The Value of Physiotherapists in Primary Health Care Clinics: Optimizing (Self-) Management Supports for Persons with Complex Health and Social Needs

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Given the growing number of persons with complex health needs, many health care jurisdictions are guided by chronic care models,¹ in which self-management is a key component of optimizing health status and service delivery.^{2,3} Broadly speaking, *self-management* refers to an individual's ability to manage the physical, social, and emotional impacts of his or her condition.⁴ Self-management supports, often provided by health care professionals, aim to educate, coach, and empower individuals to gain the confidence, knowledge, motivation, and skills to manage their condition.⁴ Examples of self-management skills are forming partnerships, making decisions, solving problems, taking action, self-tailoring, and effectively using resources.⁵

Primary health care and community-based services can offer self-management supports through structured programmes, such as the Chronic Disease Self-Management Program developed by researchers at Stanford University.⁶ However, these programmes may not be reaching persons who are marginalized, such as those who have lower income or lower education or those with more complex health and social needs.⁷ Previous research has been key in showing that persons with multiple chronic conditions and disability are more likely to be of lower socioeconomic status;^{8–10} therefore, traditional structured programmes might not be the most effective in treating those who could benefit the most from self-management support. Recommendations to increase access to self-management support have included targeting vulnerable populations with one-on-one interventions, leveraging peer support and technology, and redesigning primary health care to include interdisciplinary team-based care, which would enable providers to deliver self-management support as part of their routine care.⁷

Although there has been increasing investment in reforming primary health care across Canada, physiotherapists are still underused in interdisciplinary team-based primary health care settings.^{8,9} Increasing access to chronic disease prevention and management, by em-

bedding physiotherapists in publicly funded primary health care settings, might be a cost-effective and value-based strategy for providing more tailored, comprehensive holistic care. This strategy would enable physiotherapists to provide comprehensive care and self-management support that is focused on promoting health and preventing disease, screening and early detection, assessing and managing chronic disease, and navigating the health system and managing their patient caseload.^{10,11} A recent study by Dufour and colleagues¹² explored the role of physiotherapists in family health teams in Ontario, and through their qualitative work they found, not surprisingly, that physiotherapists played an important role in supporting self-management for patients and acted as an important bridge from patients to other health care providers on the team.

Until physiotherapists are systematically integrated into primary health clinics and their services are, therefore, publicly funded, the extent to which they can provide self-management support is limited and underused. As an example, the Ministry of Health and Long-Term Care in Ontario recently increased resources for publicly funded physiotherapy; however, access to these services is still restricted. Eligibility is often determined by age (e.g., ≥ 65 y), whether the individuals receive income support through Ontario Works or the Ontario Disability Support Program or whether they have recently been admitted to a hospital. Thus, adults with chronic conditions aged 18–64 years living at home are likely not able to receive publicly funded physiotherapy or receive in a timely manner.¹³ Also, with the increasing prevalence of precarious employment,¹⁴ persons in this age group who do not have private insurance are particularly vulnerable. Even for those with private benefits, coverage for physiotherapy is often not high enough to pay for the recommended services.¹³

Thus, the current funding structures suggest a continued bias toward the biomedical model of health supported by the outdated Canada Health Act¹⁵ rather than

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a regime that prevents and manages chronic disease.³ As an example, the funded physiotherapy services listed on the Ministry of Health and Long-Term Care's Web site are those that assist with recovery from acute episodes, such as those "from illness, surgery or injury,"¹⁶ rather than those that prevent and manage chronic disease.³

It is important to note the tension that exists in the area of preventing and managing chronic disease between the ideal principles of self-management and the reality of providing services in our health care system. Recent work by Winter Di Cola and colleagues¹⁷ highlighted the challenges that patients experienced when trying to self-manage while they were receiving conservative treatment of hip or knee arthritis. In efforts to reduce the cost to the health care system of unnecessary surgical treatments, non-surgical candidates at an arthritis centre in Toronto were given education and directed to self-management resources, including outpatient physiotherapy; however, in qualitative interviews, patients reported substantial challenges in accessing physiotherapy.¹⁷ Indeed, this tension between the two approaches reflects the "bounded freedom" that exists in self-management in our current health care system—that is, people are provided with self-management skills, and yet systemic barriers prevent them from actually self-managing.

CONCLUSION

As physiotherapists, we are advocates for our individual clients as well as for the general public. In moving toward system transformation, physiotherapists should play a more vocal role in advocating to government for a health care system that provides comprehensive and accessible chronic disease prevention and management to the population, especially for the most vulnerable in society. Perhaps similar to the annual reviews that pharmacists carry out of people's medications (e.g., MedsCheck in Ontario¹⁸), persons with multiple chronic conditions could receive an annual assessment from a physiotherapist (e.g., "Physio-Check") that is publicly funded. This would be an opportunity for physiotherapists to provide self-management support to patients and potentially minimize unnecessary costly interventions. Finally, including physiotherapists in primary health care interdisciplinary teams needs to be part of any quality improvement initiative.

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