SUBMISSION TO THE SELECT STANDING COMMITTEE ON HEALTH
July, 2016

From the sidelines to the front lines
Physiotherapy and primary health care in BC

Inter-professional Teams in Primary and Community Care

Select Standing Committee on Health Question:

How can we create a cost-effective system of primary and community care built around inter-professional teams?

Overview of PABC response:

Experience in numerous countries has persuasively demonstrated the value proposition that physiotherapists bring to cost-effective inter-professional primary and community care. Physiotherapy is uniquely positioned to contribute to the achievement of the key drivers of the model in BC.

Physiotherapy can help decrease wait times, improve client satisfaction in management and self-management of chronic disease and help patients navigate the system.

However, to date, physiotherapist involvement in planning the early development and expansion of British Columbia’s new primary and community care network has been limited.

As the province enters a new era of health care delivery, the time is right for physiotherapy to contribute its full potential by being transitioned from the sidelines to the frontlines.
INTRODUCTION

“Primary health care is about fundamental change across the entire health care system. It is about transforming the way the health care system works today – taking away the almost overwhelming focus on hospitals and medical treatments, breaking down the barriers that too frequently exist between health care providers, and putting the focus on consistent efforts to prevent illness and injury, and improve health.” Romanow, 2002, p. 116

The need for a new approach to primary health care has been acknowledged for more than a quarter of a century, beginning with the Alma-Ata Declaration of the World Health Organization in 1978.

There is substantial evidence that primary health care involving the effective use of inter-professional collaborative teams leads to better health outcomes, improves the experience of individuals and leads to decreased health care costs for the system overall.

A wide variety of health care professionals provide services at this level, including physicians, nurses, dentists, pharmacists, social workers, occupational therapists, and physiotherapists.

The Physiotherapy Association of BC unreservedly supports the strategic aspirations of BC’s Ministry of Health to grow and strengthen primary health care by developing integrated inter-professional primary care with a focus on partnership between primary care providers and Home and Community Care.

Our enthusiasm is fueled by our knowledge of the rich contribution physiotherapy will make to the successful implementation of a 21st century model of primary and community health care.

As an integral part of a collaborative interdisciplinary primary health care team, physiotherapists can assist in the identification and remediation of a myriad of health conditions and, as importantly, in delivering health promotion and disease prevention strategies.

However, to date, physiotherapist involvement in planning the early development and expansion of British Columbia’s new primary and community care network has been limited.

While inclusion of physiotherapy positions has been identified in some cases, this has occurred without physiotherapy leadership or specialists being central to planning. This means that physiotherapy is challenged to contribute the full value of its perspective to the development of the new vision because our professional voice is not heard. The literature strongly suggests that inter-professional collaborative practice requires inter-professional collaborative planning.

The current situation is possibly due to the lack of physiotherapists in management or planning roles in health authorities, limited understanding of the potential value of physiotherapists and other allied health professions to meet the needs of British Columbians through primary and community health care, shortcomings in our professional advocacy plus policy frameworks and funding mechanisms that do not readily support such inclusion.

This submission endeavours to explore these factors and define an integral and indispensible role for physiotherapy in primary and community health care that takes it from the sidelines to the frontlines.
Primary Health Care and the Value of Physiotherapy

While physiotherapists have yet to be well integrated into BC’s new primary health care teams, they are fully integrated into primary health care models in England, Scotland, Ireland, Wales, the Netherlands, Sweden, Norway, USA, Australia, New Zealand, and in the Canadian and US armed forces – creating evidence of significant impacts on primary health care delivery and outcomes.

The education and experience of physiotherapists make them naturally valuable members of interprofessional teams in primary health care settings in a wide range of roles.

- Their education embeds evidence-informed practice;
- Their clinical work is based on their ability to clinically reason and problem solve;
- They independently plan, implement and evaluate interventions;
- They are skilled health educators and communicators – foundational skills for patient self-management support;
- They work as autonomous practitioners but are also committed to inter-professional teams;
- They understand the importance of the social determinants of health and their impact on individual and population health status;
- They are well suited to act as case managers or health care system navigators for the public;
- They increase the capacity of primary healthcare teams to treat more patients by screening, assessments and diagnosis and providing conservative treatment plans to improve functional outcomes;
- They can identify emerging risk factors related to loss of mobility, falls risk, skin breakdown or advancement of disease processes. Early identification supports better outcomes including prevention of admission to acute or residential care and the need for people to require high levels of care;
- They are an appropriate choice as first contact practitioner for patients with needs related to musculoskeletal complaints, function, and/or mobility;
- They contribute to accurate assessments which facilitates the appropriate use of imaging;
- They are first choice for case managing older adults with musculoskeletal injury including fracture. Physiotherapy can prevent admission to hospital and can expedite discharge from emergency or acute care;
Providing self-management and other treatment options, physiotherapists support people with progressive chronic conditions (Parkinson’s, COPD, arthritis, MS, Alzheimer’s) to successfully adapt to changes that impact mobility and put safety and independence at risk.

**A greater role for physiotherapy in primary health care offers solutions**

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<thead>
<tr>
<th>Type of outcome</th>
<th>Evidence</th>
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<td><strong>System-level Outcomes</strong></td>
<td>• Decreased waiting times for services by using physiotherapists as primary assessors (Ludvigsson &amp; Enthoven, 2012; Cott et al., 2004; Department of Health, 2003).&lt;br&gt;• Increased cost-effectiveness compared to hospital-based services while remaining equally effective. (Cott et al., 2004; Parroy, 2005; Rosenberg, 2012).&lt;br&gt;• Reduced referral rates to specialists (Cott et al., 2004; Department of Health, 2003).&lt;br&gt;• Increased efficiency for the system (Parroy, 2005).</td>
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<td><strong>Provider-level Outcomes</strong></td>
<td>• Increased practice support for primary care providers (GP and NP) for management of MSK conditions (Dufour et al., 2014).&lt;br&gt;• Reduced risk of potentially harmful interventions for pain four management in older adults eg. Inappropriate prescribing of opioids (Gladkowski et al., 2014) or non-steroidal anti-inflammatory drugs (Roberts, Adebajo, &amp; Long, 2002).&lt;br&gt;• Increased levels of satisfaction with service among PHC physicians (Cott et al., 2005; Department of Health, 2003; Parroy, 2005).&lt;br&gt;• Decreased inappropriate referrals to specialists (Parroy, 2005).</td>
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<td><strong>Client-level Outcomes</strong></td>
<td>• Similar outcomes to hospital based care (Cott et al., 2011; Rosenberg, 2012).&lt;br&gt;• Less fear if falling or of activity after illness or injury (Boltz et al., 2014; Kendrick, 2015).&lt;br&gt;• Increased levels of satisfaction with service among patients (Cott et al., 2005; Parroy, 2005; Soever &amp; MacKay, 2005).&lt;br&gt;• Improved clinical outcomes (Fricke, 2005; Parroy, 2005; Soever &amp; MacKay, 2005).</td>
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<td><strong>Conditions</strong></td>
<td>Strong evidence was found to support physiotherapy at the PHC level for the following conditions:</td>
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<td>• Arthritis (Cott et al., 2005; Fricke, 2005; MacKay et al., 2005; Roddy et al., 2005),&lt;br&gt;• Coronary heart disease (Fricke, 2005),&lt;br&gt;• Chronic lung disease (Fricke, 2005),&lt;br&gt;• Chronic pain (Fricke, 2005; Mosley &amp; Butler, 2015),&lt;br&gt;• Incontinence (Fricke, 2005),&lt;br&gt;• Diabetes (Fricke, 2005),&lt;br&gt;• Osteoporosis (Fricke, 2005),&lt;br&gt;• Fall prevention (Fricke, 2005),&lt;br&gt;• Low back pain (Fricke, 2005); and</td>
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Total hip and knee replacements (Soever & MacKay, 2005).

Other conditions where the supporting evidence for physiotherapy was present but just not as conclusive included: mental health, physical inactivity and obesity in children and adults, and case management/navigator role. (Fricke, 2005).

Community Health Care and the Value of Physiotherapy

Over 75% of people requiring home care are seniors who require assistance in managing physical and cognitive limitations. Health Council of Canada (2012) While physiotherapy has played a role in Home and Community Care (HCC) in BC for many years, there has been no significant increase in numbers of physiotherapists in HCC for over 10 years despite growing demand.

- Physiotherapy provided in the home lowers mortality rates related to falls and the risk and rate of falls in older adults, reduces number of nursing home admissions and hospitalizations, and decreases hospital length of stay (LOS). Valuation of Physiotherapy Services in Canada, CPA 2012

- Home-based physiotherapy services provide assessment and short term treatment for people transitioning home from hospital with many conditions including stroke, heart failure, Parkinson’s disease, and recovery from hip fracture. The focus of the interventions is on safe mobility and return to baseline function, and reintegration into community activity. (Ministry of Health, 2016)

- Home-based physiotherapy provides proactive interventions and episodic monitoring that improves overall physical wellbeing and independent functioning of vulnerable people, including those with progressive disorders, which reduces the rate of re-hospitalization and future health care service utilization.

- Home-based physiotherapy increases independence, teaches self-management and promotes empowerment of people and their families and caregivers. This partnership allows people to remain safely at home until end of life if they so choose.

- Home based physiotherapy supports delivery of safe and effective home support services for client with complex care needs by planning care and training home support workers in collaboration with nursing.

RECOMMENDATION 1: Physiotherapists should be explicitly recognized as key members of the primary health care team.
Physiotherapy can be part of the solution if given the opportunity

While the evidence supports an increased role of physiotherapy in primary care, PABC’s members are generally not yet seeing themselves as major participants in the models of PHC service delivery now being developed in BC. There may be a number of explanations for this.

The first possibility, as mentioned above, is a limited understanding of physiotherapy and the value of its potential contribution to inter-disciplinary primary and community health care systems.

Physiotherapists and the Physiotherapy Association of BC recognize this is in large measure a problem of our own making and we are taking assertive steps to enhance our education efforts – both with the general public and within the health care community – particularly with physicians.

We must also be alert to additional possibilities that carry the potential to impede physiotherapy’s full integration into inter-disciplinary primary and community health care.

Governance of health care reform

Primary health care is meant to shift the focus away from a purely biomedical model to one of prevention and increased consideration of the social determinants of health. The caution we raise is that the current decision-making infrastructure appears heavily weighted toward key players from the biomedical model.

For example, the key organizations involved in setting up the new system are physician/nurse-centered as outlined in the MoH 2015 discussion paper, Primary and Community Health Care: A Strategic Policy Framework.

Example 1: “Starting in 2015, Regional Health Authorities in collaboration with Divisions of Family Practice, and supported by the Ministry of Health and Doctors of B.C (including strategic leadership from the GPSC (General Practice Service Committee) supported by the specialist and shared care committees, and from other stakeholders organizations, ARNRC (Association of Registered Nurses of BC) will implement an integrated, inter-professional primary and community care model of service delivery in each of their respective communities.”

Example 2: “The GP Services Committee might evolve into a multidisciplinary primary and community care committee to take a strategic leadership role at a provincial level in moving the primary and community care strategy.”

In a national survey of Regional Health Authorities (RHA’s) conducted in 2004, almost half of the regional health authorities (RHAs) across Canada reported that they were undergoing primary health care renewal (Kouri & Winquist, 2004). The most frequently reported initiative was the development and/or enhancement of inter-professional teams. The surveys reported the major impediment to change was professional resistance, or “turf protection.” Most surveys reported that their primary health care teams
were physician-centered and focused more on the curative/rehabilitative aspects of illness. (Kouri & Winquist, 2004)

British Columbia needs to be cautious that it does not follow this path. PABC supports the concept that family physicians as the cornerstone of primary health care but notes they are part of a broader professional team.

**RECOMMENDATION 2:** As key members of inter-professional health care teams, physiotherapists should be involved at all levels of program planning and implementation.

Funding Policies and Models

In its 2004 review of primary health care reform across Canada, the Health Council of Canada cites several barriers to primary health care reform in Canada. (Fooks 2004)

They include the fee-for-service payment structure which is based on single services delivered by one professional at a time. The Health Council states that this funding model does not facilitate holistic services delivered by a team of health professionals. Nor does it necessarily compensate for educational or communication activities. Existing funding arrangements where programs may be co-funded from different departments or ministries, such as Health, Education, or Social Services, ties the funding to providers rather than clients. This cannot support integration and a team approach.

**RECOMMENDATION 3:** Funding policies and models must be adjusted in order to ensure that physical therapy and other allied health professions are integrated into primary health care initiatives.

The Health Council of Canada also cites distinct professional regulations as a threat to an integrated approach, as well as professional liability insurance plans which do not favour shared accountability.

**RECOMMENDATION 4:** Regulators should review and consider legislative and regulatory frameworks in light of the evolving role of physiotherapists in primary health care.

Human Resources

Lack of access to primary health care workers and the current lack in BC of an effective integrated health human resources plan is an additional challenge to the sustainable development of inter-professional primary and community health care systems.
In BC’s Northern Health Authority, for example, 41 Inter-professional Teams (IPTs) will have been established by the end of September, 2016.

In recent email correspondence with PABC, the NHA references physiotherapy shortages as a limiting factor in the creation of its teams:

“The teams have been created using existing human resources and physiotherapists are scarce in the north. Physiotherapists have been transitioned to IPTs wherever possible as they are integral to the care of people with complex care needs, especially seniors and those with mobility or functional challenges that impede a person’s health, ability to work and/or pursue activities of importance to them. “

As referenced in PABC’s oral presentation to the Select Standing Committee July 5th, British Columbia has fewer physiotherapy training seats per capita than any province in Canada.

A wave of rural physiotherapists are retiring and not being replaced as new graduates flock to the Lower Mainland and private practice.

**RECOMMENDATION 5:** The Ministry of Advanced Education should expand UBC’s Masters of Physical Therapy program from 80 seats to 100 seats and designate 20 of those as a fully-distributed cohort – the Northern Physical Therapy Program situated at UNBC.

The Ministry of Health is in the early stages of developing an integrated model of health human resource planning but acknowledges it is limited in the scope of data it can access relative to physiotherapy – particularly private practice.

**RECOMMENDATION 6:** The Ministry of Health and regional health authorities should engage the Physiotherapy Association of BC, the College of BC Physical Therapists and the UBC School of Physical Therapy in a multi-stakeholder effort to develop an integrated health human resources plan for physiotherapists.

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Additional References


