Supplemental materials

1. Task sharing and shifting model for acute low back pain

French model of task sharing and shifting for acute low back pain

Between family physicians and physiotherapists

Setting

- French multidisciplinary primary healthcare centers
- Including family physicians and physiotherapists
 Using a shared information software



Objectives

- To reduce risk of chronicity for acute LBP
- To improve quality of care
- To reduce wait times
- To reduce family physicians workload
- To reduce resort to emergency services
- To favour interprofessional collaboration
- To highlight physiotherapists' skills





Family physician



Physiotherapist



Interprofessional training

10 hours training between family physicians and physiotherapists are required before the implementation of the model

Patients' inclusion criteria

- Patients from 20 to 55 years old
- Suffering from low back pain since less than 4 weeks

Redirection criteria

- 3rd episod in the past 12 months
- Patient refusal

Shifted tasks from family physician to physiotherapist

- Diagnose acute low back pain
- Prescribe a sick leave
- Prescribe analgesic medication
- Prescribe NSAl drugs
- Refer patient to the physician
- Refer patient to traditionnal physiotherapy

Shared tasks between family physician and physiotherapist

- Interprofessional training
- Interprofessional communication with shared software
- Three-monthly team meetings

Official text available at • https://www.legifrance.gouv.fr/jorf/id/JORFTEXTOOO041697989

Graphic created by AK

2. Questionnaire survey

We invite you to participate in a cross-sectional descriptive study by answering the following questionnaire. The aim of the study is to assess the acceptability of a new model of task sharing and task shifting between physiotherapists and family physicians for the management of acute low back pain within multidisciplinary primary healthcare centers of the Auvergne-Rhone-Alps region, and to identify the perceived levers and obstacles to its implementation. Your answers are confidential.

The questionnaire is divided into 8 sections, defined as follows:

- 1- Demographic characteristics of participants,
- 2- Characteristics of the primary healthcare centers,
- 3- Experience of respondents regarding interprofessional collaboration,
- 4- Knowledge about the TS/S models,
- 5- Perception and acceptability of the TS/S model for acute LBP,
- 6- Perception of physiotherapist's skills for the management of acute LBP,
- 7- Perception of the barriers and facilitators to the implementation of the model,
- 8- Ability to set up the model, 9- Perception of the deployment of the model.

The survey takes about 20 minutes to complete.

Section 1: Demographic characteristics of participants

- 1. What is your gender?
 - a. Male
 - b. Female
 - c. Other
- 2. What is your age?
- 3. What is your profession?
 - a. Family physician
 - b. Physiotherapist
 - c. Other (precise:)
- 4. How long have you been working in a multidisciplinary healthcare center?

Section 2: Characteristics of the primary healthcare centers

- 5. In what departement is your primary healthcare center located?
- 6. What is your practice area?
 - a. Rural
 - b. Semi-rural
 - c. Urban peripheral
 - d. Urban
 - e. Mountain

Section 3. Experience of respondants with interprofessional collaboration

- 7. How often have you collaborated with family physicians / physiotherapists in the 12 past months?
 - a. Frequently
 - b. Occasionally
 - c. Rarely
 - d. Never
 - e. I don't know

- 8. How often did you carry out theses interprofessional activities in the 12 past months?
 - Adressing patients to family physician / physiotherapist
 - Discussing about patients under common care
 - Sharing tools and organization with family physician / physiotherapist
 - Participating in regular team meetings to discuss professional practice
 - Harmonizing professional practice
 - Conducting collaborative care for patients
 - Sharing research projects
 - a. Frequently
 - b. Occasionally
 - c. Rarely
 - d. Never
 - e. I don't know

Section 4: General knowledge about models of task-sharing and shifting

- 9. Did you know that models of task-sharing and shifting can legally be implemented between family physicians and other primary care practitioners in French multidisciplinary primary healthcare centers?
 - a. Yes
 - b. No
- 10. Have you already set up a model of task-sharing and shifting in your primary healthcare center?
 - a. Yes
 - b. No
- 11. If yes, which professionals were involved in the model?
- 12. Did you know that models of task-sharing and shifting can be implemented between family physicians and physiotherapists for the management of patients with acute low back pain?

Section 5. Perception and acceptability of the TS/S model for acute LBP

- 13. What is your perception about the 10 hours training required before the implementation of the TS/S model:
 - a. Totally sufficient
 - b. Mostly sufficient
 - c. Mostly insufficient
 - d. Totally insufficient
 - e. I don't know
- 14. What is your perception regarding the inclusion criteria of the TS/S model:
 - Patients from 20 to 55 years old
 - Patients suffering from low back pain since less than 4 weeks
 - a. Totally appropriate
 - b. Mostly appropriate
 - c. Mostly inappropriate

- d. Totally inappropriate
- e. I don't know
- 15. What is your perception regarding the redirection criteria of the TS/S model:
 - Red flag identification
 - Third episod within the 12 past months
 - Patient refusal
 - Doubt from physiotherapist
 - a. Totally appropriate
 - b. Mostly appropriate
 - c. Mostly inappropriate
 - d. Totally inappropriate
 - e. I don't know
- 16. What is your perception regarding the follow-up indicators of the TS/S model:
 - Proportion of included patients
 - Proportion of redirected patients
 - Proportion of patient refusal
 - Number of interprofessional team meeting
 - Waiting times
 - Patient's satisfaction
- a. Totally sufficient
- b. Mostly sufficient
- c. Mostly insufficient
- d. Totally insufficient
- e. I don't know
- 17. What is your perception regarding the three-monthly team meetings required by the TS/S model:
- a. Totally relevant
- b. Moslty relevant
- c. Mostly non-relevant
- d. Totally non-relevant
- e. I don't know
- 18. What is your perception about the following objectives of the TS/S model:
 - To improve quality of care
 - To reduce risk of chronicity
 - To reduce waiting time
 - To reduce resort to emergency service
 - To reduce family physician workload
 - To highlight physiotherapists' skills
 - To favor interprofessional collaboration
- a. Totally agree

- b. Mostly agree
- c. Mostly disagree
- d. Totally disagree
- e. I don't know

Section 6. Perception of physiotherapist's skills for the management of acute LBP

- 19. What is your perception about the physiotherapist's skills to manage a patient with acute low back pain?
 - a. Extremely competent
 - b. Very competent
 - c. Mostly competent
 - d. Mostly incompetent
 - e. Completely incompetent
 - f. I don't know
- 20. What is your perception about the physiotherapist's skills to perfom these usual tasks:
 - Identifiate red flags
 - Identifiate yellow flags
 - Promote physical activity
 - Provide therapeutic education
 - Manage patient with active exercices
- a. Extremely confident
- b. Very confident
- c. Mostly confident
- d. Mostly not confident
- e. Not confident at all
- f. I don't know
- 21. What is your perception about the physiotherapist's skills to perfom shifted tasks, which are usually part of the family physician's scope of practice :
- Refer patient to the physician if required
- Diagnose acute low back pain
- Refer patient to traditional physiotherapy
- Prescribe analgesic medication such as paracetamol
- Prescribe non-steroidal anti-inflammatory drugs
- Prescribe sick leave for workers
 - a. Extremely confident
 - b. Very confident
 - c. Mostly confident
 - d. Mostly not confident
 - e. Not confident at all
 - f. I don't know

Section 7 : Perception of the barriers and levers to the implementation of the TS/S model

- 22. What is your opinion regarding the implementation of the TS/S model in your primary healthcare center?
- a. Totally favourable
- b. Mostly favourable
- c. Mostly unfavourable
- d. Totally unfavourable
- e. I don't know
- 23. According to you, what are the barrier to the implementation of the TS/S model?
- 24. According to you, what are the levers to the implementation of the TS/S model?

Section 8: Ability to set up the model

- 25. Do you wish to set up the TS/S model in your primary healthcare center?
 - a. Yes
 - b. No
 - c. I don't know
- 26. If yes / I don't know, have you already created a team of family physican(s) and physiotherapist(s) to implement the model?
 - Yes
 - Ongoing
 - Not yet

Section 9: Perception of the deployment of the model

- 27. What is your opinion regarding the restricted implementation of the TS/S model to multidisciplinary healthcare centers?
 - a. Totally agree
 - b. Mostly agree
 - c. Mostly disagree
 - d. Totally disagree
 - e. I dont't know
- 28. What is your opinion regarding the extension of the TS/S model to every primary care setting?
- a. Totally agree
- b. Mostly agree
- c. Mostly disagree
- d. Totally disagree
- e. I dont't know
- 29. What is your opinion regarding the restricted implementation of the TS/S model for acute low back pain and ankle sprain?
- a. Totally agree
- b. Mostly agree

Fam Med Com Health

- c. Mostly disagree
- d. Totally disagree
- e. I dont't know
- 30. What is your opinion regarding the extension of the TS/S model:
 - To other musculoskeletal pathologies
 - To other pathologies, beyond the musculoskeletal field
- a. Totally agree
- b. Mostly agree
- c. Mostly disagree
- d. Totally disagree
- e. I dont't know
- 3. Experience with interprofessional collaboration

Category	Item	Description	GP n=78 (%)	PT n=77 (%)
Frequency of		Frequently	53 (68)	42 (55)
collaboration		Occasionally	19 (24)	27 (35)
between general		Rarely	6 (8)	8 (10)
practitioner and		Never	0 (0)	0 (0)
physiotherapist		I don't know	0 (0)	0 (0)
Interprofessionals	Addressing patients	Frequently	64 (82)	36 (47)
activities		Occasionally	9 (12)	28 (37)
		Rarely	3 (3,8)	10 (13)
		Never	2 (2,6)	2 (2,6)
		I don't know	0 (0)	0 (0)
	Discussion about shared patients	Frequently	23 (29)	17 (22)
		Occasionally	23 (29)	32 (42)
		Rarely	13 (17)	19 (25)
		Never	17 (22)	8 (11)
		I don't know	2 (2,6)	0 (0)
	Shared organization	Frequently	9 (12)	20 (26)
		Occasionally	5 (6,4)	11 (14)
		Rarely	14 (18)	13 (17)
		Never	49 (63)	30 (39)
		I don't know	1 (1,3)	2 (2,6)
	Team meetings about professional practice	Frequently	10 (13)	4 (5,3)
		Occasionally	19 (24)	34 (45)
		Rarely	23 (29)	24 (32)
		Never	24 (31)	14 (18)

	I don't know	2 (2,6)	0 (0)
Harmonization of	Frequently	9 (12)	6 (7,9)
professional			
practice			
	Occasionally	20 (26)	16 (21)
	Rarely	21 (27)	33 (43)
	Never	25 (32)	20 (26)
	I don't know	3 (3,8)	1 (1,3)
Collaborative	Frequently	17 (22)	12 (16)
care			
	Occasionally	24 (31)	33 (43)
	Rarely	11 (14)	13 (17)
	Never	25 (32)	15 (20)
	I don't know	1 (1,3)	3 (3,9)
Shared research	Frequently	6 (7,7)	2 (2,6)
project			
	Occasionally	16 (21)	15 (20)
	Rarely	13 (17)	22 (29)
	Never	42 (54)	36 (47)
	I don't know	1 (1,3)	1 (1,3)

3. Perception regarding the deployment of the model of task delegation

