

Rehabilitation in Primary Care in the Toronto Central LHIN



The Four Villages
Community Health Centre

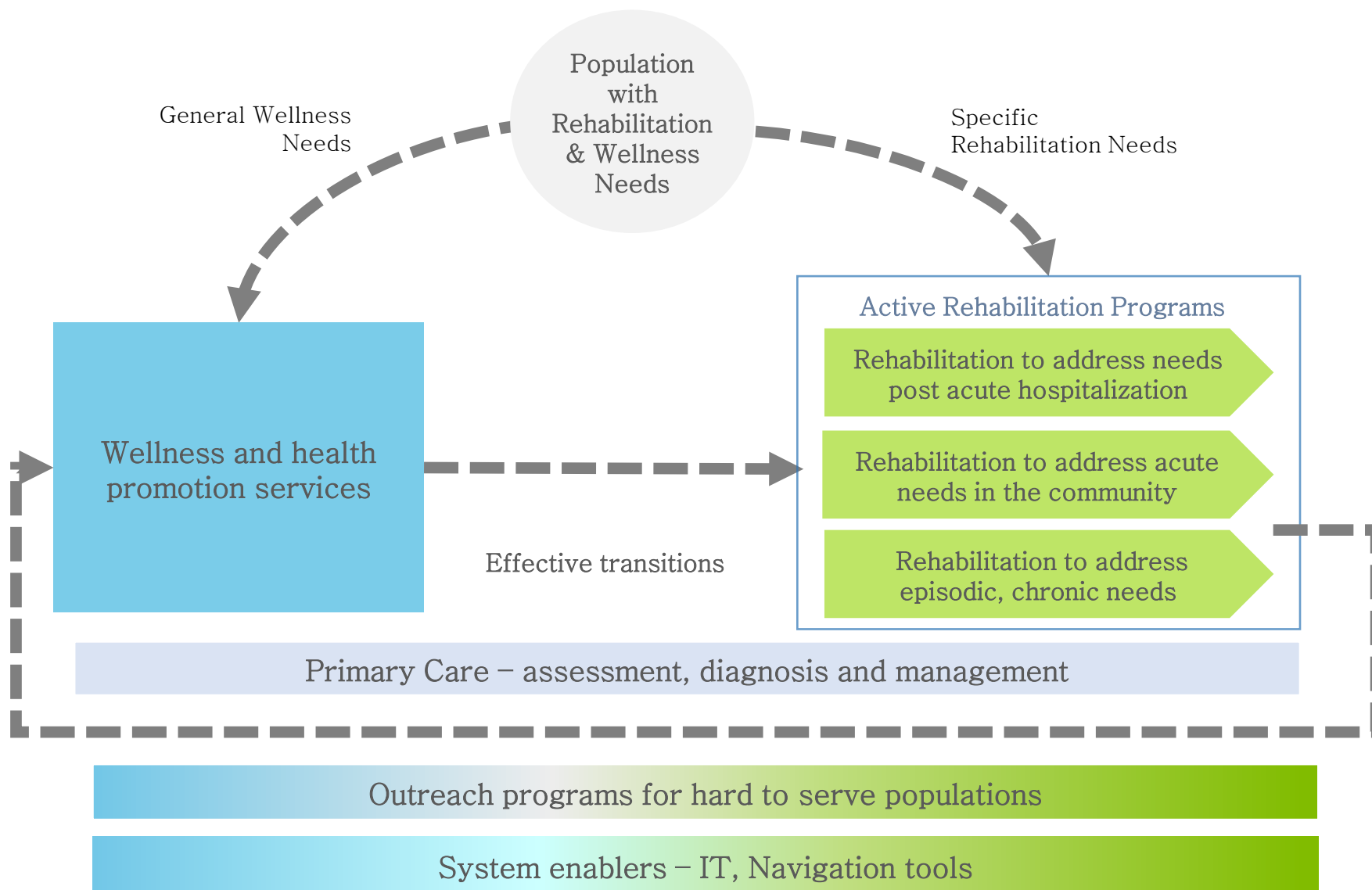
WORKING TOGETHER FOR WHOLE HEALTH

Background

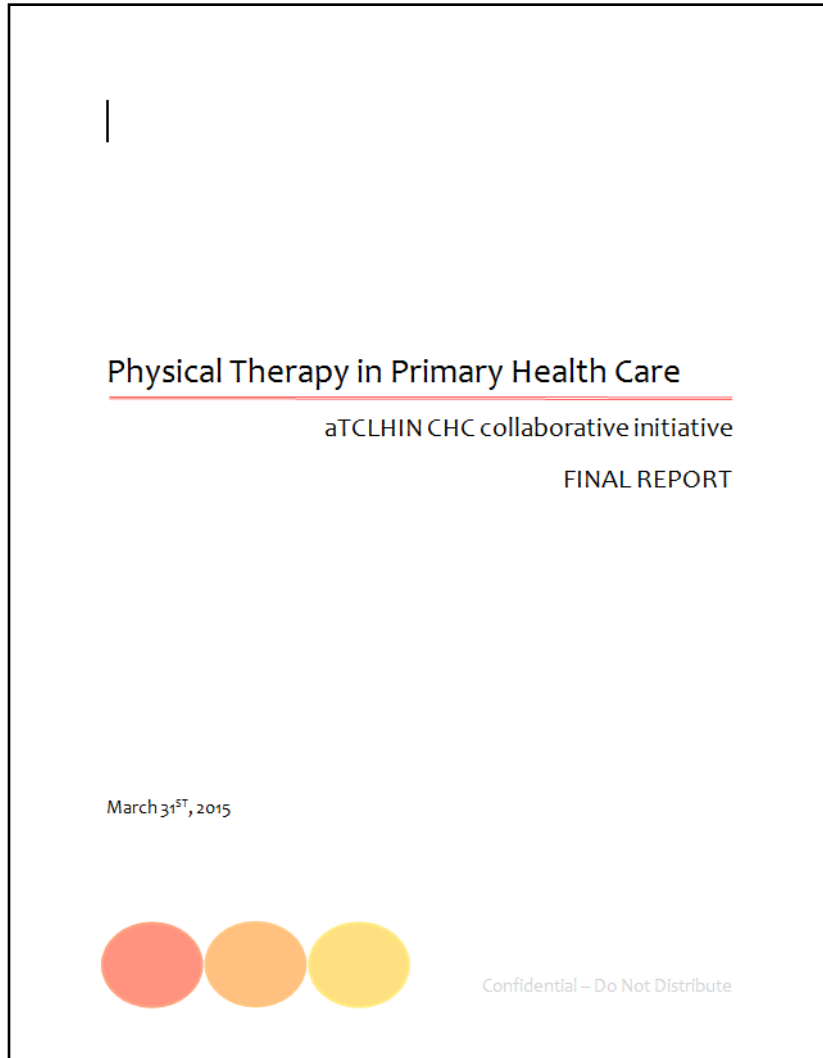
- **April 18, 2013:** Publicly Funded Physiotherapy Reform in Ontario
 - \$156M per year identified for physiotherapy and reactivation/exercise programs for seniors
 - Across **Primary Care**, Homecare, Community Physiotherapy Clinics, Long Term Care Homes & retirement homes settings
- **April 1, 2015:** Investment for Physiotherapy services in primary care in Ontario
 - Community Health Centers (CHC) **22.6 FTE**
 - Nurse Practitioner Led Clinics (NPLC) **1.4 FTE**
 - Family Health Teams (FHT) **14.3 FTE**

➤ **11.0 FTEs** of the 38.3 FTEs allocated in 2015 went to CHCs in TC LHIN
➤ Creation of “**CHC PT Collaborative**”

Toronto Central Community Rehabilitation Framework



Physical Therapy (PT) in Primary Health Care



- √ Expand access to physiotherapy through a population health model (expand the “reach” of physiotherapy)
- √ Collaborative implementation of Physical Therapy model across 11 CHCs

PT in Primary Health Care Model

Feature	Description
<div data-bbox="98 401 639 604" style="background-color: #8090A0; color: white; padding: 20px; text-align: center; font-weight: bold; font-size: 1.2em;">CLINIC CARE</div>	<p><u>One to one</u> : core: education, self-management, exercise program; adjunct : manual therapy, taping, acupuncture</p> <p><u>Group</u>: education, self-management, exercise</p> <ul style="list-style-type: none"> ➤ Strong and Steady (falls prevention) ➤ Back to Movement (low back pain management) ➤ Living Better with Pain (chronic/persistent pain)
<div data-bbox="98 896 639 1099" style="background-color: #508040; color: white; padding: 20px; text-align: center; font-weight: bold; font-size: 1.2em;">SHARED CARE</div>	<p>Collaborative service delivery for coordinated care within the CHC (MDs, NPs, allied health)</p>
<div data-bbox="98 1168 639 1356" style="background-color: #C0A030; color: white; padding: 20px; text-align: center; font-weight: bold; font-size: 1.2em;">CASE MANAGEMENT</div>	<p>Case management: Where the PT holds accountability for referral to other required services (internal/external) (Direct Access)</p>

PT in Primary Health Care Model (2)

Feature	Description
PROGRAMMING CONSULTATION	Internal and external partnerships for programming development support to wellness services for preventative, maintenance care and health promotion (diabetes, pre and post natal)
INTEGRATED CARE	External partnerships for collaborative service delivery for coordinated care across the continuum of care with at least one other non-CHC provider (FHTs, SPIN, Crossroads Clinic)
OUTREACH	Targeted outreach services for marginalized populations who would not otherwise access services but who may be at risk (shelters for refugees and abused women, programs for at-risk youth)

TC LHIN Primary Care Rehab Network

- **Community of Practice**
 - Coordinated by PT Lead
 - Coordinates with Directors at CHCs
 - Liaison to OPA; Primary Care Advisory Committee
 - Forum for promotion of best practices, addressing practice challenges in primary care
 - Email list serve; In person meetings, 5 x/year
 - Development/sharing of resources: group program curriculums, scheduling/referral practices, community resources
 - PT Service Delivery Guidelines/Client Information Sheets
 - Shared online dropbox
 - Promoting “vertical integration” with specialized rehabilitation services

TC LHIN Primary Care Rehab Network (2)

- **Capacity Building / Professional Development**
 - Pelvic floor dysfunction
 - Concussion Management
 - Motivational Interviewing
 - Vestibular Rehabilitation
- **Quality Improvement Initiatives**
 - Partnering with exciting health promotion groups
 - Identification of opportunities for outreach/partnerships (ie. Crossroads Clinic and SPIN)
 - Inter CHC referral process
 - Direct Access protocol

TC LHIN Primary Care Rehab Network (3)

- **Evaluation**
 - Triple Aim Annual Evaluation
 - Key Performance Indicators
 - EMR data (Nightingale on Demand)
 - Patient Reported Outcome Measures
 - Provider and Client Surveys/Interviews

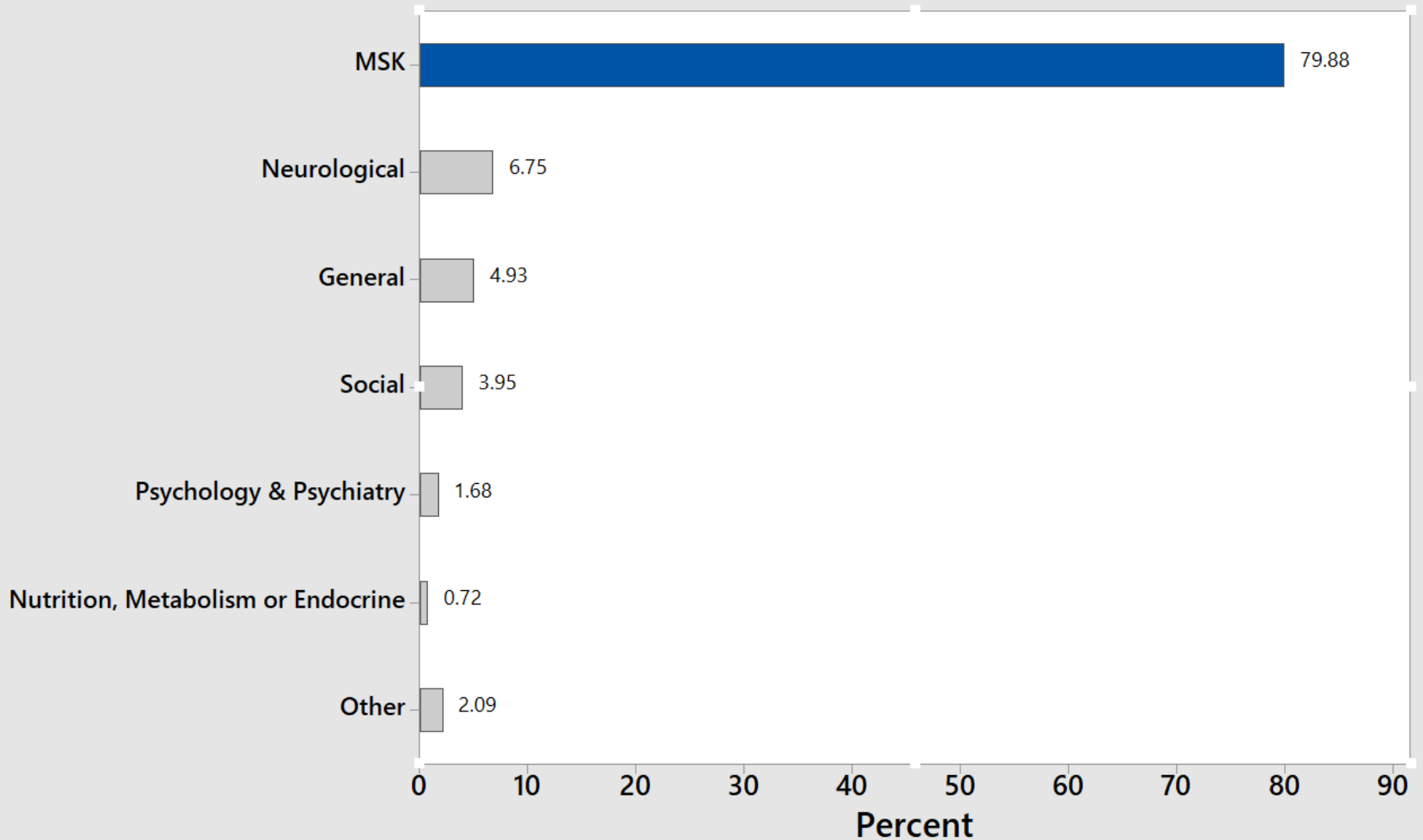
Evaluation : Client Demographics

Indicator	Individual Clients	Group Clients
Age	Mostly 35–64 years old (55%)	Mostly 50–79 years old
Sex	64% female	81% female
Live Alone	20%	35%
Provincial Coverage	89%	98%
Some post Secondary Education	40%	40%
Low Income	35%	36%
English Spoken	75%	82%

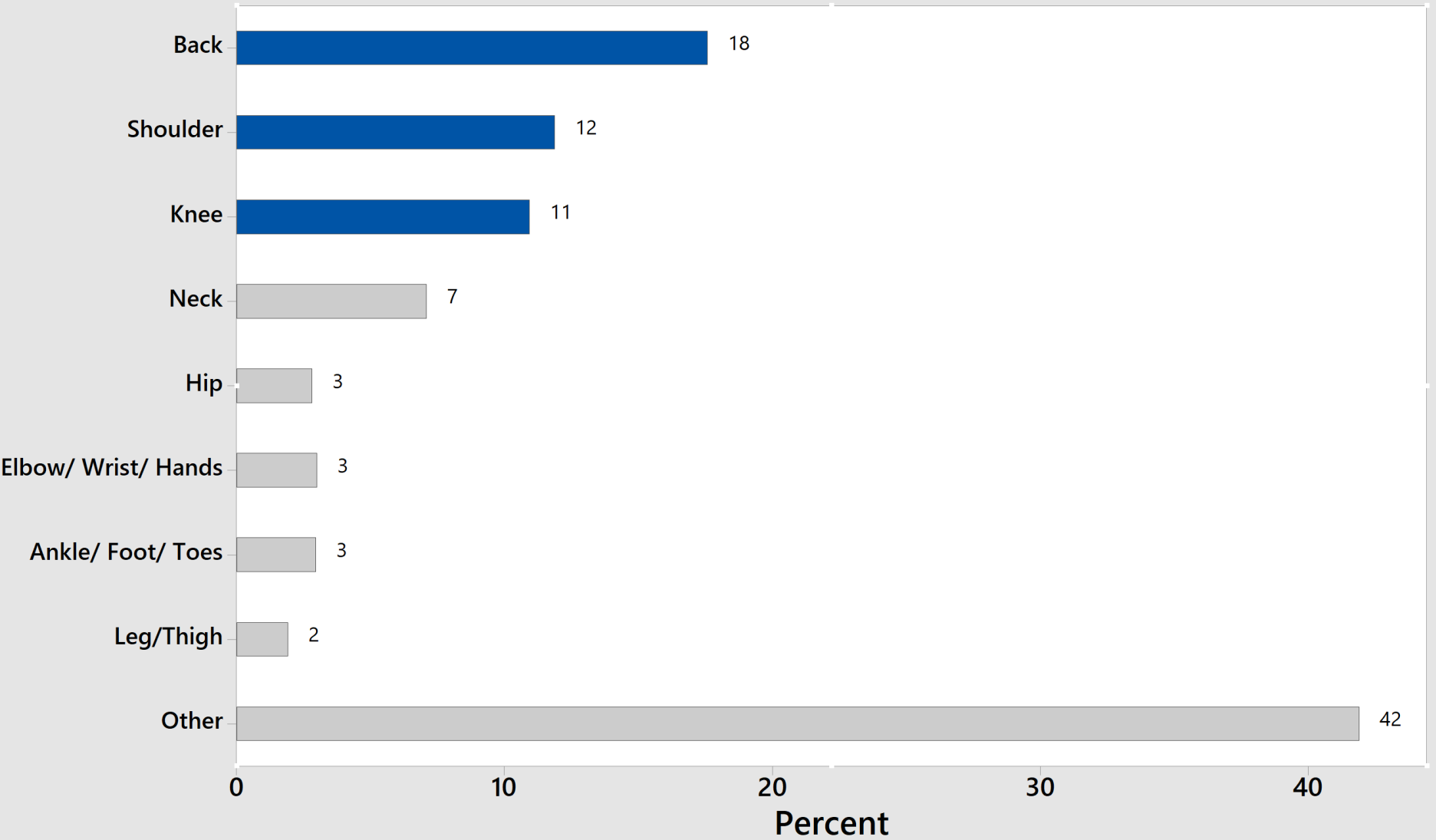


- **64%** born outside of Canada
- **147** different countries of origin over 2 years
- **72** different languages including 7 Aboriginal languages and sign language over 2 years

Follow-up & Discharge Conditions Assessed by Body System



Follow Up and Discharge by Musculoskeletal Region



1:1 PT

Client Outcomes: Impact on Function

Participating in physiotherapy has helped me to move more easily



Participating in physiotherapy has helped me to do my daily activities



Participating in physiotherapy has helped me to do more activities that I enjoy



Since beginning physiotherapy, I am better able to manage my condition myself



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Strongly Agree Agree Neutral Disagree Strongly Disagree

Group PT

Participating in the physiotherapy group has helped me to move more easily



Participating in the physiotherapy group has helped me to do my daily activities



Participating in the physiotherapy group has helped me to do more activities that I enjoy



Since attending the physiotherapy group, I am better able to manage my condition myself

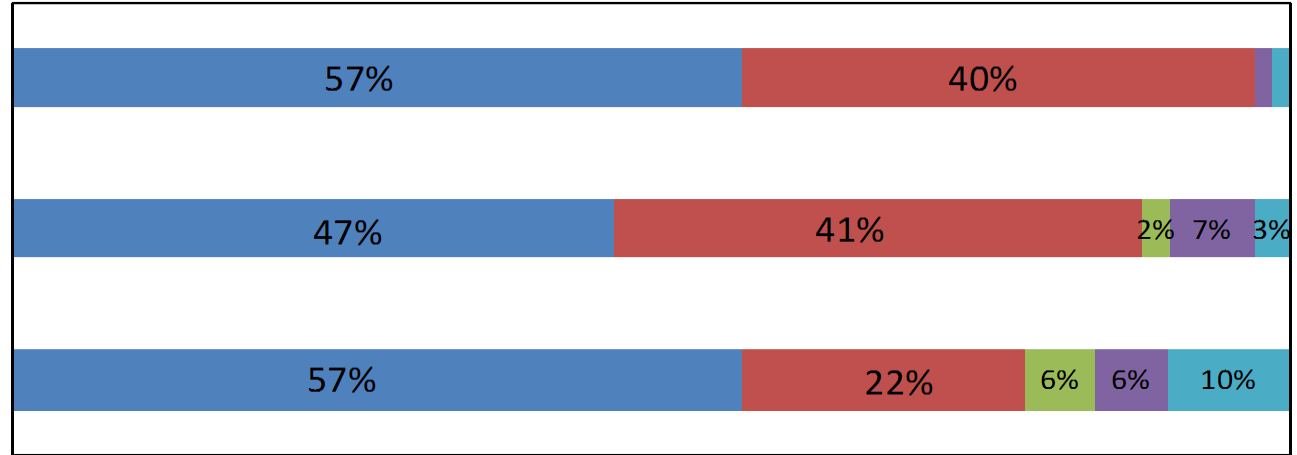


0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

1:1 PT

Client Outcomes: Impact on Pain

Participating in physiotherapy has reduced my pain



n=212

Since beginning physiotherapy treatment, I take less pain medication



n=138

Since beginning physiotherapy treatment, I use less of other substances to manage my pain (alcohol, marijuana, street drugs, etc)

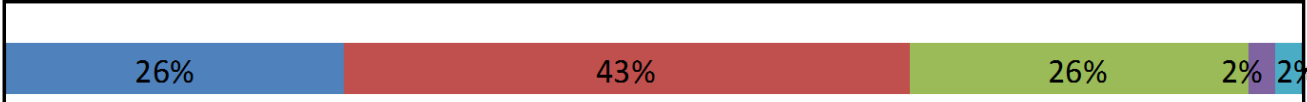


n=72

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Group PT

Participating in the physiotherapy group has reduced my pain



n=46

Since participating in the physiotherapy group, I take less pain medication



n=33

Since participating in the physiotherapy group, I use less of other substances to manage my pain (alcohol, marijuana, street drugs, etc)



n=25

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Strongly Agree ■ Agree ■ Neutral ■ Disagree ■ Strongly Disagree

Patient Reported Outcome Measures (PROMs)

Two validated clinical outcome measures administered:

The Global Rating of Change

- 1203 GROC scores (approx 15% of clients service)
- **100% improved; 69% clinically significant (score 5 to 7)**

The Patient Specific Functional Scale

- 1644 activities recorded for 763 clients (approx 10% of clients served)
- **89% improved; 62% clinically significant (change ≥ 3)**

Client Outcomes: Interviews

“It was transformative”

“I feel like I got my life back”

“What they are doing is so good and so hard to find. I think it is so amazing”

“It’s great, I’m astounded at how well it works”

“It would be great if more people had this service. I am very blown away”

Provider Outcomes: Primary Care and Allied Teams

PT presence in primary care has resulted in....	MD/NP n=33	Allied* n=49
More comprehensive care	94%	98%
Improved quality of care	91%	96%
Improved my overall satisfaction providing care	88%	94%
Reduce # appointments for pain mgt/reduced function/mobility	76%	
Reduced amt of pain medication prescribed	58%	
More appropriate referrals to specialists	76%	
Reduced the need for diagnostic imaging	42%	
Overall satisfaction	97%	95%

*Allied health team members include: dietitians, social workers, chiropractors

MD/NP Interviews

“We are getting to know more about movement and exercise and this integrated approach has worked well....this is exciting to see”

“It has been amazing... it has been life transforming for me as a clinician and for patients”

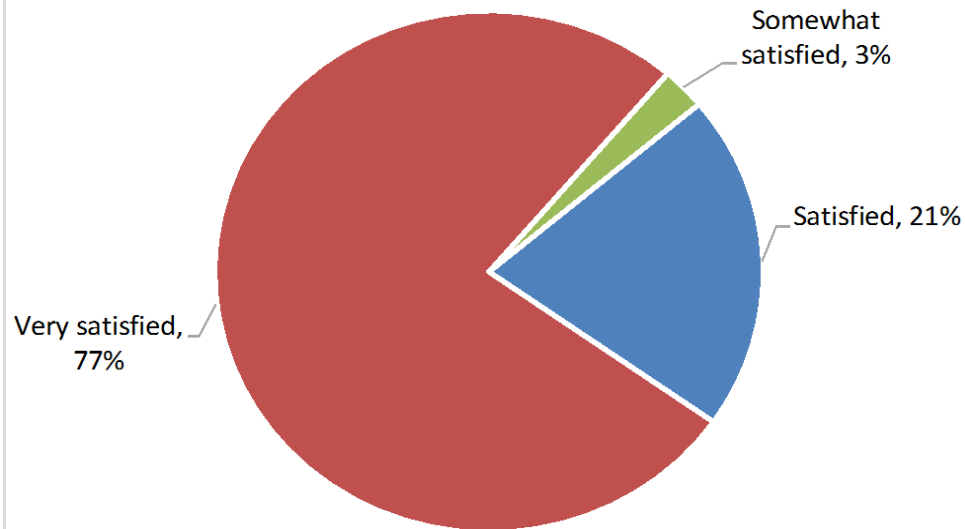
“We are thrilled. We are greedy, we want more”

- *The expertise physiotherapists bring in musculoskeletal assessments and development of individual treatment plans; the sense of hope this brings to both the provider and the patient*

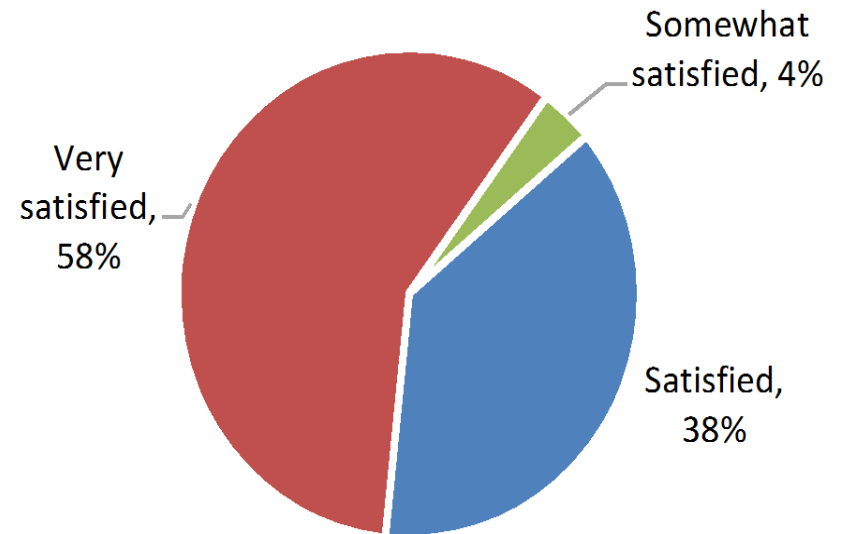
Client Experience:

Overall, how satisfied were you with the physiotherapy services that you received?

1:1 PT Clients:



Group PT Clients:



If physiotherapy services were not offered at the CHC, would you have been able to access physiotherapy services elsewhere?

1:1 PT Clients

YES	NO
23%	77%

Group PT Clients

YES	NO
41%	59%



1:1	Reason	Grp
73%	I can't afford physiotherapy/I don't have private health insurance	70%
13%	I don't know where to go to get physiotherapy	20%
9%	I am not able to get to other physiotherapy clinics	10%
38%	I don't want to go anywhere outside of the CHC or my health care	33%
9%	Other	10%

Expansion of TC LHIN Primary Care Rehab Network

East End CHC
Four Villages CHC
PQWCHC

**PT in Primary
Care Model**

Access Alliance
CHC
PQWCHC

Prior 2015

April 1, 2015
PT Reform

Oct 1, 2017
Opioid
Strategy

September
2018

Anishnawbe HT
(Centre Francophone, WHIWH)
Vibrant Healthcare Alliance
Davenport Perth NCHC
Flemingdon HC
LAMP CHC
Regent Park CHC
South Riverdale CHC
Stonegate CHC

St. Michael's FHT
Toronto Western FHT
Women's College FHT
Inner City FHT
South East Toronto FHT

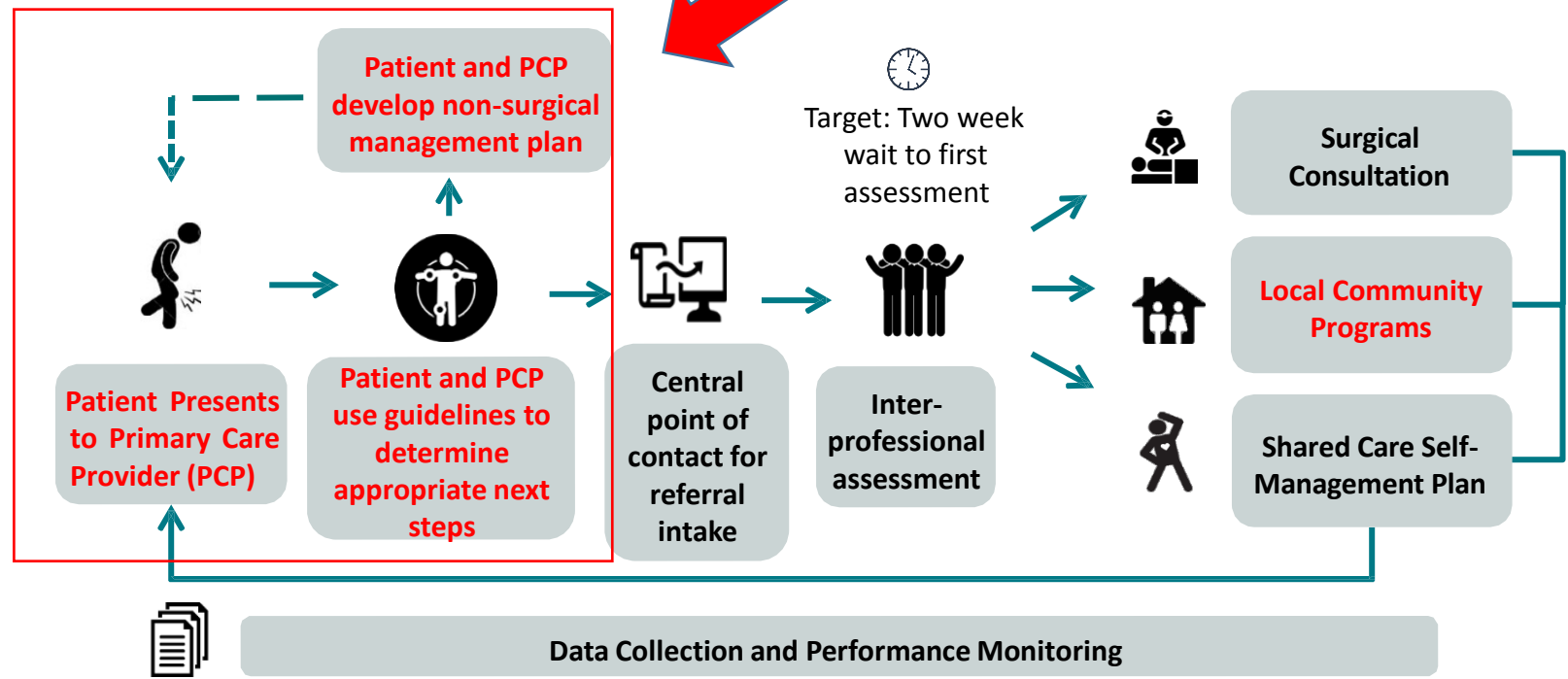
**21.8 PT FTEs
across 18
primary care
teams**

PT in Primary Care and Current Health System Priorities

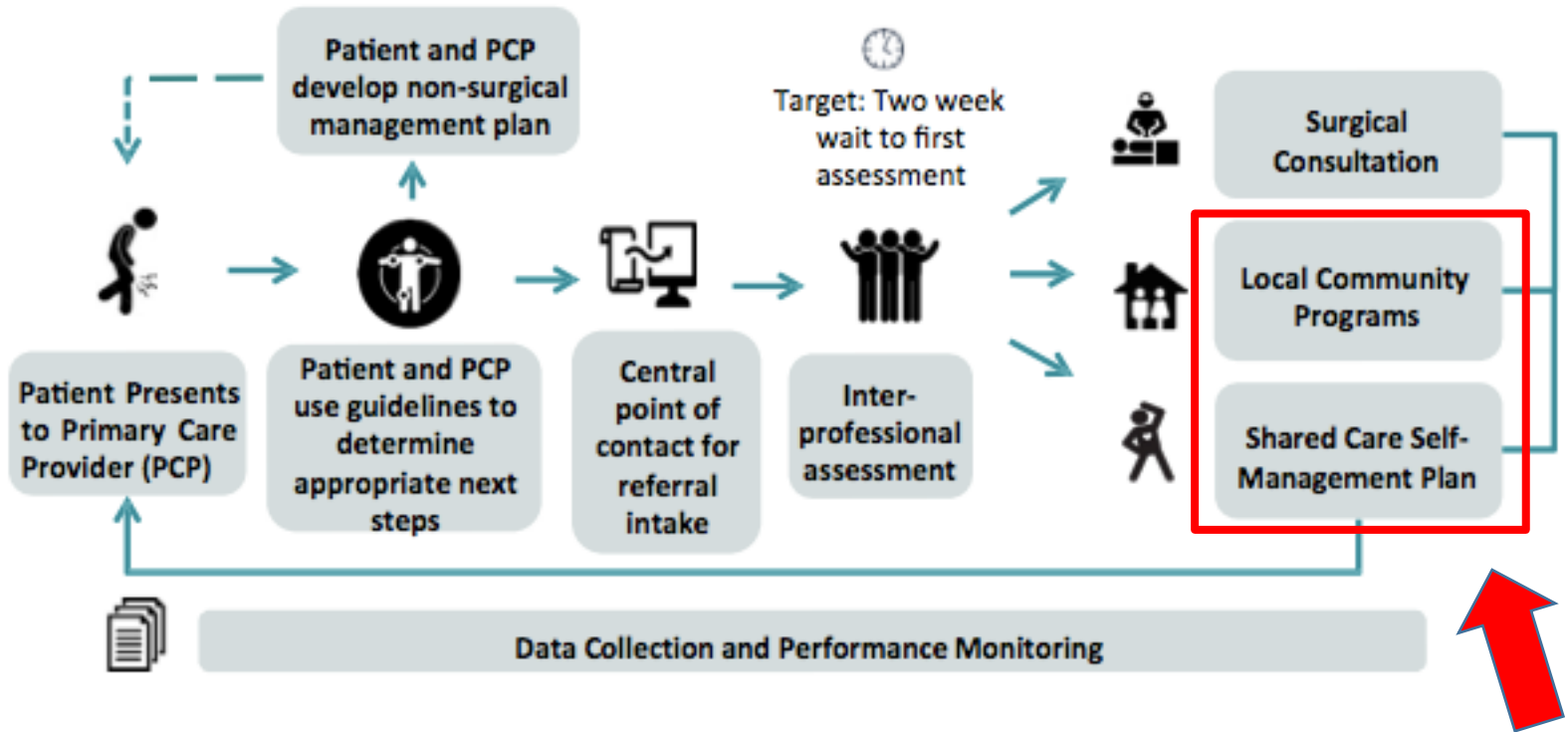
- Opioid Management/Chronic Pain
- Primary Care Networks/Local Integration
 - Access to interdisciplinary care teams , including comprehensive rehabilitation services (PT, OT, kinesiology)
- Provincial Musculoskeletal Models of Care
 - Improved management of MSK conditions at primary care level
 - Conservative pathways for non-surgical clients
 - TRI-LHIN pilot project for hip and knee OA
- Pulmonary Rehabilitation: Reducing COPD admissions/readmissions₂₂

MOHLTC Rapid Access Clinics Framework for Hip and Knee OA: Physiotherapists improve management in primary care

PT in Primary Care



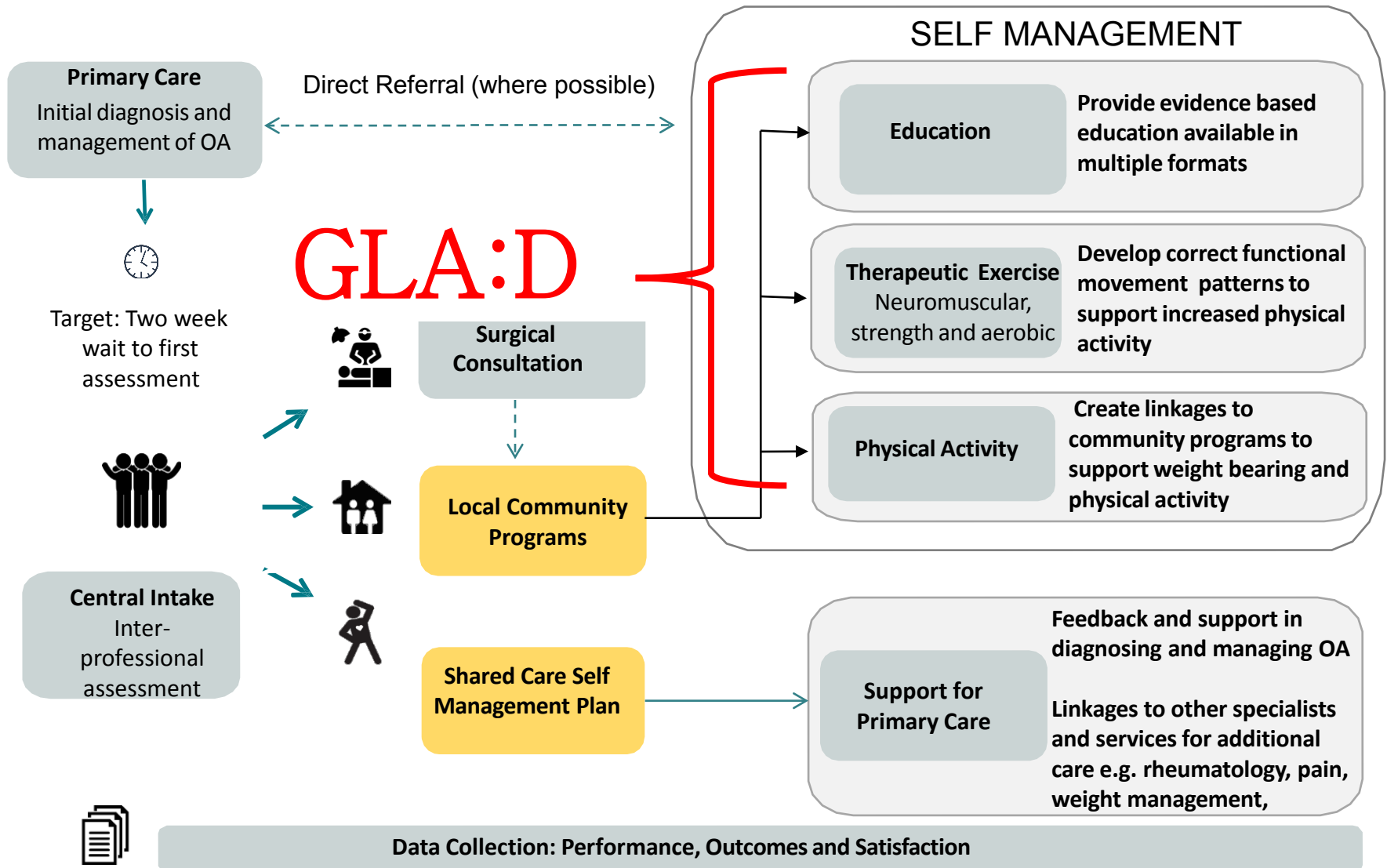
MOHLTC Rapid Access Clinics Framework for Hip and Knee OA



Primary Care

Opportunity to provide conservative management for non-surgical candidates in primary care settings

Hip & Knee OA Conservative Management Framework



GLA:D® Program components

Education: 2 sessions + optional session with prior GLAD participant

- etiology
- risk factors
- symptoms
- management
- exercise
- daily activities
- coping
- self-management

Exercise: 2xweek for 6 weeks targeted, individualized

- neuromuscular exercise (Ageberg, 2010)
- preferred group format; maximum 10 participants (ideal 8)
- 'readiness' and promotion of physical activity

Outcomes: Baseline, 3 months (end program) and 1 year from baseline

- Data housed at UHN (DADOS); compliant with relevant legislation
- Ethics and data sharing agreements with clinics
- Link emailed to clients; client participation optional

Hip and Knee OA Pilot Project: 2018 - 2020

Project overview

- Develop and implement a framework for non surgical patients identified at the RACs
- 2018 – 2020 funding for non surgical patients identified at the RACs to go through the GLA:D program

LHINS

- **Toronto Central (urban)**
- Champlain (urban and rural)
- North West (urban, rural and remote)

Deliverables

- Develop the pathways to provide evidence based treatment of individuals with hip and knee OA that meets the framework, enhance capacity and addresses identified barriers and opportunities for implementation for patients who have been assessed through RAC
- Implement an evidence informed education and exercise programs GLAD
- Implement the other components of the pathways identified where no additional is funding required to meet the needs of patients that have been through the RAC ²⁷

Hip and Knee OA Pilot: Participating Sites

- University Health Network (Toronto Rehab)
- Sunnybrook Health Sciences (Holland and St. John's)
- Unity (Providence, St. Michael's, St. Joseph's)
- **East End Community Health Centre****
- **Four Villages Community Health Centre****
- 4 private clinics

**Pilot Pathway in TCLHIN for physiotherapists working in primary care teams to refer to GLA:D program, promoting more direct access and improved self management earlier once OA diagnosed

2019/20 Initiative: Pulmonary Rehabilitation



Living Better With COPD



- Goal: To improve the management of individuals with COPD in the community
- Program development overseen by Working Group with representatives from Four Villages CHC, Stonegate CHC, and Westpark Health Centre
- 2x/week for 8 weeks
- Mon and Wed, 10am – 12noon
- 1 hour supervised exercise (PT), 1 hour education (CRE, PT, PT, SW, Diet, Pharm, MD)
- Pilot completed; plan for continuation/expansion
- Includes development of “toolkit” to facilitate implementation in other primary care sites