Integrating the ICF Classification and the MDT Approach: Square Peg, Round Hole?

Chad Cook PhD, PT, FAAOMPT
Program Director and Professor
Duke Department of Orthopaedics
Duke Clinical Research Institute

Disclosures

- Teach for MedBridge Education ™
- Paid consultant for Hawkins Foundation of the Carolinas
- Senior Associate/Special Topics Editor for BJSM and JOSPT
- Not affiliated with MDT in any fashion

The World Health Organization

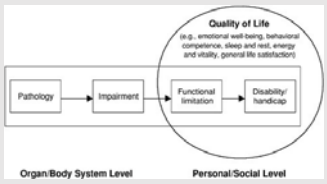
- WHO is a specialized agency of the United Nations that was created to improve international public health
- It was established on 7 April 1948, headquartered in Geneva, Switzerland.

WHOs: The International Classification of Functioning (ICF)

- The ICF provides a standard language and framework for the description of health and health-related states
- It decreases Western biases
- It "normalizes" disability (everyone experiences some)
- It provides a positive spin
- It is the conceptual basis for the definition, measurement and policy formulations for health and disability

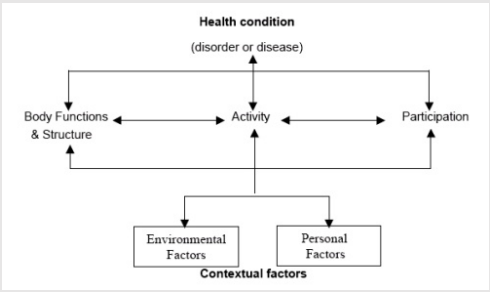
Evolution of the Model

- First version published by the World Health Organization for trial purposes in 1980
- It decreases Western biases
- It is the conceptual basis for the definition, measurement and policy formulations for health and disability
- This is a radical shift. From emphasizing people's disabilities, we now focus on their level of health



http://www.who.int/classifications/icf/icfbeginnersguide.pdf?ua=1

The Model



Change from the Nagi Model

- ICF also lists environmental factors that interact with all these components
- Designed to describe changes in body function and structure, what a person with a health condition can do in a standard environment (their level of capacity), as well as what they actually do in their usual environment (their level of performance).

http://www.nap.edu/read/10411/chapter/16

Individual-Person Based

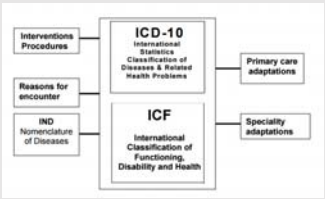
- Classifications are based on the understanding that for any person, various factors interact, and all of these factors must be considered in making a proper assessment
- Hence, several domains of assessment are included, such as body function and structure, activity and participation, and environmental and personal factors

At the Individual Level

- For the assessment of individuals: What is the person's level of functioning?
- For individual treatment planning: What treatments or interventions can maximize functioning?
- For the evaluation of treatment and other interventions: What are the outcomes of the treatment? How useful were the interventions?
- For communication among physicians, nurses, physiotherapists, occupational therapists and other health works, social service works and community agencies
- For self-evaluation by consumers: How would I rate my capacity in mobility or communication?

Lately, the ICF has Gotten a lot of Press

Is this Truly Different?



How Does the ICF connect with the MDT Approach?

- Shared Decision Making
- Empowerment of the Patient
- Therapeutic Alliance
- It Drives Health Seekers
- It provides an active approach to care
- It's safe
- It addresses all aspects of the biopsychosocial model

Shared Decision Making

- Shared decision making is a collaborative process that allows patients and their providers to make health care decisions together.
- It takes into account the best clinical evidence available, as well as the patient's values and preferences.

Empowerment of the Patient

J Bone Joint Surg Am. 2015 May 6;97(9):769-74. doi: 10.2106/JBJS.N.00941.

Improving Value in Musculoskeletal Care Delivery: AOA Critical Issues.

Yian DH[1], Hoekler DA[2], Jevsevar DS[3], Bozic KJ[4].

Author information

Abstract

Improving value in musculoskeletal health care has emerged as an important objective in both the United States and Canada. In order to achieve this objective, providers need to have a clear definition of value and an infrastructure for measuring outcomes of interest to patients and costs over the episode of care. Although national patient registries have been established in the United States and Canada, they nevertheless lag behind other registries worldwide in terms of collecting patient-reported outcomes and capturing data from a wide cross-section of hospitals and physicians. With the help of professional medical societies and the creation of national initiatives, patient-reported outcomes data collection on a large scale may be possible, but many challenges remain regarding implementation. Alternatives to the fee-for-service payment model, including pay-for-reporting and pay-for-performance, may help incentivize physicians and health-care providers to obtain and improve on patient-reported outcomes data collection. Other payment reforms, such as bundled payments, have been piloted in certain regions, but their sustainability and long-term success are unclear at this time. Novel health-care delivery strategies aimed at improving quality, coordinating multispecialty care, and enhancing patient participation in shared decision-making have shown promise in improving patient-centered outcomes, but delivery models continue to vary greatly throughout the United States and Canada. The current status of musculoskeletal health-care delivery requires substantial change before the goal of improving patient outcomes and lowering health-care costs can be achieved.

Active Approach to Care

- Passive care of spine related problems and hip problems are related to higher costs, longer delays to care and more visits

PLOS ONE

RESEARCH ARTICLE

The Influence of Physical Therapy Guideline Adherence on Healthcare Utilization and Costs among Patients with Low Back Pain: A Systematic Review of the Literature

William J. Hanney[1]*, Michael Masaracchio[2], Xinliang Liu[3], Morey J. Kolber[4]

1 Department of Health Professions, University of Central Florida, Orlando, Florida, United States of America, 2 Department of Physical Therapy, Long Island University, Brooklyn, New York, United States of America, 3 Department of Health Management and Informatics, University of Central Florida, Orlando, Florida, United States of America, 4 Department of Physical Therapy, Nova Southeastern University, Fort Lauderdale, Florida, United States of America

These authors contributed equally to this work.
‡ These authors also contributed equally to this work.
* William.Hanney@ucf.edu

Therapeutic Alliance

Research Report

The Influence of the Therapist-Patient Relationship on Treatment Outcome in Physical Rehabilitation: A Systematic Review

Amanda M. Hall, Paulo H. Ferreira, Christopher G. Maher, Jane Latimer, Manuela L. Ferreira

Health Seeking Behavior

POPULATION HEALTH MANAGEMENT
Volume 16, Number 6, 2013
© Mary Ann Liebert, Inc.
DOI: 10.1089/pop.2012.0098

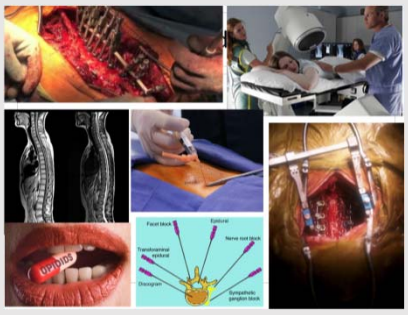
Conservative Spine Care:
Opportunities to Improve the Quality and Value of Care

Thomas M. Kosloff, DC,[1] David Elton, DC,[2] Stephanie A. Shulman, DVM, MPH,[3] Janice L. Clarke, RN,[4] Alexis Skoufalos, EdD,[4] and Amanda Sole, MS[4]

Abstract

Low back pain (LBP) has received considerable attention from researchers and health care systems because of its substantial personal, social, work-related, and economic consequences. A narrative review was conducted summarizing data about the epidemiology, care seeking, and utilization patterns for LBP in the adult US population. Recommendations from a consensus of clinical practice guidelines were compared to findings about the current state of clinical practice for LBP. The impact of the *first provider consulted* on the quality and value of care was analyzed longitudinally across the continuum of episodes of care. The review concludes with a description of recently published evidence that has demonstrated that favorable health and economic outcomes can be achieved by incorporating evidence-informed decision criteria and guidance about entry into conservative low back care pathways. (*Population Health Management* 2013;16:390–396)

Safety? Better than the Alternative……



It addresses all Aspects of the Psychosocial Model

- Anxiety
- Readiness to change
- Depression
- Catastrophizing
- Fear
- Maladaptive thoughts
- Expectations

Gaps between the MDT Approach and the ICF

- Small effects
- Based on a Nociceptive System
- Rigidity of concept
- Doesn't address the cognitive aspects that are useful in dedicated pain science cases

Thank You