Changes to publicly funded physiotherapy services
Effective August 1, 2013, the government is implementing a comprehensive program for community and primary care physiotherapy. Physiotherapy will be removed from the Health Insurance Act as an insured service and established as budget-based programs for specific programs and health sectors. Physiotherapy services in community settings will continue to be funded and there will be improved access for Ontarians across the province.

Funding for physiotherapy will be provided:
- directly to Community Care Access Centres (CCACs) so that they can treat more patients needing physiotherapy in their home;
- directly to Long-Term Care (LTC) homes in order that they can manage the physiotherapy needs of their residents according to their plan of care;
- to community based physiotherapy providers under contract across Ontario; and
- to family health care settings such as Family Health Teams, Nurse Practitioner Led Clinics, Community Health Centres and others.

There will be no effect on physiotherapy services provided by hospitals to their inpatients or through their outpatient physiotherapy departments.

What will these changes mean to me?
Under the new funding model, a physician or nurse practitioner referral is only required for access to publicly funded physiotherapy services provided in a clinic. You will not need to refer patients that are residents of a LTC home or those who need physiotherapy in their home, as is currently the requirement now.
If you practice in a community that is currently serviced by a Designated Physiotherapy Clinic (DPC), you may already be referring patients for clinic-based physiotherapy so not much will change for you. However, if you practice in a community where there currently is no DPC, starting in August you may be able to refer patients for publicly funded physiotherapy provided in clinics.

Under the new model, clinic-based physiotherapy will be funded under new agreements or contracts. The current payment system does not reflect, or promote current best practices. The new approach to the funding and delivery of physiotherapy services will expand access to Ontarians who need physiotherapy most in communities across Ontario while improving provider accountability and value for our investment in physiotherapy.

With your referral, patients may be eligible for publicly funded physiotherapy in a clinic if they are:

- age 65 or older;
- under age 20;
- any age after overnight hospitalization (for a condition that requires physiotherapy); or
- a recipient of Ontario Works or the Ontario Disability Support Program.

**How will these changes impact my patients?**

**Patients needing services at a clinic in the community:**

In August, the number and location of places in Ontario that will be providing publicly funded services will increase allowing access to patients that previously did not benefit from these services. In addition, there will be enhanced access to physiotherapy services in family health care settings, such as Family Health Teams and Community Health Centres.

**Non-ambulatory patients and residents of LTC homes:**

Beginning in August, your patients that require physiotherapy in their home can contact their local Community Care Access Centre about their eligibility for in-home physiotherapy. Your patients that are residents of LTC homes will be evaluated by staff at the home and their physiotherapy needs will be addressed and provided as part of their overall plan of care.

The attached Qs & As for physicians provides additional information. More information is also available at the ministry’s public internet site at [www.ontario.ca/physiotherapy](http://www.ontario.ca/physiotherapy).