Direct Access Service Development Implementation and Effectiveness Canada

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Physiotherapy
Physical Therapy/Physiothérapie
in Canada 92 years

• 1917 Military School of Orthopaedic Surgery and Physiotherapy at UofT
• 6 month program (massage, electrotherapy, gymnastics, muscle functioning)
• 250 graduates by 1919 (2 years)
• No registration

• 2009 14 University Programs in Canada’s 13 provinces and territories
• 2 year MSc degree most universities (standardized curriculum determined by CUPAC)
• 1,452 new graduates 2006/7
• 15,850 active registrants in 2007
Canadian Health System

• 1917 - 8,060,000 population
• 1917 due to shortage of physicians health insurance was being discussed to ensure that the providers of public health were remunerated while others were off at war (Naylor 1982)
• 1917 PTs were being trained to assist with war victims

• 2009 - 33,800,000 population
• 2009 physician lead Family Health Teams are being introduced with salaries to ensure that providers of family/public health are remunerated for work performed

• 2009 physician assists are being trained to assist with “work ups”
Canada 13 Provinces and Territories

1. Nova Scotia
2. New Brunswick
3. Prince Edward Island

Map of Canada showing the provinces and territories.
Canada: Where is the Population?
Health of the Population - Arthritis
Where are the Injuries?
Where are the Physicians?
Physical Therapists per 10,000 Population
1991 to 2000
2000 range 3.4-6.7

Landry 2007
PT/Population Ratio in Canada 1991-2005

Figure 3: A Comparison of the Change in Population vs the Change in the ratio of PTs to 10,000 Population: 1991 to 2005

Change in Provincial Population
- Change in Ratio of PTs to 10,000

Landry et 2007
A Provincial Case Example
# PTs Practicing in Ontario 1999-2007

Verrier & Landry 2009
The Age Factor

Verrier & Landry 2009
The Employment Factor

Verrier & Landry 2009
The Employment Factor
Self-Employed as Primary Employer

Verrier & Landry 2009
The Market Factor

- Complex mix of public and private payers
- For profit (FP) and not for profit (NFP) provider organizations
- Physiotherapists with non exclusive rights
- Market open to foreign investment under NAFTA
- One stop shopping 24/7?
- Narrow focus of practice
Market Implications

• Highly fragmented demand
• Highly uncoordinated cost control
• Diverse revenue sources
• Constrained labour supply
• Fragmented referral sources
• Dominance of solo practitioners
• Dominance of NFP Hospitals
## Canadian PT Perspective (n = 576; 3.6%)

<table>
<thead>
<tr>
<th>Level of Entry to Practice Education</th>
<th>Response Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dip P&amp;OT</td>
<td>1.0%</td>
</tr>
<tr>
<td>Dip PT</td>
<td>8.2%</td>
</tr>
<tr>
<td>BSc PT, BPT</td>
<td>77.4%</td>
</tr>
<tr>
<td>MScPT, MPT</td>
<td>12.7%</td>
</tr>
<tr>
<td>DPT</td>
<td>0.7%</td>
</tr>
</tbody>
</table>
# Canadian PT Perspective

<table>
<thead>
<tr>
<th>Years Experience since Graduation</th>
<th>Response Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>27.4%</td>
</tr>
<tr>
<td>10-19</td>
<td>29.3%</td>
</tr>
<tr>
<td>20-29</td>
<td>25.7%</td>
</tr>
<tr>
<td>30-39</td>
<td>15.5%</td>
</tr>
<tr>
<td>Over 40</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

Verrier231009
## Canadian PT Perspective

<table>
<thead>
<tr>
<th>Area of Practice</th>
<th>Response Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>31.3%</td>
</tr>
<tr>
<td>Community</td>
<td>12.2%</td>
</tr>
<tr>
<td>Long-term Care Facility</td>
<td>1.6%</td>
</tr>
<tr>
<td>Private Practice</td>
<td>55.0%</td>
</tr>
<tr>
<td><strong>n=316</strong></td>
<td></td>
</tr>
</tbody>
</table>
## Canadian PT Perspective

<table>
<thead>
<tr>
<th>Current Area of Practice</th>
<th>Response Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amputees</td>
<td>0.9%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>2.1%</td>
</tr>
<tr>
<td>Critical Care</td>
<td>1.4%</td>
</tr>
<tr>
<td>General - All Areas</td>
<td>22.0%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>0.7%</td>
</tr>
<tr>
<td>Neurology</td>
<td>7.8%</td>
</tr>
<tr>
<td><strong>Orthopedics</strong></td>
<td><strong>60.9%</strong></td>
</tr>
<tr>
<td>Palliative Care</td>
<td>1.6%</td>
</tr>
<tr>
<td>Prevention / Health Promotion</td>
<td>8.2%</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>17.7%</td>
</tr>
<tr>
<td>Respirology</td>
<td>2.3%</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>3.3%</td>
</tr>
<tr>
<td>Sports Medicine</td>
<td>27.3%</td>
</tr>
<tr>
<td>Women's Health</td>
<td>6.3%</td>
</tr>
<tr>
<td>Other</td>
<td>17.9%</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Direct Access Practice</th>
<th>Response Percent</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
<td>56.3%</td>
</tr>
<tr>
<td>No</td>
<td>23.3%</td>
</tr>
<tr>
<td>Part of the time</td>
<td>20.5%</td>
</tr>
</tbody>
</table>
Influencing Factors

**BARRIERS**
- Third Party Referral Requirements
- Uneducated Public
- Lack of Provincial Health Coverage
- Poor Marketing Strategy by Profession
- Uneducated Health Providers

**ENHANCERS**
- Removal of Referral requirements
- Enhanced Profile through Advanced Education
- Communicating Diagnosis
- Demonstrated efficiencies
- Client testimonies
Strategies to Move Forward

• Lobby
• Market
• Advocate
• Profile
• Educate
• Inform with Evidence
• Demonstrate Outcomes
• Communicate with Colleagues
Demystify Direct Access (DDA) Exercise

- DIRECT ACCESS WOULD:
  - change the market by decreasing supply of patients
  - decrease physician visits therefore decrease their reimbursements
  - decrease physician autonomy
  - cause public to demand health coverage for physiotherapy
  - cause credential creep
  - remove gatekeeper and increase insurance costs (i.e. imaging)
  - increase liability for profession
  - have negative effect on patient safety
  - not be supported by the profession
  - not improve health indicators
Colleagues who inform my thinking! Data to support my thoughts! Funding to conduct the research!

- **Colleagues**
  - Dr. Michel Landry
  - Dr. Paul Holyoke
  - Dr. Linda Woodhouse

- **Data Sources**
  - Canadian Physiotherapy Association
  - College of Physiotherapists of Ontario
  - 576 Canadian Physical Therapists Survey Respondents
  - Ms. Carol Miller

- **Funders**

[Image of CIHR logo]