



PRIMARY HEALTH CARE

A Resource Guide for Physical Therapists

College of Physical Therapists of Alberta

Alberta Physiotherapy Association

Canadian Physiotherapy Association



PRIMARY HEALTH CARE

A Resource Guide for Physical Therapists



Canadian
Physiotherapy
Association

Association
canadienne de
physiothérapie

Alberta Physiotherapy Association

@2007 College of Physical Therapists of Alberta, Alberta Physiotherapy Association, Canadian Physiotherapy Association.

Permission to reproduce in part or whole is granted; please include a printed acknowledgement of the authors.

ISBN: 978-0-9687043-6-3

Questions about this document should be directed to:

College of Physical Therapists of Alberta
Suite 1350, 5555 Calgary Trail
Edmonton AB T6H 5P9
780/438-0338
cpta@cpta.ab.ca

CONTENTS

Executive Summary 1

Foreword & Introduction 2

SECTION I

WHAT IS PRIMARY HEALTH CARE? 3

Canadian Primary Health Care Principles and Framework..... 5

Characteristics and Funding for Primary Health Care Networks in Canada..... 7

Opportunities for Physical Therapists 8

SECTION II

TOOLKIT FOR PHYSICAL THERAPISTS 9

Framework for Physical Therapists’ Integration into the Primary Health Care System 10

Physical Therapists’ Role in the Primary Health Care Team..... 10

Relationship of the Physical Therapist to the Practice 13

Physical Therapist Funding/Compensation Model..... 14

Physical Therapist Case Management and Interprofessional Collaboration 16

Competencies for Success in Primary Health Care 16

Examples of Physical Therapists Working Within Primary Health Care Models..... 19

EXECUTIVE SUMMARY

A review of international literature indicates rehabilitation providers, including physical therapists¹, are participating in primary health care teams in many countries. As primary health care (PHC) evolves in our Canadian health system, physical therapists are identifying the need for information and tools to increase their knowledge of PHC. This Resource Guide, *Primary Health Care: A Resource Guide for Physical Therapists* (the Guide), was commissioned by the College of Physical Therapists of Alberta, the Alberta Physiotherapy Association and the Canadian Physiotherapy Association to help translate, share and disseminate knowledge and management information on PHC to physical therapists across Canada. It is an electronic, web-based document that includes electronic links to relevant websites available at the time of launch in the spring of 2007.

Principles of primary health care reform recognize that interdisciplinary collaboration maximizes the skill sets and competencies of all health professionals for the benefit of their patients/clients. Interdisciplinary collaboration addresses work-life balance issues experienced by many professionals, while improving the quality of service delivered to patients/clients. The unanswered policy question is which health professions will be involved with physicians in PHC teams in Canada? The PHC model and resources for physical therapists differ by province. In Alberta, the Regional Health Authorities play a significant role in how the networks are run and lead the development of a business plan for each network. The variability across the country will continue because decisions about team composition are based on the provincial model of PHC, on the health needs of the local population and on funding options. Of importance to physical therapists is that local primary health care leaders may not fully understand the value that physical therapists bring to health promotion, prevention, screening, triage and assessment and treatment activities. Visibility and open communication provide opportunities for physical therapists to demonstrate and advocate for their role. Many provinces implemented new models for the delivery of primary health care in the years 2000 – 2006. Now is the time for vision and action.

As Canadian physical therapists are at an early stage of participation in primary health care initiatives, a model supported by the profession has yet to evolve. A framework is therefore provided in Section II (p. 10) that physical therapists and the local primary health care practice can use to define an initial agreement for the integration of a physical therapist into the practice.

The Framework components are:

- *the role of the physical therapist;*
- *the relationship of the physical therapist to the practice;*
- *a proposed funding model; and*
- *the physical therapist's role in case management and collaborative practice.*

The profession benefits if each physical therapist working in a PHC network actively shares their ideas and initiatives, outcomes and learning with their provincial or national professional association. Physical therapists should contact local leaders, the provincial professional association and government contacts for any assistance that might be available.

¹ The terms physical therapist and physical therapy are synonyms for physiotherapist and physiotherapy respectively and used interchangeably throughout this Guide and appendices.

PRIMARY HEALTH CARE AND PHYSICAL THERAPISTS

This Guide is the result of the collaboration between the College of Physical Therapists of Alberta (CPTA), the Alberta Physiotherapy Association (APA) and the Canadian Physiotherapy Association (CPA).

It builds on the work of the physical therapy profession: a Manitoba paper, *Physiotherapy and Primary Health Care: Evolving Opportunities*, and the collaborative discussion paper, *Primary Health Care and Physical Therapists – Moving the Profession’s Agenda Forward*.

Following the release of the discussion paper, the CPTA hosted a PHC forum to look at the report’s findings and identify the information and tools required by physical therapists to advance their role in emerging PHC networks. One resource identified was a toolkit or resource guide.

Major transformation of the primary health care (PHC) system is taking place across Canada. This Guide supports physical therapists participating in the development of primary health care initiatives in their own communities and integrating their practice or professional services into emerging service delivery models.

Rehabilitation providers, including physical therapists, are participating in primary health care teams in many countries including England, Scotland, Ireland, Wales, Netherlands, Sweden, Norway, Finland, USA, Australia and New Zealand. The paradigm of the practitioner who has the initial contact with the patient is shifting away from traditional roles. There is evidence for expanded roles for physical therapists that require strategic thinking, a clear vision, effective planning, outcomes measurement and the continuing development of competencies.

This Guide is designed to allow readers to select content relevant to their interest, knowledge and experience. Physical therapists whose primary role relates to supporting patient transitions to and from the PHC system may want to read Section I, What is Primary Health Care?, which presents contextual information about the definition, organization and delivery of primary health care. Physical therapists who want to work in a PHC network will find the toolkit in Section II and the appendices useful to reflect on how integration within a PHC model might change their current practice.

The Guide Is Divided Into Two Sections

Section I Identifies four questions about the definition, organization and delivery of primary health care:

- How is PHC different?
- What does a physical therapist need to know about the PHC framework, principles and delivery system before becoming a physical therapist in a PHC team or family practice?
- How is PHC funded?
- What are the opportunities for physical therapists in a PHC team?

Section II A framework including four components to assist the integration of the physical therapist into a primary health care system:

- physical therapist’s role;
- physical therapist relationship to the practice and the development of consultation protocols;
- funding/compensation model; and
- physical therapist case management and collaborative practice.

The appendices include the practice management tools identified in Section II. A list of internet resources provides references for a broader understanding of health system transformation initiatives. A glossary of terms is also included.

SECTION I: WHAT IS PRIMARY HEALTH CARE?

The goal of a primary health care system is to incorporate the components of Primary Care (PC), or the first level of contact, with the health system delivered traditionally by physicians (Marriott & Marble, 2000), while recognizing the broader determinants of health. The PHC model involves health professionals working together and delivering care within the context of the broader determinants that affect the health of individuals, families and their communities (e.g. education, environment, other socio-economic factors). A PHC system coordinates and integrates services to respond to the health status of the population. It includes illness prevention, health promotion, diagnosis and management of health concerns. It encourages the use of the health professional(s) from the most appropriate health discipline(s) to maximize the potential of all health resources. (Adapted from A. Mable and J. Marriott, *Sharing the Learning - the Health Transition Fund Synthesis Series: Primary Health Care*. Ottawa. Health Canada, 2002)

To be effective, a PHC system is integrated with other services and sectors, including secondary and tertiary health care, education, workplace, child welfare and the criminal justice system. The following table provides some examples of the organization of primary, secondary and tertiary health services.

HEALTH CARE	LOCATIONS
Primary Care	family medicine practices
	private practice of other health professionals
	PHC teams/networks
	public health
	mental health and addiction services
	community health centres
	walk-in clinics
	pre-hospital emergency medical services
	ER/urgent care
	community diagnostic and laboratory services
	some medical specialists
some aspects of "at-home" care	
Secondary Care	acute care hospital
	home care
Tertiary Care	medical specialists on referral from primary care providers
Residential Care	specialty hospitals, may be university affiliated
Residential Care	nursing home/chronic care

Northern Ireland's Vision for Primary Care 2025 presents an engaging vision as follows.

A primary health care system that achieves very high levels of health and social well being, maximizing care and treatment in the community convenient to where people live, minimizing the need for hospitalization or residential care and is the cornerstone of health and social services generally, providing the great majority of services.

It will treat and care for people as the first point of contact in a comprehensive fashion and be highly responsive, providing immediate access to a wide range of services, day or night. In doing so, it will foster new technology and information systems accessible by both citizens and practitioners.

It will provide high quality and seamlessly integrated services, with an emphasis on prevention, safety and continuity of care. Service delivery will be based on partnerships working across the public, private and voluntary sectors.

Primary care will provide a service that will be well understood and used by citizens, and in which they, along with practitioners, will have an effective voice in planning and evaluating services.

Primary care will engender pride among those who work in it and respect by those who use it.

Department of Health, Social Services and Public Safety (DHSSPS) document *Caring for People Tomorrow*. A strategic framework for the development of primary health and social care for individuals, families and communities in Northern Ireland. <http://www.dhsspsni.gov.uk/> → Health and Social Care → Primary Care Strategy

What is the case for change in the Canadian system? In the 21st century, chronic diseases are the leading cause of avoidable illness, health care system utilization and premature deaths. About two-thirds of total deaths in Canada are due to cardiovascular disease, cancer, chronic obstructive lung disease and diabetes, and represent the major burdens on the health care system, families and Canadian society.

Two-thirds of Canadians have at least one modifiable risk factor for chronic disease: smoking, low levels of physical activity, unhealthy eating habits or overweight and obesity.

Only 4% of adults 18 to 74 years old have no major risk factor for cardiovascular disease.

Traditionally, providers of health care have been concerned primarily with the diagnosis and treatment of existing disease in individuals. The Biomedical Model has been pre-eminent: it was widely believed that the quantity and quality of services available to the individual are the chief factors in determining the health of the population. More recently, this view has been replaced by a more comprehensive view of the determinants of health.

Constitutionally, the provincial governments have the primary responsibility for health matters in Canada. Methods of organizing, financing and administering health vary from province-to-province. Health Canada, a federal department, is responsible for helping Canadians maintain and improve their health, while respecting individual choices and circumstances. Accountability and transparency of health care for Canadians is maintained through the Health Council of Canada. The Health Council was established in 2003 by Canada's First Ministers in the 'Accord on Health Care Renewal' in response to both the Kirby (2002) and Romanow (2002) reports.

In 2000, the federal government provided \$800 million to support primary care renewal initiatives in Canada. Canada established a 5-year \$16 billion Health Reform Fund dedicated in part to primary care renewal. The Primary Health Care Transition Fund (PHCTF) was used from 2000 to 2006 for provincial, territorial and national initiatives in primary health care. It is these initiatives that are helping to lead the way to primary health care reform in Canada.

Factors Precipitating the Need for Health Care Reform

- patient access to primary health care
- complex medical caseloads with multiple co-morbidities
- evidence that Canadian primary care practices were focusing on acute or episodic conditions while individuals with chronic disease were not receiving the more comprehensive care they needed (Health Council of Canada, 2005)
- various parts of the health system working in disjointed ways (Health Council of Canada, 2005)
- family physicians' continuing dissatisfaction with medical practice and work/life balance (Health Council of Canada, 2005)
- difficulty integrating nurse practitioners, pharmacists and social workers into the primary health care system (Health Council of Canada, 2005)
- financial sustainability of the current organization and delivery of service
- recognition that the increased use of multidisciplinary teams would reduce clinical error, increase provider satisfaction and improve patient outcomes in acute and chronic care settings (Health Council of Canada, 2005)

Objectives of Primary Health Care Initiatives

- improved continuity and coordination of care
- early detection and action using primary health care teams with emphasis on health promotion, disease and injury prevention, care of patients with medically complex issues and chronic disease
- better information on needs and outcomes through the expansion of the electronic health record and telehealth
- increased patient and provider satisfaction
- increased cost-effectiveness of health care services
- improved access to appropriate primary care services

CANADIAN PRIMARY HEALTH CARE PRINCIPLES AND FRAMEWORK

Between 2004 and 2006 the Canadian Physiotherapy Association was one of ten national health care associations that participated in an initiative titled Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP). The EICP Initiative was funded through a \$6.5 million dollar grant from Health Canada's Primary Health Care Transition Fund to provide research and recommendations to change how health care providers work together.

The EICP Steering Committee developed principles and a framework to encourage and enhance interdisciplinary collaboration in primary health care in Canada, in addition to a collaboration toolkit containing the 'tools' needed to support interdisciplinary practices. The six principles and the seven-element framework is a system of interrelated components that clarify the vision and conditions necessary for interdisciplinary collaboration among primary health care professionals. <http://www.eicp.ca/>

Principles The EICP Principles reflect shared values and create a foundation for professional and system-wide approaches to primary health care policies, programs and services. The EICP Principles are intended to guide and inspire health care reforms associated with strengthening the primary health care safety net. A synopsis of the six principles is provided below. For a complete description of each principle, visit the EICP website at <http://www.eicp.ca/>

PRINCIPLE	KEY POINTS
Patient/Client Engagement	<p>Health professionals work together to optimize the physical, cognitive and mental health and wellness of their patients.</p> <p>Goal of addressing immediate problems, preventing future health concerns and promoting healthy lifestyles.</p> <p>Patients/clients are actively engaged in decisions and the management of their health status.</p>
Population Health Approach	<p>A population health approach is used to set priorities, establish strategies and make investments in action to improve the health of the population.</p> <p>Health professionals, planners, leaders and community members assess needs and health problems present in a community.</p> <p>PHC professionals balance the population health needs analysis with the needs of individual patients who come for care.</p> <p>Services are provided across the continuum of care, including health promotion and prevention, treatment, referral, therapy, supportive care and palliation.</p> <p>Programs and services are tailored to address the determinants that influence patient/client health.</p>
Best Possible Care and Services	<p>Health professionals use the results of research as a basis for setting quality standards and making decisions about the treatment and management of health problems.</p> <p>Services are continuously evaluated to measure health outcomes, ensure accountability, track performance and assure quality.</p>
Access	<p>Patients/clients have access to the right service, provided at the right time, in the right place and by the right health professional.</p> <p>Geographic barriers are minimized and services are available close to where people live, work and learn.</p>
Trust and Respect	<p>Trust and respect among health professions is at the heart of interdisciplinary collaboration in PHC.</p> <p>Each profession brings its own set of knowledge and skills to collaborative care.</p> <p>A collegial environment that supports shared decision-making, creativity and innovation boosts the capacity of individual professionals, teams and health systems.</p>
Effective Communication	<p>Effective communication at both the organizational and interpersonal levels is the hallmark of productive interdisciplinary collaboration in health care.</p> <p>Professionals, and the systems they work in, must have the ability to support team information-sharing and decision-making, while resolving conflicts appropriately.</p>

Framework The EICP Framework is composed of the structural elements required to support primary health care. The majority of these elements must be addressed (or present) in order to build and sustain a health care system that maximizes the benefits of interdisciplinary collaboration for patients/clients, health providers and health systems.

The Framework describes the characteristics of a systemic approach to primary health care. The framework elements do not stand alone—they are interrelated and must be considered as a whole. To review the complete description of the Framework, go to <http://www.eicp.ca/>

The EICP Framework has seven key framework elements which are built upon the foundational principles:

1. *health human resources*
 2. *funding*
 3. *liability*
 4. *regulation*
 5. *information and communication technology*
 6. *management and leadership*
 7. *planning and evaluation*
-

CHARACTERISTICS AND FUNDING FOR PRIMARY HEALTH CARE NETWORKS IN CANADA

Structure Between 2000 and 2006 the majority of Canadian PHC initiatives focused on implementing the fundamental medical elements that are core to PHC and the creation of appropriate linkages within the health system. In January 2007, the College of Family Physicians of Canada launched a Primary Care Toolkit for Family Medicine to help translate, share and disseminate knowledge and management information. <http://www.toolkit.cfpc.ca/>

In some demonstration models, alliances with other health professionals such as a family practice nurse (RN) or a nurse practitioner were trialed. The role of nurse practitioners in PHC varies greatly, influenced mostly by the physicians with whom they practice. Nurse practitioner roles include well patient exams, home visits, preventative care, patient education and assisting with on-call coverage. Some nurse practitioners carry their own patient caseload, providing the full range of services that they are empowered by legislation to perform.

As networks expand beyond core team members, the inclusion of other health professions is considered (typically pharmacists, dieticians, mental health professionals, physical therapists and occupational therapists). The decision to include additional health professionals is based on a health-needs assessment of the practice population and of the community, the availability of funding and the case made by the health professional. At this time, there are no explicit federal or provincial policy decisions to support the inclusion of physical therapists within primary health care teams.

The Contract Generally, physicians have a legal contract with the health authority or government. The contract describes their accountabilities and the payment mechanism. The practice is expected to serve a defined population, which may include satellite and visiting locations and may be responsible for a core set of services. The PHC chooses their focus based on the health needs of the population they serve and may or may not include rehabilitative services. The practice is given the flexibility to evolve a practice model that works at each local level.

The Enrollment Process Patients generally sign an agreement with the practice stating they will accept the responsibility to seek all their care through the practice. This process is called rostering or registering patients to the practice. The number of patients registered is dependant on the number of physicians and other health professionals affiliated with the practice. Registering 5,000 to 25,000 patients appears to be a typical range.

Governance Requirements and Leadership Roles A variety of approaches are taken to the development of the governance structures which is intended to facilitate and support client and community engagement. Under the terms of their Primary Care Network Contract, physicians may be required to have a written agreement setting out their decision-making approach and signing authority. Each network has a leader and some have an executive committee, typically consisting of three or four members.

Payment Mechanisms Many PHC networks use a **capitation payment model**. Capitation is a fixed amount of money set by contract based on the number of patients enrolled with the practice and not on the type or amount of services provided to each patient. There may be additional financial incentives to provide preventative interventions and surcharging allowances for the number of chronic conditions and patient age.

Another funding model is the **reformed fee-for-service model**, a modified version of the traditional physician remuneration method where physicians are paid based on the amount and type of service provided to patients. In some models, such as community health centres, physicians are salaried. At this time, there is no specific funding targeted for physical therapy or rehabilitation services.

Budget Requirements The government or planning authority may require budgets for administration of the enrolment process, network administration, information technology and nurse practitioners or other professionals (where applicable).

Providing Patients with 24-Hour Access to Care Generally, PHC Networks are expected to ensure that registered patients have access to medical care 24 hours per day, seven days per week. Strategies include extended office hours, physician on-call coverage and tele-triage service. Physical therapists who believe their competencies are an asset to the health system and want to work in PHC will be expected to deliver programs and services beyond typical office hours.

Information and Communication Technology Sharing information among team members is essential to improving continuity of care and service delivery: information and communications technology creates those critical information pathways. It is expected that information technology will be integrated into practice, moving towards electronic medical records and a paperless office.

OPPORTUNITIES FOR PHYSICAL THERAPISTS

Review of the international literature indicates rehabilitation providers, including physical therapists, are participating in primary health care teams in many countries. In Canada, physical therapists have established roles in community health centres that are an early model for the delivery of publicly-funded primary health care services targeted to patient populations who face significant barriers to achieving health. As well, physical therapists are already practicing independently in the community, unlike nurses and pharmacists. As new models of PHC service delivery evolved across Canada, a small number of physical therapists who are well known in their communities have been invited to participate. The opportunity to join the interprofessional team requires a creative approach to secure funding as the existing funding models do not support the integration of physical therapists into PHC teams. While the provision of long-term sustainable funding targeted to the interprofessional PHC team is a key policy decision, in the interim it is not fair to consider that the physician would assume the higher practice costs alone. To expand the numbers of Canadian physical therapists involved in primary health care networks, physical therapists need to define and advocate for their role by engaging in dialogue with PHC network leaders in their community, and by developing programs that meet local population health needs. Concurrently, physical therapists need to

develop and propose funding strategies to support their role and program contribution. Refer to the case scenarios on p. 15 for more detailed information.

SECTION II: TOOLKIT FOR PHYSICAL THERAPISTS

The Human Resources section of the Enhancing Interdisciplinary Collaboration in Primary Health Care conceptual framework identifies that education, use, availability and distribution of health human resources are at the core of the shift to interdisciplinary collaboration in primary health care.

Interdisciplinary collaboration maximizes the skill sets and competencies of all health professionals for the benefit of their patients/clients. Interdisciplinary collaboration helps to address the work-life balance issues experienced by many professionals, while improving the quality of service delivered to patients/clients.

This section provides practice management ideas, examples and internet links that physical therapists can use to develop a business proposal/case to ensure local, regional and provincial decision-makers appropriately utilize physical therapists as key contributors within the development and delivery of PHC.

The early phase of reform has focused on reorganization of the family practice with emphasis on physicians and nurses as core team members. Subsequent phases may include those professions that make a case for the value of their inclusion. Key to the establishment of interdisciplinary teams is a needs-assessment to determine the health needs of the community and practice population. See [Appendix A: Defining the characteristics of patient populations served in PHC](#).

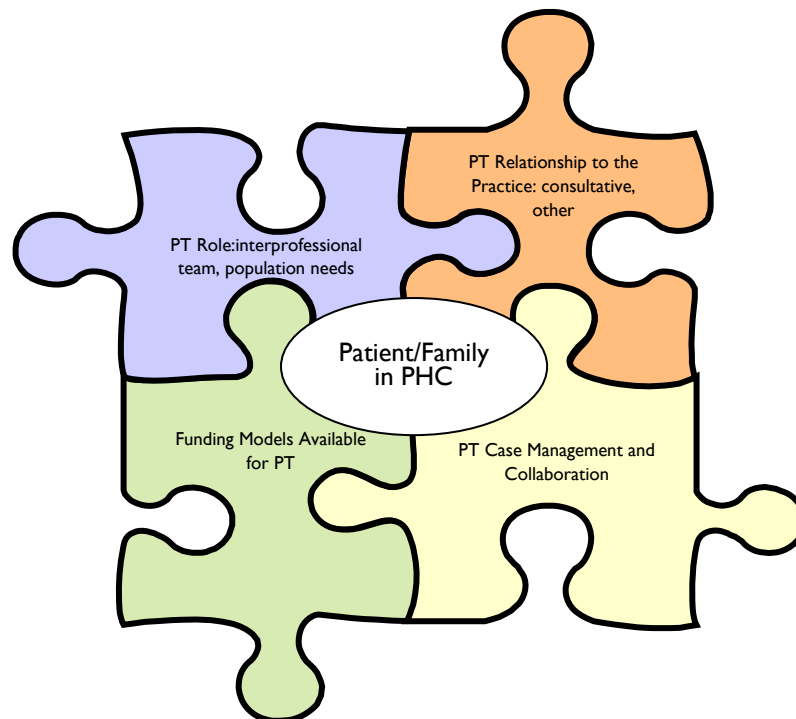
A framework has been created to demonstrate how physical therapists working with physicians and policy groups can address key elements integral to linking or integrating physical therapists into a PHC team or network. The framework fosters and enables increased collaboration and teamwork among physicians, nurses, physical therapists and other health care providers to provide an improved continuum of patient/client care. The framework is flexible and adaptable within a variety of regional or community primary health care delivery models and/or networks. It meets the diverse needs of patient populations and geographic locations. It supports the existing service delivery model for community-based physical therapists, allowing innovation and creativity to meet the specific needs of the primary health care practice.

The key elements identified in the framework:

- *role of the physical therapist in the primary health care team;*
- *relationship of the physical therapist to the practice;*
- *funding/compensation model for physical therapists in primary health care; and*
- *shared role in case management and interprofessional collaboration.*

As physical therapists are at an early stage in their participation in PHC initiatives, a model that the profession supports has yet to evolve. The framework is therefore presented as four interlocking puzzle components that the physical therapist and the local primary health care practice can use to define the initial agreement for integrating a physical therapist into the practice.

FRAMEWORK FOR PHYSICAL THERAPISTS' INTEGRATION INTO THE PRIMARY HEALTH CARE SYSTEM



PHYSICAL THERAPISTS' ROLE IN THE PRIMARY HEALTH CARE TEAM

As self-regulated, direct access health care professionals, physical therapists provide an increasingly comprehensive range of services across the continuum of care, including assessment, treatment, health promotion and prevention, supportive care, palliation and referral. Physical therapists play an important role as core team members in a wide range of interdisciplinary teams throughout the publicly-funded health system. Physical therapists have well established roles as team members in many health sectors, including acute care, ambulatory, in-home, rehabilitation and community health centres. Primary health care reform provides an opportunity to replicate a similar role in PHC in those communities where priority population health needs are a match with the competencies of physical therapists.

In November 2005, the Canadian Physiotherapy Association published a Position Statement, *Primary Health Care and Physiotherapy*, to increase awareness and advocacy efforts of the role that physical therapists have as primary health care providers. <http://www.physiotherapy.ca/> → Professional Resources → Primary Health Care & Physiotherapy

At a consensus day held for an Ontario government-sponsored research project on physical therapist and occupational therapist roles in PHC in February 2006, the following vision for the role of a physical therapist was defined:

- diagnosis and treatment of acute and chronic conditions
- chronic disease management
- self-management educator
- case management
- health promotion and prevention across the lifespan - individual and community
- education/consultation to other health professionals
- research education and policy

In the UK, physical therapists are increasingly fulfilling an important role in the delivery of primary health care; however, their contribution varies according to the needs of the local authority. As physical therapists move into primary health care, they are working in innovative roles both within and beyond their current scope of practice. It is critical for physical therapists in each region to articulate a vision for the contribution physical therapists can make by utilizing and building on entry-to-practice competencies. Publications outlining international and national experiences in primary health care describe the evolution of roles for physical therapists.

Advanced Screening Practices Physical therapists assume accountability for the initial assessment and management of a pre-defined patient group the physician would typically have assessed. The patient type appropriate for direct access to the physical therapist is defined in collaboration with physicians. An algorithm tool may be used to ensure consistent and appropriate identification.

Examples

In a general practice, patients with chronic and stable orthopaedic and neurological problems, chronic pain and arthritis were referred to the physical therapist. The physical therapist refers or consults another discipline when advice is needed beyond their core competency, allowing physicians and nurse practitioners to focus on the management of non-musculoskeletal diagnoses.

In an emergency department where physical therapists act as the first contact provider and performs the initial assessment.

Triage Roles Ensuring patients have an appropriate work-up prior to admission to secondary care ensures the right patient is directed to the right practitioner/service.

Examples

Physical therapists perform initial screen/assessment of patients for referral to the surgeon for orthopaedic surgery.

Physical therapists provide telephone triage and advice for managing patients with back pain in primary health care.

Extended Scope Practitioner Roles Physical therapists assume roles structured in accordance with relevant legislation and regulations in their jurisdiction.

Examples

Requesting or undertaking investigations (x-ray, blood tests, scans, bronchoscopies).

Using investigation results to assist clinical diagnosis and patient management.

Ongoing clinical management of a patient following surgery or undertaking the medical management of patients with chronic disease.

Injection therapy.

Prescription of a restricted list of pharmaceuticals (called a supplemental prescriber) in the United Kingdom.

Consulting Role If primary care physicians are uncertain of the indication or appropriateness of a physiotherapeutic intervention, they can refer a patient to a physical therapist for a consultation assessment.

Patient Education and Self Management The physical therapist initiates prevention/health promotion activities earlier in the continuum prior to any injury or, in the case of chronic disease, focuses on prevention of secondary symptoms. Physical therapists are forging effective therapeutic relationships in a broader range of chronic diseases such as oncology and HIV/AIDs.

Examples

Assessment of an older person at risk at falling at home.

Contributing to a specialist assessment of an older person with chronic depression (e.g. mobility, transfers, potential for rehabilitation and independence).

Acting as a care coordinator for an older person with Parkinson's Disease.

Quality Assurance, Performance Measurement, Risk Management and Governance

The physical therapist is expected to play a role equal to all other health care providers in developing, implementing and reporting on standards, best practice, processes and outcomes. The team will use evidence to guide changes in practice and to enhance team function.

Integrated Interdisciplinary Education: The Role of Physical Therapists Effective teams function best when there are clearly articulated roles and responsibilities for each health professional on the team. This is not to say that roles and responsibilities of each discipline are unique: there are both commonalities and differences across professions and roles. Professionals will learn to work together through integrated interdisciplinary education programs. Skills include understanding the boundaries of practice, screening and being able to identify red flags.

A sample position description for physical therapists working in PHC, [Appendix B](#), is provided for adaptation by physical therapists. The *Essential Competency Profile for Physiotherapists in Canada, 2004* is also an excellent resource for describing the competencies and roles of physical therapists. In addition, position descriptions for other health care providers are found in the *Enhancing Interdisciplinary Collaboration in Primary Health Care Toolkit* •

<http://www.eicp.ca/>.

Value Proposition: Benefits of Physical Therapists in PHC The PHC network leader needs to understand the value physical therapists will bring to patients and the team. These include to:

- facilitate patient access to the right level of care at the right time
- minimize duplication/cost of service
- reduce number of visits by increasing patients' commitment and capacity to self-manage
- reduce waiting time for medical specialists as they assess only patients who have been screened (i.e. orthopedic, rheumatology, neurosurgery)
- reduce avoidable admissions to hospital or residential care
- facilitate early discharge
- optimize and maintain functioning independence and safety for those who are beginning to fail at home or those who are currently failing to cope
- decrease GP load

Anticipated Changes in Physical Therapy Private Practice

CURRENT PARADIGM	→	ANTICIPATED NORMS IN PC PHYSICAL THERAPY PRACTICE
health = absence of disease	→	health = positive and multidimensional
individual intervention model aimed mainly at self/referred population	→	model aimed at population in the total practice/environment
medical model	→	participatory model with emphasis on enablement, mediation and advocacy client actively engaged in decisions and the management of their health status
single discipline	→	interprofessional practice
coordination of care	→	case management
accountability for practice	→	co-accountability for practice
one-shot strategy	→	diverse and complementary strategies
multiple health records for one patient	→	single electronic health record which team and patient can access

RELATIONSHIP OF THE PHYSICAL THERAPIST TO THE PRACTICE

In Canada, patients self-identify and independently initiate physical therapy, and there are well established processes for physicians to request the services of a physical therapist. As the PHC model seeks to engage physical therapists in a broader role and to gain maximum benefit from their unique knowledge, skills and judgment, consultation protocols should anticipate and address emerging areas of practice. Opportunities will be identified that demonstrate the value physical therapists provides, such as in-patient screening, as the professional relationship between the physician and physical therapist evolves. As a first point of contact in the PHC network, physical therapists may triage patients to appropriate levels of secondary or tertiary care, provide physical therapy consultation reports, participate in broad health promotion or prevention strategies or assume advanced practice roles. It is important for the physician and physical therapist to understand the scope and boundaries of emerging roles and to develop practice standards and protocols that will maximize the benefit to the patient, the practice and the health system.

Key elements include ensuring the physical therapist has access to all pertinent health information, understanding the role and interventions of other health practitioners and understanding the health goals and outstanding questions.

PHYSICAL THERAPIST FUNDING/COMPENSATION MODEL

Funding is a key *Enhancing Interdisciplinary Collaboration in Primary Health Care Framework* element and a significant issue for physical therapists. Enhancing Interdisciplinary Collaboration in Primary Health Care advocates that innovative funding models have the potential to create a positive incentive for health professionals who are considering interdisciplinary collaboration. Payment methods for health professionals (fee-for-service, salary, capitation, various blended mechanisms) must facilitate and promote interdisciplinary collaboration. The provision of health services (whether public or private), as well as payment for services (user-pay, tax-based, co-pay), must respect the principles of interdisciplinary collaboration. <http://www.eicp.ca/>

Currently the majority of team-based, collaborative, interdisciplinary roles for physical therapists are found in publicly-funded health care facilities such as hospitals, rehabilitation units and ambulatory care settings attached to hospitals or community health centres. Funding is essential in allowing physical therapists to work to their full scope of practice employing their full range of competencies. Physical therapists who work in private practice develop an effective business practice model which focuses their service delivery on elements of practice that are valued and funded by third party payers.

Public Funding From 2000-2006 federal and provincial governments provided major funding to support the research and development of Canadian primary health care models. While the funding opportunities may be limited beyond 2006, physical therapists should initiate discussion with local network leaders to research provincial or local funding opportunities. The following approach to a sustainable financial model can be considered if no external funding is available and physical therapists want to be part of a collaborative practice.

This funding model will be termed **stage one model** anticipating that future policy and funding direction will recognize that effective primary health care requires reliable public funding to enable a team of health professionals to deliver primary health care. If early detection, health promotion, disease and injury prevention strategies are successful and complex and chronic disease is managed proactively, funding needs within the health system will change. It is possible that fewer dollars will be required at the illness end of the continuum. Health professions that demonstrate the capacity to deliver cost-effective, quality primary health care within a collaborative practice will strengthen their advocacy position for future funding. As well, it is anticipated that innovative approaches taken by individual physical therapists will enhance the model.

The local physical therapist must use his or her knowledge of public and private funding for physical therapy to develop a business case and to educate existing primary health care teams. This funding model assumes the physical therapist's practice includes patients who are registered or affiliated with the PHC practice and unaffiliated patients.

Patient Access to Physical Therapy Practice Physical therapists have the rights of direct access and do not require a medical referral for patients to access their services. Category One, below, reflects traditional private practice physical therapy, including self-identified or physician requests for physical therapy for patients not affiliated with the PHC team. Category Two reflects new patient populations that the physical therapist may include in their PHC practice.

Category One: ○ patients not affiliated with the PHC team self-referred or referred by other physicians in the community

Category Two: ○ self or physician referral of affiliated patients for assessment and treatment
 ○ physician referral of affiliated patients for consultation/opinion
 ○ physical therapist identifies cases for discussion with the physician based on a review of affiliated files
 ○ physical therapist provides a component of interdisciplinary health promotion/prevention strategies for affiliated patients

Stage one of a physical therapist's funding formula may be a blended mechanism including a fee-for-service, salary and capitation.

The fee-for-service component reflects current funding for physical therapy services which are determined on a patient-by-patient basis depending on the circumstances of each patient.

REVENUE SOURCES FOR PHYSICAL THERAPY		
Public Funding	Third Party Health Insurance Plans (Alternative Public Funding)	Private Funding
<ul style="list-style-type: none"> hospital: is the PHC group attached to a public hospital? government-funded or government fee-for-service in home Veterans Affairs (federal funding) 	<ul style="list-style-type: none"> insurance/extended health benefits or individual health plans employer health plans motor vehicle accident insurance benefits Workers' Compensation Board 	<ul style="list-style-type: none"> patient: self-pay or co-payment directly by patient corporate: paid directly by employer

If a physical therapist joins the interdisciplinary team in a primary health care practice, theoretically, the practice should be able to expand the total number of patients registered with the practice. By expanding the number of registered patients, the practice expands their revenue as funding is allocated on a per patient basis. The physical therapist can be partially funded by the increased revenue.

The **salary component** will compensate the physical therapist for non-billable hours in activities that the primary health care practice determines are essential for effective and efficient practice. These activities may include: patient-specific interdisciplinary collaboration, program development, case management, patient-specific bridging or facilitating patient navigation within the system. The salary could also fund assessment and treatment for patients without access to other types of funding.

The **capitation component** of the funding model will include the role/activities the physical therapist performs, as defined in collaboration with the physician, that reduces the physician's burden of care or reduces the number of visits the patient makes to the practice. These roles may be within the defined scope of practice for a physical therapist and/or expanded scope roles as demonstrated in international models of primary health care reform.

Role of the Provincial Professional Association in Advocating for Fees Physiotherapy associations play a role in advocating for the recommended fees-for-services established by the provincial or national association. Some associations may have a direct role negotiating professional fees with the Ministry of Health in provincial governments. In parallel with the activities of individual physical therapists, it is critical that provincial associations make progress toward the development of compensation models for expanded physical therapist and physical therapy services in primary health care. Physical therapists working in PHC have a critical role to play to inform the work of the association through sharing their knowledge and insights.

PHYSICAL THERAPIST CASE MANAGEMENT AND INTERPROFESSIONAL COLLABORATION

It is expected that a portion of the patient population in a primary health care practice will benefit from a structured process that allows team members to coordinate their care. One formal process is the role of the Case Manager/Case Coordinator. The Case Manager's role is interchangeable and should be held by the team member who best fits the needs of the patient. While an occupational therapist, nurse or psychologist are suited to assume the Case Manager role for a patient with mental health concerns, the physical therapist is an appropriate choice for patients with musculoskeletal or physical concerns.

COMPETENCIES FOR SUCCESS IN PRIMARY HEALTH CARE

Building and sustaining high functioning interdisciplinary teams dedicated to continuous quality improvement requires leadership from all team members, development of new competencies (knowledge, skills, attitudes and judgment) and willingness to shift from well established practice patterns to practice patterns that work better for both the patients and the team.

Physical therapists can appraise their current knowledge using the skills checklist on p. 17, with references and internet resources to seek new learning. The skills checklist reflects those key competencies that are identified frequently in the literature. Specific PHC teams may have different developmental priorities.

SKILLS CHECKLIST		
DOMAIN	ELEMENTS	RESOURCES
Team Development	<ul style="list-style-type: none"> Stages of Team Development Shared Leadership Team Culture, Trust, Maximizing Understanding of Each Others' Role Change Management: Individual and System Group Facilitation and Presentation Skills 	<p><i>The Role of Facilitators: Understanding What Facilitators Really Do</i> (Robert Bacal) • International Association of Facilitators • http://www.iaf-world.org/ → Search This Site→ Bacal</p> <p><i>Tips For Facilitating Effective Discussions</i> • Tips to assist teams implementing Heart and Stroke Prevention Guidelines • USA Heart Association • http://www.americanheart.org/ → Science & Professional → Get with the Guidelines → Toolbox → Team Meeting Tools</p>
Role Development	<ul style="list-style-type: none"> System Navigation Measuring Performance at Patient, Practice and System Level Case Management 	<p><i>Standards and Guidelines for Case Management</i> • National Case Management Network of Canada • http://www.ncmn.ca/ → Resources</p> <p>Quality in Family Practice • http://www.qualityinfamilypractice.com/</p>
Collaborative Practice	<ul style="list-style-type: none"> Interdisciplinary Collaboration Consultation, Communication, Negotiation 	<p><i>Teamwork in Healthcare: Promoting Effective Teamwork in Healthcare in Canada</i> • A healthcare system supporting effective teamwork can improve the quality of patient care, enhance patient safety and reduce workload issues causing burnout among healthcare professionals. • Canadian Health Services Research Foundation • http://www.chsrf.ca/ → Publications → 15 Most Popular Reports</p> <p><i>Benefits of Teamwork in Healthcare</i> • Electronic video documentary showcasing the synthesis <i>Teamwork in Healthcare: Promoting Effective Teamwork in Healthcare in Canada</i>, released in June 2006. This new and innovative documentary by award-winning journalists and filmmakers Ray Moynihan and Miranda Burne is set in Toronto and features an engaging cast of researchers, policy makers, staff and patients. • Canadian Health Services Research Foundation • http://www.chsrf.ca/ → Research → Priority Research Themes → Management of the Healthcare Workforce</p>
Population Health Approach	<ul style="list-style-type: none"> Developing Effective Strategies for Population Health Issues Change Management – System Change Program Development Implementation of Health Promotion Principles as They Apply to Physical Therapy Chronic Disease Management Prevention Strategies 	<p>Network of community organizations and individuals who share a common vision for an integrated system of chronic disease prevention in Canada. Their mission is to foster and help sustain a co-coordinated, countrywide movement towards an integrated population health approach for prevention of chronic diseases in Canada through collaborative leadership, advocacy and capacity building. • Chronic Disease Prevention Alliance of Canada (CDPAC) • http://www.cdpac.ca/</p> <p><i>Rehabilitation in Primary Care Study</i> • The purpose of the study was to determine whether persons with a chronic illness receiving care in a primary</p>

SKILLS CHECKLIST

DOMAIN	ELEMENTS	RESOURCES
		health care setting showed improved health as a result of rehabilitation compared with adults in the primary health care setting who did not receive rehabilitation. The study also was interested in whether or not rehabilitation services can help reduce hospital admissions and emergency room visits • Stonechurch Family Health Centre • http://www.iamable.ca/ → Rehab in Primary Care Study
Use of Evidence to Guide Change	Best practice recognizes that evidence-based physical therapy practice incorporates knowledge generation, synthesis, transfer and adoption. In clinical practice, physical therapists readily integrate the best current research with clinical expertise, client values and available resources to achieve best results for their clients. (CPA working definition of best practice)	<p>Canadian Physiotherapy Association recommends the following (free!) sites where physical therapists can search for research articles, guidelines and summaries:</p> <ul style="list-style-type: none"> • Google Scholar • PEDro • Cochrane Reviews • Pubmed • Canadian Physiotherapy Association • CISTI Source
Business Practices	Addressing Contract and Policy issues Billing Practices	<i>Business in Clinical Practice: How to Get There from Here.</i> Diana Hopkins-Rosseel and Bradley Roulston (2007). Ottawa ON: Canadian Association of Occupational Therapy Publications. • To be released in July 2007 and promises to be an excellent reference.
Information Management	<p>Health care is an enormously complex system that depends on information. Advances in technology have dramatically increased the capacity to collect, store and analyze health-related data. Many information management initiatives are underway to produce more reliable data to determine whether the health system is delivering appropriate health care to patients.</p> <ul style="list-style-type: none"> • Used by health professionals to decide on the best possible treatment options for their patients. • Used at a system level where data is analyzed to identify trends in population health, such as the incidence of stroke and obesity. • Evidence is used to plan for and make decisions about which health care services will be provided where. 	<p>Provincial ministry of health website for provincial information management strategy and status.</p> <p>Essential data and analysis on Canada's health system and the health of Canadians • The Canadian Institute for Health Information • http://www.cihi.ca/</p>
Emerging Technologies	The increasing interest in telehealth, defined as “the use of information and communications technology to deliver health and healthcare services and information over large and small distances”. (Picot, 1997)	Many resources can be found at http://www.ehealthstrategies.com/ or on the Health Canada website at http://www.hc-sc.gc.ca/

EXAMPLES OF PHYSICAL THERAPISTS WORKING WITHIN PRIMARY HEALTH CARE MODELS

Physical therapists are integral members of health care teams treating clients with musculoskeletal conditions, chronic conditions and women's health issues in populations ranging from pediatric/adolescent to adult. The following examples of physical therapists working in primary health care initiatives are presented to serve as a resource to those interested in re-orienting the health services they provide. Examples from the Canadian Physiotherapy Association website describe the practice setting, programs and services, how an interdisciplinary practice was developed, the role of physical therapists in relation to the population served, how the program and the physical therapy services are funded, the extent of interprofessional collaboration and key successes.

Musculoskeletal

A Primary Health Care Approach to Treating Soft Tissue Injuries: The New NS-WCB Physiotherapy Treatment Model

This four-page article is a collaborative effort of the Nova Scotia Physiotherapy Advisory Group. It describes how a worker who sustains a workplace musculoskeletal soft tissue injury can see a physiotherapist in a primary role. <http://www.physiotherapy.ca/> → Professional Resources → PHC Models of Service

A Primary Health Care Approach to Neurosurgical Triage

This one-page article describes a triaging service provided to 4,000-5,000 patients waiting to see three neurosurgeons in Southern Alberta. Results demonstrate only 10% have pathology amenable to neurosurgery and 90% of patients need other strategies. <http://www.physiotherapy.ca/> → Professional Resources → PHC Models of Service

The Sharing Effective Physiotherapy Practice Project of the Chartered Society of Physiotherapists (United Kingdom) was developed to raise wider awareness and understanding of 'the case for physiotherapy' in the current NHS environment, and how it can contribute to meeting key NHS targets. The website profiles innovative, UK-wide, quality assured services under typical practice headings such as musculoskeletal, paediatrics, cancer, etc. The website supports the expansion of the evidence base of the profession, and enables local physiotherapy services, and those who commission those services, to identify where innovation has brought improvements in clinical and cost effectiveness. <http://www.csp.org.uk/> → Effective Practice

The Merrickville District Community Health Centre, an Ontario-based community health centre, offers a variety of primary health care and health promotion services using a team approach. Team composition includes family physicians, nurse practitioners, registered nurses, physiotherapist, social worker, dietitian and health promoter. The team works with individuals, families and the community to promote health and prevent illness and injury. Programs include AquaFlex, Arthritis Self-Management Program, Flex Arthritis and Stroller-cize. <http://www.mdchc.on.ca/>

Older Adults/Geriatrics

Falls are a major problem for older adults and it has been noted that approximately one-third of community dwelling adults over 65 years will fall annually. Consequences of falls can include a deterioration of physical function and quality of life secondary to injury or fear of falling again. (Moreland et al, 2003, Guelich, 1999)

A Canadian example of a falls prevention program is based at Sunnybrook and the Women's College Health Sciences Centre, Toronto. A physical therapist and geriatricians assess each participant prior to program initiation to identify extrinsic and intrinsic risk factors for falling. Two physical therapists supervise a twice weekly exercise session that consists of seven five-minute exercise stations. An occupational therapist leads a group discussion regarding home safety and performs home assessments as indicated. Outcome measures include BERH Balance Scale and the Tinetti Gait Score as well as a satisfaction questionnaire. 63 of 74 participants improved balance and confidence and 100% enjoyed the program.

The Public Health Agency of Canada document *An Inventory of Canadian Programs for the Prevention of Falls Among Seniors Living in the Community* is a companion document to *A Best Practices Guide for the Prevention of Falls Among Seniors Living in the Community* which presents the findings of a systematic review of falls prevention strategies. It outlines effective interventions and strategies for reducing falls and fall-related injuries among community-dwelling seniors. <http://www.phac-aspc.gc.ca/> → Seniors Health → Injury Prevention Publications → Publications on Injury Prevention

Women's Health

The women's health physical therapist has a unique skill mix that is grounded in physical therapy with a special interest in women's health. (Brooks & Barton, 2004) The literature reports health promotion roles for physiotherapists in areas of practice including incontinence, healthy living and activity, hormonal change, lymphedema following breast cancer, osteoporosis and working with women with physical disabilities. The prevalence of urinary incontinence in women between 15 and 64 years of age varies between 10-30% and has a significant impact on activities of daily living. In addition, the prevalence during pregnancy is 20-67% and in the post partum period between 0.3-44%. (Morkved, Bo, Shei, Salvensen, 2003)

Benefits of supervised group exercise programs for women being treated for early stage breast cancer: pragmatic randomised controlled trial. Supervised group exercise provided functional and psychological benefit after a 12-week intervention and six months later. Clinicians should encourage activity for their patients. Policy makers should consider the inclusion of exercise opportunities as cancer rehabilitation services. (Nanette Mutrie, professor of exercise and sport psychology; Anna M Campbell, research fellow; Fiona Whyte, Macmillan cancer lecturer; Alex McConnachie, senior analyst; Carol Emslie, research scientist; Laura Lee, research assistant; Nora Kearney, professor of cancer care; Andrew Walker, health economist; Diana Ritchie, consultant oncologist) <http://www.bmj.com/> → Research

The International Organization of Physical Therapists in Women's Health is an organization made up of World Confederation for Physical Therapy (WCPT) member countries' special interest groups in women's health. The objectives of the organization are:

- to foster cooperation between physical therapists practicing in women's health throughout the world
- to encourage improved standards and consistency of practice in women's health care by physical therapists
- to advance practice by communication and exchange of information
- to encourage scientific research and promote opportunities for the spread of knowledge of new developments in the field of women's health
- to assist WCPT member countries in the development of recognized sub-sections in women's health

<http://www.ioptwh.org/>

Chronic Conditions

The literature focuses on community-based programs for pulmonary rehabilitation, cardiac rehabilitation, stroke and spinal cord injury rehabilitation, HIV/AIDs and individuals living with arthritis and diabetes. Information can be found on specific non-profit association websites. A secondary focus is on general health promotion in the community to reduce the risk for chronic diseases and promote good health related to weight, blood pressure, cholesterol and mental health.

An example of a health promotion strategy is found in the US army where each veteran is enrolled in *MOVE!* Veterans received education about their risk for health problems such as diabetes, high blood pressure and heart disease and are given a goal of the number of steps to walk each day, or a prescription for odometer use using a wheelchair with a goal for distance rolled. Veterans receive a pedometer, a brochure that explains how to use the pedometer and an exercise prescription for recommended physical activity. Contact: *HealthierUS Veterans*. <http://www.healthierusveterans.va.gov/> → Prescription for Health

APPENDIX A: DEFINING THE CHARACTERISTICS OF PATIENT POPULATIONS SERVED IN PRIMARY HEALTH CARE (PHC)

Population Health and How Physical Therapists Can

Address It The planning and evaluation section of the *Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative Framework* states effective planning must be based on the characteristics and needs of the population served and support interdisciplinary collaborative care and service models. <http://www.eicp.ca/>

To plan effectively, physical therapists need access to demographic and health information for the patient population they wish to serve. Data may be available from local planning bodies, public health, provincial health ministry, Canadian Institute for Health Information and Statistics Canada. A good example of the type of planning information required is found on the Hamilton Niagara Haldimand Brant Local Health Integration Network website. <http://www.hnhblhin.on.ca/> → Integrated Health Services Plan → Appendix H: Community Profile.

Statistics Canada This federal website is a source for data profiling of Canadians. The census provides a statistical portrait of Canada and its people; the most recent census being May 2006. Other publications on the site will assist in understanding population health needs. A useful report is *Healthy Today, Healthy Tomorrow? Findings from the National Population Health Survey*. This publication presents a series of research articles based on longitudinal data from the National Population Health Survey Household Component and addresses important health issues. It also provides links to tables, other research articles and information about the survey. By following the same individuals every two years since 1994/1995, this survey has become a key source of health information on how lifestyle, family and economic factors affect the population's health over time. The longitudinal nature of the articles and health data presented is what makes this publication original. <http://www.statcan.ca/> → Search → Online Catalogue.

Local Planning Bodies Provincial, regional, municipal or local planning bodies may provide access to valuable population health information. Established community health centres within a reasonable proximity may have completed community health assessments using surveys or focus groups.

Effective planning must be based on the characteristics and needs of the population serviced and support interdisciplinary collaborative care and service models. (EICP Framework)

APPENDIX B: POSITION DESCRIPTION FOR A PHYSICAL THERAPIST WORKING IN PRIMARY HEALTH CARE (PHC)

REPORTING STRUCTURE

Complete according to each site situation.

JOB SPECIFICATIONS

Physical therapists will be physically located within the PHC practice or will work from a separate location linked electronically. Physical therapists may travel between sites performing certain roles in the most appropriate location. Hours of work will generally correspond to the PHC practice hours of operations but may vary based on the needs of the patients. A contract will be negotiated to specify all financial arrangements.

KEY RESPONSIBILITIES

Summary Statement A physical therapist is a first contact, autonomous, self-regulated, client-focused health professional dedicated to improving and maintaining functional independence and physical performance, preventing and managing pain, physical impairments, disabilities and limits to participation and promoting fitness, health and wellness.

The physical therapist applies a collaborative and reasoned approach to holistic assessment, diagnosis and planning, intervention and evaluation, in particular focusing on the musculoskeletal, neurological and cardiorespiratory systems.

The physical therapist analyzes the impact of injury, disease or disorders on movement and function, and promotes, restores and prolongs physical independence by enhancing a patient's functional capacity. The physical therapist encourages patients to assume responsibility for their health and participate with their health care team in decision making.

Physical therapy includes, but is not limited to:

Assessment of clients with actual or potential impairments, pain, functional limitations, disabilities or other health-related conditions using detailed history-taking, as well as specific tests and measures for screening, establishing a diagnosis and monitoring.

Diagnosis resulting from assessment findings and clinical reasoning to determine abilities, functional needs and potential for change.

Most common assessment services provided by physical therapists include:

- ▶ *assistive devices assessment*
- ▶ *job demands assessment*
- ▶ *ergonomics assessment*
- ▶ *functional abilities assessment*
- ▶ *musculoskeletal assessment*
- ▶ *neuromotor assessment*
- ▶ *physical conditioning assessment/fitness assessment*
- ▶ *pre-work screening*
- ▶ *respiratory function assessment*
- ▶ *work site analysis*

Planning intervention strategies that address prognosis and follow-up and incorporates the application of selected approaches and techniques supported by the best evidence available and then communicating the plan to the patient and interdisciplinary team. Physical therapy intervention typically includes the development of a client management program that encourages independence and uses various methods, techniques and education to produce changes in the client's functional status consistent with assessment findings, diagnosis and prognosis.

Implementing selected interventions safely to relieve pain; achieve and maintain health and fitness, functional independence and physical performance; and manage the identified impairments, disabilities and limits to participation.

Evaluation of health status as a baseline for monitoring or to determine the result, impact or effectiveness of physical therapy intervention.

Education of the profession, other health professionals, the public and clients with the intention of transferring knowledge and skills and developing understanding, independence and competence.

Consultation that provides professional advice and solutions to the family physician and other team members to assist in the individual care of the patients.

Research that encompasses the application of critical inquiry, as well as participation in or assessment of findings from research activities.

Service management related to planning, directing, organizing and monitoring service delivery and effective utilization of resources.

Communication with clients, team members and others to achieve collaboration and service coordination.

Physical therapy interventions may include:

- ▶ *client instruction/education*
- ▶ *electrotherapeutic modalities*
- ▶ *functional training: self-care and home management*
- ▶ *manual therapy techniques including mobilization and manipulation*
- ▶ *physical agents and mechanical modalities*
- ▶ *physical conditioning*
- ▶ *prescription, fabrication, application of assistive, adaptive supportive and protective devices and equipment*
- ▶ *therapeutic exercise*
- ▶ *work conditioning*
- ▶ *work hardening*

EDUCATION, EXPERIENCE AND SPECIFIC JOB REQUIREMENTS

Credentialing Registration as a physical therapist in accordance with the provincial licensing requirements.

Education Post graduate education in health promotion, prevention and chronic disease management is considered an asset.

Relevant Experience At least one year and ideally two to three years of community, hospital or private practice experience is required to demonstrate competencies in conducting assessments, identifying and implementing care plans, documenting in the health record and communicating or collaborating with the interdisciplinary care team as required.

Bilingualism is an asset at some sites.

Computer Skills Basic skills related to word processing, spreadsheets and PowerPoint; willing to receive basic training in using Microsoft Access and/or electronic medical record software; and familiar with internet-based literature searching databases and using the Internet to assist with physical therapy research.

Other key competencies include the ability to work in an interdisciplinary team environment; ability to prioritize, manage time effectively and be flexible in a very active work environment; compliance with practice standards from the provincial regulatory body and professional association; ability to critically appraise primary literature; and ability to use key medical and physical therapy best-practice literature databases.

The position description was adapted from a position description on the Canadian Physiotherapy Association's website and from material from the Pharmacy Impact Project 2006. (Integrated Family Medicine and Pharmacy to Advance Primary Care Therapeutics)

The Essential Competency Profile for Physiotherapists in Canada, 2004 is available in the Member Service section of the Canadian Physiotherapy Association's website • <http://www.physiotherapy.ca/> • and is an excellent resource for preparing material on the role of physiotherapists for either patients or other health professionals.

APPENDIX C: DEVELOPING A BUSINESS PLAN/BUSINESS CASE

Physical therapists may be invited to participate in a primary health care initiative by responding to a Request for Proposal (RFP) or may want to create their own opportunity by submitting a plan. A business plan is often a precondition to a Request for Proposal. The business plan should be a comprehensive, multi-purpose plan, usually no longer than 20 pages that would accommodate any interested party's reasonable requirements. Preparation of a business plan forces the author to test the practicability of ideas, to attach a monetary value to concepts, to put a business structure around ideas and to plan ahead. A well-prepared business plan helps turn ideas into a reality.

The information from the Royal Bank of Canada Small Business Starter Kit and a variety of other websites has been adapted to guide physical therapists through the development of a business plan specific to aligning or integrating with a primary health care network. The term **alignment with a primary health care network** is used to indicate there is a formal agreement that the network will work in a collaborative partnership from different sites to meet the terms of the agreement. This can be referred to as a virtual network. The term **integrated into the network** indicates the aspects of service delivery by professionals occur at the same site. Some jurisdictions in Canada may have a template for submission of proposals for primary health care. If there is not a local template, the format on p. 3 can be used as a guide.

Industry Canada has an award winning website organized by topics and province which provides reliable information on a broad range of business topics including a Business Start-Up Assistant. <http://www.ic.gc.ca/> → Program & Services → Online Services → Small Business.

The Canadian Physiotherapy Association website also has valuable business practice information available in the Member Service section. <http://www.physiotherapy.ca/> → Member Services → About CPA Divisions → Private Practice Division → Resources → Frequently Asked Questions.

The business plan is an important tool that will:

***develop** your business objectives and the goals you want accomplish*

***enable** you to identify potential strengths and weaknesses*

***compel** you to face issues before they are a problem*

***provide** a road map of how to achieve business goals*

***give** prospective partners or investors the means to determine whether your network is a suitable investment*

***become** an operating tool for managing the business and comparing your actual results*

CONSIDERATIONS WHEN DEVELOPING A BUSINESS PLAN

HEALTH SYSTEM LEVEL	OBJECTIVES AND CONSIDERATIONS
Provincial Ministry of Health	<p>Understand provincial PHC definitions, policy framework, initiatives and objectives.</p> <p>Determine PHC focus or targets for patient populations (i.e. diabetes, cancer, COPD, obesity, coronary disease).</p> <p>Search for tools to support PHC organizations: approaches of ensuring quality /best practices (e.g. protocol based care, standards, tools).</p> <p>Search for primary health care remuneration models and financial incentives.</p> <p>Search for PHC performance indicators.</p>
Local/Community	<p>Research local primary health care networks and initiatives for 24/7 services.</p> <p>Get findings of a community health assessment or demographic/health information of patients signed to the network.</p> <p>Analyze the physical therapist's role in relation to residents' health needs considering provincial priorities and likely patient population described in literature.</p> <p>Search for information related to the predicted percentage of the population that have Workers' Compensation, auto insured needs and extended health benefits.</p> <p>Consider life cycle issues from paediatrics to geriatrics.</p> <p>Determine PHC services implemented and in the next stage of planning.</p> <p>Locate an operational PHC network or a network at a planning stage willing to explore the added value of affiliation with a physical therapist and dialogue with medical and nursing colleagues.</p> <p>Understand and participate in the governance model and clinical structures.</p> <p>Understand the PHC network funding model.</p> <p>Get a provincial business plan template, if used.</p> <p>Get the proposal developed by the PHC network you wish to affiliate with.</p>
Physical Therapist Network	<p>Determine whether a team approach or single discipline is optimal. If your network has an alliance with other disciplines, consider how to partner and add value to the overall service delivery model.</p> <p>Review the Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative principles and framework and note implications for your network. http://www.eicp.ca/</p> <p>Investigate and reflect on the differences in the model of practice from a referral or symptom-based practice to the broader determinants of health and how that will impact your practice.</p> <p>Determine how physical therapists can support the delivery of improvements in health for patients and the community served.</p>

OUTLINE OF A BUSINESS PLAN

Introductory Letter The introductory letter briefly states why you are submitting/creating your plan and highlights important information. Do not assume that the recipient understands the role or unique contributions of a physical therapist. Use your practice logo if you have one.

Declaration A business plan reflects your experience, research, ideas and may include commercially-competitive information. The plan must be treated confidentially and not be copied or given to unauthorized persons. Wording of a declaration could be: *The following business plan is confidential and has been prepared only for the use of those to whom a copy has been given (the "recipient") by the physical therapist. This plan may not be copied, in whole or in part, or circulated to other than the recipient without the prior written consent of the physical therapist.* It's a good idea to number the copies of your business plan and to keep track of to whom copies have been sent and when. If any recipient of a copy decides not to get involved, retrieve the copy. (Reference: <http://www.opa.on.ca/>)

Cover In addition to the words 'Business Plan' the cover should clearly identify who you are, your company name and how you can be contacted. Consider using images of your service in action.

Table of Contents The table of contents should be organized and easy to follow clearly outlining the core sections and subsections of your plan. The table of contents should help a reader skip to the part of the plan they are most interested in.

Executive Summary The executive summary is the most important part of the business plan. It is a one to three page document that highlights your business plan. Don't assume people will read the plan cover-to-cover. Many recipients will go to the executive summary and may never go beyond. Always write the executive summary after your entire plan is finished and select the most relevant information to highlight. Minimize the use of technical jargon as much as possible.

Business and Industry This section describes the legal status of your business, for example, is it incorporated or a partnership. Append appropriate legal documents.

Services/Products of the Physical Therapy Practice This section describes your business concept indicating the range of core services/programs you intend to provide. Describe how your practice will fit into or change the proposed service delivery model. Describe how you intend to supply the services – at the network site, in your clinic, at another clinic, off-site (e.g. sports facility) or outreach. Is your practice already in operation or is it a start-up? If it is operational, give a brief overview of your performance to date. Include achievements such as net income, contracts and satisfaction level to indicate that the business is viable. Describe the business history from the time the business was started to the current status. Outline the work you have done so far.

Business Environment Briefly describe the local environment including your proposed geographical catchment area. As PHC is based on population health, include information that demonstrates you understand the broad health needs of the population and local health issues. Briefly describe the service delivery gaps in the local

Your cover should include:

- your name
- company name
- address
- telephone number
- date

It might also include (if available):

- fax number
 - e-mail address
 - website address
 - company logo
 - picture of product or service in action
-

community. You will have to do some research to complete this section. It is important to credit your sources since this will enhance credibility of your facts and figures. Resources include your nearest city or town based on electoral wards, provincial or local demographic data and Statistics Canada.

Client Profile Describe whether your patient base will include patients registered with the PHC network, or will you market and recruit beyond the network. Is there an opportunity for service contracts (Workers' Compensation Board, school care, home care) or other revenue sources? Project the annual number of patients. The client profile section should include:

- ▶ an outline of your target market - include demographics statistics such as age, gender, where they live, income;
- ▶ an estimate of the size of the target market for your service in terms of gross sales and units of service sold; and
- ▶ what trends are affecting the target market for your service - consider health care industry trends, socioeconomic trends, government policy and demographic shifts.

Competition It is important to describe your competitive position outlining both the features and the benefits of your service. What is the one thing above all else that makes your service unique? What other features does your service have? Consider quality, price, service, etc. What benefits will patients enjoy by accessing your service?

Schedule Describe your targeted start date for launching the agreement. Describe what you have completed to date and what is yet to be accomplished. Set a realistic timeline that includes milestones, start and completion dates.

Management and Operations Describe who is involved and briefly summarize your (team's) experience and credentials. Do you propose working as an employee, on a fee-for-service basis paid by patients and insurers or a unique combination? Describe the type and number of team members needed to help you deliver services, their role and specific skill set. Describe if they are employees or independent contractors, regulated or unregulated, accredited or not accredited. Describe the compensation package for each employee. List your accountant, lawyer, consultant and banker, if any. Append resumes for yourself and any potential employees/contract employees. Describe your facility and equipment needs. Prepare a chart listing types of equipment, brief description of purpose and cost. Address how you will contribute to better information on needs and outcomes through utilization of electronic health records and telehealth technologies.

Business Plan Objectives Describe your financial objectives for the next three to five years, define whether the time horizon for each objective is short-term, medium-term or long-term and define action steps. Examples of financial objectives:

- ▶ Build market share for existing services through self-referrals, referrals from PHC team and referrals from community physicians.
- ▶ Contribute to 10% reduction of PHC cost of business through initiation of new patient management strategies.
- ▶ Attract new market segments such as corporate partnerships to provide wellness education.
- ▶ Establish new services based on the priorities of health needs within the PHC network that build on the core services currently offered.

Relevant market trends include:

- ▶ *aging population and the increased use of rehabilitation services*
 - ▶ *people living longer and remaining active; interest in slowing the aging process and addressing physical issues that arise related to activity*
 - ▶ *interest in and need for education on healthy lifestyle choices and prevention*
 - ▶ *per capita dollars spent on rehabilitation or physical therapy services*
-

Pricing Strategy and Fee Schedule Describe your revenue sources and develop a fee schedule relevant to the predicted client profile: Workers' Compensation, provincial insurance plan, auto insurance, third party payers, extended health benefits and self-pay; see Appendix D – Establishing a Fee Schedule. The pricing strategy section should cover:

- What is your base price and how did you arrive at this figure? Provide a brief summary of your fixed and variable costs.
- How are similar services priced? Explain how the price of your service will compete with market prices.
- What do your costs include?

The following tools are used to calculate and track expenses and revenue. Templates can be found in business planning guides published by major banks.

- Income Statement
- Cash Flow Statement
- Balance Sheet
- Expenses

Risks It is important to demonstrate that you understand the risks inherent to your business and, to the extent that you can, have made allowances for them. List and provide a brief explanation of factors that may impact on the success or failure of your business plan. Some factors such as changes in statutory fee schedules, new legislation, major policy or funding shifts are outside of your control. Feel free to incorporate all identified risks within their respective sections of your business plan and make them clearly understood by any recipient. Consider the following:

- What are the possible risks within the delivery of the proposed health care services?
- What if the demand for your services increases or decreases?
- Who are your competitors, what impact might they have on your business?
- What risks do you face with the marketing plan you have outlined?
- What human resource risks do you face? Consider your management team, advisors and employees.
- What if your key employees resign or are no longer employed within your practice?
- What if you run out of cash? Where else would you go?

Insurance Each member of any collaborative practice should have his or her own liability insurance. Describe the professional liability insurance coverage you have to protect yourself from loss and liability. Refer to the Conference Board of Canada document *Liability Risks in Interdisciplinary Care: Thinking Outside the Box*.

<http://www.conferenceboard.ca/> → e-library

Conclusions The conclusion section should be concise, clear and leave a positive impression. Restate the goals and objectives for your business. Include a section on how you will contribute to measuring success through the use of outcome measures or specific indicators you believe are important to track.

Final Declaration The final declaration is wording that says that you have told the truth in the business plan, have not knowingly withheld any material information and that you have exercised your best judgment and experience in writing the plan. Where you have made assumptions you have disclosed them.

Appendices This section contains the materials that support the plan's contents.

APPENDIX D: ESTABLISHING A FEE SCHEDULE

The fee schedule addresses the categories of patients the physical therapist anticipates will be in their practice and may include:

- the fee schedule established by other legislative or policy rules (government fee-for-service, auto, Workers' Compensation Board);
- the fee(s) established by the practice for assessment and re-assessment for private self-pay or extended health;
- the fee(s) established for treatment; and
- other administrative fees or charges.

For assistance access the Recommended Fee for Service Guideline, Cost of Business Survey, Executive Summaries and Cost of Business Survey Template available in the Member Service section of the Canadian Physiotherapy Association's website <http://www.physiotherapy.ca/>. The recommended fee for service guideline is based on a cost of business study completed in December 2006 by the independent Toronto accounting firm of Robinson, Lott & Brohman. It is based on data collected from a statistically significant number of physical therapy businesses across Canada.

The Recommended Fee for Service Guideline is also available on the Alberta Physiotherapy Association's website at <http://www.albertaphysio.org/> → Physiotherapy → Fees and Reporting

In the Cost of Business Survey, the cost per average visit was determined to be the best unit of measure for calculating the cost of providing physical therapy services in the private sector. The cost is calculated by dividing a business's total annual costs by the number of patient visits for the year. The average visit is based on:

- the time an average patient is in the clinic;
- the time the physical therapist spent on direct and indirect patient care;
- indirect patient care included report writing, charting, discharge or treatment planning and correspondence with physicians, employers, third-party payers and patients' family members; and
- additional indirect patient care provided by rehabilitation assistants which may have included exercises, modalities, completing outcome measurement tools and treatment.

The provincial regulatory body may have standards or policies related to fee schedules and billing practices.

Assessment Fees The fee for a specific assessment includes an initial interview and history, reviewing available records and documents, standardized functional measurement and the analysis of findings and provision of a treatment plan or opinion. Specific assessments may vary in length depending upon the complexity of the client's impairment/disability/handicap, and the type of information available to the physical therapist and needed by the referral source.

Treatment Fees Treatment consists of one average visit and each additional problem requiring an additional scheduled booking.

Hourly Rate Fees may be charged on an hourly rate. This may include time billed for services as an Expert Witness in court.

Reports The recommended fee for preparation of reports at the request of third parties is to be determined on the basis of an hourly rate.

Chart Copies Fee schedules may include recommended fees for chart copies.

Fee Adjustments It may be appropriate to increase the assessment or treatment fees under the following circumstances:

- when the service demands exceptional skill, expertise or time
- when unusual complications are present
- when immediate attention is required
- when attention is required beyond regular practice hours
- when other factors make it appropriate to charge an hourly rate rather than a visit fee
- when the cost of providing service warrants adjustment

It may be appropriate to increase report fees due to factors such as:

- when the report is complex
- when a special degree of skill or expertise is required to prepare the report
- when a report is required on an urgent basis

Additional fees may include secretarial or any other costs associated with the preparation of the report such as photocopying and couriers.

APPENDIX E: SAMPLE AGREEMENT BETWEEN THE PRIMARY HEALTH CARE (PHC) NETWORK AND PHYSICAL THERAPIST

As self-regulated professionals, physical therapists are responsible for meeting regulatory and legal obligations related to their practice. Regulatory rules, regulations and policies are determined by each province and may include but are not limited to standards of practice, fees, billing practices, advertising and marketing, contracts, incentives, consent, conflict of interest, record keeping, any relevant privacy legislation and the safety of patients and the physical facility.

It is advisable for the physical therapist to have a written agreement with the PHC practice to ensure clarity in the employment, affiliation or independent contractual agreement. The following content is intended to provide a framework for components of the agreement and is not intended to be a substitute for legal advice which is recommended.

General Principles The following principles set out the overarching terms of the agreement and may include:

- This agreement begins the week of ____ and will be reviewed annually.
- The PHC practice and physical therapist agree to establish a collaborative interprofessional practice.
- The physical therapy practice will co-locate or will operate in a partnership from separate facilities.
- The PHC network will support collaborative practice.
- As a self-regulated primary care practitioner, the physical therapist may accept self-referred patients or referrals from any health care provider in the community.
- The physical therapist agrees to comply with policies and procedures of the PHC network.

Patient Responsibilities When working with patients who are registered with the PHC network, the physical therapist agrees to the following responsibilities:

- Assess referred patients and document findings in the electronic health record within X working days of referral.
- To be available as primary contact for patients who meet the criteria for a physical therapy assessment for an X hour period weekly. Time to be held until X hours before the appointment then will be released for appointments to self-referred or MD-referred patients.
- Review all new medical files bi-weekly for the purpose of identifying cases where the physiotherapeutic role could be an asset, or to identify and develop strategies to promote physical health and prevent deterioration
- Communicate with patients' community or hospital physical therapist as needed.
- Provide education to targeted patient groups.
- Perform the Case Manager role for complex cases when deemed the most appropriate health professional.

Accountability for Practice Obligations The physical therapist has the ability to monitor and influence how the physical therapist's practice is represented through the accuracy of billing, administration and reception, use of titles, policies and procedures related to health records, privacy, safety and the referral pattern to other health care providers.

Clinical Records The physical therapy component of the health record for affiliated patients will be integrated into a single electronic health record which the team and patient can access. The PHC network is the custodian of the health care record and agrees to retain the record for the period required by provincial legislation or regulation and will ensure the confidentiality and privacy of the record throughout the retention period.

The physical therapy record for patients not affiliated with the practice will be a single-discipline record. The physical therapist is the custodian of non-affiliated patient records during this agreement and following the termination of this agreement.

Financial Obligations The financial obligations should be specific. The following are some examples of what might be considered in the agreement.

- Physical therapists who co-locate agree to pay the family practice X% of billed services on a monthly basis to cover use of facility, professional and communication equipment (telephone, fax, computer), supplies and administrative services. In return for the benefits of co-location at less than the true market value, the physical therapist agrees to be available X hours per month to the practice to fulfill a health professional role identified as a priority by the family practice team.
- The physical therapist is accountable for the cost of any physical therapist support worker(s), marketing costs for physical therapy, postage, long distance charges, mileage and professional education costs.
- The physical therapist agrees to meet contractual accountabilities with the funding source.

Confidentiality Declaration that the physical therapist understands that the health records reviewed and the information gathered by discussions with the family physician or other team members is to be kept strictly confidential. The physical therapist agrees to protect computer records with a password and to protect paper records under lock and key when not in his or her personal possession.

Liability Confirmation that the physical therapist holds professional liability insurance that meets the standard defined by the provincial regulatory body.

GLOSSARY

Collaboration "... an interprofessional process of communication and decision-making that enables the separate and shared knowledge and skills of health care providers to synergistically influence the client/patient care provided." (Way, Jones and Busing, 2000)

Collaborative Patient-Centred Practice "... is designed to promote the active participation of each discipline in patient care. It enhances patient and family-centred goals and values, provides mechanisms for continuous communication among care givers, optimizes staff participation in clinical decision making within and across disciplines and fosters respect for disciplinary contributions of all professionals." (Health Canada, 2003)

Community Health Centre (CHC) A community health centre has a voluntary board and receives an annual budget from the provincial government for a specific, yet broad, range of health programs. Many CHC's are located in lower socioeconomic areas or serve disadvantaged groups such as the poor, elderly, immigrants or aboriginals. All professional health care providers, including physicians, are on salary.

Determinants of Health Four elements that interact to determine the health of individuals. (Summarized from Public Health and Prevention Medicine in Canada, Shah C.P.)

- **Environment** Described as the physical and psychosocial environment. Individuals may have little or no control over the presence of environmental factors but may be able to exercise some control over the degree of exposure. Socioeconomic status is an important element of the psychosocial environment and is most commonly used in the analysis of inequities in health.
- **Health Care Organization** The health care system includes medical and dental practice, nursing, hospitals, chronic care facilities, rehabilitation, drugs and public health services provided by allied health professionals such as chiropractic, podiatric and optometrist services.
- **Human Biology** The genetic make-up of the individual determines the likelihood of inherited disorders and predisposition to later acquired diseases. Genetic make-up determines susceptibility to risk factors. Changes in the body due to maturation and aging are also important factors that can interact with other biological factors.
- **Lifestyle, Behaviours and Risk Factors** "Healthy lifestyles comprise patterns of health-related behaviours, values and attitudes adopted by individuals in response to their social, cultural and economic environment." (See risk continuum, Shah p. 13)

Health Promotion "The process of enabling people to increase control over and to improve their health." (Ottawa Charter for Health Promotion, 1986)

Interdisciplinary Collaboration "The positive interaction of two or more health professionals who bring their unique skills and knowledge, to assist patients/clients and families with their health decisions." (Canadian Association of Occupational Therapists, 2005) (Also adopted by EICP)

Primary Care The first level of contact with the health system, where services are mobilized and coordinated to promote health, prevent illness and manage chronic illness. (Health Canada, 2001)

Refer “to direct to a source for help or information.” The American Heritage® Dictionary of the English Language, Fourth Edition. Retrieved June 04, 2007, from dictionary.com website:
<http://dictionary.reference.com/browse/refer>

INTERNET RESOURCES

Chronic Disease Prevention Alliance of Canada • <http://www.cdpac.ca/>

The Chronic Disease Prevention Alliance of Canada (CDPAC) is a networked community of organizations and individuals who share a common vision for an integrated system of chronic disease prevention in Canada. Their mission is to foster and help sustain a co-coordinated, countrywide movement towards an integrated population health approach for prevention of chronic diseases in Canada through collaborative leadership, advocacy and capacity building.

Canadian Alliance of Community Health Centre Associations • <http://www.cachca.ca/>

The Canadian Alliance of Community Health Centre Associations (CACHCA) was established in 1995 to provide support to Canada's provincially-based community health centre organizations and to represent the interests of those organizations at the national level. The main objective of CACHCA is to work for improved health services for individuals and their families in communities across Canada by promoting community health centres as a cost-effective and successful method for delivering primary health care.

Canadian Health Network • <http://www.canadianhealthnetwork.ca/>

The Canadian Health Network (CHN) is a national, bilingual, health promotion program. The CHN's goal is to help Canadians find the information they are looking for on how to stay healthy and prevent disease. The CHN does this through a unique collaboration – it is one of the most dynamic and comprehensive networks in the world. This network of health information providers includes the Public Health Agency of Canada, Health Canada and national/provincial/territorial non-profit organizations, as well as universities, hospitals, libraries and community organizations.

Canadian Health Services Research Foundation • <http://www.chsrf.ca/>

The Canadian Health Services Research Foundation (CHSRF) was established in 1997 to, “promote and facilitate evidence-based decision making in Canada's health sector”. CHSRF currently has four research themes; primary health care is one of the four themes. A list of resources regarding primary care renewal in Canada published by CHSRF with various associations, professional groups and health care agencies can be obtained from their website.

Canadian Institute for Health Information • <http://www.cihi.ca/>

The Canadian Institute for Health Information (CIHI) is an independent, not-for-profit organization that provides essential data and analysis on Canada's health system and the health of Canadians. CIHI tracks data in many areas with information supplied by hospitals, regional health authorities, medical practitioners and governments. CIHI's data and reports focus on: health care services, health spending, health human resources and population health. CIHI also identifies and promotes national health indicators, measures such as life expectancy or what is spent on health per capita, that are used to compare health status and health-system performance and characteristics. To make sure these measurements are comparable and meet the same quality requirements, CIHI coordinates national health information standards. CIHI's research and data are published in reports, analytical documents and special studies. CIHI also coordinates and leads education sessions and conferences.

Canadian Physiotherapy Association • <http://www.physiotherapy.ca/>

The Canadian Physiotherapy Association (CPA) is a voluntary organization representing 9,600 members and students across the country. CPA provides leadership and direction to the physiotherapy profession, fosters excellence in practice, education and research and promotes high standards of health in Canada.

The Professional Resources section of CPA's website provides evidence-based and best-practice resources. CPA members have access to the Cost of Business Survey, Executive Summaries and survey template in the Member Services section.

College of Family Physicians of Canada ● <http://www.cfpc.ca/>

The College of Family Physicians of Canada (CFPC) is a national voluntary organization of family physicians that requires mandatory continuing medical education of its members. As primary care evolves in the Canadian health system, there is a growing need to support family physicians as they experience change in their day-to-day practices as well as in their community leadership roles. The *Primary Care Toolkit for Family Medicine* is provided on the CFPC website to help translate, share and disseminate knowledge and management information.

Conference Board of Canada ● <http://www.conferenceboard.ca/>

The Conference Board of Canada builds leadership capacity for a better Canada by creating and sharing insights on economic trends, public policy and organizational performance. An April 2007 report by the Conference Board of Canada, *Liability Risks in Interdisciplinary Care: Thinking Outside the Box*, analyzes liability concerns raised by health professionals in the context of interdisciplinary collaborative practices and provides recommendations to support broader adoption of these models of care. A close examination of concerns expressed by health professionals suggests liability is not the barrier they think, provided mitigating steps are taken to clearly describe roles, policies and expectations.

Elderweb ● <http://www.elderweb.com/>

This site is an award winning on-line eldercare sourcebook. Program aspects are most relevant to USA citizens but the site also contains a significant component of global information.

Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative ● <http://www.eicp.ca/>

The work of the Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative is focused on how to create the conditions for health professionals to work together in the most effective and efficient way so they can produce the best health outcomes for individuals and their families - the patients, clients and consumers of our national health system. The Collaboration Toolkit section of the website presents Canadian case studies in a document titled, *Interdisciplinary Primary Health Care: Finding the Answers – A Case Study Report*.

Health Canada ● <http://www.hc-sc.gc.ca/>

Health Canada is the federal department responsible for helping Canadians maintain and improve their health, while respecting individual choices and circumstances. Health Canada supports prevention and health promotion to hold health care costs down and improve quality of life in the long term. To this end, the Department is committed to meeting the challenges of tomorrow by supporting research and fostering partnerships with researchers across the country and the world. Health Canada also works collaboratively with the provinces and territories to test ways in which the Canadian health care system can be improved, and to ensure its sustainability into the future.

Health Council of Canada ● <http://www.healthcouncilcanada.ca/>

The Health Council of Canada is mandated to monitor and report on the progress of health care reform in Canada.

Ministry of Health ● <http://www.health.gov.ab.ca/>

The Ministry of Health is responsible for the administration of the Canadian health care system in the province, and is a provider of health services to the public of the province as mandated by the *Public Health Act* and the provincial Health Insurance Plan.

Public Health Agency of Canada ● <http://www.phac-aspc.gc.ca/>

The mission of the Public Health Agency of Canada is to promote and protect the health of Canadians through leadership, partnership, innovation and action in public health. Their vision is “healthy Canadians and communities in a healthier world”. The site also has a workbook titled *How Our Programs Affect Population Health Determinants: a Workbook for Better Planning and Accountability* which was created by the Population and Public Health Branch, Manitoba and Saskatchewan Region, June 2003.

REFERENCES

- British Columbia Medical Association. (2006). *Together Enhancing Multidisciplinary Primary Care in BC*. Retrieved May 28, 2007, from the British Columbia Medical Association website:
http://www.bcma.org/public/news_publications/publications/policy_papers/mdc/mdc_report.pdf
- Canadian Association of Chain Drug Stores. (2004/2005). *The Integration of Community Pharmacy into Primary Health Care in Canada*. Retrieved May 28, 2007, from the Canadian Association of Chain Drug Stores website:
<http://www.cacds.com/files/CACDS%20White%20Paper%20Primary%20Care%20Integration.pdf>
- Canadian Physiotherapy Association. (2006). *Cost of Business Survey*. Retrieved February 17, 2007, from the Canadian Physiotherapy Association website, Member Service section: <http://www.physiotherapy.ca/>
- Demopoulos, R. (2006). *The PT Experience in an Ontario Community Health Centre (Merrickville District Community Health Centre)*. Canadian Physiotherapy Program Teleconference Series.
- First Ministers' Accord on Health Care Renewal*. Retrieved May 28, 2007 from the Government of Canada's website:
http://www.hc-sc.gc.ca/hcs-sss/delivery-prestatiion/fptcollab/2003accord/index_e.html
- Frequently Asked Questions*. Retrieved January 4, 2007, from the Canadian Physiotherapy Association website , Member Service Section: <http://www.physiotherapy.ca/>
- Gardner, L., Farris, K., Billiant, S., Dieleman, S. (October 2004). *Medication Management: A Community Medical Clinic Approach. Health Innovation Fund Project # 3*. Retrieved May 28, 2007, from the Government of Alberta website:
http://www.health.gov.ab.ca/key/phc_IE_03medicationevalutaion.pdf
- Integrating Family Medicine and Pharmacy to Advance Primary Care Therapeutics (IMPACT Project)*. (2006). Retrieved January 4, 2007, from IMPACT website: <http://www.impactteam.info/>
- Local Primary Care Initiatives Business Plan Template Version 5.2*. (April 2005). Alberta Primary Care Initiative.
- National Initiative for Telehealth. (2003). *National Initiative for Telehealth (NIFTE) Framework of Guidelines*. Retrieved October 11, 2006, from the National Initiative for Telehealth website: <http://www.nifte.ca>
- Primary Care Transition Fund*. Retrieved May 28, 2007 from the Government of Canada's website:
http://www.hc-sc.gc.ca/hcs-sss/prim/phctf-fassp/index_e.html
- Richardson, J. , Letts, L, Wishart, L. Stewart, D.A. Law, M. Wojkowski, S. (2006). *Rehabilitation in Primary Care National and International Examples and Training Requirements*. McMaster University Health Sciences. Hamilton, ON.
- Shah, C. P. (1995). *Public Health and Preventative Medicine in Canada, 3rd ed*. Université Laval Press. Quebec City, QC.
- Soever, L. (2006) *Primary Health Care and Physical Therapists- Moving the Professions Agenda Forward*. College of Physical Therapists of Alberta, Alberta Physiotherapy Association, Canadian Physiotherapy Association. Edmonton, AB.
- Starting a Business*. Retrieved May 28, 2007, from the Royal Bank of Canada website:
<http://www.rbcroyalbank.com/RBC:RluV5o71JsUAA3ug7Xk/sme/index.html>
- Team Development in Primary Care Networks*. (2006). Capital Health, Calgary Health Region, Alberta Government.
- The NIFTE Research Consortium. (2003) *Environmental Scan of Organizational, Technology, Clinical and Human Resource Issues*. Retrieved April 13, 2007 from CRANHR's website:
<http://www.cranhr.ca/pdf/NIFTEEnvironmentalScan-ExecutiveSummary-May72003.pdf>
- Woodhouse, Linda. (2006). *Draft Discussion Paper: Advanced Practice Physiotherapy in Ontario*. Ontario Physiotherapy Association. Toronto, ON.
- Writing a Business Plan*. Retrieved January 4, 2007, from the Ontario Physiotherapy Association website:
<http://www.opa.on.ca/>