
EXECUTIVE SUMMARY

Introduction

Several factors including, an aging population, an increase in the prevalence of chronic diseases, and a shift in the delivery of health care from hospital to the community are placing increased demands on Ontario's primary health care system. Family physicians play a major role in the coordination and provision of primary health care services and, more recently, nurse practitioners have started to play a significant role. Rehabilitation professionals, including occupational therapists and physiotherapists are also key members of the primary health care team and can be an important resource for primary health care physicians and nurse practitioners. In particular, it has been suggested that offering rehabilitation services at the primary health care level could result in several positive outcomes including lower costs than for services offered at hospitals and greater continuity of care for people with disabilities. However, literature indicates that rehabilitation services are underutilized in primary health care settings, particularly in the care of older adults and those with chronic conditions.

Objectives

The objectives of this study examining primary health care and rehabilitation (occupational therapy and physiotherapy) were:

1. To identify the characteristics of adult clinical populations being served by primary health care rehabilitation professionals in Ontario.
2. To describe the models of working relationships (e.g., referral and communication patterns) currently in existence among primary health care physicians, nurse practitioners, and rehabilitation professionals (occupational therapists and physiotherapists) in Ontario.
3. To identify opportunities and challenges related to the provision of adult rehabilitation in Ontario from the perspectives of primary health care physicians, nurse practitioners, and rehabilitation professionals (occupational therapists and physiotherapists).

Methods

PHASE 1

A sample of 13 health care professionals of various backgrounds who work in primary health care settings in Ontario were invited to participate as key informants in Phase 1 of this project. Eight key informants agreed to participate and were interviewed utilizing open-ended questions to obtain perspectives on current processes and issues involved in the provision of adult rehabilitation in primary health care in Ontario. The results of Phase 1 were utilized to help guide the development of questionnaires for Phase 2 of this project.

PHASE 2

Phase 2 involved administering a mailed questionnaire to a stratified random sample of physicians (N=3001), nurse practitioners (N=321), occupational therapists (N=500), and physiotherapists (N=1100) who provide primary health care services to adults in Ontario. A total of 2001 questionnaires were returned for a response rate of 40.7%.

Results

PHASE 1

Key informant interviews were completed with 8 participants. Key informants identified barriers to the provision of rehabilitation in primary health care in three main areas: funding, access, and communication/information. Elements of ideal models of rehabilitation in primary health care were also recommended.

PHASE 2

Practice Settings

- The large majority of primary health care rehabilitation was delivered in private practices/clinics and Community Care Access Centres.
- Rehabilitation professionals rarely worked in the same primary health care settings as physicians and nurse practitioners.

Clinical Populations

- Musculoskeletal (acute and chronic), neurological, and general debility (e.g., geriatrics, dementia) conditions comprised the largest proportion of rehabilitation professionals' caseloads in primary health care settings.

Referral and Communication Patterns

- Primary health care physicians and nurse practitioners most commonly referred patients with neurological and general debility conditions to occupational therapists and patients with acute musculoskeletal, chronic musculoskeletal, and neurological conditions to physiotherapists.
- Physicians and nurse practitioners only referred a portion of the diagnostic conditions that rehabilitation professionals treat.
- Physicians and nurse practitioners cited the cost of private rehabilitation and long waiting times as the most common barriers to referring patients to rehabilitation.
- Written notes were the most common method of communication among rehabilitation professionals, physicians, and nurse practitioners.

Access to Primary Health Care Rehabilitation

Availability

- Physicians and nurse practitioners reported less availability of rehabilitation services in the North compared to other regions in Ontario.
- Over a third of physicians and nurse practitioners did not know if the Arthritis Society Community Rehabilitation Services were available in their community.

Wait Times

- The majority of occupational therapists and physiotherapists reported wait times of less than one week from receipt of referral to when they first see a patient.
- Wait times for physiotherapy were significantly longer in publicly-funded compared to privately-funded practice settings; the North compared to other regions; and for patients with chronic medical, neurological, cardiopulmonary, and mental health conditions compared to musculoskeletal conditions.

Funding

- Rehabilitation professionals worked in a mix of different funding arrangements in both public and private sectors.
- The largest source of payment for physiotherapy services was private insurance (34.9%), followed by OHIP (30.3%).
- The largest source of payment for occupational therapy services was OHIP (45.7%), followed by Motor Vehicle Accident Insurance (33.3%).
- Patients with neurological, cardiopulmonary, chronic medical, and general debility conditions are more likely to receive rehabilitation services in publicly-funded compared to privately-funded primary health care practice settings.

Barriers to Providing Primary Health Care Rehabilitation Services

- Physiotherapists cited physicians' role as "gatekeepers" of the health care system as the most common barrier to providing services.
- Occupational therapists cited the lack of awareness by the public of the scope and/or role of occupational therapy as the most common barrier to providing services.

STRUCTURE OF THE REPORT

This report has five sections. Section one presents the background information, rationale, and objectives of the project. Section two is a review of the relevant literature in the area of primary health care and rehabilitation. Section three outlines the methodology and results for Phase 1 (key informant interviews) of the study. Section four provides an overview of the methods for Phase 2 (survey of primary health care providers) of the study and summarizes the survey results. Section five presents concluding remarks, key implications of the results, and directions for future research.