

Canadian Working Group on HIV and Rehabilitation
(CWGHR)

Increasing Equitable Access to Rehabilitation

CWGHR-CUHRRC Forum
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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



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

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