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Waiting time management strategies for musculoskeletal outpatient physiotherapy services in Québec

Presenter: Simon Deslauriers^{1,2}

Research team: Marie-Hélène Raymond^{3,4}, Maude Laliberté^{3,4}, Amélie Lavoie^{1,2}, François Desmeules^{3,5}, Debbie E. Feldman^{3,4}, Kadija Perreault^{1,2}

Affiliations: ¹Centre for Interdisciplinary Research in Rehabilitation and Social Integration (CIRRIS), Québec; ²Université Laval, Québec; ³Université de Montréal, Montreal; ⁴Greater Montreal Interdisciplinary Rehabilitation Research Centre (CRIR), Montréal; ⁵Maisonneuve-Rosemont Hospital Research Center, Montreal



Outline

- Background
- Objective
- Methods
- Results
- Conclusion

Background

- Timely access to physiotherapy services is crucial for patients with musculoskeletal disorders

(Childs et al. *BMC Health Serv Res* 2015, Nordeman et al. *Clin J Pain* 2006)

- Demand for outpatient physiotherapy services is expected to increase

(Landry et al. *Disabil Rehabil* 2008)

- Extensive waiting lists for outpatient physiotherapy services has been reported in Canada

(Passalent et al. *Healthcare Policy* 2010, Delaurier et al. *Physiother Can* 2013)

Background

- Several waiting time management strategies have been put forward
 - Local level administrative strategies
 - Referral prioritization, attendance policies
 - Local level strategies related to clinical practice
 - Clinical practice reorganization
 - Contextual strategies
 - Maximum waiting time targets, increase in capacity / resources

Objective

- To investigate waiting time management strategies used in musculoskeletal outpatient physiotherapy services in the province of Québec

Methods

- Mixed-mode survey was conducted between June and November 2015
- Selection criteria:
 - Publicly funded hospitals in Québec
 - Offering outpatient musculoskeletal physiotherapy services to adults
- Respondents: persons who managed waiting list
- Internet questionnaire and telephone interview
- Descriptive analysis

Results: Sample characteristics

- 97 of the 98 eligible hospitals participated
- Covering 17 of the 18 Quebec's health regions

Demographic area	n (%)
Rural	30 (30.9)
Semi-urban	43 (44.3)
Urban	24 (24.7)

Results: Staffing

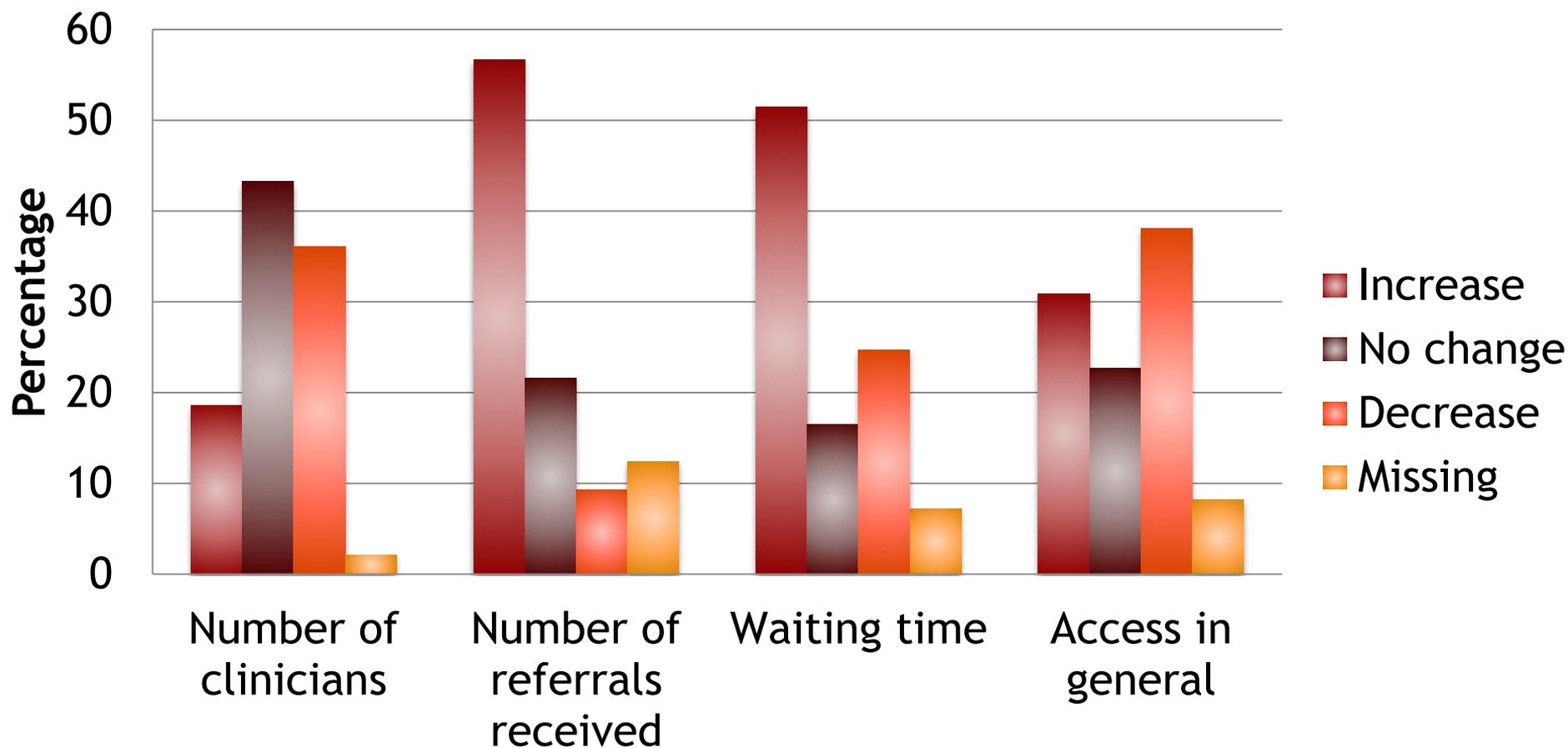
Staffing	n hospitals (%)	Mean (SD)	n missing (%)
Physiotherapist (FTE)		2.82 (2.39)	
PT assistant (FTE)		1.52 (1.52)	5 (5.2)
Physiotherapy aides	52 (53.6)		12 (12.4)
Vacant clinician position	7 (7.2)		

Results: Waiting list

- 98% of hospitals had a waiting list for outpatient physiotherapy services
- Mean number of patients on the list (n=95):
 - 192.1 patients (standard deviation = 176.6)

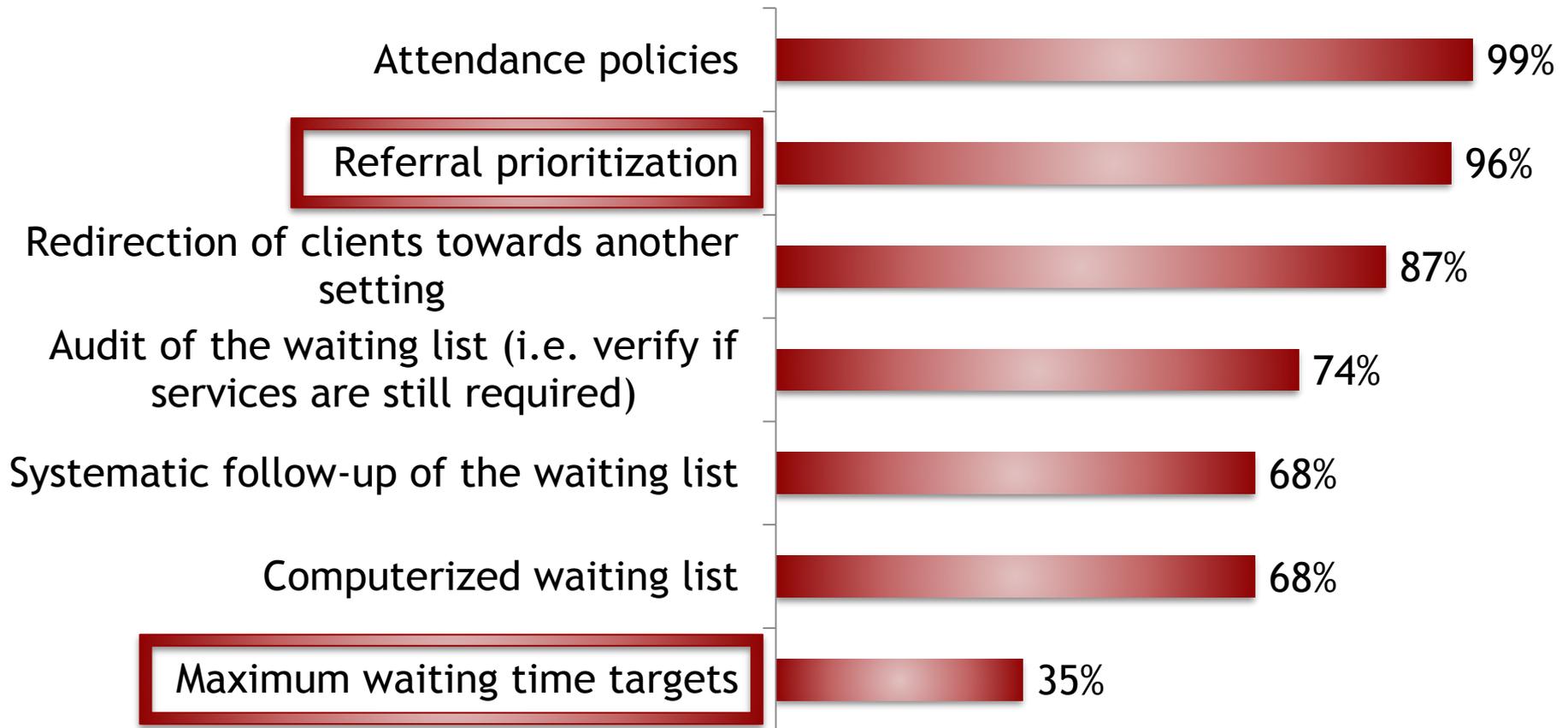
Results: Trends regarding access

Changes noticed over the previous 3 years



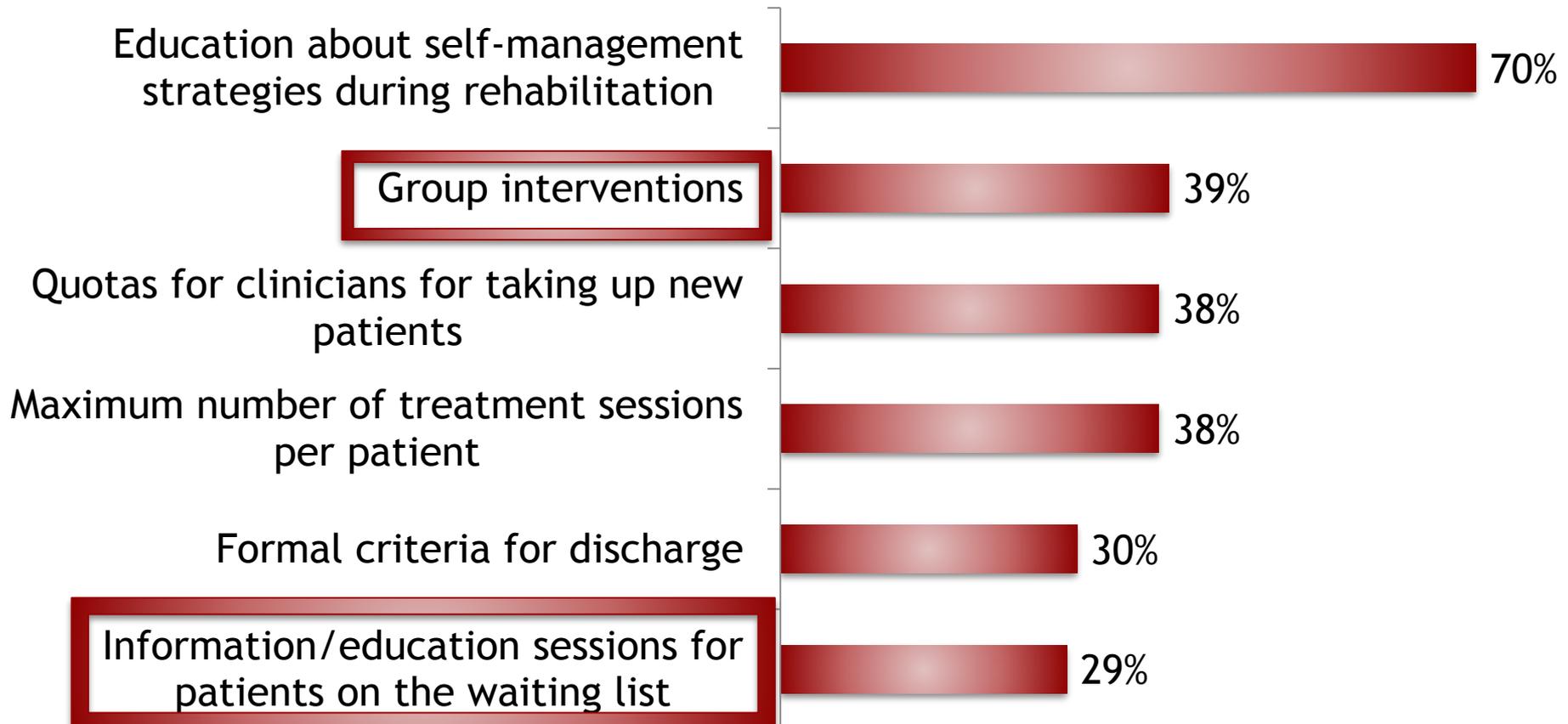
Results: waiting time management strategies

A) Administrative strategies



Results: waiting time management strategies

B) Strategies related to clinical practice



Discussion

Referral prioritization

- Refers to the process of “ranking patients due to receive a specified service in order of priority”
(Harding and N. Taylor 2013)
- Interrater agreement?
(Michaud et al. *Physiother Can* 1999, Harding et al. *Clin Rehabil* 2010)
- Impact on waiting time?
(Harding et al. *Austr Health Review*, 2011)
- A prioritization process that allows the clinician to manage simple conditions or initiate treatment
→ a possible option to reduce waiting time?

Discussion

Maximum waiting time targets

- Strategy less frequently used for PT services
- Need “aggressive performance management”, financial incentives and clinician engagement
- *Gaming* manoeuvres (manipulating the data)
- Conflict with needs-based principle

Discussion

Group interventions

- Reduce healthcare costs (Carr et al. *Disab & Rehab* 2005)
- Improve clinical outcomes (Critchley et al. *Spine* 2007)
- Increase patient's motivation and engagement (Raymond et al. *J Hosp Med* 2016)
- Effectiveness to manage waiting lists?
(Passalent et al. *Healthcare Policy* 2010, Rastall and Fashanu *Physiother* 2001)

Discussion

Education sessions for patients on the waiting list

- Could help reduce deterioration of condition while waiting
- Effective for acute low back pain
- Effect on waiting time? Unknown

(Liddle et al. *Man Ther* 2007)

Limits of the study

- Hospitals vs. community health centres or rehabilitation centres?
- Strategies may have had other aims (e.g. quality of care, efficiency)
- Strategies used, but to what extent? (frequency, clientele)

Conclusions

- **> 18,000 patients** on waiting lists for outpatient physiotherapy in Quebec
- **Waiting time perceived as to have increased** in half of hospitals in the previous 3 years
- **Administrative strategies more frequently used** than strategies related to clinical practice
- Literature review: Effect of waiting time management strategies on waiting time is either **unknown or disputed**

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Questions?

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