

EXECUTIVE SUMMARY

COMMUNITY-BASED REHABILITATION WAIT TIMES

Recent attention to wait times for surgical and diagnostic services indicates a positive commitment toward timely access to health care. Concerns regarding wait times are not restricted to medical assessment and treatment, but also extend along the continuum of care to community-based rehabilitation. As the demographic characteristics of Ontario's population change, timely access to community-based rehabilitation is becoming increasingly difficult to ensure. The aging population, increased prevalence of chronic disease, and the transfer of care from inpatient to community-based settings are likely to affect wait times and wait lists for community-based rehabilitation, and may have long-term consequences for the health care system. Examining wait lists and wait times for community-based rehabilitation will provide an understanding of the current status of rehabilitation services in Ontario and initiate discussion regarding ways to ensure timely access for Ontarians requiring community-based rehabilitation.

OBJECTIVES

This study describes the extent, measurement methods, management and perceptions of wait lists and wait times for occupational therapy and physiotherapy in community-based rehabilitation settings in Ontario. The specific research objectives are to:

- Establish the extent of wait times and wait lists for community-based occupational therapy and physiotherapy in Ontario
- Determine if wait times and wait lists vary according to setting and diagnostic group
- Describe the wait list management methods used in community-based rehabilitation settings in Ontario
- Identify the perceived cause and impact of wait lists and wait times for community-based rehabilitation

METHODS

The study was conducted in three phases using a mixed methods approach. In Phase 1 an extensive literature review of the scientific and grey literature was conducted to identify the extent, measurement and management of wait lists and wait times for community-based rehabilitation. In addition, the literature was examined to identify perceptions of wait lists and wait times for community-based rehabilitation from the perspectives of both the health care provider and the

client. In Phase 2, key informant interviews were conducted in order to obtain information on the extent, management and perceptions of wait lists in community-based rehabilitation in Ontario. The results of Phase 2 were used to help guide sampling strategies and the development of the study questionnaires for Phase 3 of this project, in which all publicly funded community-based rehabilitation settings in Ontario were surveyed. This survey was conducted to determine the extent of wait lists and wait times for community-based rehabilitation by setting and condition, and, to describe current wait list management strategies and their perceived effectiveness. These investigative techniques served to gather a variety of data in a short time frame and help to define a broad spectrum of views on the topic of community-based rehabilitation wait times and wait lists.

SUMMARY OF RESULTS FROM EACH PHASE:

PHASE 1 - Literature Review

- There is a scarcity of literature on wait lists and wait times for community-based rehabilitation settings
- The extent of wait lists and wait times for community-based rehabilitation settings is uncertain given inconsistent methods of measurement
- Management methods for wait lists and wait times vary among settings and are generally not evidence based
- Providers report problems meeting demand and managing capacity for community-based rehabilitation settings

PHASE 2 – Key Informant Interviews

- Wait times and wait lists are not an issue for the private sector
- Increased demand for services with limited capacity contributes to the increasing length of wait lists and wait times
- Wait time measurement varies between and within publicly-funded settings
- The most commonly reported methods for wait list management are: caseload prioritisation; changes in rehabilitation and administrative practice, and policy implementation
- Effective wait list management strategies involve efficient, innovative and ethical processes that respond to client need
- Community-based rehabilitation wait times are thought to affect the health care system by increasing health care costs; interrupting in the continuity of care, and, increasing the degree of disability among those waiting

PHASE 3 – Survey of Ontario Community-Based Rehabilitation Settings

- Hospital outpatient departments have the largest staff complement for community-based PT but at the same time have the largest wait lists and longest wait times
- Most community-based rehabilitation settings are open Monday to Friday during the day, and very few settings are available beyond these hours of operation
- The majority of people waiting for community-based rehabilitation services have chronic musculoskeletal conditions.
- Frequently used methods of wait list management at community-based settings include self management, regular audit of wait lists and referral to other clinics
- Increasing staff complement, only accepting in-house referrals, use of rehabilitation assistants and use of evidence-based benchmarks are considered to be very effective methods to manage wait lists for community-based rehabilitation

CONCLUSIONS AND RECOMMENDATIONS

Overall, the results from this study indicate that wait times and wait lists for community-based rehabilitation vary based on setting and condition. Most notably, wait lists and wait times are the longest for people with chronic musculoskeletal conditions who are waiting for hospital outpatient PT. This suggests that current publicly-funded community-based rehabilitation capacity is not adequate to meet the demands from specific client populations, in specific settings.

In order to further understand this complex relationship the following is recommended:

- 1) Further research should examine the long-term effect of wait lists and wait times for community-based rehabilitation on client outcomes and continuity and transition of care. Research also needs to be conducted to understand how wait lists and wait times affect aggregated health care cost and societal burden.
- 2) A more robust understanding must be gained regarding client perspectives of wait lists for community-based rehabilitation. We restricted our study to publicly funded settings; however, there are numerous (perhaps 1,500) of community-based rehabilitation settings in the private sector. In light of this, one must question: to what extent are Ontarians willing (and able) to access these privately-funded community-based rehabilitation settings?

- 3) Prioritisation based on acuity for community based rehabilitation services is commonly practiced in all settings. However, definitions of acuity vary between and within settings. Individuals with less acute conditions often have the longest wait times. Evidence based benchmarks for wait times need to be established to ensure that people with chronic conditions do not wait beyond a reasonable time.
- 4) Utilisation of currently untapped capacity needs to be considered in order to mitigate wait times and wait lists for vulnerable or marginalised populations such as those with chronic conditions and those unable to access privately funded rehabilitation. This could be accomplished, for example, by expanding current hours of operations of publicly-funded community-based rehabilitation settings to include evenings and weekends. Settings such as Community Health Centres need to be considered as sites for rehabilitation expansion, particularly for populations with chronic conditions. These expansions in service would require more investment in financial and health human resources.

In conclusion, this study provides one of the first overviews of wait lists and wait times for adult rehabilitation in community-based settings within the Province of Ontario. It also provides preliminary data upon which to build future projects that examine wait lists and wait times for community-based rehabilitation. As the Ontario population continues to evolve, it is important that the existing health care system also evolve, in order to ensure timely access to quality health care.