Canadian Working Group on HIV and Rehabilitation
Groupe de travail canadien sur le VIH et la réinsertion sociale

Wellesley Institute
advancing urban health

Equitable Access to Rehabilitation:

Realizing Potential, Promising Practices, and Policy Directions

Discussion Paper

February, 2012

Acknowledgements

Development of this paper has been made possible through a financial contribution from the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

The Canadian Working Group on HIV and Rehabilitation (CWGHR) and the Wellesley Institute would like to thank all those who participated from across Canada in the round table event: *Equitable Access to Rehabilitation in the Context of HIV and Other Episodic Diseases,* held at the University of Toronto in 2011.

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The **Canadian Working Group on HIV and Rehabilitation** (CWGHR), www.hivandrehab.ca, is a national charitable organization working to improve the quality of life of people living with HIV/AIDS through rehabilitation research, education, and cross-sector partnerships.

The **Wellesley Institute**, www.wellesleyinstitute.com, is a Toronto-based non-profit and non-partisan research and policy institute with a focus on developing research, policy and community mobilization to advance population health.

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i) Introduction

This discussion paper is the outcome of a think tank session the Canadian Working Group on HIV and Rehabilitation hosted in March 2011. It outlines issues of access to rehabilitation services for people living with complex chronic and episodic conditions[1], promotes discussion on appropriate and timely services, and identifies opportunities for policy-makers and clinicians to consider issues related to chronic conditions and episodic disabilities and to take action to address these issues.

ii) Key Messages

- Rehabilitation services can provide the support that people with injuries, chronic conditions, and episodic disabilities need in order to maintain, improve or regain their health and carry out daily activities like maintain employment, participate with friends and family, and engage with their community.
- Rehabilitation provides immediate support when health conditions have become serious, but also prevents deterioration into more debilitating crises.
- Increasing rates of chronic disease, an aging population, managing the complexity of episodic disabilities, increasing cost pressures and other key trends and pressures across Canada will make rehabilitation services even more important.
- Rehabilitation is often an overlooked, under-recognized, undervalued, and underutilized component of the continuum of health care programs and services.
    - Gaps in the availability of rehabilitation services can lead to inequitable access.
    - A lack of awareness of rehabilitation amongst health providers and patients may lead to underutilization of essential services.
    - Public and private sector funding for rehabilitation and other health services has been diminishing through delisting, alterations to funding formulas and reductions in benefits, making rehabilitation much less available.[2]
    - The cost of services can be a barrier for people who do not have adequate employment benefits or cannot afford to pay privately and don't meet the criteria for modest

[1] Episodic disabilities are complex chronic conditions characterized by fluctuating and often unpredictable periods, or degrees and severity of wellness and illness. See pages 6-7 of this document for a full description.
[2] Canadian Physiotherapy Association. (2007) Position statement *Home and Continuing Care*. Accessed. Retrieved from http://www.physiotherapy.ca/PublicUploads/222537Home%20and%20Continuing%20Care%20-%20February%202007.pdf on January 10, 2012

publically-funded supports.

- The stigma and discrimination that surrounds some chronic and episodic conditions can prevent people from accessing the services they require owing to a lack of training amongst health professionals and reluctance amongst patients to participate in self-care.

- These barriers to rehabilitation may lead to increased costs associated with acute and/or long-term care and result in further increased costs as disabling conditions deteriorate without access to necessary preventative or therapeutic rehabilitation. Therefore in comparison to acute and/or long-term care, rehabilitation may be seen as a cost effective measure.

- System fragmentation and lack of coordination underlie difficulties in navigation and access, but also negatively affect the quality of care for patients.
- We need to see rehabilitation as a key component of a high-performing health system. Rehabilitation has the potential to:
  - Deliver enormous benefits to consumers by providing evidence-based high-standard care that will help them get and stay healthier;
  - Improve population-level health outcomes by ensuring equitable access to high-quality responsive rehabilitation services and support; and
  - Benefit the health system by helping to manage chronic and episodic diseases, reduce avoidable hospital admissions and acute treatment, and keep people healthier, longer.
- To realize this potential, a comprehensive rehabilitation system is needed to:
  - Ensure equitable access to rehabilitation services by targeting, identifying, and eliminating barriers faced by under-served regions and vulnerable populations.
  - Deliver flexible person-centred care that recognizes the complex and changing needs of people with chronic conditions and episodic disabilities.
  - Fit within an effective continuum of care that is responsive to patient need, including providing health services outside of medical settings.
  - Be better coordinated to ensure seamless care for patients. Align with health sector priorities, such as, primary care reform, strategies for chronic disease prevention and management, quality improvement, and creating a more effective balance between institutional and community-based care.

1. Rehabilitation and Excellent Health Care for All

For many people, timely and appropriate access to rehabilitation services can provide the support they need in order to maintain, improve or regain their health and carry out daily activities like maintain employment, participate with friends and family, and engage with their community.[3] Being able to stay active and productive affects not only the mental and physical health of Canadians, but also the financial capacity of people to earn an income, participate in society and the economy and to be as independent as possible with the support that they need.

This discussion paper sets out key challenges that the health care system is facing and how ensuring better access to rehabilitation is part of the solution.

2. Rehabilitation as a Key Component of Quality Health

> "Early access to physiotherapy plays an important role in chronic disease prevention, control and keeping Canadians active and independent at work or returning to work and out of hospitals and long-term care facilities. Physiotherapy plays an essential role in maintaining and improving the mobility and health of Canadians and in this way contributes to their quality of life."
>
> Canadian Physiotherapy Association, Feb. 2006

Demand for rehabilitation services has risen sharply due to population aging, increased occurrence and complexity of chronic conditions, increasing public expectations of good health and good services, and advancements in the management and treatment of various conditions.[4] This, coupled with improved early diagnosis and treatment and a shift toward health promotion and disease prevention, points to an enhanced role for rehabilitation within an effective healthcare system. The scope of many rehabilitation professions is increasing as a result.

Rehabilitation enables individuals with impairment, activity limitations and participation restrictions to reach their

[3] Throughout this paper, while the focus or examples may be specific to HIV or another particular illness or disability, the access challenges described in this paper are applicable and relevant to people with many chronic and/or complex illnesses or disabilities. This paper has a focus on Canada as a whole, but variations between provinces mean that particular provincial examples are provided throughout.

[4] Landry et al. (2009) Availability and Access to Rehabilitation Services Along Ontario's Continuum of Care. Retrieved from www.hivandrehab.ca on November 25, 2011

optimal physical, mental and/or social functional level. This includes traditional (physical therapy, occupational therapy, speech-language pathology, audiology, psychiatry, psychology, psychotherapy, mental health counselling, and vocational rehabilitation) and non-traditional (acupuncture, massage therapy, homeopathy, naturopathy, aromatherapy, chiropractic treatments, yoga, meditation, and tai chi) services and supports.[5] Rehabilitation focuses on abilities and aims to facilitate independence and social integration, often through client-focused partnership with family, providers and the community.[6]

> "[Rehabilitation] therapists' interventions are effective at increasing independence, decreasing risk of health deterioration, improving health management, decreasing loss of autonomy and loss of function."
>
> Rehabilitation Therapy Services in Home Care, 2011

Rehabilitation is a critical but often under-recognized, undervalued, and underutilized component of the continuum of health care programs and services. Rehabilitation can provide critical supports to people who are experiencing pain, mobility problems, and/or other mental or physical challenges that may prevent them from participating fully in society. Rehabilitation provides immediate support when health conditions become serious, but also prevents deterioration into more debilitating health crises.

However, reasonable and timely access to health services remains a critical issue across Canada's national, provincial and regional landscapes. And health policy attention has largely focused on hospitals, physicians, nurses, surgical services and diagnostic services.

In March 2011, the Canadian Working Group on HIV and Rehabilitation (CWGHR) held a think tank in Toronto to discuss current issues and potential for collaboration toward equitable access to rehabilitation. In preparation, a background paper was developed and distributed to participants (available at www.hivandrehab.ca). Participants included senior researchers, policy experts, health care providers, episodic disability organizations, government representatives, people with lived experience of HIV and other complex chronic illnesses as well as professional and consumer organizations who brought extensive expertise in current evidence, policy and practice related to rehabilitation for people who live with HIV or other episodic conditions

As outlined above this discussion paper is a follow up to that meeting and its purpose is to outline issues of access to rehabilitation services for people living with complex chronic and episodic conditions, promote discussion on appropriate and timely services, and to foster opportunities for policy-makers and clinicians to consider and take action to address chronic conditions and episodic disabilities within the current Canadian health care context.

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[5] For a comprehensive list of rehabilitation services and their functions, see http://www.hivandrehab.ca/EN/information/people_HIV/types_rehabilitaion.php.

[6] For the purposes of this discussion document, rehabilitation does not include drug and prison rehabilitation.

A High-Performing Health System

There has been increasing attention paid to identifying the key components of a high-performing health system and how to achieve them. The Commonwealth Fund identified 10 elements of a high-performing health system:

1. The overarching goal is ensuring that everyone lives as long, healthy, and productive lives as possible, and this goal is met;
2. Patients get the right care that is known to be effective for prevention, treatment, or palliation; underuse, overuse, and misuse are absent;
3. Patients receive coordinated care over time, with an advanced primary care practice or medical home responsible and accountable for care for every person;
4. The care provided is safe care, from organizations specifically trained to minimize errors — high reliability organizations;
5. Care is patient-centered and provided in a timely way with service excellence;
6. The system provides care that is the highest value for the money spent and is efficiently delivered;
7. Care is affordable from the patient's and payer's perspective;
8. There is universal participation in the system;
9. Care is provided equitably across race/ethnicity, income, age, sex, and geography; and
10. The system has the capacity to continuously improve and innovate.[7]

In some Canadian jurisdictions, forward-thinking legislation has set out a vision of a high-performing health system and provided the levers for the vision to be achieved. In Ontario, the *Excellent Care for All Act*[8] defines a high quality health care system as one that is accessible, appropriate, effective, efficient, equitable, integrated, patient centred, population health focused, and safe. Among its levers: each health care organization is responsible for implementing a quality improvement plan, and Health Quality Ontario – a provincial agency – reports to the public on the quality of the province's health care system.

For many people, at many stages of the health journey, rehabilitation support is exactly what they need to regain their health, manage chronic or episodic conditions, and maximize their capacities and wellbeing.

One of the key challenges faced by governments in all rich countries is how to strike a better balance between health care – and the unfortunate but all too common pattern where resources and policy and media attention are overwhelmingly focused on acute care – and

[7] Anne K Gauthier, Karen Davis, and Stephen C Schoenbaum, 'Commentary—Achieving a High-Performance Health System: High Reliability Organizations within a Broader Agenda', *Health Service Research*, Vol. 41, No. 2, 2006; 1710–1720.
[8] Available at http://www.health.gov.on.ca/en/legislation/excellent_care/.

more longer term, up-stream investment in prevention, health promotion, and addressing the underlying determinants of health.[9] Enhancing access to an integrated continuum of appropriate rehabilitation services is one important part of redressing this balance and moving towards ensuring the foundation of good health for all.

Key Trends in Health and Rehabilitation

Rehabilitation can play a crucial role in addressing several key challenges facing the health system.

Chronic Disease

Chronic diseases are diseases of long duration and generally slow progression,[10] have major impacts on the lives of those affected and are seldom ever completely cured. Rates of chronic disease are rising across Canada, with 160,000 people dying annually due to cardiovascular disease, cancer, lung disease, and diabetes.[11] Diabetes rates doubled in Canada between 2000 - 2010, and 10 percent of the Canadian population is expected to be affected by diabetes by 2020.[12]

While chronic disease rates are rising across Canada, populations that face social, economic, or other barriers are disproportionately affected. In Ontario[13]:

- The percentage of people with diabetes or heart disease was three to five times higher in the lowest income quintile than the highest income quintile;[14]
- Five times as many men and three times as many women in the lowest income quintile report their mental health to be only poor or fair than the highest income quintile;[15]
- People in the lowest income neighbourhoods had significantly higher rates of probable depression and hospitalization for depression than those from the highest income neighbourhoods;[16]
- HIV hospital admissions are most common among people living in low-income neighbourhoods, and 70 percent of hospital admissions that included an HIV diagnosis identified HIV as contributing significantly to the length of stay.[17]

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[9] David Hunter, *The Health Debate*, (Bristol, The Policy Press, 2008).
[10] World Health Organization. Retrieved from http://www.who.int/topics/chronic_diseases/en/ on November 23, 2011.
[11] Canadian Nurses Association, *Chronic Disease and Nursing: A Summary of the Issues*, October 2005, retrieved from http://www.cna-nurses.ca/cna/documents/pdf/publications/bg3_chronic_disease_and_nursing_e.pdf.
[12] Canadian Diabetes Association, *Diabetes: Canada at a Tipping Point – Charting a New Path*, retrieved from http://www.diabetes.ca/documents/get-involved/WEB_Eng.CDA_Report_.pdf on November 25, 2011.
[13] Ontario data is presented because it is the most comprehensive available.
[14] Bierman, ed., *Project for an Ontario Women's Evidence-Based Report: Volume 1* (Toronto: 2009-10), Ch. 3.
[15] Bierman, ed., *Project for an Ontario Women's Evidence-Based Report: Volume 1* (Toronto: 2009-10), Ch. 3.
[16] Bierman, ed., *Project for an Ontario Women's Evidence-Based Report: Volume 1* (Toronto: 2009-10), Ch. 3.
[17] Bierman, ed., *Project for an Ontario Women's Evidence-Based Report: Volume 1* (Toronto: 2009-10), Ch. 11.

The complexity of chronic diseases means that they are best addressed through multi-disciplinary services and cross-sectoral collaborations

Episodic Disabilities

Episodic disabilities are complex chronic conditions characterized by fluctuating and often unpredictable periods, or degrees and severity of wellness and illness. It is not possible to predict from day-to-day when periods of acuity will occur. Episodic disabilities are particularly difficult to manage because they are changeable, in addition to having the long duration and slow progression of chronic disease. Periods of wellness and illness may become an ongoing cycle, especially when appropriate health care is not easily available. Appropriate services at the right place and time can make a significant difference by allowing people to manage and cope with their conditions.

Episodic disabilities have multiple dimensions. These include symptoms and impairments (e.g. physical, mental and emotional health challenges), difficulties carrying out day-to-day activities (e.g. household chores), uncertainty and worrying about the future and challenges to social inclusion (e.g. employment, personal relationships, fulfilling role as parent) that may fluctuate on a daily basis and over the continuum of living with an episodic disability. Extrinsic and intrinsic contextual factors – including support from friends, family, and community; support from health care services and personnel; and maintaining a sense of control over life and the disability – affect the dimensions of disability.[18]

Examples of episodic disabilities include multiple sclerosis, lupus, HIV, arthritis, mental illness, and some forms of cancer.[19] For many people with access to treatment, HIV is increasingly considered to be an episodic disability, and provides a good example of the types of diverse rehabilitation services that are required. People with HIV may require physical, psychosocial, and vocational rehabilitation and support. Mental illness is a particularly common episodic disability, with 20 percent of Canadians expected to experience an episode of mental illness at some point during their lives.[20]

Episodic disabilities demonstrate the need for services to be tailored to individuals. When periods of illness occur, acute services are required, while less intensive support to help individuals in their day-to-day lives are key during periods of relative wellness. Thus the planning of services is not easy – a tailored approach that reflects the changing nature of an individual's disabilities is required. Rehabilitation's focus on abilities complements the nature of episodic disabilities and services can be adjusted to reflect the changeability of illness. Rehabilitation also empowers patients through its focus on independence and social integration, with family, providers, and the community.

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[18] *E-Module for Evidence-Informed HIV Rehabilitation*. Canadian Working Group on HIV and Rehabilitation. February 2011. Retrieved from http://www.hivandrehab.ca on December 4, 2011.
[19] Canadian Working Group on HIV and Rehabilitation. www.hivandrehab.ca/EN/episodic_disabilities/index Retrieved April 29, 2011.
[20] Canadian Mental Health Association, retrieved from http://www.cmha.ca/bins/content_page.asp?cid=6-20-23-43 on November 25, 2011.

Aging Population

Canada, like other Western nations, has a rapidly aging population. The number of seniors in Canada is projected to increase from 4.2 million to 9.8 million between 2005 and 2036, and seniors' share of the population is expected to almost double, increasing from 13.2 percent to 24.5 percent.[21] Older people are more likely not only to have more chronic conditions, but they also tend to have several conditions (also known as co-morbidities or multi-morbidities). In Canada, 24 percent of seniors report living with three or more chronic conditions and they are responsible for 40 percent of health care use among seniors.[22] This is due to the complex care needs that chronic conditions create.

Further, for those living with HIV, as people with access to antiretrovirals live longer, more are developing chronic diseases typical of aging — but they appear to be doing so at a younger age and at a higher rate than the general population.[23]

Because rehabilitation and other complementary health supports have the potential to prevent chronic disease and/or delay deterioration[24] they are even more important to people as they age[25], and to creating a responsive and integrated system of care and support for the aging population. Rehabilitation can help to maintain quality of life for those people as they age by prolonging and improving independence and self-sufficiency amongst people with chronic conditions who would otherwise require more intensive – and expensive – institutional or acute care.

Cost Pressures

The increase in chronic conditions is a critical factor in rising health care costs and concerns over long-term sustainability. The total cost of illness, disability and death due to chronic diseases in Canada is estimated at $80 billion annually.[26] As noted above, the Canadian system disproportionately allocates funds to acute care and hospital settings – health services that serve a health promotion function are often underfunded. As a consequence, long-term system sustainability is compromised.

Rehabilitation plays a significant role in managing chronic and episodic illness and delaying deterioration, and therefore should be seen as a fundamental aspect of efforts to reduce cost pressures in the health system.

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[21] Statistics Canada, *A Portrait of Seniors in Canada*, February 2007, retrieved from http://www.statcan.gc.ca/pub/89-519-x/89-519-x2006001-eng.pdf.

[22] Canadian Institute for Health Information, *Seniors and the Health Care System: What Is the Impact of Multiple Chronic Conditions?*, January 2011. Retrieved from http://secure.cihi.ca/cihiweb/products/air-chronic_disease_aib_en.pdf.

[23] Carlos del Rio, MD. Journal Watch HIV/AIDS Clinical Care, *November 14, 2011*

[24] Canadian Physiotherapy Association. (2007) Position statement *Home and Continuing Care*. Accessed. Retrieved from http://www.physiotherapy.ca/PublicUploads/222537Home%20and%20Continuing%20Care%20-%20February%202007.pdf on January 10, 2011

[25] Canadian Home Care Association, (2011) Rehabilitation Therapy Services in Home Care. The National Voice of Home Care.

[26] Canadian Health Services Research Foundation, *Integrated Chronic Disease Management Strategy in the Northwest Territories*, retrieved from http://www.chsrf.ca/Libraries/Collaboration/NWT-Backgrounder-EN.sflb.ashx on November 23, 2011.

Preventing illness is crucial to reducing cost pressures. However, large numbers of people already have chronic conditions, and the overall prevalence and the consequential system impact will not reduce soon. This means that managing chronic conditions, delaying deterioration, and preventing or delaying the need for acute treatment are essential.

Transferred Responsibility to Private Sector

Delisting or restricting access to rehabilitation services from government provincial health care services means that increasingly Canadians are paying for rehabilitation services out of pocket or through private insurance to access the care they need. Those without the means to pay, including for example seniors, workers with no extended health insurance or Canadians with chronic illnesses, often have excessive wait times for services that are publically available or go without essential treatment altogether.[27] This has the potential to create a greater burden on the health care system further along the continuum of care, or may lead to increased dependence on pharmaceutical interventions which may not necessarily address the individual's primary needs.[28]

The Potential of Rehabilitation

Access to high-quality rehabilitation as a component of a high-performing health system has significant potential to address – and stem – emerging risks and trends in the health system. Rehabilitation has the potential to contribute to more effective, high quality, patient-centred care.

> "If I had been able to afford to see a physiotherapist when I first started experiencing this pain, **I may not have had such a crisis** where I could not move and couldn't get out of bed.
>
> I had to be taken to the hospital as I couldn't move. And the **depression** that went along with the physical pain made it that much worse."
>
> *Person living with an episodic condition*

- Injury recovery: facilitating smooth and lasting recovery from injuries that helps to reduce readmission and further acute care;
- Chronic disease: managing complex health needs, improving patient quality of life, preventing and/or delaying deterioration, and preventing and delaying avoidable treatment, reducing prescription drug costs, and reducing emergency hospital admissions;
- Episodic disability: providing care that is flexible and compatible with changes in disability in order to maintain and extend periods of wellness; and

[27] Canadian Physiotherapy Association. (2006) Position statement Access to Physiotherapy Services. Retrieved from http://www.physiotherapy.ca/public.asp?WCE=C=47%7CK=222537%7CRefreshT=222559%7CRefreshS=LeftNav%7CRefreshD=2225590 on December 4, 2011

[28] Ibid

- Cost and efficiency: delaying and preventing the onset of expensive and resource-intensive acute treatment for chronic conditions.

At an individual level, timely access to appropriate rehabilitation is critical to maintaining and getting back to health. At a system level, integrating rehabilitation into a seamless and effective continuum of care contributes to better quality care and management of chronic conditions, aging populations, and other key challenges.

3. The Problem to Solve: Rehabilitation Potential Not Being Realized

The potential of rehabilitation to contribute to good health and system sustainability is clear.[29] Currently, however, a number of barriers exist that prevent people from accessing the rehabilitation services that they need. These barriers include cost, availability of services, eligibility criteria for accessing services, stigma and discrimination, system fragmentation, and a lack of awareness of rehabilitation.

Access Barriers

Availability of Services

Although the number of physiotherapists and occupational therapists is increasing, the demand for services largely outweighs availability.[30] There are growing absolute numbers of rehabilitation providers, but this growth does not appear to be matched with overall population growth. It is not clear how many rehabilitation providers are needed in Canada, although long wait times indicates there is an inadequate supply.[31] As the Canadian health system is recognizing and adjusting for chronic disease prevention and management, discrepancies in available and timely care across populations are being increasingly recognized. Long wait lists for publicly-funded, affordable outpatient

The Toronto Central Local Health Integration Network (LHIN) has recently undertaken a sector review of rehabilitation programs to ensure the system infrastructure is in place to support evidenced based, best clinical practices in joint replacement and stroke care. The review has highlighted the need to provide equitable outpatient and community based rehabilitation services for many more patients. Best practice guidelines for these two programs clearly includes access to rehabilitation programs and highlights **the cost effective role rehabilitation has in post acute care**.

Toronto Central LHIN

[29] Canadian Working Group on HIV and Rehabilitation. 2011. *E-Module for Evidence-Informed HIV Rehabilitation*. Retrieved from http://www.hivandrehab.ca on December 4, 2011

[30] Landry et al. 2009, Availability and Access to Rehabilitation Services along Ontario's Continuum of Care. Retrieved from www.hivandrehab.ca on November 30, 2011

[31] Ibid

rehabilitation services highlight inequitable access and can exacerbate conditions, lead to increased costs associated with acute and/or long-term care and result in further increased costs as disabling conditions deteriorate without access to necessary preventative or therapeutic rehabilitation.[32] As stated earlier, those without the means to pay for rehabilitations services, including for example seniors, workers with no insurance or Canadians with chronic illnesses, often have excessive wait times for any publically funded rehabilitation or go without essential treatment. This has the potential to create a greater burden on the health care system further along the continuum of care, or may lead to increased dependence on pharmaceutical interventions which may not necessarily address the individual's primary need.[33] Moreover, even when rehabilitation services are available, strict eligibility requirements mean that not everyone in need is able to access the services.

Another major barrier to equitable access to rehabilitation services is inconsistent availability of services across Canada. This is particularly true in rural areas, where lack of services may converge with stigma and discrimination to create situations where people with episodic disabilities have complex needs and few health supports. Inconsistent availability is also a challenge within cities, with some neighbourhoods having few easily accessible rehabilitation services.

Lack of Awareness of Rehabilitation

Lack of awareness of rehabilitation benefits and services amongst health care providers is often a barrier to linking people living with complex chronic diseases or episodic disabilities to the services they need. Rehabilitation services are often given a low priority in health professional training, which creates a lack of knowledge about rehabilitation and leads to low rates of referral once health professionals enter their field. For example, a survey of Canadian HIV specialists found that only 14 percent reported receiving specialist education about rehabilitation services as they relate to HIV during their health degree program and only 59 percent had participated in specialist training in the area of rehabilitation within the previous five years.[34] Many frontline healthcare practitioners do not have local knowledge regarding rehabilitation and the services available. For example, as reported in 2007 in Ontario, there was no coordination of community rehabilitation services and no resource that listed public and privately funded services.[35]

Barriers to rehabilitation also exist within the rehabilitation field. Some rehabilitation providers do not receive specialized training in how to treat and/or refer patients with episodic disabilities. This means that while chronic conditions may be covered, people who experience episodic disabilities may not receive the care that they require.

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[32] Landry MD, Jaglal S, Wodchis WP, Raman J, Cott CA. Analysis of Factors Affecting Demand for Rehabilitation Services in Ontario, Canada: A Health Policy Perspective. *Disability & Rehabilitation*. 2008: 30(24): 1837 – 1847.

[33] Canadian Physiotherapy Association. (2006) Position statement Access to Physiotherapy Services. Retrieved from http://www.physiotherapy.ca/public.asp?WCE=C=47%7CK=222537%7CRefreshT=222559%7CRefreshS=LeftNav%7CRefreshD=2225590 on December 4, 2011

[34] Canadian Working Group on HIV and Rehabilitation, *Canadian Providers' Survey*, retrieved from http://www.hivandrehab.ca/EN/information/documents/HIV_Factsheet_Eng_final_Oct1405.pdf on November 30, 2011.

[35] L. Passalent, E. Borsy & C. Cott, *A Profile of Community Rehabilitation: North East Local Health Integration Network*, University Health Network, 2007.

A lack of awareness of rehabilitation benefits and services amongst consumers is also a barrier to access. One consequence of providers lacking knowledge of rehabilitation services is that they cannot share this knowledge with their patients. Moreover, the prioritization of acute and urgent care within the health system is also reflected in patients' understanding of health benefits – individuals may have less knowledge of their coverage for services like vocational rehabilitation or physiotherapy than they do for acute care. Rehabilitation services also tend to be provided outside of primary care locations, leading to a lack of integration between services and a lack of knowledge amongst patients and other health care providers.

Cost of Services

Even when services are available, there are significant barriers to equitable access to rehabilitation built into the current system. Employment health benefits may cover some services but many people with episodic disabilities are unable to remain in the workforce, meaning that they lose access to benefits unless they go onto Ontario Disability Support Program (ODSP) or another provincial health program. Many people are afraid to go back to work if they have health benefits on their provincial health program but not at work. A large number of jobs do not offer extended health benefits, which creates a fundamental divide between those who can access rehabilitation and those who cannot. Some employees with chronic disabilities and who lack extended health coverage cannot afford rehabilitation services to address their pain, mobility, or other health challenges.[36] Ironically, some people are forced to leave paid employment for social assistance or disability support so they can access essential rehabilitation services that would help them to become and remain well enough to participate in the workforce.

For those without private employment health benefits, publicly-funded programs may provide some coverage, but these benefits are less comprehensive and often many recipients are unable to pay out-of-pocket for rehabilitation

> "I had to wait six months to see a rehabilitation professional who was publicly funded, as I don't have an extended health plan at work and couldn't afford to pay out of pocket. I ended up on Ontario Disability Supports Program (ODSP) as it became a crisis and I couldn't stay at work. I ended up in hospital. Once I got the help I needed, my problems improved and I was eventually able to go back to work.
>
> But I'm scared. This has happened before and I know this will happen again. This is a recurring condition.
>
> Maybe I should stay on disability, even though I can work right now. At least they will pay for some rehabilitation services, and maybe I won't have to wait six months to get help."
>
> *Person living with a lifelong episodic condition*

[36] Canadian Working Group on HIV and Rehabilitation, March 2010, *Collaborating for Integrative Rehabilitation: Effective, Equitable, Sustainable*, Presentation to the Ontario Ministry of Health and Long Term Care. Unpublished

services.[37] In many cases, publicly-funded rehabilitation programs and services are only available to people who are in hospital and/or on public disability or financial support programs.

Moreover, barriers that people with episodic disabilities may face when they re-enter the workforce – such as waiting periods of around three months before being eligible for health benefits after starting a new job, exclusion of pre-existing conditions, or even being able to secure a good job with benefits – mean that public supports, however inadequate, may be the best support available to them. This creates a disincentive to return to paid employment.

As noted above, people with disabilities have described having to leave their employment and go on a public disability support program in order to access publicly-funded rehabilitation services that would have enabled them to stay at their job if those services had been available to them through employee or other benefits at work. This disincentive damages individual health and the sustainability of the health system.

Stigma and Discrimination

There are several chronic conditions that have associated stigma and discrimination. In the case of HIV/AIDS, reducing the stigma and discrimination surrounding the disease is key to both stopping the spread of the epidemic and improving the quality of life of people living with the disease.[38] The stigma associated with HIV/AIDS has fractured many families and has left people ill and isolated and ostracized in their communities. Isolation, fear and loneliness are characteristics of HIV/AIDS.[39]

People who are affected by mental illness can also face significant stigma and discrimination. Although stigma exists around mental illness in all societies, some communities experience deeper stigma than others.[40] To counter this stigma, it is important for mental health and rehabilitation service providers to ensure that culturally-appropriate and relevant care is available to serve diverse communities.

Not all chronic conditions or episodic disabilities have obvious physical symptoms, meaning that some people who are living with these types of conditions may find that family, friends, and colleagues do not understand why they have difficulty completing some tasks or why they receive particular accommodations. For example, in the workplace some people may be resentful that colleagues with chronic or episodic conditions have flexible work hours or are often away from work to receive health care services. This can lead to internal tension and make remaining in the workplace more difficult.

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[37] Social assistance policies often require people to deplete their personal savings before they become eligible for supports. This, in addition to low levels of supports, means that people on public income support have very little ability to pay for health services.
[38] Canadian HIV/AIDS Legal Network, www.aidslaw.ca, retrieved May 20, 2011
[39] Dingwall, C. (2008) Trap Doors – Revolving Doors: A Mental health and HIV/AIDS Needs Assessment. Discussion Paper.
[40] Mental Health Commission of Canada and Centre for Addiction and Mental Health, *Improving mental health services for immigrant, refugee, ethno-cultural and racialized groups: Issues and options for service improvement,* November 12, 2009, http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2010/Issues_Options_FINAL_English%2012Nov09.pdf, retrieved February 9, 2012.

Some health care providers may not be comfortable working with people with specific health conditions. This reduces the number of available appropriate service providers. Reasons for provider discomfort likely vary: some may lack understanding of how to treat episodic disabilities; others may not want to take on patients with complex illnesses because compensation structures favour healthier, less time-consuming patients. Provider discrimination can be addressed through experience, professional education, and realigning incentives.

In order for health care services to generate successful outcomes, people have to be willing and able to seek help and to participate in their own self-care.[41] However, the stigma attached to some chronic diseases and episodic disabilities often cause individuals to hesitate before seeking and accepting treatment. This may further compound the reluctance of providers to work with clients with episodic disabilities.

System Fragmentation

Appropriate and timely access to rehabilitation is challenged by difficultly navigating through the current complex and fragmented rehabilitation systems. Just as episodic disabilities are complex and diverse, so are rehabilitation services. Few chronic conditions require service from a single health care provider; in most cases service is required from different health professionals practicing in different settings. As it stands, the fragmentation of services in Canada makes service integration and system navigation difficult.

These challenges extend beyond the health care system: fragmentation and lack of coordination between rehabilitation services and wider policies and programs such as income support and employment can be a barrier. As discussed above, for people with episodic conditions, accommodation in the workplace that allows time to participate in rehabilitation activities is essential to ensuring ongoing labour market attachment. This includes flexible work arrangements and adequate health benefits. However, many lower paid and more precarious jobs do not accommodate these requirements, which make remaining in the workforce impossible for people with serious, but manageable, health conditions.

Health benefits that are flexible and portable are important to ensuring long-term health and income security for people who are unable to achieve this through paid employment owing to poor health. Currently, the paucity of health benefits that allow people to move in and out of paid employment as they are able makes lasting labour market attachment difficult. Again, this can lead to situations where people who are able to work are forced to remain on social assistance because of the modest level of health supports provided. Benefits that are attached to individual needs, such as income and health needs rather than labour market status, can help mitigate this unintended policy outcome.

[41] Canadian Mental health Association Ontario, August 2008, *What Is the Fit Between Mental Health, Mental Illness and Ontario's Approach to Chronic Disease Prevention and Management?*, Discussion Paper.

System Failure: The Unrealized Potential of Rehabilitation

The barriers to realizing the potential of rehabilitation are significant. Inequitable access, limited availability of services, narrow eligibility criteria for available services and the stigma and discrimination that surround some conditions prevent many from getting the care they need. Moreover, even once individuals enter the health system, the fragmentation of services and lack of awareness of rehabilitation make accessing necessary supports and services difficult. This is not only bad for quality of care, but it also leads to system inefficiency. By not providing the right services at the right time to the right people, increased and avoidable demands are placed on the acute care sector.

Discussion Question

What potential exists for those working in chronic disease prevention and management and rehabilitation to more effectively coordinate their services and to work together towards creating healthier community environments and public policy?

4. The Solution: Roadmap to Rehabilitation as Part of a High-Performing Health System

Currently, rehabilitation in Canada is inconsistently available, hard to navigate, and affected by stigma and discrimination. These factors make ensuring that those in need have access to high-quality services difficult. To address these issues, CWGHR and other key stakeholders have identified how access barriers can be addressed, services tailored to individual needs and a seamless continuum of care created as part of a comprehensive approach to rehabilitation.

At the CWGHR-led think tank session, several opportunities were identified to advance access to rehabilitation in ways that align with provincial healthcare and financial priorities and pan-Canadian trends. We set out the key features of rehabilitation within a high-performing health system, and the kinds of system reforms needed to realize this potential.

Build the Model: Rehabilitation and a High-Performing Health System

Effective and equitable access to rehabilitation is essential to realizing the potential of higher quality and more patient-centred care. Rehabilitation can make an enormous difference to the quality of life and prospects for better health of people facing a wide range of challenges. The ideal model for rehabilitation should:

Discussion Question

What models currently exist in Canada that could contribute to rehabilitation and a high-performing health system?

- Be built on the principle of enabling long, healthy, and productive lives, especially for those with chronic or episodic disabilities;
- Provide the right care for the right patient at the right time and in the right place;
- Coordinate between health care providers, including between rehabilitation providers to create a seamless and effective continuum of care;
- Integrate into existing health care structures, for example community health care settings;
- Support patient-centred care that builds individual capacity and aims to enhance opportunities for patients, including employment and social opportunities;
- Ensure value for money through effective delivery and supporting prevention and health promotion;
- Be affordable for all and sustainable;
- Be accessible and equitably delivered across ethnicity, income, gender, and geography; and
- Support innovation by showcasing promising and proven models of practice and encourage new ways of delivering services by providers.

Connect the Dots: Creating an Effective Continuum of Care

Enablers for more integrated care are varied, but should be comprehensive and well-connected. Ensuring effective integration and a well-coordinated continuum of care has benefits for patients, providers, and health systems.

Patient-Centred Care

A high-performing health system does not treat all patients the same. Rather, it ensures that services are tailored based on individual need and are delivered seamlessly as part of a continuum of care. Patient-centred care:

- Is sensitive to each individual's needs and preferences;
- Provides culturally competent care, interpretation services, and assists patients and families to address and overcome social and economic barriers to care;
- Integrates rehabilitation with other health services, with a seamless transition between service providers; and
- Requires improved knowledge of rehabilitation services amongst health providers and consumers.

Ensuring that the individual needs of patients are prioritized is an important step towards creating a health system that understands that different situations call for different action and that different people have different needs and preferences. Building patients in at the centre of all aspects of service planning and delivery is a critical enabler of other elements of a high-performing health system, such as addressing health inequities.

Discussion Question

Is a commitment to a continuum of care clear and consistent in professional standards of practice across the rehabilitation professions?

Continuum of Care

Like any health service, rehabilitation should not exist in isolation. Rehabilitation should be incorporated into a system-wide continuum of care. An effective continuum of care should see the right services delivered to the right person at the right time and in the right place. This can mean providing health services outside of medical settings, and doing so can lead to improved health outcomes for patients and cost savings for the health system as need for acute services is reduced.

There should also be an increased focus on the continuum of care within rehabilitation services themselves. Rehabilitation covers a wide range of services, many of which are complementary, such as physiotherapy and occupational therapy. Services should be provided with an efficient multi-disciplinary focus in order to maximize continuity and to most effectively complement each other.

For example, a multidisciplinary HIV occupational therapy program was established in the 1990s as a hospital-based program but then became community/outpatient-based as people living with HIV began to live longer. The program is now located within a primary care family practice unit and provides provincially-funded access to physiotherapists, occupational therapists, pharmacists, dieticians, and nursing, as well as physicians.[42] Providing a coordinated series of rehabilitation supports

The Ontario Stroke Strategy is striving to achieve best practice care for stroke patients in Ontario. Early Stroke Strategy work focused on acute treatment of the stroke, and now the focus is on developing the proper capacity for rehabilitation. Depending on the severity of the stroke the patient is admitted into an inpatient rehabilitation program or sent home and accesses community based rehabilitation. An analysis of Toronto services highlighted **the need to initiate rehabilitation much sooner in the continuum of care** and the need to develop specialized stroke outpatient programs.

[42] Canadian Working Group on HIV and Rehabilitation. 2009. *Integrated models of rehabilitation available at the point of care: Interviews with select programs*. Accessed from http://hivandrehab.ca/EN/research/documents/Modelsofintegratedcare.pdf on February 3, 2012

to patients can assist in improving long-term health outcomes and social and economic situations as transitions into paid employment or training become more successful.

A successful continuum of care should also focus on ensuring that patients have knowledge of the services available and how to access them. Therefore incorporating system navigations supports is essential. At the same time, knowledge of rehabilitation is not currently comprehensive amongst service providers or consumers, which can lead to underuse or inappropriate use of services.

Better Coordination

As described, better coordination of services across the full continuum of care is essential to ensuring smooth and seamless care for patients. Comprehensive rehabilitation allows patients to move seamlessly among and between complementary services. For example, a person living with HIV should have access to physical, psychosocial, and vocational rehabilitation that is part of a coordinated care program. A lack of coordination is linked to system navigation and access problems, but this also negatively affects the quality of care for patients once they are in the health system.

To address this, coordinating tables should be established within hospitals and other service settings for more seamless handovers, and at a local and regional level to ensure a full continuum of care and continuity for all patients. It is also important to build on the potential of primary care as a gatekeeper: improving coordination between primary care and rehabilitation will result in smoother and more comprehensive provision of care for patients.

Improved coordination also includes taking a more interdisciplinary approach to care. Multidisciplinary primary health care teams and community health service providers should be engaged in an integrated approach to work with people living with wide-ranging chronic and episodic conditions and in need of rehabilitation services.

Discussion Question

What aspects of non-hospital-based models where rehabilitation is provided/ integrated into front-line health and social care – e.g. community health clinics, AIDS service organizations (ASOs), Arthritis Society – are most effective and how can their success be built upon?

Navigation

One of the major barriers to effective and efficient use of rehabilitation services is the effects that system fragmentation and lack of awareness have on the ability of patients and health professionals to navigate the system.

For health care professionals, increasing knowledge of the potential of rehabilitation and available local services is essential. Improving teaching about rehabilitation in medical training will help to improve referral patterns once health professionals begin practicing. Providing ongoing professional education will also increase the capacity of health care providers to screen and refer individuals to rehabilitation services.

Models of effective referral systems should be examined and implemented where appropriate, including fostering more specialized referral networks, as demonstrated in cancer care.

It is also important to have navigations supports for users – or potential users – of rehabilitation services. These supports should be wide-ranging and should address barriers that vulnerable populations face in accessing services. For example, interpretation and translation should be provided and service providers should be educated in culturally-appropriate care. Peer support is also a useful tool in improving system navigation: for example the B.C. model of peer support currently in practice at St. Paul's Hospital in Vancouver that matches people living with HIV with people newly diagnosed to assist them in navigating the health care system.

Quality

Ensuring quality care is a cornerstone of a high-performing health system. Service providers have numerous mechanisms to ensure that the care they provide is of the highest quality, and rehabilitation should be built on these mechanisms to ensure that patients receive the best care as part of a comprehensive continuum. This includes clear evidence-based standards of care, checklists, educational material, professional regulation and support, and patient satisfaction and other feedback measures to drive quality rehabilitation.

Existing mechanisms also need to be built upon. Each service provider should have processes in place to ensure that quality is measured and evaluated as a part of a quality improvement plan. Rehabilitation should be built in as a key component of all hospital quality improvement plans. Within rehabilitation, the diverse range of professions in this field means that service providers should have a plan in place to ensure that different professions are appropriately deployed and coordinated based on patient need. This should also link with efforts to improve knowledge of rehabilitation amongst other health care providers.

However, quality care does not occur in isolation within individual care settings – higher-level quality improvement planning must occur in a more coordinated manner, often at a regional level. Setting strategic direction in quality improvement at this level facilitates greater integration, improved ability to target and focus on particular aspects of quality improvement, and provides greater potential for partnerships amongst providers, thereby leading to seamless care for patients. These improvements in quality care planning and delivery are being actioned across Canada, including provincial quality councils in Saskatchewan and Ontario.[43] [44]

Broad-based coordinated local and regional networks should be created to ensure accountability to quality and access for rehabilitation services, including cross-disability; inter-professional and interdisciplinary (e.g. physiotherapists, occupational therapists, speech language pathologists, and vocational counsellors working together with physicians, nurses,

[43] Health Quality of Ontario, Ministry of Health and Long-Term Care. Available at http://www.health.gov.on.ca/en/news/bulletin/2011/docs/bg_20110404_1.pdf .

[44] Saskatchewan Health Quality Council. Available at http://www.hqc.sk.ca/portal.jsp?WVmOp6T+rZK1TpF6CY00PDBIzBf0QfLQkUwK4QBZaJs5RT805SdC1evJvW1fAKDukx8VmhwEmSQ.

and social workers); inter-jurisdictional; multi-sector, and people living with a range of chronic and disabling conditions.

Flexibility

As discussed earlier in this paper, the episodic nature of many conditions that require rehabilitation means that flexibility in service delivery is essential to ensuring high quality care. Some chronic conditions, such as HIV, Multiple Sclerosis (MS) and/or arthritis have periods of illness that are followed by periods of more stable health. It is also important to understand that not all episodic conditions are homogenous; for example, people with HIV may need different services than people with multiple sclerosis. This means that a single rehabilitation strategy is not suitable for all conditions – knowledge of the nature of episodes within particular types of illness should be taken into account in planning services, but should be flexible enough to ensure that the individual needs of patients are paramount.

Integrated System

Ensuring equitable access and quality for rehabilitation services requires alignment of policies and incentives at the systems level. The key to ensuring comprehensive service that is part of a continuum of care is to understand what drives each element of the system and ensure that the correct structures are in place to promote improved quality and access.

Integration means different things across the system. For health system users, integration means more access and better quality care. Plans should be in place at provider and regional levels to ensure that services are being used to their maximum potential, and that a seamless continuum of care has been developed and maintained.

For the health system, integration means cost savings, more effective and cost-efficient care, and system sustainability. For rehabilitation to exist within an integrated system, health budgets must better recognize the benefits of health promoting services and compensation must be adequate for level of care provided. Compensation should reflect the true cost of service delivery. Rehabilitation services are often required over the medium-to-long-term, meaning that the ongoing costs can appear significant. However, these costs should be viewed through a health promotion lens and reducing hospital readmissions should be recognized and rewarded. Strong measurement and evaluation of all aspects of the health system will help to better understand the benefits and improved sustainability of an integrated and health-promoting system. Integration should ensure the appropriate deployment of professional resources and services.

Address Barriers: Ensure Equitable Access

In order to ensure the best possible outcomes for those in need of rehabilitation services, access needs to be equitable. This means targeting, identifying, and eliminating barriers to access for particular vulnerable populations. This must recognize that not all communities face the same barriers and that targeting must be implemented with particular consideration for cultural and social needs.

Equitable Access

Ensuring equitable access to health services is a system level goal that takes into consideration future service needs and the required delivery structures. This is particularly salient for rehabilitation owing to key trends that make these services increasingly vital to ensuring good health, such as the increase in chronic disease and a rapidly aging population. Future service needs are becoming increasingly clear and many health systems are adjusting their service planning to accommodate upcoming challenges.

Discussion Questions

What is the potential role of community rehabilitation clinics and other community health centres, given current trends for community-based care in complex chronic disease prevention and management?

Moving services from the hospital settings to community care is a priority for Canada's health care system. But investment in community-based services has not kept pace with need. As a result, gaps in access to rehabilitation services exist for those living with chronic conditions. What opportunities might there be to address these gaps through federal and provincial health care frameworks?

Increased and more equitable access to appropriate, evidence-based, high quality rehabilitation services is an essential component of an effective continuum of care. The barriers identified above do not have a single, simple solution. Cost barriers, limited availability of services, and stigma and discrimination are deeply ingrained in the health system. This means that a comprehensive strategy must specifically target key access barriers and more disadvantaged and harder to serve populations through community-delivered care, interpretation, and other service adaptations.

Enhance Existing Services

Providing rehabilitation services in the environments that provide supports needed by vulnerable populations is important. Expanding provision of rehabilitation into settings such as Community Health Centres that are critical to the most health disadvantaged populations will help to improve access to rehabilitation services in the centres themselves and will improve referrals to more specialized providers.

Linking rehabilitation into key health reform initiatives, such as locating occupational therapists in Ontario's Family Health Teams, is another key direction. To make these initiatives work, incentives, such as physician

The Orthopaedic Expert Panel for Ontario has highlighted the variance across the province with regards to access to community based rehabilitation for patients who have just received their first hip or knee replacement. In many regions patients were transferred to institutional rehabilitation centres post surgery; however outcome based research has shown that **patients can achieve similar or better outcomes if they are sent home and receive their rehabilitation through community based programs**. Outpatient rehabilitation therapy capacity needs to be increased to more efficiently provide the best quality care for joint replacement patients.

reimbursement for referrals, will need to be addressed.

There is also potential for telemedicine and virtual care in rural and remote areas where the availability of services is limited. Telemedicine connects patients with health professionals via a two-way video link, allowing remote service delivery and health education. There are already established telemedicine networks in Canada that could be built upon to enhance rehabilitation services. Virtual care allows more comprehensive care, with tablet computers and wireless or cell phone technologies allowing health professionals to more actively monitor the physical wellbeing of patients. Utilizing these technologies may enhance the ability of providers and patients to prevent, delay, and monitor chronic conditions.

Expand Services

As discussed throughout this paper, the ability to pay for rehabilitation services has significant implications for access. Working with private insurers and employers to ensure that a full range of appropriate rehabilitation services are available within health benefit plans is an important step to overcoming access barriers to those who are employed with health benefits. The potential of rehabilitation as health promoting services aligns with private and public insurers' interest in controlling acute care costs.

Community Health Centres and other community services where people get care are well-placed to offer rehabilitation services in appropriate languages and to provide culturally-competent care. These strengths should be built upon within the centres, and the model of care should be expanded into other suitable environments.

As a more immediate way to address gaps, particularly for people who are unemployed or who have low income, existing provisions along the lines of provincial health plans, for example the Ontario Drug Benefit Program and Trillium Drug Program, should be extended to cover more poor and working poor people who do not otherwise have extended health coverage through their employment. Improvements to the provision and availability of these supports should be made in conjunction with efforts to improve the ability of people with chronic and episodic conditions to enter and remain in paid employment.

Restructure Services

The health promotion benefits of rehabilitation mean that it has a significant ability to reduce the need for acute services. This potential can be realized by restructuring current services to better prioritize rehabilitation.

Public funding for rehabilitation varies from province to province. In recent years some provinces have delisted rehabilitation services, which resulted in increased wait times within public sector institutions, a decrease in access to community-based care and reports of

patients' treatments being terminated prematurely or individuals being discharged from hospital without receiving the rehabilitation they require.[45]

With the delisting of rehabilitation services, patients are forced to pay out of pocket or through private insurance to access essential care. People who are unable to pay either cannot access rehabilitation services or must wait for long periods to access the limited public services available.

Governments should consider a stand-alone classification of 'rehabilitation providers' rather than separating physiotherapists, occupational therapists, and so on for budget allocation purposes. This would allow health service provider institutions greater flexibility to provide the most effective mix of complementary services to patients rather than being bound by profession-specific budgets.

Align with Health System Drivers

To remedy these challenges, **more rehabilitation services should be brought into the publically-funded system**. This means reversing previous delisting of services and ensuring that all appropriate rehabilitation services are covered under provincial health programs.

Rehabilitation can be seen as an essential component of a high-performing health system that addresses challenges such as preventing and managing chronic conditions, ensuring preventable and manageable conditions do not become worse unnecessarily, and avoiding unnecessary hospitalization and the need for acute care.

Rehabilitation is one part of the critical continuum of care needed by people with injuries, chronic illnesses, or episodic disabilities. Thus it is important that rehabilitation is aligned with other areas of the health care system to ensure that care is available to those in need, when and where they need it. The ultimate goal should be care along a continuum that is well coordinated and patient-centred. Being able to access high-quality and appropriate rehabilitation services is vital to continuity of care – and therefore to truly patient-centred care. Rehabilitation is often viewed as a supplementary aspect of the Canadian health system. Funding tends to focus on the provision of acute services, while other care that enables good health – like rehabilitation and preventative care – receives a lower priority. This is problematic in that it does not recognize the health promoting benefits of rehabilitation and the improvements in quality of life that it makes for patients.

Key to solving this disparity is better aligning rehabilitation with other aspects of the health system, to create a more coherent continuum of care. Rehabilitation should be built into the primary care agenda both federally and provincially, and lessons should be learned from other healthcare professionals for how to build links with the primary care agenda (for example, in Ontario, occupational therapists are already included in some Family Health Teams). Service

[45] Landry, M., et. al 2006. Assessing the Consequences of Delisting Publicly Funded Community-based Physical Therapy on Self-reported Health in Ontario, Canada: a prospective cohort study. *Journal of Rehabilitation Research*, Vol. 29 No. 4. Retrieved from http://www.teamgrant.ca/M-THAC%20Greatest%20Hits/M-THAC%20Projects/All%20info/Delisting%20PT/Publications/401091.pdf on December 4, 2011

alignment should also include care for the entire family: for example, mothers with chronic or episodic conditions should be able to access rehabilitation services at the same time and place as their children receive primary health care.

Rehabilitation as Health Promotion

Rehabilitation should be recognized as a key component of health promotion efforts within health systems. The World Health Organization (WHO) defines health promotion as the process of enabling people to increase control over, and to improve their health.[46] Rehabilitation is not just immediate treatment – a comprehensive rehabilitation strategy would see services being provided proactively to lessen pain, maintain function, and prevent further complications that can lead to acute illness and related costs to individuals and the health care system.

For health promotion to be effective within the health system, value for money must be given a greater emphasis than immediate costs. From a system point of view, prioritizing rehabilitation and integrating it with other health care services can support more effective emphasis on prevention, sustainability, and value.

Beyond Health Care

People with injuries, chronic conditions, or episodic disabilities often find it difficult to remain in paid employment, which means a loss of income. The link between income and health is well established;[47] [48] a loss of income often leads to worsening health. The paradox is that as people's health worsens, it becomes even harder for them to get back into the workforce.

Rehabilitation can be a critical enabler for people with disabilities and health challenges to remain productive and active in jobs, training and other spheres. Realizing this potential will require changes far beyond health care. For example, many people with episodic disabilities would be able to work if their benefits and workplace were flexible enough to take into account the episodic and fluctuating nature of their conditions.

As noted above, the link between income and health is well documented. For most people with chronic and episodic disabilities, the best access to rehabilitation services is linked with having a good job that can accommodate the changes in their health, and that offers comprehensive health care benefits. Therefore addressing inequitable access to rehabilitation requires a focus on ensuring that good jobs with adequate supports exist.

For some people, not having access to health benefits that include coverage for rehabilitation services prevents them from accessing essential services. Therefore improving access to rehabilitation services for people who do not have private insurance and are outside of the hospital setting is essential. This means ensuring that public benefits are adequate and

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[46] World Health Organization, *Health Promotion Glossary*, http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf.

[47] Mikkonen, J. Raphael, D. 2010. *Social Determinants of Health: The Canadian Facts*. Toronto: York University School of health Policy and Management. Available at http://thecanadianfacts.org

[48] Public Health Agency of Canada. *Social Determinants of Health*. Retrieved from http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php#income on December 4, 2011.

provide individualized and flexible supports that help people with episodic disabilities to sustain and/or regain independence.

To deal with these challenges the broad determinants of health must be addressed through moving awareness beyond acute and institutionalized care and make rehabilitation a priority in the broader health system. This is beyond the ability of rehabilitation professionals and organizations alone and must be done in alignment with other players in the health and social services fields. Cross-ministry integrated action should be aligned with provincial priorities such as social assistance and support services, health promotion, and long-term care.

5. Realizing the Potential of Equitable Access to Rehabilitation

The model we have described can:

- Deliver enormous benefits to consumers by providing evidence-based high-standard care that will help them get and stay healthier;
- Support better health by providing care that is patient-centred and flexible to individual needs;
- Create an integrated and effective continuum of care in which people are easily able to navigate across settings and providers to get the care they need and in which providers effectively coordinate to consistently deliver continuity of care;
- Enhance the availability of services and equitable access to care;
- Improve population-level health outcomes by improving equitable access to integrated services and support; and
- Deliver benefits to the health system. Well-coordinated rehabilitation services, well-integrated into the overall health system can contribute to preventing and managing chronic diseases, reducing avoidable hospital re-admission and acute treatment, thus taking pressure off more expensive acute services and overall health promotion. Rehabilitation is one essential building block of long-term sustainability.

We have also set out how to realize this potential of rehabilitation by:

- Building more effective patterns of referrals and interdisciplinary coordination through training, increasing awareness, and local and regional networks and coordinating mechanisms;
- Making strategic investments to increase the supply of rehabilitation services and professionals to fill pressing gaps;
- Addressing access barriers such as distance, language, and payment for services;
- Maximising investment and impact by building rehabilitation more effectively into and onto existing services: throughout hospitals, Community Health Centres, Family Health

Teams, and other settings;

- Aligning rehabilitation with key system trends such as primary care reform and quality improvement initiatives; and

- Working beyond health – for example, improving private insurance benefits, social safety net programs to improve access to rehabilitation and to eliminate perverse incentives for people to stay on assistance or long-term disability programs to retain benefits.

The evidence is clear on the potential for reform; rehabilitation professionals are available and committed to this powerful vision for improvement. The case for enhanced rehabilitation has been made. Our challenge now is to build the broad collaborations and coalitions of support to win the necessary policy and program changes – to realize the vast potential of rehabilitation to improve health and health equity for Canadians.