

POSITION STATEMENT – PRIMARY CARE

POLICY POSITION

The Ontario Kinesiology Association recommends integrating provincially regulated exercise-specific professionals into all primary care teams in Ontario.

RATIONALE

PRIMARY CARE & EXERCISE PROFESSIONALS

Exercise and physical activity are recognized unequivocally as among the most effective means to both prevent and manage chronic disease. Managing these illnesses is critical: Chronic conditions such as cancers, cardiovascular diseases, diabetes and chronic respiratory disease are the leading cause of death in Ontario. The cost of supporting individuals with chronic disease is estimated to be 55% of total direct and indirect health costs.

Treating a chronic condition means managing a condition downstream in the health care process. While this is important, it is also critically important to consider the upstream causes of chronic conditions and work to prevent them. Ways of addressing the upstream causes of chronic disease include providing greater access to fitness and guided exercise. Attention given to the root causes of chronic conditions can prevent Ontarians from becoming patients in the first place.

Health care expenditures related to physical inactivity present a national as well as a provincial challenge. The Conference Board of Canada estimates that if just 10% of Canadians sat less and moved more, the country could save \$2.6 billion, while injecting \$7.5 billion into the nation's economy by 2040.¹

In Ontario, physical inactivity creates an economic burden of \$3.4 billion, while obesity costs Ontario about \$4.5 billion.² Together with other preventative measures, such as a good diet, physical activity can produce significant health care savings.

Much the same goes for chronic conditions: approximately 63% of Ontarians are affected by one or more chronic conditions.³ Nationally, the cost of medical treatment for chronic disease

¹ Moving Ahead: The Economic Impact of Reducing Physical Inactivity and Sedentary Behaviour. Conference Board of Canada. 2014.

² The Economic Costs Associated with Physical Inactivity and Obesity in Ontario. Katzmarzyk, P. Health and Fitness Journal of Canada. 2011.

³ Health Quality Ontario. Yearly Report on Ontario's Health System (2013)

has soared, costing Canadians \$190 billion annually and will continue to increase as the prevalence of chronic disease rises.⁴

As Ontario continues to search ways to rein in these costs and improve outcomes, integrating exercise-oriented health professionals into primary care delivery models must be a consideration. Placing a clear priority on health care disciplines that not only manage chronic conditions but also deliver both primary and secondary prevention should be a focus of the Government's primary care strategy. The comprehensive inclusion of professionals specializing in exercise, particularly in settings such as the Family Health Team, Community Health Centres and Nurse Practitioner-Led Clinics, provides important non-pharmacological options not only for seniors and those with complex medical needs, but for individuals across the spectrum of health, in all age brackets and demographics.

EXERCISE IS PREVENTION

Chronic disease can largely be preventable. Research has shown, for example, that at least 50% of diabetes can be prevented through structured lifestyle intervention programs focused on healthy eating and physical activity.⁵ Many chronic diseases share common risk factors, including physical inactivity. Provincial-level intervention works: Ontario's investment through the Tobacco Control Act and Smoke-Free Ontario Act, for instance, reduced smoking prevalence from 50% in the 1960s to around 19% today.

Exercise professionals take a preventative approach to health, promoting healthy lifestyles through physical fitness and guiding Ontarians in maintaining their independence as long as possible through active-participation therapies. These professionals utilize evidence-based practice to improve patient outcomes through prevention ahead of time, both improving patient outcomes and controlling health care spending. The OKA believes that a new vision for Ontario's health care must incorporate the preventative approach of professionals who focus on physical fitness, exercise, mobility and overall body functioning.

Investment in preventative programs, including exercise and other healthy lifestyle choices, can improve patient outcomes and increase savings. Every \$1 invested in promoting healthy eating and physical activity saves \$6 in the cost of caring for people with chronic diseases.⁶

Secondary prevention, too, is vitally important, particularly as Ontarians age. The Ontario Chronic Disease Prevention Alliance estimates 24% of seniors have three or more chronic conditions and account for 40% of all healthcare usage among seniors. By comparison, people aged 85 years and older with no chronic disease use half as many health services as people aged 65 to 74 with three or more chronic conditions.⁷

INTEGRATING PHYSICAL EXERCISE

The Province of Ontario can do more to encourage the integration of physical exercise into the systems utilized to help patients manage chronic disease. It is critical that when exercise regimens are prescribed, the responsibility for developing a targeted exercise program suitable for patients' needs and individual conditions must be entrusted to practitioners

⁴ Chronic Diseases – Most Significant Cause of Death Globally. Public Health Agency of Canada. 2011.

⁵ Colagiuri R, Girgis S, Gomez M, Walker K, Colagiuri S, O'Dea K. (Menzies Centre for Health Policy, University of Sydney). Evidence based guideline for the primary prevention of type 2 diabetes. Sydnet (AUS): 2009. 213 p.

⁶ Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities. Trust for America's Health. 2008.

⁷ Ontario Chronic Disease Prevention Alliance 2016 Pre-Budget Submission.

qualified to understand the relationship between exercise, mobility, physical functioning and chronic disease management.

Integrating prescription exercise, with patients referred to the appropriate disciplines of professionals, by physicians and nurse practitioners, can allow those coping with chronic disease access to the services of a professional capable of helping them manage and control their symptoms in a proactive manner.

One option for this process is the integration of exercise specialists into Family Health Teams and other primary care settings. Ontario has already made strides towards an active non-pharmacological approach to health care by integrating dietitians into primary care teams. However, diet and exercise are closely linked as elements of a healthy lifestyle. In Ontario, it should be possible for an individual to visit a doctor and be told he or she is at risk for a chronic condition such as diabetes, then referred down the hall to the dietitian, then referred down the hall again to the exercise specialist.

An eye must also be turned towards the creation of robust referral mechanisms in the primary care system through which exercise professionals can play a key role in chronic disease management. The Province should encourage referrals by primary care physicians and nurse practitioners to exercise and physical mobility specialists across all disciplines, who are specifically qualified to deliver custom-designed exercise programs best suited to manage patients' chronic conditions.

BUDGETARY CONSIDERATIONS

OKA estimates that the cost of this initiative would be approximately \$15 to 18 million.⁸

⁸ Based on a calculation of 0.75 FTE per 10,000 patients, applied to the 3.5 million patients served by Primary Care Teams (per AFHTO statistics) at a rate of \$55,500 to \$67,000 per year.