Future Data Needs and Family of Classifications: Ageing & Rehabilitation

The Way Forward

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Must link data, electronic information, management, policy
- Across classifications, health information systems, analysis and decision-making
- Attention to sources of data, and efficiency, and country capacities
- Systems thinking

Interoperability, interaction, and linkages across classifications and systems are vital
- ICD-11, ICF, ICPC, ICHI + CRVS; health & other sector information systems: crosswalk
- Discrete paths vs linkages/bridges vs referrals to each other

Translation Wanted: From classification to use by stakeholders
- How does a manager, decision maker, academic use a classification?

Understand what works, what has not, and why: “the elephant in the room”
- ICF: has not been used—why?

Transformation – turn the paradigm around: person-centredness
- Needs of a person; needs of the clinic; needs of managers -- inter-connectedness
- Revolutions: personalized medicine; functional status of person; eHealth and connected health
- Big data: how to harness effectively
- "Follow the person through the system" <-- home, health care facility/provider, back home?
Locations of WHO HQ, Regional offices & Research centres

The boundaries shown in this map do not imply official endorsement or acceptance by WHO.

- AFR (46)*
- AMR (35)
- EUR (52)
- EMR (22)
- SEAR (11)
- WPR (27)

* Number of countries

- Geneva/HQ
- Lyon/IARC
- Copenhagen/EURO
- Kobe/WKC
- Manila/WPRO
- Cairo/EMRO
- Delhi/SEARO
- Brazzaville/AFRO
- Washington DC/AMRO
Outline

1. 2016 G7 Health Ministers Meeting; WHO Strategies
2. Major Needs for Classification/Data
3. Actions
“Valid and reliable data are essential for high-quality health care systems and monitoring the SDGs, including UHC. Supporting basic data collection such as civil registration and vital statistics (CRVS), as well as health and health care data, would help countries be better prepared for population ageing. In view of facilitating effective and efficient response to global population ageing, we acknowledge the value of using international statistical classifications including the International Statistical Classification of Diseases and Related Health Problems (ICD) and the International Classification of Functioning, Disability and Health (ICF) as well as a global survey on key indicators of health and needs of the elderly integrated into existing survey and routine reporting mechanisms as much as possible.”
How to use the ICF

A Practical Manual for using the International Classification of Functioning, Disability and Health (ICF)

Exposure draft for comment. October 2013
A new public-health framework for healthy ageing

WHO, The World report on ageing and health. 2015

Priority areas for action

- Improving measurement, monitoring and understanding
- Aligning health-services to the older populations they now serve
- Developing systems of long-term care
- Creating age-friendly environments
WHO Disability Action Plan

Objectives

Monitoring progress towards the achievement of the objectives of the action plan

Objective 1:
To remove barriers and improve access to health services and programmes

Objective 2:
To strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation

Objective 3:
To strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services
Consensus in the global human rights, development and health communities demands action to improve the health and well-being of people with disability, and to reduce the barriers that hinder their participation in society on an equal basis with others. Effective policy-making in this area requires reliable, detailed data on all aspects of disability — impairments, activity limitations, participation restrictions, related health conditions, environmental factors—information that is lacking in most countries. The Model Disability Survey (MDS) is designed to address these data gaps.

**WHAT IS THE MODEL DISABILITY SURVEY (MDS)?**

The MDS is a general population survey that provides detailed and nuanced information on the lives of people with disability. It allows direct comparison between groups with differing levels and profiles of disability, including comparison to people without disability. The evidence resulting from the MDS will help policy-makers identify which interventions are required to maximize the inclusion and functioning of people with disability.

The MDS is grounded in the International Classification of Functioning, Disability and Health (ICF) and represents an evolution in the concept of disability measurement. It explores disability as an outcome of interactions between a person with a health condition and various environmental and personal factors, rather than focusing only on a person’s health or impairments. This gives a more complete understanding of the lived experience of people with disability and provides a better approximation of the true size of the population with disability.
Related WHO Strategies & Initiatives

- **GATE**: Priority Assistive Products List
- **Dementia**: Global strategy (being developed)
- **Global Reference List of 100 Core Health Indicators**
- **SAGE**
- **Health Systems Strategies; Global Plan for NCDs**
**Who Kobe Centre – Survey: functional status**

**Survey of Needs for Assistive and Medical Devices for Older People in Six Countries of the WHO Western Pacific Region**

China, Japan, Malaysia, the Philippines, the Republic of Korea and Viet Nam

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### Table 1. Final list of function areas for assistive devices – development process

<table>
<thead>
<tr>
<th>Functions identified through analysis of ISO 9000 and research</th>
<th>Refined final survey list of 12 functional areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Get dressed including tying shoes, working zippers and doing button</td>
<td>1. Able to dress</td>
</tr>
<tr>
<td>2. Have a bath or shower, including getting in out of the bath or shower</td>
<td>2. Able to be clean and hygienic</td>
</tr>
<tr>
<td>3. Go to the toilet including getting on and off the toilet</td>
<td>3. Grip or pick up items and do housework</td>
</tr>
<tr>
<td>4. Reach and lift down a 2 kg object (bag of flour) from just above your head</td>
<td>4. Transfer to or from bed or chair</td>
</tr>
<tr>
<td>5. Carry out light housework</td>
<td>5. Move about and use transport</td>
</tr>
<tr>
<td>6. Grip with your hands*</td>
<td>6. Eat and drink as independently as possible</td>
</tr>
<tr>
<td>7. Get into and out of bed</td>
<td>7. Able to hear and communicate</td>
</tr>
<tr>
<td>8. Move in and out of a chair</td>
<td>8. Communicate effectively with another person</td>
</tr>
<tr>
<td>9. Walk from one room to another on the same level</td>
<td>9. Able to see and understand writing</td>
</tr>
<tr>
<td>10. Walk up one flight of stairs</td>
<td>10. Manage health care including follow health advice</td>
</tr>
<tr>
<td>11. Walk 500 m (two or three blocks)</td>
<td>11. Manage the energy needed for daily tasks</td>
</tr>
<tr>
<td>12. Get in and out of a vehicle</td>
<td>12. Participate in community activities (paid or unpaid) and visiting others</td>
</tr>
<tr>
<td>13. Eat and drink as independently as possible</td>
<td>13. Participate in community activities including visiting with relatives or friends</td>
</tr>
<tr>
<td>14. Hear and understand others</td>
<td>14. Manage the energy needed for daily tasks</td>
</tr>
<tr>
<td>15. Communicate effectively with another person</td>
<td>15. Participate in community activities including visiting with relatives or friends</td>
</tr>
<tr>
<td>16. See writing/symbols at a reading distance</td>
<td>16. Participate in community activities (paid or unpaid) and visiting others</td>
</tr>
<tr>
<td>17. Manage health care including follow health advice</td>
<td>17. Participate in community activities including visiting with relatives or friends</td>
</tr>
<tr>
<td>18. Manage the energy needed for daily tasks</td>
<td>18. Participate in community activities (paid or unpaid) and visiting others</td>
</tr>
<tr>
<td>19. Undertake employment (paid or unpaid)</td>
<td>19. Participate in community activities (paid or unpaid) and visiting others</td>
</tr>
<tr>
<td>20. Participating in community activities including visiting with relatives or friends</td>
<td>20. Participate in community activities (paid or unpaid) and visiting others</td>
</tr>
<tr>
<td>21. Experience intimate/sexual relations</td>
<td>21. Take care of a family member</td>
</tr>
<tr>
<td>22. Experience intimate/sexual relations</td>
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</tbody>
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Paradigm shifts

Existing model

Acute → Chronic
Treatment → Prevention
Cure → Care
Hospital → Home
Physician-led → Self Dx./Care
Paper based → Connected health
Ageing as # → Fcnl. ability + Intrinsic capacity

Future
Ageing, Rehabilitation, Disability: Classification

**Defining, communication**
- **Ageing**: functional and intrinsic capacities; NCDs; social inclusion; dementia
- **Rehabilitation**: functioning, disability, injuries
- **UHC**: data for financing, equity, coverage, resource allocation, planning
- **Driver for** multisectoral action

**Interoperability: assessment, regulation, financing, planning**
- Product development, standards, regulation
- Connecting people, providers, technology (devices)

**Monitoring progress, outcomes**
- Indicators: suitability and sensitivity to needs
- Morbidity, mortality
- Innovation in data collection

**Harmonization**
- Across ICD, ICF, ICHI, CRVS as appropriate. Link to ISO
- ICH (regulatory)
- Across disabilities, injuries, rehabilitation; NCDs; Mental health, dementia; ageing (functional, intrinsic capacities); health systems; equity; social determinants + prevention, promotion, care, rehabilitation, palliative care
Data

Individual Data

Continuum of Care: Program Data

Health information System
(Data for Health Systems)

Other sector information systems
(Data from non-health sector sources; Administrative data)

CRVS Systems
(Population data)
Measurement for Ageing

ALONG THE CONTINUUMS

CARE: Acute Post-acute Long-term
LIFE COURSE: Birth Adolescent Adulthood Older Age
EPIDEMIOLOGY: Child Survival Infectious Diseases NCDs, Dementia
UHC: Prevention Health Promotion Care Rehabilitation Palliative care Public Health
Future issues

- Co-morbidities: physical and cognitive decline
- Dementia, frailty, social dimensions of health
- Rapid technological innovations
- Innovations in data: big data
  - Digital connectivity
- New models of integrated care and support
  - Health and social welfare
  - Long term care
  - Healthy life expectancy
Healthy ageing is an investment, not a cost

### Investment
- Health systems
- Long-term care systems
- Lifelong learning
- Age-friendly environments
- Social protection

### Benefits
- **Health**
  - Skills and knowledge
  - Mobility
  - Social connectivity
  - Financial security
  - Personal dignity, safety and security

### Return
- Individual well-being
- Workforce participation
- Consumption
- Entrepreneurship and investment
- Innovation
- Social and cultural contribution
- Social cohesion
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Ageing, rehabilitation, disability: *illuminating*

**Key Messages**

- **Must link data, electronic information, management, policy**
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  - Attention to sources of data, and efficiency, and *country capacities*
  - Systems thinking

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  - Revolutions: personalized medicine; functional status of person; eHealth and connected health
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Suggested Actions (1)

1. **“Design” Group**
   - Link across classifications, data systems, health/social care systems, UHC, and users + conceptual frameworks. Link to multiple sectors. Equity disaggregation of all data.
   - Use of data visualization; Ensure alignment at country level
   - **Ageing:** functional status, morbidity, health/social care, and UHC; Rehabilitation, disability
   - **Long term care** (holistic approach): Document/translate Japan, Germany, other country examples

2. **Joint Working Group (WHO) + Partners**
   - **WHO:** IER Dept; ALC Dept; NMH Cluster; WKC; Regional Offices
   - **Stakeholders:** To be identified
   - **Subgroup of Health Data Collective?**

3. **Establish milestones**
   - 6 months; 1 year; 2-5 years

4. **Joint research**
   - Across disease and programme lines; UHC focused
   - Implementation research

5. **Report back to 2017 G7**
   - Incorporate in selected WHO EB/WHA reports for WHO global plans, strategies, resolutions
   - UHC2030
Possible new chapter in ICD11 on functioning

Seeking simplicity in country implementation
  ・ Example for ageing: CRVS mortality- narrow causes of death based on epidemiology/local realities

Focus on country accessibility/capacity
  ・ Consider how best to introduce/integrate new classifications in countries
Building societies for older ages
Building societies for all ages

Equity  Autonomy  Dignity
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Thank you.