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

# Rehabilitating the Bottom Line

Rehabilitation improves the lives of Canadians with chronic illnesses, lowers their utilization of expensive acute care services, and increases their engagement in the workforce. Unfortunately, at present, access to rehabilitation services is significantly limited by cost.

## The Issue

Rehabilitation is not a 'medically necessary service' as per the Canada Health Act. As a consequence, most provincial and territorial governments do not provide coverage for rehabilitation services under public health insurance plans. Some provinces make exceptions, covering rehabilitation in some circumstances, but eligibility for this coverage is limited by age, healthcare setting, or medical condition. This has created a patchwork of access to rehabilitation services; often, the level of care a person receives is determined by where he/she lives, the particular medical condition, and where care is received.

Lack of access to rehabilitation leads people with chronic conditions to rely instead on expensive acute care. Episodic periods of disability limit their involvement in the labour market and force a significant number of people to rely on income support programs. With an aging population living with ever more chronic disease, this situation will only get worse.

## The Ask

It behooves provincial and territorial governments to provide coverage for community-based rehabilitation services for all Canadians under provincial health insurance plans. This would help manage chronic illness and resulting disability, and thus maintain people's engagement in the workforce; it would contribute to fewer visits to the emergency department and hospital admissions, potentially lowering costs for the healthcare system; and by reducing the frequency and severity of illness, it has the potential to improve the quality of life of people with chronic illnesses.

As a step towards implementing full coverage, provincial and territorial ministries of health should introduce funding models that promote integration of rehabilitation services into primary health and community-based care for people with chronic illnesses. This approach would diversify the community settings where people can receive care, thus increasing equitable access, while preparing community-based providers to offer government-funded rehabilitation services in the longer term.

## What is Rehabilitation?

"Rehabilitation, broadly defined, is a dynamic process that includes all prevention and/or treatment activities and/or services that address body impairments, activity limitations and participation restrictions for an individual."[1] Rehabilitation involves many players, including regulated health care professionals including, but not limited to: physiotherapists, occupational therapists, speech-language pathologists, nurses, and physician specialists in physical medicine and rehabilitation. Many rehabilitation services are also provided by practitioners outside the regulated health professions, including but not limited to: case managers, social workers, frontline workers in community-based health and social service organizations, addictions counsellors, vocational counsellors and personal support workers.

Rehabilitation services are a critical but often under-recognized, undervalued, and underutilized component of the continuum of health care. They focus on a person's abilities and aim to facilitate independence and social integration, often through client-focused partnership with family, providers and the community. Timely access to needed rehabilitation services can often prevent the development of disability resulting from chronic illness and requiring expensive care over the long-term. Rehabilitation also provides immediate support when health conditions worsen, and prevents deterioration into more debilitating health crises.

Over time, rehabilitation services 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. These services have the potential to significantly improve the health and well-being of Canadians with impairments, activity limitations and restrictions in social participation, helping them reach their optimal physical, mental and/or social functional capacity. [2] [3]

## The Problems

### Rising Costs

According to the Conference Board of Canada "the primary driver of rising health costs is the health of the population."[4] Given the rapidly increasing number of Canadians living with chronic disease, the costs of providing care are also on the rise. Health care services, including those provided in hospital, in emergency rooms, at home and in primary care, are more commonly accessed by people living with chronic health issues.[5] [6] The odds of being hospitalized or visiting the emergency room more than double among those experiencing multiple chronic illnesses.[7]

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### Chronic Illness

Societal and medical advances have lengthened the lives of Canadians and turned once imminently fatal illnesses into chronic, manageable conditions.[8] While these changes may rightly be deemed successes, they have also contributed to significant increases in the number of people living with chronic disease. It is estimated that as many as half of all adults in Canada live with some form of chronic illness[9], whether it be arthritis, chronic obstructive pulmonary disease, hypertension, a mood disorder, multiple sclerosis, HIV or another persistent health issue. Some of these chronic illnesses are episodic in nature, with individuals experiencing fluctuating periods of good health and illness. One out of every six Canadians over the age of 35 has been diagnosed with more than one chronic or episodic health condition.[10] It is expected that these numbers will continue to grow as our population is aging at a rapid pace.[11]

## 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%to 24.5%[12] Older people are not only more likely to have more chronic conditions, but they also tend to have several conditions. In Canada, 24% of seniors report living with three or more chronic conditions and are responsible for 40% of health care use among peers in their age group.[13]

What these challenges have in common is the financial and logistical challenges they impose on our institutional and acute health care infrastructure. The increase in chronic conditions is a critical factor in rising health care costs and the long-term sustainability of our health care system. The total cost of illness, disability and death due to chronic diseases in Canada is estimated at $80 billion annually.[14] As a consequence, the long-term sustainability of the health care system is compromised. Managing chronic conditions, delaying deterioration, and preventing or delaying the need for acute treatment are essential. Because rehabilitation has the potential to prevent disability associated with chronic disease and/or delay deterioration,[15] it can help to prolong and improve independence and self-sufficiency amongst people with chronic conditions who would otherwise require more intensive – and expensive – institutional or acute care.[16]

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## Cost Limits Access

Despite the real benefits that rehabilitation can provide both to individuals and to the system as a whole, the cost of rehabilitation is a serious barrier to its broader use.[17] [18] The current approach to funding rehabilitation services is to leave these services to private insurance plans that some Canadians receive through their employer or purchase privately or to expect service users to pay out of pocket. However, many people with episodic disabilities or chronic illnesses are unemployed or under-employed because of their health, so they have neither private health insurance nor the means to pay for services out of pocket.[19]

Additionally, private insurance coverage is frequently inadequate to meet actual needs for rehabilitation services. While some Canadians have access to private health insurance through individual plans or group plans provided by their employers, many private insurance plans afford limited or no coverage for rehabilitation services.

Low or no cost publicly-provided rehabilitation services are limited and most often available in in-patient settings. Because of government funding constraints there is little access to low or no-cost services in outpatient hospital service settings, resulting in patients experiencing long wait times for essential health care services. When publicly-provided rehabilitation services are available, low-cost access is frequently limited to certain groups, such as seniors or people experiencing heart disease.[20] [21] Moreover, owing to the patchwork of publicly-provided services across Canada the level of access to rehabilitation services that people receive may depend on where they live. Not only does access to publicly-funded rehabilitation services differ from province to province, but in several Canadian provinces, including Alberta, Saskatchewan, Newfoundland and Labrador, and Nova Scotia, service access varies by health region.

# The Solution

The solution to lowering the cost of care for the elderly and people with chronic diseases, ensuring the long-term viability of our system, and improving the health and well-being of Canadians is to increase the accessibility of rehabilitation services, and now is the time to do it.

We cannot afford to wait.

## Better publicly-funded insurance coverage

Providing coverage for community-based rehabilitation services for all Canadians under provincial health insurance plans is important to address rising healthcare costs. These services will help people manage chronic illness and thus more people will be able to increase their engagement with the workforce. Additionally, secure labour force participation can provide people access to extended health benefits and in turn decreases their reliance on income support programs. Improved mobility, decreased disability and improved quality of life that occurs through access to rehabilitation, is linked to reduced incidence of chronic disease, and for people with chronic disease or episodic illness it leads to fewer visits to the ER, and fewer hospital admissions.[22]

The Government of Canada's own research has shown that the burden of chronic disease falls most heavily on already marginalized communities.[23] Universal access to rehabilitation services not only has the benefit of reducing social inequities, but also mitigates the high cost of treating underserved populations in the acute care system. As a step towards this, the federal government should provide access to rehabilitation under all federal health programs, in particular, increasing access to rehabilitation professionals under the Non-Insured Health Benefits program that serves First Nations and Inuit and Metis peoples. In addition to this, governments could earmark funding at the provincial level for underserved conditions and populations rather than just funding post-acute care.

However, this plan is not without its challenges. While it would significantly lower future costs, ensuring access to community-based rehabilitation for all would involve a large upfront investment to assess and treat all those who could benefit from the program. Many more rehabilitation professionals would have to be trained and hired, requiring more infrastructure.[24] In the long term, while overall costs would be lower, this strategy would require significant reallocation of funds from acute care budgets to rehabilitation services.

## First Steps

As an intermediary step, we propose the introduction of new funding models that integrate rehabilitation services into existing primary health and community-based services for people with chronic illnesses. This is less expensive than providing hospital-based care.[25] [26] It also creates a health care continuum which is easier for patients to navigate and where expensive inefficiencies are eliminated. It is critical that we expand the types of settings where rehabilitation professionals can do their work by funding the retrofit of existing community-based spaces. This would address the need for more infrastructure and allow patients to choose the setting for their care best suited to their needs.

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## Innovative Service Delivery

Existing resources such as telehealth services could be utilized to deliver chronic disease self-management programs to rural and remote communities.[27] [28] [29] Targeted funding envelopes could be used to increase integration of rehabilitation professionals into existing primary health care teams.[30] [31] Both of these approaches have been tested and found to be effective service delivery models.

More support for student-led initiatives[32] and community-based rehabilitation practicums could also help, as evidenced by the Canadian Working Group on HIV and Rehabilitation's Occupational Therapy (OT) student practicum project. This project places OT students in community-based HIV organizations across Canada. Students in role-emerging placements develop the competencies necessary to work in non-traditional settings while offering services to communities who may not traditionally have access to rehabilitation services. The feasibility of these programs is dependent on remuneration for professional preceptors who ensure both student success and consistent delivery of quality care.

Not-for-profit and voluntary sector organizations are optimally-positioned to provide rehabilitation to underserved communities with whom they have already established relationships. However, to hire rehabilitation professionals and integrate rehabilitation into their service delivery models, they require on-going financial support from their government funders.[33] One option is to have highly-trained rehabilitation professionals mentor and supervise non-professional rehabilitation providers, such as activation coordinators and personal support workers, in order to offer rehabilitation services to groups of people at a lower cost to the system.

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## How We Can Help

This year, the Pan-Canadian Equitable Access to Rehabilitation Network will be formed. The Network will be a formalized mechanism for collaboration, information-sharing and partnership-building between stakeholders from different sectors and disciplines to address existing barriers to rehabilitation service access. Just as equitable access to rehabilitation is fundamental for the management of chronic illness, networking is critical to the change process that will increase access.[34]

Bridging the gap between existing acute rehabilitation sites and the new primary care and community-based rehabilitation providers is the aim of the Network. This collaboration will also enable a more efficient roll-out of local, regional and provincial best practices for the integration of rehabilitation services into different models of care.

## In Summary

The Canadian health care system faces some large challenges ahead: a rapidly aging population, increasing levels of difficult-to-treat chronic and episodic illnesses, and rising health care costs. Universal access to rehabilitation services, giving Canadians access to care in community settings and using innovative service delivery models, is part of the solution. By working together to increase access to rehabilitation services we can reduce costs associated with treating the most difficult and expensive diseases while increasing the health and well-being of Canadians.

## What Happens Next?

We are interested in engaging you further on this issue. For more information please contact: Puja Ahluwalia, Project Coordinator – Access to Rehabilitation, at pahluwalia@hivandrehab.ca

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