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The implementation process of the Extended Scope Physiotherapist: a stakeholder analysis

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Preface

Thank you in advance for reading my master thesis. The subject of this thesis is the perspectives of different stakeholders on the implementation process of Extended Scope Physiotherapy.

Firstly, I graduated the bachelor *Gezondheidswetenschappen* some time ago at the University of Twente. After a gap year, I started the master Health Science in September, and in February I also started the master Business Administration. And for the last master I am now graduating with this Master Thesis. My interests are with health care. I hope with the combination of these two masters to be able to improve the health care processes.

The subject of this study came forward due to connection with a big physiotherapy organization. After multiple conversations we came to this subject. This made me very enthusiastic because physiotherapy had always interested me.

Writing this thesis has been a rollercoaster. But over all the subject is so interesting and will be helpful in the Dutch health care, that it motivated me a lot.

After all, I want to thank my supervisors from the University of Twente: Ariane von Raesfeld-Meijer and Yasin Sahhar. Also, my extern supervisors: Steven Peters and Johan Bos. And of course, my family and friends for all the support and motivation they gave me.

Abstract

In this study, the implementing process of the Extended Scope Physiotherapy is discussed. There is a new role for physiotherapists named Extended Scope. It can be seen as a Primary Care Plus function. There are different ways to implement the Extended Scope into the Dutch health care system. The main research question is: ''*How can the Extended Scope Physiotherapy be implemented?''.* This question is answered by the perspectives of the different stakeholders. The following stakeholders are included in this study: physiotherapists, general practitioners, orthopedics, health insurers, and the Dutch Organization of Physiotherapy. The results are divided in different subjects: promoting and obstructing factors for the implementation process, conditions for the implementation of Extended Scope, process of the Extended Scope in health care, range of tasks of the Extended Scope, and advantage after the implementation. The main results that came forward, is that the current situation of health care is mostly a promoting factor for the implementation process. One of the obstructing factors is the commercial thoughts of physiotherapists. One of the main conditions is the qualities that an Extended Scope must have. The main result for the process in health care is that the Extended Scope need to be placed outside the walls of the hospital. Also, a result of the range of tasks, is the different tools the Extended Scope needs to have access to. One of the advantages that came forward is the new perspective for the physiotherapist.

Key words: Extended Scope, physiotherapy, implementation, Primary Care Plus, stakeholders

Contents

Chapter 1: Introduction

High-quality care is an important aim in the Netherlands (Bastiaens et al., 2021). Over the years, some problems in primary care have emerged which threaten the quality of health care. Namely, the aging of the population is resulting in more pressure on primary care (Bastiaens et al., 2021). Next to that, there is an increase of chronically ill patients. These problems have consequences for the general practitioners (GPs). GPs have a higher workload but have the same number of working hours a week. (Bastiaens et al., 2021). Therefore, innovations focused on making the Dutch healthcare system more efficient while maintaining or improving its quality, are of the utmost importance.

The current situation of the Dutch health care system around movement care is not ideal (Koninklijk Nederlands Genootschap voor Fysiotherapie, 2019). The causes of this situation are the increasing healthcare costs and an aging society, the latter in turn creates an increase in health care demand. These developments will cause big problems in the long term if no solution is found. In the current system, a lot of patients are referred by the GPs to a medical specialist for expensive medical procedures, which in most cases is not needed. The reason this happens derives from the way most Dutch citizens are insured. Many people are not insured for physiotherapy treatments, because it is not included in the basic healthcare insurance for patients above 18 and with no chronical illness (De Rijksoverheid., 2022), in contrast to the expensive medical procedures which are mostly included in the basic healthcare insurance. However, due to institutional arrangements in hospitals (Koninklijk Nederlands Genootschap voor Fysiotherapie, 2019), referral to a specialist does not guarantee that patients receive the care they need. This causes patients to be limited in their functioning on the long term. The problems that derive from this form of financing movement care have been seen by the KNGF (2019): "*The interventions of physiotherapy are proven to be effective. But patients are not able to get them and causes that health care is expensive unnecessary.".* Next to this, healthcare insurers are covering less and less types of physiotherapy treatments. This causes that the patients who are not insured for physiotherapy, may not always be able to get the treatment they need.

There are multiple financial cuts to cope with the budget (Pereno & Eriksson, 2020). Therefore, the healthcare systems are pushed to defragmentation. This means more general processes, and less specialization. A solution which falls in line with this is the rearrangement of roles of different medical/non-medical employees in healthcare. In this case, it is important that other healthcare professionals take over tasks from the GPs. One of these rearrangements in roles is found in the Extended Scope Physiotherapist (ESP). The Extended Scope Physiotherapist can be a specialist who is best in diagnosticate patient with problems on the musculoskeletal system. The introduction of this role can be seen as an innovation to improve quality of healthcare and lower the healthcare costs in the Netherlands (Bastiaens et al., 2021). That gives a positive effect on the financial pressure from the health insurers and indirectly the government. These stakeholders are important partners for healthcare organizations (van Dijk et al., 2021). This makes the role of an ESP important to implement.

The central government of the Netherlands set up a task force called ''*De juiste zorg op de juiste plek''* (Taskforce Juiste Zorg op de Juiste Plek, 2018) which roughly translates to "the right care at the right place." The goal of this task force is to keep the Dutch healthcare system sustainable. They focus on the following factors: to prevent the need of care, to prevent more expensive care, to shift care closer to home, and to replace care with for example e-health (Taskforce Juiste Zorg op de Juiste Plek, 2018). In an explorative interview, it is quoted that the implementation of the Extended Scope will help to achieve the goal the right care at the right place. Which means that the right treatment is given by the right health care professional at the right place in the process. In the interview it is also quoted that

physiotherapists are searching for more knowledge in their profession on an individual level. Next to that, physiotherapists believe that there are difficulties for patients to get a referral from their GPs for an orthopedic consult, whilst they feel that they are better in getting the right diagnosis for their patients. Along these lines, it means that the implementation of the ESP is probably in line with the plans of the task force and thus the government.

Over the last 20 years, the function of the Extended Scope Physiotherapist is already known in other countries, such as the United Kingdom, Australia, and Canada (Bastiaens et al., 2021). Defining this new role in these countries has been a complicated journey and the definition has changed over the years. The definition of the ESP is often found too broad, by different health care professionals. One definition is made by The Chartered Society of Physiotherapists in 2002. This definition is as follows: ''*Extended scope physiotherapists are clinical physiotherapy specialists in a recognized specialty that have an extended scope of practice* (Kersten et al., 2007)''. This new role for physiotherapists creates a new kind of care process, named Primary Care Plus. The effect of this shift could be that care can be delivered closer to the patient's home (Wiegers, 2010). Because of this, lots of care can still be delivered in primary care. Another definition, that is given in the Netherlands by the Dutch association of Extended Scope (Eskes & Hallegraeff, 2021) is*: ''An ESP is an independent health care professional who will perform under his own responsibility with a tasks which are authorized by the GPs or medical specialists. The big difference is that the ESP has the final responsibility.''.* These definitions show differences in what the ESP will do and the moments they will be called in.

One of the studies conducted in the UK researches the patient satisfaction of the Extended Scope Physiotherapist (ESP) in comparison to emergency nurse practitioners (ENP) and emergency department doctors (McClellan et al., 2006). McClellan et all. (2006) found a significant difference in patients satisfactory: ESP (55%), ENP (39%), and emergency department doctors (36%). Another research was performed about the new inter-collaboration between the orthopedic and the ESP in a hospital in Denmark (Madsen et al., 2021). This research resulted in an agreement of 62% of the primary diagnosis, an agreement of 79% on a combination of their diagnosis, and a partial agreement in 96% of the cases. Thus, the ESP role improves the patient satisfaction and the ESP can give a diagnosis which is in agreement with the orthopedic. Madsen et al. (2021) suggests that the ESP can take over some diagnostic responsibilities of specialist care. These studies proof the effectiveness of the Extended Scope physiotherapist.

The implementation of the ESP in the healthcare system of the Netherlands brings about the question which tasks the ESP will take over from which care providers. This will be a division in tasks of the GPs in primary care as well as tasks of the medical specialists in secondary care. A decision on what the division will be is yet to be made and it is unsure which party is responsible for making this decision. This implementation process of the ESP requires a new collaboration between different stakeholders who must work together in a different way than they are used to. This will be a changing process for the stakeholders, which can bring some difficulties (Bastiaens et al., 2021). There are examples from different countries, but the Dutch health-care system differs a lot from these countries. All stakeholders who have influence on the process to implement a certain center are important in this research. In the Netherlands these stakeholders (Bastiaens et al., 2021; Morris et al., 2014; van Dijk et al., 2021) are health insurance companies, GPs, secondary care practitioners like orthopedics, rheumatologists and neurologists, government, municipalities, physiotherapists, and the Dutch Health Authorities. These different groups have different perspectives and opinions. The implementation of the ESP in the healthcare system will create a new network where these different stakeholders will work together in a new manner (Morris et al., 2014). The acceptance of every stakeholder of their new role is important for the success of the new network. It is needed to create a network that will be

sustainable (Morris et al., 2014). The sustainability of the network is needed for a successful implementation of the ESP. In the book of Wiig & Fahlbruch (2019), the importance of a stakeholder analysis is shown to create a resilient health care sector. Along these lines, the importance of the opinion of the stakeholders is proven.

There are different ways to implement ESP in the Dutch healthcare as well. Firstly, the ESP can be implemented in every physiotherapy location. For this a great number of ESPs is needed. Besides, the GPs are still able to refer the patients to secondary care unnecessarily. Another option is to have a weekly consult in a GP's practice by a ESP. The ESP is responsible for the patients who are difficult to diagnose. Patients can also be referred to this ESP by there own physiotherapist. The third option is to have a consult at the hospital at the different departments together with a medical specialist. This means that patients who have a difficult diagnosis can be seen by the ESP in the hospital before they see an orthopedic. These options are tested through pilots over the region and will show some results about the performance of the ESP and which option is the best way to implement. There is a different option, developed by the clients. This option is to set up a center, where different specialists work together. The options mentioned above are not the only options. A combination of there can be chosen as well.

In conclusion, innovations in processes are needed in the Dutch healthcare to keep the workload doable and keep health care effective. The ESP role for physiotherapists is an expansion of their work. They will get more responsibility and will be more challenged (Kersten et al., 2007). Implementing this new role implies a new network where the existing stakeholders will work together in a new way. Because of these changes in their collaboration, collecting all the stakeholders' perspectives and opinions about this network can give great insights into possible success factors or hurdles when it comes to implementation. Next to that, the opinions of the stakeholders is important for the manner of implementation. Therefore, the main research question is:

How can the Extended Scope Physiotherapy be implemented?

In this research the different options of implementations will be discussed with the stakeholders by interviews. The outcome of the stakeholder analysis can give an insight for the implementation and designing the diagnostic center movement care or another manner to implement the ESP. There will be focused on the following sub questions: The first sub question is: *Which factors will promote or obstructs the implementation process of Extended Scope physiotherapy according to the stakeholders?* The second sub question is: *What are the conditions for the implementation of Extended Scope Physiotherapist according to the stakeholders?* The third sub question is: *How should the process in health care and the range of tasks of the Extended Scope Physiotherapist be organized according to the stakeholders?* The fourth question is: *Which advantages for the stakeholders could be derived from the implementation of Extended Scope physiotherapist?* The fifth sub question is: *How can the results be divided in changes based on the three management levels: frontline management, middle-level management, and top-level management?* These questions together can give a good insight in the perspectives of the stakeholder. This study can therefore give insights into the best way to implement this ESP role on the base of the perspectives of the stakeholders. So, it will be sustainable structure. The research will be focused on the region Twente. This region is good defined and has its own characteristics. The outcome of this study can also have a theoretical contribution. It can give an answer to the knowledge gap of the opinion of the different stakeholders that are included in this study about the different subjects. This is not known found yet in other studies.

Chapter 2: Literature review

In this chapter, the literature that is found will be discussed. The literature is based on answering the research questions. First, the various stakeholders will be described, followed by the main objectives and, finally, the strategy for conducting this study.

2.1 General part about the important factors of innovation processes

Extended Scope is a new role that can be implemented in health care. The implementation of this new role can cause some changes in the current processes, and role distribution (Wensing & Grol, 2013).Hence, it is important to set up the implementation carefully. For a successful implementation of an innovation, it is important to have a systematic approach with good preparation and planning.

According to the research conducted by Macfarlane et al (2011), healthcare innovations are frequently implemented incorrectly. Mostly the innovations start with great excitement. However, it frequently fails because the organization of the innovation are unable to find the right people with the necessary knowledge, skills, or leadership style (Macfarlane et al., 2011). They found problems in finding the support from other departments or certain stakeholders. So, this gives another reason to set up the implementation carefully and consider the opinions of the stakeholders.

For a sustainable implementation some important factors are needed to consider. The following elements have been identified as crucial in research to implement a new tool(Carlfjord et al., 2010): assessment of the staff expectations, assessment of the perceived need for the innovation, and the potential compatibility with existing routines.

The strategies for stakeholder management are determined by the following three concepts (Co & Barro, 2009): self-perception (includes self-perceived relative power, relative legitimacy, relative urgency, and perceived benefits from the collaboration process), other-perception (the perceived salience of the stakeholder), and group-perception (perceived group efficacy and group climate of the collaborative arrangement).

In a study about stakeholder analysis, there is a difference made between two strategies to manage stakeholders (Co & Barro, 2009). On one hand, the aggressive strategy where there is used a forceful attitude or behavior towards stakeholders. A cooperative strategy, on the other hand, involves a more supportive attitude or behavior toward stakeholders. According to the study's findings, an aggressive approach is favored, because of the urgency, difficulties in conveying legitimacy to bind the trading partners to collaborate, and the lack of faith that every stakeholder would do their part and collaborate in the new workforce.

Another study performed by Reypens et al. (2021) is about network orchestration which means in which way leadership is given without the benefit of hierarchy. This study mentions that a difference is made between dominating orchestration and consensus-based orchestration. Dominating orchestration is common in a network where it is arranged centrally. The initiators of the plan take the lead in important decisions which need to be made. Another option is consensus-based orchestration. In this situation the different organizations or parties act as partners without hierarchy to handle common problems. They try to get a shared vision and control the process together.

Hence, this literature for a sustainable implementation, it is important to have a good preparation and planning. Next to that, it is important to recruit the right motivational people for the organization of the implementation. Also, it is important to know what the expectations are from the stakeholders.

Faith is another important phenomenon, because of a good collaboration. Lastly, the deviation of the orchestration is important. It needs to fit in the process.

2.2 Which stakeholders are important for the implementation process?

In this paragraph the different stakeholders are explained. These stakeholders are people who will have somehow a function in the new network or will lose their responsibilities by introducing the ESP.

According to Bastiaens et al. (2021), the three most important stakeholders in primary care for the ESP are physiotherapists, patients, and GPs. For patients, studies have shown that they find the provision of information, the professional, and interpersonal skills, outcome, and the given patient care pathway important. Unless, physiotherapists experience more stress, the new role is found very satisfying. Another stakeholder is the government, the government put pressure on healthcare. The government finds it important to shift some secondary care to primary care.

Morris et al. (2014) conducted research in Australia and identified the following eight key stakeholders for the process of ESP implementation and performance in the new workforce: the health adviser of the government, chief pharmacist of the state, director of surgical services, consultant rheumatologist, manager of physiotherapy, inaugural ESP physiotherapist, professor of physiotherapy for the training program and associate professor of pharmacy for the course of ESP.

The financial stakeholder is an important one as well (van Dijk et al., 2021). Financial stakeholders of the organization could be banks and health insurers. The relations with health insurers are often complex. Organizations experience influences of the health insurers. Also, the claims of the insurers are sometimes questioned by the organization. Additionally, the health insurer plays a big role in the whole health sector in the Netherlands (van Dijk et al., 2021).

The following stakeholders are found. Firstly, stakeholders of primary care like the physiotherapists, GPs, and patients. In secondary care stakeholders are rheumatologists, orthopedics, and neurologists. Other stakeholders that are found are the teachers of the Extended Scope course, the government, municipalities, and health insurers. In this study, all these stakeholders will be included.

2.3 What are possible promoting and obstructing factors for the implementation of Extended Scope?

In this paragraph, different factors that influence the implementation process of the Extended Scope Physiotherapy are mentioned.

A promoting factor for the implementation of Extended Scope could be a middle manager who acts proactive. In a qualitative research (Birken et al., 2013) it is indicated that the commitment of middle managers can influence the implementation process of a healthcare innovation effectively. A requirement should be that the managers act proactive. Another promoting factor that is mentioned in (Birken et al., 2013), is that the health care executives need to hire these middle managers. However, success requires a positive environment in which proactivity is rewarded, supported, and expected.

For the implementation, there are different stakeholders involved with different characteristics. In the research of (Haluza & Jungwirth, 2014), it is stated that it is critical to organize close collaboration between the various groups. This could promote the harmonization of the process.

However, there are barriers as well to succeed a new workforce (Macfarlane et al., 2011). Local bureaucracy and national workforce policy are mentioned as barriers. Macfarlane et al. (2011) suggested five points for a greater success of a new workforce. The first one is to have the right appropriate people who are skilled and qualified. The organization needs to have good human

resource support and next to that support the staff to be open for new developments and roles. The roles of the staff are enhanced or extended by the changes that are made. The existing local and national policies need to be flexible for the negotiation of new developments. The new roles with skills and responsibilities are embedded in the workforce.

The way the ESP role is interpreted can be perceived as a barrier to implementation. The way in which it is implemented is different in every country (Bastiaens et al., 2021). In some of these countries, the ESP has been chosen for implementation in hospitals, but there is less known about how to implement it in primary care. Morris et al (2014) points out another critical factor. In the UK, there wasn't a general education which meant that all the ESP are educated in the hospital itself. These ESPs were therefore only able to work in the hospital where they were educated. Additionally, researches in Australia (Morris et al., 2014) have shown that a good business case is needed to implement the ESP. This business case needs to be sustainable, accountable, profession-wide credible, and needs to be acceptable in mind. If there is no planned business case it can happen that the implementation will fail.

This paragraph concludes that the ESP can provide the same or better diagnosis than doctors. The effectiveness of care will be improved by the right care on the right spot. The patient satisfaction will be increased. Next to that, the workload of GPs can be decreased as well as the waiting times for patients to access secondary care can be decreased. The performance of hospitals can also be improved. The definition of ESP is one factor that must be considered. This must be clear for the implementation to be successful. Another critical factor can be the education for ESP. The last factor discovered is that a well-structured business case is required to implement the ESP.

2.4 Conditions for the implementation process

At the University of Maastricht (Cobben et al., 2016), a study about the manner, in which health care workers from different professions can work together in the best way possible. They have described different requirements that are needed to succeed in such collaborations. Firstly, the use of a bottom-up strategy is needed, a joint vision is needed, a multidisciplinary consultation (MDC) is essential, and the use of digital care plans is needed to work efficiently together. Secondly, the following success factors are important; motivation, professional complementary behavior, a clear vision and mission, getting to know the team members, a clear work model, equivalence between the team members, surveillance of the process, the appearance of the team, and the facilities for consultations. Thirdly, the points of improvement which are called by the participants are financing, support, quality improvement of the practical collaboration, and keeping the computer programs up to date.

One of the approaches that was tested, was *recruiting new staff with skills in service transformation* (Macfarlane et al., 2011). It is important to recruit people with a good balance of soft skills (how to approach different people, like good leadership, etc.) and hard skills (like process management and quantitative data analysis). The second approach that is studied is *redesigning roles and creating new roles* (Macfarlane et al., 2011). : It has been discovered that the openness of the staff to these new roles is critical to the success of these roles. Next to that, training at the right moment is found important. Also, the acceptance of the changed and new roles. The third approach was *enhancing workforce planning* (Macfarlane et al., 2011); a systematic and proactive approach was used. This consisted of different tools such as demand and capacity analysis exercises, business planning, and economic modeling. In addition, some changes have been made in treatment options and workforce implications. To carry out this type of work, there are people needed with economic realities. The fourth approach which was tested is *linking staff development to service needs and priorities* (Macfarlane et al., 2011). This entails the importance of a well-trained staff, especially the people at

the front line. The last approach that has been tested is *creating opportunities for shared learning and knowledge exchange* (Macfarlane et al., 2011). The importance of this approach is to bring people together through informal meetings and learning meetings. Also visiting other organizations and similar projects is found useful.

2.5 Possibilities for the process of the Extended scope implemented in health care

In this paragraph the different ways to implement the ESP is explained.

The clients of the researcher came up with the idea of a diagnostic center movement care. This center will be in one or more central places in the region Twente. The center will include all the equipment which is necessary to get the right diagnosis and treatment plan. The specialists can contain of a physiotherapist, Extended Scope, orthopedics, rheumatologist, and GPs for example. A patient can be sent to this diagnostic center. So, there will be the right people to help him get the right diagnosis. This center can be placed in central spots in the region of Twente. In Ireland there is set up a clinic called ''*Physiotherapy Orthopaedic Triage Clinic'',* which is located in a hospital in Dublin (O Mir et al., 2016). In the clinic, physiotherapists are working on an advanced practice role (APP), which now is called ESP. This clinic was mostly focused on pediatric orthopedics patients. The outcome of this trial was that the waiting times are significantly reduced (O Mir et al., 2016). Caused by 53% of the patients that were diagnosed with a normal presentation. It can be stated that this study has shown that the APP delivers high-quality care which is benefitting for patients and service. Due to the better diagnoses, a great number of patients did not need any further care or could stay in primary care. Which resulted in reduced waiting times for elective orthopedic patients, both patients and the healthcare are taking advantage of it (O Mir et al., 2016).

The second option is to implement a consultation hour for the ESP in a GPs practice. Currently, there are pilots running to test this structure. The interpretation of the structure of this consultation hour can be discussed. For example, how many times the consultation hour will be per month or per week.

The third option is to implement a consultation hour in the hospital. In the Princess Royal Hospital in the UK (Pearse et al., 2006), an ESP consultant has been hired for an audit in the orthopedic outpatient department. The ESP has worked there for six months. According to the findings of this study, the role of the ESP was beneficial, but independence was unsatisfactory. The orthopedic consultation was mostly required. Pilots are currently running, in the region of Twente to test this manner. A consultation hour is held at the orthopedic department. There are findings as well for the placement of the new ESP role(Wiles & Milanese, 2016). The study has shown that the ESP role is well fitted in clinical practice, for example in orthopedic clinics but also in emergency departments.

The fourth option is to keep the ESP in their own practice. Physiotherapists can send their patients to the ESP in their practice to get help with the right diagnosis. This means when a physiotherapist without the education of Extended Scope is not able to diagnose the patient, he could refer the patient once to the ESP in his own practice. After that, the patients are sent back to their own physiotherapist to be treated with the right treatment plan. The ESP needs to have the ability to refer a patient for an MRI for example.

The different options to implement ESP are to set up a center, to have a consultation hour at the GPs practice, a consultation hour at the hospital. Another option is to have an ESP in every physiotherapy practice. These options are also possible in different combinations.

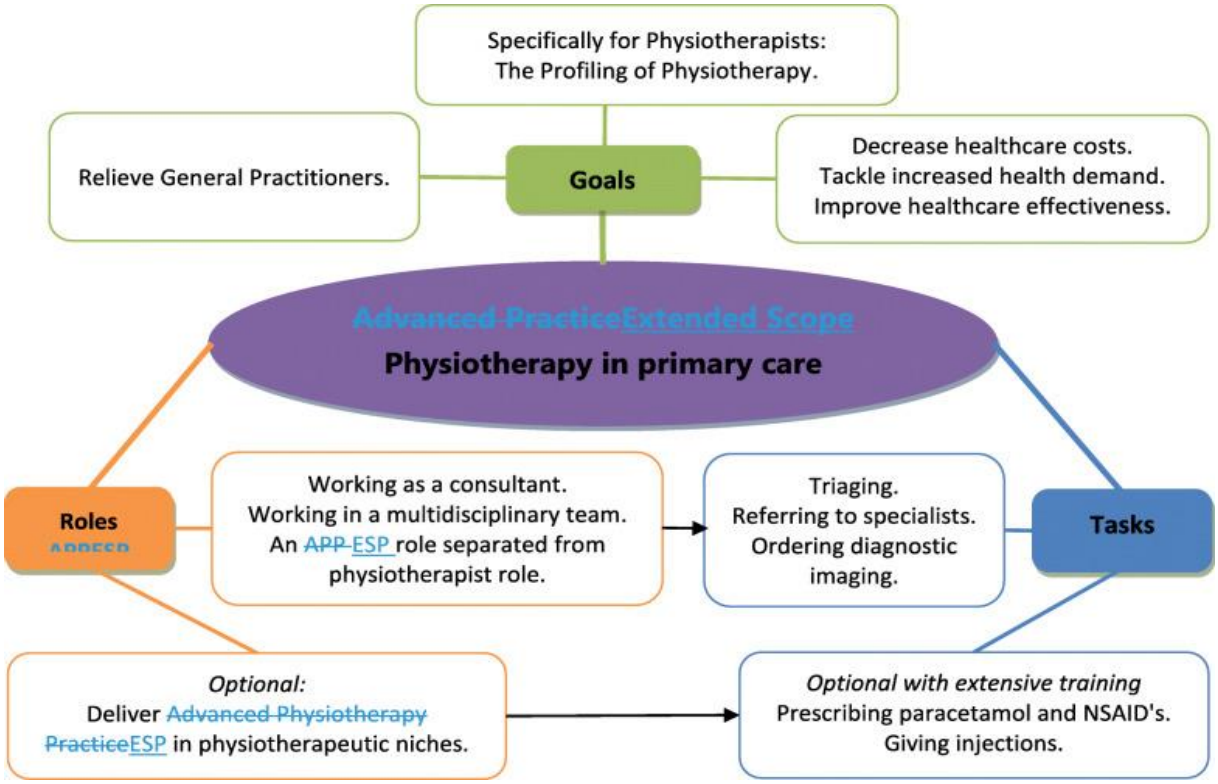
2.6 Possible range of tasks for the Extended Scope Physiotherapist

In this paragraph the known range of tasks will be described.

In the study conducted by Bastiaens et al. (2021), the range of tasks is established for the Extended Scope Physiotherapists by interviewing physiotherapists, general practitioners, patients, and indirect stakeholders. This is shown in figure 1 (Bastiaens et al., 2021). The study divided the role of the Extended Scope into goals, roles, and tasks. This study can be used as an example for the current study, because in this study other stakeholders will also be included such as the medical specialists and the health insurers.

Figure 1

Range of tasks of the Extended Scope Physiotherapist



Note: the figure originates from Bastiaens et al. (2021)

Another study conducted in Australia (Wiles & Milanese, 2016) estimated some tasks that the ESP must fulfill. The tasks an ESP must fulfill according to this study is to order the outcomes of the radiology, do the triage, screening, and early identification of the musculoskeletal conditions of the patient. Another task that came forward was to work and educate staff from other disciplines.

2.7 Advantages that can derive from the implementation of ESP

In this paragraph the possible advantages are described. This are possible advantages which can appear when the Extended Scope is implement well.

The Extended Scope Physiotherapist has been in use in the United Kingdom, Canada, and Australia for over 20 years. The ESP role has proven that it can be useful in many ways (Bastiaens et al., 2021). Different studies have shown that the ESP is able to get the same or better results in diagnoses for different musculoskeletal complaints of patients compared to GPs. Additionally, the effectiveness of care and care in the right place is better when the ESP is used. In Moffatt et al. (2018), there is evidence that physiotherapists can provide efficacious management of the Musculoskeletal complaints of patients. Next to that, patient satisfaction for these physiotherapists is high as well.

The extended scope therapist can also function as a relief for many medical staff (Morris et al., 2014). In the UK, ESPs have proven that they are able to take off the workload of for example the GPs. As well as provide alternative pathways for orthopedic patients. This will release some pressure off the medical staff and improve the waiting times for the patients. In the UK, it also helped to reach the service access targets of the hospitals. As well as positive results in measures of safety, costs, and access have been proven in the UK.

A study on the perceptions of key stakeholders on the role of ESP is being conducted in Australia (Wiles & Milanese, 2016). This is done by semi-structured interviews with different stakeholders. These stakeholders are medical, nursing staff, and allied health professionals in the Australian health sector who have experience with the ESP role. One of the findings of this study was that the ESP role will improve the efficacy and efficiency of the delivery of health services. Next to that, it gives positive patient outcomes and offers new opportunities for interdisciplinary learning among colleagues

2.8 Different levels of management health care

In this paragraph the levels of management are explained. There are three main levels of management in health care: top-level management, middle-level management, and front-level management (Adindu & Asuquo, 2013).

2.8.1 Top-level management

The highest level of management in healthcare is the top-level management (Adindu & Asuquo, 2013). This level consists of directors of for example hospitals of other health institutions, but also Primary Health Care Coordinators, Commissioners for Health, and the Minister for Health. Their main roles are managing the organization, the development of strategic plans policies, structuring the processes in the organizations and initiating changes to implement. These managers make the important decisions. To make the right decisions for organizations or different departments. It is beneficial to understand the perspectives of the stakeholders. As a result, the factors that must be considered are noted.

2.8.2 Middle level management

The middle level of management can be seen as the tactical level (Adindu & Asuquo, 2013). Managers are mostly leading a department which consist of multiple units. The core activities in this level of management are translating the strategic, and policy plans into a plan that fits the department. Another activity is to ensure the health care professionals of equipment and materials to perform their jobs. Next to that, it is important to promote and support adherence in the different units. This can help to increase the efficiency and effectiveness of the unit.

The factors that affect middle-level management can be important to get an overview of how to improve the departments. As a result, the opinions of stakeholders are important in gaining a better understanding of these factors.

2.8.3 Frontline management

Frontline management in healthcare can be defined as health managers at the first line, also known as the operational level (Adindu & Asuquo, 2013). These managers have often a supervisory role. They can be young doctors responsible for a clinic, or unit, as well as owners of for example physiotherapy practices. The core activities of these managers are supervising, and leading teams. This means that they are in charge of operational plans, as well as organizing, coordinating, and controlling the work of others at the unit level. It is important that they keep their workers motivated for the policies and procedures, but also for changes that are implemented or will be implemented.

The role of these level is important in the health care sector. It depends on the effectiveness of the workers how the organization will work. The managers have a great influence on how well this works. This demonstrates the importance of understanding which factors are important to the stakeholders who work at the frontline. So, these factors need to be considered, to keep the stakeholders motivated at the frontline.

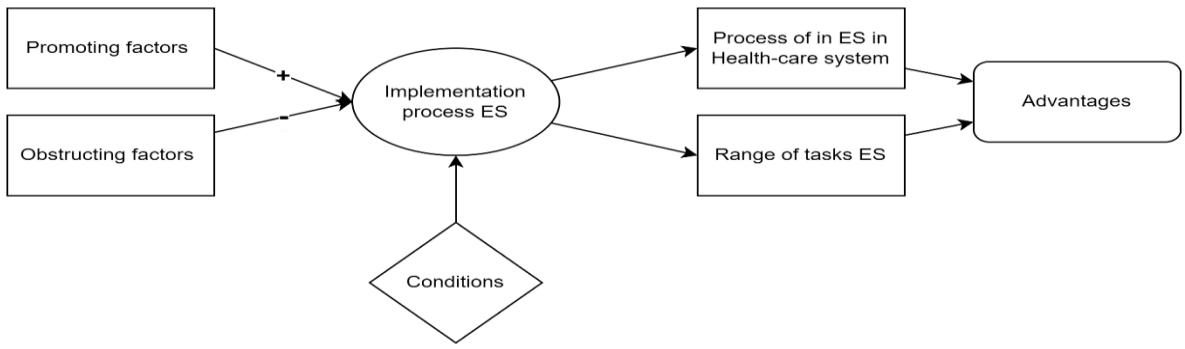
Thus, there are three different levels of management, and each describes a layer of healthcare with his own characteristics. The three levels will support to divide the opinions of stakeholders in three different levels.

2.9 Summary of the different factors in model

In this chapter the literature related to ESP implementation is described. The literature provides an inside look at what is already known about the various subjects. This information is used for the interview protocol. The interviewees are asked if they agree with the various statements and facts presented in the literature. This provides insight into whether the situation is like that of other countries. Next to that, it can also give new inside in what the actual situation is in the region of Twente. The different subjects that are asked together can give an inside how the implementation of Extended Scope is most sustainable in the region of Twente. In figure 2 the influences are shown. After gathering all the results, the following model give a visibility of the how to handle the implementation process of Extended Scope. First, the effects on the implementation process are shown at the right. Then the conditions that are needed to get the right structure and range of tasks. And the willing advantages of the implementation of the Extended Scope.

Figure 2

The different influences of the factors in this study



After the results of the sub questions are determined. The emphasis will be on the three different levels of management in health care (Adindu & Asuquo, 2013). Based on these levels, the implementation process of the ESP can be divided in this research. Changes need to be made on the three different levels.

Chapter 3: Method

3.1 Research context

In the Netherlands, 37395 physiotherapists are registered in the mandatory national health care workers register (BIG register), since September 1st, 2021 (CIBG, Ministerie van Volksgezondheid, 2021). The health care expenses for physiotherapy were 1,5% of the total healthcare expenses in 2019. One third of these expenses were covered by basic health insurance. The remaining costs were covered by additional health insurance (KNGF, 2021). The number of patients in the Netherlands that are using physiotherapy is higher than the percentage that is insured for physiotherapy, namely 4 million patients (KNGF, 2021), compared to the health care expenses for physiotherapy. At the moment the Dutch population exist of almost 17.6 million people (Centraal Bureau Statitistiek, 2021), which means that 22,7% of the Dutch population are physiotherapy patients.

In one of the conversations held by the researcher, a plan came up to implement the ESP role in the region of Twente. The origin of this plan came from the fact that different physiotherapists in the region are interested in the implementation of the ESP but were working by themselves instead of working together. They were setting up pilots and taking part in pilots without sharing the results with each other. The insurance companies got the chance to play off these different parties against one another. Therefore, they came up with the idea which is called ‘’*Diagnostisch Centrum Beweegzorg*’’ which means diagnostic center movement care, named by developers of this plan. These developers are physiotherapists with a master’s degree and Extended Scope and owners of their own practices. The purpose of the center is to diagnose patients who are not able to get their right diagnosis by their one physiotherapist or GP. Next to that, the goal is to prevent some patients to be sent to secondary care unnecessarily. Another goal set by the developers of the plan is to have an organization for all physiotherapists to form a group, to organize it together. It is suggested that healthcare will be more cost-effective (Bastiaens et al., 2021). Also, in the literature is mentioned already that in Ireland a center is set up with similar characteristics(O Mir et al., 2016). Next to that, there are other ways to implement this new role. The developers are open for these options.

In this study different perceptions of the Extended Scope physiotherapist are examined, as well as different ways to implement the Extended Scope physiotherapist. Several studies have proven the impact of an ESP in the health care sector. But the question is what the range of the tasks of the Extended scope needs to be. Secondly, the way in which it needs to be implemented in the health care sector in the region of Twente. Thirdly, the factors which promote and obstructs the implementation process. Fourthly, the conditions that are important to consider for implementing the Extended Scope in a sustainable manner. Fifthly, which advantages could derive from the implementation of the Extended Scope. And lastly, how the results can be divided in the three management levels.

The implementation processes of the ESP in other countries prove that there are different options and that it also depends on the environment. But the health care system in these countries differ from the Dutch system. This implies that when using their implementation strategy, not the same results can be expected. According to Bastiaens et al (2021), it is recommended to investigate the best way to implement the ESP by incorporating the perspectives of various stakeholders. Therefore, in this study a stakeholder analysis will be performed. This provides an overview of opinions on ways to implement the ESP. Based on this overview, an advice will be presented in the final chapter of this study. The method to perform this stakeholder analysis will be addressed in this chapter.

3. 2 Data collection

In this study explorative qualitative research is performed. This choice was made to allow participants the freedom to express their own opinions on what they believe is best in this study. The opinions of the stakeholders can lead to new perspectives which are not found in literature.

The method is based on the research that is performed by Bastiaens et al. (2021). In the research of Bastiaens (2021), a scoping review of literature, semi-structured interviews, and focus groups have been chosen. In this study, focus groups are not used. The limited time for this study, and the limited time of the stakeholders had due to the consequences of Covid-19, made it not possible to perform interviews and focus groups.

The stakeholder analysis is performed by semi-structured interviews. The interviews exist out of six subjects. The first subject is the background information of the participant. The characteristics that are asked are as follows: gender, age, organization they work for, function in the organization and their experience with Extended Scope (with an exception for physiotherapist who will be asked if they passed the course of Extended Scope and which organization, they followed the Extended Scope course). The following five subjects are based on the evidence which is found in the literature review. The second subject is the opinion and knowledge of the Extended Scope Course. The third subject is the different ways of implementation that are possible. The opinion of the participant is asked about which way they think will be most successful. The fourth subject is about the new network that will be formed by the implementation. This section will also include questions about which conditions and constraints are important. The fifth subject is about the possible change of responsibilities of the different stakeholders. The last subject will be about the drivers and barriers of the overall implementation of the ESP in the health sector in the region Twente of the Netherlands.

The importance of these subjects is to gather the perspectives of the stakeholders. This perspective contains promoting and obstructing factors, conditions, process in health care, range of tasks of the ESP, and advantages. These factors will be important in giving some advice about how the ESP needs to be implemented successful and sustainable. This advice will attempt to create a sustainable process in which all stakeholders are committed.

The aim is to perform around 20 interviews in total. This aim is based on the population of Twente and the rush of most healthcare workers experience nowadays. The different stakeholders will have approximately an equal number of participants. Furthermore, the interviews are in Dutch. The population and the researcher are native Dutch speakers. It is easier for participants to express themselves when they speak in their native language. The interview protocol is therefore written in Dutch and can be found in Appendix 1.

3.3 Interviewees

The interviewees which are included in this study are stakeholders who may be important in the new process where an Extended Scope is implemented in the region of Twente. From the literature review that is performed and the pre-interviews that are held, several stakeholders came forward. The stakeholders are as follows: physiotherapists, GP's, health care practitioners in secondary health care such as orthopedic surgeons, rheumatologists, neurologists the health insurer, the government, municipalities, and the Dutch Health Authorities. Patients are excluded in this study. This choice is made because the focus of this study is based on the organizational structure. Furthermore, all these stakeholders must be active in Twente.

Table 1:

The including and excluding criteria for the interviewees

Including criteria	Excluding criteria
Health care practitioners in Twente	Physiotherapists without a master education
Physiotherapists with a master education	Health care workers with no connections to the implementation of ESP role
GP's	Health care practitioners which are not working in the region of Twente
Secondary health care practitioners which are involved in the movement care	Interviewees under 18
Health insurers	
Interviewees needs to be 18+	
Interviewees need some knowledge about the Extended Scope course	
The persons in charge of general practitioner organizations	
The persons in charge of a hospital organization	

In this study, 13 semi-structured interviews were conducted. The final population of this study exist of five physiotherapists, two orthopedics, four general practitioners, one health insurer, and one representative of the Dutch Organization of Physiotherapy. All five participating physiotherapists were familiar with the existence of the Extended Scope function in a certain way. Not all the general practitioners were familiar with the existence of Extended Scope. Only one of them knew something about Extended Scope. The others were just familiar with primary plus care. The Dutch Organization of Physiotherapy was familiar with the Extended Scope. Only one of the orthopedics was familiar with the role Extended Scope. The other only knew the primary plus care. The health insurer was familiar with the role Extended Scope.

Table 2:

Characteristics of interviewees

Function of interviewee	Gender	Stakeholder group
Orthopedic	Man	Orthopedic
Leader of projects in GPs organization	Woman	GP
Medical director and orthopedic	Man	Orthopedic
Physiotherapist and owner of a physiotherapy practice	Man	Physiotherapist
Physiotherapist and owner of a physiotherapy practice	Man	Physiotherapist
Physiotherapist	Woman	Physiotherapist
Physiotherapist and Extended Scope and teacher	Man	Physiotherapist
Physiotherapist and Extended Scope	Man	Physiotherapist

Dutch Organization of Physiotherapy and physiotherapist	Man	Dutch Organization of Physiotherapy
GP and owner of a practice	Man	GP
GP and owner of a practice	Woman	GP
GP	Man	GP
Health insurer	Man	Health insurer

3.4 Testing interviewing

The interview protocol is tested with a physiotherapist and a physiotherapy student. Next to that, the interview protocol is discussed with two master physiotherapists with an Extended Scope education. The interviews were audio-recorded to ensure that the device/software was used correctly. During the interviews the researcher observed the manner of asking the questions, the easiness to respond to the questions, and the non-verbal reactions of the participants. The testing interviews have helped the researcher by increasing the experience with interviewing and gave an inside in the phenomenon that is studied. It also helped improving the analysing skills of the data collection.

3.5 Data analysis

In this study a deductive analysis is used. The data are ordered into important categories. The following categories are created in advance: organization, function, and Extended Scope experience, opinion about the Extended Scope Physiotherapy, different ways of implementation, the development of the new network, possible change in responsibilities, and drivers and barriers. These are categories based on the interview protocol. Furthermore, the data will be analyzed based on the three main focusses: structure, conditions and barriers, and range of tasks of the ESP. Finally, the results will be organized into three management levels: top-level, middle-level, and frontline management.

The following steps are performed to analyze the data. The program that is used for analyzing the data is ''*ATLAS.ti*''. The first step was to transcribe the audio-recordings which are collected. The second step was to get familiar with the data. In this step, the data is organized by stakeholder group. The third step is to review and explore the data. This was an attempt to gain a better understanding of the data. Important categories were drafted here. The fourth step is to create codes by highlighting the transcripts. The fifth step is to divide the created codes among the created categories. The sixth step is to review the codes and look for correspondence between codes created, for example, by a specific stakeholder group. After this step, the most important results are presented to answer the research question: ''*What is the perspective of the identified stakeholders on the implementation process of the Extended Scope Physiotherapist in healthcare in the region Twente?*

3.6 Ethical considerations

The research is approved by the ethical commission of the University of Twente. The participant is asked to sign an informed consent (appendix 2) before they participate in the interviews. The participation is voluntary, and the research is deemed to have minimal risk for the participants. There is always an option for participants to withdraw from the study. The collected data is used with discretion. The transcripts will be secured with a password. Participants' names will be processed anonymously.

Chapter 4: Results

In this chapter the results of this study will be described. First the promoting factors on the implementation of Extended Scope will be described. Afterwards, the barriers and conditions will be described. Then, the structure is mentioned, following with the range of tasks of the Extended Scope. The next part will be the advantages. All these subjects are for answering the sub questions and eventually the main question. Then the deviation over the three management levels is described. At the end there is formed a model to make the results visible.

4.1 Promoting factors

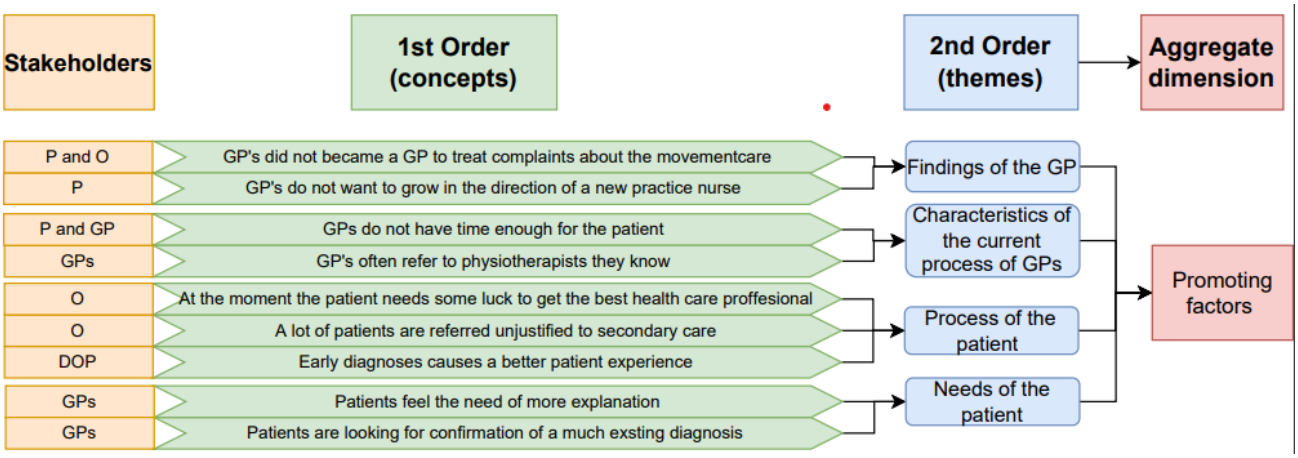
In this paragraph, the promoting factors for the implementation of ES are described. It is distributed in promoting factors by actors and promoting factors by influences of health care.

4.1.1 Promoting factors by the actors

In figure 2 is the dimension *Promoting factors of the implementation of Extended Scope* shown. This table shows different actors that can have influences on the implementation of Extended Scope. In the first part, the stakeholders who mentioned the concept are shown. The second part is the concepts that came forward from the interviews. In the third part the concepts are divided in different themes and eventually they are divided in different dimensions.

Figure 2

Promoting factors for the implementation of Extended Scope Physiotherapy by the actors with the effects on the implementation of ES



Note: P = physiotherapists, GP = General practitioner, O = orthopedic, HI = Health Insurer, and DOP = Dutch Organization of Physiotherapy.

In figure 2 the promoting factors for the implementation process of ESP are shown. These factors came forward from the interviews that were performed. In figure 2 is shown which themes came forward for different influences of the actors, which have a positive effect on the implementation of Extended Scope Physiotherapy. Only characteristics and findings of the General Practitioner, and the process and needs of the patient have a positive effect. There is nothing said about other stakeholders having a positive effect on the implementation process.

The first promoting factor that came forward is the current situation of the GPs. This are some perspectives of the physiotherapists, orthopedics, and GPs. The examples that are mentioned are about the needs of the GP and how they process it in the current situation, which seems to not work.

Next to that, they refer to physiotherapists they know, this can either be positive or negative. It depends on the type of physiotherapist, whether it is an Extended Scope or not. Furthermore, the current situation of the patient is a promoting factor for the implementation of ES, according to the GP and orthopedic. These examples are based on how the patient is treated now.

In table 3 per theme is mentioned which stakeholder has said something about it. This number means the number of concepts they mentioned about this theme.

Table 3

Number of times the different themes of promoting factors are mentioned by the different stakeholders.

Theme	***Physiotherapists***	***General Practitioner***	***Orthopedics***	***Health Insurer***	***Dutch Organization of Physiotherapy***	***Total***
Findings of the GP	2	0	1	0	0	**3**
Characteristics of the current process of GPs	1	2	0	0	0	**3**
Process of the patient	0	0	2	0	1	**3**
Needs of the patient	0	2	0	0	0	**2**
Total	**3**	**4**	**3**	**0**	**1**	**11**

In table 3, it is visible that the General Practitioner has mentioned the most concepts about promoting factors of the actors. The deviation of the concepts per theme is equally divided. Furthermore, it is remarkable that the health insurer hasn't mentioned something about the promoting factors of the actors.

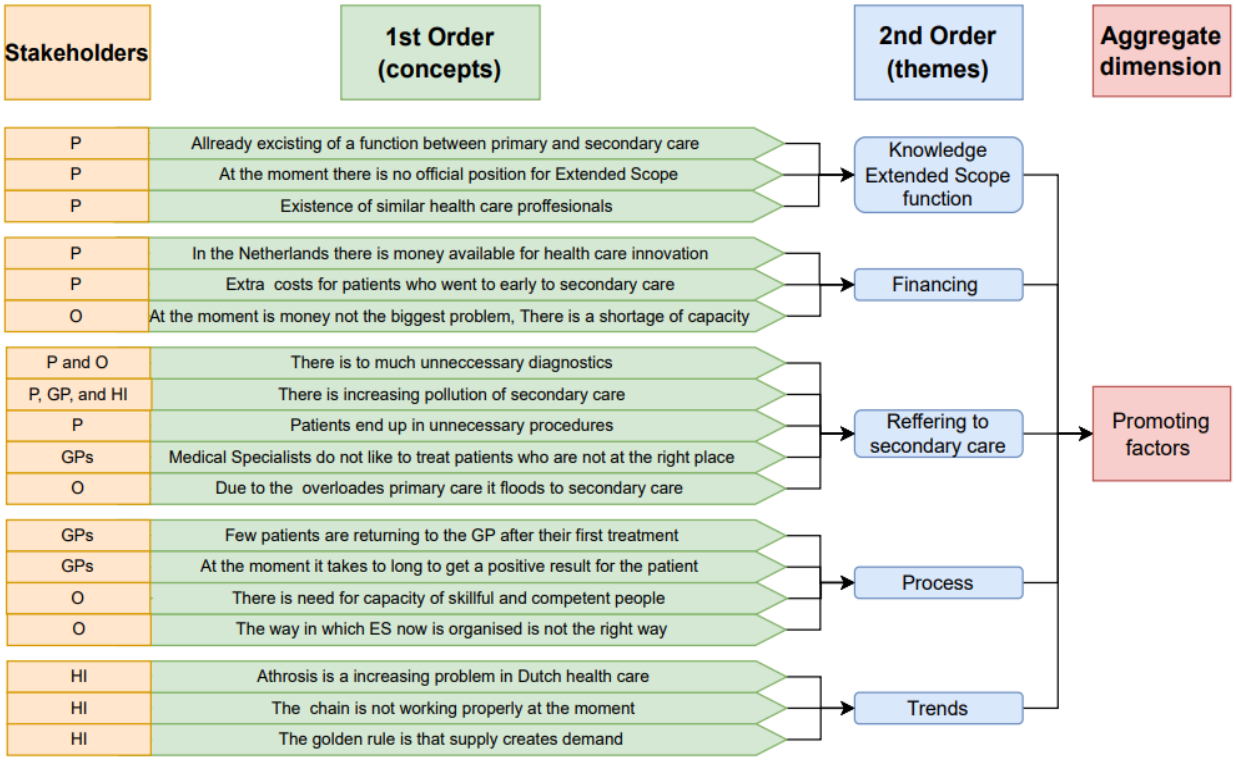
So, the implementation of Extended Scope could be a good innovation for the GP and patient according to these statements. Because the new role of Extended scope Physiotherapy can have a positive effect about the GP and the patient. However, there is nothing said about the situations of the other stakeholders about promoting the implementation of Extended Scope.

4.1.2 Promoting influences of health care on implementation of ES

In figure 3 is the dimension *promoting influences of health care on the implementation of the ESP* shown. This table shows the different promoting influences of health care on the implementation of Extended Scope. Same as in paragraph 4.1.1, in the first part, the stakeholders who mentioned the concept are shown. The second part is the concepts that came forward from the interviews. In the third part the concepts are divided in different themes and eventually they are divided in different dimensions.

Figure 3

Promoting influences of health care on the implementation of the ESP



Note: P = physiotherapists, GP = General practitioner, O = orthopedic, HI = Health Insurer, and DOP = Dutch Organization of Physiotherapy.

In figure 3 is shown that the promoting factors based on different influences on the implementation process of the Extended Scope Physiotherapy. The promoting influences are factors that are experienced from the current situation. One of the promoting influences is the knowledge of ESP, a lot of physiotherapists already have experience with a similar role. The effects of the current situation of financing are positive, according to physiotherapists. The way in which it is organized now is that to many patients are referred to secondary care which costs a lot of money. An Extended Scope physiotherapist is probably cheaper. Next to that, the current referring to secondary care has a positive effect on the implementation of ES, according to four of the five stakeholder groups. They see the problem now that there is referred too much to secondary care unnecessary. The current situation of the process has overall a positive effect on the implementation of ES, according to the GP and Orthopedic. They agree on the fact that how the process is now structured is not right. Furthermore, the current trends have a positive effect on the implementation of ES, according to the health insurers. They see that Arthrosis is an increasing problem and they also see that the chain is not working now.

In table 4 per theme of the dimension promoting influences is mentioned which stakeholder has said something about it. This number means the number of concepts they mentioned about this theme.

Table 4

Number of times the different themes of promoting influences are mentioned by the different stakeholders.

Theme	***Physiotherapists***	***General Practitioner***	***Orthopedics***	***Health Insurer***	***Dutch Organization of Physiotherapy***	***Total***
Knowledge of the Extended Scope function	3	0	0	0	0	**3**
Financing	2	0	1	0	0	**3**
Referring to secondary care	3	2	2	1	0	**8**
Process	0	2	2	0	0	**4**
Trends	0	0	0	3	0	**3**
Total	**8**	**4**	**5**	**4**	**0**	**21**

In table 4, a remarkable feature is that the physiotherapist mentioned the most concepts of this dimension. Next to that, the theme referring to secondary care is mentioned the most times by the stakeholders. And is also mentioned by almost all the stakeholders except the Dutch Organization of the Physiotherapy.

4.1.3 Differences and similarities between stakeholders

Focussing on the different stakeholders, the following trends are visible in table 2 and 3. All the different stakeholder groups that participated in this study have seen a promoting factor for the implementation of Extended Scope. This can have a positive effect on the implementation process. It is remarkable that all the promoting factors are mentioned about how the current situation now is formed.

4.2 Obstructing factors for the implementation of Extended Scope

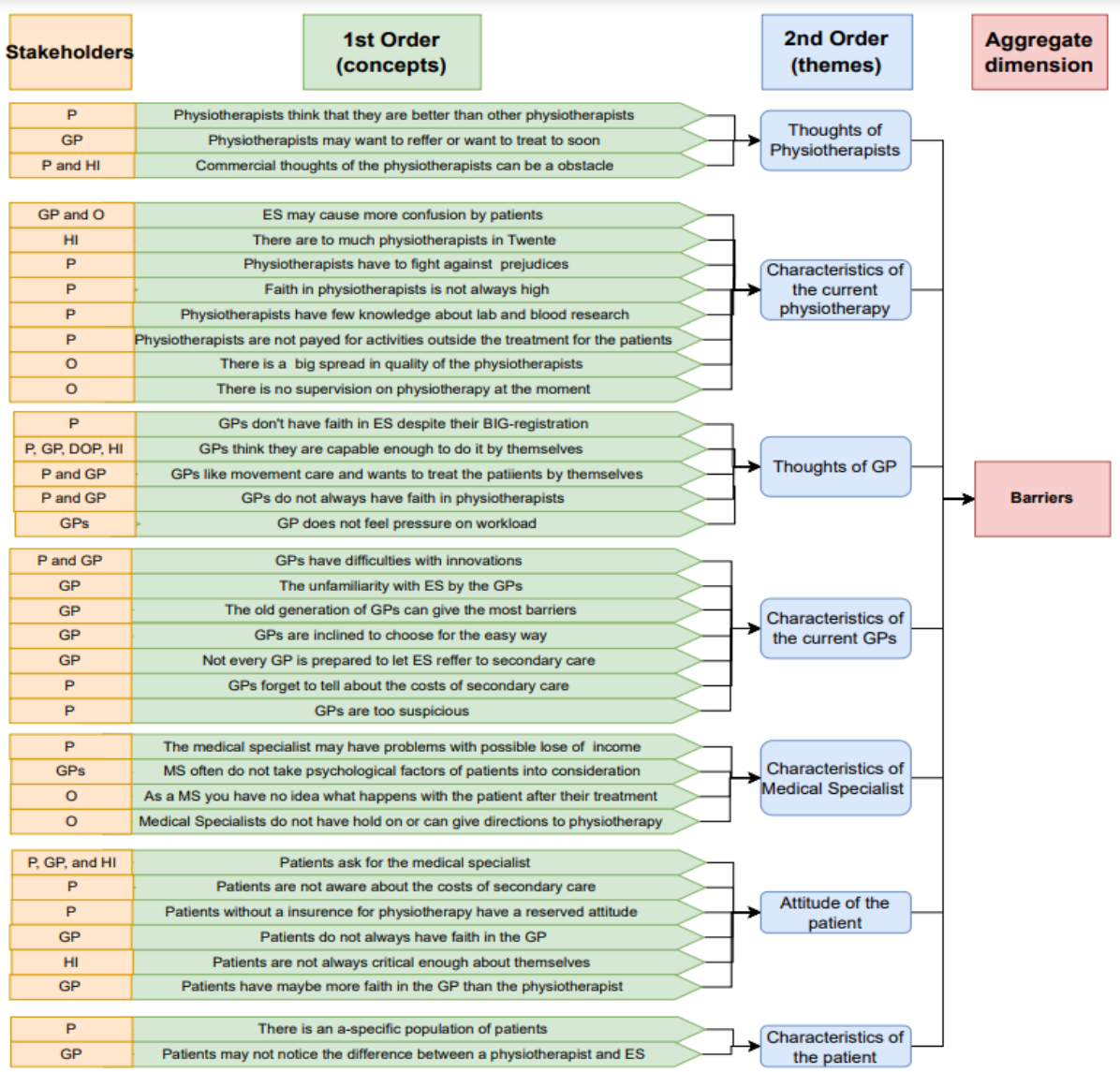
The next dimension is obstructing factors of the implementation of ESP, this dimension has overall a negative effect on the implementation process of ES. Therefore, in this paragraph it will be divided in which barriers formed by the different actors and barriers formed by influences of health care.

4.2.1 Barriers formed by the actors

In figure4 are the barriers shown formed by the different actors. Same as in paragraph 4.1.1, in the first part, the stakeholders who mentioned the concept are shown. The second part is the concepts that came forward from the interviews. In the third part the concepts are divided in different themes and eventually they are divided in different dimensions.

Figure 4

Barriers formed by the actors



Note: P = physiotherapists, GP = General practitioner, O = orthopedic, HI = Health Insurer, and DOP = Dutch Organization of Physiotherapy.

In figure 4 the results of the interviews with the stakeholders are shown. A remarkable barrier of the concept of the thoughts of physiotherapists is their commercial thoughts. This can have negative influences on the implementation because this can mean that they are not able to work apart from their own practice. Next to that, for the barriers formed by the GPs is remarkable that four of the five stakeholder groups find that GPs think that they are capable enough to treat patients by themselves. This barrier can cause problems, because it can mean that GPs are not prepared to refer to the Extended Scope role. Another particularity which is mentioned several times by the physiotherapists and GPs is that GPs have difficulties with innovations. So, it can mean that they may counteract to the new implementation of ES. Next to that, the GP does not feel pressure on workload which can mean that he does not feel the need of the implementation of ES

Another particularity is that GPs forgot to talk about the costs of secondary care to patients, according to the physiotherapists. This can be a problem because in the current situation is mentioned that secondary care is expensive. The current situation of the medical specialist can have a negative effect on the implementation process, according to the orthopedic. The reason is that they do not have control on the physiotherapy and therefore not able to send them in the right direction of good treatment according to them. Furthermore, a remarkable barrier formed by the patient, the patient asks for the medical specialist, according to three of the five stakeholder groups. Also, the attitude of the patient can have a negative effect. The example before shows that. Together with the barrier of the GP who forget to tell about the costs of secondary care, may cause more referrals to secondary care.

Another particularity for the barrier of the patient is a possible contradiction between the GPs. On the one hand a GP has mentioned that patients may have more faith in the GP than a physiotherapist. And on the other hand, they mentioned that there may not enough faith in the GPs.

In table 5 again per theme of the dimension barriers by actors is mentioned which stakeholder has said something about it. This number means the number of concepts they mentioned about this theme.

Table 5

Number of times the different themes of barriers by actors are mentioned by the different stakeholders.

Theme	***Physiotherapists***	***General Practitioner***	***Orthopedics***	***Health Insurer***	***Dutch Organization of Physiotherapy***	***Total***
Thoughts of Physiotherapists	2	1	0	1	0	**4**
Characteristics of the current physiotherapy	4	1	3	1	0	**9**
Thoughts of GP	4	4	0	1	1	**10**
Characteristics of the current GPs	3	5	0	0	0	**8**
Characteristics of medical specialists	1	1	2	0	0	**4**
Attitude of the patient	3	3	0	2	0	**8**
Characteristics of the patient	1	1	0	0	0	**2**
Total	**18**	**16**	**5**	**5**	**1**	**45**

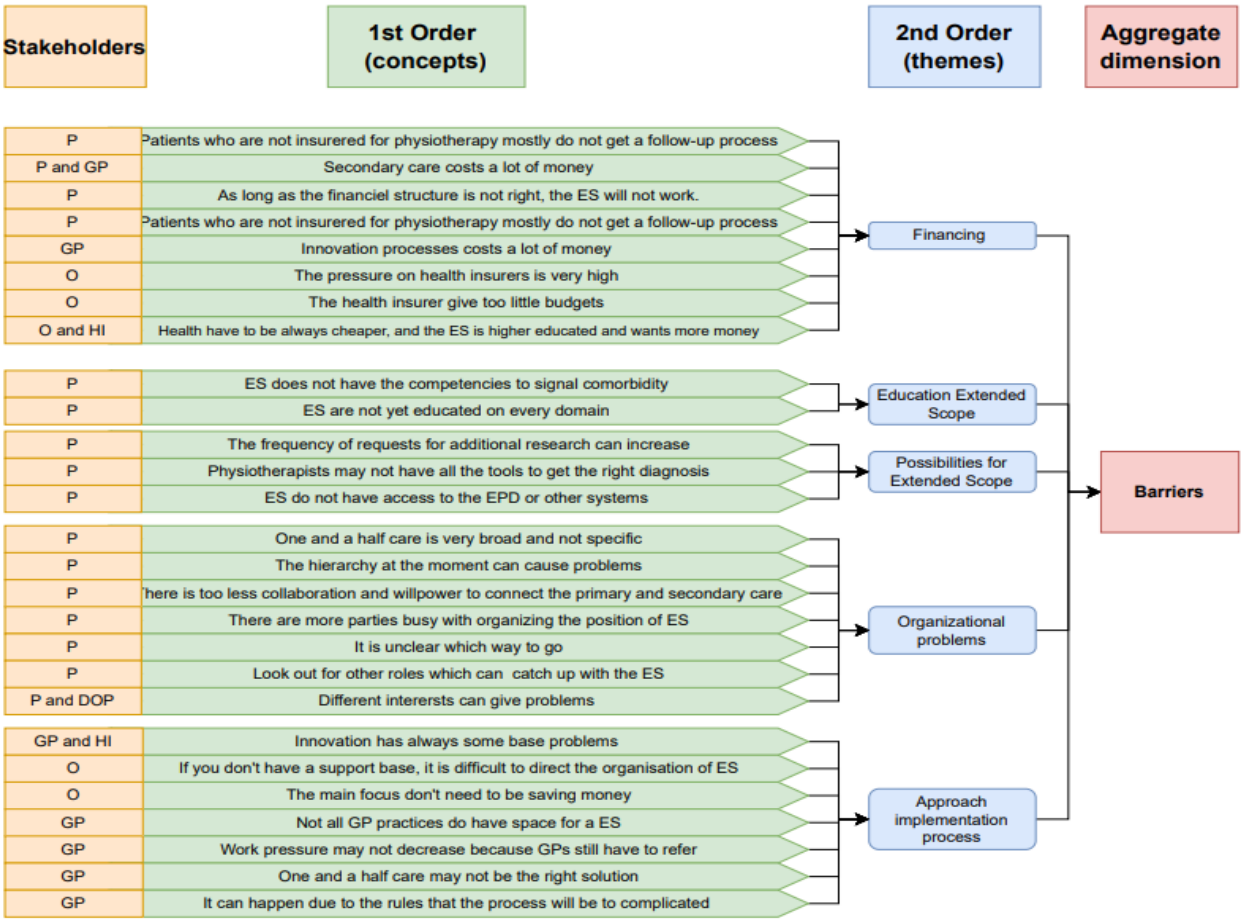
In table 5, a particularity is that stakeholder groups physiotherapists, and the General Practitioner have mentioned the most barrier formed by the actors. Next to that the most barriers are also formed by the GP and physiotherapist. Almost all the stakeholders mentioned something about these actors.

4.2.2 Barriers formed by influences of health care

In table 5 the results are shown about the different barriers formed of influences of health care. In the first part, the stakeholders who mentioned the concept are shown. The second part is the concepts that came forward from the interviews. In the third part the concepts are divided in different themes and eventually they are divided in different dimensions.

Figure 5

Barriers formed by characteristics of health care



Note: P = physiotherapists, GP = General practitioner, O = orthopedic, HI = Health Insurer, and DOP = Dutch Organization of Physiotherapy.

Next to the barriers formed by different actors, there are other barriers mentioned shown in figure 5. One of the barriers based on financing is that health needs to be cheaper before the innovation will be implemented. But a problem for that can be that the ES wants to be paid more than a normal physiotherapist. So, it is necessary that the costs stay beneath the costs of secondary care. This barrier is mentioned by the orthopedic and the health insurer. The current situation of financing according to the orthopedics, health insurer, and GPs has a negative effect on the implementation of ES. The health insurance must be made to expensive, and the health insurer is always causing problems. Furthermore, a barrier based on the education of Extended Scope is that they may not be able to notice comorbidity. This could form a barrier in getting the right diagnosis for the patient which is an important task of the ES. Which can also be a barrier for this task is the barrier mentioned based on the possibilities of the ES. The ES may not be able to use all the tools to get the right diagnosis, according to the physiotherapists. For the barriers by the approach of the implementation

process which are mentioned, it is needed to take into consideration that every innovation gives some general barriers, according to the GPs and health insurer. Another barrier on this area is which is remarkable is that not all GP practices may have space for an ES, according to the GPs themselves. This can be something to consider when set up the best structure of the implementation of ES. Another thing which needs to be considered for organizing the structure is that they must be aware of the number of rules they want to add, according to the GP.

In table 6 again per theme of the dimension barriers due to influences of health care is mentioned which stakeholder has said something about it. This number means the number of concepts they mentioned about this theme.

Table 6

Number of times the different themes of barriers by influences of health care are mentioned by the different stakeholders.

Theme	***Physiotherapists***	***General Practitioner***	***Orthopedics***	***Health insurer***	***Dutch Organization of Physiotherapy***	***Total***
Financing	4	2	3	1	0	**10**
Education Extended Scope	2	0	0	0	0	**2**
Possibilities for Extended Scope	3	0	0	0	0	**3**
Organizational problems	7	0	0	0	1	**8**
Approach implementation process	0	5	2	1	0	**8**
Total	***16***	***7***	***5***	***2***	***1***	***31***

In table 6 is remarkable that the most concepts are mentioned by the theme financing. Another particularity is that the most barriers are mentioned by the physiotherapists. They see the most problems for the theme organizational problems.

4.2.3 Differences and similarities between perspectives of stakeholders

The most barriers are seen by the physiotherapists. This may have two causes, the population of the physiotherapists is the biggest in this research, and next to that they may have the most information and knowledge of the ES already. Another particularity is that the differences that are shown between different GPs. Every GP has not the same opinion.

4.3 Conditions

In this paragraph the conditions for the implementation of ES are described. These conditions are needed to make the implementation a success. The conditions are divided in conditions for the actors and conditions for the influences of health care.

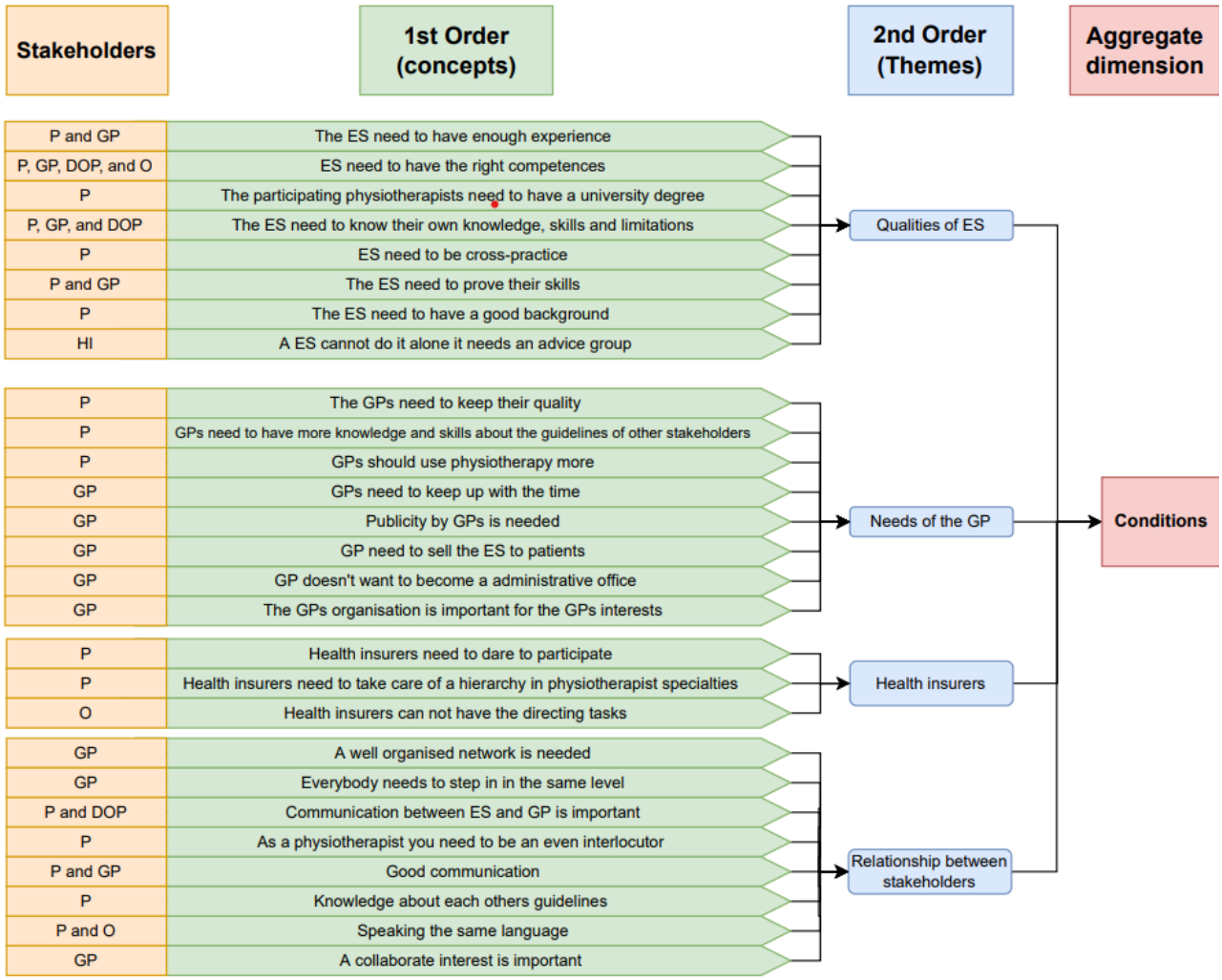
4.3.1 Conditions for the actors

Firstly, the results of the conditions that are needed for the actors in the implementation. This is shown in figure 6. In the first part, the stakeholders who mentioned the concept are shown. The

second part is the concepts that came forward from the interviews. In the third part the concepts are divided in different themes and eventually they are divided in different dimensions.

Figure 6

Conditions for the actors



Note: P = physiotherapists, GP = General practitioner, O = orthopedic, HI = Health Insurer, and DOP = Dutch Organization of Physiotherapy.

In figure 6 is shown that one of the important conditions for the qualities of the ES needs to be that they have the right competences for the role, according to four of the five stakeholder groups. Next to that, another important quality of the ES is mentioned by three of the five stakeholder groups. It is important that the ES knows his own knowledge, skills, and limitations. This means that the ES may have to be self-conscious. Another quality of the ES needs to be that they must be cross-practice. So, they will refer the patient to the best place without preferring their own practice. A contradiction of this is the opinion of the health insurer who mentioned that the ES is not able to do it alone. A remarkable quote in the conditions for the GP is that a GP mentioned that they need to sell the Extended Scope to the patient. This is in contradiction to the barriers they form because there is mentioned that they think they have the capability to treat the patient by themselves.

In the paragraph about the barriers is mentioned that financing can be a barrier, therefore in the conditions mentioned by the physiotherapists. It is important that the health insurer dare to dive in the project and participate. Another remarkable conditions which are mentioned is the relationship between the stakeholders. It is important to have good communication between the stakeholders, according to three of the five stakeholder groups. Therefore, it is important that they speak the same language, according to the physiotherapist and orthopedic.

In table 7 again per theme of the dimension conditions by actors is mentioned which stakeholder has said something about it. This number means the number of concepts they mentioned about this theme.

Table 7

Number of times the different themes of the conditions for the actors are mentioned by the different stakeholders.

Theme	***Physiotherapists***	***General Practitioner***	***Orthopedics***	***Health Insurer***	***Dutch Organization of Physiotherapy***	***Total***
Qualities of Extended Scope	7	4	1	1	2	**15**
Needs of the GP	3	5	0	0	0	**8**
Health Insurers	2	0	1	0	0	**3**
Relationship between stakeholders	5	4	1	0	1	**10**
Total	**17**	**13**	**3**	**1**	**3**	**37**

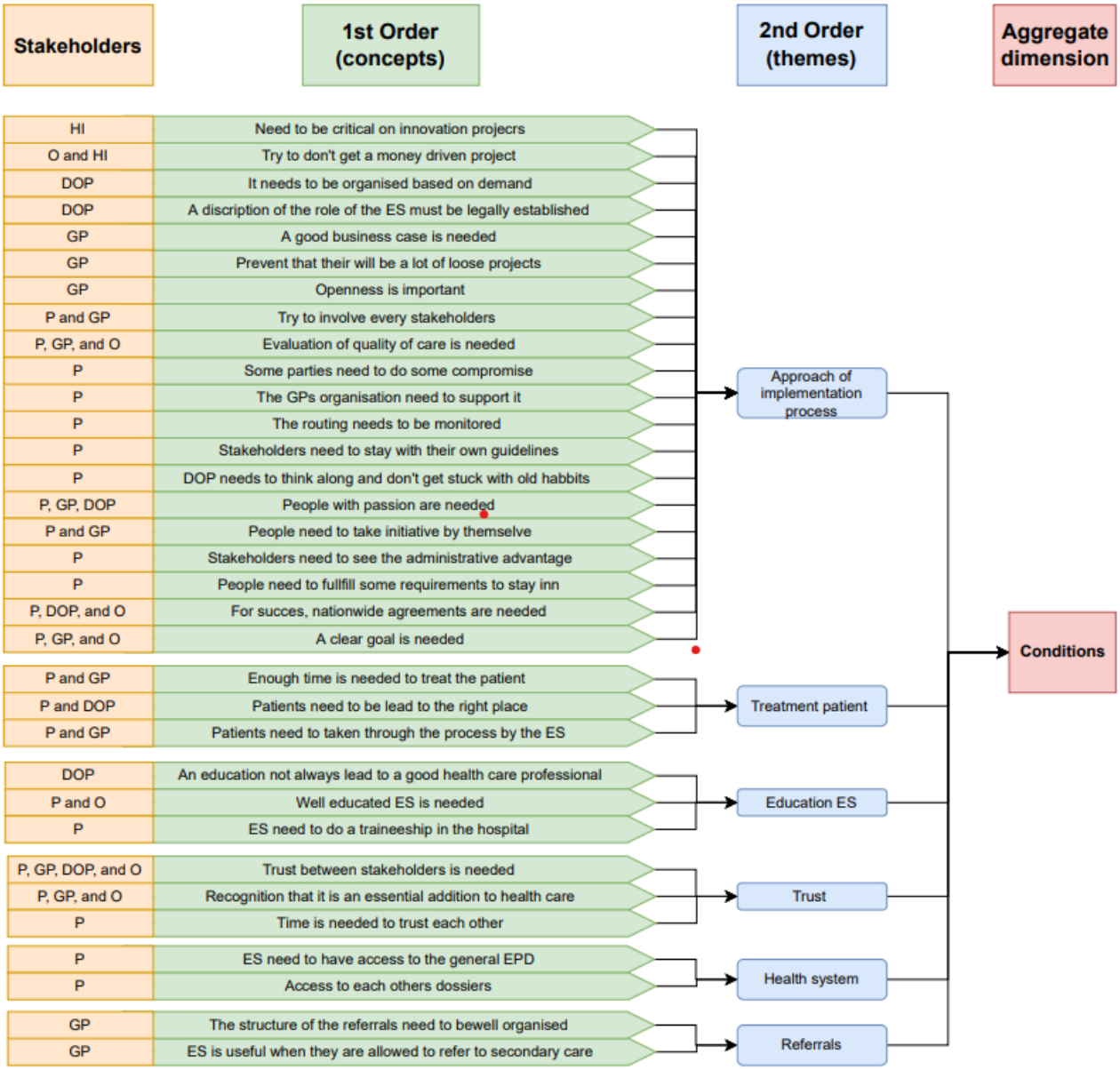
In table 7 is visible that the most conditions for the actors are mentioned by the Physiotherapists and after that the General Practitioners. Also, the most conditions are mentioned for the qualities the Extended Scope Physiotherapists. This can mean that there is not enough trust in the physiotherapists.

4.3.2 Conditions for the characteristics of health care

Secondly, the results of the conditions that are needed for the characteristics of the implementation. This is shown in figure 7. The conditions are divided in the following subjects: approach implementation process, treatment patient, financing, education ES, trust, health systems, and referrals. In the first part, the stakeholders who mentioned the concept are shown. The second part is the concepts that came forward from the interviews. In the third part the concepts are divided in different themes and eventually they are divided in different dimensions.

Figure 7

Conditions for the characteristics of health care



Note: P = physiotherapists, GP = General practitioner, O = orthopedic, HI = Health Insurer, and DOP = Dutch Organization of Physiotherapy.

A particularity in figure 7 is that for the conditions for the approach of the implementation, some conditions stand out. Firstly, there is a clear goal needed, according to physiotherapists, orthopedics, and GPs. Another important condition is that they (physiotherapists, orthopedics, and the Dutch Organization for Physiotherapists) think it is important to arrange nationwide agreements about ES. Thirdly, it is important to build a certain evaluation of quality in the process, according to physiotherapist, GP and orthopedic. Next to that, some groups mentioned the importance of passioned people and people who will take initiative.

Other important conditions are about the treatment of the patient. They find it important there is enough time for the patient. So, they got a good explanation about the process. Next to that it is important to get them at the right place. Next to that, the theme financing is found important for

certain conditions for the implementation of ES. A financial compensation is found important for the ES, but it needs to be cheaper than the hospital. Health insurers also mentioned the importance of a healthy population of the health insurer because that helps with making the health insurance cheaper. Also, the importance of a good education for the Extended Scope appears again.

An important condition which is mentioned by almost all stakeholders is trust in each other. Next to that, the access to the same health systems is important for the collaboration between the stakeholders. Lastly, the importance of a well-organized referral system is needed.

In table 8 again per theme of the dimension conditions for the characteristics of health care is mentioned which stakeholder has said something about it. This number means the number of concepts they mentioned about this theme.

Table 8

Number of times the different themes of the conditions for the characteristics of health care are mentioned by the different stakeholders.

Theme	***Physiotherapists***	***General Practitioner***	***Orthopedics***	***Health Insurer***	***Dutch Organization of Physiotherapy***	***Total***
Approach of implementation process	13	7	2	2	4	28
Treatment patient	3	2	0	0	1	6
Education Extended Scope	2	0	1	0	1	4
Trust	3	2	2	0	1	8
Health System	2	0	0	0	0	2
Referrals	0	2	0	0	0	2
Total	**23**	**13**	**5**	**2**	**7**	**40**

In table 8, it is remarkable that the far most concepts are mentioned about the theme approach of implementation process. All the stakeholder groups have mentioned something about it. Next to that, the physiotherapists mentioned the most concepts of these dimension as well as the theme approach of implementation process.

4.3.3 Differences and similarities of the perspectives of stakeholders

A particularity in figure 7 is that for the conditions for the approach of the implementation, a lot of stakeholders agree with each other. So, this may be some conditions which are the most important for the implementation process to consider. Furthermore, the stakeholder agrees on more themes about conditions for the implementation process.

Again, the physiotherapists have the most conditions. Also, some differences are shown between the group GPs. Another remarkable phenomenon is the opinion of the health insurer, this differs on some themes from the other stakeholders.

4.4 Process of the Extended Scope into health care

In this paragraph, the process of the ES into health care is described. It is summarized how the different stakeholders think which way the best is to implement the ES in the health care process. Firstly, the approach of the implementation is described. Secondly, the positioning of the ES is described. Afterwards, also the role distribution, relation and collaboration between stakeholders, financial structure, and an alternative approach. The results described in this paragraph are shown in a figure in appendix 3.

4.4.1 Approach of the implementation

The first particularity, they mostly agree on what is the best strategy to use. They think it is the quickest to use a bottom-up strategy. The GP mentioned also to start with an advice group where every stakeholder is represented. Next to that, it is important to give everybody the possibility to hitch on from the start, according to the GP. Another advice is to give the directing tasks to the places where it is working well, according to the orthopedics and health insurer. Furthermore, the Dutch organization of physiotherapy mentioned, it is best to organize this project regional. However, is this in contradiction to what is set as condition to have nationwide agreements.

Other things that need to take into consideration for the approach of the implementation. There need to be a stable network beneath the ES and there is a good organization needed to get the right physiotherapists, according to the physiotherapists. Next to that, GPs mentioned it is important to keep the process as simple as possible.

A striking phenomenon which appears again is the different opinions between GPs. On the one hand some say that bottom-up is the best way and some had said that is better to use a top-down strategy for the GPs. The GPs mentioned as well that it may be best to look for the middle of those two strategies. This may be a solution for the contradiction.

4.4.2 Positioning the ES

The perspectives of the stakeholders are divided about this theme. They only thing they agree on is that the position of ES needs to be outside of the hospital. Costs are too expensive in hospitals and there may not be enough time for the ES to diagnoses the patient. The stakeholders think that the best position for the ES is in primary care. Orthopedics think that it is best to accredit some big physiotherapy practices which fulfill the requirements. And one of the GPs thinks is the easiest to place the ES in his own practice. On the other hand, the physiotherapists and some GPs think that the best way is to integrate the ES into the GP's practice. A barrier what is mentioned is that there may not be enough space in every GP's practice. Some also mentioned that the most important thing is that the ES position is in primary care, but where is not that important.

There is also an option for setting up a primary care plus center for movement care. This option was most preferred by the health insurers and the Dutch Organization of Physiotherapy (DOP). Remarkable to this is that these stakeholders are part of big organizations. Furthermore, a GP mentioned that it is easy for a GP in a center because he knows what his possibilities are to refer to. An idea for setting up a certain center, which is mentioned by the health insurer and DOP, is to divide the center over the region by placing them in five different cities. The cities could be Enschede, Hengelo, Almelo, Oldenzaal, and Nijverdal.

4.4.3 Role distribution

There is some deviation in this theme, because the health insurer wants to set up an advice group which exist of a medical specialist, an ES, and eventually a specialized GP. Whereas the orthopedic do

not see something in this option. The orthopedics, physiotherapists, DOP, and GPs see the ES as an independent role. Furthermore, the role of the GP must be a role to keep overview of the process of the patient, according to the physiotherapists and GP. But it is unclear in which manner this will be. There is contradiction between GPs, on GP finds it important that the GP stay head of treatment and the other GP thinks that is not necessary. A role for secondary care could be to offer traineeships for the ES to learn more about setting the right diagnosis.

4.4.4 Relation and collaboration between stakeholders

GPs think it is important to invest in a good collaboration between the stakeholders. Next to that, it is easier to work together when stakeholders know each other. Furthermore, it is important that GPs and the ES are working from their own guidelines with the condition that they know each others' guidelines, according to the physiotherapists, GP, and DOP. Also, a good connection between the GP and ES is needed. The collaboration needs to exist of a joint interest, which is the patient.

4.4.5 Financial structure

For the financial structure there are some requirements mentioned by different stakeholders. First, it is important to have good agreements with the health insurers about the price for the treatment of the ES, according to the GP and physiotherapists. Also, the ES treatment for the patient needs to be part of the primary insurance, according to the physiotherapists. An option mentioned by the health insurer and orthopedic is that there will be a budget for purchasing the whole chain. And the orthopedics see an option that they will have the direction to purchase this.

4.4.6 Alternative approach

One of the GP did not see the implementation of ES as the best option. He thinks it is better to optimize processes that already exist than start a new one. For example, there could be more feedback from the medical specialist towards the GP. So, he knows when he referred a patient which was not needed. Then he will be able to do it better next time. Also, better educations for GPs and physiotherapy could be an option.

4.4.7 Differences and similarities between stakeholders

For this dimension there are a lot of agreements between stakeholders on the themes approach of the implementation, relation, and collaboration between stakeholders. But for the themes positioning of the ES and role distribution there are some obvious differences. What is also again a remarkable phenomenon is the differences between the GPs.

4.5 Range of tasks Extended Scope

In this paragraph the range of tasks of the ES is described. This is based on the opinions of the interviewees. The range of tasks is distributed in the following subjects: characteristics of the ES, tools of the ES, and treatment of the patient. The results in this paragraph are based on the figures shown in appendix 3.

4.5.1 Characteristics of the ES

According to the GP, physiotherapist, and DOP, the ES need to dare to dive in the deep. Furthermore, they need to see red flags, have enough knowledge, be purposeful, be able to collaborate, have a good network, be able to listen carefully, and be able to substantiate their opinion, according to the physiotherapists and the DOP. The orthopedics and GP also mentioned that the ES need to fulfill the role which the GP and the medical specialist are not able to fulfill.

Education level is also found important by the stakeholders. According to physiotherapists, it is important that the ES has a university education and have at least five years of experience in a master education. Furthermore, the orthopedics and physiotherapists think it is important that the ES did a traineeship in the hospital. A contradiction to this is the opinion of the Dutch Organization of Physiotherapists. They think that it may not be needed to do an extra master for ES.

4.5.2 Tools of the ES

One of the tools for an ES can be to request additional research. The physiotherapists, GP, and DOP agree that the ES is allowed to request additional research in the form of MRI or x-rays for example. Some GPs want to get a notification of the referral to keep the overview of the process. Furthermore, there are different opinions about requesting medicines between physiotherapists. Some say that is needed for an ES to request pain medication, and other say that is not needed.

Another tool for the ES would be referring to secondary care or somewhere else. According to GP, physiotherapists, and DOP, the ES is allowed to refer to secondary care. Some GPs want again a notification of this. But there are also Health insurer, GPs and physiotherapists who think that the referring needs to go through the GP, and the ES has only an advice function.

4.5.3 Treatment patient

First, it is important according to the health insurer and DOP that the ES occupies with the right diagnosis for the right treatment. They also need to have an independent attitude towards the right diagnosis, and have an overview, according to the health insurer and DOP.

Secondly, the communication towards the patient is found important. According to health insurers, DOP, GPs, and physiotherapists, the ES need to convince the patient about the right diagnosis. Furthermore, physiotherapists find it important that the ES shows empathy towards the patient, is open towards the patient, lead the patient through the process, and get the patient to right place.

4.5.4 Differences and similarities between stakeholders

There are some agreements visible between several stakeholders. But also, contradictions are noticeable in between stakeholders, such as the between physiotherapists and between GPs. Also is a something to consider that not every stakeholder has mentioned something about every theme.

4.6 Advantages

In this paragraph the advantages which could derive from the implementation of ES are described. These are divided in the following subjects: advantages of physiotherapy and ES, referring to secondary care, and advantages for the patient. The results in this paragraph are based on the figures in appendix 3.

4.6.1 Advantages of physiotherapy and Extended Scope

Orthopedics mentioned that physiotherapy has the capacity to tackle the demand of health care. This is a remarkable advantage, because it is also mentioned as a barrier by the health insurers. Furthermore, the implementation of ES can cause shorter waiting times in secondary care, according to GPs and orthopedics. Next to that, the physiotherapists and GPs see that the ES will be able set similar diagnosis as the GP, but the ES has more time for the patient. They also see the effectiveness of the ES as an advantage.

Physiotherapists and orthopedics think that the physiotherapist is specialized in movement care, and not the GP. Other advantages mentioned by the physiotherapists are that an ES know something from both phycological and anatomic factors. And more patients will stay in physiotherapy.

4.6.2 Referring to secondary care

Physiotherapists, DOP, Orthopedics, and the GP see positive effects when the ES can refer less to secondary care, because health care may be cheaper than. According to physiotherapists, pilots have proven that with the implementation of ES instead of 8 of 10 patients are referred to secondary care, now only 2 of the 10 patients are referred. The consequence for the orthopedics is that they will have more time for patients who belong in secondary care and have more time for shared decision making. So, orthopedics also feels the need for primary plus care.

4.6.3 Advantages for the patient

According to physiotherapists, the patient satisfaction will increase, and the patient will feel more heard. GPs think that the patient will possibly be seen sooner and better. A GP also mentioned that have patients have more faith due to the time physiotherapists have. This feels like a contradiction to the barrier that some GPs think that patients have more faith in GPs.

4.7 The implementation process on different management levels

In this paragraph, the results of the study are divided in the different management levels. Where need the adjustment be made.

4.7.1 Frontline management

In this level of management, it is important to use the bottom-up strategy. The organization needs to start with getting a support base. To get a support base, it is important that they start with gathering passionate people who are motivated and enthusiastic to promote this. There are also people needed who are prepared to take initiative. Another requirement that is mentioned is the importance of communication. It is important that the different stakeholders speak the same language. Also, trust is needed for a good implementation process. So, trust in the Extended Scope is needed, but also between all the stakeholder groups.

4.7.2 Middle level management

In this level of management, the organization are important. One requirement came forward for the stakeholder group general practitioners is to involve the organization of general practitioners in Twente, named THOON. This organization organize the innovation projects for the GPs. They try to look after the interest of the GP. In line with this, it is also possible to contact the other organizations of the stakeholders to involve in the implementation process.

Next to that, another requirement came forward. Namely, the set up of an advice group for the organization. This advice group have existed of representatives of all the stakeholder groups. So, they can make a list of requirements for the implementation of Extended Scope.

4.7.3 Top-level

For the top-level management it is important to invest in the health insurers. They are the ones that must pay for the health care eventually. If they do not step in, the implementation of Extended Scope will not succeed. Another important thing in this level is to focus on getting nationwide agreement about the Extended Scope. One of the requirements which is needed to arrange is to get a fixed financial compensation for the Extended Scope, where the ESP is satisfied with to execute the new role.

Chapter 5: Discussion

In this chapter, the results are discussed from several perspectives: their validity, how to interpret them with regards to the theoretical framework, their contribution to the scientific literature, their limitations, practical implications, and suggestions for further research.

5.1 Validation of the study

The purpose of this study was to get more knowledge about the perspectives of different stakeholders on the implementation of Extended Scope. To get a good vision about this, it is important to have a well divided population. For this study, the participants per stakeholder group are not equally divided. This may affect the validity of this study. The group of physiotherapists and general practitioners had enough participants, which means that information saturation was high. However, the other groups had less participants. The amount of different health insurers is less than orthopedics of other medical specialists in the region Twente. So, chances are that their perspective is not represented sufficiently in this study.

The conclusion of this study can give a good insight on the perspectives and can be a help for the right implementation process, because the results are shown from different subjects. The study has interviewed different stakeholders. They all gave their opinion about the different subjects. This made it possible to give an outcome of how the implementation must be done. For the implementation, different factors came forward which need to be considered. Next to that, also the position where the Extended Scope must be placed, and which range of tasks they must perform. Next to that, it also gives some perspectives about the differences between stakeholder groups, but also in between stakeholder groups. Not every GP has the same opinion for example.

The conclusion of this study may not be generalizable for the whole country, because the participants of this study all came from the region Twente. The region Twente has its own characteristics which may have influences on the perspectives of the stakeholders. In the study of Meisters et al. (2022), it is stated that there are health differences between different region's. They also stated that policymakers can use this to design policies for example specified per region. Therefore, generalization for the whole country may be difficult. However, the participants came from different cities, and organization in the region Twente. So, the results may be generalizable for the region Twente.

The used method in this study is often used to analyze the perspectives of different stakeholders. It is also used in a similar study (Bastiaens et al., 2021). But it is a qualitative study. So, the influences of the interpretation of the researcher may have influences on the results. The used sources are often cited by other authors that use them as building blocks for their own research, which makes it a valid connection point for this study. Next to that, the sources come from different countries, so it gives different views. Every country has its own characteristics, which can cause different outcomes for the same pilot for example. This can give a broader view, and shows that environment characteristics have influences, and makes it important to study the situation of the Netherlands. Because the outcomes of the studies abroad, do not have to be like the outcome of the Netherlands. The Dutch health system has other arrangements.

5.2 Interpretation of the results

The results are, to an extent, in line with the expectations that were drawn from the literature. However, they also give some new insights. The methods for implementing the Extended Scope previously researched in other countries are confirmed in this study, though this study also sheds

light on some contradictions. In literature from other countries, the hospital is often the place where the implementation of the Extended Scope was studied. The result of this study was that all stakeholders agreed that the Extended Scope needed to be implemented beyond hospital walls. The explanation for this result could be that health care structure and processes in the Netherlands are arranged differently than other countries. For example, in the Netherlands, primary care plays a big role. The role of the GP is also big (Van Der Zee et al., 2004). For almost every appointment in secondary care, a referral from the GP is needed. The GP acts as a gatekeeper for secondary care. Next to that, one of the main reasons in this study for keeping the Extended Scope outside the hospital, was the expensive costs of secondary care.

Furthermore, in literature it was found that workload is a problem for general practitioners now due to the aging and chronical illness issues. This is not completely confirmed by the opinions of the GPs. Some general practitioners mentioned that they do not feel pressure on workload or mentioned that movement care is not the subject which is giving more workload. One perspective was that they like movement care, and they want to treat those patients by themselves. Because that makes their work better.

Also, the range tasks of the Extended Scope found in (Bastiaens et al., 2021), are confirmed in this study. Only, in this study some other tasks came forward, for example the qualities and personal characteristics.

Another particularity in the results were the opinions and barriers stakeholders mentioned about each other. Barriers that were seen by one stakeholder group about the other, were denied by the group of stakeholders who were the subject. This may give some signs that the stakeholder groups do not know each other well enough. This implication itself can also be a factor that influences the implementation process. In the new situation, the different stakeholders need to work more together. That makes it important to know each others' qualities. Therefore, it is also needed to take this into account for the implementation.

The results have given some new insights about what is needed to get the right implementation process for Extended Scope. One of them is the qualities of the Extended Scope. All the stakeholders saw a positive innovation in the implementation of Extended Scope, but one of there main conditions was the qualities and requirements the Extended Scope needed to have.

5.3 Contributions of the study

This study can contribute theoretical and practical. The theoretical contributions are that it is an answer to the knowledge gap of the perspectives of the stakeholders on the implementation process of the Extended Scope. There is a lot of information known about Extended Scope, especially in other countries. But there isn't done a stakeholder analysis with all the stakeholder groups which are included in this study. Also, all the subjects in this study give answers to the knowledge gap in literature.

Firstly, the perspectives of the different stakeholders in this study contributes theoretically. The stakeholders that are included in this study is different from other studies that are done. Therefore, this study gives a different view on the perspectives. The study of Bastiaens et al. (2021) has also done a stakeholder analysis, but they did not include all the stakeholders that are included in this study.

Next to that, in this study, the stakeholders are asked for their perspectives on different subjects. This study exhibits the implementation process of the Extended Scope on different factors. This has

not been done in other studies yet. This study first shows which promoting and obstructing factors are important to consider for the implementation process. There are some of these factors found in the literature about the characteristics of the organization for example. However, these are not all confirmed. But this study gives a lot of new promoting an obstructing factor. That have not been found in literature yet. Secondly, different conditions are given by the stakeholders for the implementation process. These are also specific. This is not found in literature yet. Especially, the specificity of this conditions. Thirdly, it gives a perspective of what the preferences are from the stakeholders where to place the Extended Scope. In Bastiaens et al. (2021), the advised to a certain study with the different stakeholders. Next to that, there are only studies found in other countries which show one of the options. This study gives an insight on what the stakeholders in the region Twente prefer. Fourthly, the range of tasks is specified by the perspectives of the stakeholders. This was already done by Bastiaens et al. (2021), but they had a different stakeholders. However, this study confirms a lot of the tasks that also was found in the study of Bastiaens et al. (2021). This study is only more specific in the results. Fifthly, this study also gives an indication of what possible advantage will appear after implementation, according to the stakeholders. This is partly a confirmation of the advantages that are found in the literature review. In conclusion, this study adds new information tot the literature. Because they use different stakeholders' perspectives. Next tot hat, it is more extended than other studies. This study highlights more subjects, than has been done in other studies. It is a collection of subjects that are studied in different other studies.

The practical contribution of this study is that it gives an indication of the opinions of stakeholders in the region of Twente. The developers of this plan can use the information of this study for a sustainable implementation of the Extended Scope in the region of Twente. They can consider the different factors that came forward in this study for the implementation process. So, it will be accepted by the stakeholders. Next to that, they can use this study as evidence for their methods of the implementation. Also, this study adds an extra dimension which has not been done before. The results that are found are divided in which management level it needs to be changed. This can give some guidelines to the organization of the implementation process of the Extended Scope.

5.4 Limitations of the study

This study has some limitations. First, the limitation of the deviation of the population as mentioned before. This is not optimal, because this can make it difficult to compare the opinions of the different stakeholders with each other. This can have several causes. One of them can be the Covid-19 pandemic. A lot of participants were contacted in the end of the Covid-19 pandemic. This means that at the time that the interviews were conducted, the Dutch health care, was building up again. That means that a lot of participants were busy and did not have the time for an interview. A lot of potential participants where contacted, but also a lot did not respond at the end. Also, some big institutions which were contacted did not see the added value of their opinion. This may have the cause that they are not enough known with the role Extended Scope.

Another limitation is that the study is performed by one researcher. This can give some biased results because it is based on the interpretation of one researcher. This is the consequence of doing qualitative research. To prevent this problem, it may be better to do the interpretation of the result with at least two researchers. This was not possible in this study, as it had to be conducted alone. On the other hand, if the interviews are held by multiple researchers, it can also give some biased results.

Another limitation of this research could be the ongoing studies that were performed by other researchers. In the beginning of this study, it became clear that there was another researcher who was performing a study about the same subject. So, the information can be biased by the

information that some participants got from the other study. However, it was not possible to get access to those results in time to consider for the set up of this study. There is only given an explanation about what the main subjects were. The outcome of that study could have given more insides to consider. On the other hand, this study and the other study can strengthen each other. Because, they may have the same results. This study is held in the region Twente, the other study is more general.

5.5 Implications

The results of this study can give an insight to the organizations wanting to implement Extended Scope, specifically on what factors to pay attention to during the implementation, i.e., which conditions they need to consider. The organization could decide which conditions and barriers are most important based on their knowledge about the processes. The results also give some advice about how to approach the implementation. These can be useful for the organization to get the best support base from all the stakeholders.

Furthermore, the results can give some insights on how to approach the different stakeholders. For example, the results show what the interests are of different stakeholder groups. With the information, organizations wanting to implement Extended Scope can determine how to approach the different stakeholder groups. Another particularity the stakeholders show is who are more agreeable with the implementation than others. The organization can decide on which group they give the most attention.

If the organization do not consider the results, they may not succeed in implementing the Extended Scope, because they may not get enough support base from every stakeholder group. Because some perspectives about conditions are very clear for some stakeholders before they want to trust the Extended Scope. Also, the problem the Extended needs to handle, can increase if the Extended Scope will not be implemented. The problem of pollution in secondary care due to for example not the right diagnosis for the patient will not be solved.

5.6 Suggestions for follow-up studies

A follow-up study could be to dive deeper in the outcomes that came forward in this study. So, for example focus on what structure now is and how this can be adjusted to one of the structures that came forward in this study for the implementation of Extended Scope. So, a study can focus on the financing structure or on the positioning structure for the Extended Scope. The study needs to have a good visibility about the current situation and what the possibilities will be to adjust this.

Another study could focus on the cost-effectiveness of the Extended Scope. Because it is one of the reasons for the implementation of Extended Scope. But the exact cost-effectiveness is not visible yet. This study could help to substantiate the implementation of Extended Scope. It is not yet clear what the costs will be if the Extended Scope is implemented. So, a follow-up study could be, that the different possibilities to structure the Extended Scope into the health care process will be calculated what the costs will be and what the effectiveness is based on time for the patient for example.

Chapter 6: Conclusion

In this chapter, the conclusion to the different questions is described. First, the two sub questions are answered. Afterwards, the main conclusion is described for the main research question.

6.1 Answer to sub question 1

Which factors will promote or obstructs the implementation process of Extended Scope Physiotherapist according to the stakeholders?

Firstly, the promoting factors are described. The following themes may have a positive effect on the implementation of Extended Scope: the current situation of the general practitioner, the patient, knowledge of the Extended Scope, financing of health care, referring to secondary health care, process, and the current trends. According to some participants, the current situation of the GP is not how they prefer it. They didn't become a GP to treat movement care complaints. Next to that, they stated that they do not have enough time for the patient. Also, the treatment of the patient is not working optimal now. So, if an ESP has more time, and can set a better diagnosis for the patient. The current situation has a positive effect on the implementation of the Extended Scope.

Furthermore, a similar function of the Extended Scope is already known by some of the participants. When they have a positive experience with this function, it can have positive effect on the implementation process of ESP. The financing of health care in the current situation can have a positive effect. Because there is money available for innovations for example. Next to that, the current situation of referring to secondary care is not optimal. There is referred to much unnecessary, according to the different stakeholders. An ESP may prevent that. In that way, the current situation can have a positive effect. Other processes and trends of the current situation are not working optimal. The ESP may optimize these processes.

The most promoting factors are mentioned by the physiotherapists and general practitioners. The theme that is mentioned the most is the current situation of referring to secondary care.

The barriers that are found can be divided in barriers formed by different actors and barriers formed by characteristics of the process. On this dimension there are different barriers mentioned which influences the by the implementation process negatively. The barriers formed by the actors are the physiotherapist, the GP, the medical specialist, and the patient. Examples of barriers of the physiotherapists are their possible commercial thoughts which may cause that they are not able to think outside their own practice. Next to that, according to some participants the physiotherapists lack of some knowledge and qualities to perform all the requirements that an ESP should do. Examples of barriers of the GP are their possible stubbornness against innovations. Also, some GP do not acknowledge the problems will be solved by the implementation of ESP or do not think the problems are their own, and therefore think that the implementation of an ESP is not needed. Possible barriers from the medical specialist are their possible loss of income and they have no control on the actions of physiotherapists. Examples of barriers of the patient are their attitude. They not always have trust in primary care and want the ''highest care'' that is possible. This means care from specialists in a hospital.

Barriers that are mentioned about the characteristics of the process are financing, education Extended Scope, possibilities Extended Scope, organizational problems, and approach of implementation process. Examples of barriers formed by the education of ES is that it is not enough. They are not educated on every domain. Also, the ESP may not get access to all the tools they need. Which means that they may not have all the possibilities to make the right diagnosis. Also, organizational problems can be a barrier. Examples are the current hierarchy, and the function may be too broad.

The most concepts are mentioned by the physiotherapists and General practitioners. Furthermore, the thoughts of the GPs are one of the themes that is mentioned by the most participants. Also, financing is one of the biggest barriers according to the stakeholders.

6.2 Answer to sub question 2

What are the conditions for the implementation of Extended Scope Physiotherapist according to the stakeholders?

The conditions that are found can also be divided in conditions for the actors and conditions for characteristics of the process. These conditions are mentioned as a condition which needed to succeed the implementation of Extended Scope. There a condition mentioned for the qualities of the Extended Scope, general practitioners, health insurers, and the relationship between the stakeholders. Examples for conditions of qualities of the ESP is that they have enough experience and the right competences. Examples for conditions of the GP is that they need to get more knowledge about ESP and keep their own qualities. For the health insurers, it is important that they dare to participate but do not have the organizational responsibility. Good collaboration, communication, and trust between the stakeholders is important. For the conditions for the characteristics of the process, the themes are approach of the implementation process, treatment of the patient, financing, trust, health system, and referrals. Examples of conditions for the approach of the implementation are to involve all the stakeholders in the process and have people with the right motivation and enthusiasm. Next to that, there need to be enough time for the patient, the ESP need to be well educated, trust between the stakeholders is needed, access to the same health system is needed, and there need to be a well-organized referral system.

Again, the physiotherapists and GPs mentioned the most concepts about this dimension. Furthermore, every stakeholder group mentioned something about the qualities of the extended scope. As well as the approach of the implementation.

6.3 Answer to sub question 3

How should the process in health care and the range of tasks of the Extended Scope Physiotherapist be organized according to the stakeholders?

The structure of the implementation of ES has the following themes that came forward: Approach of implementation, outside the hospital, role distribution, Extended Scope in the physiotherapy practice, Extended Scope in general practitioner practice, Extended Scope positioned in a center, relation and collaboration between stakeholders, financing, patient, and an alternative approach. For these dimensions the different stakeholders speak up their preferences how to structure the implementation of Extended Scope.

The range of tasks of the Extended Scope gives some different themes which are found important for the tasks. The themes the stakeholders found important were based on the qualities the Extended Scope need to have, the tools he need access to, and the treatment of the patient. Based on these themes the range of tasks are mentioned for the Extended Scope

6.4 Answer to sub question 4

Which advantages could be derived from the implementation of Extended Scope physiotherapist?

The implementation of ES can lead to the following advantage mentioned by the interviewees in this study. These advantages are for the physiotherapy and the Extended Scope. There is a new perspective for physiotherapist to grow. Other advantages seen for referrals to secondary care. For

example, there is less referrals to secondary care which means that there may be fewer waiting times. Lastly, advantages for the patient, patients have more change on a better process.

6.5 Answer to sub question 5

''How can the results be divided in changes based on the three management levels: frontline management, middle-level management, and top-level management?''

Firstly, for the frontline management level it is important to focus on bottom-up strategy, a support base, good communication, and trust. Secondly, for the middle-level management it is important to focus on the organization for the different stakeholders. Especially, the organization of the general practitioners. Next to that, it is important to set up an advice group with representatives of every stakeholder group. At last, the top-level management, for this level it is important to focus on the health insurers and making nationwide agreements.

6.6 Answer to the main question

How can the Extended Scope Physiotherapy be implemented in the region Twente?

The conditions and barriers which are mentioned have sometimes a certain interaction. If the implementation fulfills the conditions that are mentioned, some barriers can be prevented. Next to that, it was remarkable that some barriers that were mentioned by for example the physiotherapist about the orthopedic. Where not seen by the orthopedics themselves. So, that can be a positive phenomenon for the implementation, because it can mean that not all the barriers which are mentioned will be present. So, for the implementation it is important to keep the conditions as focus and keep the barriers at the back of the mind.

Based on the conditions the structure of the implementation can be organized. First, the approach of the implementation must be determined. Most stakeholders agreed on a bottom-up strategy. It is important to get a support base from the different stakeholders. Secondly, the position of the Extended Scope must be decided. The stakeholders agreed on the fact that the Extended scope needs to stay in primary care, so the costs will be the least and it makes the process the easiest. But the opinions are divided between stakeholders where to place the Extended Scope. Some think it needs to be in a GPs practice, some feel more for a center. Thirdly, the role distribution needs to be determined. The opinions show some differences in how to organize it. Some stakeholders think the Extended Scope need to be an independent role and another think it must be an advice function. Next to that, the opinions differ about the independency of the Extended Scope. One option is that the Extended Scope is allowed to be fully independent and operates parallel to the general practitioner and is also allowed to refer to secondary care. The other option is that the Extended Scope has an advice role for the general practitioner. When the general practitioner doubts for example, he can refer to the Extended Scope person or group to get some advice about the diagnosis. Also, the relation between stakeholders needs to be good. It is important that the connection between a general practitioner and an Extended Scope is good. Also, communication is an important requirement that needs to be good. Furthermore, the financing structure is important to arrange well. One of the requirements that is mentioned is that the treatment of the Extended Scope needs to be primary insured. As well as good agreements with the health insurer about the financial compensation of the Extended Scope. However, there has been one participant who was a GP who did not agree on the solution of implementing an Extended Scope. His opinion was to optimize the process which already exists instead starting something new.

Another focus was the range of tasks the Extended Scope need to fulfill. First, the Extended Scope needs to have some characteristics and qualities. For example, the Extended Scope needs to see red

flags of characteristics of the patient which can influence the diagnosis of the problem, be purposeful, be able to collaborate, have a good network, and be able to substantiate their opinion. Another quality of the Extended scope needs to be the education. Education level is found important by different stakeholders. The Extended Scope need to have for example and university level education. Then, the tools that the Extended Scope has access to, is discussed many times in the interviews. The opinions differ about how much tools the Extended Scope will have. For example, the tool to request additional research. Also, the ability to refer to secondary care are the opinions divided. The treatment of the patient has some requirements for the Extended Scope. The Extended Scope need to take the patient through the process, need to convince the patient about the diagnosis. But the most important thing is that the Extended Scope makes the right diagnosis for the patient.

Furthermore, the quotes that are mentioned are from different stakeholder groups. A positive result is that there are quotes that most of the stakeholder groups supports. So, this may be the things that certainly need to be considered for the implementation process. Other particularities where the differences in between stakeholder groups. The most remarkable phenomenon was the differences between general practitioners. On different subjects they did not agree with each other. One of the things they mentioned was that the population of general practitioners is very heterogeneous. That is visible in the results of this study. Next to that, there were also differences shown between physiotherapists. But the contradiction was not that big as between the general practitioners.

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Appendix 1: Interview protocol

Interview protocol: The implementation process of the Extended Scope Physiotherapist: a stakeholder analysis

Introductie

1. *Korte uitleg over het onderzoek:* Het doel van het onderzoek is om een advies te schrijven over de beste manier om de Extended Scope fysiotherapeut te implementeren in de zorg. Hierbij is de mening en de gedachten van de verschillende stakeholders erg belangrijk. Dit is dan ook het doel van dit interview om deze mening zo goed mogelijk naar voren te krijgen.

2. *Toestemming voor het interview:* akkoord vragen voor het opnemen van het interview; het verslag van het interview kan worden gedeeld naderhand; de opnames en interviewverslagen zullen beveiligd bewaard worden.

3. *Anonimiteit:* persoonlijke gegevens zullen anoniem worden verwerkt; de uitkomsten zullen uiteindelijk alleen voor wetenschappelijke doeleinden worden gebruikt.

4. *Informed consent:* tekenen van het informed consent is nodig voor het beginnen van het interview

5. *Vragen?*

Informatie respondent

6. *Geslacht*

7. *Leeftijd*

8. *Organisatie*

9. *Beroep*

10. *Ervaring Extended Scope*

- **1.** *Voor een fysiotherapeut:* Heeft u de opleiding gevolgd en waar?

Extended Scope opleiding

11. *Wat is uw kennis over de Extended Scope opleiding? Of anders gezegd over de anderhalvelijnse zorg op het gebied van beweegzorg?*

12. *Wat is uw mening over de Extended Scope opleiding?*

- **1.** *Denkt u dat het een goede toevoeging is voor de zorg?*

13. *Denkt u dat een Extended Scope fysiotherapeut de kwaliteiten heeft om enkele rollen van de huisarts en specialisten over te kunnen nemen?*

14. *Zal de effectiviteit van zorg omhooggaan als de Extended Scope fysiotherapeut een aantal rollen zal overnemen?*

Manieren van implementatie

15. *Hoe denkt u dat de beste manier is om de Extended Scope opleiding te implementeren?*

16. *Uit de literatuur zijn er drie verschillende opties naar voren gekomen:*

1. Het opzetten van een centrum centraal in de regio
2. Een spreekuur bij de huisarts
3. Een spreekuur bij het ziekenhuis
4. Een spreekuur bij de fysiopraktijk

17. *Wat lijkt u de beste optie of ziet u een andere oplossing?*

Vorming van een nieuw netwerk

Wanneer de ES fysiotherapeut wordt geïmplementeerd komt er een nieuwe rolverdeling. Daarnaast is het mogelijk dat er een aantal rollen van verschillende stakeholders zullen wegvallen, doordat zij niet meer nodig zijn. Dit zal er dus voor kunnen zorgen dat er nieuw netwerk kan ontstaan.

18. *Wat zijn belangrijke factoren om in acht te houden bij het vormen van dit nieuwe netwerk, met betrekking tot de verschillende stakeholders?*

19. *Wat is u visie in de vorming van dit nieuwe netwerk?*

20. *Welke strategie lijkt u het beste? Denk hierbij aan bijvoorbeeld bottom-up strategie of juist een meer top-down strategie.*

21. *Wat zijn belangrijke factoren zijn nodig om dit nieuwe netwerk te laten slagen?*

Eventuele verandering van verantwoordelijkheden

22. *Welke taken zal een ES fysiotherapeut moeten vervullen?*

23. *Bent u bereidt om een andere rol aan te nemen op het gebied van beweegzorg?*

24. *Hoe ziet u uw rol en verantwoordelijkheden voor zich wanneer de Extended Scope is geïmplementeerd?*

25. *Denkt u dat andere stakeholders voor problemen kunnen zorgen? Zo ja, welke?*

Eventuele voor- en nadelen

26. *Welke voor- en nadelen ziet u voor de implementatie van de Extended Scope?*

27. *Wat voor een struikelblokken ziet u op de weg naar de beste implementatie van de Extended Scope?*

28. *Denkt u dat de nieuwe verantwoordelijkheden van een fysiotherapeut een struikelblok kan zijn voor hen?*

29. *Zal de implementatie van de ES fysiotherapeut ervoor zorgen dat de werkdruk van de huisartsen omlaag zal gaan?*

30. *Zal de ES fysiotherapeut ervoor zorgen dat de patiënt tevredenheid omhoog zal gaan?*

31. *Zal de implementatie van de ES fysiotherapeut ervoor zorgen dat de zorg goedkoper gaat worden?*

Einde van het interview

32. *Wilt u nog iets toevoegen aan dit interview, wat u belangrijk acht voor de implementatie van de Extended Scope fysiotherapeut?*

33. *Ik wil u bedanken voor het deelnemen aan dit interview.*

34. *Bent u nog geïnteresseerd in het eindverslag/eindresultaat van dit onderzoek?*

35. *Heeft u nog vragen?*

Appendix 2: Informed consent

Toestemmingsverklaringsformulier (informed consent)

Titel onderzoek: Designing a diagnostic center movement care Twente

Onderzoeker: Manon Koeleman, student Universiteit Twente, master thesis Business Administration

In te vullen door de deelnemer:

Ik verklaar hierbij dat ik duidelijk ben ingelicht over het doel, de methode en de aard van dit onderzoek. Ik weet dat de gegevens en resultaten van dit onderzoek alleen anoniem en vertrouwelijk aan derden bekend zullen worden gemaakt. Daarnaast zal mijn naam, bedrijfsnaam of overige informatie waaraan mijn deelname kan worden afgeleid niet weergegeven worden in de resultaten van het onderzoek. Mijn vragen zijn naar tevredenheid beantwoord.

Ik begrijp dat audio- opname uitsluitend voor wetenschappelijke analyse worden gebruikt.

Ik stem geheel vrijwillig in met deelname aan dit onderzoek. Ik behoud me daarbij het recht voor om op elk moment zonder opgaaf van redenen mijn deelname aan dit onderzoek te beëindigen.

Naam deelnemer: _____

Datum: _____

Handtekening deelnemer: _____

In te vullen door de onderzoeker:

Ik heb ervoor gezorgd dat de deelnemer schriftelijk en mondeling de toelichting van dit onderzoek heeft ontvangen. Ik zal de vragen van de deelnemer over het onderzoek naar vermogen beantwoorden. De deelnemer heeft het gehele onderzoek de mogelijkheid om zijn deelname te beëindigen en zal daardoor geen nadelige gevolgen ondervinden. Daarbij zal ik discreet omgaan met de informatie van de deelnemer. Ik zal ervoor zorgen dat de naam, bedrijfsnaam of overige informatie waaraan zijn/haar deelname kan worden afgeleid, niet in de resultaten van het onderzoek worden weergegeven.

Ik ben gehouden aan de codes van de Ethiek Commissie van mijn faculteit BMS: https://www.utwente.nl/en/bms/research/ethics/ .

Naam onderzoeker: Manon Koeleman, student Universiteit Twente, master thesis Business Administration

Datum: _____

Handtekening onderzoeker: _____

Appendix 3: Figures with the outcome of the analysis in Atlas.ti

Figure 1:

Current situation

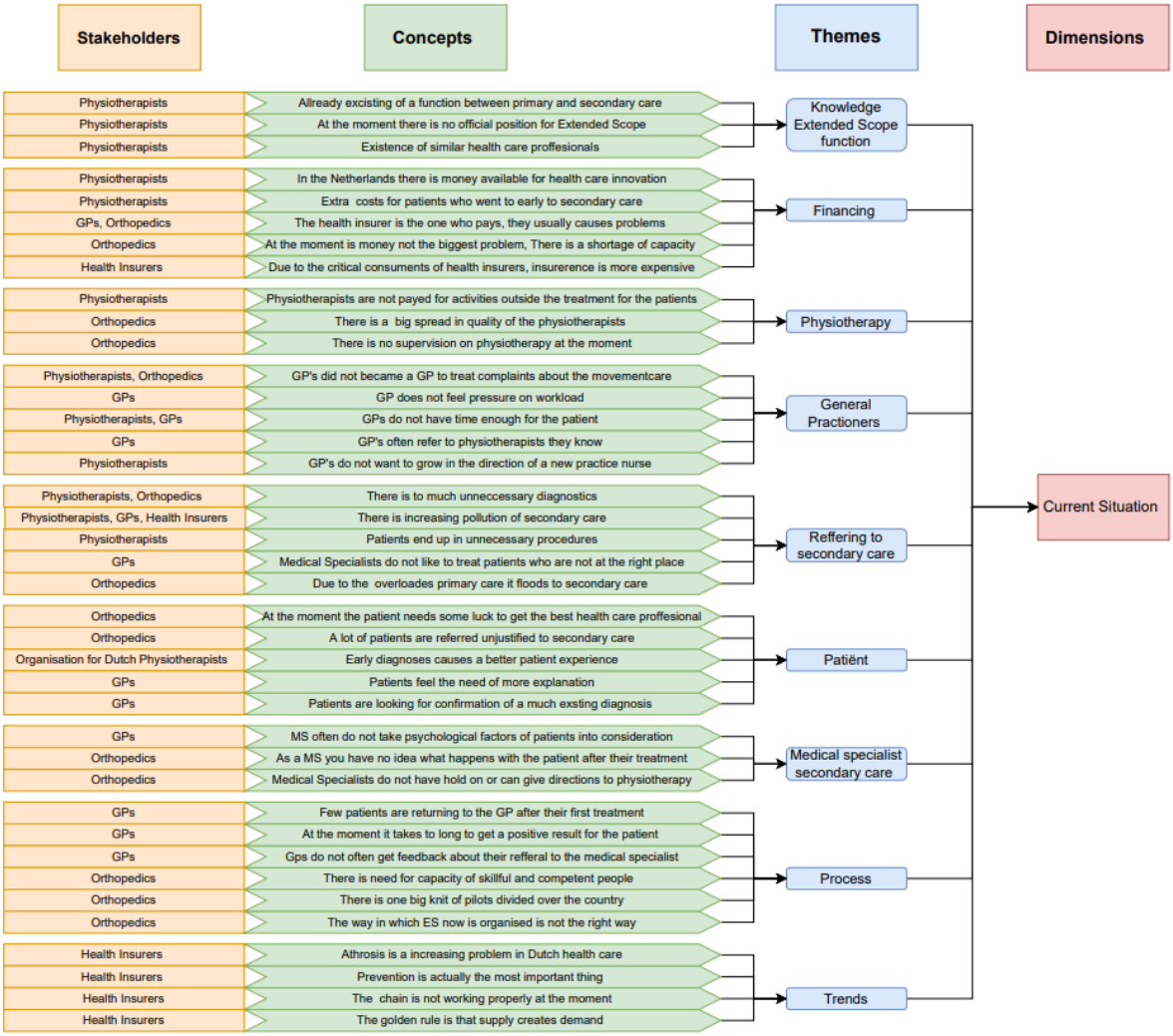

Figure 2

Barriers

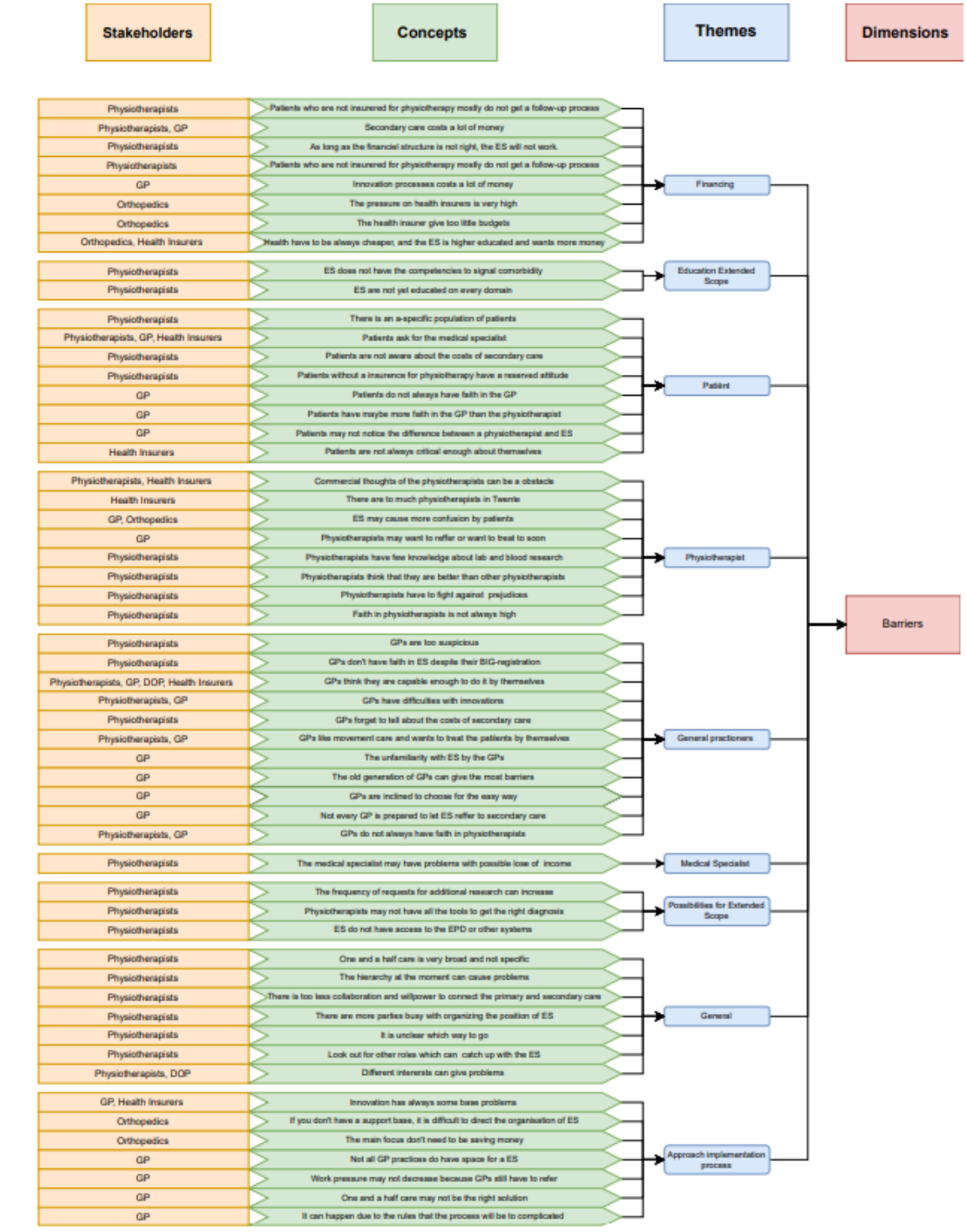

Figure 3

Conditions

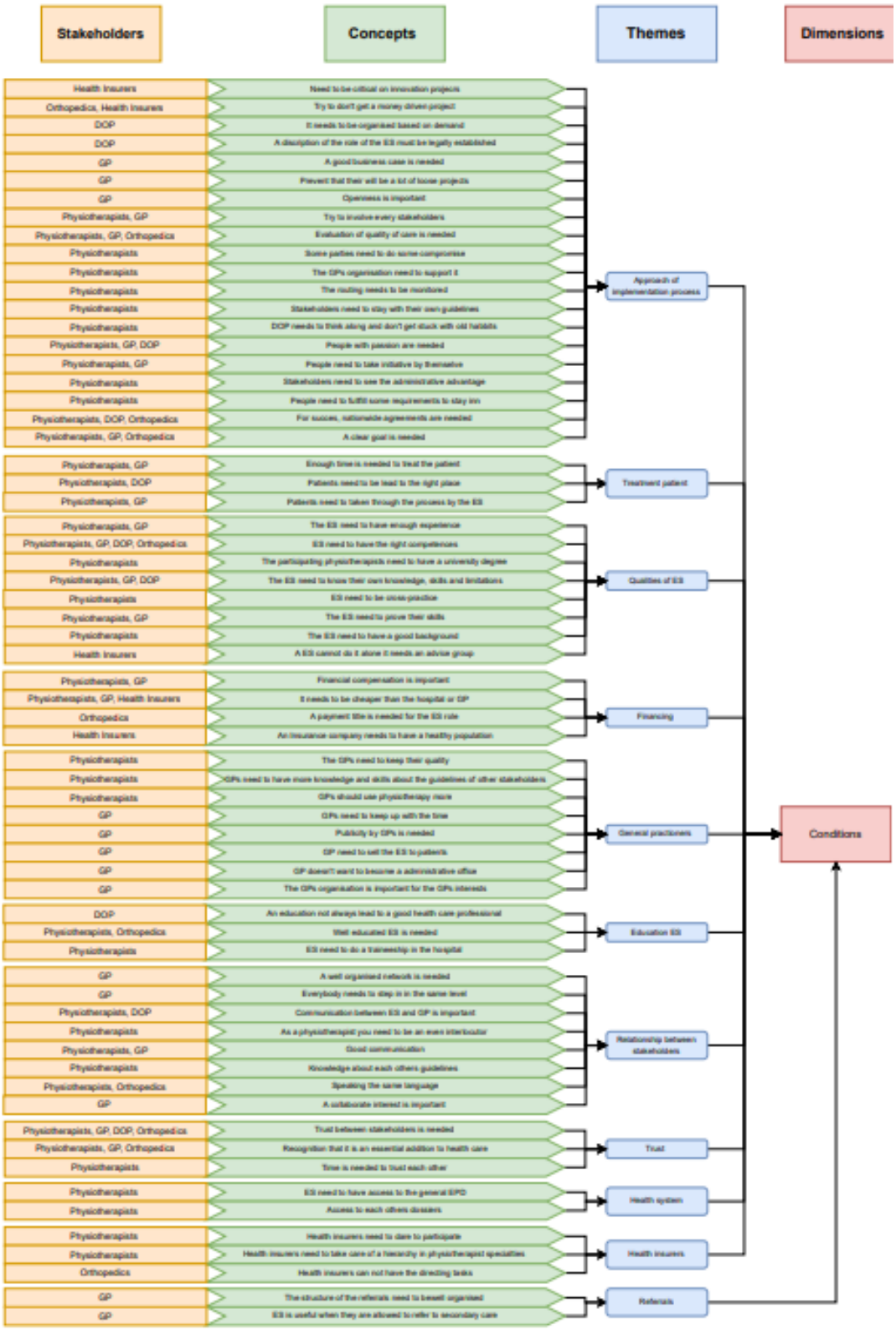

Figure 4

Structure

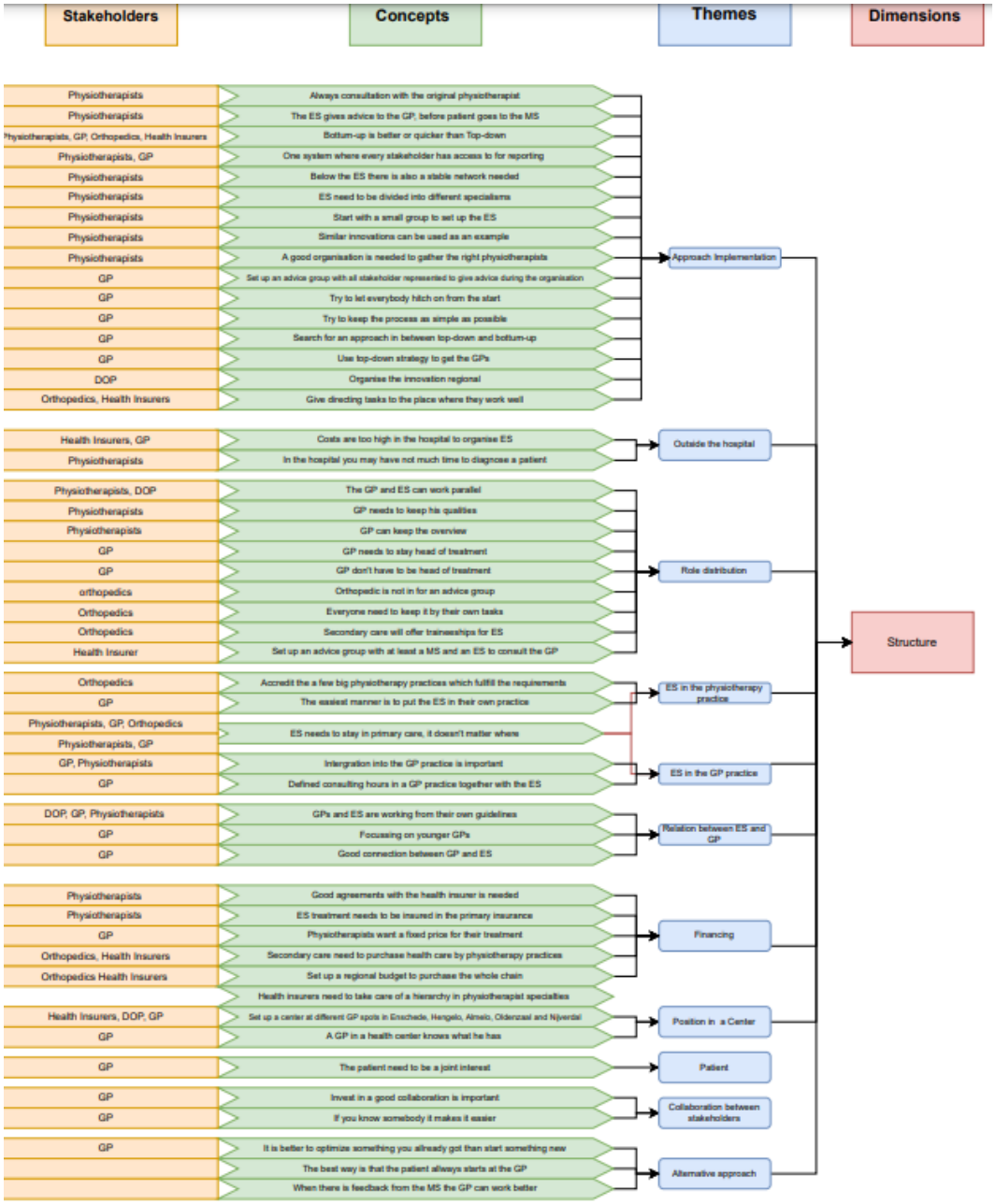

Figure 5

Range of tasks of Extended Scope

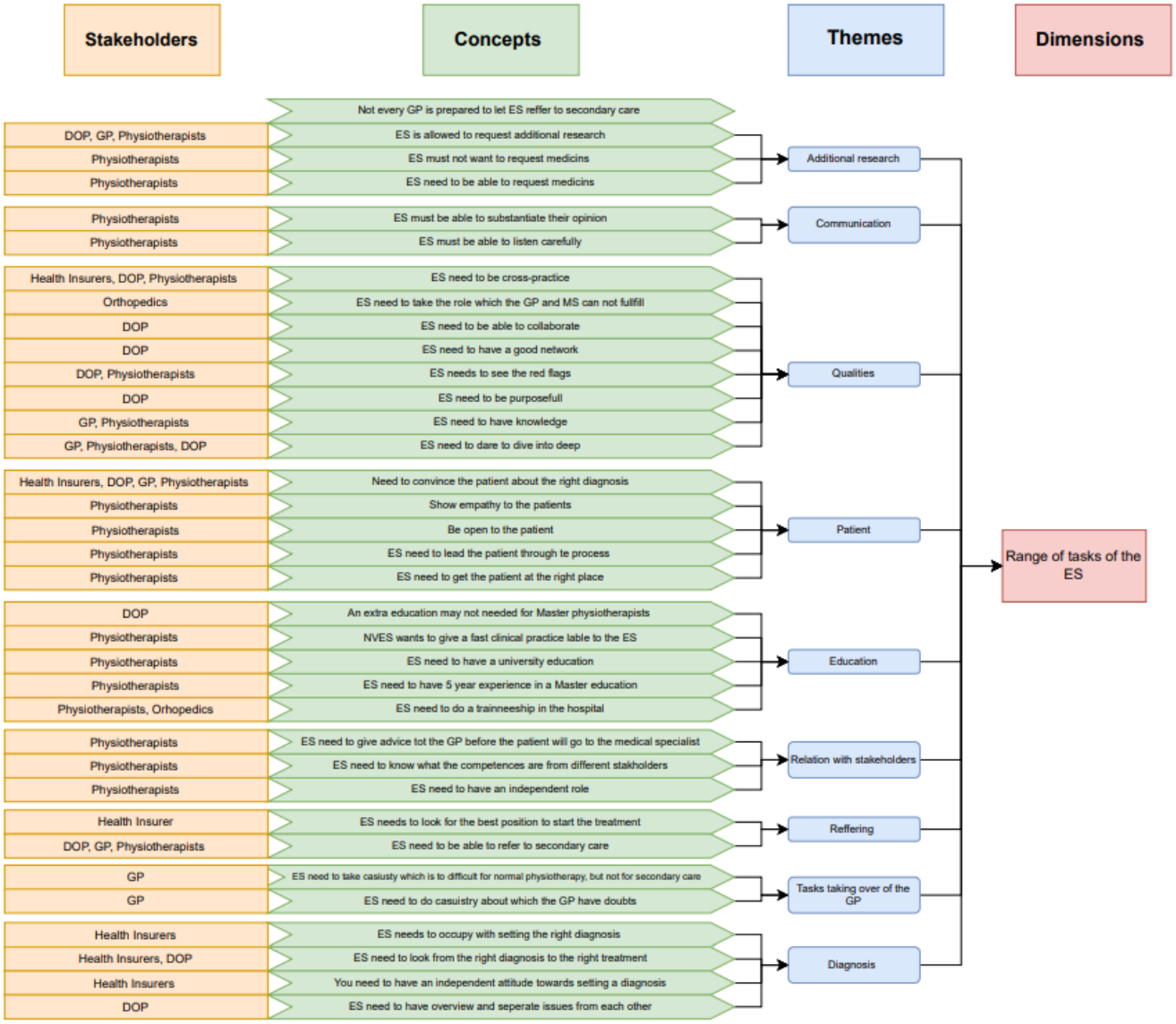

Figure 6

Advantages