



Nova Scotia Branch

Canadian Association
Physiotherapy canadienne de
Association physiothérapie

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Honourable Barry Barnet
Minister of Health Promotion & Protection
Department of Health Promotion and Protection
5th Floor, Summit Place
1601 Lower Water Street ; P.O. Box 487
Halifax, Nova Scotia B3J 2R7
Sent by e-mail (barnetbe@gov.ns.ca) and regular mail

Dear Minister Barnet,

On behalf of the Nova Scotia Branch of the Canadian Physiotherapy Association, I am writing to bring your attention to an important medical study related to the effectiveness of physiotherapy treatment compared to an expensive surgical procedure.

On last night's CTV news, the results of a new Canadian study published in the *New England Journal of Medicine* confirmed that physiotherapy and exercise are as effective for osteoarthritic knee pain as arthroscopic surgery. Researchers at the University of Western Ontario and Lawson Health Research Institute have found that arthroscopic knee surgery, whereby surgeons remove cartilage fragments and smooth joint surfaces, does little to improve osteoarthritis symptoms. Study subjects all received physiotherapy and anti-inflammatory medications; some also received arthroscopic knee surgery. The study determined that the patients receiving only the physiotherapy and anti-inflammatories fared equally well as those undergoing the surgical procedure. The patients who had surgery did not experience any additional benefits.

A summary of the news story downloaded from the CTV web site can be found attached as Appendix 1.

In December 2007, the Nova Scotia Physiotherapy Advisory Group, of which NSCPA is a member, submitted a paper to the Department of Health Promotion and Protection, entitled **Integrating Physiotherapy into the Primary Health Care Model in Nova Scotia: An Economic Solution** (attached, Appendix II). Last night's news story provided an excellent example of the potential for physiotherapy to contribute to the health, well-being, and mobility of Nova Scotians, while contributing to reduced surgical wait-times for necessary procedures, cost effective treatments, and the active engagement of individuals in their mobility and overall health. For example, the exercise, strengthening, and mobility gained through physiotherapy targeted at reducing arthritic knee pain can contribute to weight loss, cardiovascular health and independence, thus reducing costs to the health system in ways far greater than simple reductions in surgery. This news story is of direct relevance to health promotion efforts, as well as the more 'mainstream' issues of surgery and health care.

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The Nova Scotia Branch of the Canadian Physiotherapy Association is actively engaged in promoting the benefits of physiotherapy to individuals and to the health system as a whole. We would be very pleased to meet with you or to share any further information. Please feel free to contact our office at 902-405-6772, or by e-mail at nsbranch@physiotherapy.ca.

Yours sincerely,



Kristin Taylor, PT
President, NSCPA

Cc: Nova Scotia Physiotherapy Advisory Group

Attachments: CTV Sept. 10 Story, Physiotherapy vs. Arthroscopic Knee Surgery
Integrating Physiotherapy into the Primary Health Care Model in Nova Scotia:
An Economic Solution, NSPAG 2007

Popular surgery does little for arthritis pain: study

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CTV.ca News Staff

http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20080910/knee_pain_080910/20080910?hub=TopStories

An operation commonly performed on arthritis patients is ineffective at reducing joint pain or improving joint function, a new Canadian study suggests.

Researchers at the University of Western Ontario and Lawson Health Research Institute have found that arthroscopic knee surgery, whereby surgeons remove cartilage fragments and smooth joint surfaces, does little to improve osteoarthritis symptoms.

"For the group that we studied, it's a waste of time," researcher Dr. Bob Litchfield told CTV's Avis Favaro.

Arthroscopic surgery is a widely used treatment for osteoarthritis, which affects one in 10 Canadians, making it is the most common form of arthritis.

"We need to change practice," said Litchfield. "We need to be honest with our patients (and say), 'This operation is not going to help the condition you have.'"

Osteoarthritis is caused by the breakdown of cartilage in the joints, which causes pain and swelling.

The study included 178 men and women with an average age of 60. Patients were recruited from the London, Ont., area.

Each patient received physical therapy and anti-inflammatory medications such as ibuprofen or acetaminophen. Eighty-six patients also received arthroscopic surgery.

The researchers found that all of the study subjects had similar improvements in joint pain, stiffness and function.

However, the patients who had surgery did not experience any additional benefits.

The findings are published in the *New England Journal of Medicine*.

Steve Studenny, who had the surgery to minimize knee pain, said the procedure helped at first, but over time, the pain returned.

"They did go in, clean it up -- it was good for about a year and then it started hurting again."

Still, doctors say the pain can be managed through exercise, regular physiotherapy and anti-inflammatory drugs.

"I think that's the answer," said Studenny.

"The work and the exercise is the answer, because there is no quick fix."

Researches conceded that the medical community dismissed similar findings in a 2002 study also published in the New England Journal.

However, the new study was conducted with members of the general population, while the 2002 study only included patients at a veterans' hospital who would have been much older and exclusively male.

Dr. Brian Feagan, another researcher, told CTV's Avis Favaro the study is good news because it means clinical practices can change for the better.

"We'll be able to treat patients more effectively based on these results, and we won't be subjecting them to a procedure that's not effective," he said.

The Canadian team also cautioned that their findings only apply to the effectiveness of arthroscopic surgery on the knee, not on other joints.

Arthroscopic knee surgery does lead to improvements in knee conditions other than osteoarthritis, they said.

With a report from CTV medical specialist Avis Favaro and senior producer Elizabeth St. Philip

Integrating Physiotherapy into the Primary Health Care Model in Nova Scotia: an Economic Solution

Given the availability, knowledge and skills of physiotherapists in Nova Scotia, the integration of physiotherapy into the provincial primary health care model is an untapped economic solution towards meeting the health care needs of Nova Scotians. To further the government aim to “improve health, prevent illness and promote healthy living” (Department of Health, 2004) for Nova Scotians, consideration must be given to enhancing the role of physiotherapists in primary health care through community care, health promotion, utilization of physiotherapists to their full scope of practice as well as emerging advanced practice roles. Cost savings can be realized by addressing limited access to physiotherapists in these roles and changing referral requirements for third party funding.

The Nova Scotia Physiotherapy Advisory Group¹ is a key voice representing physiotherapists of Nova Scotia and is prepared to assist in developing and implementing initiatives that enhance the role of physiotherapists in Nova Scotia.

In this document, the Nova Scotia Physiotherapy Advisory Group will address the following points:

- The competencies of physiotherapists to provide a ready resource to improve the effectiveness and efficiency of the primary health model in Nova Scotia; growing evidence of the economic benefits of having a strong presence of physiotherapists in the primary health care scene.
- Re-examination of the role of physiotherapy in the community and the composition of the home care health team, in particular with regards to the coordination of services and the expansion of interdisciplinary teams.
- Opportunities for enhanced utilization of physiotherapists in Nova Scotia.
- Consistency in the administration of third party insurers and the Nova Scotia government policies, eliminating the need for physician referral for reimbursement of physiotherapy services.
- Key recommendations for the Nova Scotia government.

Physiotherapists – a ready resource in the economic solution...

Physiotherapists are university educated in basic and applied sciences. In addition, a strong emphasis is placed on professional, ethical practice, which includes an

¹ Nova Scotia Physiotherapy Advisory Group (NSPAG) – a coalition of physiotherapy-related representatives, working to promote the provision of quality physiotherapy services, education and research and affect health outcomes through communication, collaboration, advocacy and leadership on matters of interest affecting physiotherapists and physiotherapy. NSPAG has representation from: Dalhousie University School of Physiotherapy, Nova Scotia Branch - CPA (NSCPA), Nova Scotia College of Physiotherapists (NSCP), Private Practice Association (PPA), Public (Hospital) System.

understanding of business, management, cultural competence, health systems and the rights and responsibilities of self-regulation. The physiotherapy profession is a primary care, autonomous, patient-focused health profession, **uniquely** qualified to assess, improve and maintain functional independence and physical performance and to prevent or manage pain, physical impairments, disabilities and limits to participation. Physiotherapists are well positioned to promote health, to prevent injury, disability and disease and to coordinate comprehensive services and management programs. Physiotherapists regularly function in interprofessional collaborative teams to ensure continuity of care for Nova Scotians across the lifespan.

Physiotherapy in a primary health care model...

Physiotherapists are primary health care providers committed to care delivered by *the right professional, in the right place, at the right time*. It is recognized that rehabilitation services need to be integrated into the primary health environment and incorporated into coordinated community services (Eldar, 2000). Current publicly funded primary health care models in Nova Scotia largely focus on physician and nursing components and to date have substantively overlooked the inclusion of rehabilitation professionals.

Policy experts concur that collaborative practice models that include rehabilitation professionals will enable the best client/patient health outcomes (EICP, 2005). The federal position for primary health care reads:

*Primary health care involves responding to illness within the broader determinants of health. It also includes coordinating, integrating and expanding systems and services to provide more population health, sickness prevention and health promotion by **all disciplines**. It encourages the best use of **all health providers to maximize the potential of all health resources** (Mable & Marriott, 2002).*

Physiotherapists are currently significantly involved in secondary health promotion; that is, through physiotherapy intervention, the patient learns more about their health condition, how best to manage it and how to prevent recurrence of illness and injury. However, the absence of funded positions for physiotherapists in existing Nova Scotia primary health models is of concern, as this restricts the beneficial role of physiotherapy within primary health promotion. This is inconsistent with the government's vision of primary health care and best practice.

Results of recent studies indicate that physiotherapy is well positioned to fill many of the primary health care roles (Soever 2006, Parroy 2005, EICP, 2005). However at present physiotherapists are presently underused in Nova Scotia. Nova Scotia has a large number of existing **private** physiotherapy services that function in the primary health model and there may be cost-benefits available through maximizing private/public partnerships.

Furthermore, there is growing evidence of the economic benefits of a strong presence of physiotherapists in primary health care. The following examples from the literature include both private and public services:

- Physiotherapy services provided in private industry have been shown to reduce the number of work days lost by as much as 60% (Monahan, 1994).
- Increased referral to physiotherapists by physicians resulted in a 50% reduction of referrals to costly medical specialists (Hendrix, 2003).
- The use of physiotherapy expertise in assessing musculoskeletal pathology has resulted in equal or better patient outcomes and reduced use of other more costly health resources (Moore et. al., 2005).

Currently in the private sector in Nova Scotia there are examples of the economic benefits of the role of physiotherapists as primary health care providers. Recently, the Nova Scotia Workers' Compensation Board - physiotherapy partnership has demonstrated compelling evidence with a 42% reduction in claims duration in soft tissue injuries for injured workers, as a result of direct access and an emphasis on early intervention (Fenety and Nichol, 2007).

Physiotherapy in the community... access to the right professional, in the right place, at the right time

Nova Scotians have the highest disability rates in Canada (Service Canada, 2007), and a population with a median age over 40 years, which is older than the national median (Daily, 2006). Patients requiring community-based physiotherapy are often those with significant chronic disability and who seek care in emergency departments. A recent Ontario study examining wait lists and lack of funding concluded that the current structure of public community physiotherapy services disadvantaged individuals living in rural areas, those without private insurance coverage and those with chronic conditions due to lack of funding and large wait list (Cott, 2007).

Every Canadian province has a funded physiotherapy component in their home care programs except Nova Scotia; of great concern is the deficiency of funded community and home care physiotherapy services across the province - a significant gap for health care in Nova Scotia. Furthermore within Nova Scotia, access is not equitable or available for all citizens and compared with other jurisdictions the resources available are drastically insufficient to meet the population's needs. Increased access to community-based physiotherapy services will result in numerous benefits to patients, providers and the health system. These include:

- people are able to stay at home and receive health care by including care providers in health care delivery and thereby reducing caregiver stress (Fricke, 2005).
- easy access by patients to services,
- more timely and effective rehabilitation with more appropriate goals,

- greater patient satisfaction and the development of local links with community agencies (Fricke, 2005)
- better patient outcomes than hospital based physiotherapy (Worsfold et al 1996).

It is time to re-examine the role of physiotherapy in the community and the composition of the home care health team, in particular with regards to the coordination of services, the expansion of interdisciplinary teams and the funding of these comprehensive models of health service delivery.

Physiotherapy skills are underutilized in Nova Scotia...

The combination of the current demands on health care systems and the evolution and growth of physiotherapy research and practice has fueled the development of broader practice roles for physiotherapists across Canada and internationally. Nova Scotia is not keeping up with this innovative global trend. For example, utilizing physiotherapists in broader practice roles could be a viable, economic solution for patients in Nova Scotia, in two areas:

In Alberta, assessment clinics that include physiotherapists have achieved: “a decline of approximately 80% in consultation waiting time, a decline of almost 90% in surgery waiting time, a decline of 30% in hospital stay, enhanced patient accountability and education, and no increases in costs per case from time of referral to discharge from hospital—the same dollars provided faster, more comprehensive and satisfying care” (Alberta Bone and Joint Institute, 2005). In Nova Scotia, after waiting and being assessed by an orthopedic surgeon, approximately one-third of patients still have not had their hip or knee replacement 360 days later (Department of Health, 2007). *Could the Alberta model function in Nova Scotia to assist in managing these wait times and associated costs?*

A study in the UK demonstrated that physiotherapists in broader practice roles were equally as effective as sub-consultant surgical staff in their assessment and initial management of new referrals. Patients seen by the physiotherapists had lower indirect hospital costs and reported greater levels of satisfaction with care (Daker-White, et. al., 1999). *Could Nova Scotia physiotherapists adopt broader roles in emergency departments, orthopedic and family practices to assess, treat and triage a broad range of musculoskeletal problems and reduce health care costs?*

Physiotherapy and third party payers...

In 1998, the government of Nova Scotia recognized through legislation that physiotherapists have the competence to evaluate and treat patients without a physician referral (The Physiotherapy Act, 1998). However, many third-party payers require a medical referral for a patient to be reimbursed for physiotherapy fees. If a physician visit

is made only to obtain a referral to physiotherapy, this puts a significant and unnecessary strain on the physician and the health care system. Many Nova Scotians have challenges getting appointments with, or do not have a family physician. The requirement of a referral therefore may unnecessarily delay access to early physiotherapy intervention. This delay may negatively impact on patient outcomes, work productivity, and emotional well-being, and have an increased financial cost to the health system.

Many government employee health benefit plans require a medical referral to physiotherapy for reimbursement. It is time for the third party insurers and the Nova Scotia government to become consistent in the administration of their policies, eliminating the need for physician referral to access physiotherapy services.

As stated above, the Nova Scotia Workers' Compensation Board no longer requires an injured worker to see a physician to obtain a referral to physiotherapy. This direct access has allowed for early intervention, education and functional restoration. This is a positive step towards eliminating redundant processes which not only streamlines access to physiotherapy services for patients, but also protects valuable physician time and does not waste limited health care funds. Timely access to physiotherapy service is one of the factors to consider when looking to improve patient outcomes and reduce disability (Zigenfus, 2000).

Conclusions

Physiotherapists are well positioned to be integrated into primary health care models in Nova Scotia. While recruitment of other healthcare providers such as physicians and nurses is a significant challenge, the public sector in Nova Scotia for physiotherapy positions has a very low vacancy rate. If more positions were made, there are physiotherapists to fill them.

Although other health care providers provide excellent care in many roles, physiotherapists could provide specific expertise such as providing musculoskeletal triage in orthopedic surgery clinics, emergency departments and primary health care clinics. By integrating physiotherapists into the provincial plans for promoting health and wellness, secondary prevention, public health and chronic disease management, Nova Scotians would receive improved health outcomes, increased access to physiotherapy expertise and the government would realize an economic benefit.

Recommendations

There are four key recommendations to the Nova Scotia Government:

1. Include physiotherapy into the Primary Health Care models for Nova Scotia, which includes funded positions for physiotherapists within primary health care settings.
2. Explore new and emerging roles for physiotherapists, such as practitioners in a broader role, and establish a supportive framework for their development.
3. Expand the number of existing physiotherapists and other rehabilitation personnel and resources in the community.
4. Eliminate the need for physician referrals for access to physiotherapy services with third party payers.

Invitation

The Nova Scotia Physiotherapy Advisory Group is willing and available to assist in implementation of these recommendations. It is our desire to collaborate with the Nova Scotia government when building new models of care such as primary health care and health promotion, so that Nova Scotians can experience improved health outcomes when physiotherapy is part of the integrated, collaborative solution at the ground level.

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