



Q & A based on the OPA's Bundled Care Webinar – Successfully Implementing the Bundled Care model for Hip and Knee Replacement Patients

February 2020

The recording from the December 18, 2019 webinar on Bundled Care implementation can be accessed on the [OPA website](#) (member [login](#) required). This webinar is intended for physiotherapy providers in the community who are currently participating in Bundled Care or are interested in participating in the future. The webinar focused on enhancing opportunities for successful implementation of the Bundled Care model and developing successful partnerships between physiotherapy providers and bundle holders.

This Q and A is a companion document to this webinar that addresses the questions submitted by participants and other members on implementing the Bundled Care program for hip and knee replacement patients. It outlines the Bundled Care models implemented by pt Health (community PT clinic provider) and Brant Community Healthcare System (bundle holder) and reflects their experiences with implementation. This Q and A may not be representative of other health providers or system leaders' experience since there has been substantial variability with Bundled Care implementation. Those wishing to learn more about Bundled Care implementation are encouraged to join [Quorum](#) and watch [webinars](#) developed by Ontario Health (Quality Division), formally known as Health Quality Ontario (HQO). Members are also encouraged to visit the [OPA website](#) and access information and resources, such as [Bundled Care \(Integrated Funding Models\) – Negotiations and Agreements](#) (member [login](#) required), which discusses the components involved in developing an agreement with a bundle holder.

BACKGROUND

Paulette Gardiner Millar (PGM), PT and Director of Operational Communication & Quality Improvement with pt Health (community PT clinic provider). pt Health has 40 physiotherapy clinics in Ontario; 25 of those clinics are Community Physiotherapy Clinics (CPCs) that also participate in the Bundled Care program. These 25 locations are currently working with over 40 different bundle holders.

Darryl Yardley (DY), PT and Director of Brant Community Healthcare System (bundle holder). Brant Community Healthcare System is a large community hospital operating from two sites: Brantford General Hospital in Brantford and The Willett Hospital in Paris. Brant Community Healthcare System performs over 750 joint replacement surgeries annually.



How does a physiotherapy clinic partner with a bundle holder and participate in the Bundled Care program?

DY: Physiotherapy clinics that are interested in partnering with Brant Community Healthcare System (BCHS) are required to do the following activities to receive full reimbursement for their services:

- Receive a surgeon's referral;
- Invoicing that outlines the dates and number of treatments attended (a minimum number of treatments has been outlined for full reimbursement);
- Structure treatment sessions that align with best practice guidelines developed by the Rehabilitative Care Alliance (RCA);
- Complete a discharge report (which includes Patient Reported Outcome Measure change score);
- Report into NACRS Clinic Lite; and
- If a PT-PTA model of care is utilized, we strongly encourage a review of the College of Physiotherapists of Ontario invoicing and billing standard.

PGM: Although pt Health has participated in a Request for Proposal (RFP) process and Memorandum of Understanding (MOU), the majority of partnerships that pt Health has with bundle holders are through ad-hoc arrangements. They are currently partnered with 40 bundle holders and have experienced significant variation in their partnerships with bundle holders with regard to whether there was a formal referral or warm handover in place during patient transitions, patient education, invoicing, payment fees and terms, communication, and reporting.

Note: Bundle holders will outline their specific requirements, which often include specifications around invoicing, payment terms and fees, reporting, and more. Physiotherapy clinics should have a conversation about these requirements with each bundle holders since there has been substantial variability with Bundled Care implementation. Physiotherapy clinics may participate in the Bundled Care program by establishing formal agreements or ad-hoc arrangements with bundle holders. Partnerships may be developed through an RFP process, MOU, or through direct outreach.

How does a physiotherapy clinic in the community receive Bundled Care contracts and/or participate in an RFP process?

PGM: There are bidding websites, such as *Biddingo* and *Ontario Tenders Portal*, that are used by bundle holders to submit RFPs to establish Bundled Care agreements with physiotherapy clinics. Through the experience of pt Health, the RFP process has required a substantial amount of work. It is important to review the program requirements and process. Furthermore, it is important to be realistic about the answers you provide and ensure that your clinic can deliver

on what you have committed to in the RFP and that the model is financially viable for your business. Once you have completed an RFP, you can repurpose your answers so that you do not have to recreate data for every submission.

DY: BCHS completed a geographical analysis of where their patients reside within Brantford and Brant County to gain a better appreciation of access to care needs. BCHS decided to undergo an RFP awarding process to secure their partnerships and ensure that patients who live within and outside of Brantford are able to get timely access to a physiotherapy provider. Their RFP award winner was given a higher reimbursement per bundled patient since additional requirements were incorporated into the agreement to support better care transitions, which includes providing pre-operative education classes as one example. However, in order to best serve all patients within the Brantford and Brant County region, BCHS did establish ad-hoc arrangements with current Community Physiotherapy Clinic (CPC) providers to ensure patients can access care as close to home as possible, and have more choice in their decision making for post-acute rehabilitation.

Does the patient have a choice where they attend physiotherapy post operatively?

DY: Yes, patients have a choice as to where they receive post-acute physiotherapy. BCHS offers a full list of their community physiotherapy partners to their patients so that they are aware that they also have choice in their provider.

Are patients allowed to switch from one physiotherapy clinic to another once their rehabilitation has been initiated? If so, does the funding amount change?

DY: BCHS has outlined in their agreements that clinic based physiotherapy partners must provide the minimum threshold of sessions to receive full reimbursement, which consists of one assessment session and three treatment sessions. Partners that provide less than the minimum threshold will have their payment structure changed to a fee-for-service reimbursement for the physiotherapy clinic that the patient began their rehabilitative care with. If the patient attends another clinic to continue their physiotherapy sessions, BCHS will evaluate these instances on a case by case basis and make a reimbursement determination. If a patient chooses to attend a private physiotherapy clinic (that does not have an agreement with the bundle holder), the patient is responsible for paying for their care since BCHS currently does not have agreements with private physiotherapy clinics, outside of the CPCs.



Are patients only referred to Community Physiotherapy Clinics (CPCs) or are their opportunities for private practices to be involved in Bundled Care?

PGM and DY: Currently, pt Health has 25 CPCs that are involved with Bundled Care implementation. BCHS has chosen to partner with CPCs so that they can better manage their agreements with community partners in their first year of implementation; they will incorporate these learnings into Bundled Care implementation moving forward and consider expanding partnerships as the program evolves.

Note: The extent to which a bundle holder will partner with CPCs and/or non-CPC contract holding private physiotherapy clinics varies for each bundle holder. The Ministry broadened the program criteria, allowing all physiotherapy clinics to have the option to establish ad-hoc arrangements with bundle holders. Therefore, all physiotherapy clinics (including CPCs and private practice physiotherapy clinics) can participate in Bundled Care by establishing formal agreements or ad-hoc arrangements with bundle holders.

When are referrals generated along the acute care pathway?

DY: Currently, BCHS generates referrals in our pre-operative hospital clinics, which is run by our team of nurses, anesthesiologists, and pharmacists.

Note: This is a local decision that varies by bundle holder.

Approximately 40% of Brantford Bundled Care patients receive home care following their discharge from acute care, which is higher than the predicted provincial average. Are these volumes due to legacy referral patterns?

DY: Yes, the high referral volumes in home-based physiotherapy are partially due to legacy referral and access to care patterns but also represents gaps in service delivery. BCHS experienced challenges with their Bundled Care patients getting mixed into Episode of Care (EOC) numbers with their CPC partners, which made it difficult for patients to access care in the appropriate setting in a timely manner. Referral to home care allowed services to continue upon discharge from acute care, to bridge the gap while patients were waiting to access care at a community clinic. BCHS is working collaboratively with our partners to improve our transitions in care following acute care to ensure patients are referred to the most appropriate care setting to receive physiotherapy in a timely manner.



If a patient receives one home care visit post-operatively, does the overall funding amount change for outpatient physiotherapy in the community?

DY: AT BCHS, the outpatient funding amount is not impacted by a patient receiving home care post-operation. BCHS has currently set their pricing for outpatient physiotherapy to \$250 per total knee replacement (TKR) and \$300 for total hip replacement (THR) which is in alignment with what the Ministry of Health has published in terms of pricing. The RFP award winner does have a slightly higher reimbursement based on the additional requirements in the agreement.

What is an efficient model for data collection and submission (e.g. Patient-Reported Outcome Measure (PROM) completion and submission)?

DY: BCHS has consolidated their requirements for discharge reporting with their physiotherapy partners. They also have aligned their requirements as closely to the discharge reporting process that CPCs are familiar with in the present EOC program with the Ministry of Health. BCHS is also working with the Ontario Health (Quality Division), Canadian Institute of Health Information (CIHI) and the Local Health Integration Network (LHIN) to implement the recommended PROM to best capture outcomes and monitor the quality assurance in service delivery.

PGM: pt Health has centralized their data entry process and has one individual who conducts all data entry into NACRS Clinic Lite. It is more efficient for them to do this centrally rather than have 25 separate CPCs doing NACRS Clinic Lite data entry individually.

How have you addressed the issues that have arisen from the administrative burden experienced by Community Physiotherapy Clinics (CPC) for reconciling Bundled Care patients that have been put through the Episode of Care (EOC) program?

PGM: pt Health is still in the process of pursuing payment from bundle holders and reconciling the Bundled Care patients whom were billed to the Ministry of Health through the EOC program during the 2019 fiscal year. This has been an administratively heavy and onerous process considering that pt Health has 25 CPCs involved in Bundled Care implementation. pt Health is fortunate in that they have the administrative staff who's primary role is to complete this work. Smaller companies or sole provider clinics would most likely find this process to be extremely burdensome and time consuming.

What happens to patients who have difficulty or are unable to access a physiotherapy clinic in the community?

DY: Approximately 40% of Bundled Care patients access home care to receive home-based physiotherapy in Brantford and Brant County. BCHS is working with their LHIN to further analyze

how many patients who receive home care patients also receive outpatient care. BCHS has identified this as an area for improvement as they intend to increase their referral volumes to physiotherapy clinics (at least 80% of patients) and decrease the reliance on home care services to bridge gaps in timely access. Through collaboration with our local partners, and exploration of tools (e.g. Blaylock tool), BCHS is committed to better utilize home care services and direct patients to transition to the most appropriate setting.

Note: Patients who have had difficulty or are unable to access a physiotherapy clinic in the community may be referred to home care. For some bundle holders, referral to home care has been used to fill the gaps in community-based care for certain remote, rural, or underserved areas that do not have well developed clinic capacity within their communities.

How can my organization effectively set up the Bundled Care program so that it is an effective and economic model of treatment related to frequency, duration, provider type for individual and/or group sessions in order for client outcomes to be achieved and be able to pay staff?

PGM: Physiotherapy providers should consider moving toward group-based treatment. This has been a struggle for pt Health since they have no guaranteed patient volumes due to the fact that the majority of their Bundled Care patients are accepted through an ad-hoc arrangement. This has still been an issue among their CPCs that have higher volumes of Bundled Care patients, since they are typically at different stages of intervention or attend their clinic at different times of the day. It is difficult to plan group-based classes when you cannot anticipate patient volumes and flow under ad-hoc arrangements.

pt Health conducts financial analysis to determine their revenue against cost and the payment rate that they can safely participate in Bundled Care partnerships to ensure that they are setting up a financially viable model with their CPCs. Therefore, it is important to examine the clinic capacity of each individual location. This is especially important for clinics in remote areas so that you can determine whether you can accept and service Bundled Care patients well.

It is also important to examine the needs of clinic staff and create process-oriented internal resources to enhance their ability to deliver care and ensure seamless patient transitions (i.e. patient forms, contact information of different bundle holder leads).

It is also important for providers to consider the transition between hospital to home care to clinic. pt Health has had difficulty with this transition since it has been unclear whether patients referred from home care are eligible to receive community-based physiotherapy due to the fact that it has been unclear whether these patients have met their functional rehabilitation goals while in home care.



Are Bundled Care patients told about the number of sessions they will receive?

DY: BCHS does not tell patients about the number of physiotherapy sessions they will receive at the acute care, hospital level. BCHS has outlined within their agreements that this is a local clinical decision; the treating physiotherapist is responsible for determining the number of treatment sessions required and communicating information about prognosis with patients based on the collaborative goals set. BCHS has outlined the minimum number of sessions required for each patient in order to receive full reimbursement in the agreements. The minimum number of sessions is not unfamiliar to the private sector, this is a reimbursement model adopted by the Workplace Safety and Insurance Board (WSIB) Programs of Care. The need for further intervention is to be discussed and determined between the patient and their treating physiotherapist.

How do you transition from Bundled Care funding to private pay funding?

PGM: pt Health ensures that the discharge criteria from Bundled Care has been fully met before pursuing a private pay route. Once the discharge criteria have been met, patients are able to pay for their physiotherapy care through a private pay option.

Note: The Ministry of Health has indicated in their Bundled Care FAQs that patients may choose to access private-pay physiotherapy services instead of, or in addition to, bundle-funded services.

There are marked differences in the expectation of bundle holders on parameters of invoicing. Is there any standard or summary source available?

DY: BCHS has standardized their invoicing for their community physiotherapy partners. Community based physiotherapy partners are required to provide an invoice outlining the dates and times of all attended treatment sessions, along with the surgeon's referral, and a discharge note (identifying the patient-reported outcome measure change score). A minimum number of sessions to receive full reimbursement has been applied to the reimbursement model. This a similar strategy that was developed by WSIB and was chosen for their Bundled Care model to ensure that patients receive sufficient rehabilitation. If a provider does not meet this threshold, they are reimbursed based on a fee-for-service structure, rather than the bundled amount.

Note: There is no standard or summary source available on the parameters of invoicing.



How many treatment sessions are patients going to get with this amount of funding, especially for patients who have a stiffer Total Knee Replacement (TKR)?

PGM: pt Health determines the number of treatment sessions similar to the EOC model and average them depending on the fact that some patients require more sessions and some patients require less sessions. On average, they provide eight to nine treatment sessions, but that this also varies by clinic.

What strategies or support are needed from home care partners given the fact that transition out of home care is difficult and it has been challenging to know if patients have met their functional goals?

PGM and DY: Both pt Health and BCHS emphasize the importance of ensuring clear lines of communication about whether patients have met their functional rehabilitation goals with the bundle holder and community based physiotherapy partners, especially since there has been challenges in communication between these practice settings historically.

What are the requirements for data reporting into NACRS Clinic Lite?

Note: This webinar did not address data reporting into NACRS Clinic Lite. Reporting into NACRS Clinic Lite for Bundled Care patients is often build into agreements with bundle holders. Key resources on data reporting to support NACRS Clinic Lite implementation are available through the Ontario Health (Quality Division) [Bundled Care Community of Practice](#) on Quorum ([registration](#) is required). You can also access the Ontario Health (Quality Division) [webinar](#) on data reporting in NACRS Clinic Lite. Reporting through NACRS Clinic Lite will become mandatory for all community providers with formal or ad-hoc agreements and bundle holders are expected to work with their partners to support this starting 2019-20.