

Availability of Rehabilitation Services Along Ontario's Continuum of Care



Rehabilitation Health Human Resources



Are there enough to go around?

Reasonable and timely access to health services remain a critical issue across Canada's national, provincial and regional landscapes. While much of the policy attention has been concentrated on hospitals, physicians, nurses and surgical/diagnostic services, there have been a series of events within the last decade that have also affected rehabilitation services. For example, in the province of Ontario, these changes include, but are not limited to, the partial delisting of community based physical therapy services, introduction of regionalization through newly formed Local Health Integration Networks (LHIN), and the implementation of advanced practice models. Other factors that may emerge as key policy inflection points are the ongoing establishment of rehabilitation providers in community health centers (and optimistically in Family Health Teams), and impending government and legislative responses to the Health Professions Regulatory Advisory Council (HPRAC) recommendations. In response to these and other environmental changes, there has been an emergence of rehabilitation-based health services and policy research that has explored the consequences of such changes on access and availability. In this inaugural policy brief presented by *The Rehabilitation Policy and Health Human Resources Research Unit* in the Department of Physical Therapy at the University of Toronto, we provide an overview of the literature pertaining to availability (or supply) and present policy implications based on what we interpret to be socially undesirable levels of availability of physical therapists (PTs) and occupational therapists (OTs).

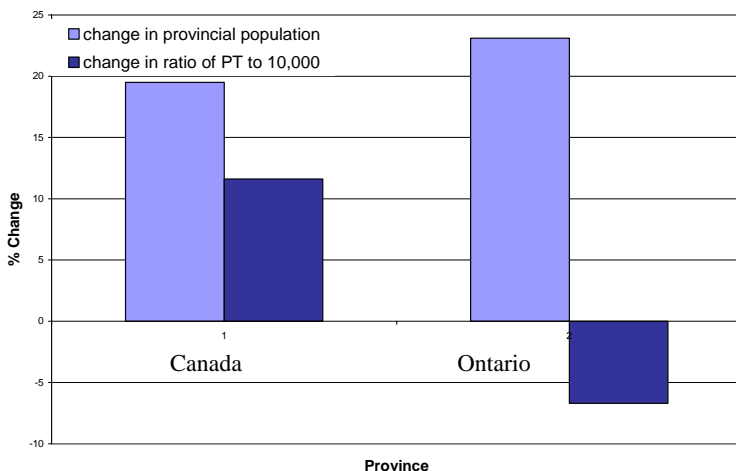
Key Policy Points

- In 2007, there were 15,850 PTs¹ and 12,285 OTs² across Canada.
- The health human resource (HHR) ratio is a gross measure of provider density in a given area. Across Canada, the estimates are approximately 4.8 PTs³ and 3.7 OTs² per 10,000 population.
- Despite change in absolute numbers and in the HHR ratio, the growth of the population in some jurisdictions is outstripping the growth in the HHR ratio³.
- Demand for rehabilitation services is forecasted to increase sharply^{4,5}.
- It is unclear if there are (or will be) a sufficient and stable supply of PTs and OTs to meet this growing demand³.
- Disequilibrium in the supply/demand curve for rehabilitation services may have important consequences at the individual and population levels.

Supply or Availability of PTs and OTs

According to the Canadian Institutes of Health Information (CIHI), there were 15,850 PTs¹ and 12,285 OTs² across Canada in 2007. The health human resource (HHR) ratio is a gross measure of provider density in a region, and is expressed as the number of provider per population. Based on the published literature, there are approximately 4.8 PTs³ and 3.7 OTs² per 10,000 across Canada. Landry et al. (2007) drew attention to the finding that even though the absolute number of PTs and OTs is increasing; this growth is not keeping pace with the overall population growth in some provinces. As indicated in Figure 1, a change in national population has not been matched by increases in the HHR ratio of PTs to population thereby indicating that the population growth is outstripping the HHR ratio. Although the pattern is not known for OTs, we suspect that a similar trend exists.

Figure 1: A Comparison of the Change in Population vs. the Change in the Ratio of PT to 10,000 population (1991 to 1995) (from Landry et al 2007)



Demand for Rehabilitation Services

Lewis et al. used a social forecasting approach to conclude that demand for rehabilitation services (specifically for the elderly) is expected to grow annually by 1% between 2006 and 2010⁴. They also suggested that demand would be highest for community-based services, but that demand will also remain high for more traditional hospital or institutional based services. In our previous macro-level policy research performed in Ontario, we signaled that demand for rehabilitation appears to be rising sharply, and that there were four primary macro-level factors driving demand⁵.

These factors included overall population growth along with an increasingly large cohort aged 65 years or older, increasing rates of chronic and complex conditions along with changes in hospital discharge patterns, increasing public expectations, and advances in treatment and management of disease/conditions. We concluded that although demand may be rising, access to rehabilitation has become based on eligibility rather than the presence of demand alone.

Policy Implications

Overall, availability of PTs and OTs in Ontario may present a policy dilemma. Providing resource intensive medical and hospital interventions without ensuring a reasonable supply of rehabilitation services may be a poor investment. From a cost standpoint, it may increase utilization of expensive institutional services; from an outcomes standpoint, it may result in unnecessary and preventable disability. Key research needs include ascertaining how to deliver appropriate, and high quality care, and how to determine the optimal ratio of PTs and OTs to ensure that services are delivered to the population who will benefit, including the growing number of people living with chronic and episodic disease.

References

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