

An Economic Model for Stroke Rehabilitation in Ontario: Mapping Resource Availability and Patient Needs

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This project was designed to assess the availability of post-stroke rehabilitation resources across Ontario, to identify the impact that these resources have on the accessibility of inpatient rehabilitation, and to assess where future investment may be likely to have the greatest impact.

Rehabilitation Resources in Ontario

- Limited resource availability noted by inpatient, outpatient and CCAC rehabilitation providers in each Local Health Integration Network (LHIN) across the province, which hindered their ability to adequately rehabilitate stroke patients
- Although inpatient rehabilitation is the best funded branch of the rehabilitation continuum, significant variation in resource availability was noted between regions and facilities across Ontario
- More than 60% of outpatient rehabilitation programs reported undergoing changes now or in the near future while 8 programs have closed since 2009 and only 2 have opened
- Most CCACs reported a wait list for non-urgent rehabilitation services that ranged from one month to nearly a year and only 2 CCACs reported offering stroke-specific services

Statistical Results and Recommendations

- Estimates suggest that 326 “good candidates” for inpatient rehabilitation after stroke were unable to access these services in 2009/10
- A minimum investment of \$7,139,991 is recommended to help improve accessibility to inpatient rehabilitation ranging from \$233,000 to \$1,150,000 by LHIN
- The Central, North West, North Simcoe Muskoka, Central East and Waterloo Wellington LHINs appear to have the greatest need for investment in inpatient rehabilitation
- The Central, Central East, South West, Mississauga-Halton, and Erie St. Clair LHINs appear to have the greatest need for investment in outpatient rehabilitation
- The North West, Toronto Central, Champlain, South East and Central East LHINs appear to have the greatest need for investment in CCAC rehabilitation services

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