



COLLEGE OF
PHYSICAL THERAPISTS
OF ALBERTA

**Submission to the Minister's
Advisory Committee on Health**

November 6, 2009

The College of Physical Therapists of Alberta (CPTA) is pleased to respond to the invitation to make a written submission to the Minister's Advisory Committee on Health (the Committee), focusing on the development of "a new legislative framework that will better support patient and family-centered care and improve health system performance."

Using physical therapy experience and examples to illustrate challenges and opportunities; our submission provides a brief background to CPTA and the physical therapy profession, comments on the system impact of current legislation, and suggests the development of an overall legislative framework rooted in key principles and action themes to support legislative renewal for the Alberta health system.

Background

CPTA is the governing body for physical therapists in Alberta and currently regulates over 2200 physical therapists under the Physical Therapy Profession Act. CPTA's core business is to ensure competence in physical therapy practice. It promotes monitors and intervenes to ensure safe, effective, ethical and innovative physical therapy services.

Physical therapy as a profession focuses on function and mobility. Physical therapists are direct access, primary health practitioners who consult with patients and others to provide patient-centered services. Using evidence-informed practice standards and guidelines, physical therapists focus on wellness and health promotion. Physical therapists prevent, assess and treat injury, pain, acute and chronic diseases and/or disorders that impact patients' movement, functional status and overall health. Physical therapy services are provided throughout the life span, across the continuum of care; and in settings including acute care, private practice, hospitals, outpatient departments, assisted living, long-term care, schools, workplaces, sporting venues and rehabilitation centers.

Physical therapy services are provided in a complex web of funding arrangements largely influenced and often dictated by legislative, regulatory and contractual arrangements that result in public and private funding, or a mix of both.

The web of current healthcare legislation in Alberta

Many health services and providers in Alberta are governed by an expansive number of statutes, regulations, and policies. In reviewing those applicable to physical therapy service delivery, CPTA is of the view that the current package is not contemporary and cannot facilitate patient-centered care at a reasonable cost. Many individual statutes, regulations or contractual arrangements are facility or provider based. Some are subject to liberal and often controversial policy interpretation. Many providers, including physical therapists, have limited if any ability to influence interpretation and therefore get caught in the 'complex web' of legislation, institutional policy, and contractual arrangements they have not been consulted on, or are not party to.

Access to timely service is often impeded for patients, as this complexity often 'bottlenecks' when it comes to service provision. This embedded model perpetuates the medicalization of health care, restricts health care providers from working to their maximum scope of practice, and prevents innovation. More importantly, it is unbundled, a dominant and controlling thread, narrowly and solely tied to the funding of physician and hospital-based services, manifests.

Any review of current legislation must include other legislation that impacts on the delivery of health care services, particularly in the areas of access and funding. Examples include the Workers' Compensation Act, the Automobile Insurance Act and Regulations, and health service policies at Alberta Education and the Department of Seniors and Community Development, which significantly influence patient access to a range of health services and health professionals. Given the impact of health on work, school and community life and the priority status often assigned to funding through these other programs, CPTA encourages the Committee to consider the impact that such legislative components have on the delivery of overall health services.

The Alberta government often expresses intent to provide access to a safe, publicly accountable, performance-based system of services provided by a broad scope of health care professionals. CPTA supports the principles embedded in the Canada Health Act. However, it is clear from the current Alberta situation and repeated attempts to reform the system to be more patient-centered, that such a system cannot be adequately facilitated through the current narrow and vertically integrated funding model rooted in the Canada Health Act and associated Alberta statutes.

A new overarching legislative framework for healthcare in Alberta

Rather than address revisions to specific statutes to further align them with the vision and emergent policy framework for a patient-centered, publically funded, effective and accessible system; CPTA supports the development of a new and overall legislative framework. The framework is conceptualized to include the foundational principles of the Canada Health Act supplemented by principles such as accountability for quality, safe and outcomes based care, support for primary care, collaborative regulation with incentives for collaboration when it results in desired system outcomes, a focus on wellness, innovation, flexibility and responsiveness, and sustainability.

The legislative framework must align funding and access with the evolving patient-centered health system and should expressly contemplate and enable access to and funding for wellness, prevention, rehabilitation and chronic condition services, as well as medical or hospital-based services. It must also provide guidance for the deconstruction of current institutional practices in the system that have evolved with the funding regime. Any future statutes influencing access and funding should be developed or reformed in alignment with this overarching framework.

A new legislative framework need not and advisably would not, especially for **sustainability** purposes, enable limitless or unconditional access to services based solely on the availability of facilities, services, or numbers of professionals. In the context of rehabilitation, a funding model for a patient-centered system would require that rehabilitation services be provided by a core group of health professionals according to professional competencies, best practices and performance measurements regarding rehabilitation outcomes. Funding would be benchmarked and quality monitored for reporting that would inform ongoing funding provision, cessation and adjustments. Such **accountability** for funding would be transparent to all providers, facilities, and services, as well as to Albertans.

It would follow that rehabilitation services would be provided using **appropriateness** criteria, by physical therapists, occupational therapists, speech language and audiology professionals as well as assistants individually or in a team. Such a team may include physicians but should not be

limited to or be dependent upon physicians, who currently have the ability to control access and funding approvals for rehabilitation services.

Specifically, the legislative framework contemplated should reconsider the suitability of the narrow funding “cords or tentacles” embedded in current legislation that support only the medical model of care or are directed by facilities embedded in that model, deciding access to patient-centered rehabilitation services. To enable access, as currently occurs with some outpatient medical, surgical and facilities based services, it should also support publicly funded purchase of services that meet appropriateness criteria for rehabilitation.

Given the potential health benefits and risks that funding and access affects for Albertans, the significant portion of the provincial treasury spent on health care, and the sheer size and complexity of the health system; the Committee should, in the public interest, also consider the need for regulation and oversight of funding and access to health services.

Regulatory guidance, monitoring and scrutiny could inform inquiries and decisions regarding alignment with the overall legislative framework, thereby informing the prevention of funding “drift” and inappropriateness at the systems level. As with regulation generally, the resultant accountability and transparency would give official authority and capacity to adjusting funding and access problems according to principles and criteria set out. Accountable regulation of funding administration could also give authority and strength to situations where funding is discontinued based on lack of demonstrated effectiveness and efficiency, duplication, or other preset criteria. Both the regulatory functions and oversight discussed above could significantly impact sustainability of an Alberta health system that is aligned with the principles ultimately embraced and authorized in the new legislative framework the Committee proposes.

As a health profession’s regulator, CPTA often receives calls from patients or their families concerned about different access for the same rehabilitation services, where funding varies based on program or facility. By their very nature, CPTA and third party advisors such as the Health Quality Council of Alberta could play significant advisory and collaborative roles in alignment with a regulatory or oversight agency or function, as they do in other areas of accountability at the systems level.

Principles-based approach

The principles inherent in the Canada Health Act remain important, but should be reflected in the Alberta health system without dominating or restraining it from providing other essential services. The public health system should, ***‘Serve the interest of all Albertans regardless of their ability to pay’*** including services to all patients who will benefit from rehabilitation services, ***including the most infirm or vulnerable among us.***

Currently, funding models for rehabilitation services drive access and are often facilities based. Service can be delivered in various settings, private and public, however the needs of patients do not necessarily differ with the settings, and patient needs go unmet.

The fundamental challenge in principles is that a new legislative framework governing the system must provide for enough flexibility to allow for funding across various models of service delivery, yet be consistent with a broadened set of principles that are ultimately tied to patient need and

include provision of the right service by the right provider(s) at the right time. The principles suggested in our recommendation above provide a backdrop for newly developed funding criteria that would tie funding and access to safe, patient-centered quality and accountability, while still housing the necessary limits and conditions of an effective and publicly accountable insurance scheme that operates in the public interest, and is sustainable.

CPTA also supports the concept that, '**Access to publicly funded health care services should be fair and effective.**' Fairness has many meanings, including that associated with procedural fairness and is often decided, by those in authority, in ways unknown. Institutional practices both within hospitals and community do not always link access and funding with need, resulting in questions of fairness. For example fairness may not be evident when physical therapy services formerly funded in a hospital setting are not funded in the community yet the patient continues to require rehabilitation. This is an ever-growing challenge as more services are delivered in the community given shorter hospital stays and early discharge.

At a systems level, community rehabilitation services are mostly available in Edmonton and Calgary. In rural areas similar services may be available with a hospital setting however there is significant variation in terms of what service is available and how much coverage is provided. While certain regional, employment and other contractual arrangements may provide "special" access; funding arrangements that influence timing as well as access to services are often exclusive to specific parties, resulting in such programs seen to be impeding fair access to others with similar need, by virtue of their very existence, (e.g. Worker's Compensation or Return to Work services).

The apparent unfairness of the same services not consistently funded in the community versus hospital settings or rural versus urban settings should be reconciled. Albertans need to know what is publicly funded based on need, not location, facility or program.

Albertans need to know what "fair and effective access" means, and to understand legally derived barriers to it. In a patient-centered system, patients need a transparent process for challenging seemingly unfair delays to or funding restrictions access that are based on program, specific providers, or facility, and not principles-based, or patient-centered.

Such transparency would indeed increase the "health literacy" of Albertans with respect to fair and effective access, and likely also increase the capacity of Albertans to use the system more effectively. It may also improve public confidence that the system is committed to providing fair and effective access.

Principles to Guide the New Legislative Framework

Several principles are proposed by the Committee to support a more contemporary legislative framework. CPTA is of the view that system culture as well as legislation, is an equally significant barrier to change in the creation of an improved Alberta health system. We are hopeful that a principles-based legislative framework that aligns funding authority and approval with codified principles will also catalyze a cultural shift down and through the facilities, services and institutional practices that are currently embedded in the narrow focus of hospitals and physician services, with little public accountability.

Accountability with a focus on quality and outcomes

The delivery of health services integrates art and science. Not all individual aspects or inputs of service can be measured; however, what can be measured or observed and profiled must be monitored if improvement is to be a cornerstone of any future health system. The many stakeholders in the system should be held equally accountable for measured outcomes and profiles, which should be made explicit and reported publicly.

Physical therapists function according to available evidence-informed standards and best practices. Compelling evidence exists to show that reasonable access to rehabilitation services provides aggregated cost savings and positive impacts on chronic disease management, including reduced utilization of health services related to aging. Well-established outcome indicators measure cost-effective outcomes and pre-rehabilitation programs positively impact future demand for rehabilitation services¹.

The demand for rehabilitation services has grown exponentially over the last decade and there is no reason to believe that demand will decrease². It is increasingly more important to build expected outcomes into the delivery of service. It is equally as important to remove services and funding for those services that are not safe or do not result in sustainable outcomes.

With respect to outcomes, physical therapists with Workers' Compensation Board contracts have been involved in outcome or benchmarked performance measurement for many years. As of 2009, physical therapists are financially incented based on performance benchmarks that link to the desired outcome of sustainable return to work. Benchmarking and building relevant and accepted performance indicators is critical to building a new model of quality patient-centered care. However, in order to be effective, benchmarking and performance indicators need to be developed with full input from the affected professions, and respect the professional judgment of health care providers.

CPTA and physical therapists collaborate with the Health Quality Council of Alberta, Alberta Health and Wellness, Alberta Health Services, and other regulators; in the design and monitoring of quality-based programs such as Falls Prevention, Hip and Knee pathways, the Ambassador Program, spinal care pathways, and educational programs for spinal cord injury patients. Physical therapists have participated in the newly proposed model for rehabilitation services CRAFT, (Client-centered Care, Right Person, Right Job, Accessible, providing Functional Treatment Intervention); which are then monitored to inform program and system accountability and improvement. CRAFT is an excellent example of a model that focuses on optimizing the functional status of Albertans through multi-disciplinary collaboration to improve outcomes, effectiveness and efficiency.

Regulators also have a role in improving quality. Consideration should be given to the role that the regulatory system has in ensuring quality at the individual provider level and also at the systems level. The value and integrity of professional regulation in the broadest of applications

¹ Landry, Michel D., Jaglal, Susan, Wodchis, Walter P., Cooper, Nicole S., and Cott, Cheryl A. (2007) Rehabilitation services after total joint replacement in Ontario, Canada: can 'prehabilitation' programs mediate an increasing demand? *International Journal of Rehabilitation Research*, 2007, 30 (4),

² Landry, Michel D., Jaglal, Susan, Wodchis, Walter P., Raman, Jen and Cott, Cheryl A. (2008) 'Analysis of factors affecting demand for rehabilitation services in Ontario, Canada: A health-policy perspective'. *Disability & Rehabilitation*, 30:24, 1837-1847

should be preserved in any new legislative framework. Models of collaborative regulation should also be considered to promote safe, consistent, cost effective service delivery. Where there is evidence of collaborative or innovative models of regulation, consideration ought to be given to developing policy and process that will allow such models to advance in a timely manner, with assessment or service standards.

Accountability and outcomes related to primary care

The primary care model allows for a patient to access the system through the most appropriate primary care provider. Experience has shown that primary care networks using a bio/psychosocial framework can improve appropriateness of access and achieve better outcomes for health and functional status. The model assumes health care professionals within a primary care team operate with overlapping scopes of practice; know the boundaries of their competencies and practice within them. It also assumes that health professionals recognize the need to refer to another more appropriate provider. While primary care has come a long way in Alberta, allocation of primary care funds must also be made available to non-physician providers to effect system integration.

The model of care provision for Albertans injured in motor vehicle collisions is an example of how a primary care model results in improved outcomes, decreased average cost of treatment and decreased average cost per claim. The model allows injured Albertans covered under the act to directly access identified providers, a physician, physical therapist or chiropractor. These providers have collaborated with the Ministry of Finance and Enterprise as well as insurers to establish common diagnostic protocols, use a consistent reporting framework and follow evidence informed intervention plans.

Focused on wellness and public health

Functional status is a key predisposing factor and attribute of wellness in the broad sense of health as a daily resource. It is an essential focus in a system that, “places wellness, good health and the prevention of avoidable illness and injury in the forefront”.

Using the International Classification of Function (ICF) framework provided by the World Health Organization (WHO) physical therapists emphasize the patient's ability to function and their ability to participate in their community. Focusing on the patient's quality of life as it is impacted by the symptoms or the disease/impairment affecting the body structure encourages wellness and health promotion. There are several examples of wellness and prevention programs in Alberta that improve overall individual and community health status including Chronic Disease Management Programs (eg. Living Well in Calgary and the former Aspen), Cardiac and Pulmonary Rehabilitation services, Injury prevention (eg. PARTY programs), Active Living programs in congregate settings such as “Move and Mingle” exercise programs in Seniors Residences, and select programs in schools. Funding for wellness programs tends to be erratic. In the absence of mandated funding for such programs it becomes impossible to demonstrate outcomes.

Any new legislative framework should be committed to wellness and health promotion and needs to provide for supportive pathways to develop, implement, evaluate and sustain programs that lead to long-term improvement. For example, speculation suggests significant systems savings from health promotion to reduce sports related hip and knee injuries in adolescents; thereby reducing hip and knee replacements in adult life.

A legislative framework committed to wellness must at very least not impede funding, or access. At best, it would enable and stabilize support for opportunistic or occasional funding of pathways that could support such programs wellness programs when quality and accountability for outcomes are demonstrated. Attention should also be paid to opportunities for group-based funding for such health promotion. While such model programs exist in Alberta, given the extent to which postal code is a predictor of health status, the current concentration of such programs in Calgary and Edmonton seemingly results in unfair and ineffective access to health promotion and wellness services.

Support for innovation

A framework for legislative renewal must also support the application of proven new technologies and innovation. Availability and access to services should advance use of technology; including telehealth, webcam monitoring of programs and services, and privacy compliant health information exchange.

Information exchange in the context of using technology to deliver service is an important consideration. Today, it is limited because of the mix of applicable legislation across different providers in different settings dependent upon private or public funding. Innovation and collaborative practice becomes negatively impacted in the absence of being able to share important health information. For example, health information and privacy legislation often result in physical therapists being unable to fully access the patient's complete health record because applicable legislation links to funding. This limits the capacity of physical therapists and other health care professionals to access information in the interest of delivering quality and safe patient care.

Lack of information on care provided by one sector of the system is a safety issue. Lack of knowledge of others assessment findings may also lead to repeat assessments and a delay in commencing treatment, having a negative impact on outcomes, and adding unnecessary duplication costs to the system.

As a member of Alberta Federation of Regulated Health Professions (AFRHP), CPTA supports Bill 52 and specific amendments that will improve the existing Health Information Act (HIA). Expanding the scope of the HIA, facilitating the operation of the Electronic Health Record (EHR) and making provisions that allow a custodian to disclose health information to a health professional body for the purpose of lodging a complaint will all remove information exchange barriers that impede timely access, thorough assessment, and root cause analysis that can improve quality and safety.

Like access and assessment, technology-based innovation is also impacted by available legislation directing funding models. Currently, rehabilitation services delivered by phone, telehealth or other electronic means are not subject to reimbursement. Unless funding is aligned, these services may not be available to patients in need of rehabilitation. Legislation must also contemplate funding for needed consultation and technology support based on patient-centered, appropriateness criteria.

Patient-centered focus

Patients as consumers of health services should have choice. This includes choice of service provider, ability to self-refer (recognizing that appropriate screening mechanisms may be required) and some understanding of what to expect within the system. To enable effective and accountable administration, nonexclusive and transparent processes, procedures and forms could be developed. In keeping with relevant privacy or health information legislation (assuming reform of same, as discussed above), referral and access could be efficiently advanced. In concert with other programs currently advancing the health literacy of Albertans, satisfaction and confidence in the system relative to the health of patients and families could be significantly advanced.

As part of self-referral, Albertans might also be allowed a certain quantity of non-medically necessary health promotion services provided by regulated health professionals on an annual basis, or a limited health spending account approach to promotion or primary prevention services. Any attention to access and referral must also identify timeliness as a factor effecting outcomes, acknowledging the Committee's assertion that, and 'If someone can't get to a service in a timely basis, their access is impaired.'

Referral requirements should not be put in place for the sole purpose of control. The need for referral from a physician to a physical therapist was removed years ago in Alberta. Yet by way of policy many patients are required to get a referral for payment even if they have self-referred to a physical therapist. Injured workers are able to attend a physical therapist for an assessment and one treatment however in order to have the claim enabled they must see a physician or a chiropractor. Such barriers are not patient-centered, nor is there evidence that such requirements are necessary or in the public interest, for safety purposes. In the spirit of patient centeredness a review of all legislation and related policy should ensure that barriers to timely health services are not restricted by unnecessary referral requirements.

Flexibility and responsiveness

High performing organizations are flexible and resilient and able to respond and change course yet manage risk, while achieving desired outcomes. CPTA supports a new legislative framework that allows for and embraces flexibility, responsiveness and resilience among health care professionals and across the system. It is clearly necessary that significant health care cultural change must be supported by legislative renewal if the potential to drive a new high performance based health system is to be realized. While the Health Professions Act provides for optimization of the capacities and competencies of health services providers, there remains a culture of protectionism related to scope and restricted activities authorizations, control of inputs not outputs, and lack of clarity surrounding policy intent germane to the legislation. Continued work to ensure that the regulatory framework supports a new overarching health framework is required.

Themes for renewed health legislation

Given the above evolution and attributes in the system, and the principles a new legislative framework should be rooted in, we suggest a focus on the following action themes to further guide the Committee's considerations for legislative renewal.

- While retaining the principles of the Canada Health Act, **broadening** Alberta legislation for funding and access to **appropriate** services regardless of setting or provider and across the four areas of need in the Alberta Health Quality Matrix.

- **Expanding the reach of health services assessment** through criterion-based standardized assessment indicators and appropriate **patient-centered** service.
- In consultation with a range of providers and facilities, **setting and publishing clear conditions and limits on funding and access for service provision**, tied to evaluation and monitoring of use of same; and continuation or discontinuation based on outcomes achieved in alignment with legislated principles.
- **Establishing transparent and accountable monitoring and regulation** of funding and access decisions through the establishment of **independent regulation and oversight**, as with any other publicly accountable funding or insurance function.
- **Harmonizing existing legislation** such as the HPA or HIA with the new legislative framework based on the principles discussed above.

CPTA encourages the Committee to **order, cluster, and prioritize the principles** it is considering for legislative renewal to ensure a principles-based yet orderly and feasible approach to health services in Alberta, in a patient-centered system.

As discussed above, while the CPTA is strongly supportive of legislative reform, we recognize that ingrained health care policies, practices and organizational cultures often provide greater barriers than legislation. In its approach to legislative reform it will be critically important that the Committee use its influence to ensure that health care policies, practices and organizational cultures align with the principles reflected in a new legislative framework, so Albertans can benefit from the exercise.

Summary and end thoughts

As a regulator, CPTA deals at a systems level that manifests a complex array of services provided in public and private settings, publicly or privately funded, and subject to the full range of privacy and health information legislation in Alberta. Despite good intentions regarding safety, wellness, health, functional status, and health outcomes, this all occurs in a system still rooted in a narrowly defined disease and illness focused medical model. The narrow definition of basic health services, results in access and referral that often stops abruptly for the patient once funding formulae are applied, therefore impeding access and quality. The system is clearly not 'patient-centered.'

Using examples from physical therapy services which reach across the life cycle and health services continuum, we have attempted to expose the legislative gaps, contradictions, and serious impediments to a publicly accountable health system that provides safe, quality and outcomes-based services, and **'places wellness, good health, and the prevention of avoidable illness at the forefront.'**

Based on a principles based framework, the Health Professions Act provides a good framework for regulators to collaborate with the legislative reform of the health system. Professional regulatory organizations such as CPTA understand that their raison d'être is the protection and advancement of the public interest. As such, professional regulatory organizations can be a very positive force in advancing collaborative initiatives supporting the principles and themes guiding the Committee's work.

The College of Physical Therapists of Alberta is very concerned about the continued authority and influence of health services legislation that flies in the face of the prolific evidence of the need for and commitment to a patient-centered system shared by a diverse mix of publicly and privately funded providers.

We strongly support the terms of reference of the Minister's Advisory Committee on Health. A relevant and effective overarching legislative framework that is principles based, aligns funding and access with same, and is held accountable through regulation is long overdue. The expectations of removal of legislative barriers and enabling fair and effective across the health services continuum are both serious and urgent for Albertans.

We would be pleased to assist the Committee further with your deliberations.