BREAKOUT SESSION REPORT BACKS

FUNCTIONING

Facilitator: Somnath Chatterji, World Health Organization, Emeritus, *Planning Committee Member*

ECONOMICS

Facilitator: Gerold Stucki, University of Lucerne, *Planning Committee Member*

HEALTH SERVICES

Facilitator: NiCole R. Keith, Indiana University, *Planning Committee Member*

RESEARCH

Facilitator: Julia Patrick Engkasan, Universiti Malaya, *Planning Committee Member*

ADVOCACY

Facilitator: Matilde Leonardi, IRCCS Foundation “Carlo Besta” Neurological Institute, *Planning Committee Member*

BREAKOUT SESSION REPORT BACKS - FUNCTIONING

Potential Next Steps:

- Operationalise measurement of functioning for tracking population health, functional capacity and disease burden
- Identify subset of domains for clinical epidemiology and treatment matching (using existing instruments such as ClinFIT and ICF-StARS)
- Assess relative impacts on functioning of interventions for capacity vs performance in people with health conditions
- Examine factors that determine older adults' functional capacity vs actual functional performance

Promising Areas for Future Action:

- Identify a clear research agenda with milestones for next 5 years
- Launch reference implementation in selected national health information systems
- Partner with health care providers to demonstrate cost effectiveness of functional capacity assessment for early disease detection

Opportunities for Collaboration:

- Partner with researchers engaged in Burden of Disease studies
- Partner with research funders to advance research agenda
- Partner with WHO and MoH to demonstrate value of measurement of functioning
- Patient's associations

BREAKOUT SESSION REPORT BACKS – FUNCTIONING (CONT'D)

Other Reflections and Cross-Cutting Themes that Emerged:

- **Aggregation strategy across different domains**
- **Population segmentation / risk stratification**
- **Tracking functioning over time to assess cohort effects, rates of decline, impact of interventions, etc**
- **Study relationship between functioning, time use, social networks, loneliness and wellbeing**
- **Acknowledge that functioning provides an universally shared conceptual framework to support health longevity and the healthy ageing agenda**

BREAKOUT SESSION REPORT BACKS - ECONOMICS

Potential Next Steps:

- Develop the evidence and design evidence-driven policies in a learning health system approach, taking the perspective of the person, the health care and social systems.
- Define and agree on relevant economic outcomes, including participation in all life areas and formal and informal care costs.
- Enable data accessibility, interoperability, and monitoring along the continuum of care over the life span and across sectors.

Promising Areas for Future Action:

Build conceptual understanding of disability, functioning, and wellbeing (complementing mortality and morbidity):

- Clarify the distinction between conceptual frameworks and measurement instruments.
- Urge infrastructure development that can provide the standardized reporting of functioning information collected with various instruments to a universal metric based on international classifications such as the WHO ICF.

Opportunities for Collaboration:

Incentivize spaces for discussion towards agreements across stakeholders from governments, non-governmental organizations, and civil society.

BREAKOUT SESSION REPORT BACKS – ECONOMICS (CONT'D)

Other Reflections and Cross-Cutting Themes that Emerged:

- **Strengthening the evidence on the effectiveness of rehabilitation is essential.**
- **Economic evaluations can support the financing of rehabilitation and require information from the health and social systems.**
- **Measuring the opportunity costs of not investing in rehabilitation across sectors can support financing decisions.**
- **Alignment of incentives among stakeholders across sectors could enhance rehabilitation and its value creation throughout society.**

BREAKOUT SESSION REPORT BACKS – HEALTH SERVICES

Potential Next Steps:

- Expand role of person-centered rehabilitation in the healthy ageing agenda
- Improve access and deliver rehabilitation services in the community, early screening of limitation of functioning, surveillance of functioning trajectories, promoting functioning (fall risk assessment)
- Develop a package of rehabilitation interventions for aging based on functioning, considering multimorbidity and integrated care

Promising Areas for Future Action:

- Comprehensive assessment of functioning must be monitored, recorded, reimbursed across systems and communities
- Boost pre-rehabilitation, including physical exercise, for improving surgical outcomes
- Exploring new technology for service delivery to improve access, transdisciplinary, and primary care practice
- Expand availability of prehabilitation and rehabilitation in primary health care and long-term care in the community

Opportunities for Collaboration:

- Rehabilitation professionals should be part of the integrated care team
- Revise models of integrated care and care pathways to account for the specific needs of healthy older people and those with pre-existing conditions/disabilities
- Collaborate with AT professionals to ensure that AT fits the needs of the person including AI

BREAKOUT SESSION REPORT BACKS – HEALTH SERVICES (CONT'D)

Other Reflections and Cross-Cutting Themes that Emerged:

- Provide rehabilitation programs that are based on functioning, not on single diseases, rethink eligibility criteria based on chronological age and avoid ageism, improve life course perspective
- Provide rehabilitation services that are resources and not deficit oriented, improve health literacy and self management
- Mind the context of persons receiving rehabilitation, including the built environment and social determinants of health (age friendly communities) → broad assessment of functioning and its determinants
- Train rehabilitation professionals to work on medically underserved areas
- In the assessment of functioning, ensure that PROs are accessible to all, including those with limited education, memory limitations, and Alzheimer's Disease and Related Disorders
- Understand what is the current status quo of service delivery and define evidence-informed priorities

BREAKOUT SESSION REPORT BACKS – RESEARCH

Potential Next Steps:

- Establish Human functioning sciences (HFS) as a distinct scientific field integrating different discipline/scientific perspectives
- Promote / advocate / strengthen ICF as a reference system for the standardized assessment and reporting of functioning information in clinical, public health, and policy research

Promising Areas for Future Action:

- Create HFS society and scientific journal
- Organize Human HFS scientific meetings / symposiums / conferences / journal clubs
- Develop curricula for (further) training and education on HFS as well as research approaches (incl. methodologies and methods within the qualitative and quantitative research tradition) relevant to HFS
- Develop standardized assessment and reporting tools of functioning information
- Generate evidence on functioning outcomes to inform decision-making on micro (e.g. RCTs, prognostic markers), meso and macro level (e.g. functioning based financing, clinical epidemiology, and public health)
- Integrate functioning as 3rd health indicator operationalized through the ICF in existing reporting guidelines for different study types

Opportunities for Collaboration:

- Ensure participation of stakeholders from the clinical, biological and societal perspectives
- Utilize relationships with organizations and societies such as Cochrane Rehabilitation, World Rehabilitation Alliance, Universities, and NGOs to work on activities and disseminate ideas
- Identify related fields such as Ageing, community-based health promotion, etc.

BREAKOUT SESSION REPORT BACKS – RESEARCH (CONT'D)

Other Reflections and Cross-Cutting Themes that Emerged:

- **Encourage innovative research involving all building blocks of the health system**
- **Promote cross-national comparative research**
- **Identify and develop system-level indicators relevant to functioning**
- **Review and update the conceptual description of human functioning science and summarize the development of the field since it was first outlined.**

BREAKOUT SESSION REPORT BACKS – ADVOCACY

Potential Next Steps:

- Raising awareness on rehabilitation as a health strategy, what it is, what functioning is
- Engage politicians by making the clear care for this. Contextualize at the level of policy-system and services.
- Identifying clear problems and providing clear solution (action-oriented advocacy for persuading about)

Promising Areas for Future Action:

- Rehabilitation is one of an essential health strategy, is about optimising functioning and is an essential part to achieving goal 3 of the Sustainable Development Goals (health and well-being)
- Functioning is health and lived health (linking bio-psycho-social model)
- To optimize functioning is a key societal responsibility and goal
- Functioning as a third indicator next to mortality and morbidity for programming (rehabilitation services) across the health and social sector, coordinated service provision along the continuum of care and over the life span/ person-centered care
    - Special focus on emergency preparedness

Opportunities for Collaboration:

- WHO
- World Rehabilitation Alliance
- Researchers in the field
- Health economists
- Patient associations and organizations of people with disability and older people
- Ideally also the World Bank
- UN non-communicable disease strategy

BREAKOUT SESSION REPORT BACKS – ADVOCACY (CONT'D)

Other Reflections and Cross-Cutting Themes that Emerged:

- **We are in a setting that is 'technically' clear now (clarity), but about which there is still much misunderstanding. Advocacy has to first of all promote consistency in view. For instance, the concept of functioning is clear but we need to translate the concept to 'local' people by anchoring to what they can understand. This including the promotion of knowledge of WHO 'Package of interventions for rehabilitation' to foster understanding of rehabilitation and functioning**
- **Need to consider that rehabilitation as a health strategy impact on the other health strategy (prevention, palliative, care…)**
- **Advocacy as a sort of 'transfer of knowledge' to change population health that goes through specific steps:**
  - **Message is need-driven**
  - **Process has to be clear**
  - **Who are the stakeholders**
  - **How do you embark the local context**
  - **Social-cultural-economic context**
  - **Evaluation of the efficacy of the messages/of the advocacy initiative**
- **It would be important to create a real community/team for advocacy and not working as individual groups each with its own agenda.**
- **We need to identify national leader for advocacy**
- **Functioning is a key element not only for goals SDG 3, but for other goals (e.g. quality education and reduced inequalities, employment…)**
- **It is also fundamental inspire a linking between WHO work on rehabilitation and functioning with other WHO programs (particularly mental and neurological and non-communicable diseases).**
- **The improvement of functioning is strictly connected with the operationalization of the UN Convention of the Right of People with Disability – advocacy can join efforts**