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.
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- 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
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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
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• 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 ....

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www.hivandrehab.ca
info@hivandrehab.ca
1-416-513-0440

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