



Ontario Physiotherapy Association 110 Sheppard Ave E, Suite 810 Toronto, ON M2N 6Y8

Ontario Orthopaedic Association 20 Crown Steel Drive, Unit 6 Markham, ON L3R 9X9

April 18, 2024

The Honourable Sylvia Jones Deputy Premier and Minister of Health 777 Bay Street, 5th Floor Toronto, ON M7A 2J3

Matthew Anderson, President & CEO Ontario Health 500 – 525 University Ave Toronto, ON M5G 2L3

Submitted via Email

Dear Minister Jones and Mr. Anderson,

Re-: Maximizing the Impact of the Integrated Community Health Services Centres Program

The orthopaedic surgeons in Ontario are grappling with a growing list of impediments to the provision of timely and effective care for our patients. Health human resource deficiencies, access to operating rooms and shortfalls in operating room capacities persist as the major obstacles to the provision of clinically effective care. The proposed Community Surgical and Diagnostic Centres enabled by the Integrated Community Health Services Centres Act are designed to circumvent some of these impediments.

We are writing to you today with an urgent message and request. We strongly advise that representatives of the Ontario Physiotherapy Association (OPA) and the Ontario Orthopaedic Association (OOA) be immediately and constructively engaged in the design of Community Surgical and Diagnostic Centres so that they can fulfil the objectives that have been set for them, specifically with respect to hip and knee replacement surgeries.





Furthermore, pre- and post-surgical hip and knee rehabilitation is absolutely essential for the achievement of the Centres' stated objectives. Without appropriate physiotherapy, many postsurgical patients will not fully recover and will, more than likely, require readmission to hospital, admission to long-term care, or be forced to rely heavily on scarce home care resources. Since Bill 60 was tabled, the OPA has asked the Ministry of Health how rehabilitation will be provided to the Community Surgical and Diagnostic Centres' hip and knee patients but has not received an answer. It is not only essential that rehabilitation be incorporated into the design of these Centres, but also that the OPA bring its members' front-line experience and expertise to contribute to that design.

With expertise in best practices and data reporting related to the current bundled care model for hip and knee replacements, the work of the Rehabilitative Care Alliance (RCA), an organization funded by OH, will be foundational in the collaborative design of the Integrated Community Health Services Centres. The OPA's engagement in the design process will provide a conduit by which the RCA's expertise can be applied.

The Integrated Community Health Services Centres could be an important innovation to reduce hospital wait times and return hip and knee surgeries to clinically acceptable timelines. But the design of the Centres is critically important and needs the knowledge and expertise of frontline practitioners who understand what needs to be done and how to get it done. The OPA and the OOA hereby offer our members' expertise in that regard, fully recognizing that time is of the essence. Responses on this matter can be addressed to Amy Hondronicols, OPA Director Practice, Policy and Member Services, at <u>ahondronicols@opa.on.ca</u>.

We look forward to your response.

Sincerely,

Courtney Bean, PT, DMT (cand) Ontario Physiotherapy Association President

Timothy R. Daniels, MD, FRCS(C) Ontario Orthopaedic Association President

cc: Integrated Community Health Services Centres Program Health Insurance Branch, Ministry of Health ICHSC@ontario.ca