REAL-HAB:
Navigating Rehab in Real Life

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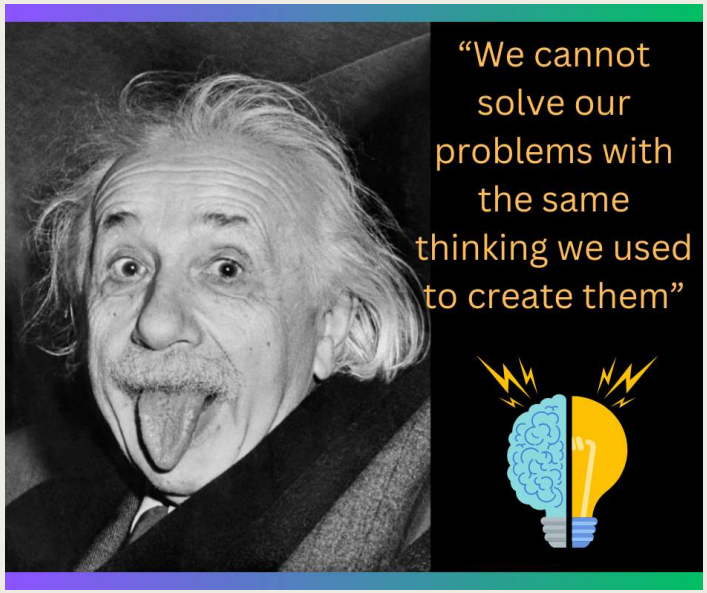
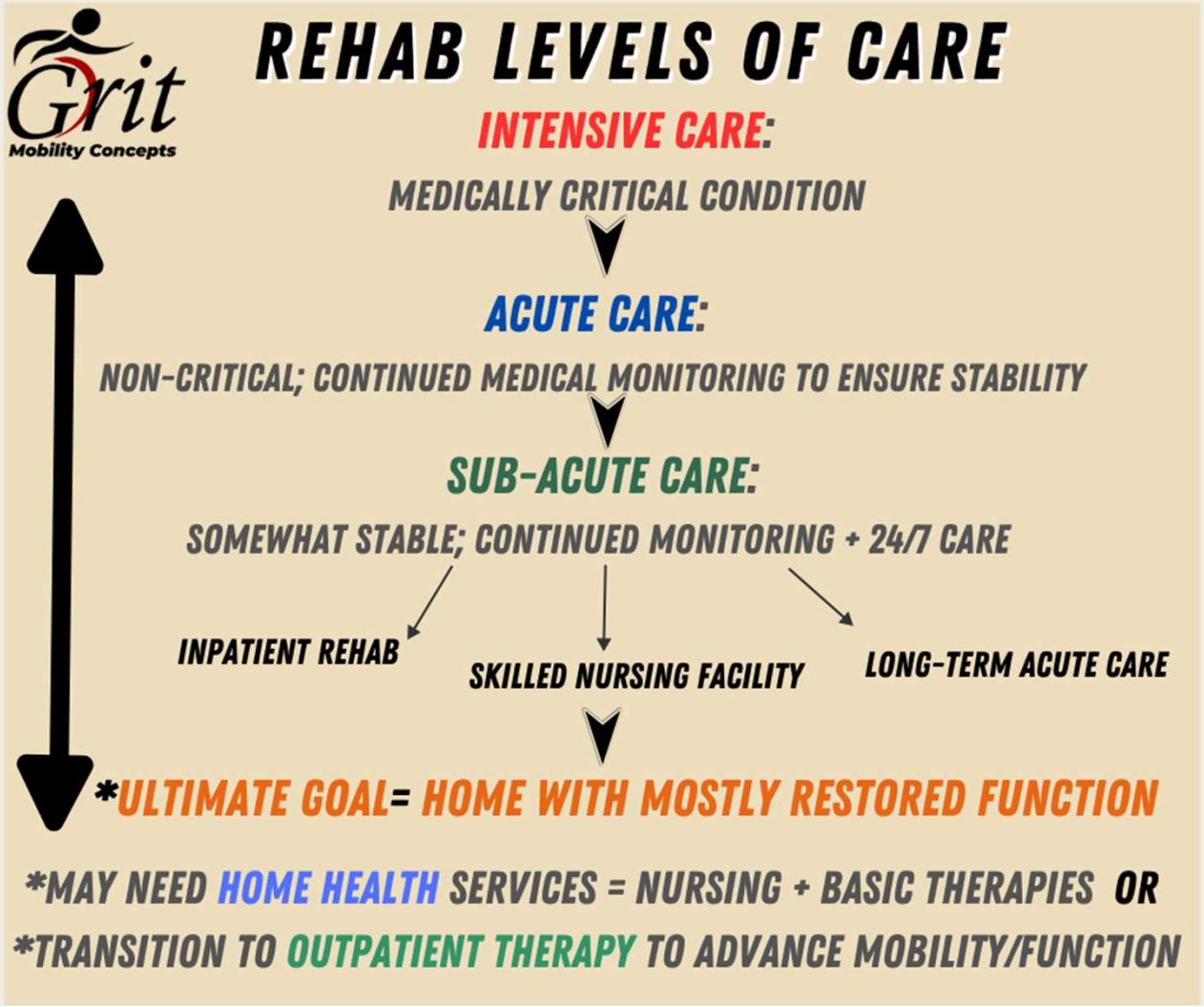
Clinic owner/Clinician/Advocate

Learning Objectives:

- Develop an understanding of the typical rehab process
- Recognize the current systemic gaps and barriers that influence care
- Understand differences in levels and quality of care
- Explore how we can be part of the solution through collaboration and advocacy



How the typical rehab process looks...

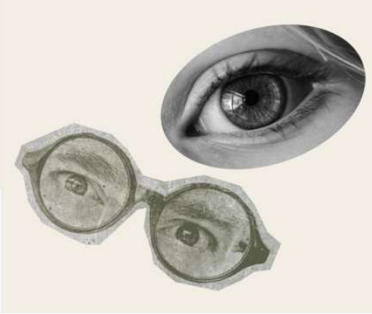


What determines the level of care a person receives?

- Medical Stability
- Rehab Potential
- Support System
- Bed availability
- Informed Advocacy
- $$$

What if you don’t fit into any of the “boxes”?

Can you spot the gaps?



Mind the gap

START

Enter system when Sick/Injured

Hospital Admission OR ER

DC Home +/-f/u with PCP

GAP?

ICU

Acute Care

GAP?

Inpatient Rehab/Subacute

DC SNF/LTAC /NH

GAP?

DC Home +/- HH services

GAP?

DC Home +/- OP services

GAP?

Possible service GAP: Appropriate placement?
Transition of care match patient rehab potential?
Are we forcing patients into a "box"?

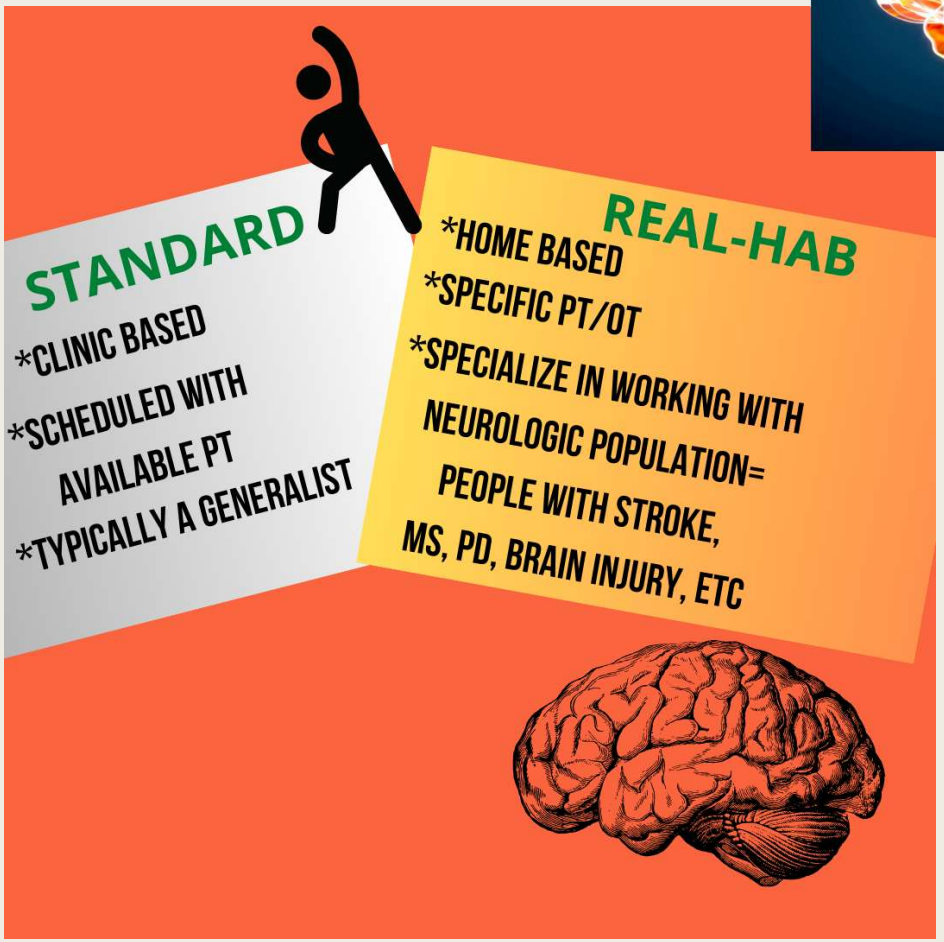
Optimal placement=
Meets patient's physical, medical, and QOL needs

Collaboration + Coordinated Care

Grit Mobility Concepts

TARGET:
Patient equipped with resources, skills, and tools to either return to previous level of function OR reach a place of optimized outcomes

What makes Grit different?



Sick care Vs. Health care

“Every institution that impacts your health makes more money when you are sick and less when you are healthy…more than 75% of deaths and 80% of costs are driven by obesity, diabetes, heart disease, and other *PREVENTABLE* and *REVERSIBLE* metabolic conditions we have today”

Dr. Casey Means, MD

How we can be part of the solution!

- Determine what you know Vs. what you don't know
- Ask questions
- Explore options
- Gather resources
- Seek advocacy
- Consider collaborative efforts

Scan me to learn more!