



POSITION STATEMENT

Access to Publicly Funded Physiotherapy in Ontario

POSITION

The Ontario Physiotherapy Association (OPA) believes that all Ontarians should have timely access to health care services provided by physiotherapists. We believe that the role of the public health system is to ensure that all Ontarians can access needed physiotherapy services within their communities; can do so without excessive wait times that negatively affect outcomes, and in adequate amounts to meet their health care needs.

BACKGROUND

There has been a steady erosion of publicly funded physiotherapy services in most sectors of the health system (hospital, home care and community sectors) across Ontario over the last decade.

Despite physiotherapy being an insured service within the Canada Health Act (CHA), hospitals have reduced, closed or privatized services to meet budgetary constraints, in most cases falsely rationalizing that these services are available in the community.

Some services are available in the home with strict limitations on eligibility and amount through the Community Care Access Centres (CCACs) but increasing downloads from hospital care to the community have surpassed the capacity of CCACs to meet demand. Furthermore, many patients are not eligible for home care. To manage the increasing demand for services within the allotted budget, CCACs are forced to adopt various strategies including implementing a wait list, moving service provision from a primary treatment model to a more consultative model, limiting the number of services and visits available and transitioning clients to out patient or rehab settings.

Designated Physiotherapy Clinics (DPCs) provide care to those under 19 and over 65 or on selected social assistance programs. No new DPCs have been licensed since the mid 1960s. There are only 93 in all of Ontario and they are located mostly in the south and in metropolitan areas. There are, for instance, no clinics north of Sault Ste Marie and no clinics in all of Mississauga. Since assessment is not an insured service many DPCs charge an assessment fee and the government only pays for the treatment portion of care. As the government remuneration for a treatment (\$12.20) is far below the cost of providing that care, many DPCs will not accept those with complex or chronic conditions that require more intensive treatment.

There is a minimal number of Community Health Centres (CHC) in Ontario who provide publicly funded physiotherapy services for those who can't pay for these services.



Despite listing physiotherapy as one of the services to be included in the inter-professional primary health care initiative called Family Health Teams, the government has chosen not to approve or fund any requests for the inclusion of physiotherapy in the Family Health Teams to date.

The importance of physiotherapy in health care and especially for those with chronic conditions is shown by the government's initiative to ensure that all residents of Long Term Care Homes have access to physiotherapy services.

Currently, there is no comprehensive plan for the provision of publicly funded physiotherapy services in Ontario. As services continue to be restricted or cut without consideration of the real limitations of other sectors in the health system to meet the increased demand and as new models for community health care such as Family Health Teams remain closed to physiotherapy we move further into crisis. Those without the ability to pay or access physiotherapy through private or other extended benefits insurance have no option but to go without care. Alternatively they may wait until they are homebound and eligible for home care, until their condition requires hospitalization, or admission to a long term care home. Each of these results in poor health outcomes for patients and adds substantial costs to the health system.

THE FACTS

Access to physiotherapy facilities in hospitals for in or out patients is an insured service under the Canada Health Act¹

Timely access to physiotherapy services reduces the number of visits to emergency rooms, reduces length of stays in hospitals and allows many to continue to live longer in their homes avoiding institutional care.²

Over the last decade, incremental cuts, closures, the elimination of the G 467 physician code for physiotherapy services and the partial de-listing of OHIP services have resulted in a loss of over a quarter of a billion dollars in government funding for community based physiotherapy.³

Wait lists for publicly funded physiotherapy services have increased dramatically with those most affected being those without private means to pay and those with chronic conditions.⁴

OPA RECOMMENDATIONS

Preserve Existing Capacity:

The Government of Ontario must preserve those services that are available through public hospitals as the only current delivery system for publicly funded outpatient physiotherapy services that achieves reasonably equitable accessibility across the province. Hospitals must recognize that closing their out-patient services is not only contrary to the Canada Health Act, but will add to their costs in the long run and erode the health status of the communities they serve.

Commit to Collaborative Solutions:

Every Local Health Integration Network (LHIN) should work with stakeholders including the OPA to complete an analysis of available publicly funded physiotherapy services in all sectors in their regions and to identify the significant gaps and barriers to access. In addition, we must work together to determine the best delivery system(s) for physiotherapy services. This work must be completed prior to approving any cuts to outpatient physiotherapy services in hospitals or other publicly-funded sectors.

Fully evaluate perceived solutions:

- The government and the LHINs should acknowledge that the CCAC/Home Care system is not a solution for all access challenges in the community. It is not funded to replace hospital-based or outpatient treatment programs and has limited use in rehabilitation when used only as a bridge from being homebound to being able to access outpatient services. CCAC/Home Care is a critical part of the health system. Expecting it to do more with fewer resources is not a feasible solution.
- The DPC system is not accessible to the majority of Ontarians due to limitations on eligibility and geography, has limitations due to the low fee paid by government for services and where it is accessible is not covered fully by the government.
- Stakeholders must recognize that “availability” and “accessibility” are not synonymous terms with respect to the provision of physiotherapy services in the private sector. While those with the means to pay and extended health benefits may access private physiotherapy services, those of lower income and without benefits are generally reliant on publicly funded physiotherapy services for health care. The erosion of publicly funded physiotherapy services creates barriers to good health and marginalizes the individuals who are likely in greatest need of health care services.

Make a New Plan:

After stabilizing the situation to ensure that no further capacity to provide these needed services is lost through maintaining what services are currently available in hospitals, CCACs, LTC Homes and Community Health Centres, OPA recommends:

- That underutilized solutions to restricted access be addressed. In particular that barriers to the inclusion of physiotherapy in primary health care/Family Health Teams be removed and that the networks of Community Health Care Centres be maximized to include physiotherapy services.
- That the Government of Ontario, in consultation with the OPA and other stakeholders, must find ways of providing publicly-funded cost-effective rehabilitation services in the community. Care should be provided to the patient at the right time, in the most appropriate place according to their needs.



¹ Canada Health Act, <http://laws.justice.gc.ca/en/C-6/>

Section 2. ("Interpretation"): "Hospital services" means any of the following services provided to in-patients or out-patients at a hospital, if the services are medically necessary for the purpose of maintaining health, preventing disease or diagnosing or treating an injury, illness or disability, namely, h) use of physiotherapy facilities.

² Cott, C.A., Devitt, R., Falter, L., Soever, L., & Wong, R. (2004) Adult rehabilitation and primary health care in Ontario. Arthritis Community Research & Evaluation Unit, University Health Network.

And Pinnington, M.A., Miller, J., Stanley, I. (2004) An evaluation of prompt access to physiotherapy in the management of low back pain in primary care. *Family Practice*, 21 (4):472-480.

³ In 2000, the government delisted OHIP code G 467, under which physicians billed for physiotherapy services provided in community. The funds saved were to be re-allocated to hospital and community based physiotherapy but never was. In 2005, a partial delisting of services provided through Designated Physiotherapy Clinics (DPCs) resulted in further cuts. Based on previous billings, the cuts to G467 and DPCs, coupled with the reductions seen in services available through hospitals, an estimate of over a quarter billion dollars in government funding has been lost for community based physiotherapy since 2000.

⁴ Devitt, R.M.A., Falter, L.-B., Soever, L.J., Passalent, L.A., Barriers to Rehabilitation in Primary Health Care in Ontario: Funding and Wait Times for Physical Therapy Services, *Physiotherapy Canada*, 2007, Vol. 59, No. 3.; and Landry, M.D., Deber, R.B., Jaglal, S., Laporte, A., Holyoke, P., Devit, R., Cott, C., Assessing the Consequences of Delisting Publicly Funded Community-Based Physical Therapy on Self-Reported Health in Ontario, Canada, *International Journal of Rehabilitation Research*, 2006, 29:303-307.