



Short Report

Delivery of Rehabilitation Services: Opportunities and Threats During a Global Pandemic

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Abstract

Background: This presentation articulated a personal perspective of an Occupational Therapy (OT) practitioner regarding the changes already happening within the field of rehabilitation before the COVID-19 pandemic and its cataclysmic role that accelerated changes in the delivery of rehabilitation services, specifically in advancing the application technologies and innovative practices in the clinics, renewed focus on strengthening and supporting OT and rehabilitation professionals' health and well-being, and use of transformational instructions to prepare students for future healthcare challenges. Included in this presentation is the global response to ensure the delivery of rehabilitation services, the exemplar of local innovations and resilience among Filipino OT and the rehabilitation community, emerging opportunities and threats brought about by the pandemic, and the lessons and innovations we bring forward as part of the new normal post-COVID-19 pandemic, and beyond.

Key Words: Rehabilitation, Filipino Occupational Therapists, COVID-19 pandemic

INTRODUCTION

Let me begin by contextualizing my presentation from the lens of the global pandemic that swept and upended the health systems globally. No one could have predicted how COVID-19 Pandemic (Pandemic) impacted the delivery of rehabilitation services, and no precedent in the past centuries could have informed healthcare practitioners how to cope with the pandemic.¹ The title of my presentation, Delivery of Rehabilitation Services: Opportunities and Threats, aims to discuss how the global pandemic changes the healthcare systems and its impact on the delivery of rehabilitation services, including Occupational Therapy (OT), share evidence about advances in the delivery of rehabilitation and OT services before and during the pandemic, to reflect on the opportunities and threats to delivery of rehabilitation and OT services, and to discuss strategies to sustain delivery of rehabilitation and OT services beyond the pandemic.

PRE-PANDEMIC CHANGES

The topic I was tasked to present was on the changes and evolution in the delivery of rehabilitation services, why it is important, and what necessitated the changes, it allowed me to reflect on what was already happening in the field of rehabilitation pre-COVID-19 pandemic, and the parallel changes happening within the profession of OT globally.

In 2023, World Health Organization (WHO) reiterated the growing need for rehabilitation services worldwide in developed and developing countries. However, little attention has been paid to rehabilitation in many low- and middle-income countries, despite the pronouncements that access to rehabilitation is a human right.² As the global need for rehabilitation persists, access to rehabilitation and OT services face challenges.³ A special report articulated that health-related rehabilitation services can be

strengthened nationally if governance, political will, and a shared understanding of disability and rehabilitation are integrated.⁴

In a series of editorials, Ward reflected on the state of rehabilitation services and used evidence to highlight the predominant use of a biomedical model and the lack of interest in understanding disability and the consequences of the disease.^{5,6} The editor mentioned above concluded that medical and rehabilitation services have similar but divergent focuses that can effectively deliver services to meet the needs of individuals with disability by using the holistic biopsychosocial model of illness and the problem-solving model of the healthcare process.⁷ These models align well with the core concepts and values of OT. Since our profession's inception, we have seamlessly worked within the rehabilitation framework and its processes. Moreover, OT recognizes the patient-centered practice and their self-determination to learn the different roles OT assumes to support individuals functioning and working within the rehabilitation team to deliver services effectively.⁸

The following are assertions about the rehabilitation services and the proposed changes to service delivery to address disability and improve function:⁸

1. Rehabilitation is for all and in all settings and must be delivered in conjunction with medical care for maximal recovery and to avoid loss of function,
2. Early involvement of rehabilitation in the process and development of a rehabilitation plan,
3. Adapt the environment to encourage participation in activities,
4. Reduce focus on face-to-face treatment, and
5. Increase access to resources for patients' ongoing learning and participation.

Before the pandemic, rehabilitation practitioners recognized the need for change, and several key concepts were assimilated into practice. In 2018, Stucki and others presented evidence for the rehabilitation health strategy in the 21st century as they highlighted that the key indicators of population health involve not merely mortality and morbidity but also functioning.⁹ In meeting the long-term management of chronic conditions

among the general population, rehabilitation services must be scaled up and strengthened. Moreover, using the International Classification of Functioning, Disability and Health (I.C.F.) clarifies the rationale and role of rehabilitation professionals within the healthcare system and broadens our view to see our patients beyond their diseases.^{3,9}

Ideally, a 21st-century rehabilitation and health strategy should address the needs of the aging population and issues associated with non-communicable diseases. Hence, the combination of rehabilitation medicine, rehabilitation therapies, and assistive technology is seen as the key to fulfilling the promise of 21st-century rehabilitative health.^{3,4,9}

DISRUPTIONS AND THE IMPACT OF THE PANDEMIC

Rehabilitation services in all their forms and facets are well underway into advancing their status, pushing the boundaries to change health beyond promotion, prevention, and cure, and systematically evolving to a more rehabilitation focus, then the pandemic happened.^{2,3,9} To describe the state of rehabilitation services when the pandemic was declared, Canadian rehabilitation practitioners reported that service delivery "underwent rapid change beyond the control of individual physicians."¹ Service disruptions led to in-patient rehabilitation services refocused on needs arising from the pandemic, suspension of outpatient services, and large-scale conversion to virtual health. Conversion to virtual services to a wide population and lacking expertise became an issue as only anecdotal evidence supports the virtual delivery of rehabilitation services.¹

In 2020, within weeks of the pandemic declarations, Canadian Physiatrists participated in a national survey to investigate the early effects of the pandemic on the practice of physical medicine and rehabilitation, and they identified three major themes¹:

1. Changes to direct patient care
2. Changes to non-clinical aspects of physician's practices
3. Impacts on personal and family well-being.

These themes resonated with my own experiences as an OT during the midst of the pandemic. Working during the pandemic was difficult due to a lack of personal protective equipment and supplies, decreased caseload, and getting infected with the COVID-19 virus, and a traumatizing event as it took its toll physically, emotionally, and financially.

Although not drastic, the changes within the inpatient rehab unit and skilled nursing facilities continued to serve patients face-to-face. However, hospital-based outpatient and community clinics were closed to in-person, and those who could switch to virtual care used telephone and telephone-video visits.¹ Healthcare institutions using telehealth and telemedicine before the pandemic quickly adjusted, and many healthcare departments, including rehabilitation services, switched to virtual platforms that sustained service delivery during the pandemic. It might well be in the future.¹ Indeed, the pandemic brought about changes that immediately impacted the delivery of rehabilitation and OT services in the Philippines and globally.^{10,11} The pandemic underscored the importance of having a strong and stable healthcare system, and some countries responded with purpose and urgency, but others did not.^{1,11}

GLOBAL AND LOCAL RESPONSE AND RESILIENCE

Rehabilitation practitioners, including OT, find themselves in the same healthcare ecosystem that is constantly changing and evolving due to advances in medicine and technology, as well as natural disasters, global conflicts, and previous pandemics of a lesser degree.^{3,9} I previously alluded to the changing and evolving landscape of rehabilitation and OT practice, and the pandemic of 2019 made the changes imminent and hastened its natural evolution due to paradigm shifts and environmental constraints.^{1,10}

Globally, healthcare professionals from several countries responded by outlining recommendations for maintaining essential rehabilitation services across the care continuum to highlight;

“rehabilitation services are essential to optimize physical and cognitive functioning, the shift in the rehabilitation services in response to the pandemic introduced a new burden on patients, families, and healthcare workers, the need to adopt core set measures to monitor outcomes, the use of telerehabilitation, a safe and effective delivery of rehabilitation services in the home can be achieved through community partnership and collaboration, and personal protective equipment should be ensured for all rehabilitation services providers.”¹¹

Locally, Filipino practitioners recounted the progress and resilience of OT in the Philippines from 2004 to 2020, shared contexts that shaped the stories of the profession, and how these helped transform the profession in the future. This is significant because it captured and described the local response and resilience of OT practitioners in the Philippines early into the pandemic.¹⁰ Furthermore, Sy and others proposed several strategies to help sustain the progression and resilience of OT in the Philippines in the light of uncertainty brought about by the pandemic, including contextualizing local health and social needs within OT curricula, mentorships for future OT practitioners, leaning on younger generation’s strengths and capacities, use technology to reach more people, engage in knowledge translation, and co-create a Filipino OT model of practice.¹⁰

EXEMPLARS OF LOCAL RESPONSE AND RESILIENCE

No one could have predicted how the pandemic both stopped the changes happening in the field of rehabilitation and how it spurred innovations in rehabilitation simultaneously. To illustrate examples of local response and resilience at the height of the pandemic among Filipino OTs, I will share a report on the impact of the pandemic on the professional and personal well-being of Filipino OTs, and innovative delivery of dysphagia management among hospital-based OTs.^{12,13}

First, a report on the response of Filipino OT culled from a nationwide study conducted during the pandemic described an abrupt shift to teletherapy, settling into the new normal in

clinical practice, and the threats to local OT practice in the guide of pseudo-professionals delivering OT services. Moreover, the pandemic resulted in financial and mental health insecurity among OTs and stretched their coping mechanisms to reduce stress and nourish emotional well-being. Furthermore, the authors recognized the inevitable change in the local clinical practice and responded to the new normal brought about by the pandemic.¹²

Second, a case report on the collaboration of local medical and rehabilitation services in hospitals incorporated changes in the practice of dysphagia management in the advent of the pandemic that integrated infection control, telehealth, and indirect service delivery for safe delivery of care. The innovative clinical practice allowed OTs working in hospitals to continue providing dysphagia management during the pandemic, and these changes in clinical practice may eventually become the status quo in the new normal.¹³

Both reports aptly concluded that the pandemic impacted local OT practitioners at personal and professional levels, changed clinical practices, and brought innovations in the hospital and other settings where OT practices.^{12,13}

BEYOND THE PANDEMIC

As rehabilitation professionals, we must remain vigilant and continue to innovate to safely

deliver rehabilitation services in a post-pandemic environment and address the needs of patients with debilitating conditions developed during the peak of the COVID-19 outbreak (e.g., respiratory failure, organ failure, and injuries, deconditioning and others).^{11,14} Moreover, since we are only beginning to understand the long-term effects of COVID-19, rehabilitation professionals, and OT practitioners should retain the lessons from the pandemic and recognize the opportunities and threats in a post-COVID-19 environment, as shown in Table 1.

From the list, we can prioritize and develop new strategies to support and sustain current pathways in the delivery of rehabilitation and OT services, specifically:^{1,10-13}

1. Development of personal and professional skills through mentoring and coaching,
2. Leverage existing team communications and collaborate to create new ways of information exchange,
3. Share successes happening within the institutions and hospital settings to boost morale and camaraderie,
4. Consider the use of technology and artificial intelligence for ease of access to research evidence and data during point-of-service delivery of rehabilitation and OT services,
5. Strengthen the relationship between educators, researchers, and clinicians and engage in teaching and scholarship grounded in real-world problems.

Table 1. Opportunities and threats in a post-COVID-19 environment

| Opportunities | Threats |
|--|---|
| <ul style="list-style-type: none"> • Capitalize on lessons learned from the pandemic and the increase in public awareness. • Global and local need for rehabilitation services. • Novel ways to collaborate and work as a team. • Advances in technology. • Advances in education and training. | <ul style="list-style-type: none"> • Another global pandemic, natural disasters, and conflict. • Loss of funding. • Ongoing systemic and regulatory barriers. • Cost and availability of technology. • Staff burnout and professionals are leaving the practice. |

These strategies can address the call for personal and professional development emanating from the experiences of rehabilitation professionals, including OTs, before, during, and beyond the pandemic.

In summary, we should refocus our renewed energy on innovations in clinical practice to address the needs of the population with developmental disabilities, cognitive and mental health issues, and those with chronic conditions who lost access to critical healthcare and rehabilitation services due to the pandemic.^{1,11}

We must find ways to support OT professional organizations and healthcare institutions for their role in responding to the pandemic and putting in place advocacy and educational platforms that informed local, national, and global decision-makers at the height of the pandemic. We established those changes had been made before and during the pandemic, and we expect more changes beyond the pandemic to improve the delivery of rehabilitation services and to advance the practice of OT locally and globally.

Disclosure Statement

This article arose from the author's presentation during the Rehabilitation Sciences Convention (RSCon) 2023, organized by the student council of the College of Rehabilitation Sciences, University of Santo Tomas.

Conflicts of Interest

The author is part of the academic editors of PJAHS.

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