Clinician's Commentary on Armstrong et al.¹

Armstrong et al.¹ have made an important contribution to the literature regarding the physical rehabilitation sector of the health care system with their investigation into how health care resources are allocated in the home care setting in Ontario. Although the small sample size and narrow regional scope make it difficult to generalize the results of this type of study, they may contribute to how home care case managers make decisions, particularly decisions about how health care resources are allocated and services are prioritized across various populations.

One of the key premises of the article is that demand for physiotherapy (PT) and occupational therapy (OT) services will increase over the near and far term. That claim can also be found in reports from a wide range of jurisdictions.^{2,3}

Given that demand for services is considered to be a vital upstream consideration for the allocation of health care, it could be valuable to question the seemingly infallible assumptions that underlie the following claim related to the increasing demand for physical rehabilitative services: People aged 65 years and older currently access PT and OT services at home, and the number of people older than age 65 years is increasing. Therefore, demand for PT and OT services will increase.

However, is a growing senior population the only factor that affects demand for a particular service? And, more important, what exactly are people demanding? Do seniors want PT, or do they want to remain healthy? Do they want balance retraining, or do they want to prevent falls? Considering demand for physical rehabilitation services more precisely could be a valuable undertaking to potentially improve our confidence in allocating resources for health care services.

Understanding, measuring, and reporting demand for health care present several challenges that do not necessarily exist in other industries. The classical economic definition of *demand* is usually framed as a consumer's desire and willingness to purchase a good or service. Measuring demand can be relatively straightforward in other industries because increased sales volume equals increased demand for a product. When a manufacturer sees an increase in sales for a particular product, he or she can be fairly confident that demand for the product is increasing. However, understanding what contributes to a consumer's desire and willingness to purchase can be challenging.

The same use-demand relationship does not exist in the health care sector: Use of the services provided does not necessarily equate to demand.⁴ Examples in the literature demonstrate that variation in practice,⁵ availability of technology,⁶ and other factors affect how services are used. For more than 20 years, the group at the Dartmouth Atlas Project has been highlighting the impact of variations in regional practice on the use of health care, with an emphasis on unwarranted variations, defined as "the differences in care that are not explained by patient needs or preferences."^{7(p.1)} Because increased volume of service does not necessarily equate to increased demand at the client level, how can we begin to understand the upstream need for various health care services?

Just as Armstrong et al.¹ have demonstrated that it is important to consider allocating health care resources in the home

care setting in a multifactorial fashion, so will it be important to go beyond a one-dimensional view of demand for health care when conceptualizing upstream demand as a factor in allocating health care resources.

To contribute to an effective allocation of health care resources, there could be value in considering demand for health care from a client's perspective. A tension exists in how decisions are made in allocating health care resources; there is a potential disconnect among what the client wants (health care need), what the clinician thinks the client wants (the results from a functional assessment), and how the system is organized (health disciplines delivering care organized in diagnostic categories). What if we challenged the so-called infallible assumption of rising demand for PT and OT and allocating health care resource by profession by considering demand from the client's perspective?

For example, some authors have suggested that demand is a function of clients purchasing a product or hiring a service to do a job that they cannot or will not accomplish independently; this is called the "job-to-be-done" concept.⁸ It could be argued that clients hire health care services to help them accomplish one or more of the following jobs:

I want to stay healthy.

Once I'm unhealthy or don't feel well, I want to know why.

Once I know why, I want to know how to get back to being healthy.

Once I'm healthy again, I want to know how I can stay healthy.

It will be important for the physical rehabilitation sector to think long and hard about the infallible assumptions that have guided our demand-related decision making to this point. Given the fact that researchers in health care services have argued that the rising senior population and its corresponding health care needs will bankrupt our national coffers at the current rate of health care service use,⁹ it follows that payers will be searching for more affordable, convenient, and effective ways to help seniors accomplish the jobs to be done.

Because demand for services is a key starting point for how health care resources are allocated, and if the physical rehabilitation sector is sincere in its desire to allocate these resources on the basis of client-centred factors, it likely follows that the use-demand relationship in allocating health care resources should be centred on the jobs that clients want done as opposed to organizing services around a specific set of health professions or services.

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