

July 19, 2019

Hon. Raymond Cho  
Minister for Seniors and Accessibility  
College Park 5th Flr, 777 Bay St  
Toronto, ON  
M7A 1S5

RE: New Government-wide Seniors Strategy consultation

Dear Mr. Cho,

The Ontario Physiotherapy Association (OPA) is the Ontario Branch of the Canadian Physiotherapy Association and represents more than 6000 member physiotherapists, physiotherapist assistants and students across the province. Physiotherapists work with seniors and caregivers across health and social systems. Our work at both the individual and system levels helps seniors to live safely as independently as possible, and be active, engaged and healthy members of their communities. We strongly support the objectives of the government to address the unique needs and build a strategy to improve the lives of Ontario seniors.

According to the Ontario Budget, seniors are the fastest growing demographic in Ontario with a projected 3 million seniors to be in Ontario in 2023.<sup>1</sup> We need to act now to meet the needs of older Ontarians, including those needs that impact on their health. Simply investing in doing more of the same will not meet the current or future needs of this growing population. For example, a 2017 Canadian Institute for Health Information report, cited by the Premier's Council on Improving Healthcare and Ending Hallway Medicine, calculated that over 20% of individuals in long-term care don't need to be there.<sup>2</sup> Their needs could be better met and more cost-effectively provided in the community, using home care, supportive housing (if those streams had sufficient capacity), or other forms of assistance such as transportation. With the daily per bed/patient cost of providing care in hospital being approximately \$1000 compared to LTC (\$177) and supportive housing or home care/community (\$65), finding solutions to provide more care within community settings and shifting funding appropriately to do so is both in seniors' best interests and in the interests of Ontario's fiscal health.<sup>3</sup>

According to CIHI data, approximately 138,000 people 65 and older entered hospital following an injury between April 1, 2017, and March 31, 2018, and 81 per cent of the injuries were related to

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<sup>1</sup> V. Fedeli. (2019). Ontario budget protecting what matters most. Published by the government of Ontario: <http://budget.ontario.ca/pdf/2019/2019-ontario-budget-en.pdf>

<sup>2</sup> Premier's Council on Improving Healthcare and Ending Hallway Medicine. (2019). A Healthy Ontario: Building a Sustainable Health Care System. Retrieved from <https://files.ontario.ca/moh-healthy-ontario-building-sustainable-health-care-en-2019-06-25.pdf>

<sup>3</sup> Dr. Sinha. (2019). Keynote address: Canadian Physiotherapy Association Forum. Price Edward Island, Canada.

falls.<sup>4</sup> Investing in accessible and high-quality interprofessional primary care that includes screening for mobility impairments, and provides programming for wellness-based activity classes and individualized rehabilitation available closer to home, would substantially reduce the incidence of injuries and enable seniors to live more safely for longer in their own homes.

Physiotherapists are key members of the interprofessional team who address the goals that matter most to seniors; improving their function, safety, and mobility so they can stay in their community and live as independently as possible for as long as possible. Timely access to physiotherapy services results in less emergency room visits, reduces ALC rates and allows people to live longer in their homes.<sup>5,6</sup> Early access to physiotherapy means better health outcomes, physical function, and quality of life.<sup>7</sup>

Physiotherapists work to address the individual needs of seniors, helping them to manage their health conditions across the health system. Physiotherapists also work in the development and implementation of community-based programming such as activation classes, falls prevention programming and educational programming to help seniors self-manage their conditions. Meeting the needs of seniors will mean addressing the need for individual and population-based programming.

A senior's strategy must respect seniors' preferences and should be founded on those preferences. Planning for current and future needs for programming and other services for seniors, including those provided by physiotherapists will be critical moving forward.

OPA puts forward the following key areas and recommendations for consideration.

## **Living safely, as independently, as possible in their own communities**

Three of the four National Senior Strategy pillars speaks to helping seniors remain in their communities for as long as possible: (1) Enable older Canadians to remain independent, productive and engaged citizens, (2) Ensure older Canadians continue to lead healthy and active lives for as long as possible and (3) Provide person-centered, high quality, integrated care as close to home as possible by providers who have the knowledge and skills to care for them.<sup>8</sup> This national framework can serve as an important framework to Ontario's strategy and planning.

### **Determinants of Health**

Seniors want to stay at home for as long as they can. Nevertheless, both seniors and providers recognize that periodic and/or increasing levels of support are needed for this to happen. It is important for any strategy and implementation plan to consider a holistic approach to seniors' care that addresses the many determinants of health and not just health care for seniors. Affordable and

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<sup>4</sup> The Canadian Press. (2019). Falls the main reason seniors head to hospital, CIHI injury report indicates. Published by *CBC News*. Retrieved from <https://www.cbc.ca/news/health/falls-seniors-cihi-1.5208253>

<sup>5</sup> 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,

<sup>6</sup> 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.

<sup>7</sup> CPA Physiotherapy Access Statement (2010)

<sup>8</sup> Sinha, S.K., Griffin, B., Ringer, T., Reppas-Rindlisbacher, C., Stewart, E., Wong, I., Callan, S., Anderson, G. (2016). An Evidence-Informed National Seniors Strategy for Canada - 2nd edition. Toronto, ON: Alliance for a National Seniors Strategy.

appropriate housing, food security, mobility (including transportation options) are all critical to seniors' health. Services that address all these needs must be easy to find, access and navigate for seniors and their caregivers.

Ontario Health Teams (OHTs), will provide the full and seamless continuum of seniors' care needed including system navigation once this new program is implemented. OHTs are an important innovation that hopefully, evolve and expand across Ontario. Additionally, access to needed care and services must be equitable allowing each individual to reach his or her full health, social and mobility potential 'no matter where they live, who they are or what they have'.<sup>9</sup>

### Community Programming

There are numerous models that support seniors' independence, mobility and aging at home. These models include mobility safety and fall prevention classes and education developed by physiotherapists and delivered through primary health care organizations or local community centres. Other examples of community programming include TIME<sup>10</sup>, a program that helps those with balance and mobility challenges to exercise, and GLA:D<sup>11</sup>, an education and exercise program for individuals, often seniors, with knee and hip osteoarthritis to reduce disability and keep active. These programs and others provide the additional benefit of social interaction, which is critical for reducing issues of isolation and depression which are common amongst the senior population.<sup>12</sup>

### Access to Services

Assessment and triaging programs led by professionals, such as physiotherapists, assess and diagnose mobility issues and identify risk factors for seniors that often lead to unnecessary institutional care. These programs also make referrals to restorative and specialized care for seniors within their own communities. Policy changes that further integrate all community-based providers including physiotherapy clinics, would increase access to care and specialized services, such as the treatment of incontinence which impacts many seniors and affects their health and social wellbeing.

Currently, in addition to hospital outpatient services, home care and primary care, publicly funded physiotherapy is available in the community in clinics that hold contracts with the Ministry of Health to provide a set volume of services (the Community Physiotherapy Clinic program (CPC)). Though this program provides increased opportunities to access care for seniors, it is limited and only those who have experienced an acute musculoskeletal injury or acute decline in their function are able to access it. There are many limitations as to what conditions are eligible for the program and lengthy wait lists are common for those seeking episodic care for chronic conditions; a frequent need for seniors. The capacity of the CPC system is limited and does not fully address the needs of seniors today, and will face even more challenges as the need increases in the future.

The full integration of physiotherapists into primary health care in 2014/15 has led to improved health outcomes for Ontarians including seniors and has had system level impact on improving

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<sup>9</sup> Ontario Physiotherapy Association. (2019). Access to physiotherapy position statement. Retrieved from <https://opa.on.ca/wp-content/uploads/2019/04/OPA-Position-Statement-on-Access-2019.pdf>

<sup>10</sup> Together In Movement and Exercise (TIME™). Retrieved from [https://www.uhn.ca/TorontoRehab/PatientsFamilies/Clinics\\_Tests/TIME](https://www.uhn.ca/TorontoRehab/PatientsFamilies/Clinics_Tests/TIME)

<sup>11</sup> GLA:D Canada: Retrieved from <https://gladcanada.ca/index.php/what-is-glad-canada/>

<sup>12</sup> Hwang, J., Wang, L., Siever, J., Medico, T. D., & Jones, C. A. (2019). Loneliness and social isolation among older adults in a community exercise program: a qualitative study. *Aging & mental health*, 23(6), 736-742.

access to quality primary care in the community. Over 90% of those participating in individual physiotherapy programs in these settings stated that it helped them move more easily, complete their daily activities and better manage their conditions.<sup>13</sup> 82% of clients participating in primary health care physiotherapy also reported taking less pain medication since beginning physiotherapy.<sup>14</sup> Physiotherapy as a "drugless" profession provides a solution to the overmedication of seniors and prescribing cascades that add costs to the system and increased risks to seniors.

While primary health care organizations focus their programming and services on the community needs, traditional home care services have largely focused on assessment and case management and less on service delivery and system integration. Therefore, as the Premier's Council on Health Care and Ending Hallway Medicine aims to do for the entire healthcare delivery system, the senior strategy should also focus on how to better integrate services for seniors across the health and social systems, so that seniors experience seamless, barrier-free access to the care they need at critical points in their journey through the system. Thinking more creatively around how to use preexisting spaces where seniors gather to provide needed care will increase access and reduce barriers to access related to transportation and costs.

### Recommendation

OPA recommends that the senior strategy include a focus on improving equitable access to and navigation of health and other services for seniors as close to home as possible and within their own communities. The strategy must include improved resources and assistance to navigate the health system and ensure better awareness and integration of these resources by the whole team of individuals who work with seniors. In turn, this will help to improve timeliness for addressing issues faced by seniors in Ontario before these issues result in loss of function and independence or hospitalization (i.e. prevention).

Seniors must have access to the full range of primary care services and supports available within their own communities, including physiotherapy-led community programming, and these services should be coordinated with relevant other health and social services. Access is not enough; it is simply the door. Resources should be sufficient to avoid wait times for services; which can lead to negative outcomes. Being as active and mobile as possible is key to living safely and is important for senior's mental health and social wellbeing.

### Right care, right place, right time

The senior strategy must include a holistic and comprehensive approach to seniors' health; creating a system that truly meets their needs. The lack of sufficient, accessible, community-based services including rehabilitation/restoration often leads to loss of function, mobility, worsening of chronic conditions and unnecessary and prolonged hospitalizations. When seniors are admitted to hospital, they often experience a significant decline in function.<sup>15</sup> Focusing only on a 'care model' without addressing rehabilitation or reactivation will not be sustainable in the future as demands for care increase. While addressing immediate and/or episodic health needs must continue to be part of any

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<sup>13</sup> Toronto Central LHIN. (2017). Evaluation of Physiotherapy Primary Care Model

<sup>14</sup> Toronto Central LHIN. (2017). Evaluation of Physiotherapy Primary Care Model

<sup>15</sup> Kleinpell, R. M., Fletcher, K., & Jennings, B. M. (2008). Reducing functional decline in hospitalized elderly. In *Patient safety and quality: An evidence-based handbook for nurses*. Agency for Healthcare Research and Quality (US).

system moving forward, it cannot remain the cornerstone to how we approach health care. This, in combination with a “preventative care” approach supported both in policy and funding, will ensure we don’t lose ground on what matters to seniors; maintaining function and independence.

The number of patients in ALC is an accurate and telling measure of the health care system's effectiveness at providing the right level of care, at the right time and in the right place. In Ontario, approximately 1 in 4 hospital beds in Ontario is occupied by Alternate Level of Care (ALC) patients.<sup>16</sup> 82% of seniors who received their initial assessment in hospital experienced ALC.<sup>17</sup> Those waiting to receive home care spent longer in ALC (median 34 days) than those waiting for residential care (median 28 days).<sup>18</sup> The median age for these patients is 80 and many live alone with limited access to assistance.<sup>19</sup> These seniors are unable to return home after their hospital care is complete often due to their loss of function and mobility during their hospital stay. They then fall further behind in these key areas of health and wellbeing while awaiting transfer to another care setting, commonly a long-term-care home, due to a lack of access to rehabilitation and restorative services, including physiotherapy.

There are many examples currently in our system of innovations to address these gaps in access to rehabilitation and restorative care including the Reactivation Centres operated by Humber River Hospital and planned by North York General Hospital and Branson; the Congregant Transitional Home Care operated by Pine Villa and Hillcrest; and Southlake@Home’s home care model. In each case, the focus is on restoring and increasing function and mobility and facilitating safe transition back to the community.

The goal of any senior strategy moving forward must be to avoid the need for hospitalization in the first place and reducing the length of hospital stays whenever possible by ensuring that the right services are accessible at the right time by seniors as close to home as possible. Beyond care and rehabilitation, the strategy should include prevention; transportation to and from care/community programming; and community clubs to increase community integration and participation.

Seniors need a comprehensive strategy and plan that includes not just access to health care but addresses other determinants of health such as safe, accessible housing, transportation and financial support. This will mean breaking down barriers and addressing programming that will cross many ministries whose mandates impact seniors' ability to age in a healthy and supported way independently at home.

### Recommendation

OPA recommends that the senior strategy address the need for an increased investment in rehabilitation, including physiotherapy, in the community, in home care, clinics, primary health care organizations and other programs. It will be imperative that community-based services are right

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<sup>16</sup> Wiercigroch, D., & Yu, C. (2018, July 10). Our health system is failing elderly patients. Retrieved from <https://policyoptions.irpp.org/magazines/july-2018/health-system-failing-elderly-patients/>

<sup>17</sup> Canadian Institute for Health Information. Seniors in Transition: Exploring Pathways Across the Care Continuum. Ottawa, ON: CIHI; 2017

<sup>18</sup> Canadian Institute for Health Information. Seniors in Transition: Exploring Pathways Across the Care Continuum. Ottawa, ON: CIHI; 2017

<sup>19</sup> Wiercigroch, D., & Yu, C. (2018, July 10). Our health system is failing elderly patients. Retrieved from <https://policyoptions.irpp.org/magazines/july-2018/health-system-failing-elderly-patients/>

sized to address the true rehabilitation needs of seniors and are integrated across the determinants of health such as housing, food security and transportation programs. This approach would also support the government's drive to reduce hallway medicine in hospitals.

### Supporting caregivers

The fourth pillar in the National Senior Strategy pillar: Ensure that the family and friends of older Canadians who provide unpaid care for their loved ones are acknowledged and supported.<sup>20</sup> In order to achieve the goals of addressing the unique needs and improving the lives of Ontario's seniors, the strategy must include a sustainability plan for those who provide care and support for their family and friends who are seniors.

Investing in services in the community should include resources to provide training to caregivers to be able to safely assist and support the function and mobility needs of their loved ones. The option for respite care with a component of rehabilitation can allow for critical rest and restoration for caregivers while maintaining mobility and function of the senior.

#### Recommendation

OPA recommends that the senior strategy ensures that those who provide caregiving to seniors are supported and have access to training and support services to address questions related to their loved one's mobility and functional needs. Home care services and respite care options should include an element of rehabilitation to assess potential for improvements to mobility and function, maintain current levels of both and, where possible, identify any new care needs.

We fully support the development and implementation of a seniors' strategy in Ontario to meet the unique needs of seniors today and tomorrow. Investing in programs and services, such as those provided by physiotherapists that help seniors be safe and stay in their communities will meet the needs of seniors, while optimizing our resources as the needs shift and change. We look forward to working with the government and all stakeholders in this important work.

Sincerely,



Dorianne Sauvé  
Chief Executive Officer

Cc:

Hon. Christine Elliott, Deputy Premier and Minister of Health  
Hon. Dr. Merrilee Fullerton, Minister of Long-Term Care

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<sup>20</sup> Sinha, S.K., Griffin, B., Ringer, T., Reppas-Rindlisbacher, C., Stewart, E., Wong, I., Callan, S., Anderson, G. (2016). An Evidence-Informed National Seniors Strategy for Canada - 2nd edition. Toronto, ON: Alliance for a National Seniors Strategy