Trends and Drivers of Change in Physiotherapy in Ontario in 2014

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The State of the Union: Trends and Drivers of Change in Physiotherapy in Ontario in 2014

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EXECUTIVE SUMMARY

Health care the world over is in a massive state of change. The introduction of the Affordable Care Act in the U.S has made a significant impact on how health care is delivered and measured, and is spurring innovation at an unprecedented rate. And while changes to Ontario’s health care system do not typically make headlines in the same way, it too is in a significant state of change. The physiotherapy sector is no exception.

The most recent funding changes are disrupting previous payment models and the physiotherapist’s scope of practice is being expanded to cover broader and more complex caseloads. Combined with issues ranging from the ever-present baby-boom demographic that is putting additional strain on the health care system, the growing complexity of cases within many patient populations, the shifting makeup of team-based practice and the almost constant demand to serve more with fewer resources, it’s amazing that physiotherapists can keep up.

Yet while these changes can contribute to an environment that is at times confusing, challenging and even frustrating, they also create conditions that are ripe with opportunity.

This work identifies the major trends occurring in the physiotherapy industry in Ontario with the goal of being able to see the “forest for the trees”, and to spur you, those affected by these trends, to spot the nascent opportunities that are created by this disruption.

The trends identified in the following pages were also informed by other relevant industries and markets, macroeconomic shifts, changes at the government policy level, demographic imbalances and emerging consumer behaviours. The result is an analysis of what we consider to be the most significant trends and drivers that will continue to drive change in physiotherapy in Ontario now and in the future.

APPRAOCH

Research for The State of the Union: Trends and Drivers of Change in Physiotherapy in Ontario in 2014 was conducted over a three-month period.
Our methods included an extensive literature review and expert interviews with registered physiotherapists from Toronto to Thunder Bay and points in between, who provided insights from a wide variety of environments—from private to publicly-funded and regulatory.

All information was synthesized into broader trend groupings, and secondary research was performed to validate the existence of each trend to ensure that it was large enough to warrant inclusion.

**WHAT ARE TRENDS AND WHY THEY MATTER**

Trends are the indicators of change that are evident in our world today and that will have significant impact in the future. We identify a broad range of trends in order to consider possible futures. Many of the trends that are identified in this report are already having significant impact on the profession. This will intensify and increase over the next 10 years, affecting different practices in different ways. The intent of this report is not to predict the future of physiotherapy as a profession, but to inform, educate and provoke you, the reader, to consider how these trends might affect your practice now and in the future. Our hope is that this report will inspire new ideas and assist those in the physiotherapy sector to consider new opportunities.

We have organized the report into 4 themes, each one containing key trends relevant to physiotherapy in Ontario:

**THE PATIENT:**
- Increasing Lifespan, Increasing Demand
- Focus on Wellness

**THE PRACTICE:**
- The New Practitioner
- Collaborative Care

**TECHNOLOGY:**
- Technology Triage
- The Connected Practice

**THE SYSTEM:**
- More with Less
- From Volume to Value
The health care needs of Canada’s population are shifting in significant ways, driving greater demand for both traditional health services and more specialized services such as physiotherapy.

Across the board, we are hearing physiotherapists talk of patients presenting far more complex and chronic conditions, many with co-morbidities requiring more complex treatment plans. While physiotherapists see a wide range of patients, from the very young to the very old, some of the greatest users of physiotherapy services are patients 65 and older.
Health care consumers and patients are changing—just as the system itself is changing—and this growing demographic is beginning to represent a new generation of health care consumer. These new patients (and their families) want to be a part of the conversation regarding health care options; they want to understand what is best for them. Patients now expect to be active participants in their own treatment. This identifies a cultural shift in health care: a move from being provider-centred to patient-centred, where the patient is a partner in their own rehabilitation and health maintenance. Physiotherapists are fully equipped to be a significant part of this change, although acceptance of these new models varies as much as the diversity of the profession and its patients do.
The world is growing old fast. “In the next 10 years, the number of people over aged 60, will surpass 1 billion.” (UNFPA and HelpAge International 2012) It is no surprise that the global population is older and living longer. It is widely known that Canada’s aging population will have far-reaching future implications for society, for the economy and for the ability of governments to meet the expectations of the community.

A UNFPA report suggests that aging is more complex than just “getting old”: “This individual process of ageing is multidimensional and involves physical, psychological and social changes.”

As this definition suggests, the process of aging absolutely needs to involve the entire health care industry—and we are already experiencing the impacts of this demographic trend. According to Statistics Canada, people 65 and older make up the fastest-growing age group in our country.

The factors that contribute to this trend and its expected growth over the next few decades include an increase in life expectancy (we are healthier longer), the baby boom generation and the fact that Canada has a net negative birthrate.

Combine this with recent disruptions to global economic markets and you have an aging population that has to work well beyond typical “retirement” age simply to maintain a
comfortable lifestyle. These are the same people who will require some kind of funding support from the increasing investments our government is making in care for the aged.

INDICATORS

In 2011, an estimated 5.0 million Canadians were 65 years of age or older. This number is expected to double in the next 25 years to reach 10.4 million seniors by 2036. By 2051, about one in four Canadians is expected to be 65 or over.

Canada’s high ranking (5th out of 91 countries) in the “Global Age Watch Index” (HelpAge International 2013) represents a relatively high quality of life experienced by older Canadians. That being said, we can safely assume that despite these positive statistics, Canada’s older population will still face health challenges—many of them complex—as the natural course of aging takes its toll on the musculoskeletal system, and as rates of diseases associated with aging increase. This aging demographic is placing extra demands on the health care system, and increasing the need for services for those living with chronic, expensive-to-treat diseases and disabilities. While today’s baby-boomers are demonstrating a shift in lifestyle from previous generations by staying active much longer, it is with the help of physiotherapists and other specialty health care practitioners that they will be able to maintain health, well-being and independence into their old age.
FUTURE IMPLICATIONS

What will this mean for physiotherapists in Ontario? Changes in government reform, choice and increased demands from consumers could easily lead to significant growth in physiotherapy in Ontario.

Demands for services related to care of the aging population will increase, and will continue to be an area of significant growth. This will drive the need for more multi-disciplinary treatments and chronic disease management plans for people who have conditions such as rheumatoid arthritis, obesity, osteoporosis, diabetes, cancer and heart disease. This will additionally drive a need for comprehensive rehabilitation programs for post-surgical orthopaedic procedures such as joint replacement. Programs for seniors will increase as the government recognizes that keeping our aging population healthy is a wise investment for the future of our health care system. Reducing incidents through therapeutic prevention that includes physiotherapy will help achieve the vision of proactive health care, while at the same time creating greater demand for these services.
TREND 2:
Focus on Wellness / Predict, Prevent and Promote

FROM “SICK CARE” TO HEALTH CARE

KEY FINDINGS

“Today, health care consumes 42 cents of every dollar spent on provincial programs.”
(Government of Ontario 2012)

The majority of that health care spend is still used in treatment measures rather than prevention.

*If we could give every individual the right amount of nourishment and exercise, not too little and not too much, we would have found the safest way to health.*
– Hippocrates

This is beginning to change as evidence indicates that Hippocrates was right 2,000 years ago: increased focus on prevention can result in a healthier population, and cost savings as well.

This shift from seeing people as patients to seeing people as consumers is significant and not without consequences. Even the

“Early diagnosis is better for patients and makes good economic sense.”
(Deloitte, LLP 2013)
term *patient* invokes the image of someone who is ill and in need of treatment from a medical professional, and only a medical professional. But consumers have choice and agency. The term in fact connotes that there is a marketplace in which consumers function, and that marketplace brings with it a variety of options and competition for your time, your attention and ultimately your business. While we, as Canadians, may not be used to thinking about our health care ecosystem in these terms, it cannot be ignored that this is where health care is going: driven not by the institutions and services themselves but by the people who use them.

Today health care consumers are far more informed about their health and the associated costs. They recognize that good quality preventive care can contribute to better quality of life, and offer potential savings to the system as well as themselves. Collaborating with a family health care team to negotiate the system and potential options is a good way to keep them healthy.

“Timely preventative care is also critical to management of chronic diseases, like diabetes. By acting sooner to manage chronic conditions, we can reduce the number of unnecessary hospital visits and improve the quality of life for patients.”

(Government of Ontario 2012)

“Evidence-based physical therapy practiced within the context of epidemiological indicators (i.e., evidence-informed practice) maximally empowers clinicians to promote lifelong health in every person and in turn, the health of communities.”

(Dean 2009)

In interviews, many of our experts spoke of the importance of prevention within the system—of using proactive rather than reactive measures with patients. The Government of Ontario acknowledged the benefits of exercise and prevention to well-being and overall health with an additional $10 million in funding in 2013 to provide unlimited number of falls prevention and exercise classes to seniors.

*The Economic Burden of Injury in Canada* report outlined the true cost to our health care system of not using prevention: “In 2004, 81% of injury costs ($16.01 billion) were attributable to unintentional injuries” (SMARTRISK 2009).

“By targeting...risk factors through prevention programs, setting a hospitalization reduction target of 20 per cent could lead to 3,000 fewer hospital stays and 7,800 fewer elders Ontarians permanently disabled. The overall savings could amount to over $55 million annually.”

(SMARTRISK 1999).

**INDICATORS**

Funding is increasing for promotion of health and prevention of disease and illness. The Canadian Partnership Against Cancer has been mandated by the Ontario government to implement a *Canadian Strategy for Cancer Control*, and focuses on many priority areas including: prevention and screening, research, public engagement/outreach, person-centred perspectives to name a few. They have also designed an initiative called Coalitions Linking Action and Science for Prevention [CLASP].

“Together with its funding partners, the Public Health Agency of Canada and the Heart and Stroke Foundation, the Canadian Partnership Against Cancer provided a total of $15.5 million to seven CLASP projects over a period of two and a half years. Beyond funding specific multi-jurisdictional and multi-disciplinary coalitions, the Partnership is providing ongoing collaboration opportunities to further support the prevention community in sharing knowledge and best practices and in cultivating additional partnerships.” (Canadian Partnership Against Cancer n.d.)

Further evidence of a focus on prevention and promotion in health care can be seen in the Canadian Chiropractic Association’s *Best Foot Forward* campaign (Canadian Chiropractic Association n.d.). It is aimed at the senior population and provides strategies for fall
prevention as well as promoting strength and balance.

Physiotherapists are becoming more active in services that include exercise programs that do not focus explicitly on rehabilitation, but on health more broadly: coaching, encouraging self-care and health management, and providing advice regarding lifestyle, work and general healthy behaviours.

While physiotherapy is recognized as playing a vital role in the prevention of injury and promotion of well-being, there is more that the profession could be doing to publicly promote themselves as a service provider in this space.

**FUTURE IMPLICATIONS**

Self-care plays an important role in prevention and promotion of health, well-being and in delaying chronic conditions and injury. Promotion of regular physio check-ups as part of a regular wellness routine (similar to dental hygiene) could greatly improve the health outlook of Ontario’s population, and become a standard part of disease and disability prevention.

Physiotherapists can earn a greater place of prominence and increased respect in the eyes of the public and the Primary Health Care Team by giving healthy people tools to use for self-monitoring, and by encouraging the patient/consumer to take responsibility for their own health in a proactive manner: to educate, inform and promote healthy habits, such as staying mobile, in their everyday lives.

As a result of the focus on prevention and well-being, we will begin to see changes in health insurance companies, who will recognize the need to offer more benefits that support different types of wellness services. There is evidence that some employers are recognizing this, and are offering on-site physiotherapists (Ergoworks n.d.) in their workplace. It is just a matter of time before this model is adapted more widely, as evidence gathers on its effectiveness. This is potentially an important area for growth in the field.
WORKS CITED


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Physiotherapy as a profession is growing, changing and evolving into something that is barely recognizable from its official beginning in 1920.

It is currently the fifth largest regulated occupation in Canada. One half of Canada’s PTs work in private practices; others work in hospitals, rehabilitation centres, long term care facilities, schools, sports centres, camps or industrial work sites. (Government of Canada n.d.)
The number of physiotherapists in Canada continues to increase, as do the opportunities for more diverse practice models. This is primarily the result of an aging population, the increased cost of health care, shortages in health care professionals and changes in scope of practice.

All indicators suggest that the number of physiotherapists in Ontario will increase sharply in the near future as demand for PTs entering the field rises, and the profession and practice will naturally need to undergo changes to meet these challenges. As of 2010, Ontario has faced a significant reduction in its health human resources workforce. For this reason, new ways of providing care must be implemented or we face the risk of a significant shortage of health care workers, and less than optimal care for Ontario residents. (HealthForceOntario n.d.)

The shortage of health professionals globally is impacting all health professions, including physiotherapy. At the same time there has been increased demand on health services provided by physiotherapists due to demographic shift, changing patterns of health and disease, improved technology and changing consumer expectations and resources. One consequence has been an increase in the utilization of physiotherapist support personnel to augment the role of physiotherapists. (Colbran-Smith 2010)
TREND 1:

Collaborative Care

PLAYING WELL WITH OTHERS

KEY FINDINGS

Many drivers—health care reforms, demand for services and an aging population—are contributing to physiotherapists’ working differently. A profession that was once primarily one-on-one and hands-on is beginning to follow the lead of Australian and British models, becoming more team-focused and (especially in the cases of long-term care or complex and chronic cases) using a team or network model with primary and secondary health care professionals.

"Interprofessional Care is the provision of comprehensive health services to patients by multiple health care professionals who work collaboratively to deliver the best quality of care in every health care setting. It encompasses partnership, collaboration and a multi-disciplinary approach to enhancing care outcomes."

(HealthForceOntario n.d.)

Opinions vary around this interprofessional (multidisciplinary) approach, its success and the motive driving this shift. As we heard often during our expert interviews, the intent behind the notion of working on a collaborative or interprofessional team is well founded; however, its implementation is not always successful.

Interprofessional care involves using the separate services of many health care professionals, and collaboration on everything from assessment to treatment planning. Ideally, interprofessional care provides a more patient-centred experience, and increased satisfaction for the providers as well.
The push for interprofessional care is manifesting itself in the Government of Ontario. The HealthForceOntario initiative identifies interprofessional care in Ontario as the cornerstone of its strategy.

While the increased scope of practice has given the physiotherapist authority to diagnose, it may also be creating an increase in overlapping professional roles within these new health care teams, and possibly causing some practitioners frustration because scopes are too similar. But this nascent tension is also an indication of an opportunity.

There is potential to build partnerships among Family Health Teams and other primary care sites, creating the kind of respectful and collaborative environment that can improve delivery of health care across the board—despite the inherent risk of creating animosity between professions.

Ontario’s Action Plan for Health Care is very focused on “Quality in Family Health Care”, and advocates bringing all members of the team in early on in the process. Many physiotherapists can point to historical instances of patients being discharged from hospitals without adequate support or infrastructure required to provide the continuity of care. This can lead

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*HealthForceOntario is the province’s strategy to ensure that Ontarians have access to the right number and mix of qualified health care providers, now and in the future.* (HealthForceOntario n.d.)
to hospital readmissions which can be far more costly to the health care system when compared to the effort involved in well-coordinated treatment and discharge planning.

“We will work with our doctors and all our health providers to strengthen the role of family health care in our system, because it’s better for patients, supports a better quality of practice for our doctors and reduces the likelihood that patients will be admitted, or readmitted, to hospital.”

(Government of Ontario 2012)

FUTURE IMPLICATIONS

Many of the new models of care and service delivery options will require increased accountability. With the team-based care model, there is less profession-specific hiring and more rehabilitation service providers. Physiotherapists will need to ensure they maintain their high quality of service for professional stability within the team, and to prevent others from “taking their place” in this increasingly competitive space.

As a result of collaborative and interprofessional care, we will experience a drive to record and share knowledge between health care professionals in order to increase understanding of outcome measures, and how these affect treatment and the continuity of care. This has the potential to improve collaboration with patients and other service providers if it is implemented in an effective way. One way this can be achieved is through education, preparing students (current and future providers) to work in these new multidisciplinary, collaborative, team-based models of care.

ANOTHER MODEL IS POSSIBLE

Kaiser Permanente in the United States is one example of an organization that is focused on providing a “gold standard” of integrated care through effective knowledge sharing among interprofessional teams.

Kaiser is both a health care insurer, as well as a provider: American consumers purchase a health care package with the company, and the company provides all of the health care services the consumer could possibly require. This business model is simple in what it incentivizes: the healthier Kaiser keeps its customers, the fewer visits (and services) the company needs to provide and pay for. As a consequence, Kaiser’s patient population sees higher levels of customer satisfaction, fewer high-risk interventions, lower mortality rates—and they do all of this profitably in the most expensive health care market in the world, while posting gross annual revenues close to $50 billion.

“...”

(Government of Ontario 2012)
A 2008 paper: *Shifting sands: Assessing the balance between public, private not-for-profit and private for-profit physical therapy delivery in Ontario, Canada*, identified nine models of delivery that fall into three categories of ownership structure:

(a) public  
(b) private not-for-profit  
(c) private for-profit

“During the six-year period between 1996 and 2002, the relative proportion of PTs employed in the not-for-profit sector decreased (from 59.6% to 54.8%) whereas the share in the for-profit sector grew (from 40.4% to 45.2%).”  
(Landry et al. 2008) 

Research suggests that a significant transformation has occurred in the employment structure of physiotherapy in the last decade of the 20th century. Our expert interviews support that this transformation continues today as a consequence of changes in several areas, including health care funding with specific impacts on physiotherapy, the increase in complex cases requiring interprofessional collaboration and the shift in scope of practice. These changes collectively result in a diversity of practice models that will continue to evolve to meet the demands of the changing social, political and economic landscape.
With new approaches and models of care come challenges as well as opportunities. One potentially quite significant challenge is an increase in competition for physiotherapists.

There appears to be a shift in the perception of who physiotherapists’ competitors actually are. While there may have been, among PTs, a palpable animosity or distrust of those in adjacent professions such as chiropractors or occupational therapists, there is growing evidence to suggest that these aren’t the competitors they once were. We’re seeing an increase in the number of professionals registered in two or more domains. There is also a nascent trend of chiropractors and physiotherapists practicing together under the same private practice; a survey of private clinics in Ontario revealed that a full 45% of them had chiropractors working at them and a vast majority of them also included massage therapists.

While this trend does not remove or solve the paradox of protecting the title and not the act—physiotherapy as a service can be offered by non-physiotherapists—it does suggest this ambiguity can be managed by offering a number of mobility-related professions under one roof so that physiotherapy is conducted by the physiotherapist.

Maintaining a balance of interests is a challenge, but developing greater levels of expertise and specialization is one way that providers may be able to develop competitive advantage.

There is much evidence (both in published material, and captured directly through our interviews with experts and practicing physiotherapists) to support the notion that strong forces are driving changes in the way PTs practice. Shortages of health care workers, changes to reimbursement models and shifts in demographics all point to the need for new delivery models to be developed.

Across the board, our interviewees expressed concern about the increasingly consultative role played by physiotherapists and their greater reliance on support staff. Some indicated that there was a perceived or real decrease in service level when physiotherapy assistants (PTAs) were used to implement the treatment plan prescribed by the physiotherapist. But limitations on funding and a shift in payment models suggest that the use of PTAs is on the rise and shows no signs of abating. Our interviews showed evidence that there is frustration and confusion among physiotherapists in terms of how to most effectively utilize and work with support staff.

The reality is that there is no plan or impetus to protect and regulate the practice terms “physiotherapy” and “physical therapy” in Ontario. Just as physiotherapists may perform acupuncture without being registered as acupuncturists, or massage without being registered massage therapists, members of other professions may perform activities they call physical therapy as long as those people neither state nor imply that they are physiotherapists. While it may be frustrating to Ontario’s physiotherapists because the practice terms are legally protected in some other provinces, we note that the vast majority of Canadians live in provinces where the practice terms are not protected.
FUTURE IMPLICATIONS

The growth in percentage of physiotherapists employed in the private sector will likely continue, and the profession will continue to grow its reliance on support personnel in both public and public and private sectors. While the growth in the use of support personnel is still a new trend, it is clear that there is inconsistency as to how to most effectively incorporate support personnel into practice.

The private practice, operating more cost-effectively, will see the utilization of support staff as a means to manage growth and help scale the business. But the public sector will (and is beginning to) see an increase in the utilization of PTAs as well, as it struggles to keep up with demands associated with an aging population.

The consequence of this shift presents several regulatory and practical challenges, specifically around ensuring quality and continuity of care for patients and consumers. PTs will feel strained on how best to assess the quality of care using support personnel, and those not used to a more managerial role may feel uneasy in letting go of the work that has historically been very hands-on.

These challenges present opportunities for innovative delivery models as a result of this tension. The physiotherapist will experience more opportunity to be incorporated in leadership roles due to some of the changes in service delivery models. They will be more likely to lead programs, practice in higher management levels in hospitals and hold stronger consultant-type roles—giving the physiotherapist opportunity to do more than “just” treat patients.

A number of interviewees in this study expressed a need and desire for these expanded roles, acknowledging that they cannot continue to operate in the “old” model while so many changes have taken place. Excited by these shifts, they see the potential in increased leadership roles for physiotherapists as a way to help elevate the profession in the eyes of not just the medical world, but the general public as well.

Physiotherapists of the future will need to be more business-focused. They will need more than traditional hands-on treatment skills to build successful practices. Business acumen will be added to the list of necessary skills required to effectively build partnerships and alliances, to compete effectively against new and existing competitors, and to market their services in new and more sophisticated ways.

While there are forces that will continue to drive change and create challenges in the profession, many we spoke to suggested that these challenges, along with new competition and external market forces, will aid in producing higher quality of care and improvements to the profession as a whole.
WORKS CITED


Technology is simply a way of life in the 21st century. The physiotherapy sector has historically been a late adopter of technology—until now.

We are seeing a dramatic increase in the use of technology for managing physiotherapy practices, performing marketing functions and delivering effective health care. While there is evidence that change is being driven from formal institutional initiatives and government mandates, it is clear that there is more rapid change occurring in the consumer-facing side of health care, with the explosion of apps and the general availability of health information afforded by the Internet.
Physiotherapists are beginning to take advantage of technology advances as the need and demand for advanced methods in treatments, assessments, integrated systems, communication, practice management, marketing and record keeping increase. With these new systems come new ways of working, and some physiotherapists are adapting better than others. Some practitioners are seeing technology enhance their day-to-day operations, while others struggle to work with systems that are not designed precisely for their needs. One certainty is that the need for efficient technology solutions in physiotherapy is increasing exponentially as consumer expectations grow, as medical treatments advance, as PTs work more collaboratively with other health care professionals and as needs for fully-connected and secure systems become more pressing. These changes have both positive and negative consequences to physiotherapists and patient/consumers alike, and this is a trend that is showing no sign of abating. When implemented effectively, technology has the potential to fundamentally change the delivery of health care.
TREND 1: Technology Triage

E-PATIENT... EQUIPPED, ENABLED, EMPOWERED AND ENGAGED

KEY FINDINGS

As we have seen in many of the other trends in physiotherapy, the “patient/consumer” is driving many of the changes seen in physiotherapy today. They will most certainly drive the evolution of technology in the practice of the future, evolving into “e-Patients”, and contributing to a health care revolution.

The term e-Patient was originally coined by Tom Ferguson, MD in 2006. He is a champion of e-Patient empowerment and used it to describe a new breed of patient he was seeing. e-Patients are individuals that are “equipped, enabled, empowered, and engaged” in their health and health care decisions. Today, these are just ordinary people who use the Internet as a health resource whenever they have concerns about themselves or those they are caring for.

“e-Patients represent the new breed of informed health consumers, using the internet to gather information about a medical condition of particular interest to them. The term encompasses both those who seek online guidance for their own ailments and the friends and family members who go online on their behalf. E-Patients report two effects of their online health research – ‘better health information and services and different (but not always better) relationships with their doctors.’” (Ferguson 2007)

Consumers are adopting technology faster and more widely than the established medical and health care community. Evidence indicates that strong numbers of patient/consumers are using the Internet as a diagnostic tool. (Canadian Medical Association n.d.) As of May 2013, of the 85% of the population that use the Internet, 72% report using it for health information. This increase in patient/consumer use of technology for medical information results in a community
asking more informed questions of their providers, and even a general sense of what they might be experiencing.

“When e-patients apply knowledge to self-manage health and solve problems for themselves and others, they may improve health outcomes that might not have been possible in a clinician-only controlled environment.”

(Gee 2012)

While some may find this informed patient/consumer to be a threat and even a potential hazard, it is clear to many that the informed patient is better equipped to become a collaborator in their own health care, rather than just a passive patient looking to a doctor for a panacea. Given the growing trend of physiotherapists having to “do more with less”, embracing the potential power of today’s informed patient/consumer only makes sense in enabling effective, collaborative care.

**Interpreting and sharing data, information, and knowledge requires a re-examination of preconceived notions to arrive at a shared wisdom between clinicians and e-patients.**

(Gee 2012)

**INDICATORS**

The provider—in this case the physiotherapists—must be aware of, and possibly be part in, the conversations that are taking place around them and about them in terms of health care.

There are several online health care networks that have emerged in recent years. One of the most well known and respected is patientslikeme.com. Their tagline says it best: “Live Better, Together!™ Making health care better for everyone through sharing, support, and research.”

The site creates a forum for patients to reach out to others with similar conditions or illnesses, offering an opportunity to exchange experiences about therapies and treatments, health care providers, medications and other related topics.

The notion of peer-to-peer health care is happening not just among the patient/consumer; health care providers are also beginning to see the advantage of sharing information. Services like healthcaremagic.com and healthtap.com promote mobile and online interaction between provider and the patient or caregiver.

These are just a few examples of how e-Patients are driving breakthroughs in the field. While the uptake may be slow in some areas, the significance cannot be ignored when organizations like the World Health Organization are identifying the intersection of health care and technology (mHealth) as a strong force that has the potential to transform how health care is delivered.

“Technological innovations are changing the landscape of disease prevention and control. The widespread availability of mobile technology, including in many of the least developed countries, is an exceptional opportunity to expand the use of e-health. By joining forces, ITU and WHO will fight against debilitating non-communicable diseases that can be controlled through the intervention of m-Health solutions and services that are at once cost effective, scalable and sustainable,’ said ITU Secretary-General Hamadoun I. Touré. ‘In doing so, we will help end a scourge that hinders economic growth and development around the world.’”

(International Telecommunications Union 2012)

Individual tracking of health and biometric indicators is another signal to the growth of this trend. Consumers are seemingly fascinated by the desire to know as much as they can about their bodies through wearable devices such as the Fitbit, Nike Fuelband, Jawbone Up, Striiv and Withings Pulse. Athos is a company that produces clothing designed to monitor exercise or police your posture. All of these tools can potentially lead to improved self-care and collaboration with a consumer’s physiotherapist—who could help interpret data and assist in selecting the best device. Taking this a step further, physiotherapists could develop new
innovations and tools to enhance treatments and patients’ engagement in their own care journey.

Toronto’s Sunnybrook Health Sciences Centre recognizes the need for better access to health care data for patients, and has created a web-based tool: mychart.com allows patients to access test results, notes and health care information, and provides patients with the ability to directly message their doctors. Sunnybrook can be considered a leader in Canada for using technology to increase access to allow patients to access their health information. As this report was being written, doctors at Sunnybrook were live-tweeting a coronary artery bypass graft surgery in an effort to raise awareness about heart issues.

FUTURE IMPLICATIONS

Technology can provide a business opportunity and a competitive advantage in today’s marketplace, particularly in private practice where patient/consumers have a choice of where to take their business. PTs that go beyond the standard but archaic photocopied exercise handouts to offer web-based communication platforms can benefit from a more satisfied patient/consumer and, in turn, will drive higher and more transparent standards.

Physiotherapists can play an important role in this growing trend. Health care providers and patient/consumers do not think the same way, nor do they approach care in the same way. But isn’t this a good thing? What an opportunity for both parties to learn from each other and maintain and improve quality of care at the same time.

In Canada there are currently very few organizations that provide tools for patients to participate and manage their health online. But there are changes in the air. The Ontario government’s Action Plan for Health Care promises to “engage providers to improve care and support Ontarians in taking charge of their own health.” Given the amount of evidence pointing in favour of participatory care, and despite some resistance about the reliability of medical information online, these platforms and tools should not be ignored by health care providers.

Health care professionals should expect that patients will be increasingly coming to them with information and knowledge about their conditions and possible treatment options. They should be prepared to either validate the information the patient is armed with, or correct any misinformation.

In these collaborations, e-patients would educate the health-care team on what data mean in their life context, health-care professionals would provide clinical guidance, and together they would create plans or engage in shared decision making using the collective wisdom from support groups, social networking sites, blogs, databases, and research. (Gee 2012)

Some have challenged that implications to privacy, security and public safety may hinder the adoption of technology-enabled health care services, and these issues do require a deeper level of consideration and more work to accommodate. But there is no question that this technology is permeating our everyday lives, and will continue to do so. As our needs and expectations around technology-enabled health care evolve, so too will the rules, regulations and standards around health care privacy and security. As one expert we interviewed noted, “security issues are addressable; some people bring it up as more of a barrier than it is.”

Innovations and tools to enhance treatments and patients’ engagement in their own care journey.
The physiotherapy profession plays an important role in Canada’s primary health care ecosystem, and the profession is growing as the system, patient/consumers, services and technologies change. With change and advancements come new ways of working, and some will prove more effective than others. While most practitioners agree that technology has the ability to enhance their day-to-day operations, there are many that still struggle to work with legacy systems or technology that is not designed for their needs. Advanced methods in treatments, assessments, communication, practice management, marketing and record keeping are demanding more sophisticated and efficient technology solutions.

There is a desire by the majority of physiotherapists to engage with information and communications technology (ICT) in most aspects of their practice and careers. The experts that we interviewed all agreed that technology use for physiotherapy has a very long way to go before being considered truly enabled. To become truly connected within the health care sector will mean evolving from a transactional and siloed approach into a more holistic one. The current reality of your hospital records being stored and available only within that hospital will become a bad memory when this dream is achieved. Technology in health care should feel ubiquitous and seamless, not like a hurdle to be overcome. While it has
always been a challenge for smaller practices to enjoy the economies of scale previously limited to larger practices. Advances in ICT are starting to remove some of these barriers to uptake. The cost to implement systems has come down significantly by leveraging the broader economies of scale afforded by cloud computing, inexpensive distribution and low-cost computers. Smaller practices can now experience the potential efficiencies and access to cost-effective and more sophisticated marketing efforts.

**INDICATORS**

While the nature of physiotherapy remains hands-on and labour intensive, practitioners that are able to take full advantage of technology will prove to be more successful in business than those that hold on to the comforts of 20th century methods. Trends identified earlier in this report—the shift from patient to consumer, the system, technology and new methods of care—are driving big changes. Increased competition in the field, not with just other PTs but with newer, non-traditional competitors, is forcing physiotherapists to look at their practice in new ways.

Electronic record keeping, practice management, marketing, communication with referrers and patients, electronic health records and remote consultation or telehealth capabilities are just some of the ways that physiotherapists will see technology affect their practice and profession.

Another very real component to this trend is the adoption of knowledge management systems through the use of the Electronic Medical Record (EMR), some of which are also tied into practice management systems to facilitate scheduling and billing. But the implementation of many EMR systems has fallen well short of the promise of facilitating a universal and networked health care record for patients. Only one interviewee indicated that their system was adequate for their practice, acknowledging that theirs was custom-built for their operation—a costly investment indeed.

However, the need for digitized and networked health information has never been greater; and despite detractors who point to the privacy concerns and inherent risks, the networked consumer will continue to demand a more effective use of this technology when it comes to their health.

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**WHY MOBILE HEALTH APPEALS TO CANADIANS**

- 34% Convenient access to a doctor
- 19% Ability to obtain information
- 11% Greater control over my own health
- 8% Access to better quality health control
- 6% Manage a particular condition
- 4% Reduce my own health costs
- 3% Access to greater choice of applications
- 2% Encouragement from my doctor
- 2% Manage aspects of my life from my mobile phone
- 11% Other/No answer
- 64% of Canadians agree that healthcare should be provided virtually wherever possible
- 64% of Canadians believe that virtual health will have a positive impact on how their health care providers work together
- 66% of Canadians believe that virtual health will positively impact the amount of time spent travelling to appointments
- 79% of patients say that they would be likely to use email services to communicate with their doctor
- 83% of patients say that they would be likely to use an online prescription refill service

Source: PwC, “Making Care Mobile”
There are numerous platforms and tools available today that can enhance a physiotherapist’s ability to treat patients. Adherence to exercise therapy regimes prescribed by a physiotherapist is typically very low once the patient leaves the clinic. This is attributed to factors including a lack of full understanding of instructions for exercises, patients becoming injured again and the time requirements of exercises. There are a number of devices being used in clinical settings today that aim to help with the automation of exercise instruction and monitoring a patient’s progress. The Microsoft Kinect device, which comes bundled with the xBox home entertainment system, is often the technology of choice for developers of these innovations. The University of Southampton is currently using it for their research with stroke patients:

**A specially devised algorithm enables therapists to remotely track patients’ hand and finger movements and guide them through exercises which [complement] a wider program of physiotherapy.** (Knight 2012)

A VirtualRehab system developed in Spain (again using Kinect) uses specialized games to allow the physiotherapist or other clinician to plan exercise programs, and monitor and evaluate the patients’ therapy progress.

YouRehab is a Swiss startup that develops wearable therapy devices. “YouRehab is a leading provider of interactive therapy systems for patients with movement disorders.” Their two main products are: YouGrabber® for upper limb rehabilitation and YouKicker® for lower limb rehabilitation.

And finally, Canadian startup Jintronix created a rehabilitation system that allows patients to do their exercises at home, using Kinect. Their therapist can monitor progress and add exercises through a secure portal. One of the partners began his research on a haptic/virtual reality system for McGill University’s School of Physical and Occupational Therapy. (Gilpin 2014)

### FUTURE IMPLICATIONS

The preceding examples are just a few demonstrations of how technology is finding its way into the physiotherapists’ practice, not just of the future—but of today.

Adoption of these tools is not without challenges, including issues of who will pay, the security and privacy of health care information, and ease of use and integration with other existing systems. But as these technologies advance, and the need and expectations of our health care system grow, privacy rules and compliance issues will have to evolve and adapt—as will attitudes and behaviours about change.

There are many opportunities now for physiotherapists to take advantage of technology advances. Innovations currently exist to increase efficiency within the practice, keep patients engaged and active in their own therapy journey, empower the disabled, engage with children through the “gaming” of health care, and potentially improve diagnosis and treatment by gathering better data.

In the future, an increase in aggregated data will enable physiotherapists develop a more evidence-based practice for assessment, evaluating success by measuring outcomes that inform treatment plans. It is not far-fetched to anticipate systems that will be able to fully integrate a patient’s clinical records, exercise videos, and biometric data with practice management systems for bookings and marketing efforts.

It is also not a stretch to conceive of integrated health monitoring systems that notify both the PT and the patient when certain biometric indicators suggest that a supervised appointment is necessary.

The ability for patients to use apps and web-based programs to upload their biometrics—and even speak to their physiotherapist remotely—is a future that is not as far off as we might think.


Our healthcare system has become part of Canada's national identity, and despite its challenges, it is something that as Canadians, we are proud and even protective of.

Canada's health care system has been a work in progress since its inception. Reforms have been made over the past four decades and will continue in response to changes within medicine and throughout society.

(Health Canada n.d.)
While we are beginning to see shifts—positive changes and attempts to improve our aging health care system—the truth is that the health care sector still operates in silos. Despite eHealth Ontario’s now five-year existence, most consumers know that their health care information from one institution and practice is not easily moved or shared with another. This is a consequence of a system that is defined by institutions that effectively operate in isolation to each other, and where care providers are focused on disease management for individual patients and not health and wellness. (Davies GP 2009)

As Canadians, we are not alone in these challenges. Globally, healthcare systems are experiencing similar challenges due to demographic shifts, advances in technology, chronic diseases and increasing rates of disease. The rate of spending on healthcare exceeds the GDP, and macroeconomic factors (an aging population and public funding, specifically) are arguably among the greatest issues challenging the system for both providers and consumers of health care now and in the future.

Canada’s publicly funded health care system was designed and structured to deliver acute care to a young population. The near-exclusive emphasis on hospitals and physician care was appropriate when medicare was born; it was, after all, an era of great medical advances and boundless promise, and more care invariably meant better care. (Picard 2013)

But we are no longer the Canada we were when “medicare was born”. We are changing as a society; and we are changing as patients and consumers of care, increasingly expecting to be stakeholders in our own care journey. As a result, healthcare is becoming more “personal”, and delivery models will need to change to reflect this transformation. While it will take time to implement, there is potential and desire to create a “bottom up” integrated system, as opposed to the “top down” fragmented, siloed system that has historically been the case.
Little progress has been made toward integrating services across the full spectrum of health care. Care delivered at hospitals, physician clinics, long-term care facilities, and at home is largely disconnected. Two factors contribute to this reality. The first is the siloed approach to health care that persists in Canada. Despite efforts to integrate health services through regionalization, services along the continuum of care are still largely disconnected. This is likely because care providers often operate independently of each other, have their own boards and, in many instances, receive funding from different envelopes (some from the public sources and others from private sources). Under these conditions, it takes more work to build and maintain the kinds of partnerships and formal agreements that would allow care providers to share.

(Prada and Brown 2012)

The system needs to take notice and address this new environment. “New Models of Care” and “Doing More with Less” are two trends that respond to this growing need for change.
TREND 1:

New Models of Care

FROM VOLUME TO VALUE

KEY FINDINGS

The business of health care has long been about providing additional resources, reactively, to health issues. We measured cost and payments by visits: how many and for how long, plus material costs for expendables and diagnostic testing. Doctors were reimbursed by how many appointments they had, and physiotherapy has been no different.

But this model of reimbursement based simply on visits, regardless of the efficacy of the treatment or advice provided, is fundamentally unsustainable. Despite the United States’ predominantly for-profit health care system, the market economics of health care delivered based on visits or the number and type of tests ordered is simply too expensive to maintain. This model is not producing more satisfied patients, more effective care or an increase in positive outcomes. To put it simply, something has to change in order to be able to provide better value for money spent, and the key shift we’re witnessing is in reimbursement models and a mandate to be more efficient and effective with our efforts. This is no small undertaking.

Improving value for money will require governments, organizations and practitioners to leave their comfort zone of conventional practice.

(Lewis and Sullivan 2013)

Shifting from a volume-based system to one where value and quality are priority is not a new idea, but it’s one that continues to be explored in a significant way. According to Conference Board of Canada research, 15 out of the 18 reports that were examined for The Canadian Health Care Debate: A Survey and Assessment of Key Studies (Prada and Brown 2012)
identified the need to enhance quality services and value for money as a top priority for Canada’s health care system.

“There is much talk in health care about bending the cost curve. The economics are not complex: cost equals price times volume, so you have to cut costs (with innovation and efficiency), reduce volumes (by focusing on effective, necessary interventions), or do both.”

(Picard 2013)

A focus on more efficient technologies is an essential component of shifting the model from volume to value. There is no question that significant investments are needed to optimize resources and improve efficiencies. Better tracking and monitoring of outcomes and evidence are essential to improving quality of services and increasing the return on investment in the health care system.

For physiotherapists, a value-driven approach to treatment based on positive outcomes—rather than just providing the mandated number of visits—has become a reality with the introduction of government funding reform that regulates how long term care and clinic-based outpatient physiotherapy services are reimbursed.

Overall, there has been strong consensus over the years that concerted efforts are required to enhance the quality of health and health care services, to generate the evidence needed to improve practices, and to create greater value in terms of health outcomes for all health care.

Changing policies and reforms are forcing physiotherapists to consider new business models and change their practices to suit. An extended scope of practice will contribute to this need while offering opportunities to increase the range of treatments PTs provide—especially in areas that may have historically been considered strictly part of the medical and nursing professions. Many physiotherapists agree that the extended scope of practice is a great evolution for the profession, but with these new opportunities comes the need for increased transparency and accountability through tracking of outcomes and evidence.

**SESSION VS. EPISODE FUNDING**

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<tr>
<th>Sessional</th>
<th>Episodic</th>
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<td>Funding is provided for individual visits</td>
<td>Funding is provided for an episode of care rather than individual visits</td>
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Funding is provided for an episode of care rather than individual visits. In episode funding, a period of care is defined, and the funding is provided for the entire episode rather than for each visit. This approach encourages the management of care in a more integrated and coordinated manner, allowing for more comprehensive assessments and treatments. In contrast, sessional funding provides individual payments for each visit, which may lead to more fragmented care. The transition from sessional to episodic funding helps to streamline the provision of care, improve patient outcomes, and increase the efficiency of the healthcare system.
**FUTURE IMPLICATIONS**

The provision of healthcare in Canada continues to evolve. We will see an increased number of interprofessional and multidisciplinary collaborations providing team-based care, further expansion in the scope of practice for some non-physician providers (including physiotherapists), and an increased focus on patient-centred care. With a new emphasis on integration, quality and continuity of care, value for money and a shift to ambulatory and home care, we can expect that incentives will be provided to health care providers to meet the needs of their patient populations—rewarding with payment those who keep people healthy, rather than focus on illness treatment.

“The system should be guided by properly structured incentives to reward efficient provision of timely, high quality patient care. This would include incentives such as activity-based funding of hospitals (i.e., paying on the basis of services provided), and pay for performance measures for health care providers, with competition based on valid measures of quality and efficiency.”

(Canadian Medical Association n.d.)

Health care system policy- and decision-makers will continue to be challenged to innovate and reform the system and the delivery of health care. The future will see more stakeholders involved in transforming the health care system, from governments to NGOs to even individual citizens. Physiotherapists are well-positioned to contribute new thinking and innovative solutions around improving the health care ecosystem with new and enhanced models for delivery of care. In the process, they will increase their own value to the system to which they contribute.

**INDICATORS**

New models of care are emerging in response to a changing world, particularly in interprofessional and multidisciplinary settings. Driven by an aging population and a need to improve efficiency of care for increasing numbers of mobility issues, the relatively new Advanced Practice Physiotherapist (APP) model of care is proving to be a successful example of the interprofessional approach.

APPs are replacing orthopaedic surgeons as the initial provider to see a patient when they are referred to the orthopaedics service. Already in place in many countries for several years, this model is still considered “young” in Canada. A research study published in May 2013, with the aim to assess “... the validity of the advanced practice physiotherapy model of care for patients with musculoskeletal disorders in an orthopaedic outpatient clinic” (Desmeules et al. 2013) reported results that indicated the APP model of care was at least equal to, and in most cases more effective than, the traditional model. Costs to the system were minimized or contained, and patients reported a higher level of satisfaction with the APP consultation than with the surgeons’ visit. The report also indicated that APPs tend to spend more time on giving advice, education and exercises, strategies which can lead to fewer surgeries and less invasive treatment. These results clearly provide evidence supporting the APP model for orthopaedic care.

“Our findings strongly support that APP can accurately diagnose and make treatment recommendations in the context of an outpatient orthopaedic clinic.”

(Desmeules et al. 2013)

The Holland Centre at Toronto’s Sunnybrook Hospital has proven the model to be effective:

“The Holland Centre’s Care Model now includes two new components in the care process: Central Intake and an Assessment Centre as well as redesigned postoperative follow-up. We have experienced dramatic improvements with respect to surgical wait times, patient access to quality care and satisfaction. In 2007, the Holland Centre was the recipient of the Ministry of Health and Long-Term Care Award for Improving Efficiency Through Process Redesign.”

(Sunnybrook Health Sciences Centre 2014)
TREND 2:
More With Less
FROM TREATING THE FEW TO MANAGING THE MANY

KEY FINDINGS
Health care spending in Canada continues to rise.

Four main factors drive health care spending: the system’s architecture; culture, both within health care and throughout society; health human resource policies and practices; and prices.
(Lewis and Sullivan 2013)
Demands on the system are greater than ever. There is no question that health care has become more complex, and that, as a result, health care practitioners at every level have become accustomed to “doing more with less”. Despite the continued growth in health care spending, physiotherapists are doing more with less—fewer resources, less funding and less time—all while trying to maintain quality of care for their patients. Physiotherapists are being particularly taxed for time as more educated patient/consumers come to expect more explanation. In addition, the growing demand to play the role of health care advocate (often for the vulnerable elderly) requires more transparent and frequent communication.

Profound economic and social forces are challenging the health care system, and those involved in delivering services, to provide a higher quality of care that is becoming more patient-centered and evidence-based. Extreme shifts in demographics and an increase in physiotherapists’ role in complex, chronic disease management are demanding that the profession be more agile and responsive.
Physiotherapists are already experiencing the impact of this demand in a significant way.

Consumer expectations will only continue to increase as patients become more involved in their own journey of care. Physiotherapists must find ways to meet these demands without compromising quality of care. In short, they must provide more value for the services they are providing, and be much more efficient in the services and treatments they offer, all while making the patient/consumers feel as though they are not being rushed and “pushed out the door”.

Government health spending currently consumes a large percentage of total available revenue in each of the provinces. So why does it still feel like many are “doing more with less”? In Ontario, health care accounts for approximately 50% of government spending, and rising... predicted to jump to 100% by the year 2030 according to some experts. (Rovere and Skinner 2011)

More money will not solve all of Canada’s health care problems.

“Total annual health care spending (both public and private) is $70 billion. How much new money will it take to shorten wait times, update technology, and improve safety and quality?” (Lewis and Sullivan 2013)

The authors go on to say that Canada doubled: “...real health care spending in 14 years. Behold the results. Serious access, safety, quality and fairness problems remain. The spend-to-greatness experiment failed. And now, following the fiscal fallout from the 2007-08 worldwide financial crisis, governments once again want to bend the cost curve — down, not up. The new mantras are “value for money.”

“OHIP physiotherapy is one of the fastest growing expenditures in the healthcare system. Rate of growth since 2005 is triple that of hospitals, drugs and physician expenditures.” (Ontario Society of Occupational Therapists 2013)

**INDICATORS**

Many of the physiotherapists interviewed for this research were cautiously optimistic when commenting on the recent 2013 restructuring of publicly-funded physiotherapy services. The Ministry of Health and Long-Term Care (MOHLTC) has removed barriers in a policy that once prevented physiotherapists from working in Family Health Teams and Nurse Practitioner-led clinics. When asked about these new reforms, the responses were two-fold. Some were positive: “we can now start to build partnerships among family health teams and primary care sites that never considered PTs before”. Others were more critical: “it has resulted in physiotherapists losing jobs in long term care,” and “We are forced to use more PTAs due to cutbacks on PT hours.”

Due to their own budget constraints, hospitals are often discharging patients earlier into the
care of the community—either home care, long term care facilities or other support facilities—putting further strain and huge increases in demand on physiotherapists. Since the funding reforms, many CCACs are now challenged with increases in hospital referrals by approximately 112%.

While the shift from acute care to community care is seen as a positive one (good for both patients and for the fiscal responsibility of the health system as a whole), the shift has happened faster than the funding can follow. In such a high growth area adequate funding—appropriately distributed—is crucial.

The strain on professional health care providers is real, but this rapid pace of change is also causing strain on informal caregivers and patients’ families. As one interviewee suggested, “We need to think about and educate the public about redefining the patient as the ‘patient/family’ and ‘informal caregiver’,” further stating that if this time is spent, and it is done effectively, informal caregivers will become a valued part of the care team.

While still in the early days of the changes in reform, interviewees were in agreement that, even with the challenges, the positives and potential outweigh the negatives.

One issue that many see as a positive outcome of the new funding model was the feeling that Physiotherapy is now part of the primary healthcare transformation conversation, indicating a commitment by the government placing value on physiotherapists and their role within it. It also demonstrates a need for physiotherapists to understand the political environment as part of their profession.

– Interviewee comment

In many cases, inconsistent and increasing caseloads create a “pain point” according to some of our interviewees. According to research, caseload expectations and reality vary significantly. One of the reasons for this disparity is that despite studies pointing to the need for a caseload management system, none has been developed to date.

“The Canadian Physiotherapy Association (CPA) recognizes the need for physiotherapy caseload and staffing guidelines to enhance quality of care, improve budgeting and funding allocation, and promote cost-effective delivery of health services.”

(Fisher et al. 2012)

To date, these activities have generated frameworks and recommendations for further development, not systems that are widely adapted and used. It can be assumed that time and funding could be a barrier to progress here as well.

FUTURE IMPLICATIONS

In response to economic uncertainty and reform changes, physiotherapists will be forced to become more agile and respond with different styles and approaches to provision and cost models. Changes and reforms to the health system are ongoing, and will continue to create an evolving operating environment for physiotherapist due to the increase of in-hospital closures of PT services in the past year. As of this writing, the following question could be found on the “Members” page of the OPA website:

“Are you being asked to defend your program or position, but can’t access the data to back it up? In light of the need for more evidence to support publicly funded physiotherapy in hospitals, the Ontario Physiotherapy Association has developed a suggested framework for data collection in hospitals.”
physiotherapists. Moving from a fee-for-service model to a block-funding or “packaged care” model is intended to increase accountability and efficiency by placing resources where they are most needed. To be truly effective and transform the system as intended, these resources must be allocated based on real evidence. Systems must be in place to accurately and efficiently capture and record this evidence. Information, outcomes and engagement are critical components for successful models of care.

Equity has been a challenge for the current service delivery approach and funding model for OHIP funded physiotherapy. The open-ended model contributed to potential and real abuse of the system, resulting in added financial pressures. For Canadian physiotherapists to successfully be viewed as leaders within the Canadian healthcare system, it is critical that they are seen as a united group, striving to reach a common goal: healthier Canadians.

“As real evidence of shortages and caseload increases become known, it is likely that the number of PTAs and other forms of support personnel will increase in Ontario in order to deal with the issues of an overloaded system. There is a perception among some physiotherapists that using PTAs will diminish the quality of the treatment; however, attitudes and education around using support personnel in a team are likely to shift and change with the times. We can expect that as the use of PTAs becomes the norm in the profession, and not the exception, tighter regulations may result (for example, ratios of PTs to PTAs in some contexts may be enforced), and that the profession will experience an increase in scrutiny and outcome evaluation.

Collaboration and interprofessional practices within all settings in health care will create opportunity for innovation in addressing human resources needs.

“The ability to link patients to wider social networks, to use health trainers and people not employed in the formal health service will be increasingly important. Many of the problems patients have are related to social isolation and factors not directly related to health services. Being able to direct patients to information about other services and to people who can help them use this is also important”

(Edwards et al. 2013)
WORKS CITED


WORKS CITED


CONCLUSION

Just as many aspects of the modern health care system are changing, physiotherapy too is subject to significant shifts that will present both challenges and opportunities for patients and practitioners alike.

While it is not known exactly how these changes will manifest themselves, or what the time frame may be, one certainty is that the trends discussed in this document will impact the profession in myriad ways. It should be noted that the trends featured in this document are not exhaustive; they merely represent a number of the more prominent shifts on the horizon. The intention of this report is not to predict the future, but to help increase awareness of some of the possible disruptions and trends that will certainly impact physiotherapy now and in the very near future.
Physiotherapists in Ontario must remain vigilant, keeping one eye on the present and another focused on the road ahead while navigating their own paths through these broader themes of change.

There is a shift from users of the health care system as passive “patients” to being understood as “consumers of health care”, empowered with agency and choice. This shift may take some time to be fully recognized and accepted by the system as a whole. Physiotherapists, however, with their focus on managing health conditions rather than treating acute, life-threatening illnesses, are in a position to recognize this shift faster than many others within the system. Combined with the demographic shift occurring in the country as a whole, there is every reason to believe that there is a growing market of consumers seeking the care of a physiotherapist. This market is one that may not be exclusively based on traditional channels of referrals, but also on consumers proactively seeking wellness plans to prolong their mobility and improve their quality of life. If physiotherapists wish to capitalize on this market, they will have to champion their role in the holistic health mix—and other aspects of change are conspiring to help this along.

Recent funding reforms, including the changes to how long term care and clinic-based outpatient care are reimbursed, are some of the most disruptive influences that physiotherapy has ever seen in Ontario. However, this shift indicates a more significant change to how we reimburse our health professionals in a system that is under strain from both increased usage and limited resources. This shift is not unique to Ontario or even Canada. The move to measuring (and rewarding) positive outcomes is most prominent in the United States, where various pieces of legislation (including the Affordable Care Act) place emphasis on the quality of care and outcomes, and discourage running through the motions of treatment regardless of costs or effectiveness.

Physiotherapists are relying more on support personnel as new economic realities and pressures force changes in the way treatment plans are implemented. Those who embrace the role and employment of physiotherapy assistants see them as a vital part of the team, making a potentially valuable contribution to the cash-strapped health care sector. However, it is still unclear in many practice contexts how their contributions should best be managed, reviewed and monitored to ensure the continuity and quality of care that was afforded by conventional one-on-one sessions with the physiotherapist.

The relationship between physiotherapists and their patients is changing as well. While others in the health care community may find a shift to a more collaborative model of care challenging, physiotherapists are well-positioned to adapt to this new patient/consumer relationship. Physiotherapy treatment plans rely on human interaction; the expression of pain levels and descriptions of motion provide PTs an understanding of the mobility of a patient and their progress. Consumers will increasingly want and expect a more consultative relationship with their health care practitioners. This shift in the relationship is greatly afforded by the decline of information asymmetry with the rise of the Internet and the evolving consumer behaviour to “Google” their health concerns. While this trend can lead to patients misunderstanding certain conditions, it does not mean that patient/consumers cannot become agents of their own health and health care. We may begin to see that the consumer of health care can help relieve some of the strain on our health care system as the rise of the e-Patient promotes shared responsibility and a more proactive approach to healthy living.

There are gaps in the use of technology between the formal health care systems, sub-sectors, and the general public. The last five years have seen unprecedented growth in the mobile and health technology segments. Despite this explosion of innovation and opportunity, the adoption rate within the health care sector—both public and private components—is significantly lower than in other sectors. Technology has the potential to provide a number of efficiencies to physiotherapists’ practices in many different ways, from aiding in clinic management and marketing, to assisting with the implementation of treatment plans.

Part of the challenge in adoption lies in the still relatively unexplored area of consumer privacy.
—no small matter to be sure, but the problems here are solvable. The bigger challenge remains behavioural fit. Too often the “engineers” of software dictate its use, leading to technology solutions and systems that often don’t fit the user they are intended to help. This does not mean that new solutions aren’t being developed on a regular basis. Already there are a number of systems providing physiotherapists with cost-effective exercise monitoring solutions that help maintain a higher level of engagement during the times when the patient is not personally in the clinic. Technology for technology’s sake is not a panacea to the challenges health care faces, but through a combination of behavioural shifts and well-designed solutions, we will experience significant change in physiotherapy driven by technology.

Change is the new norm for health care in Ontario, and for physiotherapy specifically. Not all challenges can be predicted, nor can the implications of some change be anticipated. However, it is clear that we are living through a moment of transformation. We hope that this report provides an articulation of present trends and, by extension, a consideration of the future. It is our intent to help provoke members of the profession to consider how they might best navigate uncertainties and change, giving them a better understanding of where disruptions lie and how they might adapt, benefit and provide greater value: for the profession, and for their patients, the new consumers of care.