

## Access to physiotherapy services

In the consultation document *Guaranteeing Access: Meeting the challenges of equity, efficiency and quality* published in February 2006, the Minister of Health and Social Services proposed measures for access to specialized medical services. In December of the same year, the adoption of Bill 33, *An Act to amend the Act respecting health services and social services and other legislative provisions*, made their application official. And yet there are questions about the possible impact of these measures on rehabilitation services that are not directly targeted.

The delivery of rehabilitation services may have been provided for in agreements with affiliated specialized clinics. In such cases, clinics offer services, and the public system covers the costs. However, more people having access to elective hip and knee surgery will result in an increase in demand for rehabilitation services in the public network. And yet, because of the lack of staff and the difficulties that institutions face in recruiting, there are already major waiting times for rehabilitation services.

### WAIT OR PAY FOR PRIVATE SERVICES

Throughout Québec, services are provided according to prioritized waiting lists. Complaints made to the Québec Ombudsman reflect this reality. Thus, users who go to hospital centres learn that the hospitals give priority to hospitalized patients and those who have undergone surgery. When users consult externally upon the recommendation of their physician, they are generally asked to go to a private rehabilitation clinic at their expense. Those who do not do so can wait more than a year for an appointment.

### YIELDING ONE'S PLACE TO A PRIORITY USER

The coexistence of the hospitalization insurance system and other public insurance systems, such as those administered by the Société de l'assurance automobile du Québec and the Commission de la santé et de la sécurité du travail, has an impact on the delivery of rehabilitation services.

People who are hospitalized are naturally priority clients for physiotherapy services provided by hospitals. Clients who benefit from plans administered by the Société de l'assurance automobile du Québec and the Commission de la santé et la sécurité du travail can count on physiotherapy services offered in hospitals or private clinics according to service agreements.

Less fortunate citizens, most of whom do not have private insurance, cannot turn to the private sector and must be entered on waiting lists. The Québec Ombudsman believes that a portion of client groups, in particular users who consult externally, suffer a form of inequity.

## PROVIDING EQUITABLE CARE TO USERS

In May 2006, the Ombudsperson presented her comments to the Commission parlementaire des affaires sociales as part of the general consultation on the document regarding health services entitled *Guaranteeing Access: Meeting the challenges of equity, efficiency and quality*. She expressed her concerns regarding the impact of new measures for access to specialized medical services on already extremely long waiting lists for rehabilitation services. She made members of the National Assembly aware of the lot of users who do not have private insurance or who are not considered priorities under the public insurance system. Finally, she reminded them of the importance for uninsured users of access to rehabilitation services through the public network or a clinic in their region, once surgery is performed in the private network.

The Ombudsperson recommended that the Minister begin considering the difficulties of access to rehabilitation services to ensure that users are treated equitably, according to their real needs and without consideration for the system that pays for these services.

In fall 2006, the Ombudsperson once again presented comments to the Commission parlementaire des affaires sociales, as part of individual consultations and public hearings on Bill 33. She recommended that the Minister of Health and Social Services work with the bodies concerned to establish an action plan to address problems of access to rehabilitation services.

### **After surgery, a second waiting period**

A woman underwent surgery to implant a prosthetic knee in Québec City in mid-March 2005 and returned to her home in an outlying area on March 24. Before leaving, hospital staff informed her that the CLSC that served her sector was advised of the follow-up required with regard to her medication and that the hospital in her region had been advised of her physiotherapy needs.

On March 30, having received no news from the hospital, she contacted the hospital and learned that the request for physiotherapy had in fact been received and that she would have to wait to be contacted for an appointment. On April 2, the woman, concerned that she still hadn't received a call, phoned the hospital again. The person she spoke to told her that there was not enough staff to offer service more quickly and suggested that she file a complaint.

On April 5, a physiotherapist called and offered to do her assessment that same day at her home. However, five minutes before the appointment, the physiotherapist cancelled. She informed the woman that there were only seven hours available for assessing patients at home and that she would not have time to visit. Finally, the physiotherapist was only able to go to her home on April 13.

On September 19, during a follow-up visit to her orthopedist in Québec City, he told her that a second operation would be necessary, given the state of healing. The surgery was performed on March 26, 2006. The woman believes that the long waiting time to obtain post-operative physiotherapy affected the healing of her knee. She complained to the Québec Ombudsman.

She pointed out the fact that hospital employees receive physiotherapy services from the hospital as part of rehabilitation following work accidents. Given that there was an obvious shortage of employees in this area and that resulting waiting lists are very long, the woman asked whether it was appropriate to offer such services to hospital employees.

The difficulties raised by this complaint correspond to a period in which there was a major increase in waiting lists for physiotherapy in a Centre de santé et de services sociaux for external clients and those at home.

Problems arise more particularly with regard to post-hospitalization services, when the status of a client changes to become an external client or client at home. The budget for at-home follow-up, including physiotherapy and the physical rehabilitation technician, covers only seven hours per week of service.

The shortage of specialized resources in this field and the difficulty—even impossibility—of recruiting outside of major centres, considerably increases the pressure on the team, which has to meet all needs. For example, the institution took three years to have a full-time, permanent position in occupational therapy.

To ensure maximum service delivery to all types of clients, the institution developed a new work plan based on a system of rotating and pairing staff members. This organization of the workload ensures the versatility of professionals by encouraging the development of new skills and exchanges among specialized resources. Furthermore, the new formula provides coverage during holidays and vacations.

Given the shortage of staff to respond to all the demands of the different client groups, the management of the institution did away staff precedence for with physiotherapy services. Given that they can use their insurance, employees who need rehabilitation services are sent to private resources.

Aside from the rotation of staff, the institution added hours of service, created corridors of services and imposed more rigorous follow-up on requests for services. In spite of the implementation of these measures, the institution is still unable to meet all the needs in all sectors of physiotherapy. As a result, it has reviewed its waiting list and re-evaluated files that are still active to place them in order of priority for treatment.

At the end of its analysis, the Québec Ombudsman noticed that changes in the organization of physiotherapy services encouraged better case management. While users are still waiting for answers or for services, efforts to improve the quality of service are notable. The woman in question noticed a real improvement after her second knee operation. She underwent surgery in Québec City on March 20, 2006, and she was at home on March 26. The very next day, on March 27, a physiotherapist evaluated her at home.

The corrective measures requested by the Québec Ombudsman following this complaint made it possible for the institution to significantly improve access to and continuity of physiotherapy services.

### **Treatment, but at what price?**

A woman who was suffering from a capsulitis of the shoulder was sent by her physician to an orthopedist at a hospital in November. The orthopedist manipulated the shoulders under general anesthetic. Then the orthopedist sent the woman to a physiotherapist. From November to March, she received regular physiotherapy from the institution twice a week and did exercises at home.

In March her condition stagnated, and the physiotherapist recommended that she stop treatment and consult her doctor, which she did in April. Her doctor, who does not practice at the hospital, prescribed physiotherapy combined with joint distension injections.

When the woman contacted the institution for an appointment, she learned that there was a one-year wait. She had to take medication to relieve the pain. In spite of this, the suffering became difficult to endure and limited her in her daily activities. She therefore borrowed money to undergo physiotherapy in a private clinic. She also consulted the institution's pain clinic. Still battling the pain in her shoulders, she turned to a physiatrist who prescribed x-rays and ultrasounds. In September, she met with her doctor again and was sent for treatment appropriate to her condition based on test results.

In filing a complaint with the Québec Ombudsman, the woman hopes to help improve access to physiotherapy services. She also asked for the reimbursement of expenses incurred for physiotherapy treatments and joint distension injections obtained in the private sector.

The physiotherapy services offered by this institution are comparable to those in other regions of Québec. Throughout the province, there are waiting lists, and clients obtain services by priority. People who are hospitalized and those who have undergone surgery receive services quickly. However, the wait for a person who consults externally through a medical referral and requires physiotherapy is over one year. External clients are informed of this wait, and many people are advised to go to a private clinic. However, the Québec Ombudsman notes that the institutions are trying through various means to recruit the specialists who are lacking in this sector to respond to all needs.

For this file, it should be noted that the Québec Ombudsman cannot respond to a request for reimbursement for expenses incurred in the private sector. The complaint examination procedure provided for in *An Act respecting health services and social services* and *An Act respecting the Health and Social Services Ombudsman* is intended to ensure that users' rights are respected and to promote the ongoing improvement of quality of service.

In closing, the Québec Ombudsman believes that the waiting time for access to rehabilitation after surgery is a major source of discomfort for users. These delays can compromise healing and therefore result in additional costs for health services and care. As a result, continuity among treatment and rehabilitation services is key to improving services to users and to the efficient use of resources.