

CWC PCN Physiotherapy Program FAQ

FOR PHYSICIAN MEMBERS

What does the Physiotherapy Program provide?

Our Physiotherapy Program focuses the available, limited resources on motivated patients without coverage by other health payers, financial means, or access to AHS-funded services and one of the following:

- Aged 18 and up with recurrent/persistent chronic low back pain
- General (non-acute), MSK conditions of the shoulder
- Joint-related degenerative hip and/or knee pain due to osteoarthritis (OA)

Eligible patients referred to the program are booked an appointment with one of our Physiotherapists (30-minute virtual appointment or call) who use their expertise to assess and connect them to the appropriate type of care.

- Physiotherapy Program: In-person, one-on-one physiotherapy appointments (up to six appointments)
- Physiotherapy Program: In-person GLA:D Back program (two education sessions and 12 group exercise sessions over seven weeks)
- Physiotherapy Program: In-person GLA:D Hip and Knee Osteoarthritis program (two education sessions and 12 group exercise sessions over seven weeks)
- Physiotherapy Program: Exercise-based rehabilitation plan developed by our Physiotherapists with the patient for self-management (our Physiotherapists will then follow up with the patient virtually)
- External services: Referred to an AHS or community-based program (e.g., Alberta Healthy Living Program, etc.) — please follow up with your patients referred outside of our Physiotherapy Program

Why a Physiotherapy Program and how did you develop it?

Physiotherapy was one of the most requested additional PCN supports by members in the 2023 survey.

Developing the program began with the survey that identified physiotherapy support as a gap. Members were further engaged to develop and then refine the program through:

- Individual, in-depth interviews with 14 members
- Three members involved with the working group for the program
- Members who participated in the program's pilot and provided feedback

Our PCN also consulted with community partners, patient representatives, and our clinical team members:

- The Bone Joint Health Strategic Clinical Network, members of the Alberta Association of Physiotherapy, the AHS Rehabilitation Advice Line, and AHS Community Physiotherapy
- The public volunteers on our [Patient Advisory Council](#)
- Our Primary Care Registered Nurse Clinical Practice Leads and a physiotherapist consultant with public and private experience

Strong, common themes were used to shape the overall program design, including prioritizing patients without coverage or the financial means to afford physiotherapy and a focus on exercise-based rehabilitation. Feedback from specific groups of stakeholders — such as physician feedback informing the referral process and eligibility — informed the elements most applicable to them.

After a year of monitoring and evaluating the program, we could reconnect with the working group and expand our program to include chronic low back pain and the GLA:D Back program. Chronic low back pain was raised by physicians in the initial consultations. We carefully monitored program capacity before adding chronic low back pain for program sustainability.

How did you determine the eligibility criteria?

We focused on conditions identified through engagement with physician members and with consideration to our limited resources to initially launch the program. Additionally, based on evidence and a literature review, these conditions were identified as having the greatest chance for improved outcomes within the scope of our available resources for physiotherapy. The focused criteria is in place to help manage capacity without requiring referral caps for physicians like some other programs use.

The full inclusion-exclusion criteria are on the referral form for reference when you are considering making a referral.

After program monitoring and evaluation the program for a year, we expanded it to chronic low back pain and the GLA:D Back program. Chronic low back pain was raised by physicians as a need in the initial consultations. We also did a literature review and carefully monitored program capacity before expanding. Program monitoring and evaluation will continue.

What does the one-on-one physiotherapy appointments and the GLA:D programs involve?

The one-on-one physiotherapy appointments are in person and involve up to six appointments:

- A one-hour initial assessment appointment
- Follow-up appointments are 30 minutes and based on the plan of care developed with the patient in the first appointment

The GLA:D Hip and Knee Osteoarthritis program is a seven-week, in-person program that involves:

- Two education sessions about OA and self-management
- 12 group exercise sessions to build strength through functional exercises and learn to apply the exercises to everyday activities

The GLA:D Back program is a seven-week, in-person program that involves:

- Two education sessions about on pain neuroscience and biopsychosocial concepts
- 12 group exercise sessions emphasizing movement quality and strengthening and functional activities

What happens after I refer?

Following referral, eligible patients are called within three business days and booked for the initial assessment appointment and then connected to the appropriate type of care.

You will receive faxed notifications to keep you informed:

- Notification of the outcome of the initial call (connected with one-on-one physiotherapy appointments, GLA:D Hip and Knee Osteoarthritis program, GLA:D Back program, self-management, or an AHS or community-based program) or if the patient could not be contacted or declined
- Plan of care after the assessment appointment with a contracted provider for patients who are connected to one-on-one physiotherapy appointments
- Discharge summary after the completion of the one-on-one physiotherapy appointments or the GLA:D programs
- Summary of patient activity and progress made within the self-management option

Why use contracted providers for physiotherapy support?

Contracting existing providers provided numerous locations for patient accessibility, and the contracted providers have the necessary facilities, personnel, and equipment already in place. It meant the

program could be offered sooner by taking care of the need for physiotherapy infrastructure our PCN does not have. The contracted services cost is based on utilization, so it was a fiscally prudent decision.

We used an RFP (request for proposal) process and a standardized criteria to review submissions to choose the contracted providers. And we have set requirements with the contracted providers that they will share several datasets on referral outcomes to assist with program monitoring.

What are the locations and hours of the contracted providers?

All locations are displayed on this [map](#) to offer an at-a-glance overview.

For one-on-one physiotherapy appointments, Peak Health & Performance is the contracted service provider with four locations:

- 5004 Elbow Dr. S.W.
- 105-3519 14th St. S.W.
- 208-7337 Macleod Tr. S.W.
- 159-2515 90th Ave. S.W.

Hours of operation are 7 a.m. - 8 p.m., Monday - Thursday; 7 a.m. - 7 p.m., Friday; and 9 a.m. - 4 p.m. on Saturday.

For the GLA:D programs, Momentum Health is the contracted service provider with seven locations:

- 4-12192 Symons Valley Rd. N.W.
- 1c-7005 18th St. S.E.
- 2200-8561 8A Ave. S.W.
- 5146-901 64th Ave. N.E.
- 312-3320 17th Ave. S.W.
- 129-3815 Front St. S.E.
- 110-7 Mahogany Plz. S.E.

Their hours vary slightly by location but are generally 7 a.m. - 8 p.m., Monday - Friday, and 9 a.m. - 2 p.m. on Saturday.