

PHYSIO CAN HELP

Physiotherapists Can Help Deliver Primary Care in BC



March 2017



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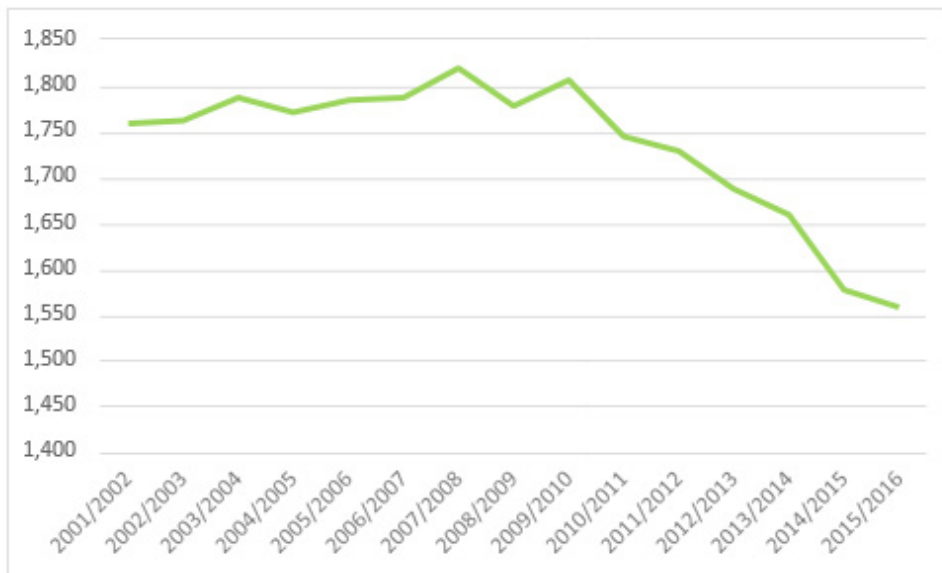
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Executive Summary

- The Province of British Columbia committed a decade ago to fully implement Primary Care by 2017. That objective remains a work in progress.¹
- Published in 2007, *BC's Primary Health Care Charter: A Collaborative Approach* affirmed the "great potential in primary healthcare to improve the health of the population and contribute to the sustainability of the healthcare system."
- The Charter continued: "To reach that potential, all partners for a healthy population must work together."²
- It generally is agreed that there is no single or standard definition of Primary Care, but the Charter described it as:
 - first contact access for each new healthcare need;
 - long-term comprehensive care that is patient-centred; and
 - coordination when healthcare must be sought elsewhere.³
- The Health Council of Canada has explained Primary Care in these words:
 - Primary healthcare (PHC) is the foundation of Canada's healthcare system.
 - It provides a critical entry point of contact to the healthcare system and serves as the vehicle for ensuring continuity of care across the system.
 - Effective primary healthcare is community based, promotes healthy lifestyles as a pathway to disease and injury prevention, and recognizes the importance of the broad determinants of health.
 - Primary healthcare programs develop strategies to advance individual and population health; they ensure that short-term health issues are resolved and most chronic conditions are managed.⁴

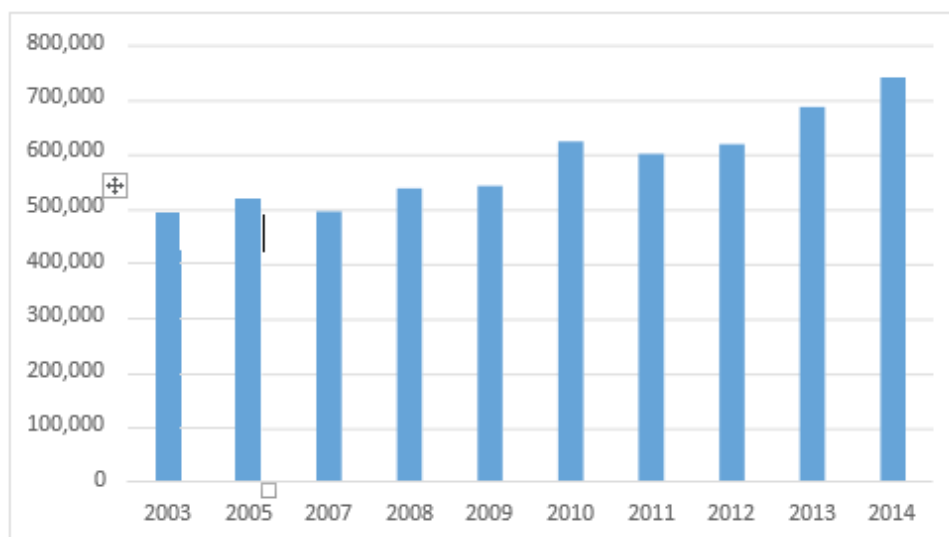
TABLE 01
Average Number of Patients Seen Annually by a Physician in BC



(Source: MSP Physician Resource Report, various years)

- Primary Care, as stated in BC's Charter, is best-delivered by partners — a team of medical and health professionals, each of whom provides a unique skill-set in providing patient care. This team approach sometimes is referred to as multi-disciplinary primary healthcare.
- In 2005, the Doctors of BC (then the BC Medical Association) published a policy paper entitled *Working Together: Enhancing Multi-Disciplinary Primary Care in BC*. The paper noted:
 - Multi-disciplinary care (MDC) is cited as one solution to the challenges facing primary care, which include limited patient access, increasing prevalence of chronic conditions, the aging population, the restructuring of the hospital sector, and the emergence of more complex patients in community care.
 - MDC may meet these challenges by better coordinating care, optimizing the use of health-care resources, and improving patient outcomes, particularly for those with chronic conditions.⁵
- The Doctors of BC policy paper also stated the importance of a general practitioner physician (GP) overseeing the multi-disciplinary Primary Care team:
 - ... elements for success [include] collaboration and effective team leadership.
 - Effective multi-disciplinary teams require a clear delineation of responsibility and accountability, including a clinical team leader with ultimate responsibility for patient care and who is the best-trained generalist. In the majority of instances, this would be the GP.⁶
- Two years later, the Charter echoed that observation: "Family physicians are the cornerstone of primary healthcare. They are part of a broader community network and professional team that includes [among others] physiotherapists"⁷
- Today the question arises: Why has British Columbia been unable to meet the 2017 deadline, as set out in the Charter, for full implementation of Primary Care? One evident reason is the lack of availability of family practice GPs, who, to again use the description in the Charter, are the "cornerstone" of Primary Care.

TABLE 02
British Columbians Without a Regular Medical Doctor



(Source: Statistics Canada, Canadian Community Health Survey, various years.)

- While the number of family practice GPs practicing in British Columbia has increased significantly in recent years, it also is evident that the average physician is working fewer days than previously, and seeing fewer patients. In 2001/02, the average general practitioner in BC worked 196 days; by 2015/16, that number had fallen to 175.⁸
- As a consequence of working fewer days each year, the average GP also sees fewer patients.
- From 2001/02 to 2015/16, the number of patients seen annually by the average general practitioner fell from 2,187 to 1,560.⁹
- Today that means the average GP practicing in British Columbia sees 627 fewer patients each year as compared to the beginning of the 21st century.
- Yet, at the same time that general practitioner physicians are seeing fewer patients than previously, Statistics Canada estimates that more than 700,000 British Columbians are without the services of a regular medical doctor.
- British Columbia also appears to have a shortage of other key Primary Care team members, notably Nurse Practitioners and Registered Nurses.
- The full and successful implementation of Primary Care in British Columbia, which depends often on multi-disciplinary teams led by GPs and supported by Nurse Practitioners and Registered Nurses, appears beset by a critical shortage of senior personnel.
- The Physiotherapy Association of British Columbia believes this human resource challenge may be rectified by a greater utilization of other highly trained health professionals – including physiotherapists.
- Physiotherapists can help to deliver Primary Care in BC — [Physio Can Help](#)

How Physio Can Help

- Physiotherapy can reduce the number of visits to doctors and nurses by providing options for care that are about prevention, as well as intervention.
- Physiotherapy can help lengthen the time before hip- and knee-replacement surgeries are required, or prevent the need for surgery altogether.
- Physiotherapy can help improve quality of life, for example: reducing falls in seniors and improving pelvic health for women post-pregnancy.
- Physiotherapy can effectively help manage chronic disease through prescribing appropriate activity/rehabilitation programs for conditions such as: COPD, arthritis, diabetes, osteoporosis, stroke, cardiac and post-cancer rehabilitation.
- Physiotherapists can offer conservative, non-pharmacological alternatives to treatment of chronic pain through programs, counseling and education on self-management techniques. This can reduce or negate the use of opioids for these conditions.
- Physiotherapists can provide support and education for caregivers of people with chronic diseases.
- Physiotherapists can design return to work programs for injured workers coming back into the workforce.

[More info inside...](#)

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Introduction

The early beginnings of Primary Care may be traced back to a World Health Organization conference four decades ago in Alma-Ata, the largest city in (and former capital of) Kazakhstan.

In September 1978, the International Conference on Primary Health Care published the *Declaration of Alma-Ata* which asserted that "Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures."¹

The Declaration added: "A main social target of governments, international organizations and the whole world community ... should be the attainment by all peoples of the world ... of a level of health that will permit them to lead a socially and economically productive life. Primary healthcare is the key to attaining this target as part of development in the spirit of social justice."

In 2000, Canada's federal government took an initial step in this direction by establishing an \$800 million Primary Health Care Transition Fund, which was intended to assist the provinces to develop initiatives toward implementing primary healthcare reform.

Two years later, in 2002, the Royal Commission on the Future of Health Care in Canada, chaired by the former Premier of Saskatchewan, Roy Romanow, issued its final report and embraced the concept of Primary Care.²

The Romanow Report called for "a major breakthrough in implementing primary healthcare and transforming Canada's healthcare system."

It declared: "The combined outcome of the actions proposed in this report must be to transform Canada's healthcare system and have it focus squarely on primary healthcare. Canadians should have access to an integrated continuum of care 24 hours a day, 7 days a week, no matter where they live..."

In September 2003, Canada's First Ministers agreed to an *Accord on Health Care Renewal*, which included a commitment to Primary Care.³ Under the Accord, Ottawa established a five-year, \$16 billion Health Reform Fund which, in part, was targeted to the implementation of primary healthcare.

The Province of British Columbia, following the First Ministers' Accord, also embraced the concept of Primary Care.

In 2007, the Ministry of Health published *BC's Primary Health Care Charter: A Collaborative Approach*, which affirmed the "great potential in primary healthcare to improve the health of the population and contribute to the sustainability of the healthcare system."⁴

The Charter outlined seven priority areas for primary healthcare system change. They were:

1. Improved access to primary healthcare.
2. Increased access to primary maternity care.
3. Increased chronic disease prevention.
4. Enhanced management of chronic diseases.
5. Improved coordination and management of co-morbidities.
6. Improved care for the frail elderly.
7. Enhanced end-of-life care.

The Charter further declared: "Family physicians are the cornerstone of primary healthcare. They are part of a broader community network and professional team that includes [among others] physiotherapists"

A key feature of the Charter was its Looking Forward to 2017 priorities. "The long-term goal," the Charter stated, "is to ensure that all British Columbians will have timely, local access to a primary healthcare provider or network to meet their healthcare needs."

Over the last decade or so, BC has put forward a number of initiatives to enhance Primary Care. In 2005, for example, the province for the first time licensed Nurse Practitioners, a valued component of a multi-disciplinary team, to deliver Primary Care. The Province also developed incentive programs through Health Match BC to promote the recruitment and retention of specialist Registered Nurses and allied health professionals.

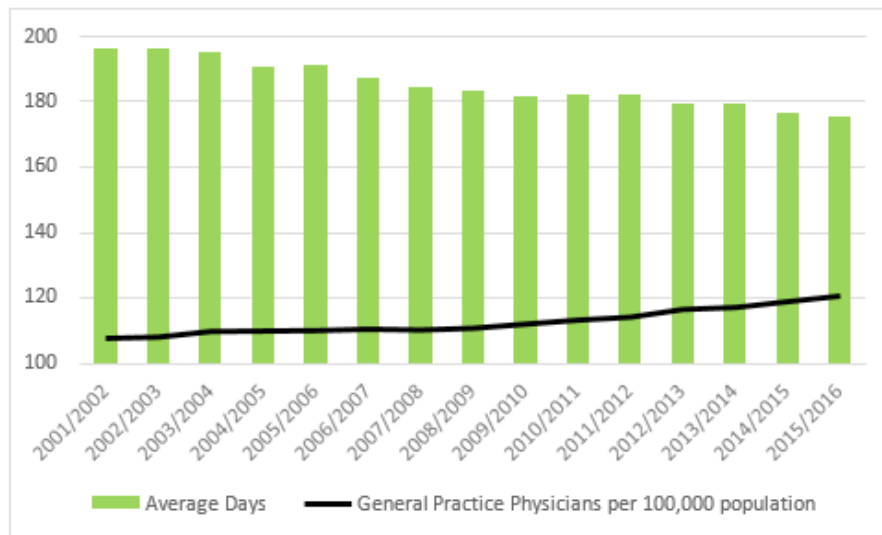
Perhaps the single biggest program was *GP for Me*, which in June 2010 was introduced on a pilot project basis in three locations: Prince George, White Rock and the Cowichan Valley.⁵ The program was intended to match "unattached" individuals and families — that is, those who do not have a regular medical doctor — with a primary care physician.

The *GP for Me* program was expanded across the entire province in the spring of 2013 as a joint initiative between the Ministry of Health and Doctors of BC. It was intended to ensure that every British Columbian who wanted a family physician would have one by a deadline of the end of 2015.

The enhanced *GP for Me* initiative had three new features:

- Financial incentives for physicians to take more patients with complex conditions.
- Funding to support local physicians' groups — that is, the newly created Divisions of Family Practice — to work collaboratively with regional health authorities to support improved local access to Primary Care.
- Funding to encourage family physicians to consult with patients by telephone.

TABLE 03
General Practice Physicians – Average Days Worked Per Annum and GPs per 100,000 population



(Sources: MSP Physician Resource Report, various years; BC Stats.)

Some success was achieved, notably in rural communities, but the initial objective remained unmet and the 2015 deadline was extended to the end of 2016.

Long before then, however, the government admitted that the *GP for Me* program would be unable to fulfill its declared purpose. On April 24, 2016 the Victoria Times-Colonist newspaper ran an interview with the Health minister under the headline "BC gives up on family doctor for everyone."⁶ The newspaper also reported that the government's "goal now is to match every British Columbian with a Primary Care Home where an integrated team of doctors, nurse practitioners, pharmacists, nutritionists or physiotherapists, for example, work as a team and contribute to a universal medical record."

Indeed, in 2015, eight years after release of the original Charter, British Columbia published an updated discussion paper on the topic. Like its predecessor, it noted the importance of general practitioner physicians (GPs) in the delivery of Primary Care: "Primary care services are predominantly provided by approximately 3,500 GPs out of the 5,220 GPs across the province. GPs operate as autonomous medical professionals in either solo practices, or more commonly, small group, owner-operated practices."

Yet, the paper also acknowledged the importance of a multi-disciplinary team to deliver Primary Care: "In addition, there are a range of other health professionals providing primary and community healthcare services including nurse practitioners, pharmacists, nurses, physiotherapists, chiropractors and massage therapists as well as a range of alternative healthcare providers ..."

It is evident, a decade after BC's commitment to achieve full implementation of Primary Care by 2017, the target remains a much valued, if distant, objective. It is also clear that while GPs remain the "cornerstone" of Primary Care, BC continues to have an insufficient number compared to the demand for family physicians.

Unfortunately, our province also lags behind other Canadian provinces in its share of Nurse Practitioners and Registered Nurses. In 2015, a total of 4,090 NPs were working across the country, yet only 236 were employed in British Columbia. That same year, the proportion of RNs working in BC was 719.8 per 100,000 residents. That number is the second lowest in Canada — and well below the national average of 791.0 per 100,000.

Physiotherapists are ready to step up, to play a larger role in the implementation of Primary Care throughout BC, and eager to become integral members of multi-disciplinary healthcare teams.

When it comes to Primary Care — [Physio Can Help](#).

GPs are the "Cornerstone" of Primary Care

As mentioned earlier, the provincial government in 2007 published a Primary Health Care Charter that described general practitioner physicians (GPs) as the "cornerstone" of Primary Care.

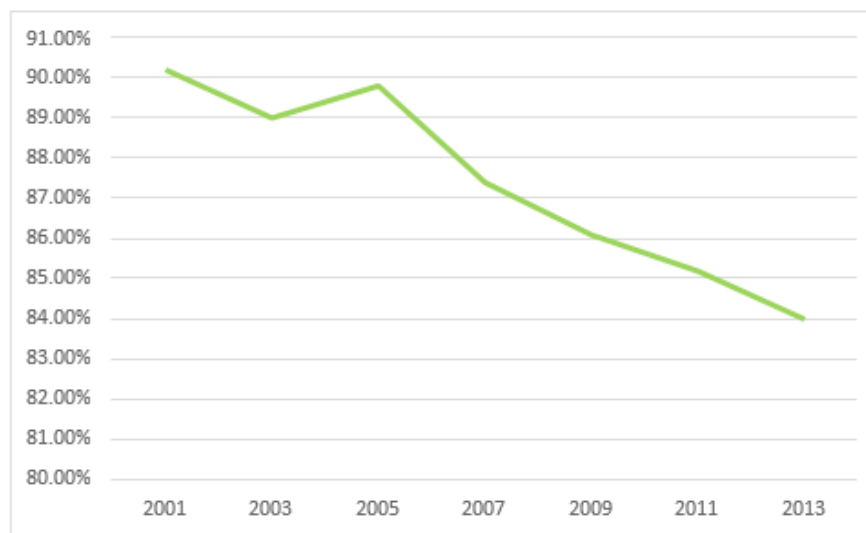
That description confirmed a point of view put forward in a 2005 position paper from the BC Medical Association (now the Doctors of BC) which stated that Primary Care (also called multi-disciplinary care) required "a clinical team leader with ultimate responsibility for patient care and who is the best trained generalist."¹ The Doctors of BC paper concluded: "In the majority of instances, this would be the GP."

Those statements serve to underscore the vital importance of GPs in the delivery of Primary Care in British Columbia. So, too, did a recent observation in the Legislative Assembly by BC's Health minister, Terry Lake, during debate on the spending Estimates for the Ministry of Health.² In response to a question on Primary Care and the province's *GP for Me* program, Mr. Lake on May 3, 2016, made the following observation: "I think it's important to make the point that the physician supply in British Columbia, family medicine physicians....When we're talking primary care, that's essentially what we are talking about, family physicians as well as nurse practitioners."

It has become increasingly evident, however, that BC appears to not have a sufficient number of GPs to successfully or fully implement Primary Care. It is true that the number of general practitioners working in the province, as measured by registrations with the Medical Services Plan, have grown significantly since the turn of the century.

From 2001/02 to 2015/16, the total number of GPs in BC rose from 4,430 to 5,747— an increase of 1,317. Over the same time period, the number of family physicians calculated as a proportion of the total population rose from 108.0 to 120.9 per 100,000 residents.³ Yet, over the same 15-year period, the average number of days worked annually by BC's GPs fell from 196 to 175.

TABLE 04
Proportion of British Columbians With a Regular Medical Doctor



(Source: Statistics Canada, Population reporting a regular family physician, household population aged 15 and over, Canada, provinces and territories.)

As a result, the number of patients seen each year by the average GP dropped sharply, plunging from 2,187 to 1,560. As well, the first decade or so of the 21st century has seen a dramatic increase in the number of British Columbians who do not have their own GP. Statistics Canada has reported, in its Canadian Community Health Surveys, that British Columbians age 12 years and older without a regular medical doctor grew from 433,000 in 2003, to 731,000 in 2014.⁴

In a different survey, the bi-annual Population Reporting a Regular Family Physician, Statistics Canada found that the proportion of BC residents "attached" to a GP fell from 90.2 per cent in 2001, to 84.0 per cent in 2013.⁵

Clearly, it has been difficult for British Columbia to achieve its Charter objective — the full implementation of Primary Care by 2017 — when the province's supply of general practitioners has difficulty matching population growth and the rising demand for family physicians.

Nurse Practitioners and Registered Nurses

While it generally is agreed that GPs are the "cornerstone" of Primary Care teams, they are not the only members. It is important to emphasize that Primary Care often is delivered by many healthcare professionals, working together in collaboration.

A decade ago, the Health Council of Canada declared that Primary Care delivery depended on "multi-disciplinary primary healthcare organizations or teams."¹ The Council further observed that many other terms were used interchangeably to describe the importance of a team approach to the successful implementation of Primary Care. They included interdisciplinary team, inter-professional team, collaborative healthcare team, trans-disciplinary team and trans-professional team.

Nurse Practitioners (NPs) and Registered Nurses (RNs), following after family physicians, arguably may be the most important Primary Care team members. NPs are trained to provide comprehensive clinical care, which may include diagnosis and treatment, writing prescriptions on their own or making referrals to specialists. They may work in either primary and acute care settings, and offer treatment without the supervision of a physician.

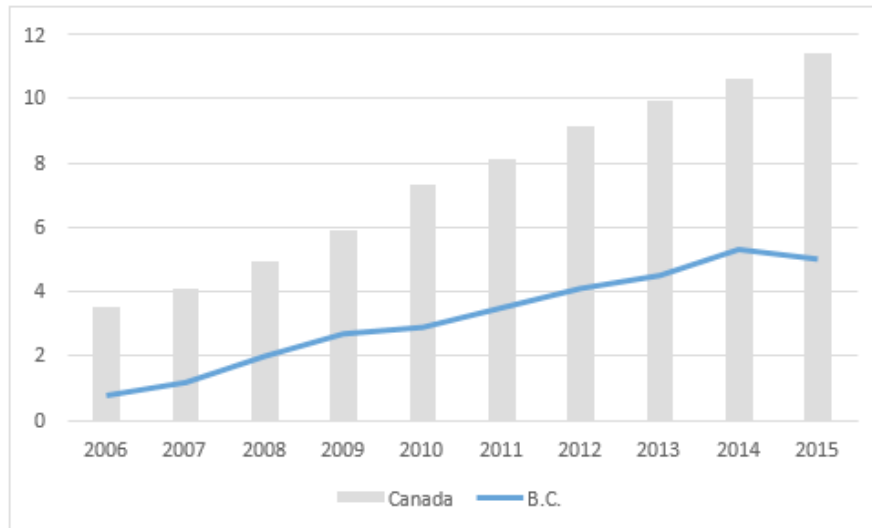
NPs first were regulated in BC in 2005, and over the last decade or so the province has made laudable progress in training and graduating new recruits. According to the Canadian Institute for Health Information (CIHI), BC was home to 315 registered Nurse Practitioners in 2015, yet only 236 — three out of every four — were actually employed that same year in their chosen field.²

The relative number of NPs working in BC also lags behind other Canadian provinces. Across the country in 2015, the average number of employed Nurse Practitioners was 11.4 per every 100,000 residents; in British Columbia, the comparable number was just 5.0. By comparison, Alberta has 9.0 NPs per 100,000 population; Manitoba, 11.4; Saskatchewan, 15.2; and Ontario, 17.3. British Columbia also is under-represented in terms of its complement of Registered Nurses.

RNs are professionals who deliver direct healthcare services, coordinate care and support patients in managing their own health. In British Columbia, approximately two of every three RNs works at a hospital — calculated at 66.2 per cent by CIHI in 2015 — while the next largest group, 16.5 per cent of the total, are employed in a community health setting.³

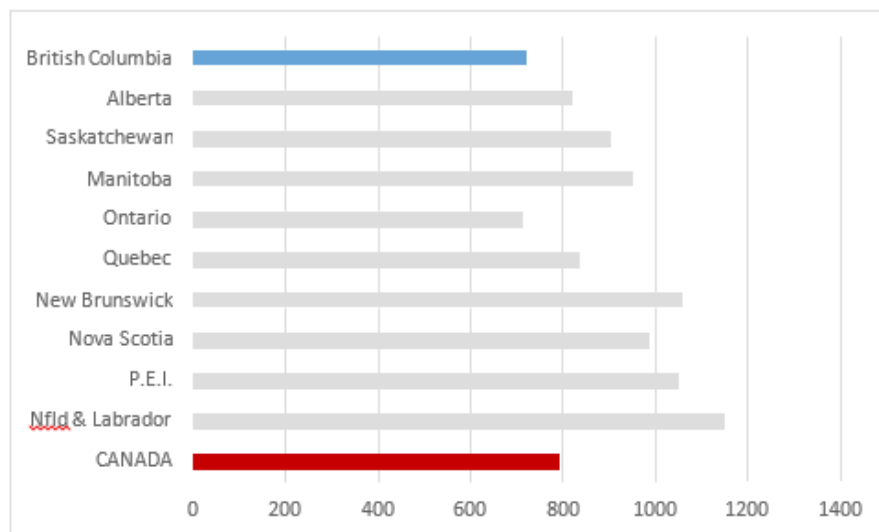
As with NPs, however, BC's Registered Nurse workforce also trails that of other provinces. Across Canada in 2015, there were 791.0 RNs per 100,000 population, but in British Columbia the comparable number was just 719.8. Indeed, BC's proportion of RNs per population was ninth in Canada in 2015, behind all other provinces save Ontario.

TABLE 05
Nurse Practitioners in Canada and B.C., workforce per 100,000 population



(Source: Canadian Institute for Health Information, Regulated Nurses 2015.)

TABLE 06
Regulated Nurses per 100,000 population in 2015



(Source: Canadian Institute for Health Information, Regulated Nurses 2015.)

Physiotherapy and Primary Care

British Columbia's 3,800 physiotherapists can be — although they are not yet — integral members of multi-disciplinary teams of health professionals who deliver Primary Care in our province. Physiotherapists have the medical training and clinical expertise to manage many patient conditions seen in Primary Care.

Working with other health professionals, physiotherapists have the skills and knowledge to assess, triage and treat health conditions, such as: musculoskeletal issues, joint replacement rehabilitation, back and neck pain and mobility issues.

Physiotherapists also are trained to treat patients with chronic diseases such as arthritis, diabetes, osteoporosis and COPD, notably through the design and oversight of rehabilitation programs.

Physiotherapists can evaluate seniors' balance problems and the risk of falling, offer and coach techniques to improve seniors' strength and balance, and help prevent and treat fall related injuries.

Through manual therapy, exercise, education and advice, physiotherapy provides care and treatment for people affected by injury, illness or disability. Physiotherapists maintain health for British Columbians of all ages, helping patients to manage pain and prevent disease.

Physiotherapists already have been successfully integrated into Primary Care models in the United Kingdom, Sweden, Norway, the Netherlands, Australia and New Zealand, as well as in the Canadian and U.S. armed forces.

Physiotherapy holds the promise of resolving the challenge of successfully implementing Primary Care in British Columbia — [Physio Can Help](#).

Conclusion

Primary Care is a long-standing objective in BC, promised in 2007 for full implementation by 2017. That objective remains unmet, however, largely because the province has an insufficient number of general practitioner physicians, Nurse Practitioners and Registered Nurses.

The solution to this challenge may lie in a greater utilization of physiotherapy in Primary Care in BC. Physiotherapists are highly-trained health professionals who successfully participate in Primary Care teams in jurisdictions around the world.

Recommendations

- Physiotherapists should be explicitly recognized as key members of multi-disciplinary Primary Care teams.
- The Province of British Columbia and the regional health authorities should adjust their funding models to ensure that physiotherapy — along with other allied health professions — are integrated into Primary Care initiatives.
- Policy makers and legislators should review and revise legislative and regulatory frameworks in light of the evolving role of physiotherapists in Primary Care.

Notes

EXECUTIVE SUMMARY

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GPs ARE THE "CORNERSTONE" OF PRIMARY CARE

1. BC Medical Association. Working Together: Enhancing Multi-Disciplinary Primary Care in BC – A Policy Paper by BC's Physicians. October 2005.
2. Legislative Assembly of British Columbia. Hansard. May 3, 2016.
3. Medical Services Plan, op. cit.
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NURSE PRACTITIONERS AND REGISTERED NURSES

1. Health Council of Canada, op. cit.
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Physiotherapy Association of BC



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