

Canadian Working Group on HIV and Rehabilitation
(CWGHR)

Increasing Equitable Access to Rehabilitation

CWGHR-CUHRRC Forum
June 14, 2013
presented by Elisse Zack



Overview

- Background (CWGHR and access to rehabilitation)
- Equitable Access to Rehabilitation project
How can we increase access to rehabilitation?
- Moving forward – working together

Objective

- Provide an overview of CWGHR's work to date to promote increased equitable access to rehabilitation programs and services, specifically for people living with HIV and other chronic illnesses.



Canadian Working Group on HIV and Rehabilitation (CWGHR)

- Centred on the needs of people living with HIV and other chronic and episodic conditions
- Increasing equitable access to rehabilitation for people with HIV and other chronic conditions- a CWGHR priority
- Improve and maintain health, prevent or delay deterioration of chronic conditions – reduce hospitalization and acute care needs
- Part of effective continuum of care, overall system effectiveness



Increasing Equitable Access to Rehabilitation Why?

Inequitable access to rehabilitation – a critical gap in health care across Canada - different in each province/ jurisdiction - crucial part of health care reform

- aging population, people living longer
- increasing incidence and impact of chronic conditions
- potential of rehabilitation not being recognized or realized
- trends in health care - increased focus on short term, acute, in-patient rehabilitation and home care
- decrease in publicly funded rehabilitation services for community out-patient and chronic illness, lack of rehab service coordination
- privatization / de-listing of rehabilitation services, strict eligibility criteria – lack of ability to pay without private health insurance



Increasing Equitable Access to Rehabilitation

Why?

- Lack of available affordable services – long waiting lists
- Decreasing and inequitable access adversely affects more people
- Increased access to rehabilitation can reduce overall costs to health care system
 - Keep people healthier longer
 - Reduce need for acute care, emergency or other hospital admissions
 - Reduce need for some types of prescription medications
- Some access barriers specific to HIV (e.g. stigma, lack of awareness) ; many others - similar to people with other chronic / 'episodic' disabilities (including HIV related co-morbidities)



- “ 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 I couldn’t go to work. And the depression that went along with the physical pain made it that much worse.”

- woman with a chronic and episodic illness



Increasing Equitable Access to Rehabilitation

- 2000-2011- HIV and rehabilitation education/courses, mentorship, roundtable sessions, workshops, meetings with policy makers
- 2005-6 – de-listing of rehab services - trend
- 2012 Discussion Paper: *Equitable Access to Rehabilitation* (chronic/episodic conditions)
- building the network - many partners working with us - consultations, discussion groups, meetings with policy makers, health care providers, people with HIV and other chronic and episodic conditions



Increasing Equitable Access to Rehabilitation Project

- National Advisory Committee – partnership with Wellesley Institute - clinicians, national professional associations, front line services, community groups, people with HIV and other chronic illnesses, researchers, policy experts, other expert advisors
- 4 pillars of work to increase access
 - policy (address barriers)
 - research (e.g. building the case - economic savings, impact of rehabilitation in health outcomes, prevention of acute care needs, alignment with systems drivers)
 - innovative programs & system models
 - build stakeholder engagement



Increasing access to rehabilitation

- Educating people with HIV and other chronic illnesses and care providers about the value and impact of rehab in maintaining and improving health, preventing further problems
- Hearing and collecting stories of how rehab has made a difference
- Researching and sharing examples of integrated models of care and effect of rehabilitation - literature reviews, key informant interviews
- Working with system planners and policy makers - integrate rehabilitation within current priorities/strategies – e.g. seniors, home care, chronic disease, mental health strategies - we need a coordinated rehabilitation strategy

Increasing equitable access to rehabilitation

Moving forward – Advancing the 4 pillars

- need coordinated mechanism and voice for rehabilitation
 - exploring opportunities to develop a rehabilitation network - multi-sector, interdisciplinary, hospital and community, cross-disease
 - Provincial and national (different mandates)
 - Continuing - capacity building, sharing best practice models, research, policy change, stakeholder consultations and building stakeholder engagement



For more information, and to
work with us

Canadian Working Group
on HIV and Rehabilitation (CWGHR)

www.hivandrehab.ca

info@hivandrehab.ca

1-416-513-0440

CWGHR gratefully acknowledges a financial contribution for this work from the Public Health Agency of Canada (PHAC), in-kind donations from The Wellesley Institute and the many other partner organizations contributing to this project.

