

Building the Policy Case for Equity and Rehabilitation

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June 12, 2010



Vital Issue, But..

- **limited and restricted access to rehabilitation services and support = damaging and inequitable**
- **inadequate and inequitable access is avoidable through better policy and resources**
- **better access →**
 - better for indiv in terms of health and leading full life
 - better for health system and society in terms of avoiding preventable costs and enabling people to lead productive lives and contribute to workforce
- **key social justice and equity issue**
- **but this isn't a winning policy case yet ...**



Research and Analysis

Identifying the problem:

- not enough services in places needed
- barriers to equitable access (costs, eligibility, language, etc)
- ineffective transfers and pathways between services

Analyzing solutions to specific problems:

- expand services in specific settings – e.g. more OT/PT in CHCs, specialized clinics
- address barriers – e.g. flexible eligibility to reflect episodic
- create more integrated system – e.g. within LHIN framework



Identifying What's Needed

Defining what's needed

- **bring community/ consumers → what's needed from their points of view**
- **bring front-line in → what's needed/doable**
- **pull together research and practice evidence/learning**



Identifying What's Needed II

Develop service model:

- **start with ideal**
- **ensure its practical and doable in practice**
- **consider how it can be 'chunked out' and phased**
- **identify key components:**
 - what: new or realigned services needed
 - where: new or reorganized locations/settings
 - how: service, funding, eligibility changes needed



Building the Case

Components:

- **specify program and policy barriers to be addressed**
- **identify specific solutions to each**
- **pull all of this into a systematic and coherent model**

- **show how:**
 - model draws upon existing resources and programs
 - how it can be practically implemented
 - how it has worked effectively already – here or elsewhere

- **identify pros and cons of model:**
 - if there are several possible directions or stages specify for each
- **identify immediate and mid-term costs of options and model**
- **make clear recommendation for action**



Building the Case II

To demonstrate:

- **how to re-align and fill out services**
- **service models have been demonstrated and fleshed out**
- **significant benefits:**
 - individual health in short term (+ family caregivers)
 - more efficient use of health system resources
- **potential of cost savings in mid to longer term has been proven:**
 - health system – avoidable drug, treatment and hospital costs
 - other govt -- keeping people off social assistance
 - contribute more fully to economy and society -- taxes



Making the Case

Need to be aware of political/policy environment:

- **fiscal chill**
- **risk averse and stretched civil service**
- **overall govt agenda**
- **priorities and drivers for health system:**
 - wait times, ALCs, chronic
- **but, sustainability, quality and equity are also part of health agenda**
 - Excellent Care for All Act on equity and pop'n health



Making the Case II

Adjust and align to make 'winning' case:

- offer fully-worked up policy solution to pressing problem – i.e. policy work and stakeholder prep has been done
- pitch as re-alignment of existing services, not huge new investment required
- effective service models have been demonstrated
- highlight as innovation
- service and policy solutions here contribute to wider health priorities -- management of chronic conditions and avoiding unnecessary hospitalization
- potential of more equitable and effective access →
 - keeping people healthier longer
 - avoiding drug and hospital costs
 - keeping people off ODSP and other assistance



Challenges

Framing:

- indispensable part of continuum of quality care
- equity – highlight how quality of life and social contribution varies depending upon ability to pay
- as productivity issue – frees up potential skills and allows people to contribute as they can
- efficiency == straight-forward and low-cost re-alignment of services → significant benefits

Building coalitions and support:

- who are the obvious allies
- and who can be in the ‘unusual suspects’ coalition



Moving Forward?

Filling research/knowledge gaps:

- what further evidence needed – e.g. cost-effectiveness, impact of service models

Scenarios:

- identify common illustrative profiles – e.g. person with conditions that of treated early becomes manageable and can stay in work
 - cracks and barriers people in these situations face now
 - how to fix
 - what the positive impacts would be – cost avoided, staying in work, not needing to go on ODSP or being able to get off



Following Up

- these speaking notes and further resources on policy directions to enhance health equity, health reform and the social determinants of health are available on our site at <http://wellesleyinstitute.com>
- my email is bob@wellesleyinstitute.com
- I would be interested in any comments on the ideas in this presentation and any information or analysis on initiatives or experience that address health equity





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