

Questions & Answers

Keeping health care providers informed of payment, policy or program changes

To: Physicians

Published By: Health Services Branch

Date Issued: December 20, 2013

Corresponding Bulletin Reference: 4620

Re: Changes to Publicly Funded Physiotherapy Services

1. What changes has the government made to physiotherapy services?

Effective August 22, 2013, the government implemented a comprehensive program for community and primary care physiotherapy. Non-hospital physiotherapy was removed from the *Health Insurance Act* as an insured service and established under budget-based programs.

Physiotherapy services in community settings will continue to be funded with the focus on expanding clinic-based services to improve access for Ontarians across the province and by integrating physiotherapists into family health care settings such as some Family Health Teams or Community Health Centres. Publicly funded physiotherapy will also continue to be available in Long-Term Care Homes (LTCHs) and to patients needing physiotherapy in their homes. This INFOBulletin is specific to changes related to clinic –based physiotherapy services. For information on the other physiotherapy reforms please visit the ministry’s website at www.ontario.ca/physiotherapy.

2. Why did the government make these changes?

Prior to August 22, 2013, Designated Physiotherapy Clinics (DPCs) were the only clinics eligible to bill OHIP for publicly-funded physiotherapy. Since there were only about 90 DPCs in Ontario (most of them in the Greater Toronto Area), many eligible Ontarians did not have access to publicly-funded physiotherapy.

3. Are all of my patients eligible for publicly-funded physiotherapy services?

The eligibility requirements for patients remain the same as under the previous OHIP system. To be eligible for publicly-funded physiotherapy in a participating clinic, patients must have a valid Ontario health card and a referral from their physician or nurse practitioner and be:

- age 65 or older;
- age 19 or younger;
- any age after overnight hospitalization for a condition that requires physiotherapy (and for which they are not otherwise eligible through other publicly funded programs*); or
- a recipient of Ontario Works or the Ontario Disability Support Program (with or without a valid Ontario health card).

*Note that for discharged patients, there may be other sources of publicly-funded physiotherapy (e.g., Quality Based Procedures for hip and knee replacement, Ontario Stroke Network) that offer services. These changes are not meant to replace the existing pattern of post-hospitalization or other rehabilitation care or services provided under those programs.

4. How do I know if I should provide my patient with a referral for publicly funded clinic-based physiotherapy?

Only patients with a condition meeting the service description are eligible for physiotherapy treatment under the program. The program is not intended solely for exercise, maintenance, for patients receiving physiotherapy treatment under other publicly funded programs or solely for assessment for an assistive device.

5. What services are delivered under the program?

The physiotherapy services funded under the program include assessment(s), diagnosis and treatment to improve, develop or rehabilitate physical function and/or promote mobility when that function and/or mobility has been lost or impaired as a result of a debilitating event or disease, pain, injury or surgical procedure. Once the therapeutic objectives identified in the treatment plan have been achieved, or when any reasonably equivalent gains could be achieved through an exercise, falls prevention, activation, or similar program, or when no further gains are likely to be achieved from continuing the physiotherapy services, the physiotherapist must discharge the patient from the Episode of Care and provide you with a discharge report.

Please bear in mind the service description when considering a referral for your patient. The assessing physiotherapist will make the final determination as to your patient's eligibility under this program.

6. How will I know where to refer my patients for access to publicly funded physiotherapy services?

A list of participating clinics will be posted on the ministry's public internet site at http://www.health.gov.on.ca/en/public/programs/physio/pub_clinics.aspx.

Patients may also contact their Local Health Integration Network (LHIN) or view their LHIN website by searching at <http://www.lhins.on.ca>.

7. How will the funding work?

Clinics are being funded for 'episodes of care' at \$312 an episode.

8. What is an 'episode of care'?

An episode of care (EOC) is defined as a discrete group of condition/diagnosis specific, time-limited, goal-oriented physiotherapy services provided to a specific patient initiated by a physician or nurse practitioner referral and provided in accordance with further requirements described in the Transfer Payment Agreement. Each EOC requires a separate referral; however a referral may be for more than one condition. While a patient can be referred more than once in a funding year, it is expected that the number of patients with more than one referral is low.

9. How many treatments will my patient receive with an Episode of Care (EOC)?

There are no pre-set limits to the number of visits or maximums that an eligible patient can receive as part of an EOC. Under the new model, funding covers an EOC, not individual visits. The number, frequency and duration of visits offered must be necessary and reasonable for the treatment of the condition as determined by the treating physiotherapist using his/her professional and clinical judgment of the patient's individual need and evidence-based best practices. As part of the assessment, the physiotherapist and the patient will identify therapeutic objectives or goals for treatment. Once the therapeutic objectives identified in the treatment plan have been achieved, or when any reasonably equivalent gains could be achieved through self-care or through an exercise, falls prevention, activation, or similar program or when no further gains are likely to be achieved from continuing the physiotherapy services, patients are discharged.

10. Will the clinic charge my patient?

There are no other fees payable by the patient for services covered under the episode of care (EOC). The funding provided for an EOC covers the assessment, diagnosis, physiotherapy treatment (including on-site clinic use of equipment or supplies) and discharge report. Clinics may offer other services not covered under EOC funding for which patients may be charged. The Ministry does not set or regulate such services or fees.

11. If I have a patient who has just had hip or knee replacement surgery, do I refer them to a participating clinic?

Many ministry-funded hip and knee replacement rehabilitation services are provided through hospital outpatient departments or through Community Care Access Centres. If your patient has received physiotherapy after hip surgery through another publicly funded program, your patient should not require a referral for clinic-based treatment. However, hip and knee physiotherapy care can be provided at the clinics should further physiotherapy services be required. The expectation is that only a small number of post-surgical hip (or knee) replacement patients would require any additional physiotherapy services over and above that provided by other providers as part of Quality-based Procedures or other funding. Patients in receipt of services as part of another ministry-funded program are not eligible for concurrent care under the 'episode of care' model.

12. What about my patients with chronic conditions. Can I refer them for treatment?

Yes. Clinic-based physiotherapy services for chronic diseases are funded if all the eligibility criteria are met.

Under the EOC funding model, the physiotherapy services funded are assessment, diagnosis and treatment to improve, develop or rehabilitate physical function and promote mobility lost or impaired as a result of a debilitating event or disease, pain, injury or surgical procedure. This would apply to chronic diseases such as arthritis or multiple sclerosis.

As part of the assessment, the physiotherapist and the patient will identify therapeutic objectives or goals for treatment. Once the therapeutic objectives identified in the treatment plan have been achieved, or when any reasonably equivalent gains could be achieved through self-care, an exercise or falls prevention, activation, or similar program, or when no further gains are likely to be achieved from continuing the physiotherapy services, patients are discharged from their EOC.

In addition to the discharge report that the clinic is required to provide to you as the referring physician, clinics are also required to provide each patient with information on self-management and/or local programs including exercise, falls prevention, activation, or similar programs, as appropriate.

13. Do I refer a patient who only needs maintenance treatment?

No. The clinic-based physiotherapy services funded under this program are aimed at addressing acute episodes or worsening of symptoms that lead to decreased function or mobility (e.g. debilitating event or disease (including chronic disease), pain, injury or surgical procedure). However, should a patient's condition change or deteriorate, their function decrease or their mobility level worsen, (i.e. as a result of a debilitating event or disease, pain, injury or surgical procedure), a referral may be appropriate.

Maintenance of good health and function is important and this can be supported through access to resources such as exercise and falls prevention classes. These classes will be available in more communities across the province to help seniors stay healthy, active and living in their own home longer. New sites will be identified and locations posted on each LHIN's website.

For more information on exercise and falls prevention classes offered in your community, please access your LHIN website or contact the Seniors' INFOline 1-888-910-1999 or TTY: 1-800-387-5559.

The ministry is also working with all LHINs to compile information on other local programs and resources so this information is available for patients and community based clinics to facilitate appropriate referrals and transfers.

14. What if my senior patients don't need physiotherapy but could benefit from exercise or falls prevention classes?

A referral is not needed. Patients may contact their Local Health Integration Network or view their LHIN website by searching at <http://www.lhins.on.ca> to find a list of exercise and falls prevention classes offered in their local communities.

15. Where can I find information on the changes for my patients?

Information is available on the ministry's public internet site at www.ontario.ca/physiotherapy.

Patients can also call Service Ontario's Seniors' INFOline at 1-888-910-1999 or TTY: 1-800-398-5559 with any inquiries about access to publicly-funded physiotherapy services.

16. Where are the publicly-funded clinics located?

The list of publicly-funded physiotherapy clinics is available online from the ministry's web site at http://www.health.gov.on.ca/en/public/programs/physio/pub_clinics.aspx

17. What other publicly funded programs provide funding for physiotherapy?

Government-funded physiotherapy may also be provided to eligible patients by, for example:

- Community Care Access Centres to people who require physiotherapy in their homes due to their condition or injury;
- Long-Term Care homes;
- hospitals to their inpatients or through their outpatient physiotherapy departments;
- special rehabilitation programs/organizations such as Children's Treatment Centres or the Ontario Stroke Network; and
- some Community Health Centres.

In addition, publicly-funded physiotherapists will be integrated into existing interdisciplinary primary health care programs in family health care settings such as Family Health Teams, additional Community Health Centres, Nurse Practitioner-Led Clinics and Aboriginal Health Access Centres.