

More Than Ten Years Later: An Evaluation of the Policy Decision to Delist Physiotherapy Services in Ontario Related to Unmet Need

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Conflicts of Interest

- None to disclose

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Outline

- Background
- Methods*
- Results

*The methods presented are a part of a larger research project

Delisting or Partial Delisting

- The decision to in part (partial) or whole to remove a health service from the list of publicly funded health services in a province
 - Can create inequalities in access to and use of health services (1)

Policy Decisions Related to Public Physiotherapy Funding in Ontario

2005

Physiotherapy services partially delisted from OHIP



2013

All non-hospital, OHIP insured physiotherapy services removed from the Health Insurance Act



New Public Funding Model

Episode of Care – Volume based contracts known as bundled payments
Clinics awarded contracts known as Community Rehabilitation Clinics (CRCs)

Research Question

What were the perceived intended and unintended consequences of the policy decision to partially delist physiotherapy services 10 years after implementation?

Methods

- Key informant interviews
- Transcripts were coded using directed content analysis (Nvivo) using themes from the McIntyre et al access framework (2)
 - Availability
 - Affordability
 - Acceptability

Results

- Interviews completed with 6 individuals
 - 9 contacted
 - 1 lack of time
 - 2 no response

Characteristic	Number of Key Informants
Female	4
Residence	3 Ontario; 1 Canada; 1 International
Designation at interview	5 Physiotherapists; 4 Administrators; 3 Academics; 1 Lobbyist
Designation in 2005	5 Physiotherapists; 4 provincial / national association association or ministry of health long term care

Results

- Recognition that there is an inability to accurately measure the immediate impact of delisting

“.... There was no organized group of those between 19 to 65 years of age who don’t have extended health benefits, no association, so there is no way of gathering that information to really measure what the unmet need would be....”

Results: >10 Years Post Delisting

- Unmet need in the context of other policy decisions
 - HIA decision in 2013 kept same restrictions as delisting for access
- Availability & affordability perceived as most common reason

- Persons most likely to experience increased unmet continued to be:
 - 20 – 64 years who lack extended health benefits and require PT for acute or chronic pain management
 - persons with other chronic conditions who require PT to maintain function
- Concern delisting may have contributed to current health care climate

“...no one comes to chronic illness with a clean slate. No one comes to (age) 65 with sudden eligibility for care, without having things in the past. My biggest concern is that we are creating the chronic problems of the future, but not addressing the problems of today.”

“....delisting physiotherapy has really added to system costs...but also impaired client outcomes, because we know the long term solutions for people with pain is access to therapy, proper care, and restoration of proper movement, but a lot of the interventions that people are being offered right now for pain and functional limitation are really more about masking symptoms and not really getting to the root of the issue”

“The stories I heard from people is that they had developed pain conditions earlier, and had not been able to access the physiotherapy that they needed – and those conversations continue. So that is nine years later that I am hearing people say that they developed pain five years ago – but the general physician that I was seeing at the time did not refer me to physiotherapy because I was not eligible, I was not eligible to get it anywhere....”

Limitations

- Number of key informants
 - Romney et al (3) noted experts tend to agree more with each other in their particular domain of expertise;
 - small sample sizes provide complete and accurate information, as long as the participants have expertise about the domain of inquiry
- Recall bias of informants
- Use of pre-identified codes

Conclusions

- Increased unmet need for PTS was perceived to continues to exist more than ten years after partial delisting.

Implications for Physiotherapists

- Physiotherapists can no longer ignore access disparities that create unmet service need and subsequent public health burdens
- Timely and relevant data collection and advocacy efforts are urgently required
 - address longstanding unmet need for PTS through policy and system changes.

References

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