



ACCESS TO PHYSIOTHERAPY POSITION STATEMENT

POSITION

All Ontarians should have timely, equitable access to physiotherapists as part of comprehensive health care services within their communities.

Access to physiotherapy services depends on: being able to afford or the availability of publicly funded programs, where you live and whether there are enough physiotherapists to provide care.ⁱ

Gaps in these areas need to be addressed so all have timely, equitable access to physiotherapists as part of comprehensive health care services for individual health and a healthier community.

Timely means access to physiotherapy within an appropriate time as determined by the patient's health needs, and in a time that will not cause any harm or complications to the patient's condition, pain or disease.^{ii,iii,iv}

Equitable means that the needs of each person must be considered. Access to health care must reflect equity allowing each individual to reach their full health potential 'no matter where they live, who they are or what they have'.^v

THE FACTS

Early access to physiotherapy means better health outcomes, physical function, and quality of life.^{vi}

Timely access to physiotherapy services results in less emergency room visits, reduces how long a patient stays in hospital and allows people to live longer in their homes and communities.^{vii}

Without access to physiotherapy there is an increased use of expensive drug therapies, diagnostic testing, unnecessary use of specialists, and added costs to the health care system.^{viii,ix,x}

Therapies, including physiotherapy, are recommended for acute and chronic pain as alternatives to financially and socially costly pharmaceuticals, such as opioids.^{xi,xii}

Many in Ontario don't have enough, or any, private insurance. 80% of clients who accessed physiotherapy services in Toronto Community Health Centres wouldn't have



been able to see a physiotherapist mainly because they don't have private insurance and couldn't afford it, or didn't have the means to travel to a private clinic.^{xiii}

Integrating physiotherapists into primary care improved health outcomes for seniors in many areas including management of chronic disease (e.g. arthritis, diabetes), falls prevention and programs for low back pain.^{xiv}

Toronto primary care organization's patients who received pain management treatment by a physiotherapist had reduced use of pain medication (82%) and other substances such as alcohol and street drugs (79%).^{xv}

Physiotherapists are experts in musculoskeletal conditions and save costs while increasing timely access to care through triaging and screening roles as they order fewer x-rays, reduce wait times, and eliminate unnecessary referrals to orthopedic surgeons.^{xvi,xvii,xviii,xix,xx,xxi}

Despite the fact that one third of Canadians live in remote and/rural areas only 7.9% of physiotherapists practice in these regions.^{xxii}

Targeted programs that assist with recruiting and retaining physiotherapists in these areas including accessible and supported continuing professional education and entry-level student education and internship opportunities have shown some success.

Communities in Northern Ontario are challenged to recruit and retain health professionals, including physiotherapists. Retention issues such as access to education and professional isolation are closely related to the high turnover of physiotherapists in rural and remote communities,^{xxiii,xxiv} which negatively impacts access to care and the health of Ontarians.^{xxv,xxvi}

OPA RECOMMENDATIONS

Increase access to community physiotherapy services

Health policy and infrastructure changes, including optimizing use of technology, need to be implemented to ensure all have access to the physiotherapy they need as close to home as possible.

Expand the investment in primary health care organizations so that all regions and sub-regions in Ontario have access to primary health care with integrated physiotherapy services. These organizations, through their mandates, focus on the specific needs of the population in their regions to best ensure equitable access to care in communities.

Increase in the resources and capacity for publicly-funded physiotherapy services in: home care, community clinics, schools, hospital, primary health care, through virtual health



networks and long-term care homes will help to remove the financial barriers to accessing physiotherapy care so no one has to go without the care they need.

Continue to develop innovative funding models and service delivery models including use of technology that are patient-centered, outcome-focused, adequately resourced, evolve as new evidence emerges and allow for solutions that increase access to physiotherapy services within the community including private physiotherapy clinics.

Remove barriers to access timely care by implementing the full scope of practice for health professions including physiotherapists

The most effective and efficient health system is one that puts patients first and facilitates timely access to care by allowing regulated health professionals to work to the full extent of their scope of practice.

Ontario needs to finish the job on behalf of patients and all Ontarians and put in place the regulations needed to enable professionals to work to their full scope of practice, including the authorities for physiotherapists to order x-rays, diagnostic ultrasound and laboratory tests.

By increasing timely access to care in our communities and completing the remaining regulations to implement the authorities for physiotherapists to order diagnostic imaging, and laboratory tests, this will expand access to these services for patients while reducing referrals and burden on the health system.

Implement a comprehensive health human resources recruitment and retention plan for rural and remote regions including ensuring physiotherapists are accessible to all Ontarians.

Regional health planning should include a comprehensive plan to address health human resources including the recruitment and retention of physiotherapists and physiotherapist assistants to meet the needs of Ontarians especially those in rural and/or remote settings.

Access to educational programming, innovative work places and integration into the community are elements that have been noted as important to physiotherapists when choosing where to practice and these elements should be address in the plan.

ⁱ CPA Physiotherapy access statement (2010)

ⁱⁱ <http://policybase.cma.ca/dbtw-wpd/PolicyPDF/PD10-05.PDF>

ⁱⁱⁱ <https://www.hqontario.ca/Portals/0/documents/health-quality/realizing-excellent-care-for-all-1704-en.pdf>

^{iv} <https://web2.gov.mb.ca/bills/39-3/b207e.php>

^v <https://www.hqontario.ca/Portals/0/documents/qi/qip/analysis-health-equity-2016-17-en.pdf>

^{vi} CPA Physiotherapy Access Statement (2010)

^{vii} 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.



-
- viii Priest, L. (2011). Canada's Costly Spine-Surgeon Backlog. *The Globe and Mail*, June 15, 2011. Accessed Online at: <http://www.theglobeandmail.com/life/health/newhealth/health-news/canadas-costly-spine-surgeon-backlog/article2020599/>
- ix Weeks, C. (2011). High Doses of Opioids Tied to Risk of Death. *The Globe and Mail*, June 15, 2011. Accessed Online at: <http://www.theglobeandmail.com/life/health/new-health/conditions/addiction/health-addiction/high-doses-of-opioids-tied-to-risk-of-death/article1980624/>
- x Bishop A, et al. 2017. STEMS pilot trial: a pilot cluster randomised controlled trial to investigate the addition of patient direct access to physiotherapy to usual GP-led primary care for adults with musculoskeletal pain. *BMJ Open* 2017 7:doi: 10.1136/bmjopen-2016-012987.
- xi Graveland B., 2017. Report urges Canada to seek opioid alternatives to cut down on addiction. Accessed Online at: <https://www.theglobeandmail.com/news/national/report-urges-canada-to-look-for-opioid-alternatives/article36965007/>
- xii <https://physiotherapy.ca/opioids-and-pain-management>
- xiii TCLHIN Evaluation (Dec 2017)
- xiv Ontario Physiotherapy Association (2013). Physiotherapy in Primary Health Care. Accessed Online at: http://www.opa.on.ca/pdfs/Roles_Physiotherapists_PHC_Organisations.pdf
- xv TCLHIN Evaluation (Dec 2017)
- xvi Carr AJ. (2003). Orthopaedic outpatient departments: an evaluation of appropriateness, effectiveness, cost effectiveness and patient satisfaction associated with the assessment and management of defined referrals by physiotherapists. London: Department of Health; 2003. P. 3-31
- xvii Ontario Physiotherapy Association and the College of Physiotherapists of Ontario. (2008). Strategic Solutions: Optimizing Physiotherapists' Capacity in Ontario's Health Care System. Physiotherapy Scope of Practice Review, Appendix A: pp. 10-13.
- xviii Draker-White G, Carr AJ, Harvey I, et al. (1999). A randomised controlled trial. Shifting boundaries of doctors and physiotherapists in orthopaedic outpatient departments. *J Epidemiol Community Health*. 1999; 53: 643-650
- xix Aiken, A.B., Harrison, M. M., * Hope, J. (2008). Easing the burden for joint replacement wait times: The role of expanded practice physiotherapist. *Healthcare Quarterly*, Vol. 11(3).
- xx Robarts, S., Stratford, P., Kennedy, D., Malcolm, B., & Finkelstein, J. (2017). Evaluation of an advanced-practice physiotherapist in triaging patients with lumbar spine pain: surgeon-physiotherapist level of agreement and patient satisfaction. *Canadian Journal of Surgery*, 60(4), 266.
- xxi Razmjou, H., Robarts, S., Kennedy, D., McKnight, C., MacLeod, A. M., & Holtby, R. (2013). Evaluation of an advanced-practice physical therapist in a specialty shoulder clinic: diagnostic agreement and effect on wait times. *Physiotherapy Canada*, 65(1), 46-55.
- xxii Canadian Institute for Health Information. (2012). Physiotherapist Workforce, 2012. Retrieved from <https://secure.cihi.ca/estore/productFamily.htm?locale=en&pf=PFC2434&lang=en>
- xxiii Winn, C. S., Chisholm, B. A., & Hummelbrunner, J. A. (2014). Factors affecting recruitment and retention of rehabilitation professionals in northern Ontario, Canada: A cross-sectional study. *Rural and Remote Health*, 14, 2619.
- xxiv Solomon, P., Salvatori, P., & Berry, S. (2001). Perceptions of important retention and recruitment factors by therapists in northwestern Ontario. *The Journal of Rural Health*, 17(3), 278-285.
- xxv Canadian Physiotherapy Association. (2016). Access to Physiotherapy in Rural, Remote and Northern Areas of Canada: An Environmental Scan. Retrieved from https://physiotherapy.ca/sites/default/files/access_to_physiotherapy_environmental_scan_may2016.pdf.
- xxvi Winn, C. S., Chisholm, B. A., Hummelbrunner, J. A., Tryssenaar, J., & Kandler, L. S. (2015). Impact of the northern studies stream and rehabilitation studies programs on recruitment and retention to rural and remote practice: 2002-2010. *Rural and Remote Health*, 15(2), 3126.