Financing care for disabled persons – Payment system – Social insurance

Oral communications

CO95-001-e
International Guidelines on Return to Work and Reintegration
F. Mehrhoff
German Social Accident Insurance DGUV e.V., Berlin, Germany

The International Association of Social Security (ISSA) in Geneva has published Guidelines on Return to Work (RTW) and Reintegration in November 2013. These guidelines comprise strategies and programs, which are relevant for all stakeholders in rehabilitation defining the need of holistic and individual approach, early intervention, rehabilitation management, participation, collaboration and qualification of professionals in RTW. The RTW guideline will be presented in details with highlighting the relevance for ESPRM.

http://dx.doi.org/10.1016/j.rehab.2014.03.1533

CO95-002-e
Can the Intermed score identify complex patients in PMR?
J.-P. Devailly*, L. Josse
*Hôpital Bichat, Paris, France
bHôpital Rothschild, Paris, France

Keywords: Inermed; Complexity; Relevance; Disability; Coordination of care

Introduction.– Functional limitations of patients at hospital admission or discharge are becoming more frequent. Admission is analyzed through a health lens while the organization of discharge is more often “medico-social”. Can we objectify the complexity of the patients?

Methods.– Of 151 patients admitted over a year in a PMR unit with “nervous system” orientation, we founded 13 brain-damaged patients whose hospitalization was no longer relevant beyond four months. Intermed score was filled in the admission week for all patients on the unit and we looked for a link between the Intermed score and non relevant hospitalizations after 4 months.

Results.– Of the 13 “irrelevant” patients, 11 were under 60 years, for 11 the Glasgow Outcome Scale was 3, for all patients Intermed score was greater than 25 at the entrance except one patient whose GOS was 2 and Intermed score was 23. All relevant patients had a score of less than 20.

Discussion.– The Intermed score identifies patients who require early coordination of rehabilitation, orientation and integration of care pathways. It allows stratifying the needs and intervention levels including mobile teams.

http://dx.doi.org/10.1016/j.rehab.2014.03.1534

CO95-003-e
Mutuality approach in care-process: Lessons from the “Mutual caring-from knowledge to action” project
E. Rosulescu*, C. Foti, M. Zavaleanu, I. Ilincă
*Department of Physical Therapy and Sports Medicine, University of Craiova, Craiova
bDepartment of Physical and Rehabilitation Medicine, University of Roma Tor Vergata, PTV, Roma
*Corresponding author.

Keywords: Care process; Education; Mutuality; Disability

Introduction.– Our basic premise was that mutual caring understanding and transfer (routines of coping developed by families through both the caring person and affected person are looking after each other) can provide the basis for an innovative learning approach, in which “mutual care” and “interdependency” should underlie educational topics on disability issues.

Methods.– The project research work, which ran from 1st of August 2013 and involved two medical universities, showed that challenges and barriers still exist.

Results.– Have been identified significant impediments to effective knowledge, care services, education and real inclusion. There is an abundance of initiatives that target persons with disabilities and their paid/specialists or unpaid caregivers; most of these are still constructed, largely subconsciously, within the framework of the dominant worldviews and paradigms, and neither “care” nor “dependency” has simple, uncontested meanings. The concept behind “mutual care approach” focuses on the carer-patient dynamics where is a mutual/reciprocal exchange of care between the carer and care recipient, in contrast to the conventional approach where care is provided by the carer to cared person.

Conclusions.– Professional training for health and PRM specialists should include a substantial component, which relates to unpaid carers and patients as partners in care process.

http://dx.doi.org/10.1016/j.rehab.2014.03.1535

CO95-004-e
Acquired brain injury – cost of illness in Czech Republic
K. Moses
Rehabilitation Centre Kladruby/CAC UEMS PRM/PRMS Czech Medical Association of J.E. Purkyne, Kladruby u Vlašimi, Czech Republic

Keywords: Program of care; ABI; Financing

This thesis analyses the costs incurred for the care of adult patients with acquired brain injury (ABI) in Czech Republic, using the cost of illness analyses. This work shortly describes programs of care for ABI patients in CR. It focuses on comparing the cost of care in acute, subacute and chronic phase, from the view