



# Rehabilitation Services

## VAKE development project

### The Social Insurance Institution, Finland

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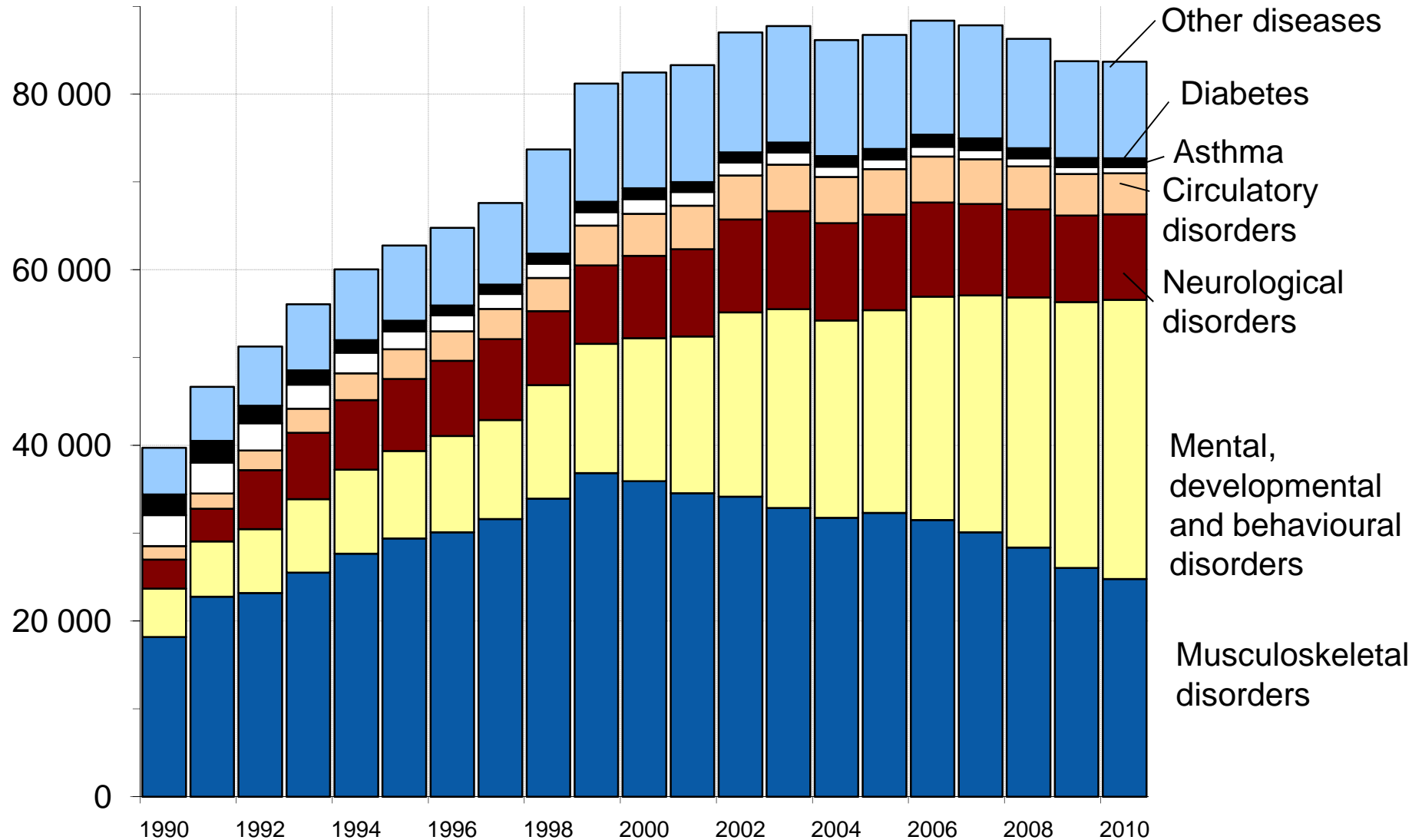


- Rehabilitation is implemented by several organisations
  - Main responsibility lies with the public health care providers
  - Rehabilitation plan is drawn up by health care providers
- Kela is the largest rehabilitation organizer
  - 84 000 rehab clients a year (240 Milj.euros)



- Act on Rehabilitation Services 566/2005
  - Improvement/maintenance of functioning
  - Medical rehabilitation
  - Vocational rehabilitation
  - Rehabilitative psychotherapy
  - Income protection during rehabilitation
  - Research and development , 12 Milj. euros annually

# Recipients of rehabilitation benefits and services



# Recipients of Kela rehabilitation, 2010

**Vocational rehabilitation**

incl.

Assessments of rehab. need (630)

Rehab evaluations (1 000)

Workplace health promotion (3 110)

Education (5 600)

– Vocational training 4 580

– Higher education 750

**Medical rehabilitation**

incl.

Inpatient rehab. periods (3 490)

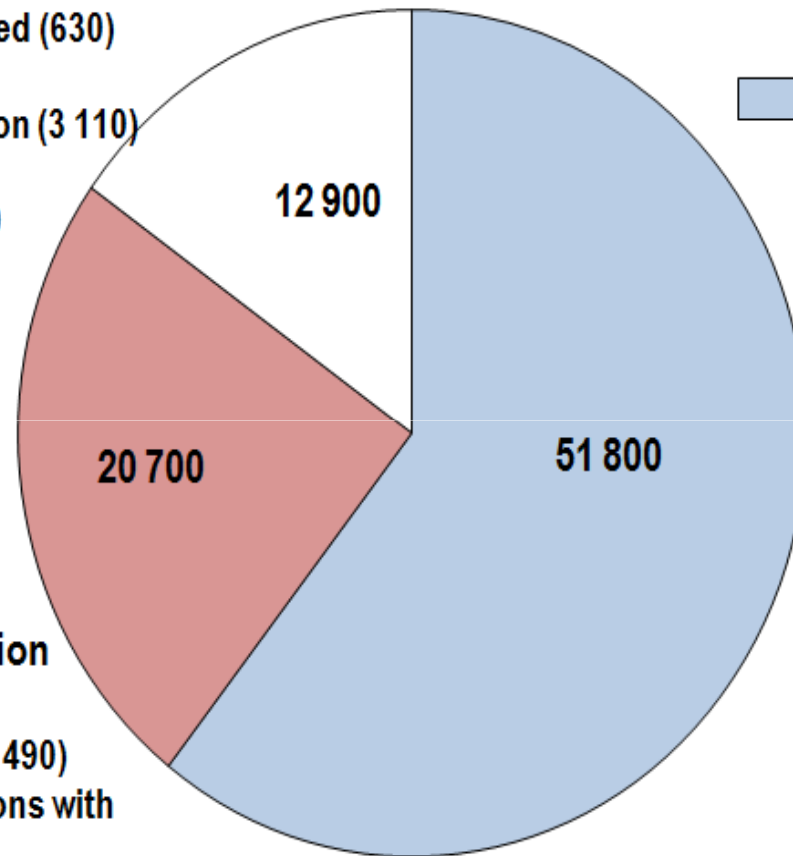
Rehab. designed for persons with specific illnesses (1 540)

Psychotherapy (550)

Occupational therapy (4 630)

Speech therapy (5 060)

Physiotherapy (14 200)



**Discretionary rehabilitation services**

incl.

Workplace health promotion (230)

Inpatient rehab. periods (3 160)

Vocationally oriented medical rehab. services (27 670)

Adaptation training courses (2 920)

Psychotherapy (15 760)

– Adults 10 950

– Children 4 810

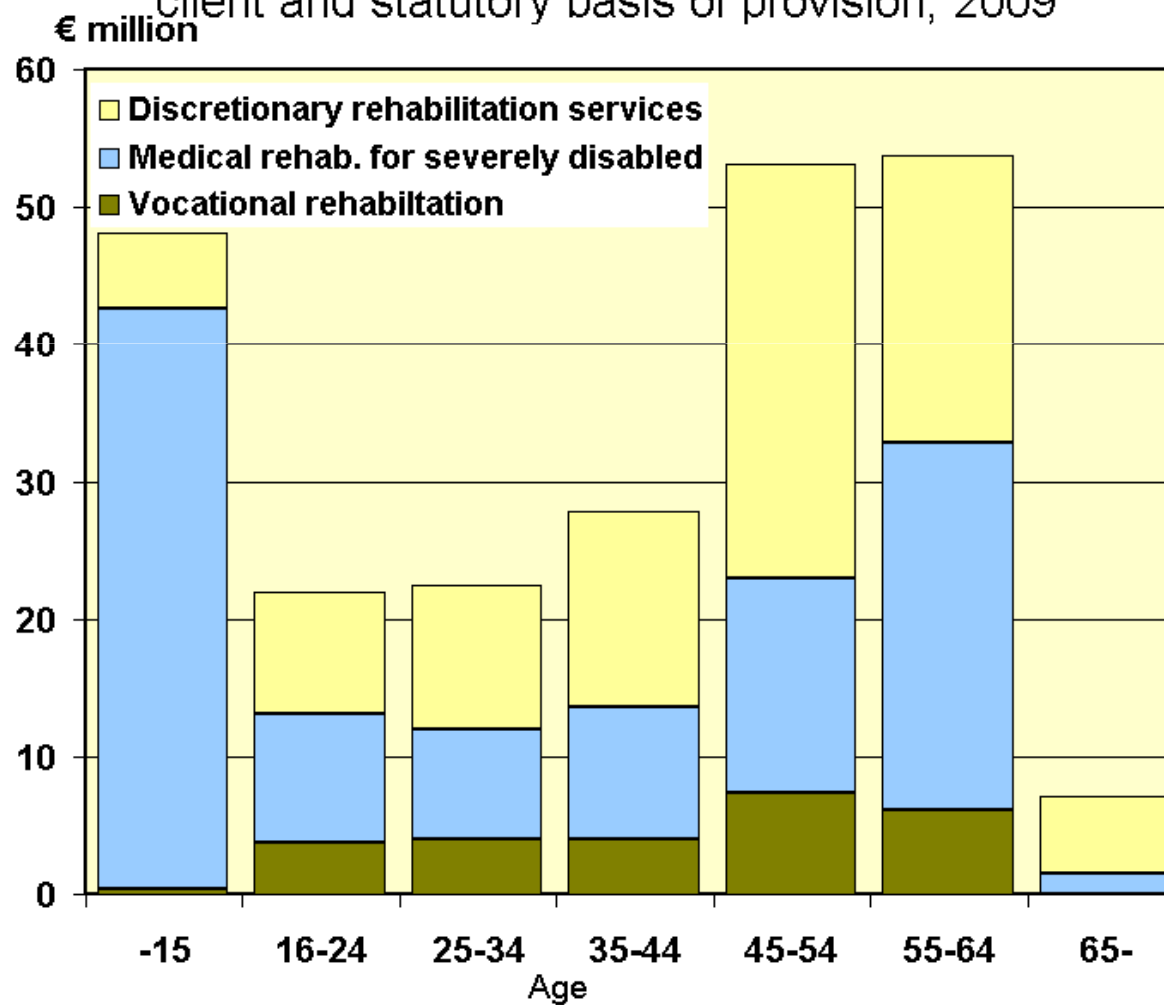
**Recipients of Rehabilitation**

**Allowance 52 400**

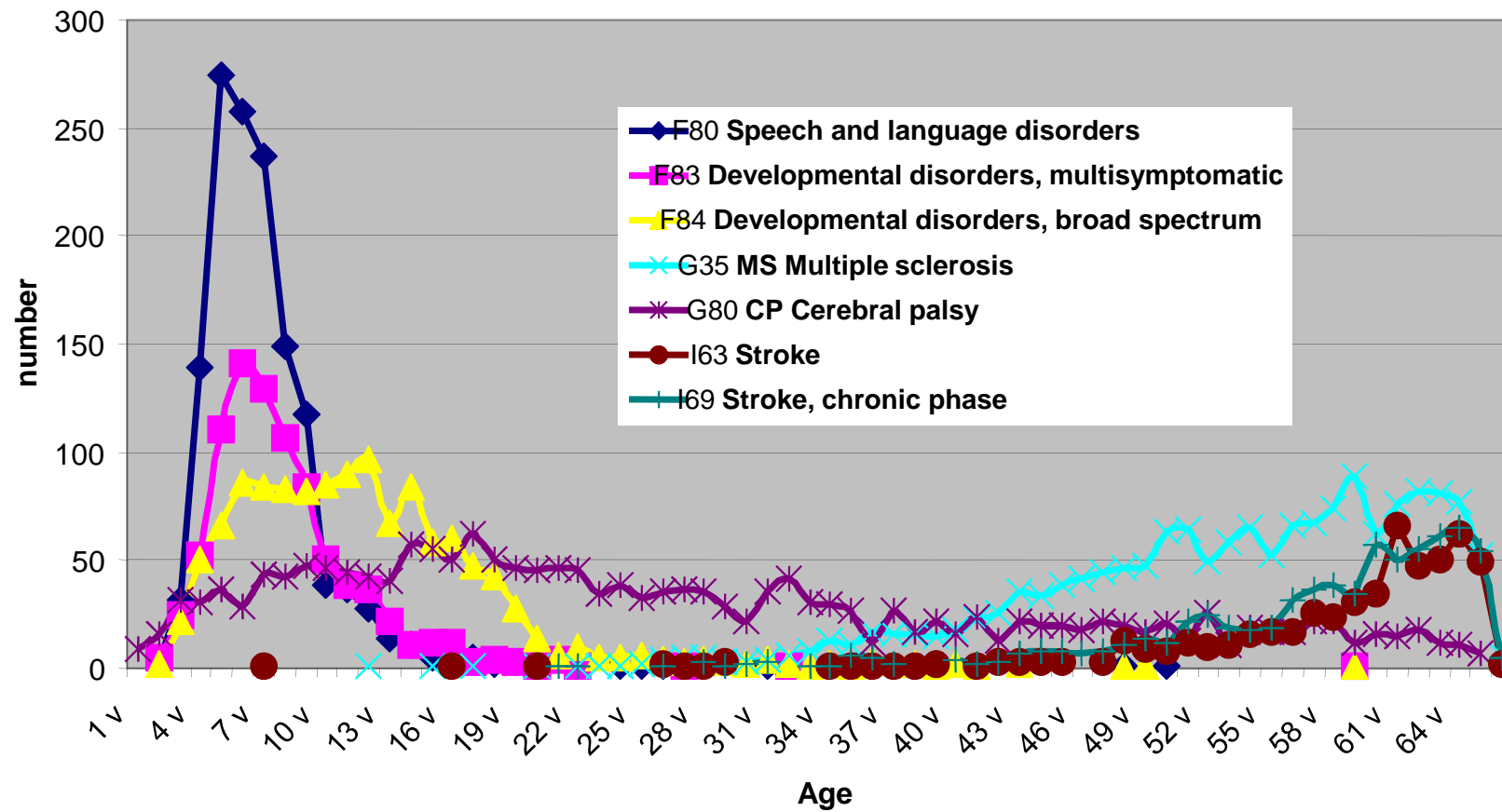
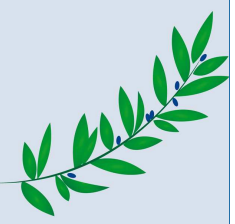
**(Kela rehabilitation 36 800)**



## Expenditure on rehabilitation services by age of client and statutory basis of provision, 2009



# Analysis by age group: Most common diagnosis of recipients of rehabilitation for persons with severe disabilities





- 20,750 rehabilitation clients , total expenditure: €117 million
- Medical rehabilitation services
  - Physiotherapy 14,200
  - Speech and language therapy 5,060
  - Occupational therapy 4,630
  - Multidisciplinary Inpatient rehabilitation period 3,500
  - Adaptation training session (diagnosis-specific) 1,550
  - Music therapy 1,530
  - Psychotherapy 550
  - Neuropsychological rehabilitation 320
  - Horseback riding therapy 1,400
- 40% are under age 16
  - Speech and language therapy 4,450
  - Occupational therapy 3,300
  - Physiotherapy 2,900
  - Music therapy 1,000





- Areas in need of development (2006):
  - Orientation to clients' needs
  - Effectiveness
  - Expertise
  - Quality of rehabilitation plans
  - Cooperation
  - Information
  - Evaluation and follow-up
  - Content of the service and its implementation in everyday practice



**Client survey and interview study**

**Voice of the Client, 2009**

**Pilots of a new form of rehabilitation 2007-2013**

**Reports 2012-13**

**Methods for the evaluation of functioning and rehabilitation effectiveness (Effectiveness studies, current practice)**

**[www.toimia.fi](http://www.toimia.fi)**

**Development of rehabilitation services standards**

**Analysis of the problems inherent in the definition of 'person with severe disabilities'**

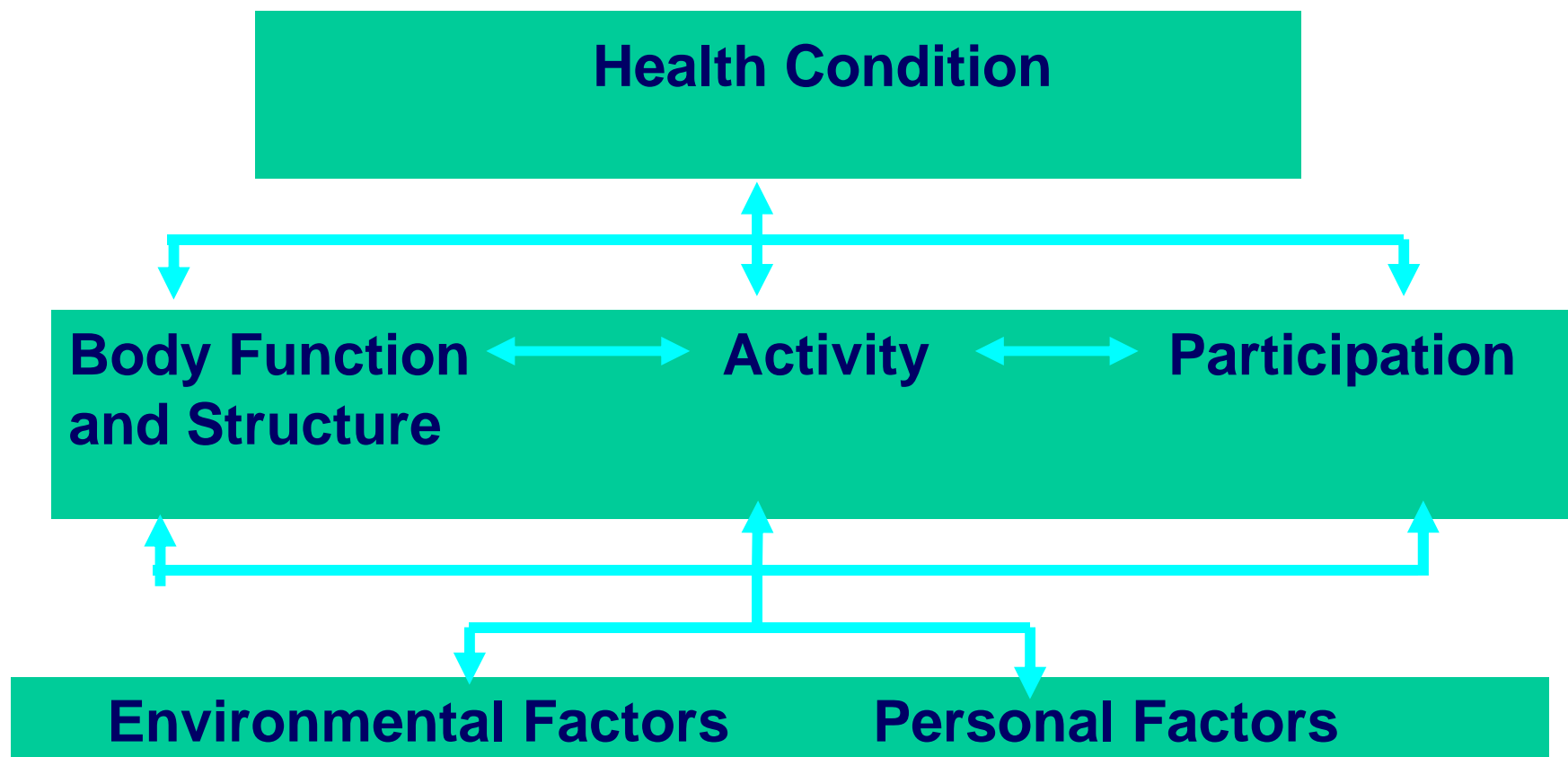
**Book coming soon**

**Effectiveness studies (MS, stroke, CP)**

**Analysis of the rehabilitation plans (MS, stroke, CP)**

**Interviews and surveys among rehabilitation planners and service providers**

**Basis of a Good Rehabilitation Practice, 2011**





- **Basis of a good rehabilitation practice.** From analysis of current practice and evidence to recommendations. (Kela publications)
  - <https://helda.helsinki.fi/handle/10138/24581>
  - Recommendations for good rehabilitation practice
  - Written within the ICF framework
  - Search strategies and criteria included
  - Appendices to the book as well as electronic appendices
- **Voice of the client**
  - [www.kuntoutussäätiö.fi](http://www.kuntoutussäätiö.fi)
- **Toimia database for measurement/ assesment of functioning**
  - [www.toimia.fi](http://www.toimia.fi), [www.thl.fi/toimia/tietokanta](http://www.thl.fi/toimia/tietokanta)



- Systematic literature surveys carried out by criteria of Khan, K. et al. (2003)
- Quality assessment of studies carried out
  - Reviews: by criteria of Hoving, J.L. et al. (2001)
  - Original studies : by criteria of van Tulder, M. et al. (2003)
- Classification of degree of evidence: by criteria of the Current Care Guidelines (2008) [www.kaypahoito.fi](http://www.kaypahoito.fi)



- Physiotherapy
  - Stroke: 90 reviews, 570 RCTs
  - MS: 8 reviews, 54 RCTs, 24 multidisciplinary RCTs
  - CP: Adults: 0 reviews, 2 RCTs (children: see Anttila, H., thesis)
- Occupational therapy
  - Stroke: 7 reviews, 33 RCTs, 12 CCTs, 18 interdisciplinary reviews
  - MS: 1 review, 3 RCTs , 1 CCT
  - CP : Adults: 0, Children: 2 reviews, 16 RCTs , 1 CCT
- Speech and Language therapy
  - AVH: Dysphagia 3 reviews, 5 RCTs, Dysarthria 2 reviews, 0 RCT, Dyslexia, Dysgraphia 0, Aphasia: see Cochrane review 2010
  - MS: 1 review, 0 RCT
  - CP: 1 review, 1 RCT
- Neuropsychological rehabilitation → **cochrane review**
  - MS: 2 reviews, 10 RCTs, 1 CCT



- N= 2900, respondents=1500.
- Kela-provided rehabilitation services are seen as crucial
  - for coping with the impairment and improving quality of life
- Impact seen in
  - Physical functioning
  - Autonomy
  - Communication skills
  - Coping with daily activities and
  - Strengthening independence
- There is a need for rehabilitation case manager
- Better cooperation with the client, people closest to him/her, social environment and between organizations, service providers needed.



- N= = 1400 therapists, 860 responded (61%)
  - n= 837 physiotherapists, responded 598 (62%)
  - n= 95 occupational therapists, responded 66 (68%)
  - n= 65 speech therapists, responded 44 (68%)
  - n= 388 neuropsychologists, responded 156 (50%)
- Therapy is, as a rule, individual therapy
- On the service provider's premises/in everyday environment
- Guidance for training at home and to groups (but no follow-up)
- Seldom guidance for family members
- Need to guide the social environment





- Surveys among rehab planners (health care) and rehab service providers
- Public health care resources are lacking , practices varied
- Difficult to recognise rehabilitation need
- Difficult to time and target rehabilitation
- Assessment of functioning and goal-setting is poorly performed
- ICF is not used, but is becoming well-known (in 2008)
- Insufficient cooperation
- Rigidity in the implementation of therapy (timing, duration, phasing, environment...)



- Rehabilitation plans (n=300) from health care
- Plans provide little guidance to
  - decision-making
  - rehabilitation process
  - follow-up
- Clients functioning is not recognised holistically (ICF)
- 25% totally lacked a description of the client's functioning
- The client's own goal was documented in 3% of the plans
- No goals were documented in 30% of the plans
- Goals on general level: "to improve functional ability"
- The best rehabilitation plans were made in an multidisciplinary setting



Information of functioning is needed in allocating social and health benefits

- Evaluation and measurement methods collected from
    - literature reviews and
    - surveys of current practices
  - The range of indicators is extensive (hundreds) and their use varies
- **National TOIMIA- network** to improve the measurement of functioning
- To analyse validity, reliability and feasibility of the major indicators
  - Link them to ICF (terms and concepts)
  - Describe and recommend methods and put them available in a database [www.toimia.fi](http://www.toimia.fi) → **tietokanta** (mainly in Finnish)



- ICF classification (education in universities of applied sciences started)
  - To get a holistic view of the person
  - To understand the broad scope of rehabilitation
  - To understand the meaning of environmental and individual factors
  - To harmonise terminology (eHealth, case records)
- GAS (Goal Attainment Scaling) method (education in universities of applied sciences started)
  - To set client-oriented goals
- Assessment practice (Toimia.fi database started) (education in universities of applied sciences)
- Team work, multidisciplinary, interdisciplinarity (education in universities of applied sciences started)
- Client-orientedness (education in universities of applied sciences started)
- EBM, EBP, analysis and use of effectiveness data (education in universities of applied sciences ongoing)



- Client-orientedness has to be taken into account in earnest
- More information has to be provided
- Cooperation has to become more effective
- Competence/know-how has to be maintained and improved
- Assessment has to be developed
- The use of different concepts has to be harmonised
- Documentation has to be developed
- Resources have to be secured

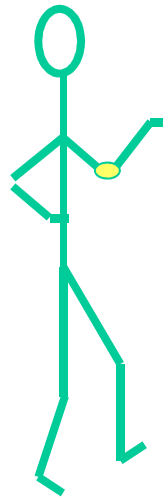


We have (f.ex.)

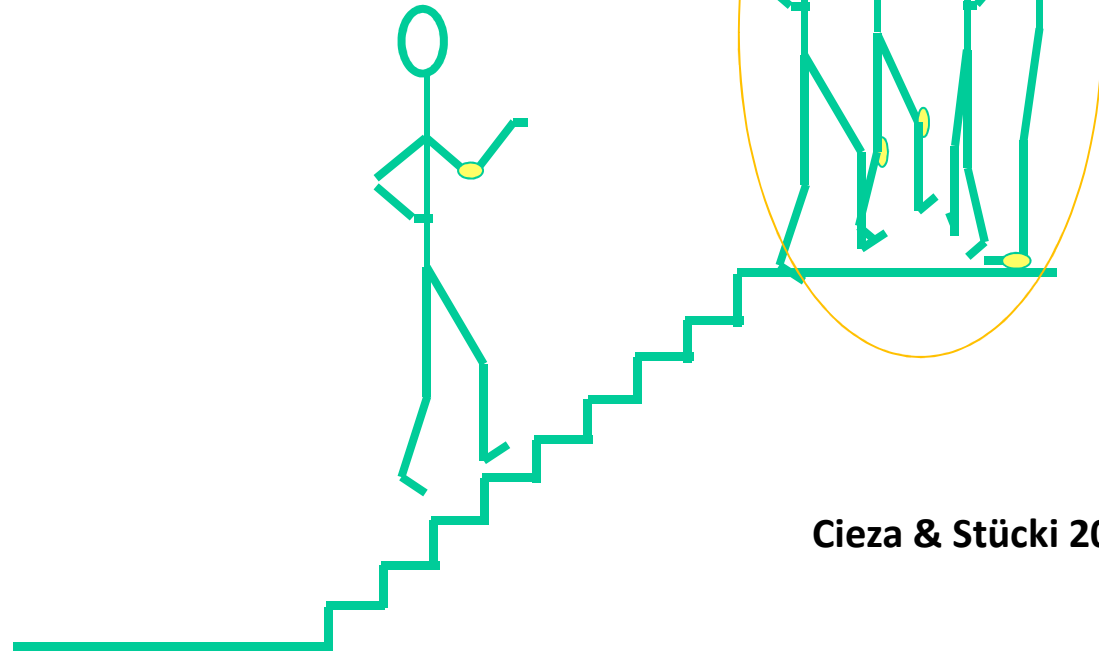
- Facilitated training in the client's daily environment.
- Improved family and the immediate community counselling.
- Improved individuality.
  - Needs, goals and functional ability are different even though the disability is the same.
  - Goals set by the client and the professional
    - Expertise on the client's own life, situation and needs
    - Professional's expertise in his/her own field
- Improved flexibility in the implementation of therapy (timing, duration, phasing, grouptherapy, environment...)
- Improved quality of the rehabilitation plans (education, electronic and interactive form, ICF, GAS, SMART).
- Improved client-orientedness, networking and cooperation
- Improved expertise in rehabilitation.



Body function and structure



Activity



Participation

Cieza & Stücki 2007

In interaction with health condition, environment and personal factors



#### Client survey:

- Aila Järvikoski, Prof.
- Kristiina Härkäpää, PhD, Adj. Prof.

#### Effectiveness:

- Occupational therapy: Maarit Karhula, OT
- Physiotherapy: MS: Jaana Paltamaa, PhD, PT, Sroke: Tuulikki Sjögren, PhD, PT, Sinikka Peurala, PhD, PT, CP: Ira Jeglinsky, PT
- Speech and Language therapy: Jaana Sellman, PhD, SLT
- Neuropsychology: Päivi Hämäläinen, PhD, Ass. Prof. Neuropsychologist

#### Rehabilitation plans & Survey of rehabilitation planners

- Jaana Paltamaa, PhD, PT, & Tuulikki Sjögren, PhD, PT

#### Survey of service providers (therapists, rehabilitation centers):

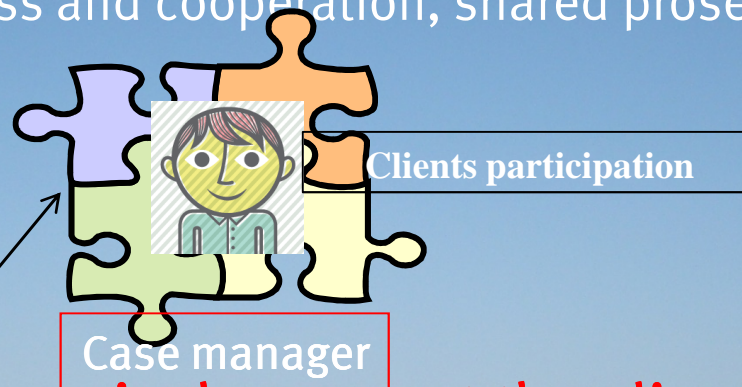
- Occupational therapy: Maarit Karhula, OT, MSc
- Speech and Language therapy: Jaana Sellman, PhD, SLT
- Neuropsychology: Päivi Hämäläinen, PhD, Ass. Prof. Neuropsychologist
- Physiotherapy: Jaana Paltamaa, PhD, PT, Tuulikki Sjögren, PhD, PT





## Benefits for children with illnesses and persons with disabilities

Client-orientedness and cooperation, shared processes



**“We actively and comprehensively support the client in his/her everyday life together with other actors involved.”**





Thank You

Danke Schön

Kiitos

