

June 4, 2024

Ontario Health
500 – 525 University Ave
Toronto, ON M5G 2L3

To Whom it May Concern,

Re-: Draft Recommendation on Pelvic Floor Muscle Training for Stress Urinary Incontinence, Fecal Incontinence, and Pelvic Organ Prolapse

The Ontario Physiotherapy Association (OPA), represents physiotherapists, physiotherapist assistants and students from across the province, and advocates for the physiotherapy profession in all areas of the health system. Our members provide physiotherapy services in all sectors of the health care delivery system, including within private practice, hospital, and home and community care.

The OPA supports the recommendation for publicly funding pelvic floor muscle training for stress urinary incontinence for women and men and pelvic organ prolapse in women. We commend Ontario Health for recognizing the evidence for this intervention, and how public access will help ensure that Ontarians have the rehabilitative care needed to improve their function, health, and quality of life.

We are pleased to provide our feedback to the Ontario Health's draft recommendation on *Pelvic Floor Muscle Training for Stress Urinary Incontinence, Fecal Incontinence, and Pelvic Organ Prolapse*. In this submission, the OPA highlights the following areas with further comments:

1. The role of physiotherapists
2. Equitable patient care: reducing stigma and increasing access
3. Additional considerations to support cost-effectiveness
4. Feasibility: how physiotherapists are currently prepared and equipped to act on this recommendation
5. Need for consultation

1. The Role of Physiotherapists

The Draft recommendation makes it clear that pelvic floor muscle training is delivered by a trained health care professional but should specifically note which professions. The section of the recommendation that reviews the decision determinants makes explicit reference to physiotherapists throughout, as it is based on the evidence. For example, on page 5, the recommendation defines pelvic floor muscle training as “a specialized type of physiotherapy that requires training.”

The OPA strongly recommends that the Rationale for the Recommendation section mention that physiotherapists are trained health care professionals who often supervise pelvic floor muscle training. The supporting documentation from the Health Technology Assessment includes information on how limitations on access to pelvic floor muscle training is determined by lack of access to physiotherapy (see page 19). A clear reference to physiotherapists ensures consistency with the evidence and throughout the recommendation, and precision on how the intervention is delivered.

Additionally, in Ontario the scope of practice of physiotherapists includes the controlled acts of communicating a diagnosis to a patient, and, when rostered with the College of Physiotherapists of Ontario, conducting internal pelvic exams.¹ These elements of scope of practice position physiotherapists as key health care providers of pelvic floor muscle training.

Based on the College of Physiotherapists of Ontario's current Restricted Titles, Credentials and Specialty Designations Standard, a physiotherapist must go through a certification process with a phased assessment process in order to use the Specialist designation.² To supervise pelvic floor muscle training, or to complete internal pelvic assessments, the specialist designation is not required, and cannot be used without completing the program, which is currently closed to new applications. Consequently, it is essential to revise the Recommendation's definition of pelvic floor muscle training to avoid confusion. The OPA suggests "a specific area of physiotherapy practice." Additional training is required specifically to complete internal pelvic assessments, a controlled act in Ontario, but is not required for all elements of supervision of pelvic floor muscle training.

2. Equitable Patient Care: Reducing Stigma and Increasing Access

The inclusion of patient preference and equity in this draft recommendation are significant elements, and ensure this recommendation is robust and meaningful for the people of Ontario. Not only does this intervention improve the quality of life for many people, but it is also an area of well-being that is very private and can be challenging to discuss. Public funding for pelvic floor muscle training would also increase awareness of stress urinary incontinence and pelvic organ prolapse, which, in turn, would address the stigma related to seeking care for pelvic health dysfunction. OPA suggests inclusion of how stigma is addressed by this recommendation, and how greater awareness will lead to increased access to needed care.

OPA recommends the use of more inclusive language in the draft recommendation. Although the Health Technology Assessment outlines how terminology was determined, and the importance of consistency with the research cited, this must be in the draft recommendation, and must take further steps towards inclusion. The decision to use woman and man to refer to people with specific anatomy is questionable, when the specific anatomical referents could be used for improved clarity and inclusivity. An intentional choice in terms of language can both maintain

¹ Controlled Acts and Restricted Activities Standard [Internet]. Toronto, ON: College of Physiotherapists of Ontario. [Updated 2016 June 29; cited 2024 May 28]. Available from: <https://www.collegept.org/rules-and-resources/controlled-acts-and-restricted-activities>

² Restricted Titles, Credentials and Specialty Designations Standard [Internet]. Toronto, ON: College of Physiotherapists of Ontario. [Updated 2017 July 1; cited 2024 May 28]. Available from: <https://www.collegept.org/rules-and-resources/restricted-titles-credentials-and-specialty-designations-standard>

fidelity to the research while also improving inclusion. We suggest consulting experts on language and including a note on terminology in the draft recommendation.

As is the case with public funding for any service, it is important to keep equity and accessibility at the forefront of discussions surrounding funding and eligibility criteria. In particular, eligibility criteria and service promotion should be inclusive of all people, regardless of gender identity, sexual orientation, or parental status.

As mentioned in the draft recommendation, publicly funding pelvic floor muscle training improves the equity of access as currently people without supplementary insurance may not be able to afford this care, and access in rural or remote areas may be limited. Other programs demonstrate how public funding increases access to physiotherapy. Those programs include providing physiotherapy services based on eligibility criteria related to age, social assistance supports, or care related to surgery. Some specialized rehabilitation programs also ensure people have access to physiotherapy services for specific conditions, such as after a stroke or a cardiac event. Some primary care teams also provide physiotherapy services. All of these avenues to access physiotherapy demonstrate how public funding increase access to health care for Ontarians.

3. Cost-Effectiveness

The recommendation also addresses the cost-effectiveness of pelvic floor muscle training, and references how some people affected may be able to return to work with appropriate treatment. An additional consideration for cost-effectiveness includes the economic burden that individuals face when managing stress urinary incontinence without this intervention, specifically the cost of supplies to manage urinary leaks. The Cameron Institute estimated in 2014 that there is a personal financial burden of \$1400-\$2100 per year associated with incontinence for Canadians.³

The Health Technology Assessment details how the cost-effectiveness was determined. Although it is a reasoned choice to compare pelvic floor muscle training to other conservative interventions only, and not surgical options, it is essential to describe how increased access to conservative interventions will reduce rates of specialist referrals and surgery, and therefore costs. As pelvic floor muscle training is the first-line treatment, supported by the highest levels of evidence, for stress urinary incontinence and pelvic organ prolapse, increased access has the potential to change outcomes for a large number of Ontarians.

4. Feasibility

Cost and Training

The draft recommendation provides an estimate of the cost of publicly funding pelvic floor muscle training. Based on the full Health Technology Assessment, the estimates of the duration of an intervention program, rates of compensation of physiotherapists and the potential numbers of

³ Cameron Institute. The impact of incontinence in Canada: a briefing document for policy-makers. Peterborough, ON: Canadian Continence Foundation; 2014. Available from: <http://www.canadiancontinence.ca/pdfs/en-impact-of-incontinence-in-canada-2014.pdf>.

people seeking care are reasonable. The OPA has recent data collected in late 2023 on usual and customary fees, and fees for pelvic physiotherapy, in Ontario. The report is forthcoming and can be provided to Ontario Health on request. Another consideration is the evidence to support the cost-effectiveness of group interventions for pelvic floor muscle training,⁴ for example, or the ability to expand or build on current programs.

Also noted is the need to prepare more physiotherapists to deliver this intervention. For greater context, there are currently 11,548 physiotherapists who are registered to practice in Ontario. Of these, 1,303 are rostered for pelvic internal examinations.⁵ This total represents 11% of Ontario's physiotherapists. The curricula of entry-to-practice physiotherapy programs includes non-internal assessment and intervention for pelvic floor dysfunction, and some learners take elective courses in this area. The additional training needed to be rostered to perform the controlled act of an internal pelvic exam builds on the existing knowledge base and skill set of physiotherapists, is widely available in Ontario, and includes in-person and virtual options. The organizers of those courses are prepared to reach additional physiotherapists as the need arises. OPA is confident that the physiotherapy profession is equipped to mobilize this health human resource, but additional information is needed to provide adequate feedback in this area.

Health System Considerations

The recommendation's section on "Need" mentions the requirement of a referral to physiotherapy from a physician or nurse practitioner for access through extended health benefits, and through the government funded Community Physiotherapy Clinic (CPC) program. Although some insurers require a physician referral, it is not universal, nor is it required according to the Regulated Health Professionals Act, which enables direct access to physiotherapy.

As of April 1, 2024, the CPC program no longer requires a referral from a physician or nurse practitioner, and now enables direct access to physiotherapists. This change is supported by the Ontario Medical Association and the Nurse Practitioners' Association of Ontario. The result is less red tape for people seeking care and health care professionals, and reduced costs as unnecessary visits to secure a referral are eliminated.

The OPA strongly recommends that publicly-funded pelvic floor muscle training does not require a referral when delivered by a physiotherapist. Physiotherapists are direct access providers, and there is no clinical, utilization management, or risk of harm case for requiring referrals. Although some health insurance companies require a referral for coverage of physiotherapy services, OPA consistently advocates for its removal. Any introduction of a referral requirement would undermine system efficiency, cost-effectiveness, patient convenience, and patient satisfaction. Appropriateness for this type of intervention would be best determined or assessed on a case-by-case by a physiotherapist.

⁴ Cacciari LP, Kouakou CR, Poder TG, Vale L, Morin M, Mayrand MH, et al. Group-based pelvic floor muscle training is a more cost-effective approach to treat urinary incontinence in older women: economic analysis of a randomised trial. *J Physiother*. 2022; 68(3):191-196.

⁵ Find a Physiotherapist [Internet]. Toronto, ON: College of Physiotherapists of Ontario. [copyright 2024; cited 2024 May 28]. Available from: <https://portal.collegept.org/en-US/public-register/>.

It is important to note that the CPC program is not an appropriate avenue for Ontarians to receive publicly funded physiotherapy for pelvic floor muscle training with its current parameters. The CPC program is best suited to address uncomplicated, single diagnosis, musculoskeletal conditions. Specialized treatment, namely interventions that require a phased approach or additional training, which includes internal pelvic assessments, fall beyond the scope of an Episode of Care. The CPC program is not currently adequately resourced to provide pelvic floor muscle training.

The format of the CPC program, however, is conducive to providing physiotherapy access in many communities while building on the strengths of existing clinics and community relationships. Any additional service provision through this program would require thoughtful review, engagement and investment.

Evidence also supports the effectiveness of pelvic floor muscle training for urinary incontinence delivered in group formats, both in person and virtually.^{6, 7} Furthermore, group delivery of pelvic floor muscle training in person was demonstrated to be non-inferior to individual pelvic floor muscle training, while the virtual format has only been studied in pilot testing.⁷ The potential to deliver this intervention virtually is helpful to increase access for people in remote and rural communities, and those who have other barriers to physically access health care facilities. Group programming is often considered in population health approaches, when supported by evidence, in part to increase access to limited services.

Other examples of publicly funded physiotherapy services are in primary health care. There are physiotherapists that work in primary care organizations such as Family Health Teams, Community Health Centres and Aboriginal Health Access Centres already, and some physiotherapists deliver pelvic floor muscle training, among other pelvic health assessments and interventions. Directing additional funding to physiotherapists as part of team-based primary care, who are trained to provide pelvic floor muscle examination and treatment, may reduce the burden on individuals who cannot afford to pay for private services.⁸ Primary care physiotherapists also have expertise in population health approaches to address community needs, which is essential when considering the demands of health human resources and cost-effectiveness.

5. Consultation

In the case that this draft recommendation is accepted, we strongly encourage Ontario Health to consult the front-line experts who deliver this care from multiple health profession disciplines. For continued consultation, the OPA offers our members' expertise in delivery of pelvic health services, and publicly-funded services, as well as OPA's experience with a range of physiotherapy service delivery models.

⁶ Dumoulin C, Morin M, Danieli C, Cacciari L, Mayrand MH, Tousignant M, Abrahamowicz M; Urinary Incontinence and Aging Study Group. Group-Based vs Individual Pelvic Floor Muscle Training to Treat Urinary Incontinence in Older Women: A Randomized Clinical Trial. *JAMA Intern Med.* 2020; 180(10):1284-1293.

⁷ Le Berre M, Filiatrault J, Reichetzer B, Kairy D, Lachance C, Dumoulin C. Online Group-based Pelvic Floor Muscle Training for Urinary Incontinence in Older Women: a Pilot Study. *Int Urogynecol J.* 2024; 35(4):811-822.

⁸ Dufour S, Hondronicols A, Flanigan K. Enhancing Pelvic Health: Optimizing the Services Provided by Primary Health Care Teams in Ontario by Integrating Physiotherapists. *Physiother Can.* 2019; 71(2):168-175.



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Thank you for the opportunity to provide feedback on this landmark recommendation. The OPA is available for additional discussion and consultation at any time. We recognize that this recommendation has the potential to significantly improve access to needed health care for many people in Ontario.

Sincerely,

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