



**ONTARIO  
PHYSIOTHERAPY  
ASSOCIATION**

January 26, 2022

Mr. Ernie Hardeman, MPP  
Chair, Standing Committee of Finance and Economic Affairs

Via email  
[comm-financeaffairs@ola.org](mailto:comm-financeaffairs@ola.org)

### **Subject: Pre-Budget Consultation**

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Dear Mr. Hardeman,

The Ontario Physiotherapy Association (OPA), with over 5,600 member physiotherapists, physiotherapy residents, physiotherapist assistants and students, is committed to working with the government and all stakeholders to ensure that Ontarians have equitable access to essential, high quality healthcare now and as we recover as a province from this pandemic.

The pandemic has exposed serious fault lines, gaps, and weaknesses in Ontario's healthcare delivery system. Though the OPA recognizes the importance of actions taken by government to address issues faced by hospitals, long-term care homes, nurses, physicians, and personal support workers, their issues cannot be fully addressed without a more comprehensive approach inclusive of rehabilitation services in Ontario.

### **Health Human Resources and Optimizing Scope**

At a time where Ontarians most need rehabilitation services to address many issues, including the growing impact of delayed surgeries and procedures, increased chronic pain and opioid dependencies, and recovery from COVID/Long-COVID, the health care system is facing a growing human resources crisis with critical shortages in health professionals that include physiotherapists.

The over 10,000 physiotherapists who are registered to practice in Ontario populate every single stream or sector of publicly and privately funded healthcare delivery in Ontario, including private practice, hospitals, home care, primary care, and long-term care. At this time, the profession is facing unprecedented human resource challenges. Never before have so many physiotherapy positions been vacant, with an unprecedented ongoing challenge for employers in all sectors to fill those positions. Never before has the demand for qualified physiotherapists so far exceeded the supply. The causes of this human resource challenge goes back to provincial government funding and policy

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decisions and to a lack of preparedness, flexibility, and responsiveness by governmental and regulatory bodies for major disruptive events, such as the COVID-19 pandemic.

Entry to the profession has been delayed for close to 1,000 candidates (and growing) who have not been able to access the clinical component of the national Physiotherapy Competency Exam (PCE). The clinical component is required by regulation to be registered as a physiotherapist in Ontario. More physiotherapists are also leaving active practice due to burn out, lack of recognition in policies and financial supports for essential workers, inequities in compensation requiring those in sectors, such as long-term care and home care, to work 'impossible days' to make a full-time wage.

The pandemic has taught us that, in a time of crisis, optimizing the scope of practice of professions can expand health system capacity and address critical needs including vaccinations and triaging to speed access to specialized services. Removing barriers that prevent professions to work up to their full scope of practice will enhance the public's access to healthcare, reduce the demands on physicians, hospitals, and other institutional healthcare venues. It would increase efficiencies and patient satisfaction. Despite legislation passed in 2009, successive governments have not passed the enabling regulations required to allow many professions, including physiotherapists, to work up to their full competencies and scopes of practice. This has undermined the ability and capacity of Ontario's healthcare system to respond to the pandemic and its after-effects.

Recommendations:

- That the Ontario Government resource a comprehensive health human resources strategy to address the growing crisis of expanding shortages among healthcare professions. The strategy must address the rehabilitation sector, including physiotherapists and physiotherapist assistants, and address barriers to entry to independent practice, compensation, and inequities in pandemic support programs that contribute to exits from active practice.
- Implement the scope of practice changes legislatively enabled and promised to physiotherapy in 2009, namely ordering laboratory tests and prescribing x-rays within the physiotherapy scope of practice, which enables physiotherapists to provide a more seamless and cost-effective continuum of rehabilitative care, rather than continuing to reinforce inefficient and costly circular referral patterns that also undermine the patient experience.

## **Ensuring Fiscal Viability and Sustainability of Physiotherapy Services and Businesses**

The pandemic and the public health requirements and restrictions imposed have seriously weakened, to the point of crisis, the vitally important, but too often undervalued,



rehabilitation segment of Ontario's healthcare businesses. The situation has been exacerbated by government assistance programs that do not respond to the realities faced by community-based physiotherapy clinics and by sole practitioners. Those clinics and practitioners have been left largely unsupported relative to the small business sector supports in Ontario.

Physiotherapists provide essential care to Ontarians across the health care delivery system. Small, privately owned, community-based physiotherapy clinics and home care services provide care to those who have recently had surgery, been recently discharged from hospital following a major event such as a stroke or a fall, and keep people living safely within their own homes. Although not required to close by virtue of Regulation 82/20, most clinics and practices have incurred substantial revenue losses and additional costs as a direct consequence of the shutdowns and public health directives to the extent that their businesses, and access to care for those who require physiotherapy, are seriously at risk. The precipitous decline in revenues results from any number of pandemic-related factors, including but not limited to:

- Seniors being hesitant or unable to attend a community clinic because of the shutdown provisions and pandemic-related concerns;
- The sharp decline in "non-essential" surgeries by hospitals and the following decline in the demand for post-surgical rehabilitation;
- The inability or difficulty of patients to attend physician's or nurse practitioner's clinics to obtain a referral to a community-based clinic as required by some extended health insurance and some Ministry funded programs;
- The (completely necessary) public health requirements that severely limit the number of patients that can be treated in a clinic at any given time (in most cases, the volume of patients has been reduced by up to 50% for prolonged periods of time); and
- The hesitancy of a segment of the public to access services virtually either due to technological challenges or lack of understanding of the effectiveness of these options.

In addition, during the pandemic, physiotherapy clinics have been required to either close or substantially restrict their capacities, spend considerable money on additional supplies and capital additions to fulfil mandated IPAC requirements, and retain staff in order to fulfil contractual obligations to maintain capacity at pre-pandemic demand levels.

Many of these clinics, as small businesses, operate with low margins at the best of times and have limited resilience to absorb the precipitous changes they have experienced since the beginning of the pandemic. The reality is, as the pandemic continues, they face



increasing financial instability and uncertainty and many are unlikely to survive the repeated shutdowns and restrictions. Employees will have to be dismissed and lessors will go without rental payments. More critically, there will be a decline in access to community-based physiotherapy at a time when Ontarians will need it most post-pandemic.

Physiotherapy clinics have not been eligible for any of the provincial assistance programs because they were allowed to continue operations under restrictions during most of the pandemic. The Ministry of Health has also, thus far, refused to provide sufficient relief from pre-pandemic contractual obligations under the Community Physiotherapy Clinic (CPC) program and the vast majority of CPCs are facing the prospect of deep clawbacks of Ministry funding.

Because of these multidimensional blows, many physiotherapy clinics and sole practitioners in the publicly funded system will either not survive, will have to seriously cut back their operations in order to survive, or will exit the publicly funded system entirely, creating serious implications for access to necessary rehabilitative care for the public.

This impairment will have cascading effects throughout Ontario's healthcare delivery system, both upstream and downstream, and comes at a time when post-pandemic demand for rehabilitation will explode. Without swift remedial action, people needing rehabilitation post-surgery or post injury will confront longer wait times for rehabilitation, and in some cases, will have to go without the physiotherapy treatment they require. Health outcomes will suffer and the number of patients unable to be discharged from or having to return to hospitals will increase, perpetuating this cycle of overreliance on an already burdened and strained hospital system. Among the most affected are seniors, some of whom will have to give up independent living for residency in congregate care homes.

Recommendations:

- Allow clinics and practices that provide services of regulated healthcare practitioners to be eligible for pandemic-related, government financial and other supports that apply to small business.
- Increase the amount of Episode of Care Allocation that CPCs can retain in response to pandemic-related reductions in utilization and, for the remaining amount, roll forward non-utilized funds into the following fiscal years to be absorbed through future utilization.



## The Centrality of Rehabilitation in Health Care Delivery System Performance

There is a wealth of documentation from multiple sources and perspectives demonstrating that rehabilitation, including physiotherapy, contributes substantially to the cost-effectiveness of health delivery systems and to the health status of populations.

The Conference Board of Canada (Dinh, Bhandari, Martinello and Santos, 2017) confirmed that "physiotherapy is a key part of all sectors of healthcare" and

*"... In many areas of practice, physiotherapy can increase quality of life, improve health outcomes and decrease hospital lengths of stay and future healthcare use among patients. Physiotherapists can contribute to creating a more efficient healthcare system through a focus on primary care, injury prevention, and rehabilitation."*

The World Health Organization document "Rehabilitation in Health Systems" highlights the strong need for rehabilitation to be integrated across all levels of health delivery systems and also highlights the need for financial allocations to ensure sustainable, quality service delivery that responds to demand. Rehabilitation is an investment that generates returns for the healthcare system and individuals by avoiding costly hospitalizations, reducing length of hospital stays, along with the incidence of hospital readmission, and enables individuals to engage in gainful employment and remain independent in their own homes, thereby minimizing the need for financial or caregiver support, while also enhancing their health and wellbeing.

The OPA strongly recommends that government takes up our recommendations and invests in addressing the real and substantial issues facing the rehabilitation sector, including physiotherapy. The time is now to act to ensure these essential services are available to meet the needs of Ontarians and our health system.

Sincerely,

A handwritten signature in black ink that reads "D. Sauvé".

Dorianne Sauvé  
Chief Executive Officer