

Expanding Capacity Within Primary Health Care: Development of a Physiotherapy Community of Practice

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Background

- In November 2014, the Ministry of Health and Long Term Care provided funding for 38.3 FTE positions for physiotherapists in Primary Health Care settings, including Family Health Teams, Community Health Centres, and Nurse Practitioner Led Clinics.
- The Ontario Physiotherapy Association (OPA) supported physiotherapists and organizations taking in these new positions and formed the Physiotherapy Community Advisory Committee (PCAC).
- The Association of Family Health Teams of Ontario (AFHTO) partnered with the PCAC to offer a community of practice (CoP) to support the therapists in these positions.

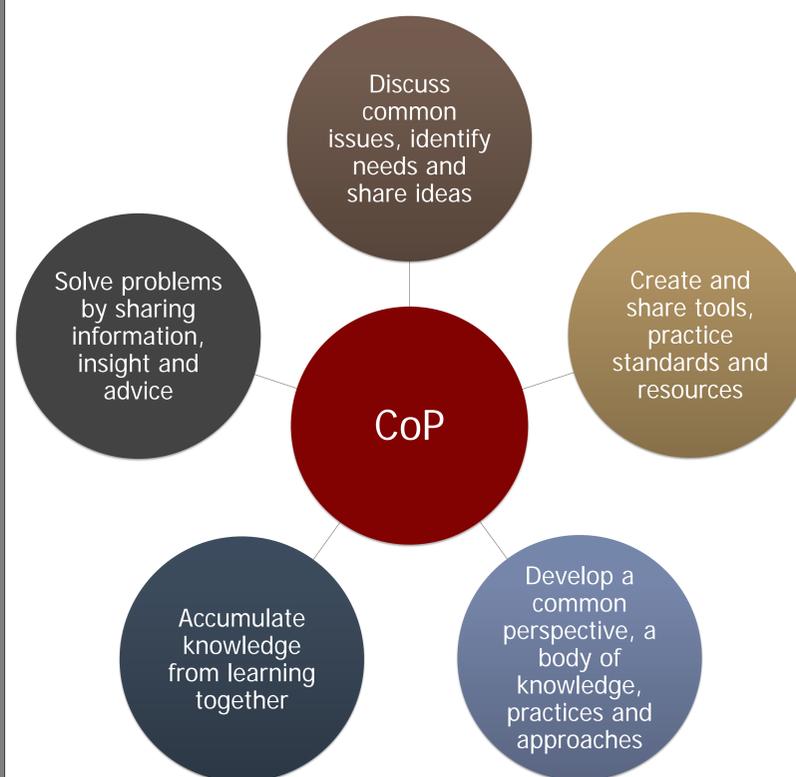


Activities to Date

- Formed a listserv with an online discussion platform
- Posted information about CoPs, introductions, sought members needs and requests
- Requested information about roles and working environments
- Posted evidence around treatment approaches. For example: A controversial position paper on the effectiveness of acupuncture
- Posted clinical requests for information. For example: A physiotherapist starting a new diabetes program asked for resources to support its development. This post resulted in the highest level of engagement from members and was noted as the most successful method of engaging members
- Consultation with other more established CoP leaders within the AFHTO network

What is a CoP?

- Communities of practice (CoP) are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis. (Wenger, 2002)



Challenges

- Physiotherapists joining the CoP are not used to utilizing online networking for professional use.
- There is no prototype position for the roles in FHTs they are currently undertaking.
- Start-up of a CoP for new roles involves considerable time commitment by volunteer members leading the CoP.
- Engagement needs to ensure quality, value and an environment that supports risk taking.

Evaluation

- Number of people engaged versus potential members – currently 32 members and approximately 45 to 50 physiotherapists working in primary health care settings
- Number of posts
- Feedback from members
- Progress to date shows good enrollment but low engagement



Goals of the Physiotherapy CoP

We will:

1. Actively engage Physiotherapists working in Family Health Teams (FHTs), Community Health Centres (CHCs), Aboriginal Health Access Centres (AHACs), and Nurse Practitioner Led Clinics (NPLCs) into a CoP.
2. Provide a platform for the development of shared objectives and priorities for the members of the CoP.
3. Support the integration and development of the PT role within interdisciplinary primary care teams.
4. Provide an online repository of resources based on the needs identified by the members of the CoP.
5. Assemble evidence-based resources to support multiple methods of service delivery and to facilitate the delivery of PT services to address the needs of large numbers of rostered and non-rostered patients.
6. Develop an atlas of outcome measures which can be used by PTs in primary care settings for evaluating individual patient care, programs and quality improvement initiatives.
7. Develop possible approaches to the evaluation of practice in primary health care settings including program evaluation, utilization of the Patient Health Record (PHR), and the formation of databases.
8. Develop a Knowledge Translation process for the CoP.

Future Engagement Strategies

- In person meetings at OPA and AFHTO conferences
- Survey of member needs
- More clinically oriented questions in response to initial engagement including:
 - Strategies to manage a large number of rostered clients
 - Management approaches for both chronic conditions and acute injuries
 - Identifying models of service delivery such as group-based care and clinics
 - Strategies around inter-professional practice, scope of practice, contribution of physiotherapy to the care and quality of life of patients within PHC
 - Posting surveys to explore members needs and ideas for future activities of the PT CoP
 - Linking with other subcommittees such as the Metrics Committee and the Success Stories Committee of PCAC so that CoP members can benefit from resources