ONTARIO PHYSIOTHERAPY ASSOCIATION

February 14, 2023

Ms. Vanessa Kattar, Clerk
The Standing Committee on Finance and Economic Affairs
Room 1405, Whitney Block
Queen's Park, Toronto, ON
M7A 1A2

Submitted via link: ola.org/en/apply-committees

RE: Ontario Physiotherapy Association Submission to the Standing Committee on Finance and Economic Affairs Pre-Budget Consultations

Dear Ms. Kattar,

The Ontario Physiotherapy Association (OPA) is the Ontario Branch of the Canadian Physiotherapy Association representing more than 5,200 member physiotherapists, physiotherapy residents, physiotherapist assistants, and students across the province. Physiotherapists provide assessment, treatment, and rehabilitation in all sectors of the healthcare system across Ontario, including in hospitals, home care, long-term care homes, private clinics, and community rehabilitation programs. Our members include public sector employees and leaders and owners and operators of small to large businesses – all working to provide essential health care to Ontarians.

The OPA pre-Budget submission will focus on four areas that will bring substantial returns through increasing capacity in Ontario's health care system and achieving the objectives set by this government:

1. Remove the barriers to health professions working up to full scope;
2. Facilitate and expedite internationally educated professionals to successfully enter practice in Ontario;
3. Ensure funding models address rehabilitation needs to help address surgical backlogs; and,
4. Reduce red tape that creates barriers to timely access to care and imposes undue burden on health care businesses.

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1. Remove Barriers to Health Professions Working Up to Full Scope

One of the tried-and-true solutions to chronic shortfalls in human resources for any organization is to make full use of the human resources that you already have. This means enabling and incentivizing the organization's existing human resources to function at full capacity. In Ontario's healthcare system, that means expanding professions' scopes of practice to make full use of each profession's competencies. That's not happening in today's healthcare system.

Enhanced educational programs and technological innovations have very much expanded the patient services that healthcare professions, including physiotherapists, are equipped to provide, effectively and safely.

Scopes of practice for a very few professions, such as nurses, pharmacists, and paramedics, have been expanded and the results have more than fulfilled expectations. But many professions, including physiotherapy, continue to experience limitations to function at their full scopes of practice. In Ontario, physiotherapists experience barriers to practice up to their full competencies in areas such as ordering diagnostic imaging, despite the fact that the profession has done so safely and effectively in other jurisdictions, such as Alberta and Québec.

As long as there are gaps between professions' competencies and their scopes of practice, Ontario's healthcare delivery system will operate inefficiently and below capacity. "Circular referrals", by which healthcare practitioners must refer patients back and forth to family practitioners for tests and other services that the referring practitioners are fully competent to perform, waste time, generate unnecessary physician billings, and detract from the patient experience. Requiring unnecessary circular referrals is particularly problematic for the estimated 1.8 million Ontarians who do not have a family physician and who, consequently, have to circle back to walk-in clinics, or to hospital emergency departments, with all of the added costs, complexities, and frustrations doing so entails.

The persistence of constraints on the physiotherapy scope of practice in Ontario are particularly concerning. In December 2009, amendments to the *Physiotherapy Act* were approved unanimously by the Ontario Legislature. The amendments reflected a comprehensive review and recommendations by the Health Professions Regulatory Advisory Council. Those amendments to the *Physiotherapy Act* significantly expanded the legislated scope of practice and authorized acts for physiotherapy. Yet, over 14 years later, several of those expansions, approved by the Legislature in 2009, have not been implemented by the Ministry of Health.

- The *Healing Arts Radiation Protection Act* was amended in 2009 to allow physiotherapists to prescribe x-rays within the physiotherapy scope of practice. Those amendments were proclaimed on April 1, 2018 and the College of Physiotherapists of Ontario has put in place the necessary infrastructure to ensure appropriate regulation. Nevertheless, the Ministry of Health has not put in place the necessary regulation, despite numerous requests from the OPA, the College of Physiotherapists of Ontario, and other parties to do so.

- The Ministry of Health has also not proceeded with regulations under *the Laboratory and Specimen Collection Centre Licensing Act* to enable physiotherapists to order laboratory tests

within the physiotherapy scope of practice that were recommended by the Health Professions Regulatory Advisory Council in 2008 and promised by the government. Again, the College of Physiotherapists of Ontario has put in place the necessary infrastructure to ensure appropriate regulation.

RECOMMENDATION: That the Budget implementation Bill for Fiscal Year 2023-24 include the remaining regulation amendments necessary to implement outstanding scope of practice changes for physiotherapy and for other regulated healthcare professions.

2. Enable Successful Entry to Practice for Internationally Educated Physiotherapists

Most recently, to address shortages of critical health care professionals in the province, the Government has taken initiatives to ease entry to registration and practice and remove barriers to health professionals entering Ontario from across Canada and internationally. OPA applauds work that enables qualified health professionals to enter and practice safely.

The physiotherapy profession is experiencing critical health human resource shortages. Recent surveys of position vacancies in the province indicate that job postings have more than doubled in the past two years and all healthcare delivery sectors are experiencing shortages and challenges to recruit physiotherapists. As over 29% of physiotherapists in Ontario are internationally educated, enabling and supporting pathways and resources for successful entry to practice and registration for these professionals are critical in enabling our profession to respond to health system demand.

Since 2011, the Ontario Internationally Educated Physical Therapy Bridging Program (OIEPB) based out of the University of Toronto, is the only bridging program in Ontario focused on physiotherapists and has a history of supporting successful entry to practice for hundreds of candidates to practise in Ontario. The hybrid program model reaches candidates across the province and provides most with the only mechanism to gain full-scope work-based experience. The successes of this program are well documented and the program is recognized as a gold standard provincially, nationally, and internationally in delivering quality training and employment outcomes for internationally educated physiotherapists. There is a 100% employment rate for graduates of the Program; and 84% of graduates are working today in Ontario.

In 2021, the OIEPB became ineligible for provincial funding through the Ministry of Labour, Training and Skills Development's call for proposals for the Ontario Bridge Training Program (OBTP), creating a significant impact on the ability to deliver its programming. As a result of this lack of funding, the number of students the program can accept per year has dropped from 40 to 6, creating a significant concern for the sustainability of the program, and the ability to meet the health human resource needs of Ontario.

RECOMMENDATION: That the budget reinstate operational funding support for proven bridging programs that enable successful entry to practice for internationally educated healthcare professionals. This would help to address the increasing demand for care and also help respond to the growing health human resource issues while providing safe and quality care to Ontarians.

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3. Ensure funding models address rehabilitation needs to help address surgical backlogs

The Ford government has announced several initiatives to at least reduce the backlog in surgical procedures that accumulated during the pandemic, including hip and knee surgeries.

Without appropriate postsurgical rehabilitation capacity, however, post-surgical patients will linger in hospital beds as ALC patients. Others will be discharged from hospital with no or insufficient rehabilitation follow-up. Their ability to live independently and conduct routine activities of daily living will be seriously impaired and the likelihood of having to be readmitted to hospital, or a long-term care home, will increase substantially.

Sufficient postsurgical rehabilitation capacity does not currently exist in Ontario and its absence will create bottlenecks and substantial obstacles to eliminating hospitals' surgical backlogs.

There are two non-home care community based publicly-funded programs available to rehabilitate postsurgical patients: the Community Physiotherapy Clinic (CPC) Program, which is funded and administered by the Ministry of Health; and the Bundled Care Program, which is funded by the Ministry of Health but administered by individual bundle holders, which are typically hospitals.

The CPC program was launched in 2014 as a novel and innovative funding response to the rehabilitation needs of Ontario's seniors, youth, and persons on the social assistance programs, namely the Ontario Disability Support Program and Ontario Works. Despite promises made at the time to assess and adjust to the growing complexity of care and the volume of services needed, the Program is seriously underfunded and has not been adjusted to fix anomalies and deficiencies that have arisen over time. These issues were exacerbated by the pandemic. There is a high risk that when the current agreements end, many CPC program participants will leave the Program, thereby aggravating capacity gaps at a time when the government's surgical waitlist initiatives require augmented capacity.

The Bundled Care program was launched for Ontario hospitals in 2015. Bundled Care programs are ubiquitous in healthcare and have been exhaustively studied. Those studies indicate clearly that bundled care programs work only in integrated continuums of care that have single points of accountability and where resources are assigned equitably to ensure the best outcomes. That is not the way Ontario's postsurgical bundled care programs work. In far too many cases, no negotiated agreements exist between the community-based physiotherapy clinics and the hospitals who expect those clinics to rehabilitate their patients. There is, therefore, no continuum of care. Furthermore, hospitals tend to absorb disproportionate amounts of the funding provided by the Ministry of Health, thus leaving inadequate funding to the physiotherapy clinics to provide needed levels of rehabilitation.

It is vitally important that the Standing Committee understand that without appropriate funding for and design adjustments to these programs, the government's target of eliminating hospital surgical backlogs cannot be achieved. Focusing on and providing additional funding to increase the number of hospital surgeries, without increasing rehabilitation capacity in tandem, will only create bottlenecks, generate poor surgical outcomes, and increase the number of ALC patients.

A further complication will arise due to the government's intention to increase the number of community-based, non-hospital, surgical centres. Where are the patients from such centres expected to receive their postsurgical rehabilitation? The centres are not part of the bundled care programs and, as already stated, the CPC program is already underfunded and will be severely challenged to respond to post-surgical hospital patients. The obvious risk is that the private clinic patients will not receive the rehabilitation that is clinically required. For many, the only option will be to pay out-of-pocket or go without.

RECOMMENDATION: We call for the government to fully review both the CPC and the bundled funding models to address the program issues that impact access and care. We also call for substantial net new funding to be provided to the CPC and Bundled Care programs in order meet the demand for rehabilitation services, especially with the increased number of surgeries being performed. We must create the rehabilitation capacity necessary for the government to eliminate, or even substantially reduce, hospitals' surgical backlogs and to rehabilitate postsurgical patients from existing hospital programs and the surgeries expected to be performed at private clinics.

4. Reduce red tape that creates barriers to timely access to care and imposes undue burden on health care practitioners and clinics.

OPA and our members fully support the elimination and reduction of unnecessary red tape that creates needless barriers to access care, results in decreased access to care, and generates financial impacts for patients and their families., In particular we would like to draw attention to the impact of Ontarians having to exhaust their employer-based extended health care insurance (EHC) prior to accessing the no-fault Medical, Rehabilitation and Attendant Care Benefit in auto insurance.

In addition to the administrative burden to pursue EHC as the first payor and the delays in initiating health care while doing so, this requirement has negative repercussions for access to health care for the insured and often their families. The requirement often exhausts available EHC to access care for injuries or illnesses not associated with the auto accident over the remainder of the year. If the EHC policy is a shared cap among all dependents, this not only robs the claimant of funds for future health care, it also takes it away from dependents leaving entire families with no alternatives to access health care that would otherwise have been covered under their EHC.

There is little evidence that with already existing minor injury caps, which represent the vast majority of auto insurance claims, the cost to the system of removing the EHC first payor requirement would result in substantial financial impacts to the insurance industry. This action, however, would have substantial impact on timely access to care. Such action is necessary to safeguard consumer access to timely care in the auto insurance system for health care needs

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beyond auto insurance claims, and help reduce demand on the already overburdened public health system.

RECOMMENDATION: We recommend that this Budget direct that in keeping with the commitment to reduce unnecessary red tape and complexity in all levels of government, the requirement for EHC to be first payor prior to accessing auto insurance benefits be removed.

The OPA thanks the Standing Committee for this opportunity to highlight these areas for consideration for the upcoming Budget for Fiscal Year 2023-2024.

Yours sincerely,

Dorianne Sauvé
Chief Executive Officer