

Switzerland's health system response to rehabilitation needs and rights of persons with SCI

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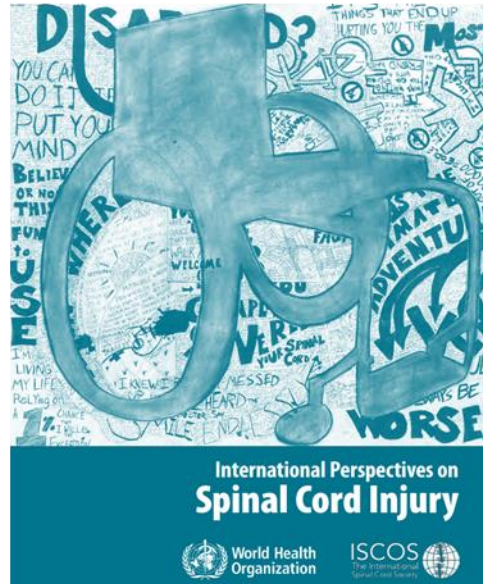
Topic: Convention on the Rights of Persons with Disabilities (CRPD)

Strengthening rehabilitation for persons with disabilities

- In recent years, governments have been called for by the WHO to increase investments in rehabilitation services and integrate rehabilitation in health systems more effectively.



Align policies and programmes with CRPD standards



Strengthen rehabilitation and the collection of data on disability

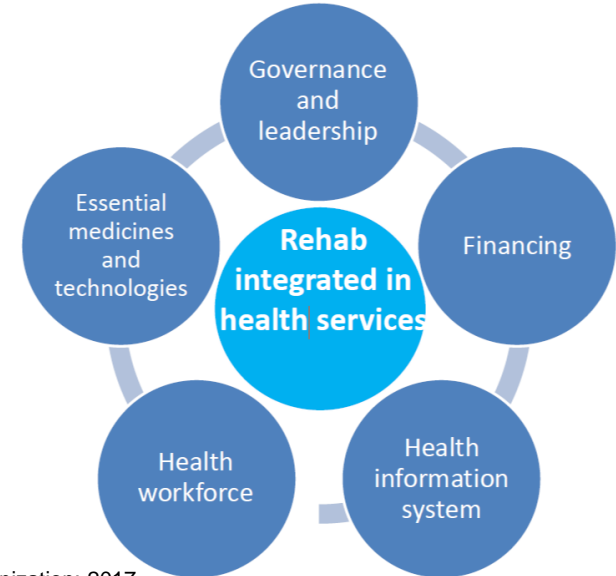
Rehabilitation 2030



CONSENSUS ON

- Strengthening the health system to provide **integrated rehabilitation services**
- For **ALL** with health conditions experiencing disability or limitations in functioning
- Across the **life span**
- Along the **continuum of care**

Strengthening the Health System



World Health Organization. Rehabilitation 2030: A call for action - Meeting report. Geneva: World Health Organization; 2017.

Convention on the Rights of Persons with Disabilities - 1

- **Human rights treaty**: Establishes principles and legal provisions with the aim to protect and promote the human rights and fundamental freedoms of persons with disabilities worldwide (UN 2007)
- **Political instrument** for socioeconomic development: widely recognized as a vital basis for disability inclusive programming (UN 2007)



United Nations, Office of the UN High Commissioner for Human Rights, Interparliamentary Union. From exclusion to equality: Realizing the rights of persons with disabilities. Handbook for parliamentarians on the Convention on the Rights of Persons with Disabilities and its Optional Protocol. Geneva: UN/OHCHR/IPU; 2007.

Convention on the Rights of Persons with Disabilities - 2

- Especially important because:
 - It is a **legally binding** instrument: Clarifies the rights of persons with disabilities and sets out responsibilities to protect those rights
 - Requires a **rights-based approach** to disability policy and programming
 - Ensures national and international **monitoring of the implementation** of human rights (Article 31)



Convention on the Rights of Persons with Disabilities - 3

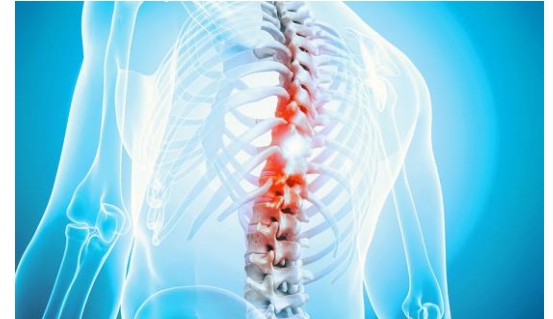
Article 26 – Habilitation and Rehabilitation

- Habilitation and rehabilitation services - maintaining, gaining, restoring or improving skills necessary to participate in society.
- Obligation of States to organize, strengthen and extend services and supports in work, education, health and social fields
- Services and supports need to be:
 - available in the community
 - accessible on a voluntary basis
 - as close as possible to where people with disabilities live.
- People with disabilities should also have access to appropriate assistive technology

Convention on the Rights of Persons with Disabilities. New York: United Nations; 2006.

SCI and rehabilitation - 1

- SCI is a traumatic event that impacts nearly every aspect of a person's life
- Symptoms affect mainly functioning and independent living
- **Rehabilitation** after SCI is critical to reduce morbidity and disability
- Timely provision of rehabilitation can:
 - Reduce the risk of secondary complications
 - Improve physical and psychosocial functioning
 - Help gain independent living skills



SCI and rehabilitation - 2

- Specialist rehabilitation after SCI should be made available as early as possible and continue to be available in a range of settings:
 - Post-acute care clinics
 - Primary care/Community health facilities
 - Vocational re-integration centers
 - Remotely through the use of telemedicine technologies
- Basic principles of effective care management and service programming for SCI have been published jointly by ISCOS and WHO

SCI and rehabilitation - 3

- Knowledge and understanding of ‘what works’ to ensure better access to quality rehabilitation services and supports for people with SCI has increased in the last years
- Evidence however from international studies show that implementation of best practices are hindered by structural, political, administrative and financial barriers
- Frequently reported **supply side barriers** include: inaccessible services, complicated referral processes, fragmentation, lack of coordination of service providers, low quality and inadequate treatment
- **Demand side barriers** include: lack of finances and inability to pay, lack of knowledge about existing services, lack of information and lack of involvement in service design

Roels EH, et al. International Comparison of Vocational Rehabilitation for Persons With Spinal Cord Injury: Systems, Practices, and Barriers. Topics in Spinal Cord Injury Rehabilitation. 2020;26(1):21-35.

Alve YA, Bontje P. Factors Influencing Participation in Daily Activities by Persons With Spinal Cord Injury: Lessons Learned From an International Scoping Review. Top Spinal Cord Inj Rehabil. 2019;25(1):41-61.

Scivoletto G, et al. The Rehabilitation of Spinal Cord Injury Patients in Europe. Acta Neurochir Suppl. 2017;124:203-10.

The Swiss Health System

- Highly decentralized (26 cantons/states)
- Federal government acts mainly as regulator (Federal Health Insurance Law) and supervisor
- Cantons are responsible for the provision of medical care
- High physician and bed density with large regional variation
- Wide availability of up-to-date medical services in high quality
- Good performance with respect to outcome indicators (life expectancy, etc.)
- Good performance with respect to equity criteria (health and health care utilization by income)
- High patient satisfaction
- Relatively high overall cost

Tikkanen R, Osborn R, Mossialos E, Djordjevic A, Wharton GA. Switzerland. International Healthcare System Profiles [Internet]. 2020. Available from: <https://www.commonwealthfund.org/international-health-policy-center/countries/switzerland>.

SCI rehabilitation in Switzerland

- Despite the high performance of the Swiss health system, persons with SCI face unmet needs and barriers in access to rehabilitation
- To overcome barriers in service provision and inform policies aiming at promoting the right to access rehabilitation of people with SCI a full understanding of health and rehabilitation system deficiencies is necessary

Objective

- To assess the health system's response to the needs and rights of people with SCI using CRPD as a reference and a range of rights based and health system indicators for SCI.

Methods

- Descriptive study based on secondary analysis of published data
- A previously developed indicator framework (RESYST) containing 59 rights based indicators for rehabilitation has been used to guide the collection and analysis of data (analytic framework) across 3 domains and 10 subdomains

Methods

- Data sources included legal and policy documents, regulations, administrative records, health provider surveys, international and national health system performance appraisals and reports, population surveys and peer reviewed publications
- Numerical data were collected for the period 2010-2019 (or the latest year available)
- Textual data were extracted into a spreadsheet and synthesized narratively with the numerical data to deliver a meta-perspective on progress achieved in the implementation of the CRPD in regards to rehabilitation

Results – Governance and Leadership

■ Legal Commitments and Strategic Priorities (13 indicators)

Governance and Leadership
Legal commitments and strategic priorities
1.Right to health
2.Domestication of human rights law pertinent to rehabilitation/disability
3.Disabled people's right to health
4.Constitutional guarantees to disability equality
5.Prohibition of disability discrimination in health insurance
6.Accessibility standards
7.Protection of physical and mental integrity
8.Rehabilitation in universal health coverage (national legislation)
9.Rehabilitation in national health planning
10.National strategy/action plan on rehabilitation
11.Locus and ownership of rehabilitation policy
12.Citizen participation in health service development issues (meso-level)
13.Evidence based guidelines

- Broad constitutional recognition of the right to access healthcare/rehabilitation incl. of persons with disabilities (Art. 41, 112, 117)
- Legal protection from discrimination
 - Article 8, Swiss Constitution
 - Disability Equality Act (2004)
- Discrimination in compulsory health insurance on the basis of preexisting condition is strictly prohibited
- Swiss Society of Engineers and Architects (SIA) 500 “Barrier-Free buildings” standards and W3C web accessibility standards must be respected at the national/federal level respectively
- High degree of protection of right to bodily integrity
- Rehabilitation integrated in essential health benefits
- Sporadic mention of rehabilitation in national health plans
- No dedicated action plan for rehabilitation (or SCI)
- Citizen consultation guaranteed by law at the municipal/cantonal level but no formal provision with respect to health issues

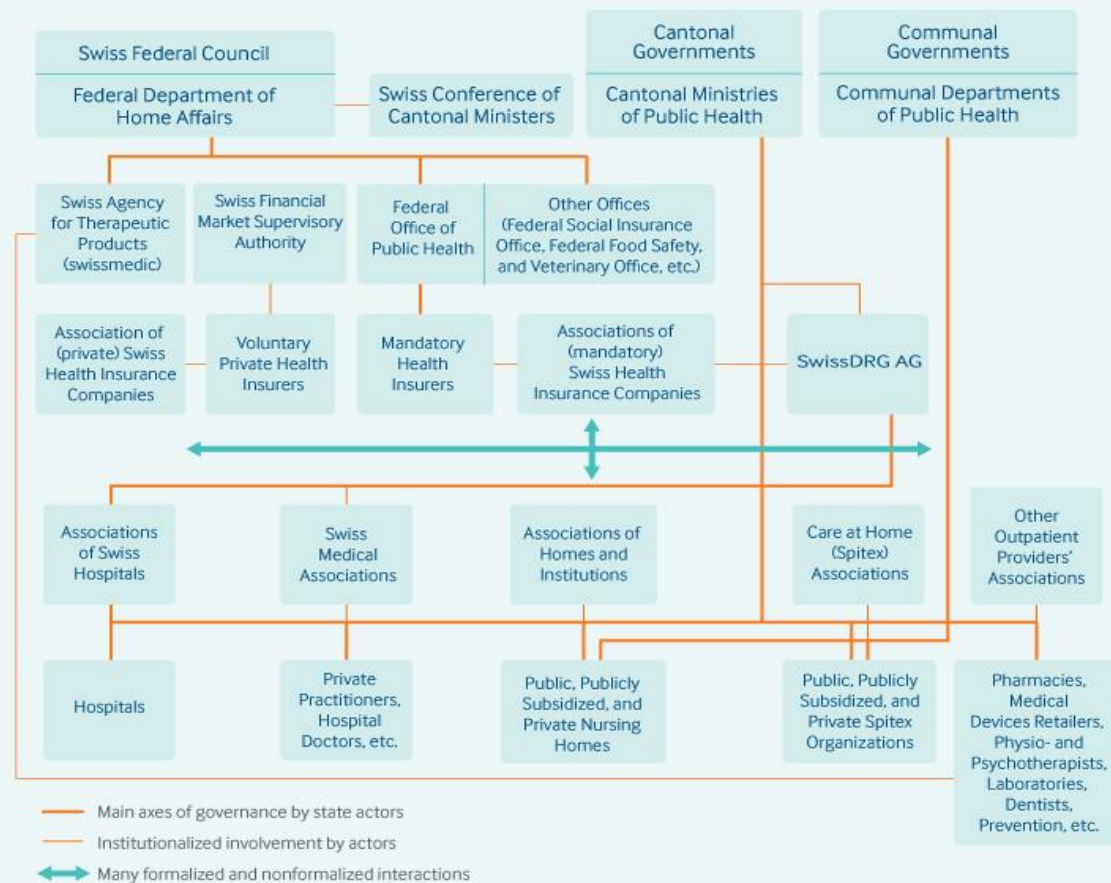
Results – Governance and Leadership

■ Evidence informed and rights based programming (8 indicators)

Evidence informed and rights based programming
14.Multi-sectoral approach to rehabilitation
15.Structure/mechanism for agenda setting on rehabilitation research
16.Structure/mechanism for knowledge translation
17.Disability policy focal point
18.Disabled people's participation in decision making
19.Policies/plans on raising disability awareness among health professionals
20.Patient's rights
21.Prejudicial accountability mechanisms/Patient Ombudsmen

- Cooperation between federal agencies and competent cantonal departments for the coordination and implementation of disability policy
- No specific mechanism or forum for setting rehabilitation research priorities (incl for SCI)
- Disability Focal points: Federal Office for Equality of PwD and Conference of Cantonal Directors of Social Affairs
- Sporadic initiatives to raise awareness about the specific needs of persons with disabilities mainly funded by the Cantons but no specific plan
- Patient rights codified in various legislations – No dedicated law (e.g., Patient Rights Charter)
- Federally funded ombudsmen services available free of charge – No legal requirement for health providers to establish such mechanisms, although some do have.

ORGANIZATION OF THE HEALTH SYSTEM IN SWITZERLAND



Source: Adapted from Camenzind (2015).

Results – Governance and Leadership

■ Workforce development (3 indicators)

Workforce development
22. Structure for the development of rehabilitation workforce policies
23. Professional codes of conduct/ethical standards
24. Disability human rights in health/rehabilitation profession education

- Federal Office of Public Health – Healthcare Professions Division which maintains the MedReg – registry of healthcare professionals. No specific HR policy for rehab or other health professionals
- Established and documented by professional associations
- Knowledge of key issues related to medical ethics, including issues of human rights of persons with disabilities (informed consent, privacy and confidentiality, legal capacity) as these have been codified in international and regional instruments is a prerequisite for the award of the Physical and Rehabilitation Medicine specialty.

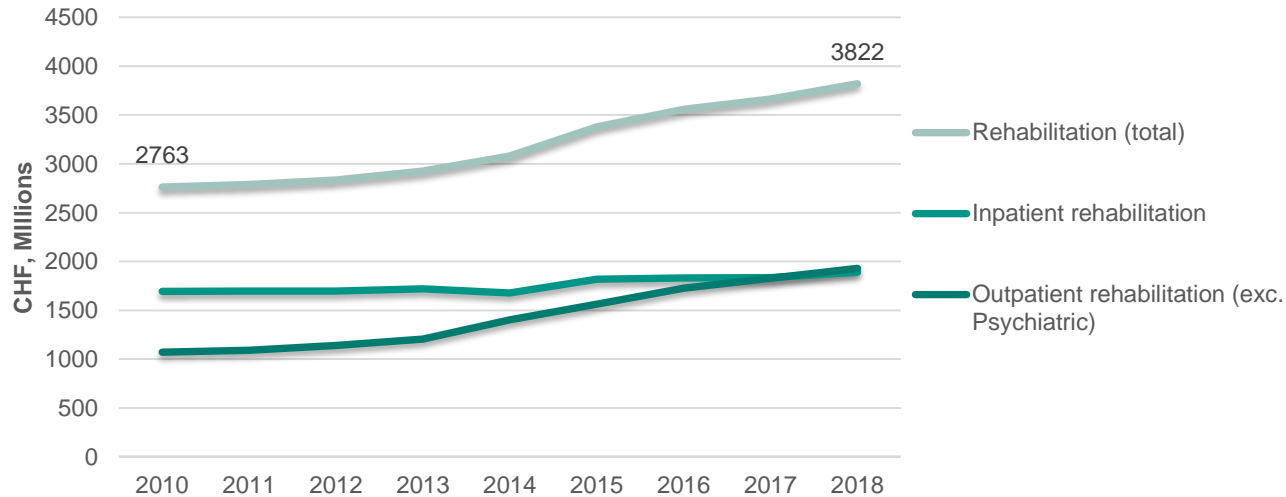
Results – Service Delivery, Financing and Oversight

■ Service Financing and Quality Control (6 indicators)

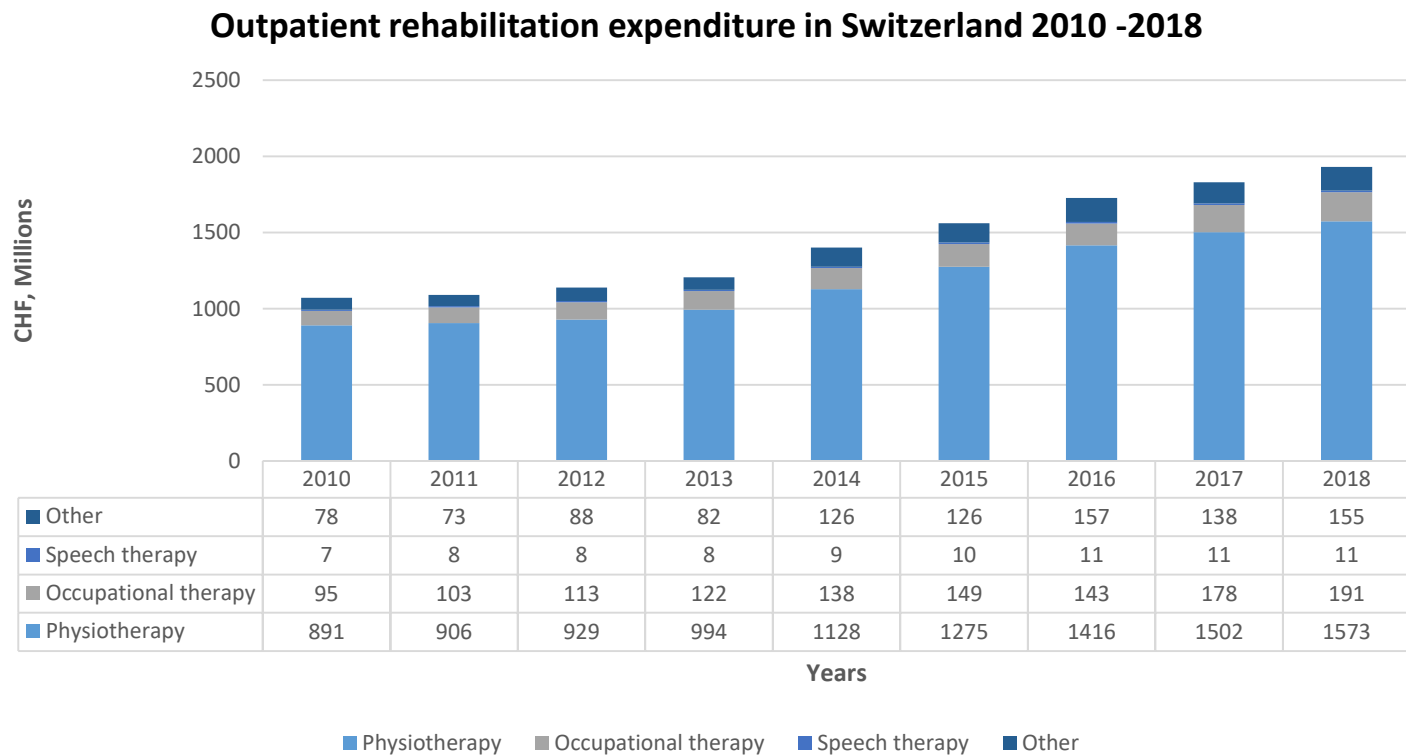
Service financing and quality control
25.Rehabilitation in the national essential health benefits package
26.Essential assistive technologies in the national positive list
27.Rehabilitation care expenditure
28.Protection from catastrophic expenditure/additional cash benefits
29.Quality improvement in rehabilitation
30.Gender sensitive care

- Extensive coverage of rehabilitation treatments and benefits as part of compulsory health insurance, accident insurance, military insurance
- List of aids eligible for reimbursement under compulsory health insurance (MiGeL) published annually by the FOPH and include: walking aids and wheelchairs, incontinence aids, compression therapy agents, orthoses, electrostimulation and therapeutic movement devices
- Some social health protection measures exist to protect from CHE
- Accreditation System developed by SwissReHA containing 51 generic quality standards for SCI rehabilitation facilities
- Qualitative data on gender sensitive care do not exist (satisfaction of women with SCI with SCI rehabilitation could provide some insights however)

Rehabilitation Expenditure in Switzerland 2010-2018



Rehabilitation Expenditure in Switzerland 2010-2018



Rehabilitation care and related expenditure in Switzerland and comparator countries, 2017 and change from 2010

	Sample average	CH	BE	DK	DE	ES	FR	NL	AU	PT	FIN
Health spending											
Current health expenditure, % GDP	10.1	12.4	10.3	10.1	11.3	6.4	11.3	10.1	10.4	9.0	9.2
<i>change</i>	0.2	1.7	0.4	0.2	0.2	0.1	0.1	-0.1	0.2	-0.9	0.3
Rehabilitation spending											
Rehabilitation expenditure, % GDP	0.5	0.6	1.0	0.1	0.3	0.1	1.2	0.4	0.7	0.4	0.2
<i>change</i>	0.1	0.1	0.2	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.0
Rehabilitation care expenditure, % current health expenditure	4.8	4.7	9.5	1.0	2.8	1.5	10.6	4.3	6.8	4.1	2.3
<i>change</i>	0.5	0.3	2.0	0.3	-0.2	0.1	0.8	0.6	0.8	0.1	-0.1
Rehabilitation expenditure per capita, PPS	172.5	247.0	336.8	36.6	120.7	23.6	384.3	161.8	261.4	82.3	70.2
<i>change</i>	40.5	66.2	113.2	13.3	19.8	8.6	74.6	34.0	62.9	5.2	7.5
Therapeutic appliances and medical durable goods expenditure, % total health expenditure	3.7	2.5	2.0	3.5	5.2	2.6	5.3	4.2	4.9	4.2	2.3
<i>change</i>	0.0	-0.4	-0.1	-0.3	0.1	0.4	0.6	-0.2	0.2	0.4	-0.2
Therapeutic appliances and medical durable goods expenditure per capita, PPS	128.8	129.0	70.8	127.8	225.1	39.9	190.8	160.3	188.7	85.9	70.0
<i>change</i>	18.4	12.5	7.9	6.4	51.8	9	43.3	4.6	34.3	9.8	4.3

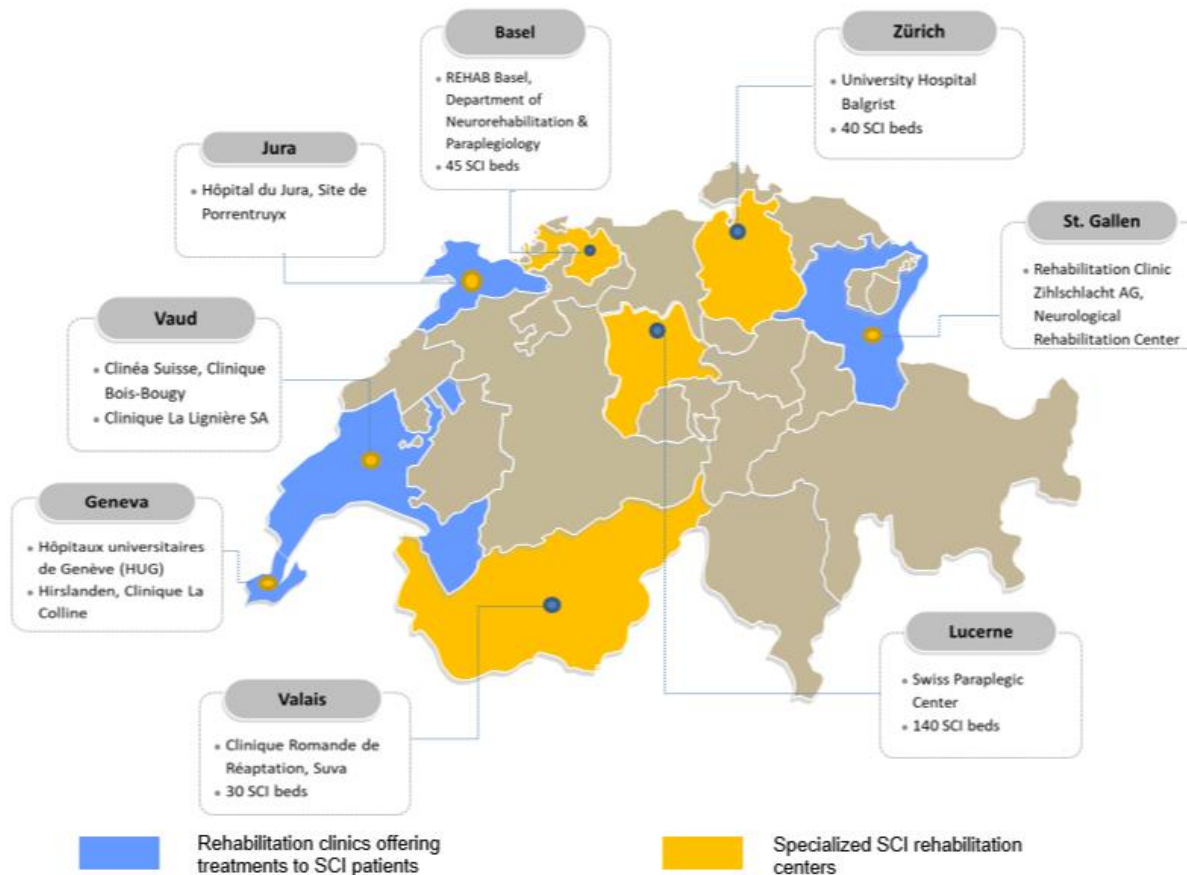
Results – Service Delivery, Financing and Oversight

■ Service Coverage, Utilization and Outcomes (6 indicators)

Service coverage, utilization and outcomes
31.Rehabilitation service coverage – specialist care
32.Rehabilitation service coverage – primary care
33.Unmet rehabilitation needs
34.Unmet assistive technology needs
35.Rehabilitation care outcomes

- Unmet needs for rehabilitation: Fulfilment of healthcare needs of SCI people living in the community has been found to be high or very high (58%). However:
- 11% reported at least one occasion in the last 12 months when care was not received for bladder/bowel management problems
- 42% of those reporting unmet needs reported needs for autonomic dysreflexia and wound management not being met
- Patient and professional accounts show that needs for management of pressure ulcers often go unmet due to gaps and fragmentation issues
- 67% did not have any AT to compensate for impaired hand function
- High unmet needs for armed braces (53%), power assisted wheelchairs (42%) and wheelchair tractors (21%)
- High level of unmet needs for home modifications

SCI Rehabilitation Service Coverage – Specialist care



Results – Service Delivery, Financing and Oversight

■ Access Barriers (7 indicators)

Access barriers
36.Availability
37.Accessibility (self-perceived barriers in access)
38.Accessibility (geographic barriers)
39.Accessibility (waiting times)
40.Inequalities in access to rehabilitation
41.Assistive technology utilization
42.Assistive technology affordability

- In 2018, 32% of health facilities could provide rehabilitation services to the Swiss population
- 40 PRM departments and 50 rehabilitation centres among 281 hospitals
- Multidisciplinary SCI rehabilitation is offered by 6 out of the 50 rehabilitation centers operating in the country (12%) accounting for 2.13% of the total national hospital infrastructure.
- Availability of SCI related healthcare appears to satisfy the majority of people with SCI who expressed high or very high satisfaction with the availability of medical care (60%) and therapy availability (64%).
- Limited evidence on access barriers – few studies that exist show that travel distance prevent people with SCI from accessing specialized services

Results – Service Delivery, Financing and Oversight

■ Monitoring and Accountability (7 indicators)

Monitoring and accountability
43. Analysis and reporting of rehabilitation indicators
44. Rehabilitation services performance review
45. Structure/mechanisms for rehabilitation workforce monitoring
46. Structure/mechanism for rehabilitation expenditure data
47. Regulatory standards for rehabilitation service delivery

- Indicators on structural capacity, financing, human resources and service utilization are standardly collected and reported on a periodic basis by the FOPH and the Swiss Statistical Authority.
- Performance reviews are published annually by the Agency for Quality Improvement (ANQ), the SwissReHA and the Hospital Association H+ (Swiss Health Barometer) and occasionally by the Cantons and the Statistical Authority.
- MedReg is the central registry of healthcare professionals. Professional associations maintain their own registries to monitor trends in workforce development.
- Expenditure data are collected by the Swiss Statistical Authority in line with the OECD System of Health Accounts. No disaggregation for SCI
- Service delivery in Switzerland is regulated through a complex web of laws, ordinances and State and cantonal regulations. These are updated after consultation with all stakeholders. The Federal Law on Health Insurance was updated in 2014 and again 2019.

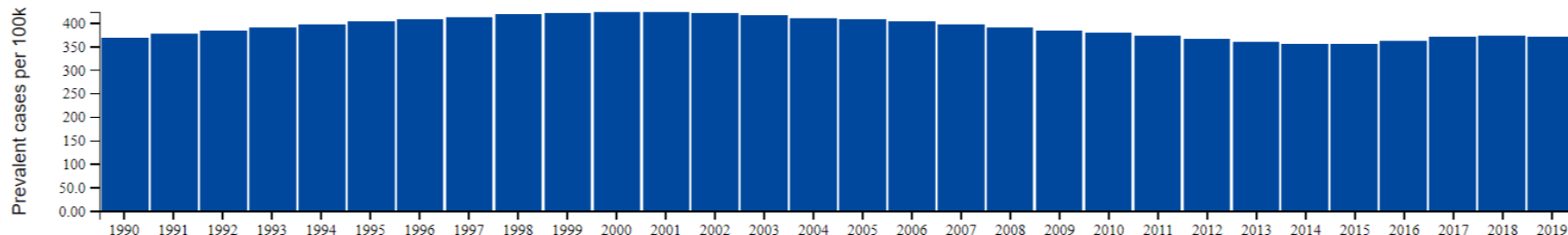
Results – Service Delivery, Financing and Oversight

■ Disability Statistics (7 indicators)

Disability statistics
48.Prevalence (disease specific)
49.Incidence (disease specific)
50.Standardized mortality ratio (disease specific)
51.Vocational re-integration

- No national reliable estimates of SCI prevalence exist
- No reliable estimates of SCI incidence exist. A study estimated the incidence to 18 cases/ 1 000 000 population
- For people with **non-traumatic SCI** the overall mortality rate was estimated to be **1.6 times greater** than that of the general population. Individuals in the youngest age category (16-30) had an Standardized Mortality Ratio (SMR) of 20.7 as compared to 2.63 for their older counterparts
- Regarding **traumatic SCI**, a study found the overall mortality rate to be **2 times greater** than that of the general population (SMR=2.32) with tetraplegics dying earlier (SMR=8.49) than paraplegics (SMR=1.64)
- No data exist on the number of VR attendees that attained their job related goals six months after programme closure

SCI prevalence (cases per 100K), All ages, Both sexes



2010: 379 per 100k or 30 000 individuals

2019: 371 per 100k or 33 000 individuals

WHO Rehabilitation Need estimator developed by the Institute for Health Metrics and Evaluation
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Results – Human Resources

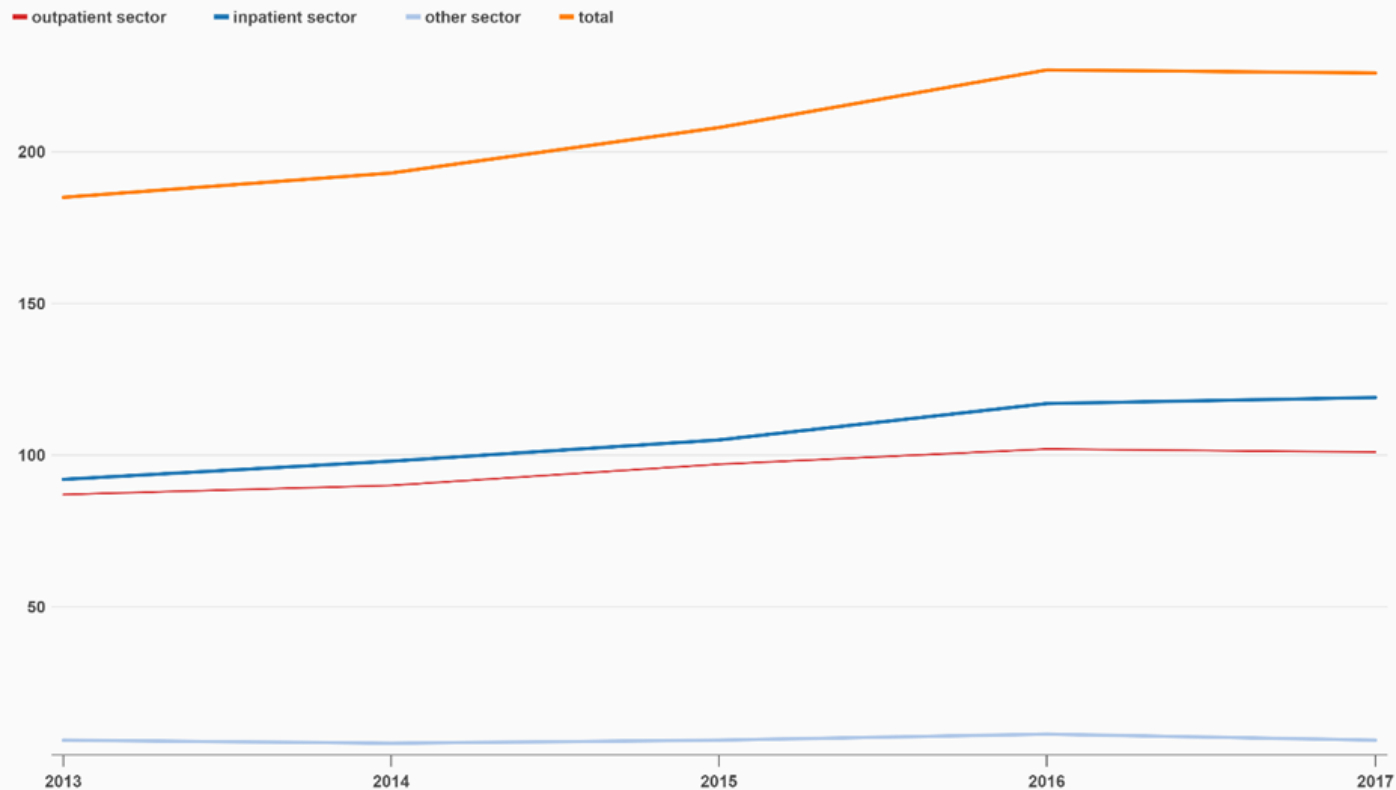
■ Workforce planning and performance /Higher Education (7 indicators)

Workforce planning and performance
52.Rehabilitation workforce density
53.Rehabilitation medicine specialists/physicians ratio
54.Rehabilitation professionals/workers employed in hospitals
55.Patient reported experiences – Information sharing
56.Patient reported experiences – Discrimination
57.Patient reported experiences – Community integration
Higher Education
58.Specialization in Physical & Rehabilitation Medicine

- The total number of rehabilitation workers has increased by nearly 25% since 2010.
- Interestingly, physician supply has increased significantly over the same time period. Between 2010 and 2018 the physician workforce increased by 34% while the population increased only by 9.0%.
- In absolute terms, PRM specialists have increased by 12.3% while physiotherapists increased by 26.3%.
- The ratio of registered PRM specialists to registered physicians has changed from 1:103 in 2010 to 1:120 in 2018
- Between 2010 and 2018 the density of physiotherapists increased by 16.4% (compared to 2.7% for PRM specialists).
- The Swiss Society of PRM (Reha-Schweiz) is responsible for all aspects concerning the examination procedure for the award of the Federal Diploma on PRM in line with European standards and best practice in the field of medical education.

Physical and Rehabilitation Medicine (PRM) physicians in Switzerland

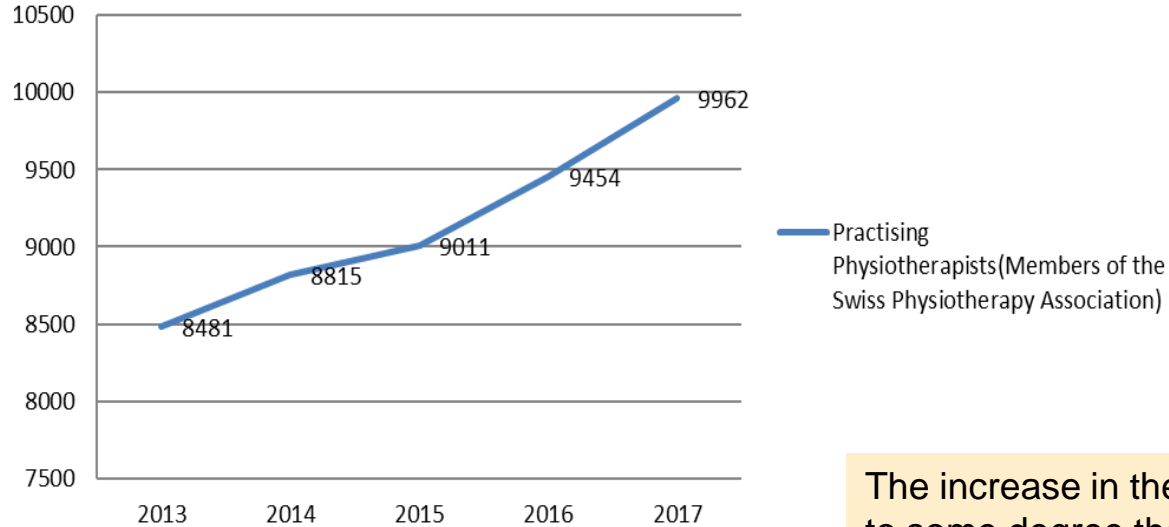
Number and employment sector of PRM physicians registered with the Swiss Medical Association (FMH) 2013-2017



Swiss Medical Association (FMH)

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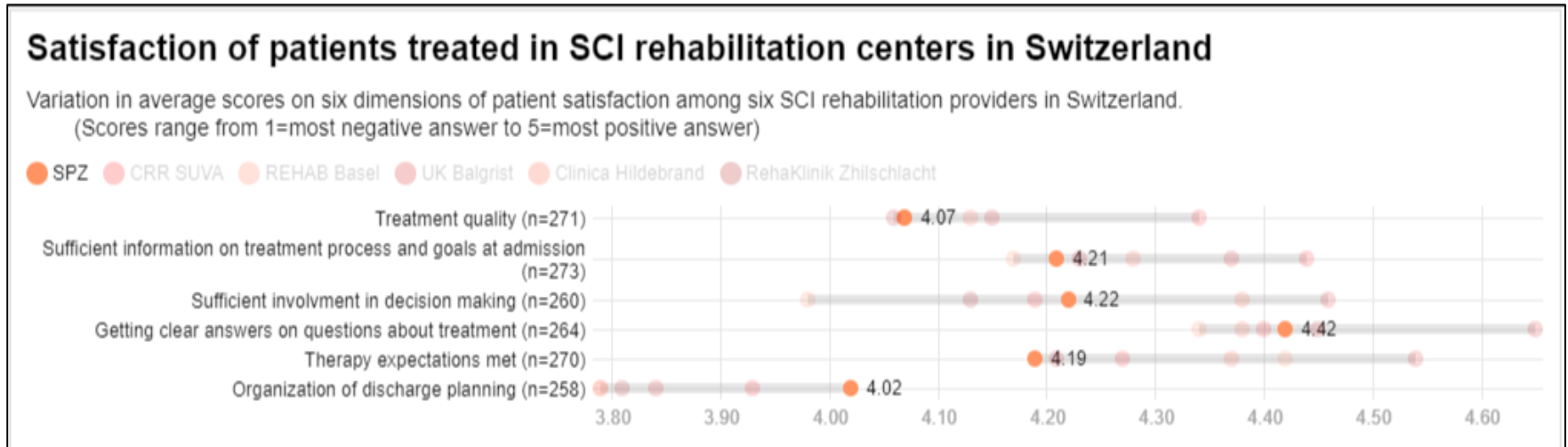
Practising Physiotherapists (Members of the Swiss Physiotherapy Association)



The increase in the number of physiotherapists explains to some degree the increase of spending on outpatient physical therapy services from 891 million CHF in 2010 to 1573 million CHF in 2018

Swiss Physiotherapy Association (PhysioSwiss)

Variation in average scores of patient satisfaction among six SCI rehabilitation clinics in Switzerland (ANQ, 2019)



Nationaler Verein für Qualitätsentwicklung in Spitälern und Kliniken (ANQ). Patientenzufriedenheit Rehabilitation: Nationaler Vergleichsbericht, Messung 2019. Bern: ANQ; 2020.

Discussion

- The findings reveal a relative strong picture of the rehabilitation system, especially in regards to **structural capacity**, **coverage** and **quality**.
- The legal and regulatory framework governing provision of rehabilitation affords a **high degree of human rights and financial protection** to persons with SCI, although **prioritization of SCI rehabilitation in national health policy is weak**.
- **Rehabilitation expenditure has increased** over the last years indicating the strong financial capacity and commitment of the system to provide comprehensive care to people with SCI.
- Efforts to **monitor quality** and enforce **evidence based standards in SCI rehabilitation** are positive signs of commitment to **continuous learning and quality improvement**

Opportunities for improvement

- Leadership for SCI rehabilitation services can be strengthened through **development of national strategy and action plan for SCI** aligned with health priorities until 2030.
- The funding system and insurers could recognize that people with SCI need assistive equipment beyond the basic, essential mobility equipment. As technology advances, the **health benefit basket should continue to expand progressively** to include devices that are essential for social participation and social interaction
- **Harmonization of clinical practice across SCI clinics** can be promoted through effective implementation of consensus on clinical guidelines for the treatment of SCI. This would facilitate implementation of internationally recognized practices, improve efficiency and reduce variations in quality and outcomes.

Implications

- The information gathered using the RESYST indicators facilitated **understanding of critical system functions of SCI rehabilitation** and how to address bottlenecks in policy development and service provision.
- The results can be used for both **facilitating dialogue between key stakeholders** and decision makers on **how to move forward in strengthening SCI rehabilitation** in Switzerland as well as by other groups in **identifying research needs** and opportunities for research.

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