# Neighborhood Rehab Medicine®

*From pioneering to Full Blown Medical Rehab - in the neighborhood*

**In little over three years, we have developed and consolidated a completely new system of outpatient rehab in the Netherlands: Neighborhood Rehab Medicine.**
**Currently, some fourteen local centers offer this disruptively new system of rehab medicine, in fairly small centers throughout the southern half of the Netherlands. Close to the patients and referring doctors. Very accessible and usually no waiting times. They all offer an unusual combination of physical improvement and behavior modification within the same course of rehab, leading to unusual high satisfaction rates among patients and referring doctors alike. The flat organizations facilitate faster adaptation and evolution in the care; we expect rapid new developments in the coming few years.**

**History**
In December 2012, we constituted the Mendel Medical Rehab Foundation. This marked the start of a very rapid development of an innovative and fairly disruptive system of outpatient rehabilitation medicine in the Netherlands: within a year, some fourteen centers were offering the system. Sadly, the original foundation collapsed under the pressure of uncontrolled growth and ceases to operate in December 2014. The fourteen centers regrouped into three different foundations; eleven centers remained and developed the same system further.

**Innovative**
Neighborhood rehab is truly innovative:

- Large, renown local physical therapy centers embrace the systematics of medical rehabilitation: involving trusted additional disciplines from their local network, they each develop a truly interdisciplinary rehab team, directed by the Physiatrist and the business support by the foundation.
- Taking advantage of the full spectrum of the Dutch medical rehab systematics under full medical responsibility of the experienced physiatrist.
- All patients are seen (within a week) in an extensive intake by the patient-coach, a.k.a. case manager. Within another week, every patient is seen by the physiatrist and the rehab itself will then start very shortly after that.
- Essentially, treatments have a hybrid character: the physical problems can be optimized in the first few weeks (so many different PT specialties are available) and in the meantime, essential behavior modification is implemented.
- Business admin and the relationship with payers is provided by the central rehab foundation.
- Every center makes use of highly specialized, internet-based software, fully capable of handling the peculiar Dutch control- and payment system.
- It is a fast, local and adaptive system, practically no waiting time and very much adapted to the local patients and referral needs.

**Structure**
All centers participating in Neighborhood Rehab Medicine are large, local and renown centers for physical therapy (some 22 different PT specialties per center is no exception). These centers always have broad-minded, co-active and entrepreneurial “early adapter” owners. Participating centers have, naturally, a long-standing working relationship in their local network with different other disciplines like occupational therapy, psychology, social work, speech therapy and dieticians.

Both the center and the therapists are then trained in the systematics of truly interdisciplinary rehab medicine and the pivotal role of the Physiatrist. Each foundation provides the Physiatrist, back-office support and the relationship with payers.

Throughout the whole process, we make use of different systematic formats, the most important being the Intake and Treatment Plan which is exceptionally comprehensive and concise at the same time. This document is available right after the initial consult with the Physiatrist: for the patient, the treatment team and all involved doctors and referees.

**Neighborhood Rehab is quite distinct**
The patient always has the distinct impression of being listened to and well attended. This is achieved by the close relationship with and constant availability of the Patient-Coach, the systematics, the dedicated treatment team and the Physiatrist. There is always someone available and well-informed: who is doing what, what is going well and what needs special attention? Whatever doesn't go well, can be corrected quickly. The attitude is pro-active, we like to find solutions and help patient to become masters of their own life, including the ensuing disabilities.

Trajectories have a clear beginning and ending. Goals are defined together with the patient, Patient-Coach and team; during a trajectory, a patient sits at least four times with the Patient-Coach and at least three times with the Physiatrist.

In each center has an unusual amount of different PT specialists available: at the start of every trajectory we have the luxury of briefly treating under-treated aspects, while we make a start at the same time with uncompromising behavior modification (low back pain is often caused by problems that a pelvic PT can diagnose and treat well).

At the same time, patients re-develop (usually in the care of a Cesar PT) a fundamental sense of physical limits and "early warning signs" of overload, relaxation and breathing techniques and the "body & mind – connection", while subtle and effective physical training gets under way. Other members of the team address issues like avoidance of (physical, cognitive and spiritual) over-burdening.

Right from the beginning, we coach the patient toward progressive self-efficacy. Even before discharge, the patient will achieve a sense of being "the captain of their ship" and physical complaints have decreased; exacerbations become much less frequent, and much less severe while recovery is faster.

Because the whole organization is maintained very "flat" and with the high efficiency of the trajectories, cost of treatment is very low (less than 65% of normative).

**Win-Win-Win-Win**
The systematics of Neighborhood Rehab always yields a win-win-win-win: for the patient, the treatment centers and therapists, the Rehab Foundation involved, and for the referring Primary Care Physicians and medical specialists.

Patients feel "close": they appreciate the quick and personal attention, the "short lines". Oftentimes, they already know some of the members of the rehab team. The satisfaction rate of both patients and referring doctors is unusually high. The treatment centers are delighted with the further development and the increased level of their work and also with the new and broadened flow of patients. The involved Rehab Foundation is pleased with the increased flow, both on an academic and a business level. And, last but not least, the referring Primary Care Physicians and specialists are pleased with the new, very effective referral possibility and pleased patients.

CQ-index results are unusually high: never less than 8.6/10. Primary Care Physicians, medical specialists, company/industry doctors, as well as larger regional rehab institutions refer patients to our system, often because of practical reasons like the physical proximity and short waiting times; and, they gradually hear of good results.

**Certification**
The rigorous Dutch HKZ-certification has been successfully completed or programmed in all participating centers; all Physiatrists are Board Certified an Rehab Board treatment center certification is pending.

**Part of the Mendel Foundation Philosophy and developments**
The purpose of the Mendel Foundation is the development of systematics to improve the coarse of ageing ("towards getting real old, real well: a Blissful 3rd Age"). The fundamental system of Neighborhood Rehab Medicine was provided by the Mendel Foundation including the "Intake & treatment Plan", the "flow" in treatment, coaching and counselling, the team meetings, the systematized correspondence. The Mendel Foundation plays a continuing role as binding factor as well as "Mother-Superior". All different centers that embrace Neighborhood Rehab Medicine develop their own ways, but always through and with the Mendel Foundation.

**The Future**
Specific and further development of Geriatric Rehab Medicine and the introduction of a unique Minimal Data Set are currently being developed. Also, we will take a proactive role in the introduction of Life Style Medicine in the Netherlands and hopefully also in Mexico.

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