

Continual Long-Term Physiotherapy After Stroke: Health Quality Ontario Recommendation

DRAFT RECOMMENDATION

- Health Quality Ontario, under the guidance of the Ontario Health Technology Advisory Committee, recommends continuing public funding for post-stroke physiotherapy consistent with the 2016 *Quality-Based Procedures: Clinical Handbook for Stroke (Acute and Postacute)* and further recommends that the Ministry of Health clarify any applicable policies for receiving publicly funded physiotherapy for rehabilitation after a stroke

RATIONALE FOR THE RECOMMENDATION

The Ontario Health Technology Advisory Committee has reviewed the findings of the health technology assessment,¹ which focused primarily on the issue of continuing physiotherapy after stroke beyond an initial 8 to 12 weeks—the period recommended in the *Quality-Based Procedures Clinical Handbook for Stroke (Acute and Postacute)* (“clinical handbook”).² The health technology assessment found no randomized controlled trials that address this specific question. Ontario Health Technology Advisory Committee members considered the experience of people who have had a stroke, some of whom described the social, psychological, and functional benefits of continuing physiotherapy beyond the recommended 8 to 12 weeks after discharge from hospital.

Ontario Health Technology Advisory Committee members noted that there is variation in the delivery of physiotherapy among people diagnosed with stroke in Ontario and a lack of evidence on the specific issue of continuing physiotherapy beyond the period recommended in the clinical handbook. Committee members also felt that current policy and practice for receiving publicly funded physiotherapy after stroke lack clarity and consistency. Given these considerations, the committee suggests that the policies be clearly stated for patients and the health care community.

Decision Determinants for Continual Long-Term Physiotherapy After Stroke

Decision Criteria	Subcriteria	Decision Determinants Considerations
Overall clinical benefit How likely is the health technology/intervention to result in high, moderate, or low overall benefit?	Effectiveness How effective is the health technology/intervention likely to be (taking into account any variability)? Safety How safe is the health technology/intervention likely to be? Burden of illness What is the likely size of the burden of illness pertaining to this health technology/intervention? Need How large is the need for this health technology/intervention?	<p>The health technology assessment did not find any evidence about the effectiveness of continual long-term physiotherapy after discharge from hospital beyond the 8 to 12 weeks recommended in the clinical handbook.</p> <p>Physiotherapy is a relatively safe technique that is administered to people after a diagnosis of stroke.</p> <p>According to the Heart and Stroke Foundation of Canada, approximately 62,000 individuals suffer a stroke annually, and about 405,000 are currently living with the consequences of a stroke.</p> <p>The incidence of a first stroke is estimated to be more than 50,000 per year in Canada. Most people (83%) survive their first stroke, but with substantial morbidity. Of those with persisting disabilities, approximately 30% of people may require access to long-term stroke recovery services.</p>
Consistency with expected patient, societal, and ethical values^a How likely is adoption of the health technology/intervention to be congruent with societal and ethical values?	Patient values How likely is adoption of the health technology/intervention to be congruent with expected patient values? Societal values How likely is adoption of the health technology/intervention to be congruent with expected societal values? Ethical values How likely is adoption of the health technology/intervention to be congruent with expected ethical values?	<p>Patients with a functional disability value being able to physically perform better and feel more independent. They value the perceived improvement in their health that continual long-term physiotherapy after stroke may be able to provide.</p> <p>Adopting continual long-term physiotherapy for stroke after discharge from hospital that goes beyond that recommended in the clinical handbook would be consistent with a societal value to maximize the health and independence of people with a physical disability if benefits exceed harms. Not adopting continual long-term physiotherapy after stroke may be consistent with societal values to use scarce resources wisely when evidence to support its effectiveness is not found.</p> <p>Adopting continual long-term physiotherapy for stroke after discharge from hospital may be consistent with the ethical values of autonomy, fairness, and beneficence.</p>
Cost-effectiveness How efficient is the health technology/intervention likely to be?	Economic evaluation How efficient is the health technology/intervention likely to be?	<p>We did not conduct a primary economic evaluation because there was limited clinical evidence. Therefore, we cannot make conclusions about the cost-effectiveness of extending physiotherapy services in Ontario beyond the recommendations in the clinical handbook.</p>

Decision Criteria	Subcriteria	Decision Determinants Considerations
Feasibility of adoption into health system How feasible is it to adopt the health technology/intervention into the Ontario health care system?	Economic feasibility How economically feasible is the health technology/intervention?	We estimate that the annual budget impact of publicly funding continual long-term physiotherapy after stroke in Ontario over the next 5 years would range from \$445,000 in year 1 at an uptake rate of 8% to \$888,000 in year 5 at an uptake rate of 16%. The annual budget impact would be larger if uptake were higher.
	Organizational feasibility How organizationally feasible is it to implement the health technology/intervention?	Organizational feasibility may be possible given that a number of community-based physiotherapy programs for people who have been diagnosed with stroke have already been established. However, the feasibility of implementation may be limited by the availability of physiotherapists in the province.

^aThe anticipated or assumed common patient, societal, and ethical values held in regard to the target condition, target population, and/or treatment options. Unless there is evidence from scientific sources to corroborate the true nature of the patient, societal, and ethical values, the expected values are considered.

REFERENCES

- 1) TBA
- 2) Health Quality Ontario, Ministry of Health and Long-Term Care. Quality-based procedures: clinical handbook for stroke (acute and postacute) [Internet]. Toronto (ON): Queen's Printer for Ontario; 2016 [cited 2019 Jun 28]. Available from: http://health.gov.on.ca/en/pro/programs/ecfa/docs/qbp_stroke.pdf

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