

Physiotherapy care for injured workers: how do current policies influence how we care for our patients and what ethical issues do they create?

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Introduction

- Work-related injuries:



Major public health issue

- In 2015 : **> 232 000 compensated injured workers**
- Workers' compensation board
 - Disability benefits
 - **Healthcare services**



Background

- **Physiotherapists**



Injured workers



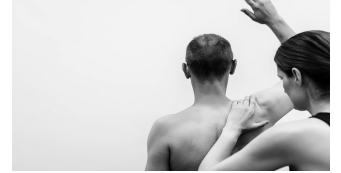
1)

Private physiotherapy clinics

2)

Complexity

Background



- **Although** healthcare support offered by workers' compensation systems aims to facilitate workers' recovery...



Some features of these systems can pose barriers to the provision of care

Research in healthcare and PT has shown that:

- Third party payers' policies affect clinicians' practices
- Physiotherapists are sometimes uncomfortable when dealing with insurers
- Workers' compensation systems create challenges for injured workers and providers

Problem

We don't know much about:

- The **ethical tensions** faced by physiotherapists while treating injured workers;
- The **influence of the compensation context and current policies** on the work of physiotherapists and the provision of care.



Comparison between three provinces



British Columbia

WORK SAFE BC



Ontario

wsib
cspaat
ONTARIO



Québec

CNESST

Reimbursement
and treatment
models

Block of care:

- 7 days of evaluation
- 6 weeks of treatment

Programs of care:

- 8 weeks

Fee-for-service:

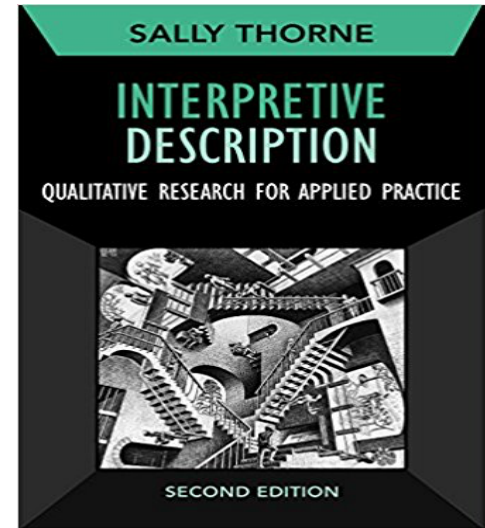
- No pre-determined ending

Methods

- Empirical qualitative approach
- Design : Interpretive description



Explore a clinical phenomenon to
formulate concrete recommendations
in practice settings



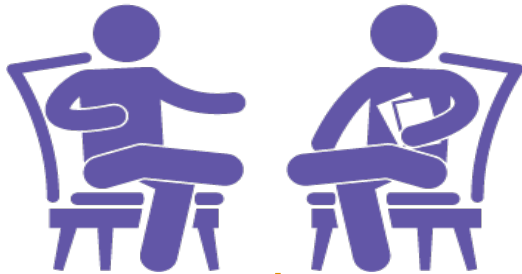
Data Collection



- 7 physiotherapists (PTs)
- 6 rehabilitation technicians (TRPs)

Québec

Creation of interview guide



30 physiotherapists

10 leaders /
administrators

Québec

Ontario

BC



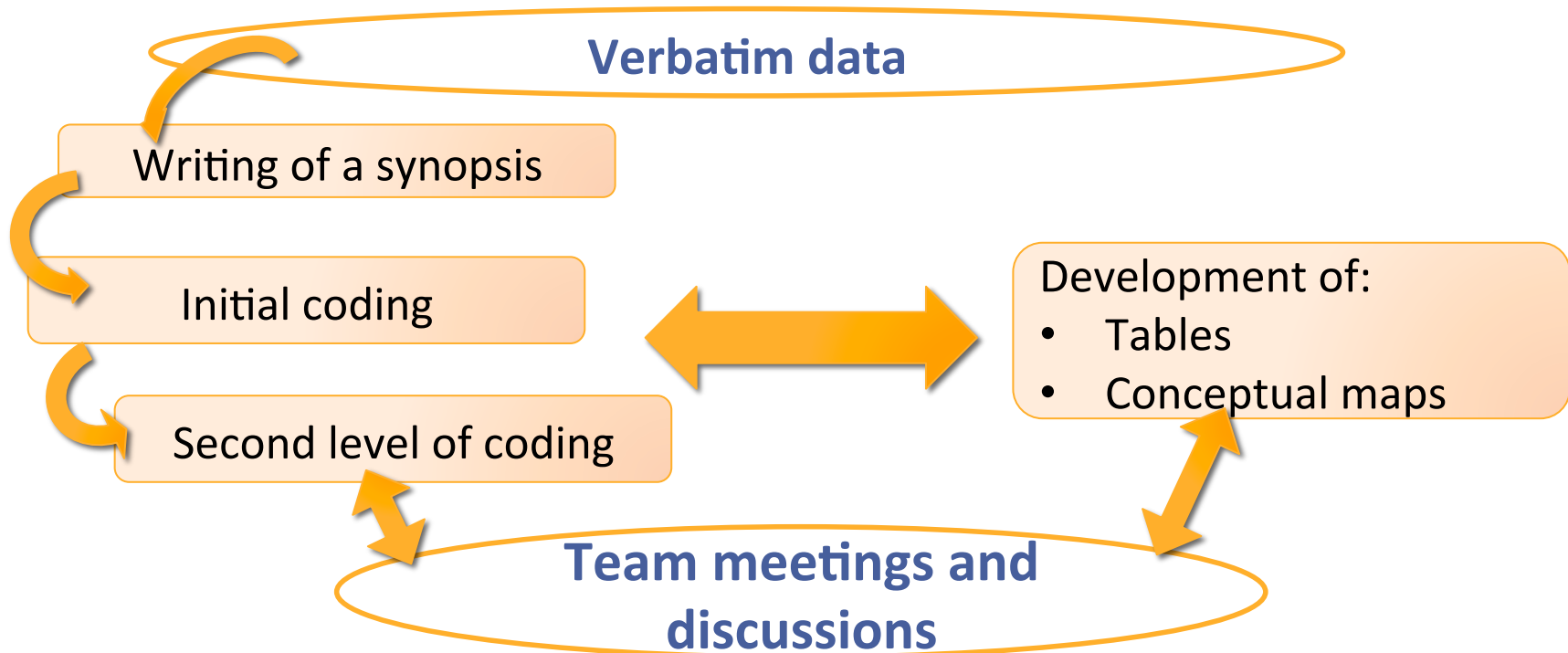
3 PTs and 4 TRPs

Québec

Interview participants (clinicians)

	British-Columbia	Ontario	Québec
N = 30	9 PTs	9 PTs	9 PTs 3 TRPs
Gender	F : 6 H : 3	F : 6 H : 3	F : 9 H : 3
Age [range]	Median: 31 [28 – 52]	Median: 30 [26 – 44]	Median: 39 [25-58]
Nb of years of practice	Median: 3 [0.6 – 28]	Median: 3 [0.6 – 28]	Median: 14.5 [2.5 – 31]
Private / public sector	Private: 8 Public: 0 Private and public: 1	Private: 6 Public: 2 Private and public: 1	Private: 10 Public: 2 Private and public: 0

Data analysis



Results

- 1) Ethical tensions lived by physiotherapists**
- 2) Key policies influencing PT practice**

Struggling to stay true to their professional values



Equity

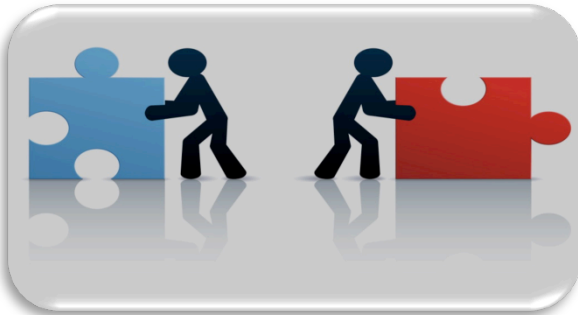
Competence

**Professional
autonomy**

Main value and clinical challenges

Equity

- Providing access to care
- Witnessing inequalities in PT services
- Resisting stereotypes
- Advocating for appropriate care



“As I am telling you, I do not wish to create two types of citizens in my clinic, that should not be. For me, it is not professional. But, it is clear to me that it’s not adequately paid.” P6C

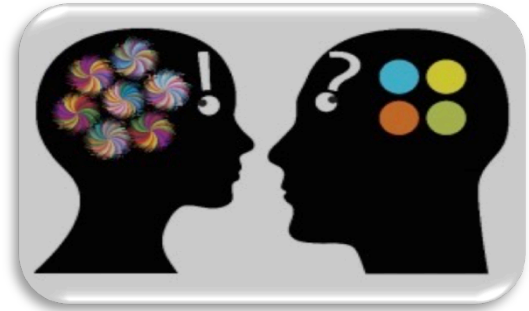
Main value and clinical challenges



Competence

- Addressing psychosocial issues, patients' anxieties and expectations
- Navigating workers' compensation systems

“Yeah, I’d say I would spend...75 percent of my time talking to clients and about 25 percent of the time treating, and that’s probably being optimistic in terms of the treatment.” P4A



Main value and clinical challenges

Professional autonomy

- Sharing duties and responsibilities
- Looking for greater autonomy in decision-making
- Seeking recognition of the value of PT

“[...] if I want a decision made, or if the employer wants a note saying that they need to be off work for another two weeks [...] now they have to go waste healthcare time and money to go see the doctor. I think it would be so much more...expedient and efficient if that was something that was possible for the physiotherapist to write.”P3A

Results: key policies

State-level workers'
compensation's policies



Organizational-level PT
clinics' policies

Communications



Remuneration schemes



PT reimbursement rates



End points for treatments



Pre-determined
session parameters



Clear mandates
to support RTW



Support from PT clinics



Conclusion



- Integrity towards professional values



Dissonance

- Ethical distress
- Disillusionment
- Decrease in satisfaction / Burnout
- Decrease in quality of care

- Current policies can contribute to:

- Restriction on professional autonomy
- Stigmatization of injured workers
- Iniquities of care

- Recognizing the influence of administrative policies on physiotherapy care



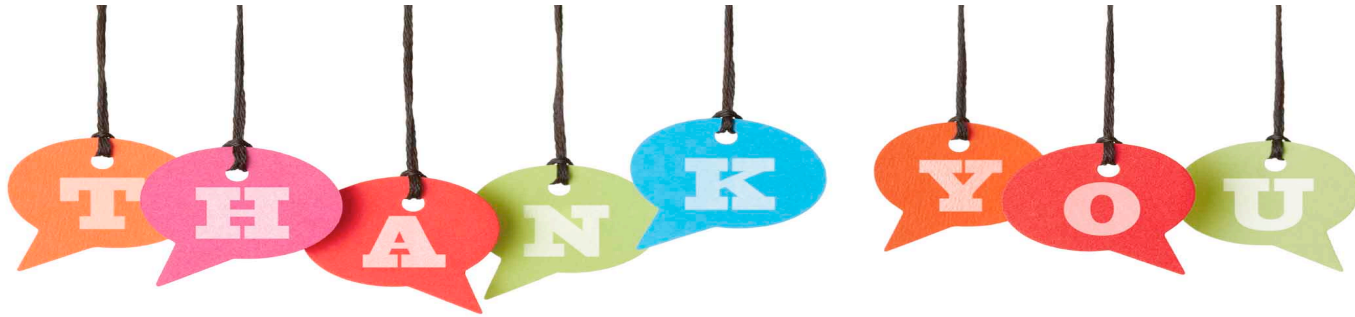
Systemic changes

Thanks

All the participants in the project!

- **Debbie Feldman and Matthew Hunt**
- The **organizations that collaborated in the recruitment** of participants (BC, Ont and Qc professional orders and associations)
- **Broader research team:** Maude Laliberté, Barbara Mazer, Bryn Williams-Jones
- **Funding bodies** who supported this research project





for your attention !

... And we would be glad to hear
your thoughts about our project !



Professional
Ethics in
Rehabilitation
Network

Réseau sur
l'éthique
professionnelle
en réadaptation



Contact: a2hudon@uwaterloo.ca

Supplementary slides

Recommandations faites par les participants

Commissions d'indemnisation du travail



- Mettre sur pied de nouveaux modes de communication / formulaires
- Élargir les plages horaires (> 9h00 à 16h00)
- Diminuer la charge administrative
- Employer un physiothérapeute-conseil
- Fournir de la rétroaction sur la performance
- Augmenter les tarifs de remboursement

Recommandations faites par les participants

Cliniques de physiothérapie



- Mettre en place des politiques qui assurent l'équité entre les clientèles
- Diversifier les types de clientèles traitées
- Réviser les modes de rémunération (ex. : salaire à l'année, périodes de temps pour les tâches)
- Offrir du support administratif

	Colombie-Britannique	Ontario	Québec
Modèle de remboursement	Bloc de service (Paiement pour le bloc en entier)	Programme de soins (PDS) (lombaire, épaule ou MSK général) OU À l'acte, si le patient n'est pas éligible au PDS	Paiement à l'acte (pour chaque traitement)
Durée des traitements	Bloc régulier: <ul style="list-style-type: none"> • 7 jours d'évaluation • 6 semaines de traitement Possibilité de prolongation (4 sem)	Programme de soins: <ul style="list-style-type: none"> • 8 semaines Pas de durée spécifique préétablie pour le paiement à l'acte	Pas de fin préétablie au traitement, mais le patient doit revoir son MD après: <ul style="list-style-type: none"> • 8 sem de physio • 30 séances de physio
Nombres de séances minimum par semaine	2 séances par semaine Moins de 2 séances peut être approprié si le patient est de retour au travail	Selon le PDS, par exemple : Pour le programme lombaire, un minimum de 3 séances au cours des 4 premières sem du programme	Pas d'exigences
Contact avec l'employeur	Requis par téléphone	Requis à l'aide d'un formulaire ou par téléphone	Non autorisé
Exigences cliniques liées au traitement	Évaluation fonctionnelle en lien avec l'emploi occupé par le patient	Mesure standardisée d'évaluation fonctionnelle prédéterminée par WSIB en fonction de chacun des PDS	Aucune exigence
Guides de pratique liés à l'utilisation des modalités de traitement	Aucun guide fourni, les choix sont laissés au jugement du physiothérapeute	Oui, décrits dans chacun des PDS et basés sur les résultats probants	Aucun guide fourni, les choix sont laissés au jugement du physiothérapeute