Implementation of Physical and Rehabilitation Medicine Services

Christoph Gutenbrunner

ISPRM-WHO-Liaison Officer
Chairman of ISPRM-WHO-Liaison-Committee
WHO main focal point
Conflict of Interest Declaration

- ISPRM-WHO-Liaison Officer (no payment)

- Rehabilitation Advisory Team and development of a Rehabilitation Assessment Tool for WHO (incl. travel project grant)

- No private payment or business
Overview

• Introduction
  ◦ Conceptual Framework
  ◦ WHO Global Disability Action Plan 2014-2021
  ◦ ISPRM-WHO Collaboration Plan 2014-2017

• Principles of Rehabilitation Service Implementation

• National Disability, Health and Rehabilitation Plans

• Outlook
Introduction
Conceptual Framework (1)

**Rehabilitation**

- is the **health strategy** which based on WHO´s integrative model of functioning, disability and health (…)
- (…) with the goal to enable persons with health conditions experiencing or likely to experience disability to **achieve and maintain optimal functioning** in interaction with the environment

**Physical and Rehabilitation Medicine**

- is the **medical specialty** that, based on WHO´s integrative model of functioning, disability and health and rehabilitation as its **core health strategy** (…)

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Conceptual Framework (2)

- Rehabilitation services\(^1\)
  - are personal and non-personal intangible products offered to **persons with a health condition experiencing or likely to experience disability** (…)
  - within an **organisational setting** in interaction between provider and person
  - addressing individual **functioning needs**
  - that aim at **enabling persons to achieve and maintain optimal functioning** (…)
  - delivered by **rehabilitation professionals** (…)

WHO Global Disability Action Plan¹: objectives

(1) to remove barriers and improve access to health services and programmes

(2) to strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation

(3) to strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services

¹www.who.int/disabilities/actionplan/en/
ISPRM-WHO Collaboration Plan

- **General Collaboration area**: Contribution to WHO meetings and projects and information to ISPRM
- **Collaboration project 1**: Learning Health Systems for Spinal Cord Injury, an initiative incl. international spinal cord injury survey *(in co-leadership with ISCoS)*
- **Collaboration project 2**: Fast Response Teams on strategies and plans of rehabilitation and related services
- **Collaboration project 3**: ICF based routine data collection in national health information systems
Introduction

Collaboration Project 2: objectives

- To **carry out consultations with countries** on request and suggested by the DTO aiming at strengthening rehabilitation services and building capacity of the rehabilitation workforce
  - To **provide matrix and checklists** to analyse existing rehabilitation services as well as to identify gaps in service provision
  - To establish **Rehabilitation Services Advisory Teams** of experts with global and regional health systems understanding that can provide guidance to governments
  - (...) This includes **Rehabilitation Service Advisory Meetings** and **Stakeholder Dialogues**

Also included: support for capacity building of a rehabilitation workforce
Principles of Rehabilitation Service Implementation
WHO Global Disability Action Plan

2.4 Expand and strengthen rehabilitation and habilitation services ensuring integration, across the continuum of care, into primary (including community), secondary and tertiary levels of the health care system, and equitable access, including timely early intervention services for children with disabilities.

2.5 Make available appropriate assistive technologies that are safe, of good quality and affordable.

2.3 Develop and maintain a sustainable workforce for rehabilitation and habilitation as part of a broader health strategy.
Rehabilitation Service Implementation

- **Guiding principles:**
  - Assessment of existing services (*incl. workforce*)
  - Development of recommendations & projects
  - Stakeholder dialogues

- **Tools** (*some are still under development*):
  - Rehabilitation service assessment tool (*RSAT*)
  - International Classification of Service Organization in Rehabilitation (*ICSO-R*)
  - Rehabilitation Service Implementation Framework (*RSIF*)
  - WHO Health Systems Building Blocks

- **Recommendations:**
  - According to WRD or GDAP
Levels of health care

Health care systems

Macro level
- Rehabilitation service implementation (WHO, RA1)

Meso level
- Rehabilitation quality management (professional organisations)
  - Rehabilitation workforce
  - Rehabilitation services
  - Rehabilitation program
  - Rehabilitation program
  - Rehabilitation program

Micro level
- Rehabilitation program
- Rehabilitation program
- Rehabilitation program
- Rehabilitation program
Levels of care provision *(specialization)*

- **Level 1**: families, peers, community based rehabilitation workers, etc.
- **Level 2**: primary care physicians, PT, OT, BSc-CBR, etc.
- **Level 3**: PRM, specialized PT, OT etc.
- **Level 4**: Multi-professional rehabilitation services
- **Level 5**: highly specialized rehabilitation services (SCI, TBI)

Coordinated referral systems (PRM as advisor and coordinator)

PRM delivered services

PRM as trainer
Continuum of care

- **Acute care**
  - Intensive rehabilitation (in hospital)

- **Post-acute care**
  - Rehabilitation (in-patient)

- **Long-term care**
  - Intermittent rehabilitation (in-patient or day-clinic)
  - Community based rehabilitation (out-patient)

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Rehabilitation professions *(overview)*

- **Medical specialists:**
  - Physical and Rehabilitation Medicine
  - other specialists with training in rehabilitation

- **Therapists:**
  - Physiotherapists
  - Occupational Therapists
  - Speech and language therapists
  - Orthotist and Prosthetist
  - Psychotherapists
  - and others

- **Primary health care professionals:**
  - Primary care physicians
  - Primary health care rehabilitation professionals *(nurses)*
## Spectrum and types of services

<table>
<thead>
<tr>
<th>Tertiary level of health care</th>
<th>A. Acute care</th>
<th>B. Post-acute care</th>
<th>C. Long-term-care</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.1: Acute rehabilitation wards</td>
<td>A.2: Mobile acute rehabilitation teams</td>
<td>B.1: In-patient post acute rehabilitation unit</td>
<td>--</td>
</tr>
<tr>
<td>Secondary level of health care</td>
<td>A.2: Mobile acute rehabilitation teams</td>
<td>B.1: In-patient post acute rehabilitation unit</td>
<td>C.1: Intermittent in-patient rehabilitation service</td>
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<tr>
<td></td>
<td>B.2: Out-patient post acute rehabilitation unit</td>
<td>B.3: Mono-professional post-acute services</td>
<td></td>
</tr>
<tr>
<td>Primary level of health care</td>
<td>--</td>
<td>B.2: Out-patient post acute rehabilitation unit</td>
<td>C.2: Primary care rehabilitation centres</td>
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<td></td>
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<td>B.3: Mono-professional post-acute services</td>
<td>C.3: Mono-professional long-term services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>C.4: Community Based Rehabilitation Service</td>
</tr>
</tbody>
</table>
Service classification \((ICSO-R^1)\)

- **Service provider:**
  - The main questions behind are **where** and **in which context** the service is delivered

- **Funding of the service:**
  - The question behind is **what are the principles** of financial resources

- **Service delivery:**
  - It focuses on the question **how** the services are delivered to the user

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Learning health systems (Stucki et al.)

Principles of Rehabilitation Service Implementation

Learning Health System

Principles:
Rehabilitation system: evidence and policy informed response
Rehabilitation services
Rehabilitation interventions
Rehabilitation quality management

Building blocks:
Policies and programs
Provision and payment
Professional and person interaction
Products and procedures
Work force
Health information
Interventions

Person
Health Functioning
Needs
Response

Society
Health system
Rehabilitation services

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Estoril (Portugal), April 26, 2016
National Disability, Health and Rehabilitation Plans
ISPRM Rehabilitation Advisory Teams

National Disability, Health and Rehabilitation Plans

- **Goal**: Giving advice for rehabilitation planning on request of country and WHO
- **Experts**: 1-3 experts with global health systems perspective, clinical knowledge and understanding for local situation (*incl. language and culture*)
- **Working principles**: Applying principles, recommendations and actions of WRD and GDAP
- **Working methods**: Data collection, consultation with stakeholders, site visits, stakeholder dialogue
- **Outcome**: Report with National Disability, Health, and Rehabilitation Plan incl. recommendations
Government (Ministry of Health) requests WHO (country office) requests

National Disability, Health and Rehabilitation Plan requests contracts

ISPRM-WHO-LC (Rehabilitation Advisory Teams) requests
Services implementation strategy cycle

National Disability, Health and Rehabilitation Plans

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Rehabilitation Service Implementation

- **Guiding principles:**
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  - Stakeholder dialogues

- **Tools** (*some still under development*):
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  - WHO Health Systems Building Blocks

- **Recommendations:**
  - According to WRD or GDAP
Recommendations: examples (Egypt)

- **Defining disability as a priority of health policies** and rehabilitation as a major health strategy to be implemented in all sectors of health care (*rehabilitation as universal health coverage*).
- Include detection on the prevalence of disability into all health surveys.
- Establish training programs for *missing* rehabilitation professions (*occupational therapists, prosthetists and orthotists, speech and language therapists, visual and auditory trainers*) as well as primary health care rehabilitation workers.
Projects: examples (Egypt)

- Translate relevant international documents on disability and rehabilitation into Arabic language and make culturally adapted explanations (of definitions)
- Develop feasible and culturally accepted tools to use the ICF in health reporting and clinical assessment of disability and functioning(...)
- Perform a model disability survey in one or two different model regions using the model disability survey, and include functioning properties in the registry of diseases
Recommendations: examples (Ukraine)

- Health related rehabilitation services must be implemented at all levels of health care and for all phases of health care. As in Ukraine many rehabilitation services already exist, a transition plan should be developed. The primary health care sector needs to take a stronger role in long-term rehabilitation (…)

- In order to establish a high-qualified rehabilitation workforce international definitions and curricula of rehabilitation professions should be implemented (…). Here also, a transition plan is required
Outlook
The way forward

• **Background**: Strong political commitment to implement rehabilitation services and ensure access for all persons in need ("rehabilitation the health strategy of the 21st century")

• **Development of tools**:  
  - Rehabilitation service description (*both classification and prototype services*)  
  - Standardized rehabilitation assessment and implementation tools  
  - Strategy for rehabilitation workforce capacity building (*including primary health care level*)

• **Data collection**: Surveys on services and life situation of persons with disabilities as well as on rehabilitation outcomes

• **Public relations**: Inform about principles and activities
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© Christoph Gutenbrunner, Hannover Medical School, D-30625 Hannover, Germany

Prof. Christoph Gutenbrunner, MD, PhD
Chair, Department of Rehabilitation Medicine
Hannover Medical School
D-30625 Hannover, Germany
gutenbrunner.christoph@mh-hannover.de

Thank you for your attention!
Summary (1)

- **Political background:**
  - Implementation of rehabilitation services and access is on the UN & WHO agenda (*and even seen as part of universal health coverage*)
  - This includes assistive devices and rehabilitation workforce capacity building

- **Implementation principles:**
  - Health-related rehabilitation services must be implemented in along the continuum of care and at all levels of the health system

- **Need of tools:**
  - Rehabilitation service assessment tools
  - Description of (prototype) services and training standards for rehabilitation professionals
Example for Checklist/Tables and work plan proposal

UNCRPD, GDAP
Health System Building Blocks
Health Care Service Matrix

Rehabilitation Service Assessment Tool (RSAT)

Rehabilitation Implementation Framework (RSIF)

Data Collection and evaluation

Rehabilitation Advisory Team
Draft Recommendations
Stakeholder Dialogue
Consensus of Recommendations
Ministry of Health

WHO Collaboration Partners
National Partners & Stakeholders
Non Governmental Organisations

Monitoring
Implementation
Projects of model implementation

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Work plan

- Basic information about country, population, epidemiology, health systems
- First visit with more detailed data collection, consultations and site visits
- Draft zero report and email consultations with government, WHO and stakeholders
- Second country visit with gathering of missed information and a stakeholder dialogue (*1-day workshop*)
- Finalise and present report with recommendations
Summary (2)

- **Goals:**
  - to implement the GDAP into national health systems
  - support the development (and implementation) of National Disability, Health and Rehabilitation Plans

- **Tools:**
  - Assessing situation (*incl. visits*)
  - Recommendation along WRD and GDAP
  - Stakeholder dialogue

- **Challenges:**
  - Development of a standardized Rehabilitation Service Assessment tool and Implementation Framework
How to proceed? (1)

• **Step 1:** Agreement on principles
  - information and discussion with policy makers and stakeholders (e.g. along WHO resolutions on disability)
  - agreement on principles (e.g. recommendations of the World Report on Disability)
  - agreement on goals and success indicators (e.g. along the WHO Global Disability Action Plan)

• **Step 2:** Data collection and analysis
  - population and epidemiology of disease and trauma (including disability; e.g. Generic ICF Core Set)
  - surveys on lived experience on persons with disability (e.g. with ICF Disability Core Set and other assessments)
  - data on health care (including rehabilitation services)
How to proceed? (2)

• **Step 3:** Planning and implementation
  - identifying gaps in rehabilitation care (*e.g. along adapted standards from other countries*)
  - agreement on needs of services and implementation strategy (*e.g. by using stakeholder dialogues*)
  - clarify financing (*both of service establishment and of service delivery; e.g. health insurance*)
  - designing a concrete implementation plan (*with realistic milestones*)

• **Step 4:** Service provision and quality control
  - Implementation of using pathways and guidelines (*guidelines and best practice models*)
  - assessment of outcomes (*with dimensions functioning and socio-economic effects*)
  - continuous quality management