Overview of scope of services

- Provision of rehabilitation therapy within the home (usual place of residence) environment
- Individualised and task specific therapy

Outcomes for the rehabilitation patient journey

- Enhanced focus on targeted functional independence goals associated with usual place of residence including patients participating in therapy with the support of their family/carer
- Therapy available to those who cannot access centralised services
- Enables patients to access therapy who are not safe to access community transport to day hospital / outpatient therapy or where participation in day hospital therapy is too fatiguing or where goals are best met in the home setting, for example due to cognitive issues

Implications for implementation

- Admission and discharge criteria will be required to describe eligible patients who require and will benefit from home based rehabilitation services, for example: the patient is ‘homebound’ and unable to tolerate transport to outpatient services
- Protocols regarding adequate workforce provision to rehabilitation services will assist to facilitate patient care and intensity of therapy aligns with best practice
- Staff travel and distances
- Ambulatory care can be provided in a range of settings. Ambulatory care should be delivered in the most appropriate setting dependant on patient need and availability. Consideration should be given to the type/s of ambulatory care setting/s that will be provided by one rehabilitation service or across the same LHN. Ambulatory care services should work in concert across settings to promote continuity of care for patients and avoid siloed care.

The case studies below provide examples and evidence supporting home based models of care.

Case study 1: Home based rehabilitation case study

Interstate and international use of a home based rehabilitation care setting

In NSW the provision of (publically funded) rehabilitation has mainly been provided in inpatient hospital settings. Internationally this is not the case with the emerging trend towards early discharge and the primary delivery of rehabilitation occurring in the
Evidence shows that home based rehabilitation is associated with improved outcomes for some clients and is more cost-effective than hospital based care.1

**Victoria:** Ambulatory rehabilitation is generally more widely available in Victoria than in NSW, with Victoria offering comprehensive outpatient public rehabilitation programs and the availability of home-based rehabilitation, typically for 2–6 weeks.2 An evaluation of home-base rehabilitation in Victoria showed that clients and carers who had experienced home-based rehabilitation expressed a preference for home-based rehabilitation as did some of the inpatient rehabilitation clients who had not experienced home-based rehabilitation. Staff noted benefits of home-based rehabilitation such as, the applicability of therapy; the opportunity to involve the carer and other family members in the rehabilitation process; and the facilitation of the transition from hospital to home.

Public (Medicare and Medicaid) and private insurance funded home based rehabilitation services are also provided in the US for patients who meet ‘homebound’ criteria. Kaiser Permanente, a large private provider who offers rehabilitation services across the continuum of care has the highest number of physiotherapists associated with their home health program.

**Case study 2: Interface with aged care services – TCP**

The federal government’s recently established Transition Care Program offers 8–12 weeks of support with limited therapy to improve the functioning of patients at risk of residential aged care facility admission.3 The program is targets older people and an ACAT assessment is required.5 There is wide variation in the implementation and provision of transition care across Australia. Transition care can be provided within the community or a residential care facility. It is particularly useful in rural areas where geriatric and rehabilitation services are not available, in this instance TCP have been used to provide input from allied health staff post hospitalisation.6 TCP provides rehabilitation therapy, with the expectation of slow gains over time with good supportive care and minimal therapy. The TCP provides additional treatment and care options following hospitalisation that are highly valued by patients and their families. When compared with similar groups of frail older people discharged from hospital during the same time period, those who received Transition Care had fewer readmissions to hospital and were less likely to move into permanent residential aged care. A recent article highlighted concerns about the cost-effectiveness of this program compared with alternatives including rehabilitation.7,8
Available studies of cost effectiveness have found that home based rehabilitation combined with early discharge to be cost effective compared with hospital care. The main reason for the reduction in cost was reduced length of stay in hospital. Studies have found that there was a reduction in hospital length of stay and that this was achieved without any adverse effects on health outcomes for clients. The meta-analysis has calculated that the overall costs were approximately 15% lower for the early discharge interventions compared with conventional care.