

**CONVERSATION ON HEALTH:
IMPROVING REHABILITATION
SERVICES
FOR THE PEOPLE OF BRITISH
COLUMBIA**

**Submitted by the Physician Working Group on
Rehabilitation Services
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Physician Working Group on Rehabilitation Services

The Physician Working Group on Rehabilitation Services is an ad hoc group of medical specialists in rehabilitation committed to working with government, other professionals, administrators and consumers to improve the quality of rehabilitation services for citizens of British Columbia. Members of the group include:

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EXECUTIVE SUMMARY

Rehabilitation is an essential part of the health care system in British Columbia that is cost effective and improves the quality of life of persons with impairments and disabilities. The rehabilitation system faces significant challenges at present. There is an opportunity to maintain and enhance rehabilitation services for the citizens of British Columbia, but success will require a commitment from all stakeholders.

Challenges for the Rehabilitation System in British Columbia:

- The demand for rehabilitation services in British Columbia will grow because:
 1. The population is growing.
 2. The population is aging and more people will develop medical conditions that result in impairment and disability.
 3. Improved acute medical care will mean more persons survive with impairments and disability that will require rehabilitation.
 4. Consumer expectations are increasing.
 5. Advances in the biosciences will result in new treatments for previously untreatable conditions (such as spinal cord injury) and rehabilitation will be needed to optimize the results from those advances.
- There is no provincial vision, plan, or accountability for rehabilitation.
- There has been no recognition provincially or regionally of the key role that rehabilitation plays in the care of the elderly and those with chronic disease.
- Rehabilitation services are currently delivered through a fragmented patchwork and access is often based on availability of third party funding or geography.
- Access to outpatient rehabilitation services is unacceptably long even in tertiary facilities in Vancouver.
- There are no standards for rehabilitation services.
- Rehabilitation providers (including the G.F. Strong Rehab Centre and Holy Family Hospital) that formerly had a clear provincial mandate have been merged with larger organizations with a predominantly acute care focus.
- Physical facilities for delivery of rehabilitation services are aging and there has been no capital planning for replacement.
- Previous planning initiatives for rehabilitation have made recommendations which were never implemented.

Potential Solutions:

Solutions to the identified problems will begin with two key steps:

- A recognition at all levels of the health care system that rehabilitation is an essential part of the system which provides value to payers and improves the function and quality of life of persons with impairments and disabilities.
- All stakeholders must commit to the development of a coordinated and cost effective provincial rehabilitation system that delivers appropriate services in the most appropriate location.

We propose the following guiding principles for a provincial rehabilitation system:

- An integrated, co-ordinated, effective and efficient provincial rehabilitation system, based on consumer needs; standards for core services locally, regionally and provincially; shared information; and commitment to evidence based practice and best practices.
- A leadership role for the G.F. Strong Rehab Centre (or its future replacement) as the province's flagship provider of tertiary adult rehabilitation services.
- Improved services and increased efficiency through co-ordination and consolidation of existing services and programs.
- Development of a long term plan for capital investment in rehabilitation facilities at the provincial, regional, and community level.
- Promotion of rehabilitation research and training.
- Creation of an accountable entity for rehabilitation within the provincial healthcare system with the mandate to provide a vision and strategic plan for rehabilitation services; minimum standards for rehabilitation services at the provincial, regional and community levels; standardized outcome and performance measures for rehabilitation services, and a human resources plan for rehabilitation providers.
- Development, implementation and evaluation of alternative systems of service delivery to more effectively use professionals in the system and improve the efficiency of rehabilitation services.

INTRODUCTION

Rehabilitation services are an essential part of the spectrum of health services provided to citizens of the province of British Columbia. Rehabilitation services are required by persons with a wide range of physical, psychological, and cognitive impairments with associated disabilities. Almost every resident of the province will at some point have contact with the rehabilitation system, either directly or through the provision of services to a family member.

Acute care health services are disease focussed. Rehabilitation takes a more holistic focus on the consequences of disease. It aims to improve function and quality of life.

Rehabilitation services are provided individually and in rehabilitation teams by physiatrists (medical specialists in physical medicine and rehabilitation), physiotherapists, occupational therapists, rehabilitation nurses, speech and language therapists, psychologists, and others. Services may be provided in the community, within acute hospitals, or in freestanding rehabilitation facilities.

Rehabilitation services are cost effective because they reduce care needs, promote return to paid employment, and reduce secondary complications that can lead to increased care costs and health expenditures.

British Columbia has historically been a leader in the provision of rehabilitation services. The G.F. Strong Rehab Centre was the first freestanding rehabilitation facility in North America. Holy Family Hospital in Vancouver has a long history of providing specialized rehabilitation services to older adults. British Columbia has been a leader in promoting accessibility and increased community participation for persons with disability.

Unfortunately, British Columbia now lags behind other jurisdictions in recognizing the importance of rehabilitation and supporting rehabilitation services. Various administrative changes associated with regionalization and consolidation of health services in British Columbia have ignored the importance of rehabilitation and minimized the autonomy and role of rehabilitation service providers in health care service delivery.

THE NEED FOR REHABILITATION

The need for rehabilitation services will only grow in future. The most recent data available from the National Rehabilitation Reporting System of the Canadian Institute for Health Information (CIHI) indicates that approximately 70% of rehabilitation inpatients are 65 or older. Persons aged 75 and older account for only 6% of the general population, but currently represent nearly half (47%) of the inpatient rehabilitation population. As the

population ages and the prevalence of chronic diseases that require rehabilitation services increase, the demand for rehabilitation services will grow disproportionately.

Paradoxically, the success of acute medicine in improving survival after catastrophic illness and injury has placed more pressure on the rehabilitation system. Survivors are frequently left with impairments that require rehabilitation treatment. Advances in acute care will likely lead to further improvements in survival and more persons with residual disability who require rehabilitation.

In the long term, biotechnology will have an impact on neurological rehabilitation. New therapies and treatments based on emerging scientific knowledge will need to be integrated into rehabilitation care. There is much talk about “cure” for conditions like spinal cord injury, but application of new breakthroughs will require rehabilitation services.

As in other areas of health care, the situation is further complicated by rising consumer expectations. Consumers regularly hear of pending breakthroughs and expect to see those implemented and made available in their own communities.

CURRENT SERVICE DELIVERY MODEL

Rehabilitation is presently provided through a patchwork of services based variously in private practitioners’ offices, acute hospitals, and freestanding rehabilitation facilities. Most services located outside of hospitals are not funded by the Medical Services Plan. Funding for these services comes from many sources, including private insurers, the Insurance Corporation of British Columbia, and WorkSafe BC. Access to service is frequently dependent on ability to pay.

Faced with significant budget pressures, acute hospitals have in many cases chosen to reduce outpatient therapy services. Very few hospitals now provide outpatient rehabilitation services.

There is a particular shortage of neurorehabilitation services, which are more labour intensive than musculoskeletal services. There are no incentives for private practitioners to provide rehabilitation services to the most complex and challenging rehabilitation patients (those with spinal cord injury, stroke, traumatic brain injury, multiple sclerosis, and complex trauma).

Rehabilitation does not appear to be a priority in our health care system. The most recent “Ministry of Health Service Plan Summary” makes no mention of rehabilitation anywhere in the document.

There is no administrative structure within the Ministry of Health or in any of the regions focused on the unique and important needs of the rehabilitation sector. There is no mechanism for planning for rehabilitation services, assessing need, or evaluating performance.

THE G.F. STRONG REHAB CENTRE

The G.F. Strong Rehab Centre (GFS) is British Columbia's largest provider of tertiary medical rehabilitation services for adults and adolescents. It has specialized brain injury, spinal cord injury, neuromusculoskeletal, and arthritis programs that serve the entire Province. It is an important resource for all persons with disabilities in the Province that require medical rehabilitation services. The Centre is affiliated with the University of British Columbia and plays a lead role in training physicians in Physical Medicine and Rehabilitation and other rehabilitation health professionals.

GFS opened in 1949 and was Canada's first free standing rehabilitation facility. The British Columbia Rehabilitation Society administered the G.F. Strong Rehab Centre from 1989 until 1998 when GFS became part of Vancouver Hospital and Health Sciences Centre. That change was controversial and raised concerns that the unique requirements of rehabilitation would be lost in a large organization with a predominately acute care focus. The provincial role and unique identity of GFS were further eroded when Vancouver Hospital became part of the Vancouver Richmond Health Board.

GFS is now managed by the Vancouver Coastal Health Authority (VCHA) as part of the Vancouver Acute program. GFS once had a high degree of autonomy and clear recognition of its provincial role as part of its funding envelope. GFS is now a small part of a much larger organization with an acute care focus, multiple demands, and severe fiscal challenges. As a result, the mandate of GFS is unclear and there is strong internal pressure to give priority to the needs of Vancouver General Hospital. There is no external accountability for the provincial role of GFS.

GFS as part of the larger health care system faces tremendous fiscal pressures. It lacks the resources to provide more than a basic level of service. There has been a particular issue with the provision of outpatient assessment and treatment services, with patients often waiting 6 to 8 months to receive required services.

The long wait list for access to services has meant physicians working at GFS must triage all patients and try to refer as many as possible to other service providers. However, there is usually no suitable external provider available, especially if patients do not have access to third party funding. The result is either delay to access needed care or substandard care.

The situation has also contributed to frustration among physicians at G.F. Strong and made recruitment of new physicians more difficult.

HOLY FAMILY HOSPITAL

Holy Family Hospital (HFH) has provided in-patient and out-patient rehabilitation services to an older population for decades. Like GFS, it has a provincial mandate to provide tertiary level services to residents of British Columbia. Areas of expertise include stroke rehabilitation, amputee rehabilitation and orthopaedic trauma/reconstructive rehabilitation. It is the largest provider of in-patient rehabilitation services for older adults within those diagnostic categories in the province.

The amalgamation of HFH within Providence Health Care (PHC), has been associated with a steady decline in growth and development. That at least in part stems from the effects of being a small entity within a larger organization and the failure of program management to compensate for this deficiency. Rehabilitation services within PHC are not receiving the support required for current and future demographic challenges related to an aging population within the VCHA and the province at large.

Patient care and satisfaction remain high but morale among staff at HFH is an on-going concern. We have concerns regarding the direction HFH has taken in the last few years, the clear lack of commitment within PHC and Region to rehabilitation, and our inability to proactively respond to the demographic challenge of an aging population.

PREVIOUS PLANNING INITIATIVES

There have been previous planning initiatives for the rehabilitation sector at the provincial and regional level (What the People Said: Planning for the Future of Rehabilitation Services in British Columbia, Ministry of Health, 1995; Review of Acute and Rehabilitation Services, Vancouver/Richmond Health Board 1998). No recommendations from those planning initiatives have ever been implemented. As a result, there is a high degree of cynicism in the rehabilitation community about the commitment of government and health administrators to rehabilitation services.

The 1995 review identified integrated and coordinated rehabilitation services as a primary goal. A proposal for a Provincial Rehabilitation Advisory Committee was developed but never implemented.

There appears to have been some recognition of the need for provincial planning of rehabilitation services even after regionalization of the health care system. The Provincial

Health Services Authority in 2002 identified a potential role for PHSA through coordination of provincial acute rehabilitation services and/or performance agreements. A draft project outline for development of a provincial plan for rehabilitation services was created but not pursued.

HUMAN RESOURCE ISSUES

Publicly funded rehabilitation providers now must compete with private service providers for rehabilitation personnel such as physicians, physiotherapists, and occupational therapists. Even tertiary facilities like the G.F. Strong Rehab Centre lack the staffing to provide adequate relief and are able to provide services to inpatients typically no more than four days per week. The waitlist for outpatient services are even greater.

The demand for physiatrists in British Columbia currently exceeds supply. There are disincentives to retention and recruitment of physiatrists in BC, including the high cost of living, lack of clinical and administrative support in rehabilitation facilities and hospitals, and insufficient remuneration for complex time intensive services.

There is at present a physician staffing crisis at the G.F. Strong Rehab Centre. If recruitment and retention issues are not addressed, then service cuts will be inevitable because of inadequate physician coverage to support the current programs.

CAPITAL PLANNING AND INFRASTRUCTURE ISSUES

The population of BC is growing and aging and it is clear there will be a greater need for rehabilitation services in future. Yet there has been no investment in new rehabilitation facilities. The Gorge Road Hospital in Victoria has closed its inpatient program. The G.F. Strong Rehab Centre is an aging and inefficient facility that no longer meets the needs of both its patients and staff. The older part of the building was constructed in 1949 and the newer part in the 1970s. Despite that, there has been no planning for replacement of GFS nor has there been any commitment that the facility will be replaced. Similarly, the Holy Family Hospital in Vancouver is also aging and its role and function are in doubt. Uncertainty about the future of those aging facilities makes it more difficult to recruit physiatrists.

RESEARCH AND TEACHING

There is a need for clinical and academic leadership in rehabilitation in British Columbia. The G.F. Strong Rehab Centre has historically been seen as that leader. Rehabilitation

services require well trained and educated rehabilitation professionals. Research is required to provide the evidence base for rehabilitation practice and improve the quality of care and outcomes for consumers of rehabilitation services. There appears to be no commitment to ensuring we have the continued capacity in our clinical programs to support teaching and training. Funding for rehabilitation research in British Columbia lags behind that in Alberta, Ontario, and Quebec. A lack of support for academic activity makes it difficult to recruit and retain the best and brightest in psychiatry and other rehabilitation professions.

STRATEGIC ISSUES

There is no coordinated provincial rehabilitation service delivery system. There is at present no mechanism for planning, goal setting, or performance monitoring for rehabilitation services in the province. There may be pockets of excellence within the system, but access to those services is at best inconsistent.

There is a lack of a cohesive vision for rehabilitation services in the province and no group or organization that clearly is accountable for rehabilitation services. There are no established standards for the local delivery of rehabilitation services and no agreement on outcome measures.

RECOMMENDATIONS

There are no quick fixes that will solve the problems we have identified. We also understand there is intense competition for resources in health care and planners and administrators face difficult decisions in setting priorities. Nevertheless, we believe there are some relatively basic and inexpensive first steps that could start to address the issues.

As a first step, there needs to be a recognition at all levels of the health care system that rehabilitation is an essential part of the system which provides value to payers and improves the function and quality of life of persons with impairments and disabilities.

As a second step, all stakeholders must commit to the development of a coordinated and cost effective provincial rehabilitation system that delivers appropriate services in the most appropriate location.

We propose the following guiding principles for a provincial rehabilitation system:

1. An integrated, co-ordinated, effective and efficient provincial rehabilitation system, based on:
 - Consumer needs

- Standards for core services locally, regionally and provincially
 - Shared information
 - Commitment to evidence based practice and best practices.
2. A leadership role for the G.F. Strong Rehab Centre (or its future replacement) as the province's main provider of tertiary adult rehabilitation services, including:
 - Transparent and equitable access for citizens of all regions in the province based on need and appropriateness.
 - Leadership in rehabilitation research, education and professional training.
 - Support for regions through outreach, education and dissemination of information
 3. Improved services and increased efficiency through co-ordination and consolidation of existing services and programs.
 4. Development of a long term plan for capital investment in rehabilitation facilities at the provincial, regional, and community level.
 5. Promotion of rehabilitation research and training to:
 - Improve the availability of evidence based, cost effective, and high quality rehabilitation care to citizens of British Columbia.
 - Encourage world class innovation that will bring economic benefits to British Columbia.
 6. Creation of an accountable entity within the provincial healthcare system with the mandate to provide:
 - A vision and strategic plan for rehabilitation services that meets the needs of payers, administrators, service providers and consumers.
 - Minimum standards for rehabilitation services at the provincial, regional and community levels.
 - Standardized outcome and performance measures for rehabilitation services.
 - A human resources plan for rehabilitation providers.
 7. Development, implementation and evaluation of alternative systems of service delivery to more effectively use professionals in the system and improve the efficiency of rehabilitation services.