

Systems Analysis of Health and Community Services for Acquired Brain Injury in Ontario

Synopsis – Program Exclusion Criteria

The Systems Analysis of Health and Community Services for ABI in Ontario was initiated to describe the scope and nature of health and community services, the linkages that exist at the various points of the continuum, as well as linkages across transitions from children to adult services. Specifically, the project team conducted a literature review, extensive *key informant interviews* with a sample of organizations from across the ABI continuum and across the province, including:

- ABI-specific and other community-based organizations (OACBABIS¹ and non-OACBABIS)
- community care access centres (CCACs)
- community brain injury associations
- rehabilitation hospitals

In addition, *on-line surveys* with acute care hospitals/trauma centres and children's treatment centres (CTCs) were conducted. A total of 79 interviews and surveys were conducted.

The project was designed to capture the majority of publicly-funded services, but was not an inventory of ABI services that are accessed by the population. It was limited to include only those general services where there was an identifiable critical mass or a cluster of services identified by stakeholders.

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This fact sheet provides highlights from the report in regards to criteria for service access for ABI in the province. Following results and recommendations, implications are briefly discussed.

¹ Ontario Association of Community Based Boards for Acquired Brain Injury Services is a not for profit unincorporated association of not for profit charitable providers of rehabilitation services to persons living with the effects of an acquired brain injury residing in the province of Ontario.

Exclusion criteria for program access

What the ABI Systems Analysis found

With the exception of CCACs, across all stakeholder groups and LHINs the following exclusion criteria were most common:

- age, medical stability, degenerative conditions, severe behavioural disorders

These results are consistent with:

- a) changes in the casemix of the overall ABI population, (older adults with chronic co-morbid conditions); and
- b) a high proportion of individuals with concurrent mental illness, both of which result in increased complexity in the management and treatment of the ABI population.

Implications for system planners and providers

The analysis found that older adults are often dealing with chronic conditions in addition to their ABI. It appeared that people who fall into this category were not always able to access needed services. Program and service planning might benefit from considering **Ontario's Chronic Disease and Prevention Model (CDPM Framework)** with an aim to address some of the criteria that excludes people with ABI from accessing other services and programs. Although acquired brain injury is not a chronic illness, it does result in lifelong disability. As such, principles from the CDPM Framework may be considered for ABI in that the CDPM Framework recognizes that chronic disease;

- is ongoing, and therefore warrants proactive, planned, integrated care within a system that clients can easily navigate, and
- requires multi-faceted care which calls for clinicians and non-clinicians from multiple disciplines to work closely together, to meet the wide range of needs of the chronically ill.

In regards to the high proportion of individuals with **concurrent mental illness**, recommendations provided in the context of mental health may be appropriate in considering program exclusions and ways to address these issues. The mental health recommendations are as follows:

Enhance capacity through:

- Building strong linkages across mental health and ABI systems with collaborative service, resulting in joint responsibility moving to a collaborative treatment/service model.
- Break down barriers through cross training, information sharing, consultations, and utilization of OTN for consultations and training where possible.
- Break down the silos between agencies, ministries, funding bodies, through joint projects and initiatives.
- More focus on the individual and the family/community well being, requiring a paradigm shift