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REVIEW OPEN ACCESS

Evaluating Wait Time Management Strategies for Canadian Physiotherapy Services: A Scoping Review

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Abstract

Background: Wait times for publicly-funded physiotherapy (PT) services in Canada — such as those for outpatients recovering from surgery or children with disabilities — are high, which may force people to pay for care or face deteriorating quality of life. Specific waitlist management strategies are needed to address this problem, but there is no review on the subject in Cochrane and much of the current research focuses on reducing wait times in emergency rooms or surgery departments. PT is a different context with more flexibility in appointment structure (i.e. length of time or number of patients) and thus more possible strategies to reduce wait times. This scoping review aims to identify which of those have already been studied in the Canadian context.

Methods: This review was conducted using Arksey and O'Malley's 2005 framework. EMBASE, Medline, CINAHL, SportDiscus, Canada Commons and Canada Research Index were searched for articles which evaluated wait time management strategies (WTMS) specific for PT services in Canada. A gray literature search of all the PT association and college websites across Canada was also conducted.

Results: The eleven studies meeting inclusion criteria were conducted across Canada and evaluated diverse strategies through a range of outcomes. The most frequent were structural/organizational outcomes, but wait times and feedback from professionals were also common. Most often, strategies involved changing how PT services were delivered.

Discussion: Further research needs to be done as very few studies were found meeting inclusion criteria. Included studies did not consistently report the context, population, or outcome measurement in enough detail for stakeholders in healthcare to examine the clinical applicability or for future researchers to compare the effectiveness of interventions. No results from the gray literature search were included, suggesting that WTMS for PT are not an area of focus for PT associations and colleges in Canada.

Conclusions: There is a need for further evaluation of wait time management strategies in the unique context of PT, with improved reporting in order to make evidence based practice feasible. We suggest that stakeholder groups in healthcare should consider wait time management for PT a higher priority and encourage further research.

Keywords: scoping review; physiotherapy; wait time management strategies; Canada

Introduction

Physiotherapy (PT) is an effective and vital component of rehabilitation for people in many different circumstances, such as but not limited to those with post-stroke complications [1,2], chronic diseases [3,4], and those recovering from surgery [5]. Wait times for public physiotherapy are lengthy in multiple Canadian jurisdictions [6–8] though they vary between people seeking care for acute compared to chronic conditions [9,10]. Wait times have significant negative effects on the broader population waiting for care because they decrease patient satisfaction [11,12] and may drive patients to private PT providers, which have lower wait times [10]. As such, longer wait times disproportionately impact those with lower socioeconomic status, and moreover, PT is an effective pain management strategy, access to which is a human right for people experiencing chronic pain [13]. For children with chronic conditions, long wait times for rehabilitation are correlated with decreased quality of life [14] and may negatively impact treatment outcomes [15]. It is therefore important to reduce the wait times for public care, especially when it is considered to be one of the largest barriers to PT in Canada [10].

Wait time management strategies (WTMS) for physiotherapy may be uniquely diverse due flexible choice surrounding treatment length and frequency in PT. Such

changes have been explored to increase availability of appointments. Evidence suggests that group sessions are equally effective for some common conditions [16], and that different facilities offer PT with varying frequencies and duration of sessions [3]. This flexibility could allow a wider range of possible strategies specific to PT, though strategies similar to those implemented for the services of other health care providers (HCP) [17] may also be valuable in the field of PT. We are aware of only one review nearing this subject [18]; our review differentiates itself by focusing specifically on WTMS and examining them in all contexts in which physiotherapy is delivered in Canada.

A scoping review is a useful tool for examining the scope of current literature and 'mapping' the range of information available [19]. It is particularly applicable to this question, where we suspect that some of the available research is gray literature produced by provincial governments or physiotherapy associations, as scoping reviews take a much broader search approach than systematic reviews [19]. Understanding the scope of the literature can be useful for future research because it can help identify research gaps [19], and help generate ideas for future research.

The goals of this scoping review are to 1) examine the different wait time management strategies which have been evaluated for effectiveness in the Canadian context, and 2) identify gaps in the current literature to guide further research.

Methods

This review was guided by the recommendations of Arksey and O'Malley [19]. A search strategy with three search concepts — "wait times," "physiotherapy" and "Canada" — was developed with the help of an academic librarian. On September 15, 2023, we conducted a literature search of the following six databases: MEDLINE, Embase, CINAHL, SportDiscus, Canada Commons, and Canada Research Index. Gray literature from PT associations and colleges was also searched. Further details on the search strategy can be found in Appendix A. Covidence, an online platform, was used to document the review flow. To be included in this review, studies had to include an evaluation or discussion of the effectiveness of specific waitlist or wait time reduction strategies for PT in the Canadian context. Studies were excluded if they exclusively discussed multidisciplinary teams, were in any language other than English, were a conference abstract, thesis, or book, could not be located or were behind a paywall. The reference lists of the initially-included studies were also searched which resulted in one additional study. Screening was completed independently by two reviewers (AW, SDW), with a third reviewer (RNM) available as a tie-breaker if needed. Disagreements were all resolved through consensus. Data regarding methodology, study location, study aims, setting, population under consideration, the wait time management intervention, and the outcomes used to evaluate it were independently extracted by the reviewers.

Results

Eleven studies from across Canada (please see Table 3) met the inclusion criteria. The review flow chart can be found in Figure 1, and a summary of the included studies can be found in Table 1.

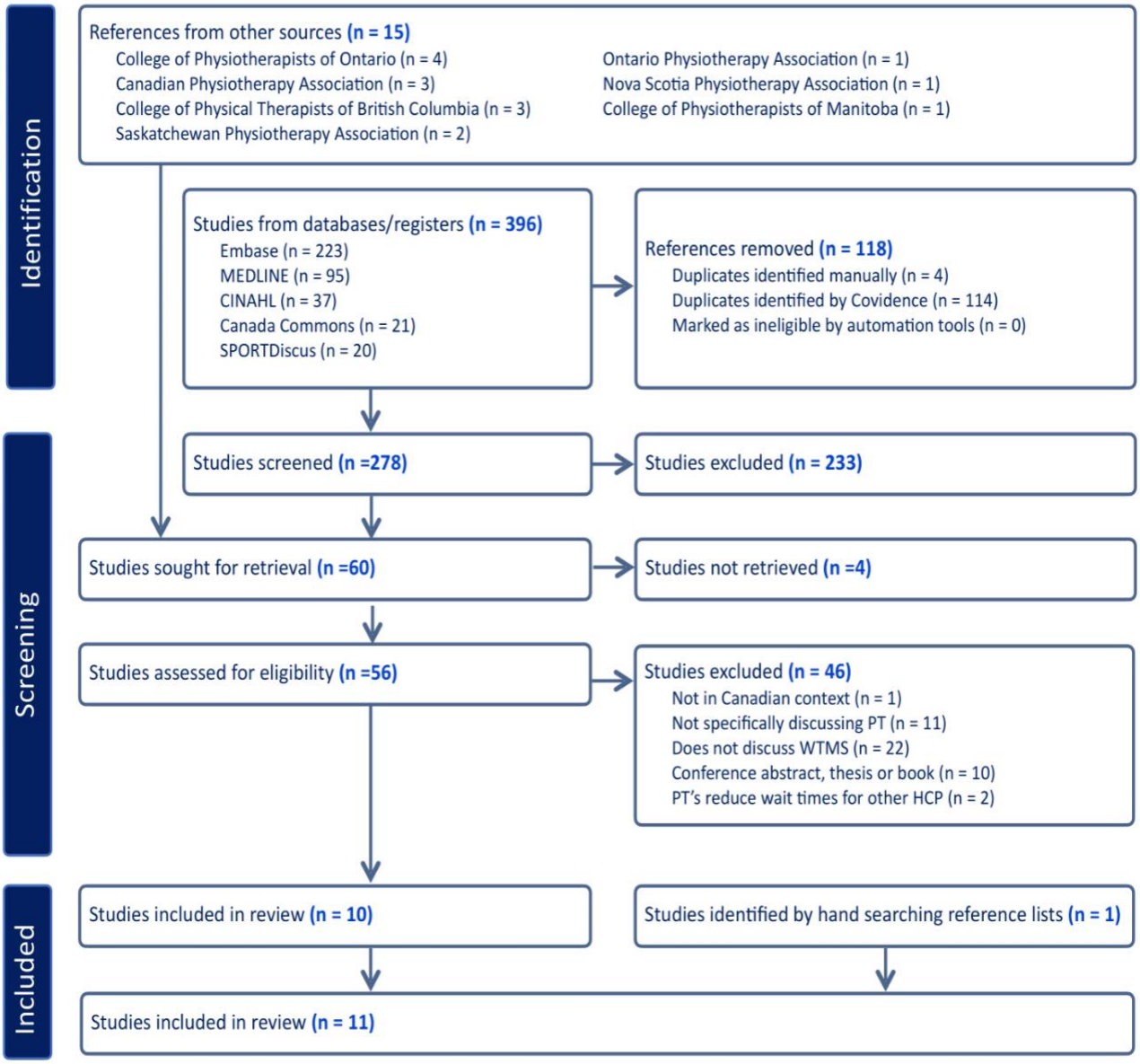

Fig 1. Review flow chart exported from Covidence. Edited in Pages software to account for the inclusion of some gray literature without abstracts directly to full text review as well studies included from searching the reference lists of other included studies.

The WTMS studied were categorized according to the type of waitlist management strategies. The categories in Table 2 were adapted from the categories found in the WTMS literature from mental health services [20] and emergency rooms [17], with additional categories informed by the content of the included studies. Strategies were divided into implemented and suggested strategies. All suggested strategies come from one study [21], which, along with evaluating existing strategies, asked staff at three outpatient PT departments for their suggestions of WTMS. Many included articles involved multifaceted interventions with elements falling into different categories.

Table 1. Characteristics of included studies

Study Year	Author	Primary Aim is Evaluating WTMS?	Region*	Clinical Diagnosis	Study Type
2010	Miller Mifflin & Bzdell [22]	X	Northern	All in region	Mixed Methods
2010	Passalent et al. [23]	X	Ontario	Not reported	Mixed Methods
2014	Suprenant et al. [24]		Ontario	Plagiocephaly	Quantitative
2014	Langstaff et al. [25]		Ontario	New onset stroke	Quantitative
2016	Wittmeier et al. [26]	X	Western	Complex needs	Mixed Methods
2017	Laliberté et al. [27]		Quebec	Not reported	Qualitative
2017	Deslauriers et al. [28]		Quebec	Musculoskeletal	Quantitative
2018	Laliberté et al. [21]	X	Quebec	Not reported	Qualitative
2022	Renard et al. [29]	X	Western	Non-urgent	Qualitative
2022	Lui et al. [30]		Quebec	Stroke or TBI	Mixed Methods
2022	Speed [31]	X	Atlantic	All in region	Quantitative
Total: 11 studies		6			

* Regions: Northern region (NWT, NU, YT), Western region (BC, AB, SK, MB), and Atlantic region (NS, NB, NL, PEI).
Note: Clinical diagnosis refers to the patients affected by the WTMS, which was in some cases all patients in a large geographic region, so a specific diagnosis was not described. Studies which did not report a diagnosis all examined practitioner perspectives of WTMS.

Table 2. Number of studies which implemented/evaluated or suggested wait time management strategies by category

Wait Time Management Strategy Categories	Implemented	Suggested
Prioritization strategies	4	
Team composition interventions (i.e. more staff, use of other professions)	3	
Changes to PT service delivery (i.e. group interventions or telehealth)	5	2
Changes to intake or referral process	4	
Triage at point of referral or intake	3	
Changes to access (i.e. narrow eligibility criteria, limit sessions per client)	1	2
Administrative (i.e. maximum wait times, cancellation policies)	4	1

Data was also extracted regarding the outcome measures used to evaluate WTMS. A broad range of outcome measures were found in the included studies, with structural/organizational measures (n=7) being the most commonly used, followed by wait times, (n=5) feedback from professionals (n=5) and number of visits to complete treatment (n=4). The definitions of wait times varied between studies as well as the method of measuring them. This included time from first receipt of referral to first contact [26], time of receipt of referral to first appointment [26] or telephone triage [28], time from discharge to first appointment [30], time from first contact with PT office to first appointment [31]. Most studies evaluated multiple outcomes, though some studies (n=3) used feedback from professionals as their only outcome measure. Three of the outcomes in the number of visits to complete treatment category were measured in a single study [31].

Table 3. Clinical settings of included studies

Setting	Total studies
Hospital Inpatient	1
Hospital Outpatient	9
Community Setting	3
Other	2

Table 4. Various outcome measures used by studies included in this review

Outcome measure	Number of studies
Wait times	5
Feedback/input from professionals	5
Equity	1
Patient satisfaction	3
Patient acceptability	1
Clinical outcome measures	3
Number of visits to complete treatment	4
Structural/organizational measures (i.e. length of stay, outpatient load, cost of health care system, referral rates, on-paper clients*)	7
Caregiver knowledge of the condition	1
Increase in capacity to treat patients on wait list: (i.e. freeing HCP's to do other work)	1

* Describes the proportion of clients who did not come to their appointment.

Discussion

Overall, very few studies were included in this review, indicating a general lack of research in this field constituting a large and significant research gap. This is at odds with the consistent and well-established long wait times for publicly-funded physiotherapy [6], and the resulting scientific consensus that something must be done [14, 15]. The paucity of research may be due to the fact that in many parts of the country, almost all PT is privately run (see Appendix B) and has short wait times [10]. The prevalence of private PT may influence the lack of government, funding agency, and researcher focus because the effects of long wait times for public PT are less visible than for other health services. However, for patients with chronic conditions, long wait times for public PT services threaten their human right to access pain management [6,13]. The included studies were conducted in a diverse range of clinical settings, across the country, and in both urban and rural regions. This is important given the large range of services covered by different provinces (see Appendix B for details), but the wide range cannot possibly be covered by just 11 studies. More research on effective ways to reduce wait times for PT is needed to better serve those who require publicly-funded care across the country.

We found inconsistent reporting of the context and population in which the interventions took place. In complex interventions, the following elements should be adequately described in primary research studies in order to judge their applicability to other clinical contexts: the intervention, population, comparator and context [32]. While the wait time management intervention was generally well described, several studies included in this review did not report at least one of those five elements. For example, one study reported the number of days to get an appointment but not the starting point for that measurement [25] and another provided no description of the patient population except that they received care in an outpatient unit [33].

Clear descriptions of the population, comparator, outcomes, and context are important for several reasons; first, the exact definition of the outcome may impact whether the intervention is deemed effective by over- or under-emphasizing certain time periods such as the time to referral, or the time from initial assessment to first appointment. Additionally, even an effective intervention may turn out ineffective in a dissimilar context [34], so it is vital that these details are appropriately described. In Canada, the context of physiotherapy care is wildly variable, dependent on the province, the different providers, and other factors (see Appendix B for further information). As such, further research on the subject needs to prioritize detailed reporting of these factors to help healthcare providers, administrators, and organizations determine whether an intervention shown to be effective in the literature may be clinically applicable to their setting.

Clear reporting of the setting is particularly important. The setting may impact clinical decision-making [35,36] which in turn may impact the implemented/evaluated WTMS (e.g. changes to PT service delivery, triage at point of intake) or the outcome measures used to evaluate WTMS effectiveness (e.g. feedback from professionals, patient satisfaction). Previous studies have found that the use of evidence-based wait time management strategies is uncommon in Canadian rehabilitation services [23]. One possible reason for this may be that the limited evidence available does not always provide the details needed for organizations wanting to assess clinical applicability. As such, an improvement in reporting may support an increased use of evidence-based wait time management strategies.

The included studies used many different outcome measures for evaluating effectiveness. Outcome measures were often tailored to the situation, such as the measurement of equity between communities in the Baffin

region of Nunavut which suits the region as remote communities share the limited PT services [27]. One included study specifically examining pediatric PT measured parent understanding of their child's condition, a measure specifically needed because of the situation [24]. In addition to a broad range of outcome measures, there was variability in how similar outcomes were measured across studies. Some studies measured outcomes very closely related to wait times such as increased service intake [24] or increased proportion of PT workload consisting of high-priority patients [22] but which were at best indirect measurements. Most studies (n=10) evaluated WTMS outcomes using auxiliary measures, such as patient acceptability and patient satisfaction which are considered necessary conditions for intervention effectiveness [37] and improving quality of care [38]. In some instances, this variability in outcome measures may present a barrier to comparison. While this review did not attempt to evaluate the effectiveness of strategies, a common approach to outcome measurement would be beneficial.

The source of the included studies is also of interest. All eleven studies were peer-reviewed, formal research publications, with no included studies published by PT associations or colleges in Canada. This suggests that physiotherapy wait times may not be a current priority on the Canadian healthcare agenda. In both the United Kingdom and Australia, representatives of physiotherapists release reports detailing wait times [39] and advocate for their reduction [40,41]. We suggest that Canadian physiotherapy colleges and associations develop guidance for their members and advocate for discussion of PT wait times in politics. Specifically, we recommend that they highlight prioritization of WTMS evaluation as a research priority, as both wait times and ineffective management strategies cause ethical quagmires for members of those organizations [27].

In addition to an overall paucity of research, this review found several specific research gaps. Several WTMS evaluated or proposed by included studies represented aspects of advanced access, a model used in primary care to reduce wait times [41]. The model recommends six changes, two of which were addressed by studies in this review: "work down the backlog" [42, p.1039] and "increasing effective supply" [42, p.1039]. For instance, reviewing caseloads and phoning for referral are used to remove patients not in need of care from the list, while group interventions and team composition interventions target effective supply. However, the remaining four changes recommended by this model — "reduce the number of appointment types" [42, p.1039], "develop contingency plans" [42, p.1039], "reduce and shape demand for visits" [42, p.1039], and "balance supply and demand" [42, p.1038] — do not appear to have been much studied in this context which may provide an avenue for future research.

Furthermore, wait times are often the longest for people with chronic conditions [6], but this review found few studies specifically examining WTMS focused on that population. Many studies focused instead on a whole region (n=2) or did not report the clinical diagnosis (n=3). We echo the calls of Passalent et al., who highlight the need for research focused on broader changes to the healthcare system to improve access to rehabiltiation services for individuals with chronic conditions [6], and suggest that one area of focus should be wait time management strategies.

We acknowledge that there are several limitations in this scoping review, primarily that it was limited to a Canadian context. This excluded many promising studies from Australia [43,44] and the United Kingdom [45]. This review also excluded multidisciplinary interventions; however, PTs are encouraged to work as members of multidisciplinary teams to improve the quality of care [46] and interventions to reduce wait times in those contexts may provide valuable insights. In addition, this review illuminated significant variability in outcomes used to evaluate the effectiveness of wait times, which may correspond with a wider array of relevant search terms. This review's main outcome-related search concept was wait times, which may mean that this scoping review did not include all possible research on the topic despite our best efforts.

Conclusion

There are very few studies on the effectiveness of wait time management in the context of Canadian physiotherapy services. Further studies should ensure clear reporting of the context, population, and outcome of the study in order to provide the information healthcare organizations in Canada need to determine whether the intervention is clinically applicable. In general, further research with better reporting is needed along with attention from stakeholders involved in the regulation and provision of PT services.

List of Abbreviations

WTMS: wait time management strategies
PT: physiotherapist, physiotherapy
HCP: health care professionals

Conflicts of Interest

The authors declare they have no conflicts of interest.

Ethics Approval

Ethics approval was not required because this review only sought to examine previously published research or gray literature.

Authors Contributions

ARJW: Contributed to study design and planning, collected and analyzed data, wrote and edited the manuscript, and gave final approval of the version to be published.
SDW: Collected and analyzed data, critically revised the manuscript, and gave final approval of the version to be published.

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