# Health Policy Newsletter

Volume 14 Number 1	March, 2001	Article 3
Volume 14 Number 1	March, 2001	Article 3

### Jefferson Health System Out-Patient Rehab Network

### William E. Staas, Jr., MD, FACP\*

\* Magee Rehabilitation Hospital

Copyright ©2001 by the author. *Health Policy Newsletter* is a quarterly publication of Thomas Jefferson University, Jefferson Health System and the Office of Health Policy and Clinical Outcomes, 1015 Walnut Street, Suite 115, Philadelphia, PA 19107.

#### Suggested Citation:

Staas WE Jr. Jefferson Health System Out-Patient Rehab Network. Health Policy Newsletter 2001; 14(1): Article 3. Retrieved [date] from http://jdc.jefferson.edu/hpn/vol14/iss1/3.

## Jefferson Health System Out-Patient Rehab Network

Out-patient rehabilitation has grown significantly over the past decade due to a number of factors. Philosophically, rehabilitation is a life long resource for the individual with complex disability. Over the course of their life span, individuals with functional limitations require resources to assist them in continuing to maximize independence, in recovering lost function following an unrelated illness, in managing age-related losses in ability or in achieving new goals. Continually decreasing lengths of stay have driven the need for new community based models of service delivery. The increased incidence of chronic illness has challenged out-patient providers to assist the individual in maintaining an independent, safe lifestyle in the community.

Consumers and other providers of care are increasingly recognizing the significant role of rehabilitation in the recovery from illness or injury. The passage of the Americans with Disabilities Act (ADA) has also provided the opportunity for more persons with disability to participate actively within their communities. Rehabilitation is frequently a resource to assist them in achieving the wider range of goals now available. Finally business and industry are increasingly recognizing the importance of workplace modifications to prevent employee injuries and lost productivity.

The Jefferson Health System Out-Patient Rehab Network has responded to these changes by offering a continuum of care ranging from high intensity comprehensive programs to community based single services. The network offers experience and expertise across the spectrum of disability diagnoses. In addition, the network provides a wide geographic spread of service sites so that care can be provided at a location convenient to the individual's place of residence.

The most intensive level of care can be accessed in day hospital/day treatment programs. Within this level of care, the individual receives a similar intensity of therapeutic, functionally based services available in acute in-patient rehabilitation. For the individual requiring only a single service, all traditional therapies are available at multiple sites. Less traditional services available at selected sites include psychology, neuropsychology, biofeedback, aquatic therapy, hand therapy, music therapy, movement therapy, equestrian therapy and horticultural therapy. Some sites offer specific programming in falls prevention, vestibular evaluation and treatment, cardiac and pulmonary rehabilitation, lymphadema treatment, pediatric feeding and pediatric spasticity.

Collectively, the network is also a resource for the evaluation of persons with specialty needs. The specialty evaluation clinics include: spina bifida, mild brain injury/concussion, pediatric spine dysfunction, wheelchair seating, prosthetics, incontinence, wound care, post-polio, adult spinal cord injury and augmentative/alternative communication. For the individual with long term pain, limiting functional abilities, the system offers structured comprehensive pain management programs.

Work related injuries represent a loss in income to the individual and a loss of an employee to business and industry. The network works closely with the employer and insurer to manage a safe and prompt return to work on either a full, part-time or light duty schedule. In addition to treatment modalities, the network also offers the following special services: job site evaluation, ergonomic assessment, functional capacity evaluation, work hardening, vocational testing and evaluation. Within the person's actual home, community, school or work place, community re-entry programs evaluate and teach the specific skills which will enable the individual to manage within those settings. Particularly for the person with cognitive impairments, the opportunity to learn the needed skills within his/her "real" environment increases significantly the possibility of a favorable outcome.

The Jefferson Health System Out-Patient Rehab Network also offers to the individual with disability living in the community a wide spectrum of other resources. Support/peer mentor groups are available covering a wide range of potential consumer needs. The system provides legal services to low income individuals with disability. Assistance is available to persons seeking employment through a job match program. The system also offers the opportunity for involvement in a wide range of sports and fitness activities at both a recreational and competitive level.

In addition to service and/or site expansion, the Jefferson Health System Out-Patient Rehab Network has identified with the system the following future goals: 1) increased coordination and integration among the multiple sites to create a seamless network 2) definition and implementation of a system for outcome measurement consistent throughout the network and 3) identification of opportunities for increased advocacy efforts on behalf of individuals with disability.

#### **About the Author**

William E. Staas, Jr., MD, FACP, is President and Medical Director of Magee Rehabilitation Hospital.