



August 29, 2025

Ministry of Health  
Health Insurance Branch  
Integrated Community Health Services Centres Program  
Place d'Armes, 5<sup>th</sup> Floor  
Kingston ON K7L 5J3  
[ICHSC@ontario.ca](mailto:ICHSC@ontario.ca)

Dear ICHSC team,

Re: Call for Applications for Orthopaedic Surgeries at ICHSCs

The Ontario Physiotherapy Association (OPA), on behalf of our 5500+ members and the physiotherapy community across the province is providing critical input on how to effectively integrate physiotherapy services with orthopaedic surgeries that will be delivered at Integrated Community Health Services Centres (ICHSCs).

Over the past year and prior to the release of the Call for Applications, we expressed concerns with the existing Bundled Care program and the distribution of funds within the bundle that has resulted in underpayment of physiotherapy services. Given the Ministry's goal of improving access to community-based surgery for hip and knee replacements, our concerns have escalated about the ability of the public to access rehabilitation before and after surgery if there are not appropriate resources and funding available for community physiotherapy partners.

The concerns identified in relation to the Call for Applications as well as the issues we have raised include:

- Extremely low rates of compensation for physiotherapy services;
- Clarification that complexity of patients eligible for surgeries at ICHSCs is based on health status that does not specifically impact rehabilitation complexity;
- Navigation challenges for patients;
- Required definitions of what constitutes pre- and post-operative rehabilitation;
- Communication challenges between bundle holders and physiotherapy clinics.

### COMPENSATION

In the current hospital-based pricing model, the bundled payments for unilateral hip and knee replacements are significantly higher than the proposed ICHSC rate for the same procedure. The hospital bundle pricing references outpatient rehabilitation rates for the unilateral hip replacement bundle and unilateral knee replacement bundle that has been used since 2020 /21 based on estimates from Episode of Care (EOC) model in Community Physiotherapy Clinics (CPCs). The CPC program has many limitations as it relates to the clinical appropriateness of the EOC

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definition and the associated funding for an EOC remains inadequate. The CPC model should not be used as a reference to establish pricing for rehabilitation care after orthopaedic surgeries at ICHSCs, as that would create a fundamental flaw in the pricing model. Compensation in the CPC Program is already so low that sustainability is in question, and this model does not support what patients will require for appropriate rehabilitative care to support optimal surgical outcomes at ICHSCs.

The evidence is clear that physiotherapy is essential after orthopaedic surgeries such as hip and knee joint replacements, to ensure optimal post-operative outcomes, improved functional abilities, and improved self-management. The Call for Applications indicates that ICHSCs must include “funded rehabilitation care after the surgical procedure” for all patients; however greater clarity on defining what this means is needed to ensure people in Ontario continue to have the same or better access to services as they do currently. It should be clarified that rehabilitation refers to physiotherapy in this instance.

As surgical and hospital procedures have evolved, more patients have same-day surgeries, thereby reducing the utilization of hospital resources, but placing more load on rehabilitation services. With a hospital stay, patients would receive inpatient physiotherapy as well as a guided and detailed plan for self-management prior to accessing outpatient rehabilitation. At the inception of bundled care, more hospitals had outpatient physiotherapy clinics, which require less compensation from bundled care funding to account for overhead costs, in addition to the physiotherapists’ time.

### COMPLEXITY OF PATIENTS

As eligibility for surgery at the ICHSC surgical centres is based on appropriateness for day surgery and an American Society of Anesthesiologists (ASA) physical status classification of ASA 1 or 2, patients with more complex surgical needs will access surgery at hospitals. This eligibility, however, does not impact the complexity of rehabilitation needs. It is essential to make clear that patients who receive a total joint replacement at a hospital or an ICHSC should be funded at the same rate for physiotherapy services.

### NAVIGATION

As noted in OPA’s ongoing communications with the Bundled Care team at the Ministry of Health, there have been increasing challenges in system navigation of services for patients as the hospital role in navigation has eroded over time in relation to this program. It is essential that patient choice continues to be supported and funded, as currently patients can choose where they access post-operative physiotherapy services, and the hospital bundle-holder is responsible for reimbursing the clinic of choice. This is not the model for ICHSCs and the selection of a physiotherapy provider.

If compensation for physiotherapy or rehab services remains low in the bundle, clinics that can provide services at high volumes will have the economies of scale to meet the demands. The Call for Applications specifies that all patients must receive funded rehabilitation but does not include details on the amount that is funded. Currently all people who undergo a hip or knee replacement receive publicly funded rehabilitation and the same level of access should continue to apply to

surgeries performed at an ICHSC. A patient should not be asked or expected to use other physiotherapy remuneration streams, such as through extended healthcare benefits if the EOC is not adequately defined or funded to meet patient need.

### DEFINITIONS

The Call for Applications includes mention of pre-operative rehabilitation and post-operative rehabilitation but does not define in any way the required components, benchmarks or outcomes will be required in the Transfer Payment Agreements with the successful licensees. Additional definitions and explanations are needed to ensure that patients across Ontario are receiving a similar level of services that follow best practices. Currently the Bundled Care Program as administered by hospitals includes the requirement to follow the Rehabilitation Care Alliance's (RCA) best practice framework/guideline for total joint replacements. See the RCA's documents here – [Total Joint Replacement Framework 2025](#).

### COMMUNICATION

The current communication issues that exist in the Bundled Care program must be addressed prior to ICHSCs commencing operation. Namely, three lanes of communication must be improved:

- To/from bundled care holders, noting that some bundled care holders don't communicate in a timely way or at all;
- To the patient, to be clear on what is in and out of scope as to mitigate confusion regarding where and how to access prehab and post-acute rehab;
- To the physiotherapists, to be clear on accountabilities and compensation.

In addition, the decentralized processes and policies in the current Bundled Care model, must be improved for ICHSCs with additional oversight by the Ministry, as well as an avenue for clinics to voice concerns or calls for change. That oversight includes accountability for appropriate compensation from the bundle of funding.

OPA requests a response to this letter. We would like to meet to clarify the issues and work together to identify improved strategies for implementation, with the goal of ensuring the success of orthopaedic surgeries at ICHSCs.

Sincerely,



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C: Dr. Courtney Bean, President OPA