

# *Welcome!*

As you settle in, please change your name to include your professional role.



**Example:** Ian Rheault (Physical Therapy)

# The Value of Using the International Classification of Functioning, Disability, and Health (ICF) Model for Effective Interdisciplinary Patient Care

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# Ian Rheault, PT, DPT

## Board-Certified Orthopaedic Clinical Specialist (OCS)



### **Current Roles:**

- Assistant Professor, Department of Rehabilitative Sciences @ East Tennessee State University
- Orthopaedic Manual Physical Therapy Fellowship @ East Tennessee State University
  - ETSU Health Family Physicians - Kingsport (Outpatient Primary Care Clinical Setting)

### **Areas of Interest:**

- Interprofessional Practice and Education (IPE)
- Clinical Reasoning
- Chronic Pain in the presence of multi-system interactions

### **Previous Roles:**

- Orthopaedic Physical Therapy Residency Faculty @ University of Miami
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- Staff Physical Therapist @ Montrose Memorial Hospital
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**I have no financial disclosures or conflicts of interest with the presented material in this presentation.**

# Learning Objectives

- Compare and contrast the biomedical and biopsychosocial perspectives.
- Introduce the WHO: ICF model as an interprofessional collaborative communication tool in accordance with the biopsychosocial perspective.
- Describe the individual domains associated with the WHO: ICF model framework.
- Categorize clinically relevant considerations using the ICF model framework in order to form a comprehensive understanding of a patient case.
- Explore additional patient care considerations related to the Interprofessional Collaborative Healthcare Team.

# Interprofessional Practice and Education (IPE)



Healthcare Professionals need to be  
“Collaboration Ready”

*Why?*

# We have a problem...

+ Medical technology and innovation  
+ Research  
+ Medical training

■ Health care costs and spending  
■ Preventable medical errors  
■ Disease burden (chronic health conditions)

■ Measures of population health (i.e.,  
infant mortality rate, overall life  
expectancy, etc.)  
■ Health care outcomes

(Kurani & Wager, 2021)

(Berchick et al., 2021)

"We can assure our patients that their care is always provided by a team of experts, but we cannot assure our patients that their care is always provided by expert teams."

(Frankel et al., 2006)



## Biomedical Model of Healthcare

Individual  
Healthcare  
Professional

VS.

## The Biopsychosocial Model of Healthcare

Physician

Rehab  
Professionals

Nursing

Social Work

## WHAT WE HAVE

### The Traditional Healthcare Team

- A group of health care providers working independently of each other in the care of the same patient.

## WHAT WE NEED

### The Interprofessional Collaborative Healthcare Team

- A team that works together and shares responsibility for making decisions to develop and deliver a plan of care.

(Slusser, 2018)

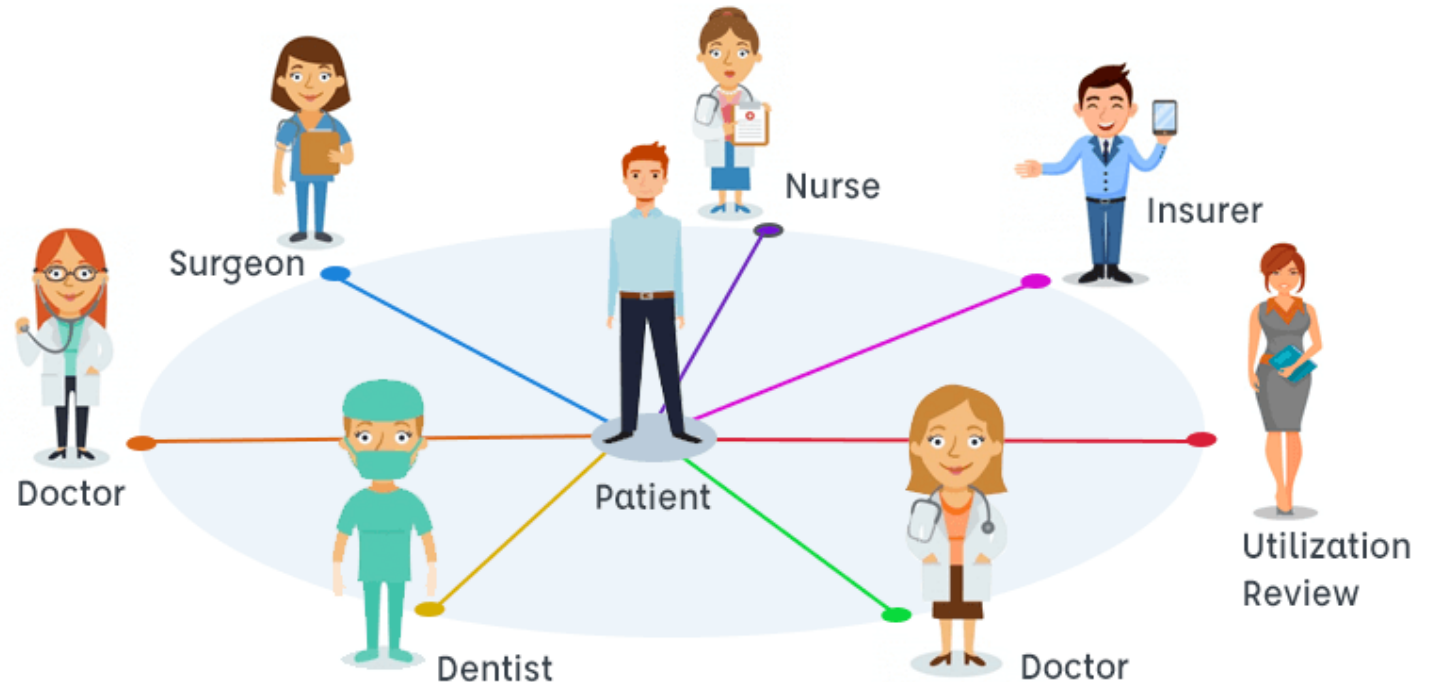


# The Role of the Patient

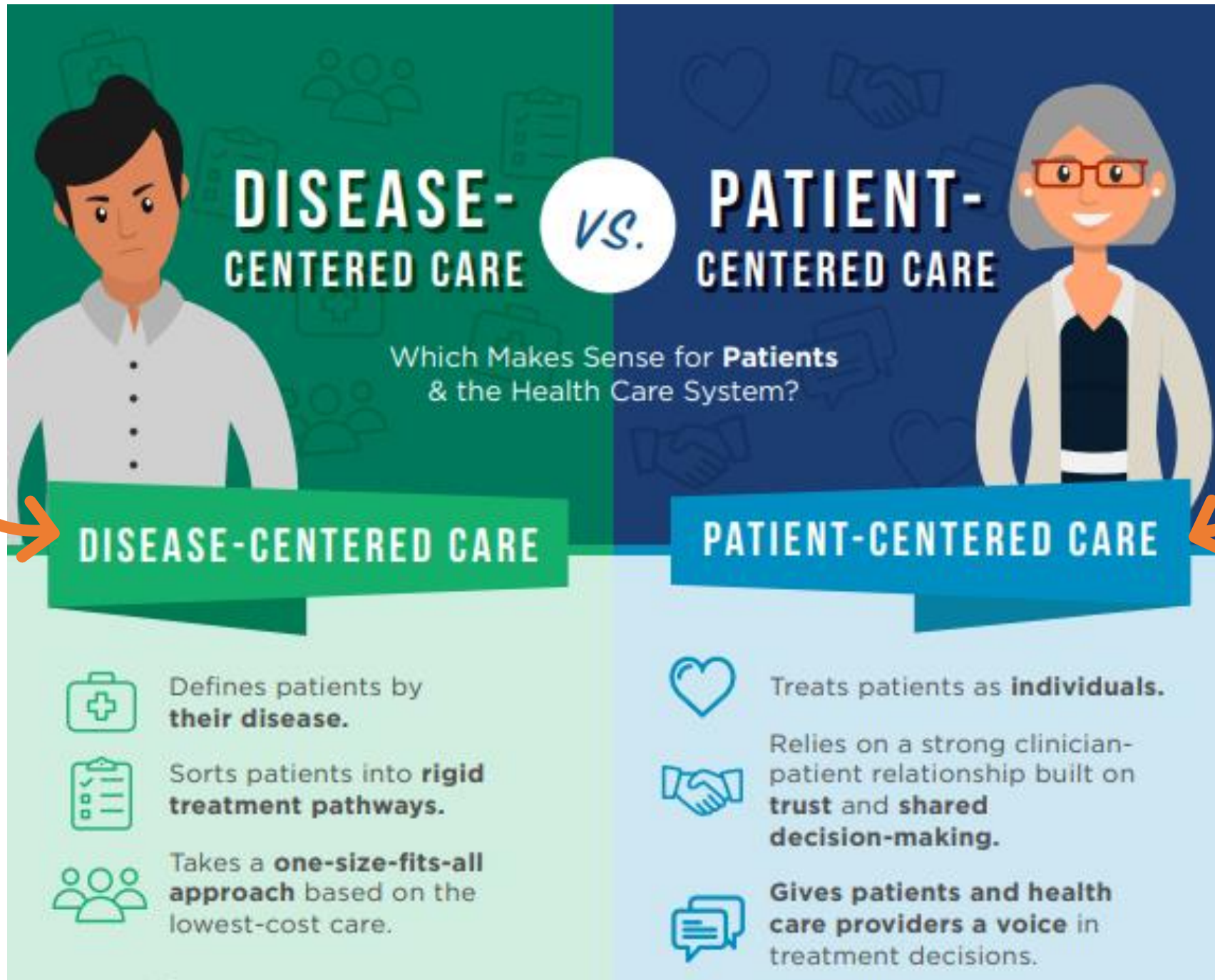
- Although healthcare professionals are experts by profession, **patients** can and should be conceptualized as **experts by experience**.

They are living with their condition and a special kind of knowledge is generated from it.

The patient's voice should be at the center of discussions related to their care.

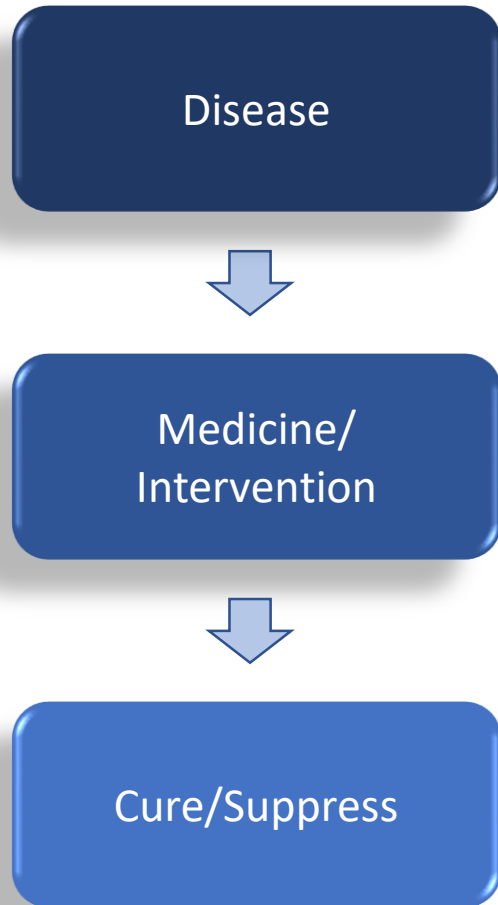


Biomedical  
Perspective



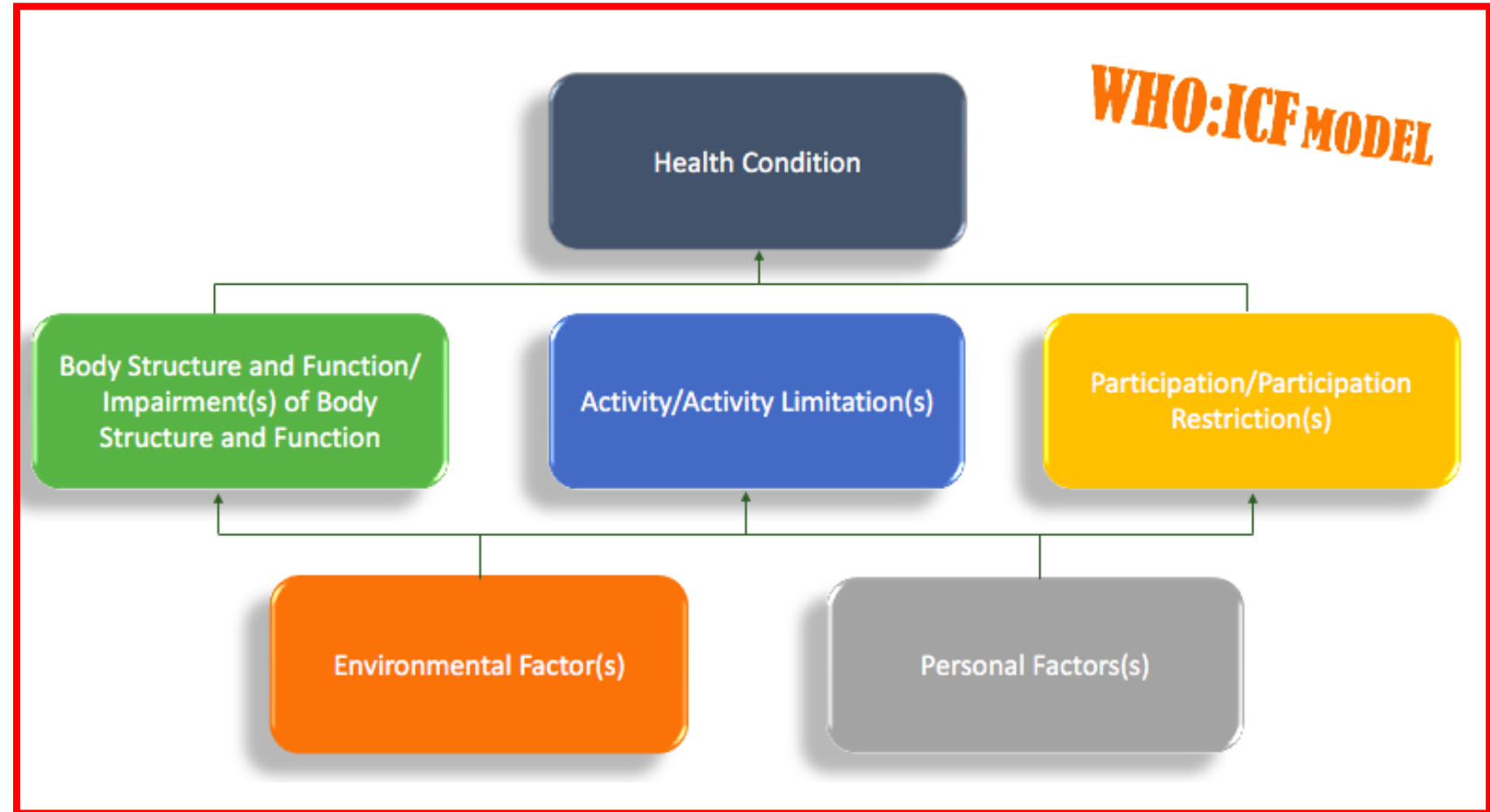
Biopsychosocial  
Perspective

## Biomedical Model



(NPR, 2017)

## Biopsychosocial Model



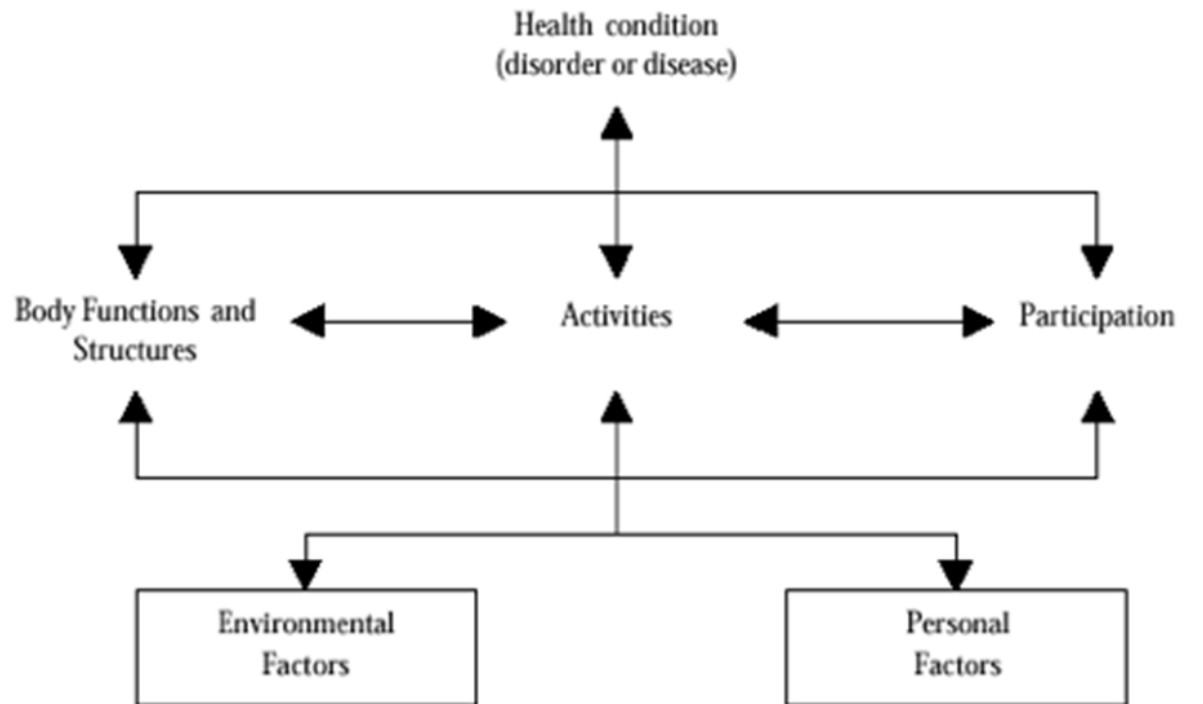
(Kostanjsek, 2011)

# Biopsychosocial Perspective: a bottom up model



(Kostanjsek, 2011)

# Review WHO:ICF Model

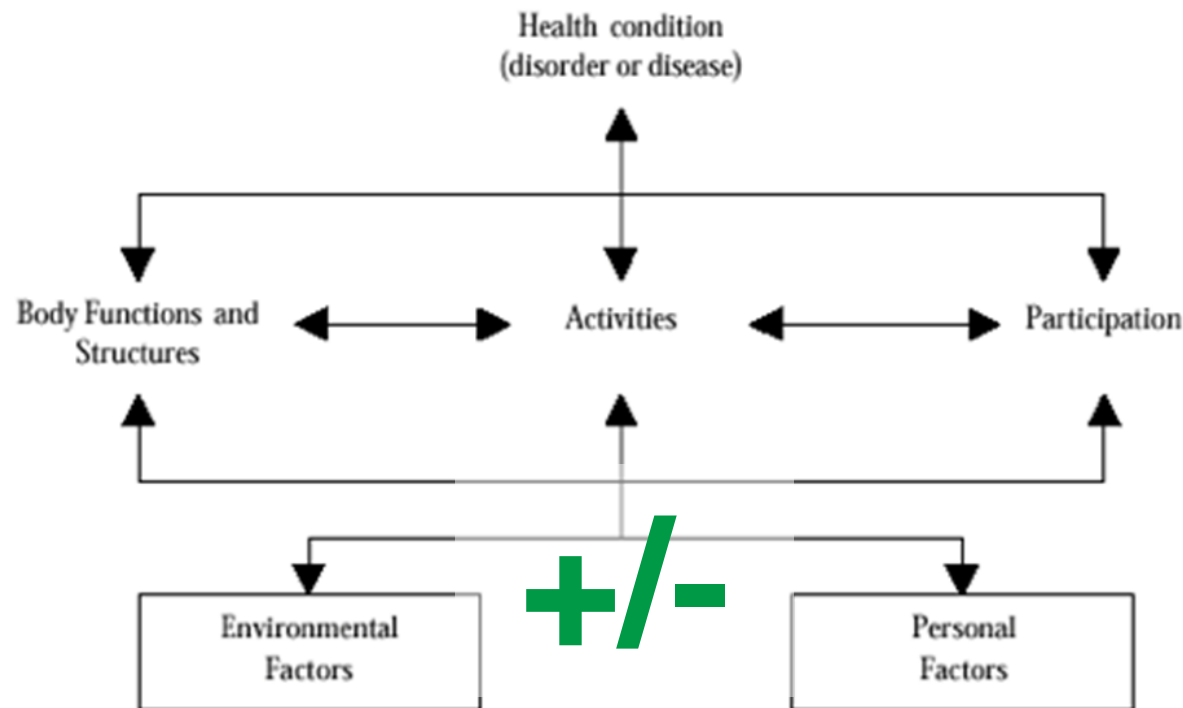


(WHO, 2010)

(Koštanjek, 2011)

# The WHO:ICF Model

- The World Health Organization (WHO) developed the International Classification of Functioning, Disability and Health (ICF) is a framework for describing and organizing biopsychosocial information related to the functioning and disability of a given patient or individual.



# WHO:ICF Model- A “Snapshot” of Your Whole Patient

## Environmental Factors

- Factors such as geographic location, family support, workplace, government agencies, laws, cultural beliefs, etc.
- No family support (-); Short commute to/from work (+)

## Personal Factors

- Include race, gender, age, educational level, income, coping styles, etc.
- Old Age(+/-), Female(+/-), College-Educated (+); Low-income (-)

## Participation/Participation Restrictions

- The involvement and/or restriction individuals experience in their life roles
- Unable to participate in weekly bowling league (-); Able to attend weekly church services (+)

## Activities/Activity Limitations

- The abilities and limitations an individual may have in executing meaningful activities
- Difficulty driving car (-); Able to ascend/descend stairs without assistance (+)

## Body Structure and Function

- Describes Anatomy and Physiology of the human body
- e.g., Knee Pain (-); Good overall strength (+)



(WHO, 2002)



# WHO:ICF Model is a Common Language Tool

A common language tool to improve the communication among different members of the interprofessional collaborative healthcare team.

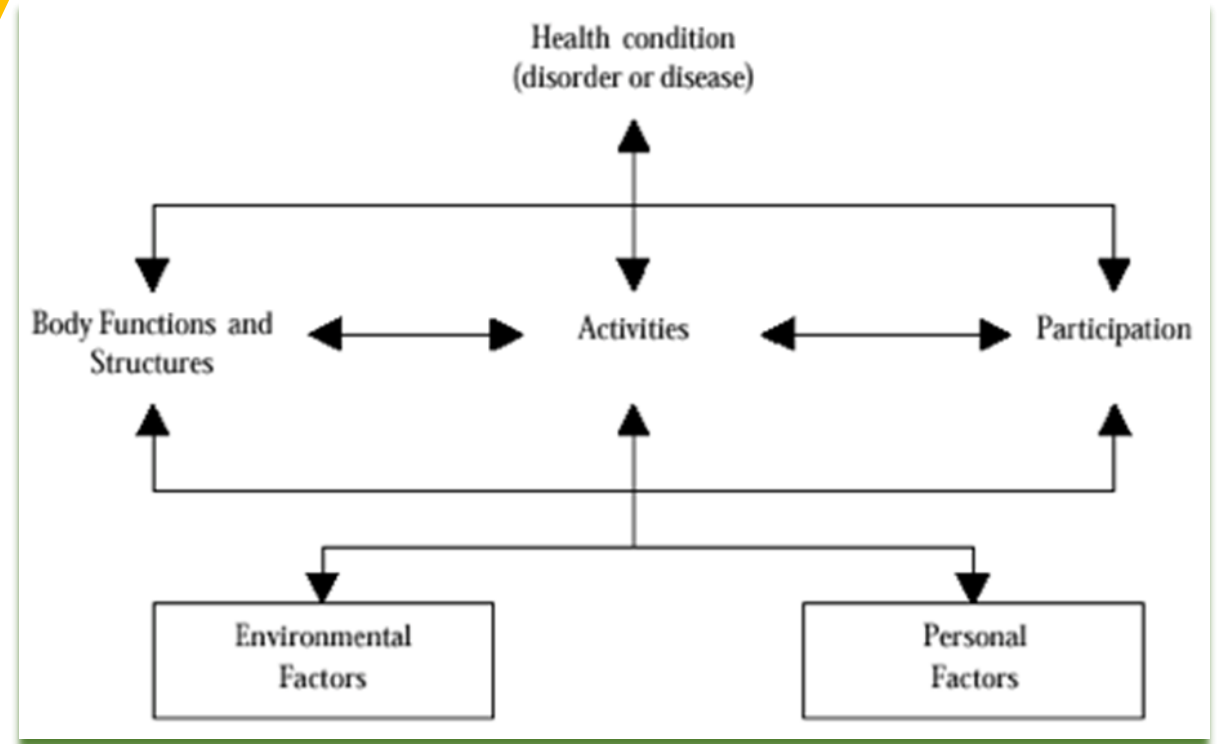


Assists professionals in looking beyond their own areas of practice, communicating across disciplines, and thinking from a functioning perspective rather than the perspective of a health condition.

(Stucki et al, 2007)

(Kostanjsek, 2011)

# Application WHO:ICF Model



(WHO, 2002)

# Are We Speaking the Same Language? *Let's Check!*

## Health Condition: Parkinson's Disease

- Ms. Beverly Johnson is a **74-year-old female** with recent diagnosis of **Parkinson's Disease** (May 2020). Ms. Johnson has always been a **very active** older female who loves to spend time **golfing, hiking, and baking**. She is the **president of a woman's book club** that meets at the local library. She has a **supportive group of friends** with whom she regularly hikes and golfs with. In the last several months, she has noticed increased difficulty with some of her favorite activities. She is having a harder time with her **golf swing**, noticing that her swing **motion is smaller and less effective**. She has recently discontinued hiking because she has **fallen several times** while hiking recently. She states that the falls seem to be occurring because of "tripping over her feet." Her friends have commented on her **voice becoming noticeably quieter** and she is aware that people are having increased difficulty hearing her. Despite, she becomes **frustrated** by frequent requests to repeat what she says.

# Identify the Correct WHO:ICF Dimension

74 years old? **Personal Factor**

Identifies as Female? **Personal Factor**

Golfing? **Activity/Activity Limitation**

Support Group of Friends? **Environmental Factor**

Role as President of Book Club? **Participation/Participation Restriction**

Quiet Speech? **Body Structure/Function**

Hiking? **Activity/Activity Limitation**

Recent Change in Balance? **Body Structure/Function**

Clinically Relevant  
Considerations using  
the ICF Model

**Group Breakout  
Activity**



# Group Breakout Activity

- Read Part I of the case example provided and in teams, identify several factors that relate to the WHO: ICF domain that your team was assigned.

Together, we will discuss each of the components in order to form a completed “snapshot” of the patient case example.



*10 Minutes...*

**Ready, Set, Go!**

# Constructing the WHO:ICF MODEL

## Medical Diagnosis: Altered Mental Status

Environmental Factors	Personal Factors	Participation/ Participation Restriction	Activity/ Activity Limitation	Body Structure and Function
<ul style="list-style-type: none"><li>• Lives with wife and nephew</li><li>• New York City</li><li>• Two-Story House</li><li>• Walkability</li><li>• 15 Minute Radius</li></ul>	<ul style="list-style-type: none"><li>• 71 yo</li><li>• Male</li><li>• Married</li><li>• Raising Nephew</li><li>• Retired</li><li>• Religious Involvement</li><li>• Passing off signs of potential problem</li></ul>	<ul style="list-style-type: none"><li>• Role as Husband</li><li>• Role as Uncle</li><li>• Role as Patient</li><li>• Role as Volunteer</li><li>• Role as Retiree</li><li>• Role in Home Maintenance</li><li>• Role in Self-care</li></ul>	<ul style="list-style-type: none"><li>• Attending Meetings and medical appointments</li><li>• Bending</li><li>• Lifting</li><li>• Remembering</li><li>• Listening</li><li>• Communicating</li><li>• Thriving (i.e, Eating)</li><li>• Gardening</li><li>• Self-Care Activities</li></ul>	<ul style="list-style-type: none"><li>• Chronic Low Back Pain</li><li>• Bilateral Knee Replacements</li><li>• Hard of Hearing</li><li>• Chronic Medical Conditions</li><li>• Memory Impairment</li><li>• Cognition</li></ul>



# Group Breakout Activity

- Consider each of the factors your group identified within the assigned domain of the WHO:ICF Model...

Which healthcare professional(s) from your knowledge may be best suited to be involved in assessing or intervening with the individual from the case based on these factors?



*5 Minutes...*

**Ready, Set, Go!**

# Building the Interprofessional Collaborative Team

List:

# Group Breakout Activity

- Read Part II.

Considering Part II and the “snapshot” we created regarding the patient, how might the interprofessional collaborative team move forward in addressing this situation?



*5 Minutes...*

**Ready, Set, Go!**

# Conclusion

- The WHO:ICF Model is an organizational tool that can be used to clearly articulate pertinent patient information across professions to promote collaborative practice.
- It allows for more effective communication and teamwork and the generation of patient-centered care.



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**Questions?**