

Direct Access Service Development Implementation and Effectiveness Canada

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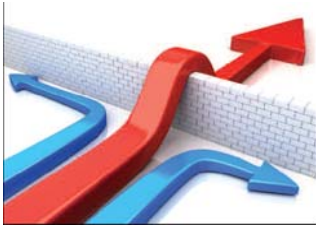


Physiotherapy

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 (2years)
- 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



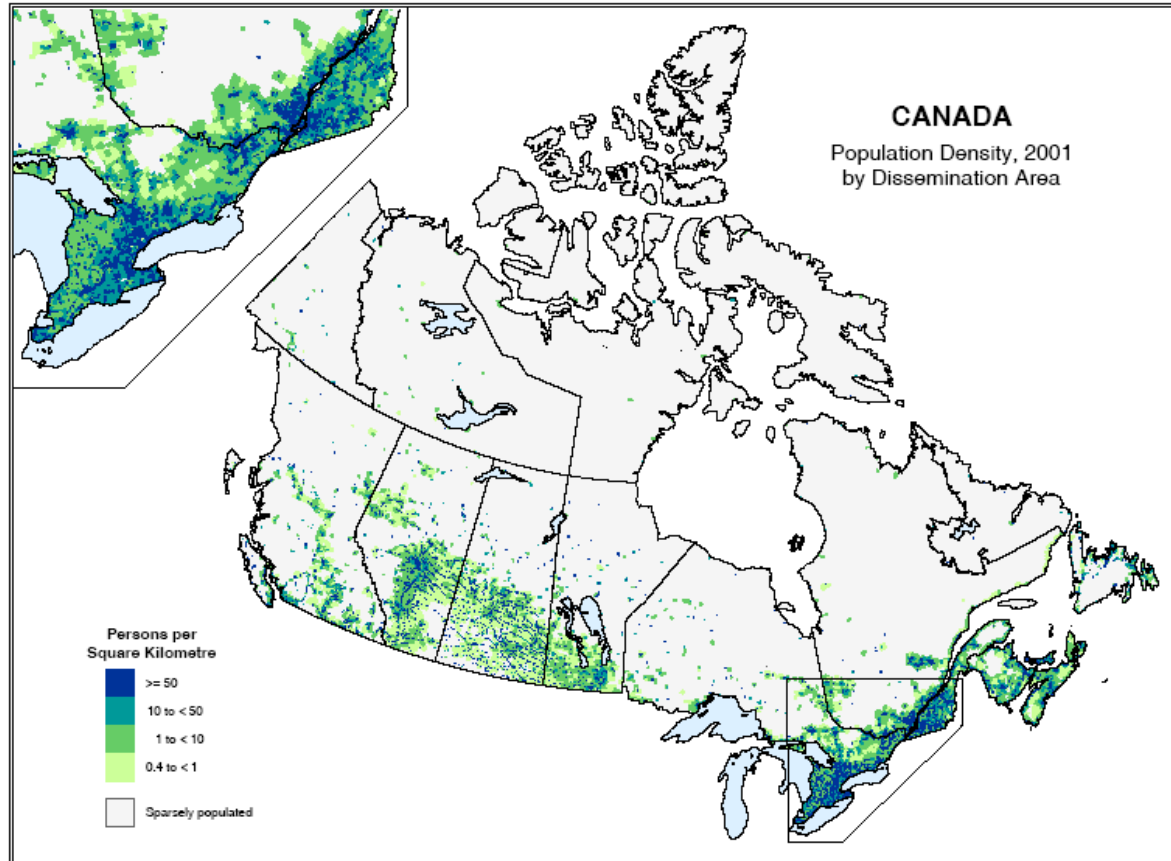


Canadian Health System

- 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 assistants are being trained to assist with “work ups”

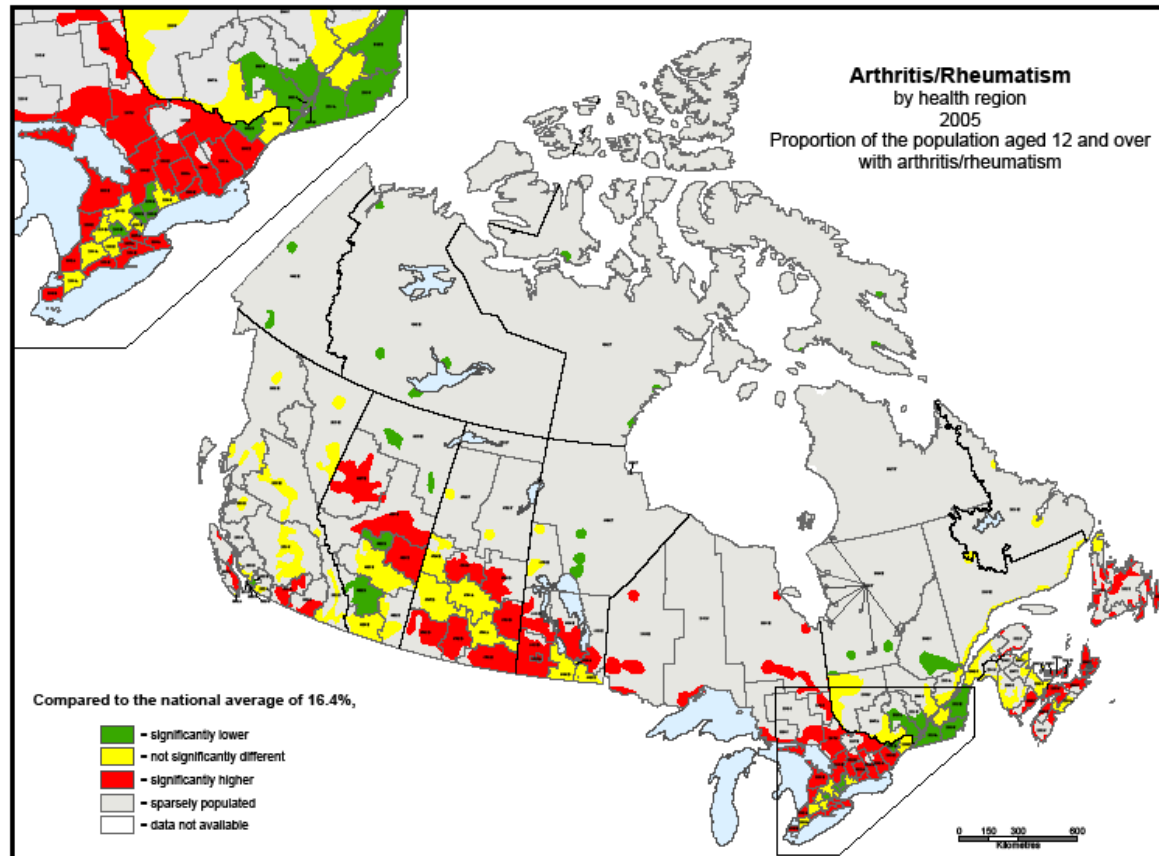


Canada: Where is the Population?



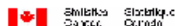
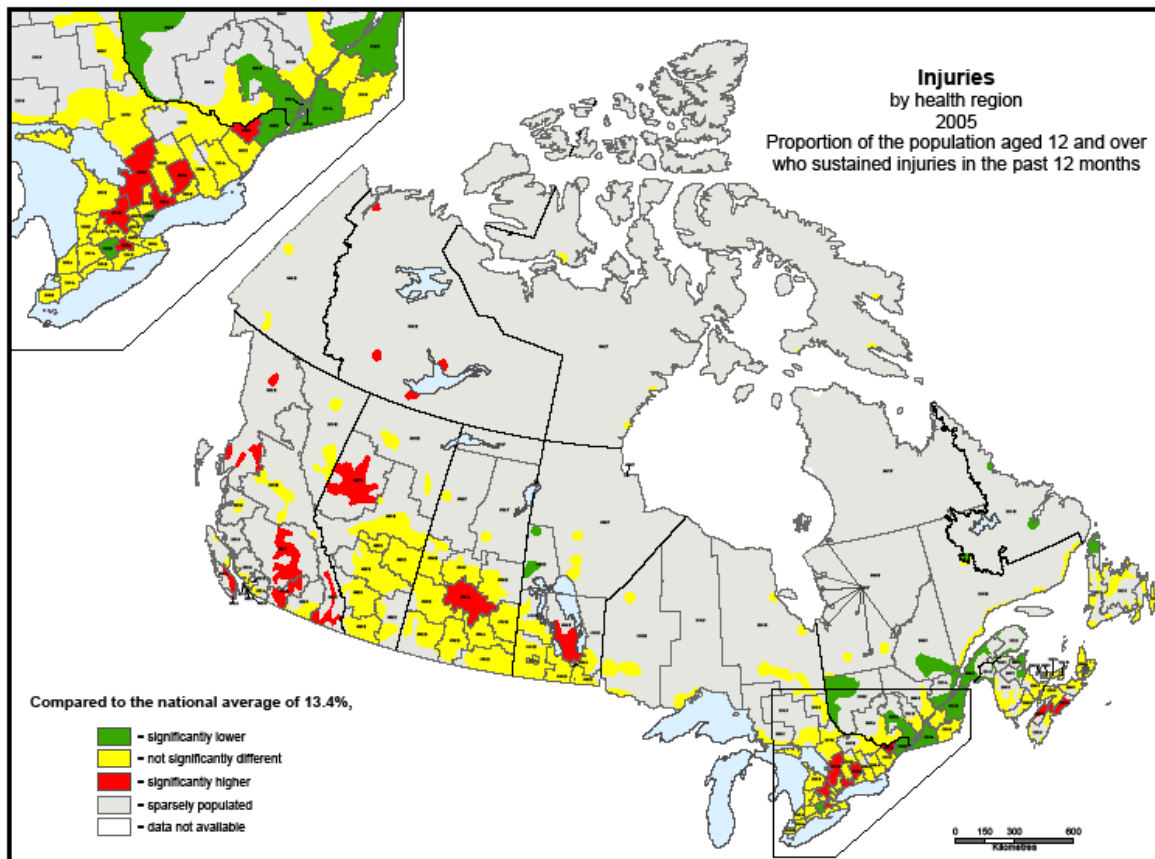


Health of the Population - Arthritis





Where are the Injuries?

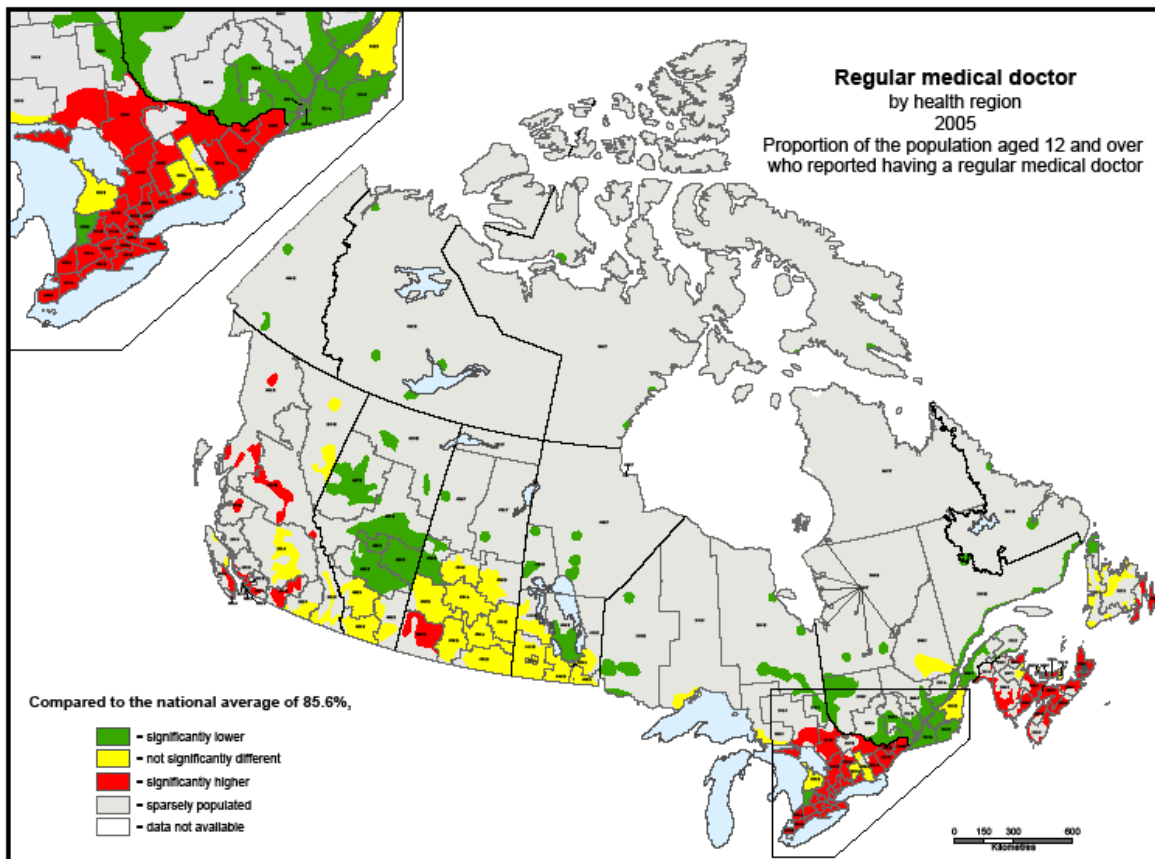


Source: Health indicators, catalogue no. 82-221-XIE, Vol. 2006, No. 1. Produced by the Geography Division for the Health Statistics Division, Statistics Canada, 2006.



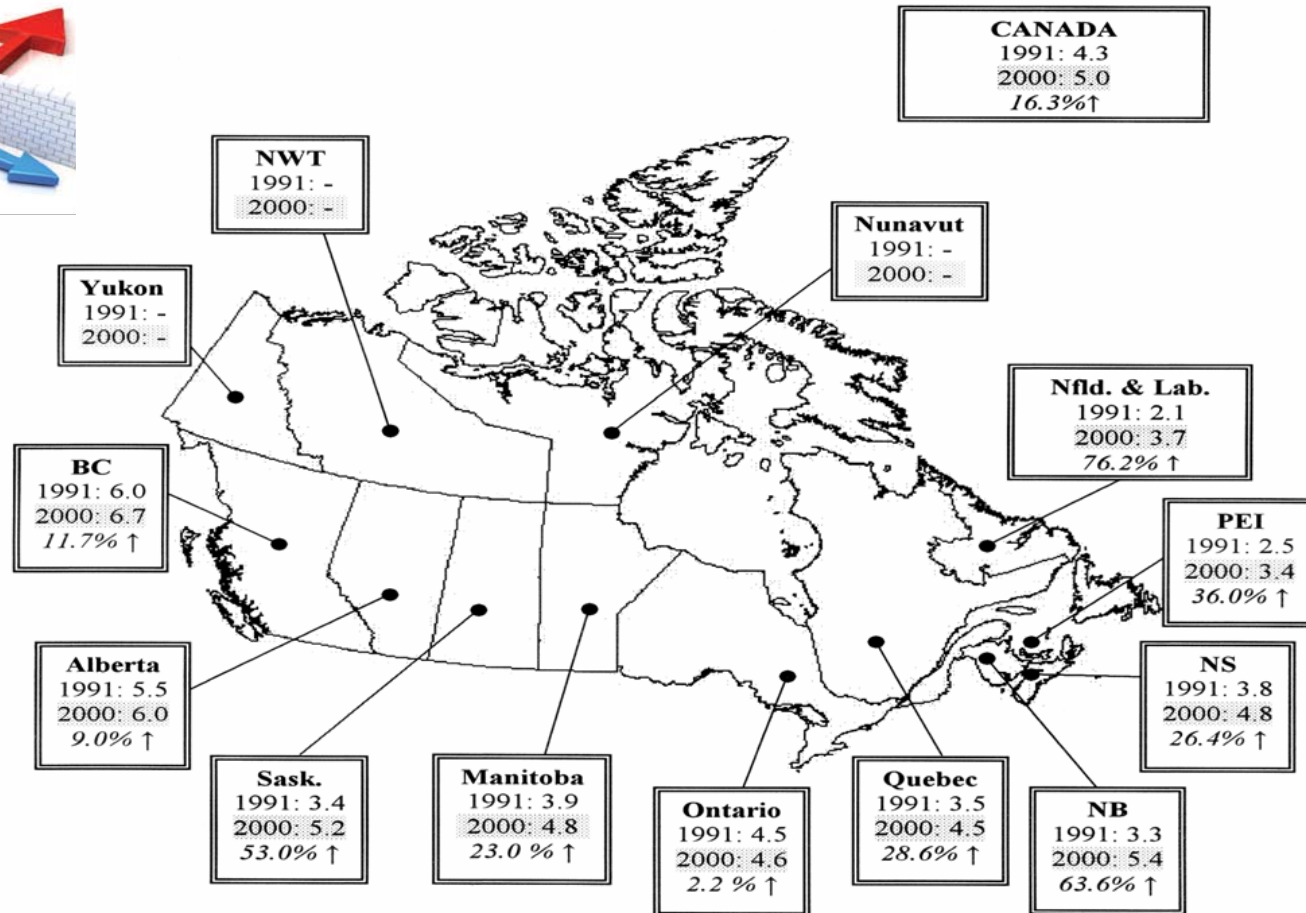


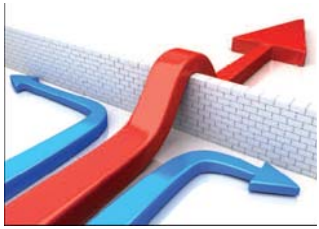
Where are the Physicians ?



Physical Therapists per 10,000 Population 1991 to 2000

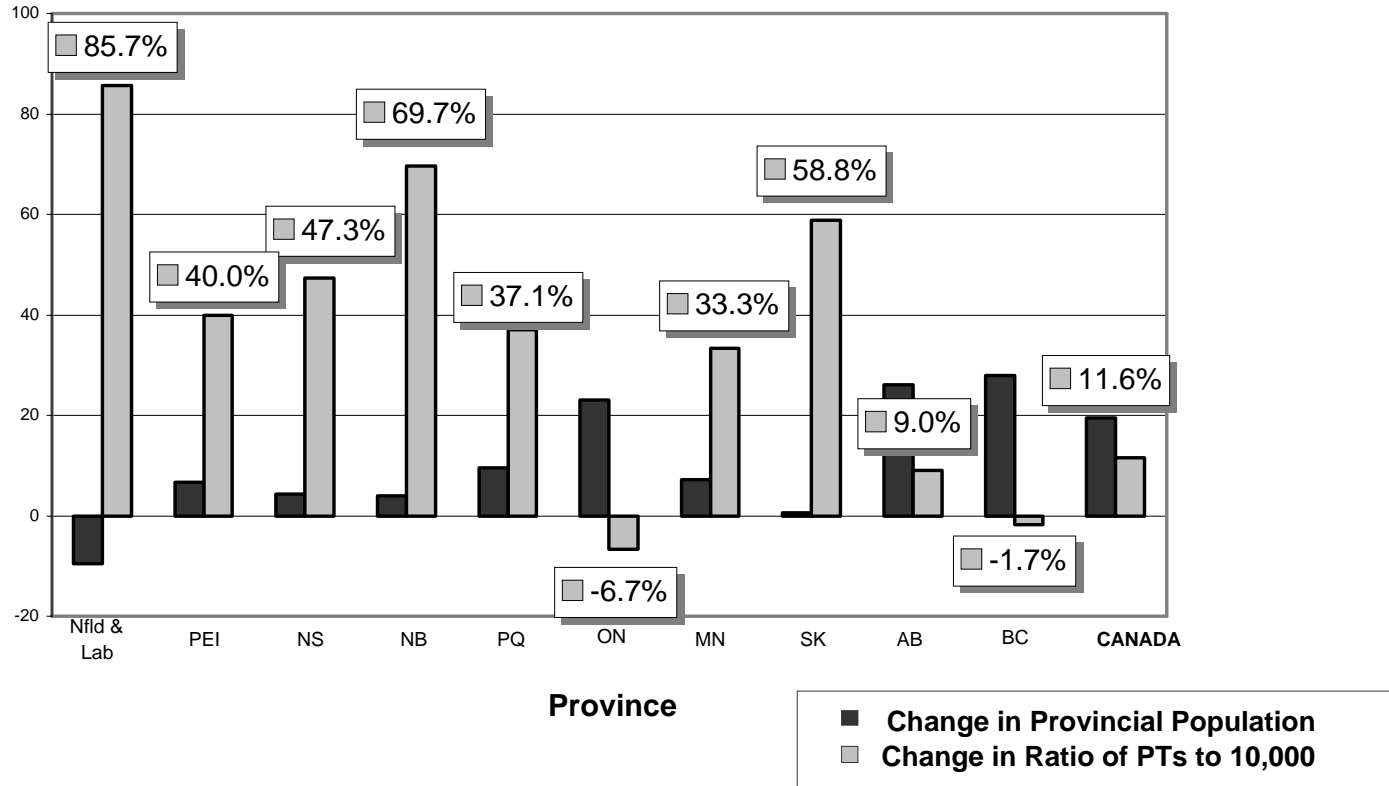
2000 range 3.4-6.7

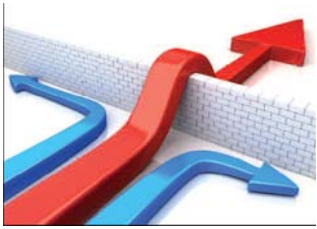




PT/Population Ratio in Canada 1991-2005

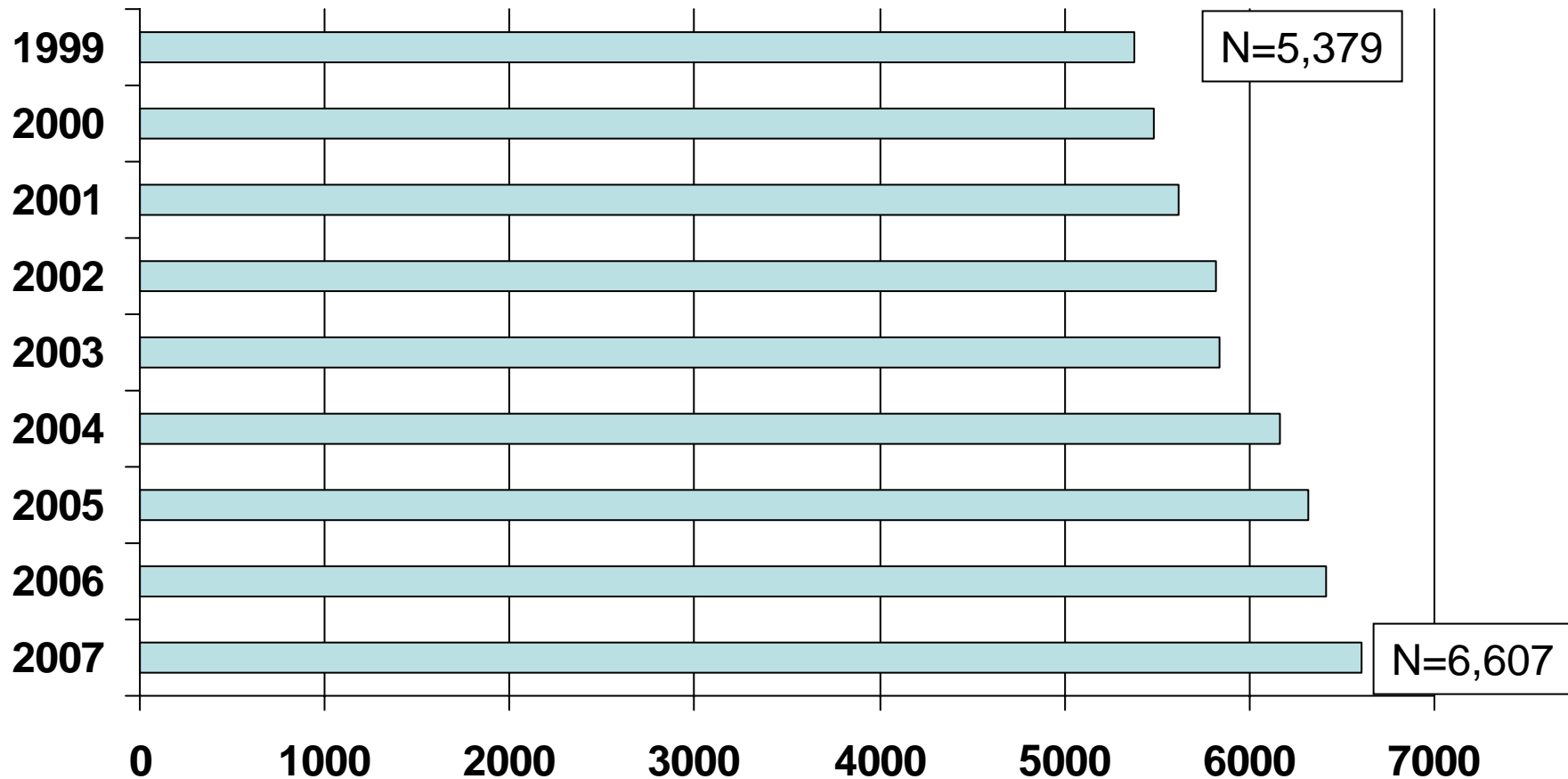
Figure 3: A Comparison of the Change in Population vs the Change in the ratio of PTs to 10,000 Population: 1991 to 2005





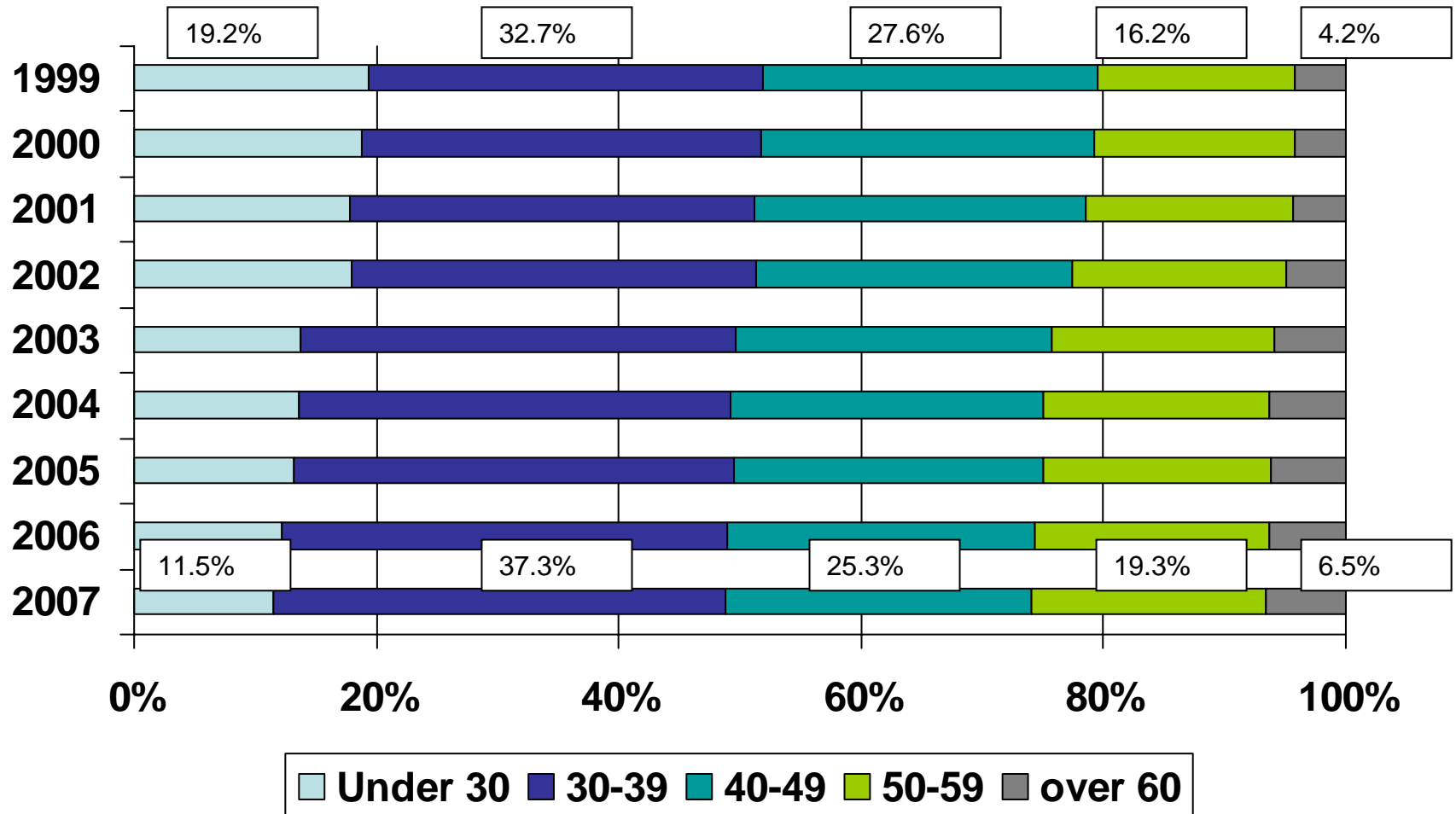
A Provincial Case Example

PTs Practicing in Ontario 1999-2007



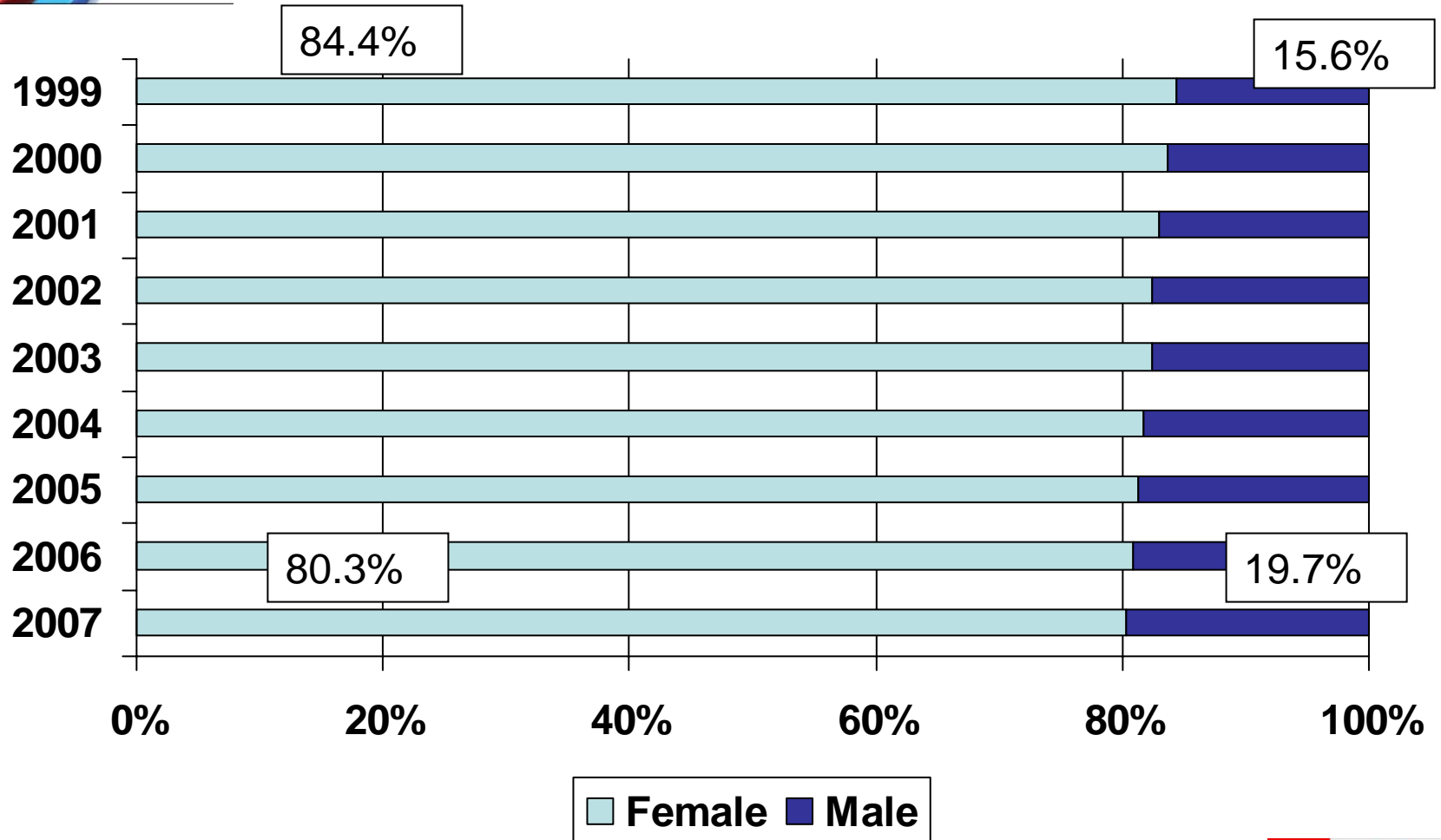


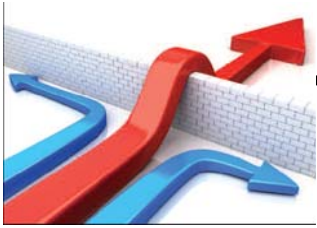
The Age Factor



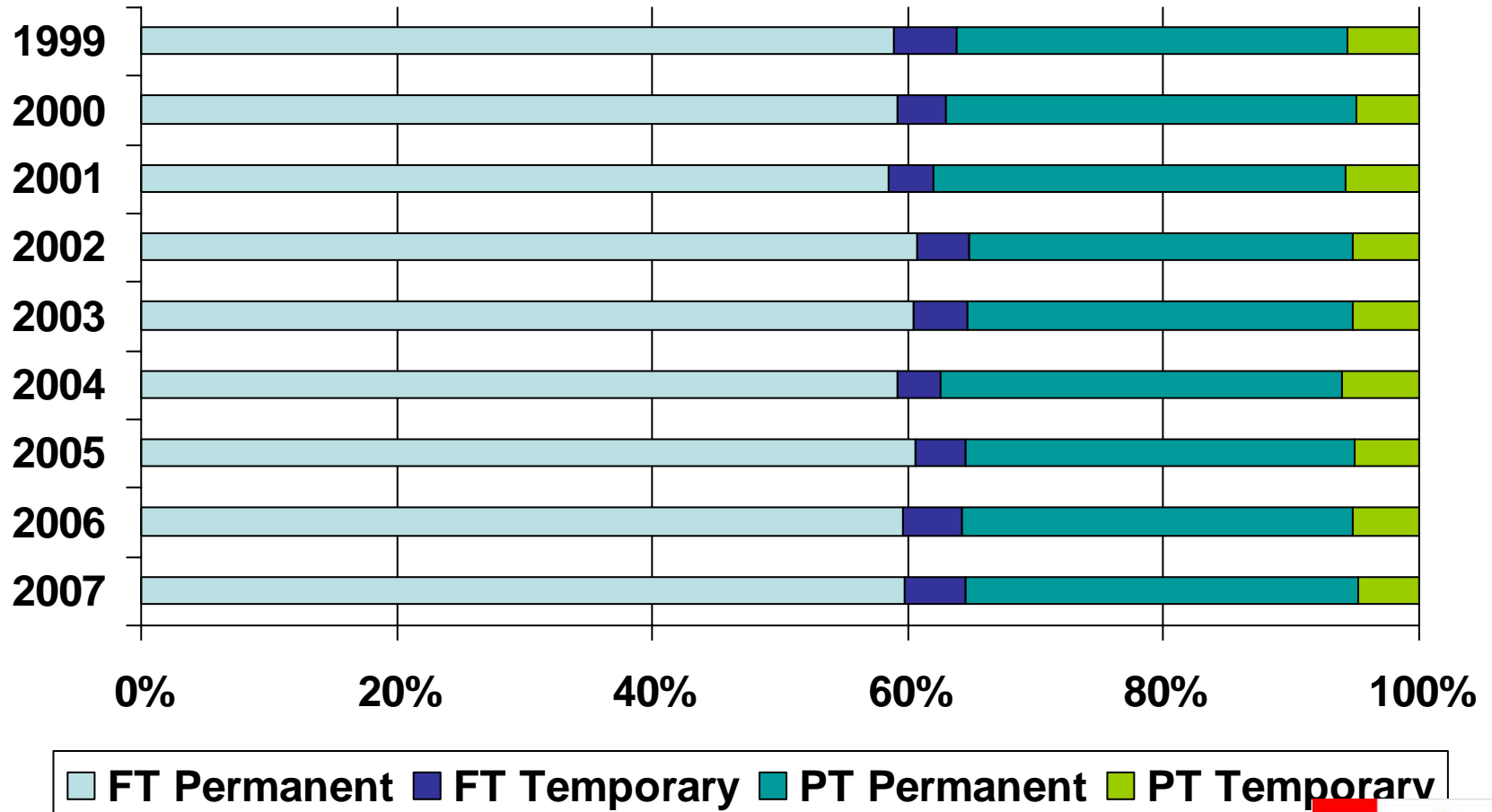


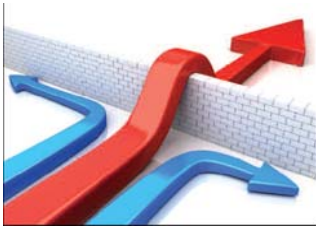
The Gender Factor



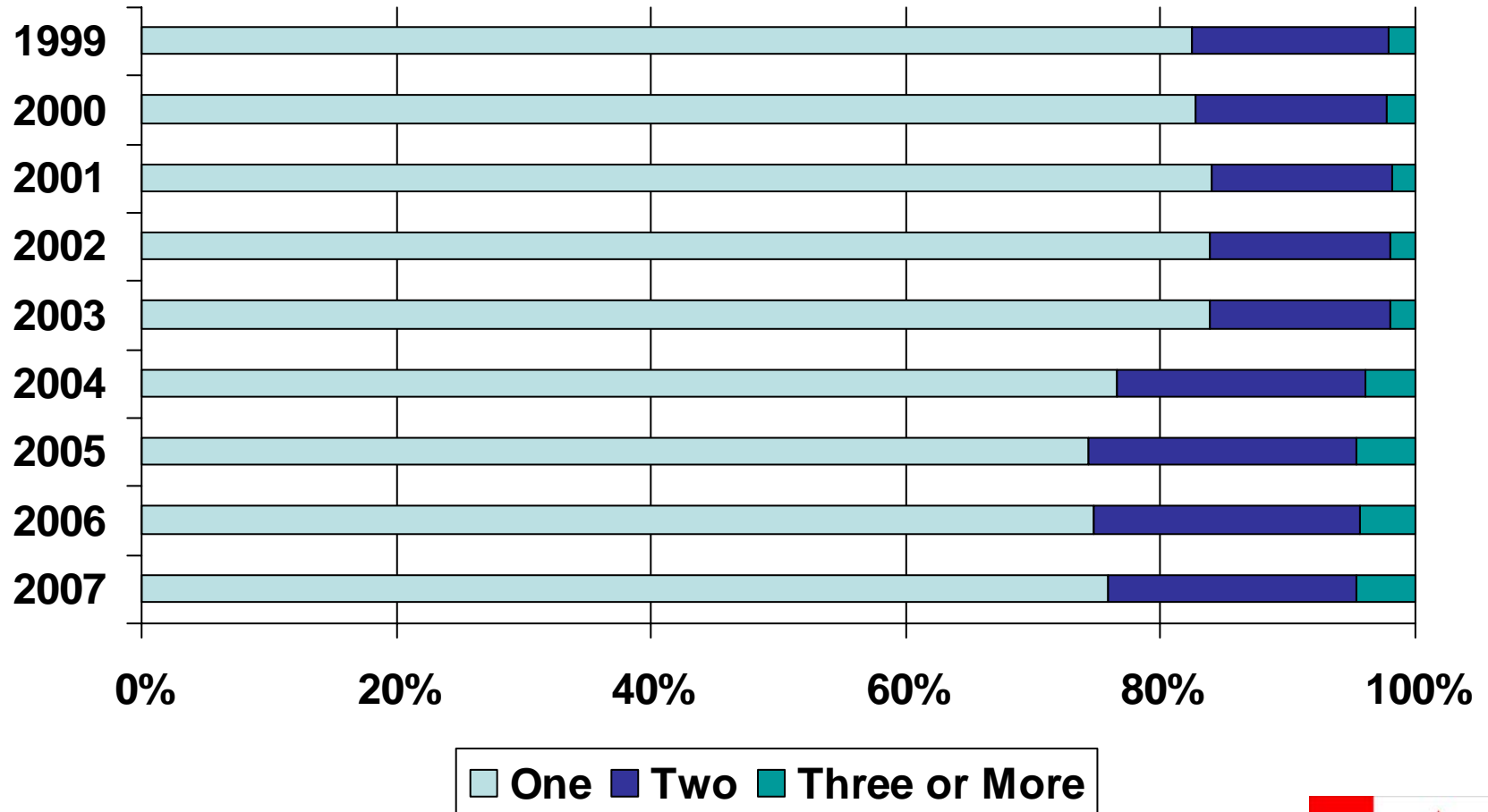


The Employment Factor



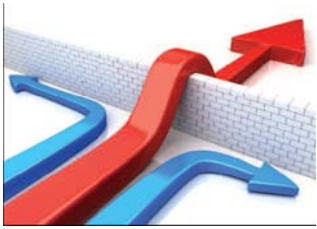


The Employer Factor



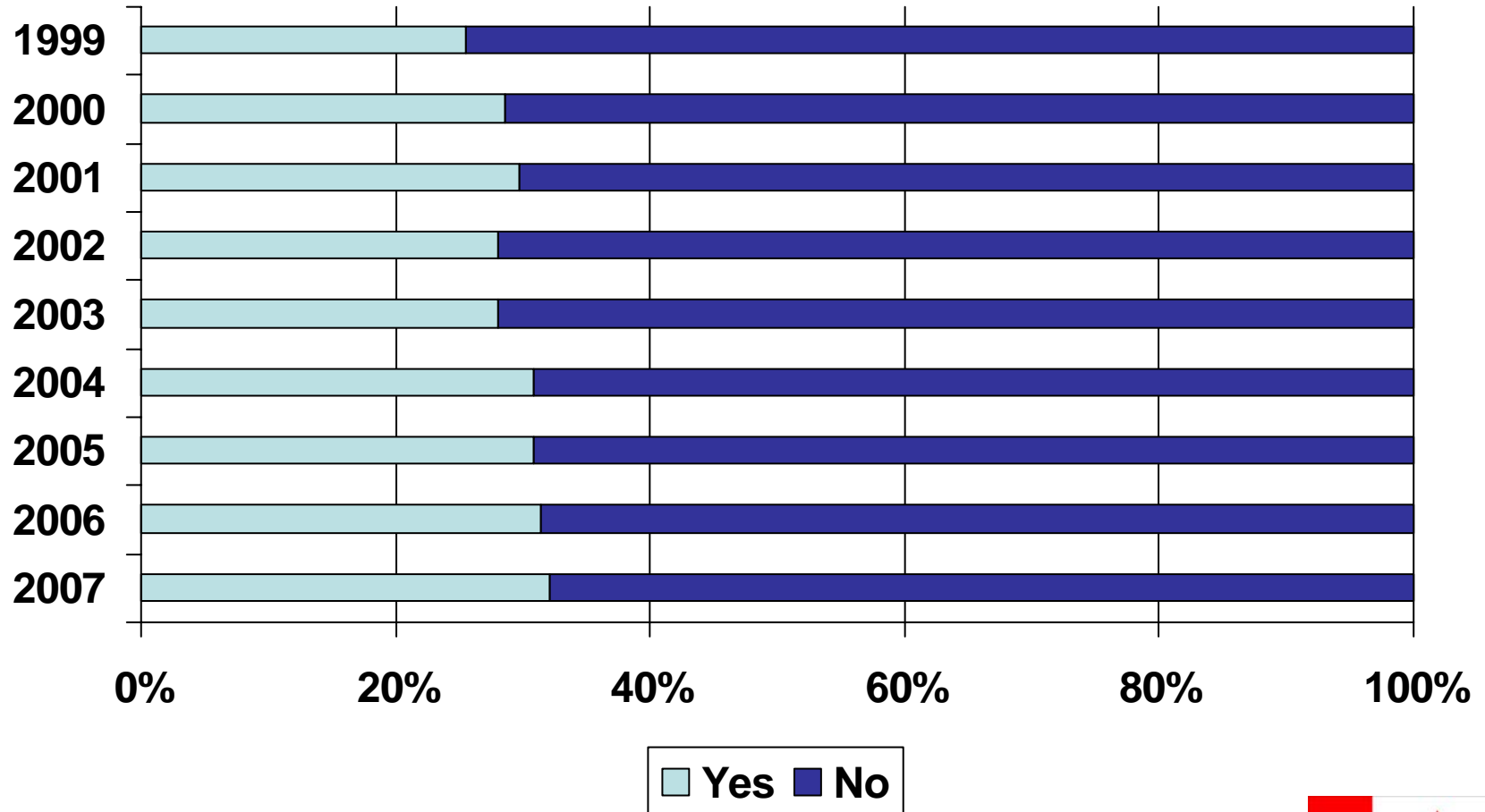
Verrier & Landry 2009





The Employment Factor

Self-Employed as Primary Employer



Verrier & Landry 2009

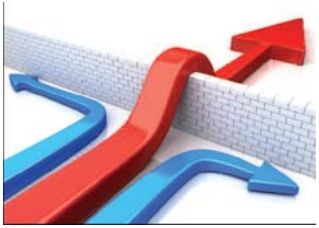




The Market Factor

- 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%)

Level of Entry to Practice Education	Response Percent
Dip P&OT	1.0%
Dip PT	8.2%
BSc PT, BPT	77.4%
MScPT, MPT	12.7%
DPT	0.7%

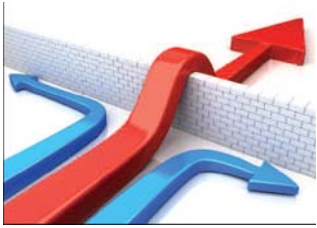




Canadian PT Perspective

Years Experience since Graduation	Response Percent
0-9	27.4%
10-19	29.3%
20-29	25.7%
30-39	15.5%
Over 40	2.1%





Canadian PT Perspective

Area of Practice	Response Percent
Hospital	31.3%
Community	12.2%
Long-term Care Facility	1.6%
Private Practice	55.0%
	n=316





Canadian PT Perspective

Current Area of Practice	Response Percent
Amputees	0.9%
Cardiology	2.1%
Critical Care	1.4%
General - All Areas	22.0%
Mental Health	0.7%
Neurology	7.8%
Orthopedics	60.9%
Palliative Care	1.6%
Prevention / Health Promotion	8.2%
Rehabilitation	17.7%
Respirology	2.3%
Rheumatology	3.3%
Sports Medicine	27.3%
Women's Health	6.3%
Other	17.9%

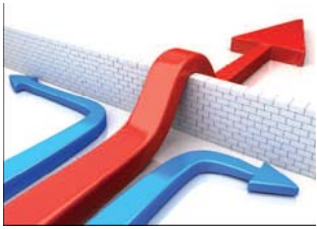




Canadian PT Perspective

Direct Access Practice	Response Percent
Yes	56.3%
No	23.3%
Part of the time	20.5%





Influencing Factors

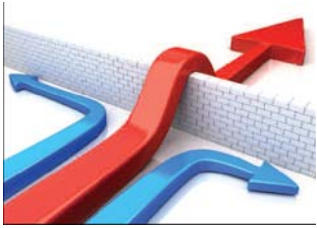
BARRIERS

- 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*

