

Rehabilitation and COVID-19: What are the Implications?

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Rehabilitation considerations during the COVID-19 outbreak

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**Thank you
Gracias
Obrigado
Merci**

To

Health care workers

All essential employees in all areas

Policy makers

Family caregivers

People staying at home

Presentation Overview

- Where did we begin
 - Where are we now during COVID-19
 - Where are we headed
-

Rehabilitation is an Essential Service

- *Availability* of *accessible* and *affordable* rehabilitation is **necessary** for many people with health conditions to remain as independent as possible, participate in education, be economically productive, and fulfill meaningful life roles



- *Substantial unmet need prior to COVID-19, particularly in low- and middle-income countries*
- *Rehabilitation need exceeds availability worldwide*

Rehabilitation in Health Framework *(adapted)*

Specialized and High Intensity

- For people with complex care needs that impact multiple domains
- Acute or subacute; most commonly delivered by rehab personnel

Integrated into Medical Specialties

- Specific care needs, delivered over a short period of time
- Acute or subacute; most commonly delivered by rehab personnel

Integrated into Primary Care

- Primary care is first point of contact for entry into the health system; During any phase (acute, sub-acute or chronic)

Community-delivered

- Moderate to low-intensity rehab (distinguished from primary care)
- Sub-acute or long-term; mostly delivered by rehab personnel

Informal & Self-directed

- When no rehabilitation or health personnel are present, as part of an individualized plan, or self-initiated for long-term improvements

Rehabilitation Services During COVID-19

Commentary

BMJ Global Health

COVID-19: maintaining essential rehabilitation services across the care continuum

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COVID-19: maintaining essential rehabilitation services across the care continuum
BMJ GH. 2020 May;5(5):e002670.

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Kilimanjaro Christian Medical Center	Tanzania
Chelsea and Westminster Hospital NHS Foundation Trust	United Kingdom
Duke and Columbia Universities; Montefiore Health System	USA

Key Findings

Rehabilitation service providers mobilised quickly to provide the best, safest care possible to those in greatest need.

Decisions to shift, transform, delay or discontinue rehabilitation care are complex, many aspects count:

- Immediacy of care needs

- Services available

- Setting

- Resources available (personnel, equipment, technology)

- Service delivery guidelines and policies

- Risk for transmission

- Risk of Illness

Key Findings on Availability & Accessibility

- Rehabilitation beds converted to increase acute care capacity
- Inpatient admissions for rehabilitation delayed
- Shorter lengths of inpatient stays for rehabilitation, early discharge to expand bed capacity / prevention transmission
- Outpatient rehabilitation care suspended, at reduced service capacity or *via telehealth**
- Home-based rehabilitation suspended, limited to critical services, or *via telehealth**
- Rehabilitation home- and community-based personnel redeployed

**telehealth is broad term including several strategies that are not universally applied, reimbursed, or available*

Rehabilitation

Specialized and High Intensity

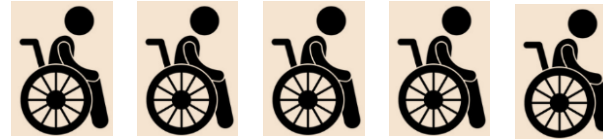
Integrated into Medical Specialties

Integrated into Primary Care

Community-delivered

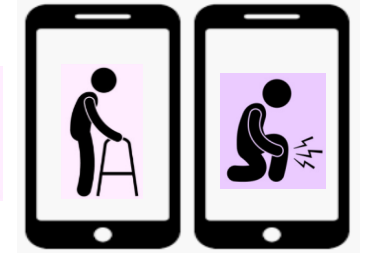
Informal & Self-directed

Pre-COVID-19



During COVID-19

Without new COVID-19 patients



Considerations for Patients

COVID-19 + Patients

Emerging rehab needs: fatigue, decompensation, muscle wasting, depression, at risk for hospital acquired disability and subsequent falls or other adverse health effects

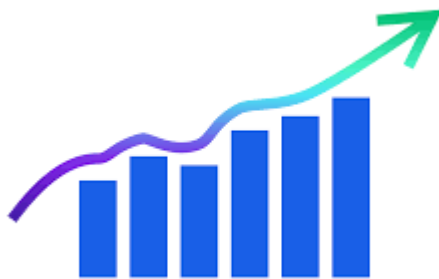
Non-COVID-19 Patients

Escalated needs: possibility of facing undesired outcomes if at home with limited ability to move independently or from a lack of necessary rehabilitation care at the appropriate dose, intensity or frequency for needs

Measurable within 1 week of limited mobility: skin breakdown, muscle weakness, joint stiffness or pain, reduced range of motion, changes to bowel and bladder functioning, venous stasis, edema, decreased rate of metabolism and respiratory movement, lowered mood, poor sleep, depression

Recommendation 1

Measurement needed



- A core set of measures needs to be adopted
- Individual, health system and national levels
- Longitudinal assessment
 - the health and functional outcomes for COVID-19 patients
 - the health and functional outcomes for other patients at risk for functional decline
 - Rehabilitation service quality, availability and accessibility of services today and as our nations recover

Recommendation 2

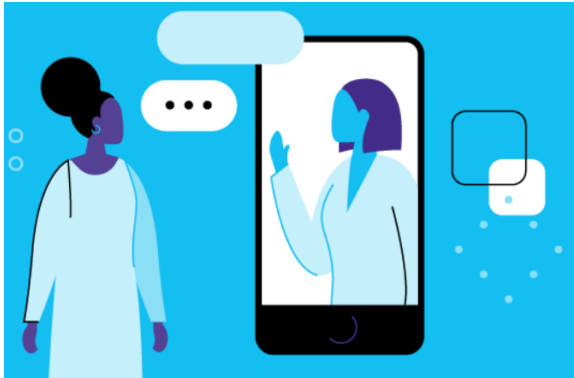
Government collaboration with rehabilitation community to support needs in the home



- Guidance and training needed for home-based rehabilitation (self-directed or telehealth enabled) for persons:
 - living with physical and cognitive limitations
 - living with or without caregivers
 - at safety risk
 - unable to social distance from care provider

Recommendation 3

Telehealth is necessary and scale-up faster

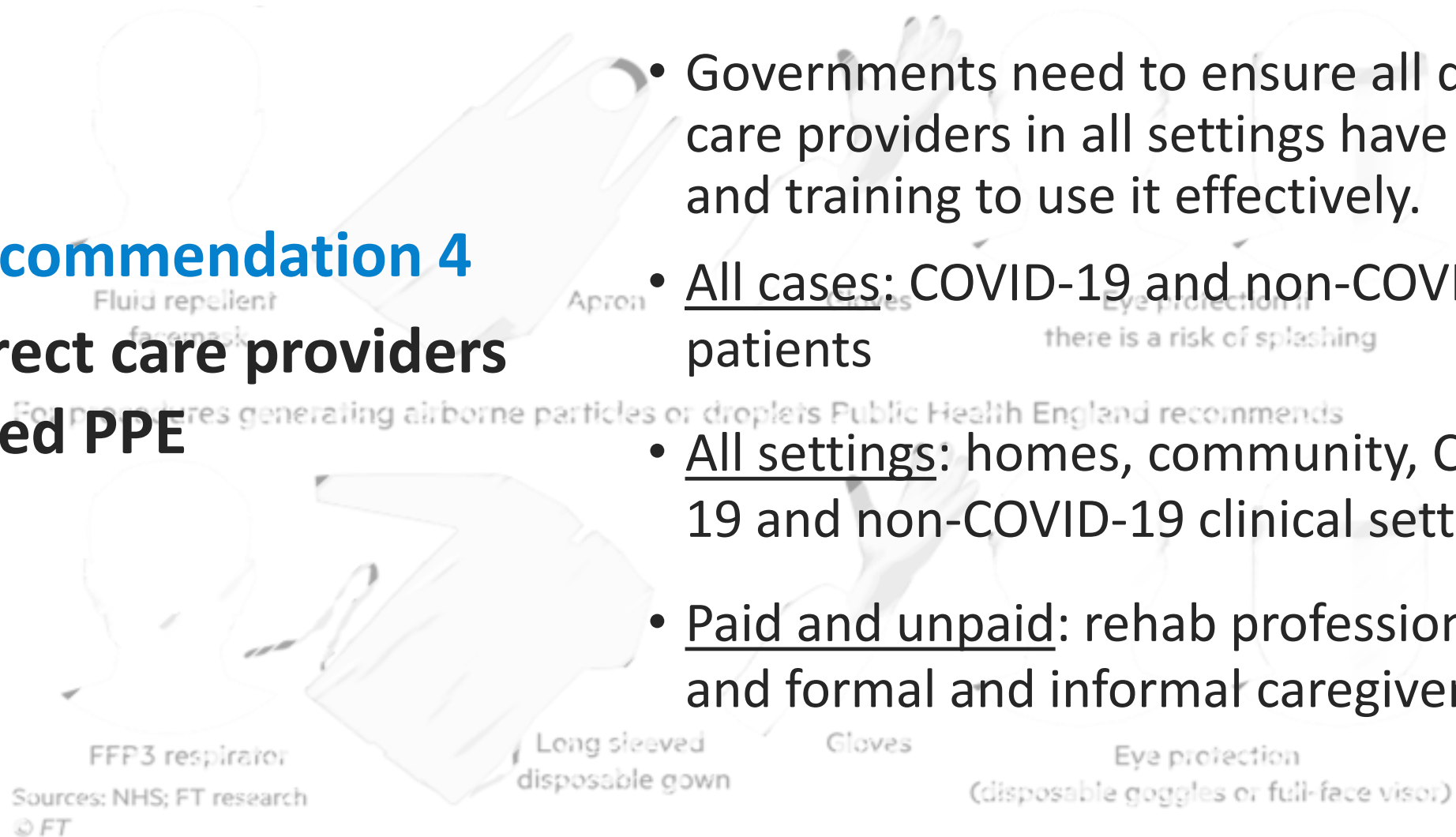


- Remove Barriers: financial, infrastructure, resource, training and cybersecurity barriers
- Limitations impact all stakeholders: Stable connectivity, up-to-date devices, tech literacy/tech support (essential for accessibility), cybersecurity, professional regulations, training, financing schemes, service delivery guidelines
- Creative solutions to scale-up telehealth: peer support, use of diverse communication tools, webcast sessions, online communities, hotlines/call-in numbers, collaboration to share training/service delivery resources, public-private partnerships to improve infrastructure at both ends, novel partnerships could enhance communication and delivery of safe and effective home-based rehabilitative strategies.

Recommendation 4

Direct care providers need PPE

- Governments need to ensure all direct care providers in all settings have PPE and training to use it effectively.
- All cases: COVID-19 and non-COVID-19 patients
- All settings: homes, community, COVID-19 and non-COVID-19 clinical settings
- Paid and unpaid: rehab professionals, and formal and informal caregivers



Recommendation 5

Rehabilitation services will be critical for recovery among COVID-19 and non-COVID-19 patients

- Role of rehabilitation in the management of patients with severe COVID-19 to meet needs arising from consequences of care (ventilatory support, prolonged immobilization and bed rest) and of underlying health conditions.
- The need for the continuity of rehabilitation for non-COVID-19 patients: balancing decisions based on infection risks for patients and rehab professionals and the impact of rehabilitation cessation or reduction on patient outcomes and health service delivery.

“Rehabilitation considerations during the COVID-19 outbreak” offers clear messages about:

Actions for national and subnational governments and service providers

building capacity to meet new rehab needs

modifying clinical practices and management

adjusting service delivery strategies and models

stressing infection prevention and control measures

meeting the needs for rehab workforce at all levels and settings

reiterating the role rehabilitation play (especially during the sub-acute phase)

adequately mobilizing and demobilizing resources to scale up or down rehab care while

ensuring continuity of care



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