

Rehabilitation – Towards a Better Life

Rehabilitation Development Programme 2015





Rehabilitation – Towards a Better Life



Rehabilitation can help to improve people's health, functional status and fitness for work. It can also offer resources for coping with the challenges of daily living. Rehabilitation should respond to the changing needs of both individuals and society at large. The challenges and risks faced by individuals and by society can sometimes be anticipated, but they may also emerge suddenly as a consequence of economic and societal changes.

The basic principles of this Rehabilitation Development Programme are founded on Kela's institutional strategy. The drafting of the Programme has been informed by the viewpoints presented in Kela's Benefit Programme 2015.

Mission statement

'**Rehabilitation – Towards a Better Life**', is derived from Kela's overall mission statement.

Vision

- The rehabilitation offered by Kela is seen as an important social investment.
- Rehabilitation services support participation in work and society and coping with the challenges of daily living.
- Rehabilitation services are efficacious and cost-effective.
- The personal goals of each rehabilitation client affect the implementation of the services. The rehabilitation services offered by Kela are a natural part of the overall rehabilitation experience of each client.
- The administration of rehabilitation is in the hands of expert and professional staff.

Origins of Kela's rehabilitation operations

Kela's rehabilitation operations are based on the National Pensions Act, originally enacted in 1937 and amended in 1956, and on the Health Insurance Act introduced in 1964.

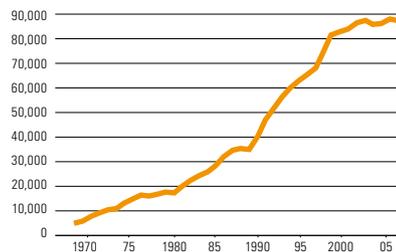
In 1991, the legislation on rehabilitation underwent a comprehensive reform. The reform introduced three major new Acts of Parliament concerning, respectively, the rehabilitation services provided by Kela, daily allowances for rehabilitation clients and the cooperation between organizations involved in rehabilitation service. The reform also created a distinction between mandatory and discretionary rehabilitation services offered by Kela. The mandatory services included vocational rehabilitation for persons with reduced functional ability and medical rehabilitation for persons with severe disabilities.

At present, Kela's rehabilitation operations are based on the Act Concerning the Rehabilitation Services and Allowances Provided by Kela, which became effective on 1 October 2005. This new Act was aimed at simplifying and clarifying the legislation governing Kela's rehabilitation operations. Under the Act, Kela is responsible for providing access to vocational rehabilitation services for persons with reduced functional ability and medical rehabilitation services for persons with severe disabilities. On a discretionary basis, Kela can provide access also to other types of vocational and medical rehabilitation. They are funded by earmarked appropriations.

Under the Public Procurement Act, contracts for the rehabilitation services offered by Kela are awarded on the basis of competitive tendering.

Adaptation training courses are among the rehabilitation services offered by Kela. After a cardiac event, the amount of exercise is gradually increased.

Number of rehabilitation clients, 1968–2007



N.B. Not including recipients of rehabilitation allowance/income maintenance during participation in rehabilitation.

AT/Tilastoryhmä 21.1.2008





Operational environment

The challenges for rehabilitation depend greatly on economic and attitudinal changes in society and in the operational environment for rehabilitation. Kela's services, including rehabilitation, are influenced by such changes in society as population aging, globalization, changes in working life, the increasing prevalence of mental problems that limit people's ability to work or study, social exclusion among children and adolescents, the growing number of family care givers and increasing immigration.



Challenges

The right timing of child and adolescent rehabilitation requires good cooperation between families, school, health care providers and Kela.

Among the strengths of Kela's rehabilitation operations are a strong commitment to regional equality in the targeting of rehabilitation, a long experience in the organization of rehabilitation services, systematic quality control, research and development supporting the organization of rehabilitation services, and extensive cooperation with other organizations, service providers and health care authorities.

Our main challenges have to do with the rehabilitation clients, our role as a rehabilitation organizer, the procurement of services, and the measurement of rehabilitation efficacy.

The challenges involving rehabilitation clients include the following:

- improved targeting of rehabilitation
- acquiring more detailed information about rehabilitation target groups and the needs of the clients
- early detection of the need for rehabilitation and the right timing of rehabilitation services
- improving rehabilitation plans
- improving the effectiveness of rehabilitation
- strengthening equal opportunity in rehabilitation and
- developing rehabilitation services to better correspond to the needs of rehabilitation clients and to changes in society and working life.

The challenges involving the national role of Kela in rehabilitation are seen to consist in

- the diversity and lack of transparency of the rehabilitation system and
- improving the cooperation between health care authorities, occupational health providers, pension providers and the social and labour administration in order to create robust customer service processes.

The complexity and inflexibility of the procurement process and the need for better reporting of rehabilitation effectiveness are further challenges faced by Kela's rehabilitation operations.

Objectives of the Rehabilitation Development Programme

The Rehabilitation Development Programme 2015 outlines the points of emphasis and orientations of Kela's rehabilitation policy over the next several years. The Programme focuses primarily on the client perspective.

We have boiled down the central objectives of the Rehabilitation Development Programme to four actions:

1. Ensuring the functioning and effectiveness of each client's rehabilitation process.
2. Strengthening Kela's role as a nationwide rehabilitation provider and developer.
3. Improving the flexibility, efficiency and customer focus of the procurement process.
4. Creating a robust reporting system in order to demonstrate the effectiveness of rehabilitation and to support development efforts.

Vocationally oriented medical rehabilitation is a form of early rehabilitation developed by Kela.





How we plan to reach our objectives

Here we outline the main lines of action which will help us reach our objectives.

1. Ensuring the functioning and effectiveness of each client's rehabilitation process.

- › We will develop the processes surrounding the provision of sickness allowances and rehabilitation services and the return to work so as to prevent transition to disability pension and to support the early identification of rehabilitation needs and the right timing of rehabilitation interventions.
- › We will set clear objectives, identify focus areas and define support measures to strengthen the cooperation with our partners in 2008–2015.
- › We will strengthen the cooperation within Kela and with health care authorities, occupational health providers and rehabilitation organizations in order to reduce sickness absence and to ensure the right timing of rehabilitation interventions. The goal is to have a single professional at Kela examine the need for rehabilitation when a client has been on sick leave for a long time.
- › In cooperation with other actors, we will enhance the planning of rehabilitation for individual clients. We will seek to provide a statutory basis for the rehabilitation plan insofar as it applies to the vocational and discretionary rehabilitation services for persons with reduced functional ability.
- › By utilizing electronic patient records, we will promote the use of an electronic interactive form for the drafting of rehabilitation plans as part of the application process for rehabilitation services.
- › We will examine the possibilities for assessing risks for disability as part of the more advanced use of the electronic patient record system.
- › We will develop online customer services in cooperation with our partners.
- › We will empower clients and strengthen their commitment to rehabilitation.
 - *The individual rehabilitation plan is drawn up with the client's involvement.*
 - *The client's family and environment (e.g. school and work) are involved in the rehabilitation process.*
 - *We will interview clients who have severe disabilities or who are undergoing vocational or mental health rehabilitation. We will set goals regarding the share of persons interviewed within each insurance district. The goals are documented in a scorecard.*
 - *Where appropriate, we will appoint a rehabilitation case manager or team for the clients.*
 - *For persons with severe disabilities, we will approve long-term (1–3 years), comprehensive rehabilitation decisions and monitor their implementation.*

- ▶ We will promote uniformity in administrative decisions by improving the clarity of benefit guidelines and decisions and improving our computer systems.
- ▶ By providing online staff training, we will strengthen the rehabilitation expertise of our staff and ensure the transfer of skills.
- ▶ The main focus areas for service development are the provision of broad-based outpatient rehabilitation and demanding, goal-oriented inpatient rehabilitation.
 - *In planning and implementing rehabilitation interventions, we will refer to the International Classification of Functioning, Disability and Health adopted by the WHO General Assembly in 2001.*
 - *We will develop outpatient alternatives to inpatient rehabilitation interventions.*
 - *We will take regional needs into consideration when developing the services.*
- ▶ We will develop and intensify quality audits of rehabilitation service providers from a quality management perspective.





2. Strengthening Kela's role as a nationwide rehabilitation provider and developer.

- › We will help to develop rehabilitation legislation in order to
 - *achieve a statutory basis for the hitherto discretionary psychotherapeutic rehabilitation so as to clarify for all actors the boundary between the psychotherapy provided within the health care system and that provided as rehabilitation.*
 - *target the rehabilitation services for persons with severe disabilities more equitably to those with the greatest need and potential to benefit.*
 - *raise the age limit for the statutory provision of rehabilitation services for persons with severe disabilities*
 - *clarify the definition of 'severe disabilities' and, where necessary, delink the provision of medical rehabilitation for the severely disabled from disability benefits.*
 - *clarify Kela's role in geriatric rehabilitation.*

- › We will participate actively in the development of rehabilitation
 - *by working actively both nationally and internationally for the development of best practices for rehabilitation;*
 - *by defining focus areas for development in a three-year plan for discretionary rehabilitation services;*
 - *by strengthening cooperation in the financing of rehabilitation;*
 - *by clarifying Kela's role in adolescent rehabilitation.*

- › The focus areas for development are
 - *the rehabilitation of persons with severe disabilities (2006–2013)*
 - *rehabilitation into work (2006–2011)*
 - *mental health rehabilitation (2005–2009)*
 - *geriatric rehabilitation and an appropriate division of responsibilities with the health care sector (2000–)*
 - *psychiatric family rehabilitation of children and adolescents (2000–)*
 - *identifying the rehabilitation needs of immigrants.*

3. Improving the flexibility, efficiency and customer focus of the procurement process.

- › Our goal is to streamline the procurement process and to make it more flexible. By doing so, we will also strengthen the ability of clients to make choices. We will seek to improve the procurement process further in order to safeguard the quality of rehabilitation.
- › We will develop alternative procurement methods by such means as vouchers and cooperation in financing.
- › We will examine the possibility of centralizing the provision of rehabilitation services in centres of expertise with a view to improving service quality.
- › We will draw up a development plan for the procurement of rehabilitation services which addresses regional factors and clients' needs.

4. Creating a robust reporting system in order to demonstrate the effectiveness of rehabilitation and to support development efforts.

- › We will create a robust, register- and system-based reporting model for the evaluation of the effectiveness of rehabilitation.
- › We will develop measures and methods for the evaluation of the effectiveness of rehabilitation.
 - *We will participate in a national network on functional ability.*
 - *As part of our development projects, we will evaluate the feasibility of different methods.*
 - *We will evaluate and report progress on the attainment of the goals defined in the rehabilitation plan both at the individual and at the system level.*
 - *We will develop group-specific measures for major groups of rehabilitation clients.*
- › We will work actively for the development of an electronic patient record system with the ultimate goal of creating a national quality assurance system for rehabilitation.
- › We will cooperate both domestically and internationally in the development of a reporting system.



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