Multidisciplinary and interdisciplinary approaches in medical rehabilitation

Action Learning Group

Mulhouse 24-25 November 2011
Introduction
Key Questions

- How do we ensure the focus on the client, and the implementation of an effective continuum of services?
- How do we involve and use the expertise of staff from multiple disciplines?
- How do we ensure that the client and the continuum of services are the “primary drivers” of care?
- How do we translate the values of collaboration and shared expertise into practical strategies, which ensure the highest quality of services and the maximum benefit to the client?
Learning Objectives

- Improvement of the multidisciplinary and interdisciplinary process within the centre, based on a customer oriented approach and taking all stakeholder perspectives into account;
- Better use of resources, resulting in more efficiency and effectiveness;
- Clarification of the role and function of case management;
- Improvement of cross-departmental co-operation within mother organisation, resulting in an approach which integrates aspects of medical and vocational rehabilitation as well as care.
- Improvement of continuity in internally and externally oriented service provision;
- Securing a more user-friendly service provision.
Format of the activity

- Action Learning Group
- Two-year action plan
- Two meetings: November 2011, 2012
Programme

- Introductory training
- Benchmarking sessions
- Setting up a framework for action planning
- Training session – Building on the best
- Conditions for implementation of action plans
Introductory training - what are we talking about?

- What are key concepts and issues with respect to multidisciplinary and interdisciplinary approaches in medical rehabilitation?
Consensus on key topics

- Medical Rehabilitation
- Health care paradigms
- Consistency – establishing integral approaches
- Multidisciplinarity, interdisciplinarity, transdisciplinarity
- Multi stakeholder approach
- Components of a framework for action planning
Consensus on key topics

- Medical Rehabilitation
- Health care paradigm
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Rehabilitation – WHO definition

“Rehabilitation of people with disabilities is a process aimed at enabling them to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels. Rehabilitation provides disabled people with the tools they need to attain independence and self-determination.”
A broad range of definitions of medical rehabilitation

- Physical medicine and rehabilitation
- Community based rehabilitation
Physical medicine and rehabilitation involves the management of disorders that alter the function and performance of the patient.

Emphasis is placed on the optimization of function through the combined use of medications, physical modalities, physical training with therapeutic exercise, movement & activities modification, adaptive equipment and assistive device, orthotics (braces), prosthesis, and experiential training approaches.
Community-based rehabilitation (CBR) focuses on enhancing the quality of life for people with disabilities and their families, meeting basic needs and ensuring inclusion and participation.

CBR has evolved to become a multi-sectoral strategy that empowers persons with disabilities to access and benefit from education, employment, health and social services.

CBR is implemented through the combined efforts of people with disabilities, their families, organizations and communities, relevant government and non-government health, education, vocational, social and other services.
The WHO ICF-model as a basis for rehabilitative care provision

International Classification of Functioning, Disability and Health (ICF)
The WHO ICF-model as a basis for rehabilitative care provision

International Classification of Functioning, Disability and Health (ICF)

- Impairment
- Limitation
- Restriction

Health Condition
(Disorder or Disease)

Body Structure
& Functions

Activity

Participation

Environmental Factors

Personal Factors
What do we concern to be an appropriate working definition for medical rehabilitation?
Consensus on key topics

- Medical Rehabilitation
- **Health care paradigm**
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Health care paradigms
Health care 1.0

- We deliver added value by:
  - a selected and available capacity of services
  - to support the client actively
  - In reaching goals that are planned in advance

- Therefore we work with:
  - teams with professionals
  - with clear and appropriate rules
Health care 2.0

- We deliver added value by
  - programs that are specific for a certain group of clients
    - That are cost effective
    - That have proven their effect
    - That contribute to health and welfare of the client
    - That support the client in realising desired, planned outcomes
Health care 3.0

- We deliver added value by
  - a set of programs that can be offered on an individual basis
    - That use all resources available
    - That meet the desires and wishes of the individual client
    - That contribute to empowerment of the client within a given social, societal, strategic and organizational context
Health care 4.0

We deliver added value by:

- Trustworthy, respectful and open human beings, who are willing
  - To engage in a human relationship
  - To give life to what has the potential to improve
  - To cooperate with the person and his/her family and relatives
  - To contribute to a better society
## Transfer in health care paradigms

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<th>Group level</th>
<th>Individual level</th>
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What health care paradigm are we referring to when we speak about multi-/interdisciplinary medical rehabilitation?
Consensus on key topics

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Consistency

- Five dimensions of consistency in interdisciplinary medical rehabilitation
  - Continuous approach
  - Horizontal integration
  - Vertical integration
  - Internal integration
  - External integration
A continuous approach

- The integration of phases in time: past, present, future: continuity

Rehabilitation
Horizontal integration

- In the full width of the organisation, for every client the same criteria can be met in terms of:
  - Quality
  - Expertise
  - Methodology
  - Processes
  - Professional attitude
  - Etc.
Horizontal integration
Vertical integration

Throughout the organisation there is unity of:

- Mission: what we are here for
- Vision: what we believe in
- Common goals: what we are aiming at
- Core values: what we stand for
- Core competences: our key skills, knowledge, behavior we put in practice
Vertical integration
Internal integration

- All parts of our organisation work together in order to realise the common goals we have defined.

- There is a clear view on our primary process of health care delivery and a clear view on how “secondary” services (ICT, HR, Finance, cleaning, housing etc.) can be supportive to this primary process.

- All parts of our organisation cooperate in order to reach the common goals defined.
Internal integration
External integration

Our organisation works together with all external stakeholders involved:

- Other health care providers
- Society
- Family
- Employers
- Governmental agencies
- Health insurance providers
- Schools
External integration
Consistency in perspective
Action planning with respect to 5 types of integration

- A continuous approach
- Horizontal integration
- Vertical integration
- Internal integration
- External integration
Consensus on key topics

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Types of working together

- Multidisciplinarity
- Interdisciplinarity
- Transdisciplinarity
Multidisciplinarity

Multidisciplinarity is a non-integrative mixture of disciplines in that each discipline retains its methodologies and assumptions without change or development from other disciplines within the multidisciplinary relationship.
Interdisciplinarity

Interdisciplinarity involves the combining of two or more academic fields into one single discipline. An interdisciplinary field crosses traditional boundaries between academic disciplines as new needs and professions have emerged.
Differences between multidisciplinarity and interdisciplinairity

- Multidisciplinarity is distinctly different from interdisciplinarity because of the relationship that the disciplines share. Within a multidisciplinary relationship this cooperation "may be mutual and cumulative but not interactive", while interdisciplinarity blends the practices and assumptions of each discipline involved.
Transdisciplinarity

Transdisciplinarity arises when experts interact in an open discussion and dialogue, giving equal weight to each perspective and relating them to each other. Experts participating need not only in-depth knowledge and know-how of the disciplines involved, but skills in moderation, mediation, association and transfer.
Concepts of disciplinarity with respect to medical rehabilitation

- Content
- Collaboration and team management
- Establishing an multi-stakeholder approach
Content of interdisciplinary rehabilitation

- Goal setting
- Defining results
- Determination of contribution of different disciplines
- Monitoring of progress and goal attainment
Collaboration and team management

- Disciplines involved
- Participators in team meetings
- Coordination of the medical rehabilitation process
- Coordination of the decision making process
- The role of the rehabilitation physician
- Input and participation of the patient
Establishing a multi-stakeholder approach

- Managing the input of the individual professional
- Managing interdisciplinarity and transdisciplinarity – the added value of a team approach
- Establishing horizontal, vertical and internal integration – managing the role of the organisation
- Public involvement - managing the role of the “outside world”
- Patient centeredness – managing the involvement of the client and his or her family
Summary: key topics

- Medical rehabilitation
- Health care paradigms
- Concepts of integrality
- Interdisciplinarity
- Involving all stakeholders
Benchmarking sessions