
# Physiotherapy on the Margins

## DCHC & CINHS demonstrate how innovation can bring physiotherapy to underserved communities

*Photo credit: Yekooche Teams. Sitting: Dr. Stephen Vallentyne, Physiatrist; L to R first row: Dr. Shadi Hawari, Pharmacist, Dr. Clay Reynolds, Endocrinologist, Dr. Tim Bowen-Roberts, MD, Joel Gomez, MPT student; 2nd row: Dr John Pawlovich, MD, Deanna Kerrigan, Medical student, Dr. Neil Kitson, Dermatologist, Jenna Smith-Forrester, Medical student, Michelle Fleming MOA, Gretchen Snyman Medical student; Rear row: Dr. Haitham Kharrat MD and Robin Roots, PT*

*Tracy Stewart, PABC Communications Manager*

**This is a tale of two clinics. One is located in BC's North, in downtown Prince George; the other on the frontlines of the Downtown Eastside in Vancouver. Both serve marginalized populations who often have complex and challenging health care needs, and a good portion of these clinic's patients are on or close to the street. As well, both employ multidisciplinary healthcare teams to provide care.**

**One has physiotherapy services, and the other does not.**

### On the Downtown Eastside

In 2013, Nurse Practitioner Barb Eddy put in a proposal to Vancouver Coastal Health to have a physiotherapist join the Downtown Eastside Community Health Centre (DCHC). Barb believed (and still believes) that a physiotherapist would be a positive and much needed addition to the current, fairly large, interdisciplinary team working in the neighbourhoodt.

The vision Barb put forward in her proposal was multifaceted. A physiotherapist would be an additional specialist working collaboratively and supporting the other practitioners in the DCHC primary care teams, which include: respiratory therapists, dietitians, counsellors, pharmacists, nurse practitioners and physicians. The physiotherapist would intervene, offer advice and provide treatment in any situation where their clinical knowledge would prove to be useful. A physiotherapist could also easily set up referrals for patients to other health practitioners, and provide continuity with any given patient--understanding histories of pain, injury and trauma (for instance).

Many of those on or close to the street have chronic pain, and Barb also knew that physiotherapy could help address this in a non-pharmacological way, providing pain management and possibly reducing the need for patients to take opioid drugs. Her proposal pushed to integrate physiotherapy into the primary care model to get people off of quick-fix pills and stop these pills from being sold on the street. Barb Eddy knew these pills were making her patients sick, and making the whole community sick because the pills were being diverted.

Her proposal was not funded.

Disappointed, but not defeated, Barb went back to the health authority and got a commitment from them to fund the "overhead" for physiotherapy treatment (i.e. space, mats, bands etc.)--but she couldn't get a physio to come to the clinic. She wanted a physio to accept the MSP payments only, knowing that their patients couldn't afford any extra billing. She also tried to enlist the help of UBC and the MPT students, but it was difficult to find a consistent preceptor.

There was no opioid crisis in 2013 when Barb submitted her first proposal to Vancouver Coastal health. Now, the neighbourhood is in a critical emergency--and it bears the question: is it too late?

DCHC works with a population with high barriers to accessing health care treatment. Patients there, for example, are dealing with emotional and physical trauma; drug abuse; and have higher than average rates of HIV, Hepatitis C, and COPD. Poverty, poor mental health, and living under the threat of violence and discrimination, are all factors contributing to these patients not being able to get basic medical care--let alone a service like physiotherapy, which is often considered a "luxury".

Currently, in Vancouver, these patients can access physiotherapy only in community rehab programs, but these have strict rules around visit frequency and patient criteria. The staff at DCHC also have a very small referral network (through word of mouth) of private practice physios who accommodate the population by providing sessions at discounted rates—sometimes as low as $10 a visit. Even though this fee is extremely low, for a patient at DCHC, this is still a very significant barrier.

Add to this, the complexity of travel for most of these patients; the lack of trust in the medical system; the gap in information about the services available to them; and the underlying fear of going outside of their established practitioner network, and the barriers become nearly insurmountable.

> "Barriers to health care are diverse, including: "transportation barriers, cultural and linguistic barriers, lack of a health card, lack of additional health benefits, and discrimination and stigmatization. Barriers also include lack of specific health services such as: those targeted at street youth, palliative care for homeless, services for mental illness and substance abuse,and more."[1]

The current situation at this clinic, as far as physiotherapy is concerned, is simply not designed to meet the needs of this population.

## In the North

Things are different at the Central Interior Native Health Society Clinic in Prince George. The clinic serves predominantly patients from the Lheidli T'enneh First Nation, as well as people living on or close to the street from First Nations across the North.

In 2012, UBC started the Northern & Rural Cohort (NRC), a clinical education program with 20 seats for students that is focused on addressing issues around recruitment and retention of physiotherapists in the northern and rural regions of BC. The NRC attracts students who are from rural regions or who are interested in working in rural practice

when they graduate. NRC students must complete the majority of their clinical placements in northern or rural communities.

Robin Roots (Coordinator of Clinical Education Northern and Rural Cohort UBC Department of Physical Therapy situated at UNBC) looks for clinical education opportunities for students to learn and gain the competencies needed to work outside of larger urban centres, while providing physiotherapy services to underserviced the communities. She saw a big gap in access to physiotherapy for First Nations communities and Aboriginal people on the whole. The solution: UBC partnered with Central Interior Native Health Society's (CINHS) primary care clinic in downtown Prince George, and integrated physiotherapy students into the primary care team under the supervision of Terry Fedorkiw, PT, to provide care to patients.

The program at the CINHS clinic has been running part-time since 2013, and is, by all accounts, a huge success. They would like to expand to full time, but are currently limited by space and a Clinical Educator that hopes to return to retirement soon.

---

The two clinics are similar in so many ways. But, one has physiotherapy services, and the other does not.

Prior to the integration of physiotherapists at the Central Native Interior Health Clinic, patients were referred for physiotherapy to the hospital in Prince George--and the waiting list was incredibly long. Like DCHC, CINHS is multidisciplinary, with a strong commitment to providing wrap-around services in an environment that is trauma-informed and culturally safe. Both clinics have, at the heart and soul of what they do, a deep understanding of the need to meet patients where they're at. Many of the patients at both centres are marginalized, have complex health care needs and face significant challenges accessing health care.

Why then, has one clinic found the solution to integrating physiotherapy into their primary care teams, while the other has struggled? One obvious reason is funding. Other reasons may be more difficult to deduce. Is it because Northern Health is more malleable, and more willing to look at innovation? Is there less bureaucracy in a small health authority? Is it because opportunities for physiotherapists and physiotherapy students in a larger centre, like Vancouver, are broader and more diverse, and it is therefore challenging to attract people to work in a difficult community with big obstacles to overcome?

The need for physiotherapy in these populations is well-documented—health stats show that the Downtown Eastside and Northern BC have the worst health stats of all regions in the province. The need for physiotherapy at clinics (like DCHC and CINHS) that serve these populations is clear.

> "It is recognized that integrated care is more successful in improving the health status of marginalized populations. This is especially important for vulnerable clients who may see several different health care providers to address their healthcare needs. Research has shown that social issues appear to explain more about variations in health and well-being than do any combination of individual factors."[2]

Both Robin Roots and Barb Eddy agree, as well, that patient buy-in is not a barrier to access, and that a small amount of education around rehab and physiotherapy goes a long way to making people feel comfortable with the process. Start people slow and teach them to build.

Robin notes that patients at the Central Interior Native Health Society are incredibly appreciative when a practitioner takes the time to listen, and can address their pain "right then and there". And, for a population that has been marginalized—often having incredibly negative experiences with the healthcare system—the hands-on approach of physiotherapy, if done in a culturally safe manner, provides them with reassurance and is very effective. And Barb knows her patients at DCHC understand that body movement and physical therapy will help ease their pain.


## Physio Can Help

The program in the North will continue, buoyed by their successes, and hopefully expand moving into the future. In addition to improved well-being, patients see the benefit of being part of educating future healthcare professionals, and are empowered to be part of that process.

In early 2017, Barb Eddy received news that funding was on the table for a physiotherapist to join the team in the Downtown Eastside clinic as part of a wider Downtown Eastside healthcare redesign. It still remains to be seen if this position will actually come to fruition, and what this position would look like—but it will require someone who is willing to be creative about how the physiotherapy program is organized and how services are delivered to patients.

Looking at the big picture, physiotherapy makes a huge difference in patient outcomes in these underserved populations.

What is happening at both these clinics demonstrates that physiotherapists, are critical members of primary care, and part of a larger healthcare ecosystem needed to help people move on to a more positive purpose by relieving both mental and physical suffering. The only effective way to serve populations on the margins is to provide integrated care that can address complex problems as patients' needs shift and emerge.

> "In many cases, mainstream healthcare services are not suitable for individuals in these target groups. Sometimes clients of innovative health initiatives have been banned from accessing mainstream services due to behaviour or abuse of services."[3]

1. Hay, D., Varga-Toth, J., Hines, E. Frontline Health Care in Canada: Innovations in Delivering Services to Vulnerable Populations. Canadian Policy Research Networks Inc. September 2006.

2. Ibid.

3. Ibid.