expectations and gain 'ownership' Mi1pat: Patient's digital Patient's readi Patient's conception of ness to adopt/ benefits of APP use the APP low Keel, Keller, Schmid, Schoeb 2020

### Findings

The figure above shows **16 factors on three levels**, facilitating or hindering the adoption of the APP in daily physiotherapy practice:

- the Swiss health system macro-level (Ma1-3)
- the institutional meso-level (Me1-6)
- the interactional physiotherapist-patient micro-level (Miphy1-4; Mipat1-3)

The valence of an individual factor leads to low or high adoption of the APP: e.g. in Switzerland, the absence of a reimbursement model including virtual consultations into the list of reimbursable health services (Ma1), hinders the adoption.

- + Factors mutually influence each other:
- top-down and bottom-up (see arrows between distinct levels)
- on a horizontal level (see arrows between factors of a same level)

The impact of distinct factors as facilitators or barriers is the result of a **complex** and dynamic process.

#### Conclusion

During COVID-19 restrictions (March-April 2020) and after their partial relaxation, the adoption and use of the APP significantly increased. Main factors for the increase (highlighted with red frames in the figure) were:

macro-level (Ma1; Ma3): Virtual consultations were partially reimbursed and the access to face-to-face consultations was limited.

meso-level (Me1; Me2; Me3): Continuous training and administrative work with the APP was fully financed and guidelines for handling virtual consultation and the creation of home programs were provided.

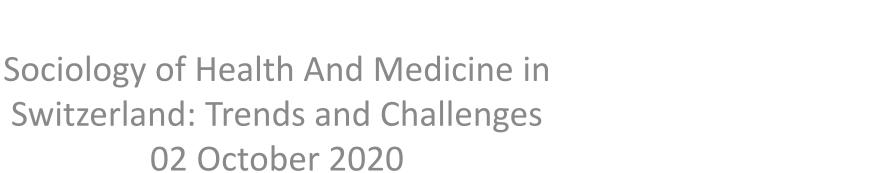
micro-level (Mi1phy; Mi1pat): Physiotherapists' initiative and patients' readiness to adopt and use the APP proved crucial.

+ Degree of increase was determined by the way physiotherapists of a same site dealt with the changed context as a team and how they interacted with each other and with patients.

**Further research** is required to understand the impact of the interplay between distinct levels and factors on **the middle- and long-term adoption** of the APP.



Blixt et al (2018). DOI: 10.1080/09593985.2019.1681042 Button et al (2018). DOI: 10.1016/j.msksp.2017.11.002 Hinman et al (2017). DOI: 10.1002/acr.23218 Lawford et al (2018). DOI: 10.1016/j.joca.2018.02.909 PhysioActive (5.2017). *physioswiss.* Sursee, CH. Vom Lehn (2018). DOI: 10.1111/1467-8551.12309



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