CLINICAL MANAGEMENT REVIEW

Models for Integrating Rehabilitation and Primary Care: A Scoping Study

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ABSTRACT. McColl MA, Shortt S, Godwin M, Smith K, Rowe K, O'Brien P, Donnelly C. Models for integrating rehabilitation and primary care: a scoping study. Arch Phys Med Rehabil 2009;90:1523-31.

Objective: To describe the scope and breadth of knowledge currently available regarding the integration of rehabilitation and primary care services.

Data Sources: Peer-reviewed journals were searched using CINAHL, MEDLINE, and EBM Reviews for the years 1995 through 2007. This process identified 172 items.

Study Selection: To be considered for the subsequent review, the article had to describe a service delivery program that offered primary care and rehabilitation, or services specifically designed for people with chronic conditions/disabilities. Further, it had to be available in English or French. No methodological limitations were applied to screen for levels of evidence.

Data Extraction: Based on these criteria, 38 articles remained that pertained to both primary care and rehabilitation. These were reviewed, sorted, and categorized to discover commonalities and differences among the approaches used to integrating rehabilitation into primary care.

Data Synthesis: In consultation with the team of investigators, it was determined that there were 6 different models for providing primary health care and rehabilitation services in an integrated approach: clinic, outreach, self-management, community-based rehabilitation, shared care, and case management. In addition, a number of themes were identified across models that may act as either supports or impediments to the integration of rehabilitation services into primary care settings: team approach, interprofessional trust, leadership, communication, compensation, accountability, referrals, and population-based approach.

Conclusions: Rehabilitation providers interested in working in the primary care sector may be assisted in conceptualizing the benefits that they bring to the setting by considering these models and issues.

Key Words: Patient care team; Primary health care; Rehabilitation; Review (publication type).

DESPITE THE RECENT POLICY focus on chronic disease management in primary care, research continues to show that people with chronic conditions and disabilities are systematically disadvantaged when seeking to obtain primary care.[1-4] They are shown to be among the highest users of health care,[5] and yet they experience the highest number of unmet needs.[6] They report a lack of coordinated primary health care, as well as difficulties accessing specialty services and obtaining required assistive equipment.[7-9]

People with chronic conditions and disabilities make up a small percentage of the typical primary care caseload; however, they consume an inordinate proportion of primary care resources.[10,11] They differ from the average primary care patient in that the balance of their health is more easily disturbed; the functional consequences of illness are greater; treatment may be prolonged or complicated because of the disability; and multiple providers and agencies are often involved in their care. Furthermore, disabled patients often do not have the same opportunities for health maintenance and preventive health behavior as their nondisabled counterparts.[12] They require intensive management, including a high degree of coordination among multiple providers and agencies, in addition to frequent contact, coaching, and support.[11,13] Family physicians recognize the challenges associated with providing good quality primary care to their patients with chronic and disabling conditions: they require more time and more coordination, they tend to have more complex problems, and they often have needs that are beyond the usual scope of primary care.[12]

The purpose of this article is to explore models of primary care for people with disabilities and chronic conditions that offer some of these benefits. Reform in the primary care sector has been a subject of media discussion, research, and political imperative for almost a decade. A number of authors observe that the primary health care sector is performing considerably below expectations,[11] and that providers are overstressed and dispirited.[14] Family medicine has become an increasingly difficult specialty to which to attract residents, and high attrition and low participation rates combine to create a crisis in primary health care access and quality.[14-16]

A review of some of the difficulties encountered in providing primary care to patients with chronic and disabling conditions has led to a recommendation for the integration of rehabilitation services in the primary health care setting.[13] Leutz[17] suggests that the need for integration of rehabilitation services with primary health care depends on the severity and instability of the patient's condition, the duration of the condition, the urgency of intervention, the number and complexity of services involved or needed, and the patient's capacity for self-direction. The more compromised the person on each of these 5 dimensions, the greater the need for fully integrated care. Fully

List of Abbreviation

CBR	community-based rehabilitation

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integrated care refers to a case where information, decision-making, and service delivery responsibilities are shared among medical and allied health professionals.[17,18] Someone with a severe condition, needing multiple specialized services, would benefit from an integrated situation where service providers make decisions jointly and function as a team.

Bodenheimer[11] proposes as a solution to the difficulties experienced by both patients and physicians in the primary care sector its reorganization as a team-based enterprise. In his view, physician-led teams could undertake effective chronic disease management if payment methods were structured to create incentives for team building, rather than for individual performance. For those patients with complex continuing problems, another proposal of interest is the notion of a "patient-centered medical home," meaning a physician-directed environment where integrated, coherent, cross-disciplinary care was available to patients.[19] The medical home provides lifelong continuity of care, where personal medical services are available, as well as coordinated access to specialty and allied health services. Common to both is the assumption that care of complex patients requires a team, made up of an appropriate mix of primary health care and allied health professionals.

The objective of the present study was to describe the scope and breadth of knowledge currently available regarding the integration of rehabilitation and primary care services. To achieve this objective, a scoping study was conducted to assess the state of knowledge and the need for enhanced research capacity in this area.

METHODS

The scoping study is an emerging methodology for literature synthesis,[20] defined as a way of mapping key concepts within a research area by assembling multiple sources and types of evidence available. The emphasis of a scoping study is on comprehensive coverage, rather than on a particular standard of evidence. This approach permits identification of strengths and weaknesses in a body of literature, as well as high-level conceptual observations. Concepts that emerge from the review may either be identified a priori, or they may arise from the data itself.

The scoping study typically unfolds in 5 steps: (1) identify the research question; (2) identify all pertinent studies; (3) select the studies for detailed analysis; (4) chart the data according to key concepts; and (5) collate and summarize the findings of the selected studies.

Identify the Research Question

The study was guided by the question, "What is known from the existing literature regarding the best ways to integrate rehabilitation services into primary care?"

Identify All Pertinent Studies

The literature review was conducted to identify a comprehensive set of articles detailing approaches to integrating rehabilitation services with primary care. Inclusion criteria for the scoping review were as follows:

Keywords. The process began with a traditional keyword-driven electronic search, guided by the following terms: chronic disease; disability; primary health care (including primary care, rural health services, community health services, home care services); rehabilitation (including occupational therapy, physical therapy, physiatry); integrated care; collaborative care.

Databases. Peer-reviewed journals were searched using the following electronic search engines: CINAHL, MEDLINE, and EBM Reviews.

Years. The electronic search of peer-reviewed literature spanned the interval between 1995 and 2007.

Next, hand searches were conducted of references from key articles. In this way, it was possible to follow-up on promising literature that might not have been captured by the databases used. To capture the most recent literature, content searches were conducted of e-journals and web-based journals available. Finally, searches were conducted for gray literature on the websites of governments, research institutes, and professional associations. This process identified 172 items.

Select the Studies for Detailed Analysis

To be considered for the subsequent review, the full set of articles was focused by applying the following exclusion criteria: (1) the article had to describe a service delivery program that offered primary care and rehabilitation, or services specifically designed for people with chronic conditions/disabilities; (2) articles had to be available in English or French; and (3) no methodological limitations were applied to screen for levels of evidence. It was thought that an inclusive approach would provide a better understanding of the current practices integrating rehabilitation into primary care, rather than adopting a stringent definition of methodological parameters.

Based on these criteria, 134 articles were excluded, and 38 articles remained that pertained to both primary care and rehabilitation. The final subset of 38 articles dealt with the integrated delivery of rehabilitation and primary care. This tended to happen in 1 of 3 ways: (1) by introducing rehabilitation personnel into the primary care setting, (2) by including primary care providers into existing community rehabilitation teams, or (3) by creating new entities for the integrated provision of rehabilitation and primary care.

Chart the Data According to Key Concepts

The final 38 articles were reviewed in detail and repeatedly sorted and categorized in an attempt to discover commonalities and differences among the approaches used to integrating rehabilitation and disability services into primary care. In consultation with the team of investigators, it was determined that there were 6 different models for providing primary health care and rehabilitation services in an integrated approach (table 1). The team of investigators included rehabilitation specialists, allied health professionals, primary care providers, and disability consumer representatives. As such, they constituted an expert group made up of all pertinent stakeholders, providing advice to the study from a variety of perspectives.

Collate and Summarize the Findings of the Selected Studies

The results are presented to correspond with the definitions and features of the 6 models of integrated primary care and rehabilitation that emerged from the scoping review.

RESULTS

Clinic

The most common model for integrating rehabilitation services and primary care is the clinic approach. The typical configuration of this type of practice is for a rehabilitation professional, such as an occupational or physical therapist, to work out of an examining room in a family practice. The key to this model is that family physicians and rehabilitation professionals are colocated, resulting in a geographically defined team. The role of professionals is to exercise their usual scope of practice in a concentrated and often condition-specific manner.