Physiotherapy in Primary Care

Module 5

Service Delivery Models for PTs in Team-Based Primary Care

Please note: This course was designed to be interacted and engaged with using the online modules. This **Module Companion Guide** is a resource created to complement the online slides. If there is a discrepancy between this guide and the online module, please refer to the module.

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INTRODUCTION

The service delivery model influences all aspects of team-based primary care delivery. This module will describe how physiotherapists can be integrated into team-based primary care service delivery models used across Canada. The module will discuss how both individual- and population-level approaches to care are implemented through different service delivery models.

Module Learning Outcomes

By the end of this module, learners will be able to:

1. Describe a variety of models of team-based primary care service delivery across Canada, and how physiotherapy can be integrated into those teams.
2. Discuss how physiotherapists in team-based primary care settings use both individual, and population health approaches to care.
3. Recognize key barriers and facilitators to the integration of physiotherapists within primary care teams.
4. Identify personal learning needs related to physiotherapists' roles in team-based models of primary care, and create a plan to address those learning needs.

Note: A full reference list for topics discussed in this module can be found in the Conclusion section.

The content of this module will most directly support you in identifying learning needs and plans to address those learning needs to enhance competencies 1.8, 1.10, 1.13, 3.1, 3.2, 4.1, and 4.2.

Continue to review the competencies that will be relevant to this module.
Module Competencies

1.8 Facilitate successful transitions in care among interprofessional primary care team members, external health service providers, and community service providers.

1.10 Plan, deliver, and evaluate group programs, in collaboration with other interprofessional primary care team members, to improve functioning and health of individuals and communities.

1.13 Demonstrate adaptive expertise to create solutions to individual or community health challenges as a member of the interprofessional primary care team.

3.1 Engage the person seeking care, together with their family and support network, as core members of the interprofessional primary care team.

3.2 Collaborate with all primary care team members in a way that leverages the expertise and full scope of all team members, to provide comprehensive health services that meet the needs of individuals and communities.

4.1 Contribute to the development and implementation of organizational policies which promote optimal service delivery by the interprofessional primary care team.

4.2 Triage persons seeking care to facilitate timely access to appropriate services.

Continue to Section 01

SECTION 01: SERVICE DELIVERY MODELS

In recent years, there has been an effort to integrate physiotherapy, along with other health professions, within primary care service delivery models.

In this section, you will be introduced to the benefits of integrating physiotherapy into primary care and learn about physiotherapy roles within different service delivery models.

Physiotherapy Integration into Primary Care

The integration of physiotherapy into primary care teams strengthens coordinated, team-based, comprehensive, patient-centred care and promotes greater health equity, especially for those in underserved populations.

The service delivery model and method of integration will most likely vary across provinces, territories, Indigenous communities, and nations, as territorial, provincial, and federal policies and funding models influence the organization of services

Service Delivery Models

A service delivery model describes the way that providers organize and deliver services and supports to people. In a scoping review, McColl et al. (2009) identified six types of models that describe the integration of rehabilitation and primary care.[2]

Continue to learn about the six identified service delivery models and their important features. Note that implementation may include some features of multiple models, rather than all features of a single model, and that there may be additional models in practice. Examples are explored in the next section.

Clinic Models

- The most common models in primary care
- A physiotherapist works co-located with other primary care team members
- The physiotherapist works with people seeking care to complete an assessment and to develop individualized and goal-oriented interventions
- One-to-one or group formats

Outreach Models

- Often target locations that do not have many services and people who have barriers to accessing care
- Mobile teams or satellite locations

Community-Based Rehabilitation Models

- Community-based rehabilitation experts advocate for issues relevant to people with disabilities to procure community supports and resources
- Focus on capacity building, raising the profile of disability issues, and raising attention to enhancing accessibility and inclusiveness

- Based on community development principles from work in developing nations, often where resources are scarce

Case Management Models

- A physiotherapist or other rehabilitation professional coordinates the necessary services for a person seeking primary care including rehabilitation, community support services, and other health and social services

Shared Care Models

- Form of collaborative practice, where a physiotherapist works in concert with other providers
- Each professional provides their expertise when relevant, with coordination amongst the team
- There is often a shared electronic medical recording system which facilitates access to a patient's history and notes from other providers

Self-Management Models

- Often include education and support for people seeking primary care
- People seeking primary care are at the centre of decision-making authority
- For more resources, see **Module 07: Supporting Self-Management**

Many physiotherapy services likely include features of multiple models and vary depending on factors such as the:

- Needs of the people and communities
- Size of the interprofessional team
- Number of people seeking primary care
- Structure and function of the overall team
- Number of physiotherapists on the team
- Individual expertise of the members of the team[1]
- Scope of practice in the jurisdiction
- Capacity for care to be patient-centred and culturally safe[1]

Reflection: Think about the primary care services offered within a community where you have worked or lived. Was physiotherapy integrated within an interprofessional primary care team in this community? If so, which model(s) of service delivery did you observe?

In this section, you were introduced to six service delivery models used to integrate physiotherapy into primary care. In the next section, you will explore examples of service delivery models that have been implemented in different Canadian health systems.

Continue to Section 02

SECTION 02: INDIVIDUAL AND POPULATION HEALTH APPROACHES

In this section, you will compare individual and population health approaches. You will learn about the benefits of implementing a population health approach as a physiotherapist in primary care. You will also learn about various types of direct patient care, and how primary care teams across the country have implemented these approaches.

Population Health Approaches to Care

Population health considers the health needs of populations instead of focusing only on the health of individuals. It works on mitigating upstream factors to improve the health of communities and populations. Population health approach focuses on actions regarding the numerous determinants of health, including social determinants of health and health inequities.[3, 4, 5] Providing physiotherapy services within primary care using a population-based approach is viewed as a way to better respond to local needs.[1]

Adopting a population health approach as a physiotherapist in primary care translates into different actions, depending on the level(s) of intervention.

On a **systems level**, physiotherapists may be involved with changing policy, changing organizations and their practices, or working on inter-organizational care pathways.[6] For example, a physiotherapist may help to inform a perinatal care pathway to include assessment by a physiotherapist or participate in advocacy efforts to highlight the health needs of Canadians living with long COVID.

At the **community level**, physiotherapists may work for changes in the health of a particular community or subgroup such as screening for falls risk in older adults or advocating for reducing air pollution in an urban area.[6]

A population health approach at the **individual level** involves working with people who are part of an identified target population to improve the health status of that population. Two examples include working with people living with chronic obstructive pulmonary disease (COPD) to improve their functional status or working with people who don't have access to physiotherapy.[6]

Direct Patient Care Formats

Direct patient care approaches often co-exist with population health approaches. Six types of direct patient care in physiotherapy will be discussed in this module: **One-to-One Patient Care, Group Interventions, Home or Community Visits, Virtual Care, Collaborative Care**, and the inclusion of **Support Personnel**.

Continue to learn about six formats of direct patient care. Consider the elements of each type and when each might be appropriate.

One-to-One Patient Care

One-to-one patient care is most common in primary care settings. In fact, it is estimated to represent 80% of primary care physiotherapy services in Ontario.7

Group Interventions

In addition to providing services to a greater number of people, group formats are conducive to peer learning, enhanced social support, and community building. Group interventions are not always appropriate, and decision-making should consider cultural safety, inclusion, and equity.

Home or Community Visits

There are situations when visits to a person's home or to a different community location (e.g., workplace, school, health center, community centre) may be indicated to facilitate assessment and/or intervention.

Virtual Care

By providing virtual care (e.g., telerehabilitation), some people will have increased access to care, especially if they have barriers getting to the clinic or live farther away. For many conditions, research has demonstrated that virtual care is appropriate and effective.[8]

Collaborative Care

Collaborative approaches to care may include multiple healthcare professionals carrying out assessments and interventions together, simultaneously. Two independent healthcare professionals from different disciplines (e.g., physician and occupational therapist, physiotherapist and nurse practitioner, etc.) might conduct an assessment together to combine their expertise. Or, they may coordinate their assessments to ensure the person seeking care does not have to repeat themselves or undergo the same physical assessments multiple times.

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Support Personnel

The inclusion of physiotherapist assistants or physiotherapy technologists can notably expand the capacity of the physiotherapy service and allow for increased service delivery.

Caitlin McArthur, Diversity Exchange, CC BY-NC-SA 4.0.[10]

Reflection: What is your experience providing different types of direct patient care? Are there specific types that are more applicable to the populations you work with? Are there some types that are more easily achieved due to your work setting?

One-to-one care is the most commonly encountered type of physiotherapy service delivery in primary care. This may be because of the challenges or need to better describe the benefits of other types of service delivery, and of the role of physiotherapy in a population health approach. There is often less awareness among physiotherapists, team-members, and managers about physiotherapists' role in population health approaches and the benefits of delivering physiotherapy services using other types of direct patient care.

Team-Based Primary Care Service Delivery Models Implemented in Canada

The rest of this section presents examples of service delivery models that have integrated physiotherapy into primary care teams across Canada. Actual models and features vary across the

examples, depending on the needs of the community, the scope of practice in the province or territory, and the levels of autonomy and interprofessional collaboration; none are considered perfect or ideal.

These examples are not an exhaustive list. They reflect how the integration of physiotherapy into primary care is ongoing across the country.

As you review the examples, ask yourself:

- **What service delivery models are reflected?**
    - Clinic
    - Outreach
    - Community-based rehabilitation
    - Case management
    - Shared care
    - Self-management
- **What types of direct patient care are described?**
    - One-to-one patient care
    - Group interventions
    - Home or community visits
    - Virtual care
    - Collaborative care
    - Inclusion of support personnel

Ontario

Primary care models integrating physiotherapists have been developing in Ontario for over fifteen years. Specifically in 2015, there was a significant investment in physiotherapy in primary care which included the creation of physiotherapy positions in Family Health Teams, Community Health Centres, and Aboriginal Health Centres.

A group of twelve Community Health Centres (CHCs) in the Toronto region developed and applied a model for physiotherapy service delivery consistently across these multiple primary care sites.[11] This model was developed based on a review of international literature and intended to support the consistent implementation of physiotherapy best practices in primary care while allowing for the flexibility to be responsive to community needs.

Continue to learn about some of the features included in this service delivery model. Some features are directly related to the models described earlier, some features use different names, while some features have not been described in this module.

Feature 1

Clinical Care

Physiotherapists deliver individualized and goal-oriented assessment and intervention, in a one-to-one or group format.

Feature 2

Shared Care

Different providers form partnerships for goal-oriented assessment and intervention. This collaborative service delivery promotes coordinated care. For example, physiotherapists have worked with chiropodists to assess and manage a person's foot pain. They have also worked with dietitians to develop a collaborative plan for the management of a person's diabetes.

Feature 3

Case Management

Physiotherapists provide first-contact care for rehabilitative health needs and serve as the most responsible provider for these patients. This service delivery feature provides direct access to physiotherapy services for those whom a functional/movement impairment is the primary indication for seeking care. Patients may or may not require other primary care services.

Feature 4

Programming Consultation

Internal and external partnerships are a part of programming development, which provides support to wellness services for prevention, maintenance care, and health promotion. For example, a physiotherapist advising on the exercise/physical activity component for a health promotion group focused on the prevention of osteoporosis.

Integrated Care

External partnerships are leveraged to support coordination across the continuum of care. An example of this type of partnership would be coordination between primary care and a specialized rehabilitation clinic in a hospital setting. Another example would be coordination between a Rapid Access Clinic to physiotherapy in primary care for individuals requiring non-surgical management.

Feature 6

Outreach

Targeted outreach services for underserved populations who would not otherwise access services but who may be at risk. For example, this could include providing access to residents of shelters, or other communities where access is limited.

Saskatchewan

Access to primary healthcare is challenging in many rural and remote communities, even without considering the integration of physiotherapy. In Saskatchewan, innovative team and technology models have been developed through research to meet the needs of people experiencing back pain in rural and remote communities.

Essential in service development is consultation with the groups involved, which includes people seeking primary care as well as health care providers. Crockett et al. (2023) identified unique

healthcare needs stemming from a person's rural or remote location.[12] In particular, they identified unique barriers experienced by Indigenous people in those areas.

The study found that the most common barriers to accessing care, identified by Indigenous people experiencing chronic back pain, were:[12]

- Providers that lack cultural sensitivity.
- People not knowing where to access care.
- Experiences of back pain that may be unique or different from the general population.

Another unconventional physiotherapy service delivery model was piloted in rural Saskatchewan to address the unique needs of residents struggling with chronic back pain. In this team and technology model, the physiotherapist was located in an urban centre and completed a remote assessment of a person with chronic back pain who was present with a nurse practitioner at a rural or remote primary care site. Results from this research indicated a high rate of agreement between care approaches that stem from a physiotherapist alone and the physiotherapist-nurse practitioner team, as well as improved interprofessional team work and care reported by both providers.[13, 14]

Note: Service provision and evaluation of a virtual team assessment (i.e., physiotherapist and nurse practitioner) and follow up care provided either virtually or in person by a physiotherapist is ongoing and has expanded to include other musculoskeletal disorders.

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Quebec

In Quebec, many primary care settings take the form of Family Medicine Groups, some of which are also university-affiliated teaching clinics.[15] The first documented model of physiotherapy in a university-affiliated Family Medicine Group in Quebec was implemented in Québec City in 2009.[16] In this service model, physiotherapists:

- Provide clinical services to underserved populations (with and without appointments),
- Conduct collaborative assessments with physicians and residents, and
- Contribute to the overall training of family medicine residents.

In 2015, the Ministry of Health proposed a formal guide to further support the integration of physiotherapists in Family Medicine Groups.[15]

Until recently, the integration of physiotherapy into team-based primary care nonetheless increased rather slowly in Quebec. A new model of access to primary care was introduced in 2022 and is now expanding rapidly for people without a family physician in Quebec. This model is termed the Guichet d'accès première ligne (GAP), or Primary Care Access Point, and positions physiotherapists as first contact providers.

Explore the timeline for a demonstration of how the GAP/Primary Care Access Point works in some of these new initiatives.

- ***Step One***

Nurse Assessment

Across different regions, people seeking care for a health problem can either fill out an online form indicating their reason for consultation or talk to a nurse over the phone who will then define their care needs.

- ***Step Two***

Triage

People seeking care are triaged to see a physician or another health professional. If, for example, they present with a musculoskeletal disorder that would require physiotherapy, they are offered a consultation with a physiotherapist.

- ***Step Three***

Consultation

The individual would then be connected with a physiotherapist for a consultation. These physiotherapists are dedicated professionals working collaboratively with the GAP and offer consultation covered by the public system.

Physiotherapy care in this model is centred around education, self-management, and exercise.[17, 18]

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British Columbia

In British Columbia, there have been substantial increases in primary care coverage in recent years. Throughout the province, there are a number of different primary care organizations, which include:

- Community Health Centres;
- First Nations-led primary care health centres; and
- Urgent and Primary Care Centres.

Each of these primary care organizations have developed their own approach to physiotherapy service delivery, which is mostly clinic models. Generally, referrals to physiotherapy are often directed through triage by a nurse, although a proactive approach by physiotherapists to identify situations where their services are indicated improves team collaboration.

In all primary care models in BC, there is an opportunity to embed physiotherapists and other health professionals, but the majority of physiotherapists are part of primary care in a “Hub and Spoke” model. In this case, physiotherapists are not embedded in the team, but instead operate out of a centralized clinic, where many different regional primary care organizations can access services through referrals.[19, 20]

Note: As mentioned previously, many service delivery models exist within primary care teams and not all local initiatives in primary care have been reported in this section. Furthermore, while some examples have been associated with a certain province or territory, they may also exist in similar or different forms in other provinces or territories.

In this section, population health approaches to patient care were discussed. Additionally, you were provided with examples of how service providers across the country have implemented types of direct patient care delivery models to meet the needs of the communities they serve. In the next section, you will be introduced to possible barriers and facilitators affecting the integration of physiotherapy into primary care.

Continue to Section 03

SECTION 03: BARRIERS AND FACILITATORS TO INTEGRATION

In this section, you will be presented with examples of barriers and facilitators to the integration of physiotherapists into primary care teams. You will also have an opportunity to apply what you've learned in this module to a case study.

The integration of physiotherapy in primary care teams is still far from common practice across Canada.[21] Further inclusion of physiotherapists in primary care teams would help increase access to services and promote more comprehensive primary care.[22] Although there is a growing body of evidence and increasing experiences of the integration of physiotherapists in team-based primary care, numerous factors have been identified as potential barriers and facilitators to such integration.

Barriers and Facilitators

Gaining a better understanding of the barriers and facilitators could help support the integration of physiotherapists in primary care teams.

Continue for an overview of some barriers and facilitators that could impact the integration of physiotherapy into primary care teams.

Barriers

- Lack of knowledge of physicians and service users about physiotherapy roles and services[22]
- High volumes of people seeking physiotherapy in primary care, with complex needs, leading to waiting lists and provider burnout[22]
- Lack of, or ineffective, intra- and inter-professional collaboration and teamwork[22]
- A low supply of health human resources (physiotherapists)[23, 24, 25]
- Insufficient funding and space[22, 23, 24, 25]
- Challenges faced by physiotherapists in taking on new and diversified activities and roles (e.g., group-based interventions, administrative duties)[23, 24, 25]

Facilitators

- Clarification of professional roles and scopes of practice[22]
- Strengthened teamwork and collaboration[22]
- Formal training and mentorship offered for physiotherapists[22]
- Appropriateness of referrals[23, 24, 25]
- Development of management and leadership skills for physiotherapists[23, 24, 25]
- Willingness of physiotherapists to take risks and initiative[23, 24, 25]
- Creativity and flexibility[23, 24, 25]
- Ability to advocate for the models of service delivery and roles of physiotherapists[23, 24, 25]

Case Study: Barriers and Facilitators in an Interprofessional Team

Apply your own experiences and knowledge of the barriers and facilitators to integrating physiotherapists within primary care to the provided case.

- **Joining the Primary Care Team**

Consider a situation where you are a physiotherapist newly hired to be part of a primary care team, where you are co-located with physicians, mental health counselors, nurses, social workers, dietitians, quality improvement specialists, and administrators. You are the first, and at this time, only rehabilitation professional to be part of this team. The team provides care to about 10,000 people.

You share your previous physiotherapy work experience with your team. Many of your teammates are excited for you to join them, and they share their personal positive experiences with physiotherapists in private practice settings.

Answer the questions by drawing on your previous and/or current work settings and experiences and what you've learned in this module.

Question 1 of 3: What potential barriers and facilitators can you identify in the case study?

Feedback:

The barriers in the case study are the high ratio of potential patients to you, the only physiotherapist. Another possible barrier could be the space available for you (the physiotherapist) and related equipment. However, physiotherapists can deliver primary care services out of a regular office space, with minimal supplies and equipment. A large gym space or expensive equipment is not always needed.

Possible facilitators include the diverse team that has experience with interprofessional collaboration. Additionally, co-located services lead to more interaction with others and a greater familiarity with the scope and abilities of your team.

Question 2 of 3: What opportunities can you identify to start discussions with your team on how best to integrate physiotherapy services?

Feedback:

You could discuss the integration of physiotherapy services through consultation with other providers on select cases or during team meetings, hallway conversations, or interprofessional in-services.

Question 3 of 3: How can you share other less well known models of service delivery or care formats for physiotherapy with your team?

Feedback:

Some ways that you can share alternative models of service delivery and care formats with your team are:

- Share examples from across the country.
- Consult and describe evidence for different models of care.
- Describe how a group program would increase access for more people.
- Describe how upstream population health approaches can help identify people who would benefit from physiotherapy, such as having all providers ask about falls as part of the screening process.

- Describe how identifying community gaps for certain populations can help identify where targeted physiotherapy services can be helpful, such as for groups without access to physiotherapy.

Thank you for your responses to these questions. This case will be revisited in **Module 08: Physiotherapy Leadership in Team-Based Primary Care.**

In this section, you were introduced to both barriers and facilitators to the inclusion of physiotherapy services in primary care, and then prompted to apply what you've learned to a case study. In the next section, you will be asked to revisit your ILP.

Continue to Section 04

SECTION 04: INDIVIDUALIZED LEARNING PLAN

This module, **Module 05: Service Delivery Models for Physiotherapists in Team-Based Primary Care**, was designed to help you develop new foundational knowledge related to service delivery models from across Canada, and identify potential learning needs or opportunities to address your learning needs.

Continue to review the new foundational knowledge presented in this module, as well as the potential learning needs and opportunities you may have identified.

New Foundational Knowledge from Module 05

- Primary care health service delivery models used across Canada.
- Individual- and population-level approaches within team-based primary care.
- How features of service delivery models influence team-based primary care.

Potential Learning Needs and Opportunities

- Implementing individual- and population-level care within your service delivery model.
- Collaborating effectively to provide team-based primary care within your service delivery model.

Revising your Individualized Learning Plan (ILP)

Now that you have completed this module, you will revise each activity within your ILP. First, revisit **Activity 1: Competency Self-Assessment.**

- Review the self-assessment ratings, learning needs, and priority levels you identified for the Module 05 competencies when you first completed **Activity 1**.

- Modify your self-assessment ratings, add any new learning needs that you've identified, and adjust your priority ratings, if needed.

Continue to reveal the competencies relevant to this module.

Module Competencies

1.8 Facilitate successful transitions in care among interprofessional primary care team members, external health service providers, and community service providers.

1.10 Plan, deliver, and evaluate group programs, in collaboration with other interprofessional primary care team members, to improve functioning and health of individuals and communities.

1.13 Demonstrate adaptive expertise to create solutions to individual or community health challenges as a member of the interprofessional primary care team.

3.1 Engage the person seeking care, together with their family and support network, as core members of the interprofessional primary care team.

3.2 Collaborate with all primary care team members in a way that leverages the expertise and full scope of all team members to provide comprehensive health services that meet the needs of individuals and communities

4.1 Contribute to the development and implementation of organizational policies which promote optimal service delivery by the interprofessional primary care team.

4.2 Triage persons seeking care to facilitate timely access to appropriate services.

Next, revisit **Activity 2: Values Self-Assessment.**

- Refine your list of values if the module inspired you to consider any personal values that you did not initially identify.

Then, revisit **Activity 3: Professional Developing and Networking Self-Assessment.**

- Record any professional development or networking goals or opportunities you may have identified by completing this module.

Finally, revisit **Activity 4: Creating your Individualized Learning Plan.**

Examine the competencies, learning goals, and professional development and networking opportunities you identified for the short, intermediate, and long-term. Update your ILP based on the refinements you made to your learning needs and priority ratings (**Activity 1**), values (**Activity 2**), and professional development and networking opportunities (**Activity 3**).

Continue to Conclusion

MODULE CONCLUSION

There is a range of primary care service delivery models in which physiotherapists can be integrated. In this module, you were introduced to the benefits, barriers, and facilitators of integrating physiotherapy into primary care teams, along with the characteristics of different models.

Acknowledgements

This module was authored by:

- Amy Hondronicols, Ontario Physiotherapy Association
- Kadija Perreault, École des sciences de la réadaptation, Université Laval
- Emily Stevenson, Registered Physiotherapist
- François Desmeules, École de Réadaptation, Université de Montréal
- Jordan Miller, School of Rehabilitation Therapy, Queen's University
- Lisa Carroll, Canadian Physiotherapy Association
- Julie Richardson, School of Rehabilitation Science, McMaster University
- Andrews Tawiah, School of Physical Therapy, Western University
- Patricia Thille, College of Rehabilitation Sciences, University of Manitoba
- Sarah Wojkowski, School of Rehabilitation Science, McMaster University

This module has benefited from review by:

- Brenna Bath, School of Rehabilitation Science, College of Medicine, University of Saskatchewan
- Simon Deslauriers, VITAM - Centre de recherche en santé durable, CIUSSS de la Capitale-Nationale
- Dianne Penney, Reg PT
- Geoff Schneider, Department of Radiology, Cumming School of Medicine, University of Calgary
- Marie-Ève Toutant, École des sciences de la réadaptation, Université Laval

The modules were created in collaboration with the Course Development team in the Office of Professional Development and Educational Scholarship, Faculty of Health Sciences, Queen's University.

This project also acknowledges the Canadian Physiotherapy Association as a partner organization.

Funding Acknowledgement

This project is one of a number of projects funded through Team Primary Care – Training for Transformation. Team Primary Care is an interprofessional initiative of the Foundation for Advancing Family Medicine funded by the Government of Canada's Employment and Social Development Canada program. It is co-led by the College of Family Physicians of Canada and the Canadian Health Workforce Network, in partnership with over 100 health professional and educational organizations across Canada

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