

**Nova Scotia’s Physiotherapists and the  
Nova Scotia Department of Health  
Working together for the health of Nova Scotians**

*Meeting with the Honourable Maureen MacDonald, Minister of Health, Minister of Health Promotion and Protection, November 19, 2009*

NSPA Representatives: Kate Grosweiner, President Elect  
Christine James, Executive Director  
NSPAG Representative: Dr. Anne Fenety

**Purpose of the Meeting:** To discuss the many traditional and non-traditional roles that physiotherapists can play in helping to relieve the burden on Nova Scotia’s health care system, and contribute to the health and well-being of Nova Scotians.

**Our “ask”:** Physiotherapists want to be part of the Department of Health planning process. Within our scope of practice, we have the education and experience to assist in planning a wide range of health system and health human resource initiatives.

**NDP Platform Commitment:**

*The NDP will reduce wait times for surgery with Pre-Hab teams, and improve the focus on preventive care and disease reduction.*

**Discussion Point #1: System-wide Utilization of Resources**

<p><i>Current environment</i></p>	<ul style="list-style-type: none"> <li>• Many physiotherapists in Nova Scotia are not working to their full scope of practice due to outdated interdisciplinary staffing models and insufficient resource allocation.</li> <li>• Opportunities exist to convert existing dollars (for example, through current vacancies) into real positions. We will present several options for improved utilization of physiotherapy resources, throughout the client and family health care continuum.</li> </ul>
<p><i>Solutions for Nova Scotia:</i></p>	<ul style="list-style-type: none"> <li>• Model of care project (MOCINS) needs to be championed aggressively, to maximize scopes and redesign existing client care teams.</li> <li>• Interdisciplinary collaboration from the earliest stages of entry-level education is critical to set the stage for collaborative practice within our complex health care system.</li> <li>• Nova Scotia is graduating Physiotherapy Assistants from two College programs. There are many examples of efficiencies to be gained through more effective use of support personnel and physiotherapists within a more dynamic, progressive client care team.</li> </ul>

### Discussion Point #2: Physiotherapy and Pre-hab Teams

<p><i>Current Environment</i></p>	<ul style="list-style-type: none"> <li>• Physiotherapists have expertise in cardiovascular rehabilitation, stroke recovery, cancer care, diabetes care and education, obesity management in children and adults, and rehabilitation following major surgeries such as hip and knee replacements.</li> <li>• 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 (see <i>Integrating Physiotherapy...</i>, attached)</li> </ul>
<p><i>Solutions for Nova Scotia:</i></p>	<ul style="list-style-type: none"> <li>• Physiotherapists are ideal leaders for Nova Scotia’s pre-hab teams. They are accustomed to working collaboratively with other members of the health care team, and have the education, clinical expertise, and case management skills to be effective team leaders.</li> </ul>

### Discussion Point #3: Physiotherapy and Chronic Disease Prevention/Reduction

<p><i>Current Environment</i></p>	<ul style="list-style-type: none"> <li>• Chronic disease costs the Nova Scotia economy more than three billion dollars annually which accounts for about 60 % of all medical care expenditures (Colman, 2002).</li> <li>• If Nova Scotians followed the current guidelines for physical activity a significant percentage of death and disability could be avoided, including deaths from 33% of cardiovascular disease, 25% of stroke, 20% of colon cancer and 20% of type II diabetes (Colman and Hayward, 2002).</li> <li>• The role of physiotherapists and support personnel are often overlooked in the creation of new programs for chronic health management, such as diabetes care, osteoarthritis, COPD, and obesity management. More traditional nurse-physician models are often created to manage these populations, which only stresses the system further for these already very scarce health personnel.</li> <li>• Nova Scotia’s <i>Community Cardiovascular Hearts in Motion</i> program is an excellent example of an integrated, collaborative health team, including physiotherapy, working specifically to improve cardiovascular fitness in people with chronic diseases, and with risk factors for cardiovascular disease. Unlike other fitness-oriented disciplines, physiotherapists have training specific to injury prevention/treatment, obesity, cardiac and cardiorespiratory conditions. Unfortunately, this program <i>still does not have any permanent positions</i>.</li> </ul>
<p><i>Solutions for Nova Scotia:</i></p>	<ul style="list-style-type: none"> <li>• Physiotherapists have expertise in exercise prescription, exercise for individuals with co-morbidities, cardiovascular health, and more. Physiotherapists are able and prepared to collaborate with other health professions on physical activity strategies and other programs targeting disease prevention and reduction.</li> <li>• While physiotherapists are on some community health care teams (such as the Hearts in Motion example above), there is great untapped potential to involve physiotherapy in primary and secondary prevention.</li> </ul>

**Discussion Point #4: Role of Physiotherapy in Emergency Care**

<p><i>Current environment:</i></p>	<ul style="list-style-type: none"> <li>• Physiotherapists often can fill gaps in rural and urban settings in nurse/physician shortages. They work within a team approach, freeing up physician resources. People are seen faster, and wait lists shorten</li> <li>• A physiotherapist has been working in the emergency department at Valley Regional Hospital since June 2009 on the Rapid Assessment Team. This team is specifically designed to speed up the cycle of assessment, treatment, and discharge, particularly for Seniors. It includes follow-up home assessments where appropriate.</li> <li>• Research indicates that about 28% of emergency department visits are for conditions that are musculoskeletal in nature.</li> </ul>
<p><i>Solutions for Nova Scotia:</i></p>	<ul style="list-style-type: none"> <li>• Physiotherapists are highly qualified to triage, treat and discharge MSK emergency patients. Routine use of physiotherapists in ER's would free up physician resources, reduce wait times, and increase patient satisfaction. Physiotherapy in ERs is also associated with decreased narcotic use, reduced health care visits, less time away from work and a reduction in the development of chronic conditions.</li> </ul>

**NDP Platform Commitment:**

**Give seniors options to stay in their homes and communities longer**

**Discussion Point: Physiotherapy and Community Care**

<p><i>Current Environment:</i></p>	<ul style="list-style-type: none"> <li>• Community care in Nova Scotia is uneven – some regions have effective programs, while others are too lacking in resources to make a significant impact. Some programs with tremendous potential, such as CDHA's Community Health Care Teams, need support.</li> <li>• In Canada, there are 30,000 hip fractures annually. Each hip fracture costs the system \$21,285 in the 1st year after hospitalization, and \$44,156 if the patient is institutionalized (<a href="http://www.osteoporosis.ca/index.php/ci_id/8867/la_id/1.htm">http://www.osteoporosis.ca/index.php/ci_id/8867/la_id/1.htm</a>)</li> </ul>
<p><i>Solutions for Nova Scotia:</i></p>	<ul style="list-style-type: none"> <li>• When physiotherapy is integrated into effective community care teams, Seniors and individuals with chronic diseases receive the care that facilitates their ability to stay in their homes, and stay independent, active and mobile, and help avoid ER visits.</li> <li>• Community Care Falls Prevention screening can make a huge difference in keeping Seniors in their homes. A 20% reduction in falls in Seniors would translate, annually, into 8,000 fewer hospital stays and more than 1,800 fewer permanently disabled seniors (<a href="http://www.vac-acc.gc.ca/clients/sub.cfm?-source=health/fallsp/senfalls">http://www.vac-acc.gc.ca/clients/sub.cfm?-source=health/fallsp/senfalls</a>). Nova Scotia does not have a provincial falls prevention screening program, and District resources vary widely.</li> <li>• Physiotherapists utilize evidence-based clinical tools to assess and correct factors that lead to falls. Physiotherapists are critical members of Community Falls Prevention Teams.</li> </ul>

## NDP Platform Commitment: Living within our means

*The NDP is committed to ensuring that Nova Scotia lives within its means...*

### Discussion Point #1: Cost Savings from Direct Access to Physiotherapy

<i>Current Environment:</i>	<ul style="list-style-type: none"><li>• There is clear evidence that early access to physiotherapy prevents disability, reduces treatment time, and promotes early identification of potential barriers to recovery (see attached resources). WCB's direct access program for physiotherapy provides an excellent example.</li><li>• In rural communities that have physician shortages, the public will go to emergency departments in order to get a physician referral if it is required for insurance coverage for physiotherapy treatment.</li><li>• A study of physiotherapy direct access in Scotland found that the "average cost benefit [of self-referral to physiotherapy] to NHS Scotland was identified as being approximately £2 million per annum". This study also confirmed that physiotherapists were less likely than GPs to prescribe non-steroidal anti-inflammatory drugs and analgesics, and refer patients for X-ray, magnetic resonance imaging and/or secondary care (<a href="http://tinyurl.com/ykut9jx">http://tinyurl.com/ykut9jx</a>)</li></ul>
<i>Solutions for Nova Scotia:</i>	<ul style="list-style-type: none"><li>• Government can "lead by example", by eliminating physician referral requirements from insurance coverage for government employees. Example: NSCC's health insurance plan requires a doctor's referral for physiotherapy (24,600 students, faculty and staff).</li></ul>

### Discussion Point #2: Cost Savings from expanded Physiotherapy Scope of Practice

<i>Current Environment:</i>	<ul style="list-style-type: none"><li>• An excellent example of successful use of physiotherapy to full scope is occurring in the Annapolis Valley (and expanding to other Health Regions), where physiotherapists can order X-rays. This is happening in both in-patient and out-patient settings in Nova Scotia.</li><li>• By removing the step of physician referral for X-rays, fast and cost-effective assessment and diagnosis of MSK conditions is facilitated.</li></ul>
<i>Solutions for Nova Scotia:</i>	<ul style="list-style-type: none"><li>• When physiotherapists and other members of the interdisciplinary health care team practice to their full scopes, the potential for resource and workload re-distribution, wait-time reduction, and increased patient satisfaction are huge.</li><li>• The MOCINS project has prompted an exploration of roles and potential shifts within our health care system. The will to change exists in the system, and physiotherapists are ready to engage in these changes</li></ul>

*Thank you for the opportunity to meet. We look forward to future opportunities to work together in cost effective, pro-active ways that will facilitate savings within the health care system while promoting the good health of the citizens of our province.*

Nova Scotia Physiotherapy Association  
[info@physiotherapy.ns.ca](mailto:info@physiotherapy.ns.ca) 902-405-6772