

CONFERENCE ABSTRACT

The Teleton Integrated Care Approach to Deliver Rehabilitation Services and Promoting Inclusion for Children and Teenagers with Motor Disabilities in Chile - Implementation and lessons learned.

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People with disabilities face significant barriers in order to get proper access to health care. According to the World Health Organization, they are three times more likely to be denied health care, four times more likely to be treated badly in the healthcare system and 50% more likely to suffer catastrophic health expenditure.

In Chile, 5,8% of the children and teenagers have some form of disability. Motor disabilities are one of the most prevalent in this age group.

Teleton is a non-profit network of 14 healthcare institutes providing rehabilitation care to 93,5% of children and teenagers with motor disabilities in Chile.

Conditions treated by Teleton include Cerebral Palsy, amputations, central nervous system diseases, neuromuscular diseases and other congenital or acquired diseases leading to a motor impairment.

Established in 1979 and mostly financed through a yearly national fundraising campaign, over the last 10 years Teleton has faced difficulties to provide adequate coverage and continuity of care to their patients.

As a response to these challenges, in 2015 Teleton developed an integrated multidisciplinary model of care including interventions from several specialties such as: physiatry, orthopedics, nursing, physiotherapy, occupational therapy, psychology, education, social work, art therapy, phono audiology and adapted sports therapy. The model follows the principles of the McColl Chronic Model of care.

As a core element, the model establishes the creation of specialized multidisciplinary teams of professionals taking care of a specific population from a diagnostic group. This feature allows the workforce to gain expertise and enhance coordination, thus improving the quality of care.

Similarly, the model allow patients to be treated by the same professionals who know their clinic history facilitating the delivery of care and patient satisfaction.

The aim of this paper is to explain the key components of this model including clinical processes, organization of delivery of care, clinical metrics, team coordination practices, and to present main results in terms of health coverage, health quality, administrative performance, governance and impact on patient functionality.