Effectiveness of organisation of medical rehabilitation

Audit report No. OSIII-2-6/06/91 of 7 November 2006

Summary

The National Audit Office audited the effectiveness of the organisation of medical rehabilitation. Medical rehabilitation is aimed at restoring or preserving a disturbed function or adaptation to a disability. In other words, the purpose of medical rehabilitation is to help a sick or injured patient back to their feet as soon as possible, so the patient can quickly return to their normal life. Medical rehabilitation is provided either for outpatients or inpatients, depending on whether the patient needs 24-hour hospitalisation.

The total of the medical rehabilitation budget in 2006 is EEK 75 million and over 30,000 people are provided with the medical rehabilitation service annually.

During the audit it was investigated how many people in need of medical rehabilitation were provided with it in a timely manner. It was also analysed whether the failure to obtain medical rehabilitation brought about any changes in the later medical expenses, degree of disability or occupational income in comparison with the period before falling ill. The analysed sample included the patients in the first months of 2004, who had survived a heart attack or a heart operation, brain stroke all who had received an endoprosthetic appliance for a big joint. Furthermore, the reasons for the failure to obtain medical rehabilitation were investigated.

Main conclusions

From the analysis of the audit it became evident that **only 19% of those who needed medical rehabilitation had received it and that only half of them received it in a timely manner.** According to both the Estonian Health Insurance Fund and the service providers, the need for medical rehabilitation is far greater than can currently be afforded. The same is also confirmed by the analysis carried out by the National Audit Office.

Failure to provide medical rehabilitation to those who need it will result in more serious health problems and higher expenses later. Studies indicate that medical rehabilitation is relatively cost-effective and improves the quality of life of the patient. To that end the National Audit Office compared groups of patients who had received medical rehabilitation and groups of patients who had not received medical rehabilitation in three specialties. The analysis indicated first and foremost the cost-effectiveness of the medical rehabilitation of cardiology patients, because their later average treatment expenses in the case of receiving medical rehabilitation were lower. Cardiology patients who had received medical rehabilitation were also likelier to return to work. In other specialties the analysis did not identify such effects. The reasons may partially lie in the current system of medical rehabilitation were the number of patients actually receiving medical rehabilitation is relatively low (considering the actual need for medical rehabilitation) and this prevents the merchants of systematic effects. Also, medical rehabilitation may not be obtained to the required extent. Additionally, medical rehabilitation is likelier to be received in the case of more serious illnesses when rehabilitation is able to produce more modest results even if the medical rehabilitation was commenced in a timely manner. The National Audit Office did not assess changes in the quality of life of the patients or the expenses incurred by the patients in connection with their medical rehabilitation.

The availability of the medical rehabilitation service does not depend so much on the medical rehabilitation needs of the patient, but on the existence of the medical rehabilitation service provider in the proximity of one's place of residence. This is especially characteristic of the outpatient service, whereby the patient is not hospitalised and has to find a way to attend the medical rehabilitation procedures on a daily basis. On average, outpatient medical rehabilitation per resident was 70% higher in larger cities than in the local authorities where there was no service provider.

The provision of the medical rehabilitation services on a larger scale and improvement of its availability are limited by the amount of available funds. Like all other medical specialties, the availability of medical rehabilitation is affected by the possibilities and priorities of the budget of the Health Insurance Fund. The Health Insurance Fund plans the total of funds and contracts primarily on the basis of the use of services and the length of waiting lists in the previous periods. However, in many instances doctors do not refer a patient to medical rehabilitation knowing that the patient will not obtain the service anyways or will not be able to attend. Thus, the information about the waiting lists or previous use of the services do not reflect reality. The Health Insurance Fund could plan the total of

medical rehabilitation on the basis of the actual need, because information about the prevalence of illnesses and the portion of medical rehabilitation in the case of these illnesses is available.

The increase of the total and improvement of the availability of the medical rehabilitation services is also limited by the lack of specialists. Since there are few qualified specialists, i.e. physiotherapists and activity therapists providing the service, the mere increase of the medical rehabilitation budget would do little to improve the situation. At present there is 25% of the physiotherapists and 22% of the activity therapists of the goal set in the development plan established for 2015. The current number of graduates of the specialist training and in-service training show was that the planned number of specialists will be achieved by 2015 only in the case of realisation of the most optimistic forecast, which is highly unlikely.

Medical rehabilitation is received by patients who do not need it. At the same time services which are not needed are provided as well. Since the availability of outpatient medical rehabilitation is poor and the patient runs a great risk of being deprived of it, those who need outpatient medical rehabilitation are often provided with inpatient medical rehabilitation, which is far more expensive. Due to the poor organisation of medical rehabilitation patients in a serious condition have received medical rehabilitation regardless of the fact that medical rehabilitation cannot ensure their rehabilitation. For example 18% of the brain stroke patients analysed in the audit, who had received medical rehabilitation, did not actually need it (according to the experts involved in the audit). Until April 1 (incl.), outpatient medical rehabilitation was organised in such a manner that most patients had to receive three different compulsory medical rehabilitation procedures. Due to this the patients were provided with services which they did not need. Thus, some other patients were deprived of the service or the same patients could have received services that would have been more supportive of their rehabilitation. Although as of 1 April 2006 the requirement of the complex service has been abolished, the same risks exist in the new organisation of medical rehabilitation as well.

Main recommendations of the National Audit Office

To the Minister of Social Affairs in cooperation with the Health Insurance Fund

- To make the service more available to the patients in the conditions of the existing network of outpatient medical rehabilitation service providers. To that end:
    - crafts and disseminate materials which would inform the patients all the existing treatment opportunities and educate them how to behave after an illness or an operation which requires medical rehabilitation;
    - to ensure provision of the medical rehabilitation service partially in the evening as well so as to make the service more available to working people and students.
- To increase the availability of outpatient medical rehabilitation in rural areas and to encourage service providers to provide the services closer to the patient. Provision of outpatient medical rehabilitation closer to a place of residence of the patient would increase the availability of the service and be more cost-effective than the stationary service as well as reduce the former medically unjustified use of the stationary service. To that end:
    - to plan the network of the outpatient medical rehabilitation service providers in such a manner that it is closer to the place of residence of the patient;
    - to motivate health care institutions to provide medical rehabilitation procedures as a first-level service through creating respective financing opportunities or to realise the idea to create first-level medical assistance health centres where the physiotherapist service will be provided.
- To ensure that the medical rehabilitation service financed by the Health Insurance Fund is rendered to patients who actually need it and that the available services are medically justified. To that end:
    - to create for patients for whom outpatient medical rehabilitation is advisable the opportunities to obtain it in order to release inpatient beds at the account thereof;
    - to create opportunities for development of the home medical rehabilitation service by launching a respective pilot project.

To the Minister of Social Affairs in cooperation with the Minister of Education and Research

- To improve the availability of the outpatient service and to ensure the sufficient number of specialists. To that end:
    - to continue training physiotherapists in the current volume;

- to increase the state-commissioned education in terms of the number of activity therapists or allow for simplified retraining of activity therapist assistants into activity therapists. Considering the volume of the state-commissioned education regarding activity therapists the number of activity therapists required in the healthcare sector cannot be achieved by 2015 through formal education acquired within the adult education system. This can be attributed to the fact that the need for activity therapists in the social sector will not decrease.

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In his reply **the Minister of Social Affairs** agreed with the positions set out in the audit report and considered the recommendations made to the Minister of Social Affairs justified. The measures required for realisation of some of the recommendations are already being discussed in the framework of drafting the First Contact Care Development Plan. The Minister did not submit a more detailed action plan or timetable regarding fulfilment of the recommendations.

In her reply **the Minister of Education and Research** stated that the representative of the Ministry will certainly discuss the issue of the state-commissioned training of physiotherapists and activity therapists in the Health Care Employees Training Committee established at the Ministry of Social Affairs.

The Chairman of the Management Board of the Estonian Health Insurance Fund agreed with the basic conclusion of the audit regarding the greater need for medical rehabilitation and the unequal availability thereof and added that the Health Insurance Fund considers it important to increase the portion of the more effective outpatient treatment. The Estonian Health Insurance Fund also favours the establishment or an increase of the self-financing portion in the case of certain medical rehabilitation services and diagnosis groups, in order to reduce the excessive use of the service arising from the demand by patients. The Health Insurance Fund intends to motivate the application of uniform scales for assessing the patient's condition, in order to ensure equal availability of the service to patients with equal needs.

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