



# Implementation Rehabilitation Services – the International Perspective



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# Introduction

**Implementation of Physical and  
Rehabilitation Medicine Services**

Christoph Gutenbrunner

20<sup>th</sup> ECPRM

Estoril (*Portugal*), April 26, 2016

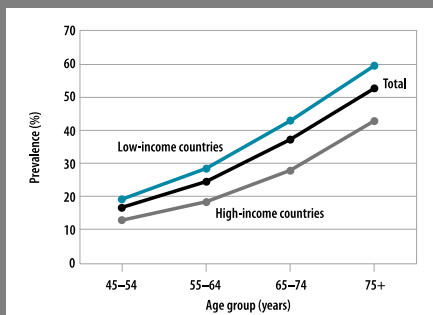


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# Introduction

## Why talking about rehabilitation?

- The number of persons living with disabilities is increasing (2012: around 1 out of 7 inhabitants) (WHO 2011):
  - survival rates after severe illness and trauma are increasing
  - the number of persons with old ages is growing
- Disability and chronic health conditions have huge impact on quality of life of the individual but also on economic growth
- To adequately respond to the needs of persons with disabilities also is a human right (UN 2006)



Every one will need rehabilitation – the only question is when



# What is disability and what is rehabilitation?

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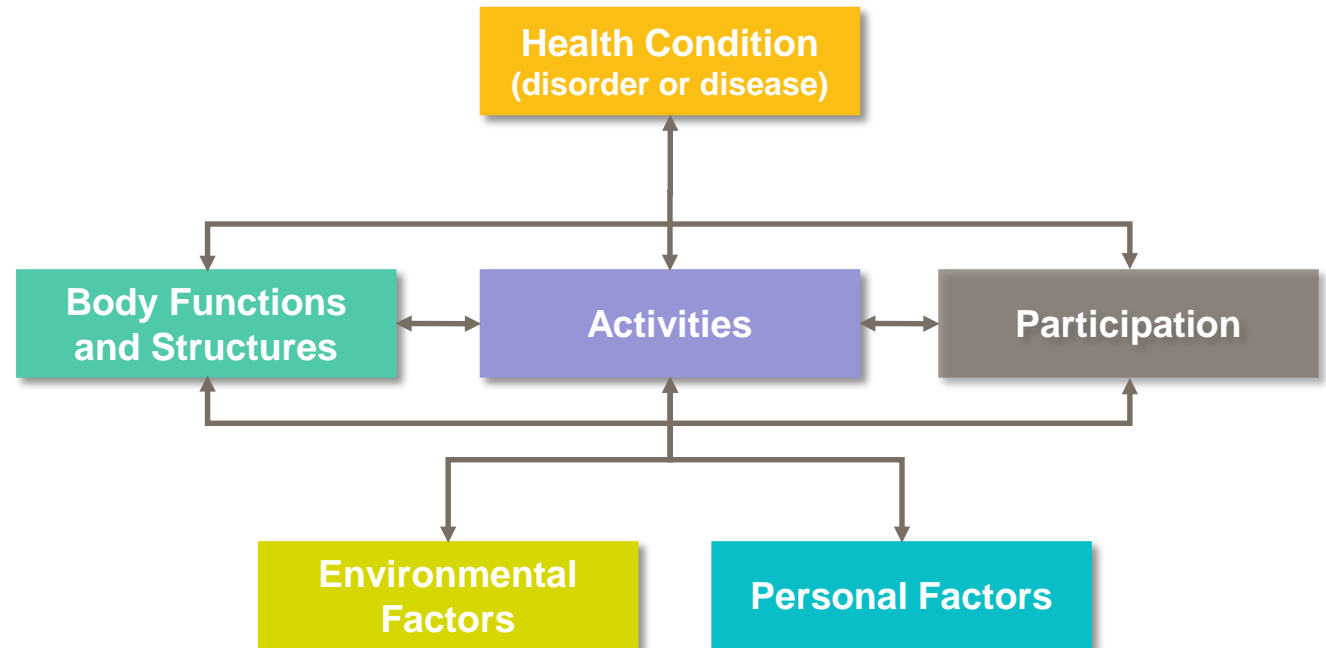
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# What is disability and what is rehabilitation?

## Understanding disability



# What is disability and what is rehabilitation?

## Understanding disability



- Disability “**results from the interaction between persons with impairments and attitudinal and environmental barriers** that hinder their full and effective participation in society”<sup>1</sup>
- Defining disability as an interaction means that **disability is not an attribute of the person**
- The medical model and the social model are often presented as dichotomous, but **disability should be viewed neither as purely medical nor as purely social**

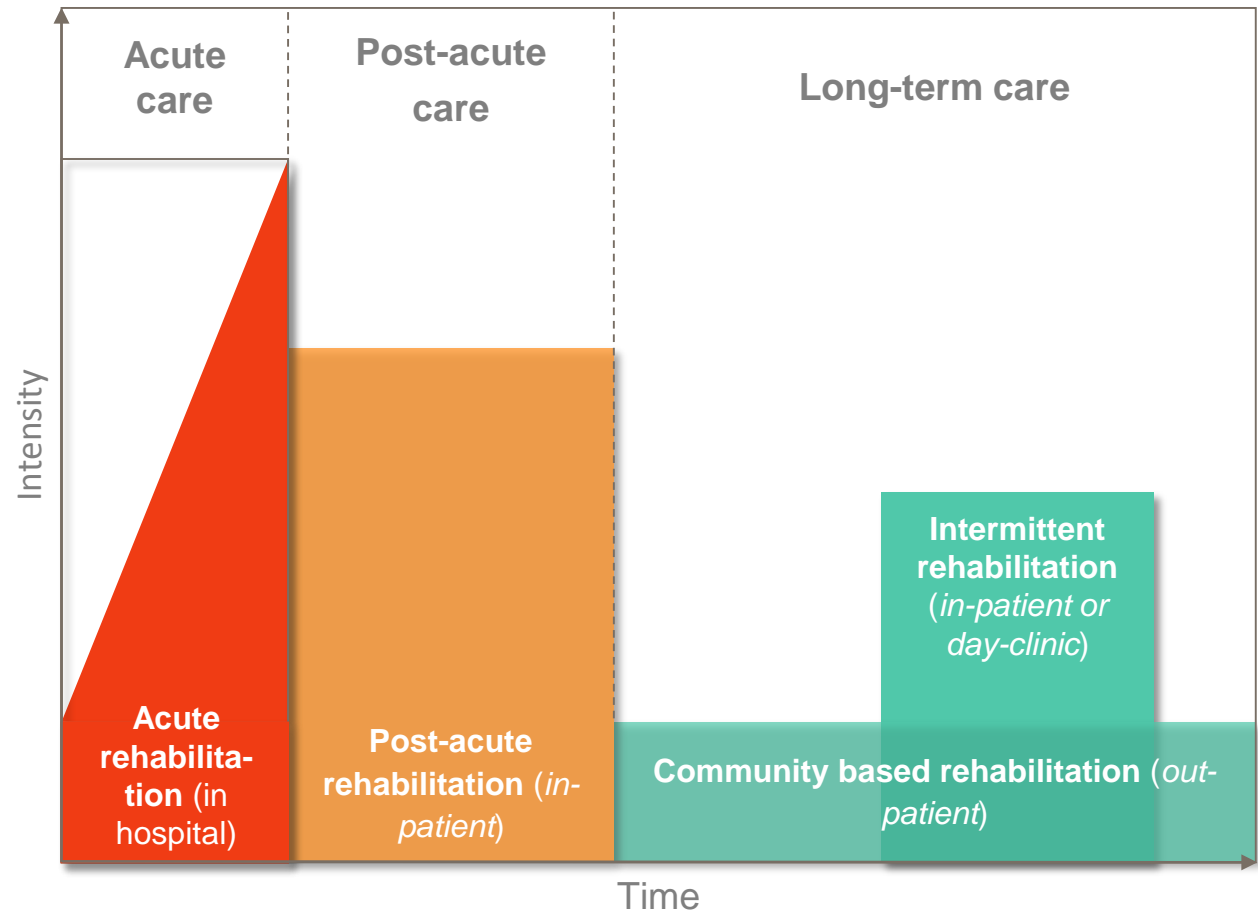
# What is disability and what is rehabilitation?

## Understanding rehabilitation

- Rehabilitation is both
  - **a health strategy** to improve functioning for persons with chronic health conditions experiencing disability
  - **an intervention** to improve functions, e.g. after acute disease, trauma or surgery
- Rehabilitation is seen as an **essential part of health care** and thus should be implemented in all phases of health care (*“universal health coverage”*)
- Rehabilitation services need co well trained **multiprofessional team**

# What is disability and what is rehabilitation?

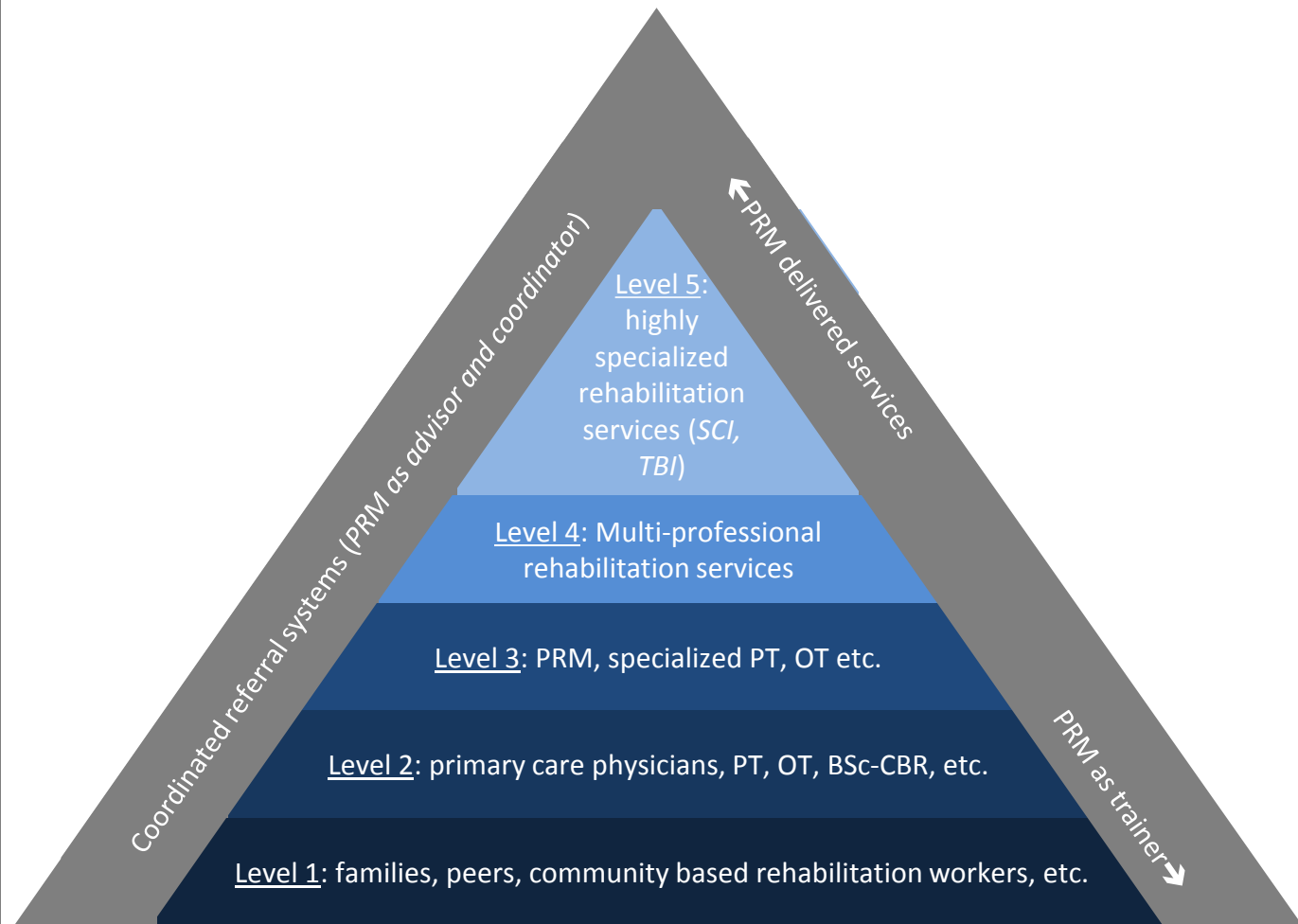
## Continuum of care





What is disability and what is rehabilitation?

## Levels of care provision (*specialization*)



# What is disability and what is rehabilitation?

## Spectrum and types of services

	A. Acute care	B. Post-acute care	C. Long-term-care
Tertiary level of health care	<b>A.1: Acute rehabilitation wards</b> <b>A.2: Mobile acute rehabilitation teams</b>	<i>B.1: In-patient post acute rehabilitation unit</i>	--
Secondary level of health care	A.2: Mobile acute rehabilitation teams	<b>B.1: In-patient post acute rehabilitation unit</b> <b>B.2: Out-patient post acute rehabilitation unit</b> <i>B.3: Mono-professional post-acute services</i>	C.1: Intermittent in-patient rehabilitation service
Primary level of health care	--	<i>B.2: Out-patient post acute rehabilitation unit</i> <b>B.3: Mono-professional post-acute services</b>	<b>C.2: Primary care rehabilitation centres</b> <b>C.3: Mono-professional long-term services</b> <b>C.4: Community Based Rehabilitation Service</b>



# Who is in need for rehabilitation?

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# Who is in need for rehabilitation?

## Severe disease and trauma (*examples*)

- Severe disease and surgery:
  - organ transplantation
  - cancer survivors
  - stroke survivors
- Severe trauma:
  - Traumatic brain injury
  - Spinal cord injury
  - multiple trauma incl. limb amputation
- Infectious disease:
  - e.g. leprosy or Zika virus infection



Every one will need rehabilitation – the only question is when

# Who is in need for rehabilitation?

## Chronic health conditions (*examples*)

- Musculo-skeletal conditions:
  - Low back pain and osteoarthritis
  - Chronic generalised pain
- Metabolic diseases:
  - Diabetes
  - Obesity
- Cardio-vascular and lung disease:
  - Hypertension and myocardial infarction
  - COPD
- Mental diseases

Every one will need rehabilitation – the only question is when



# Principles of rehabilitation service implementation

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# Principles of rehabilitation service implementation

## WHO Global Disability Action Plan<sup>1</sup>: objectives

- (1) to remove barriers and improve access to health services and programmes
- (2) to **strengthen and extend rehabilitation**, habilitation, assistive technology, assistance and support **services**, and community-based rehabilitation
- (3) to strengthen **collection of relevant and internationally comparable data** on disability and **support research on disability and related services**



# ISPRM-WHO Collaboration plan

- Specific area of collaboration 1: **Learning Health Systems** for Spinal Cord Injury, an initiative incl. international spinal cord injury survey (*in co-leadership with ISCoS*)
- Specific area of collaboration 2: **Fast Response Teams** on strategies and plans of rehabilitation and related services
- Specific area of collaboration 3: ICF based **routine data collection** in national health information systems
- Specific area of collaboration 4: Contribution to **WHO meetings and consultations** and collaboration with **other WHO departments (FIC, EMTI)**



## ISPRM Rehabilitation Advisory Teams

- Goal: Giving advice for rehabilitation planning on request of country and WHO
- Experts: 1-3 experts with global health systems perspective, clinical knowledge and understanding for local situation (*incl. language and culture*)
- Working principles: Applying principles, recommendations and actions of WRD and GDAP
- Working methods: Data collection, consultation with stakeholders, site visits, stakeholder dialogue
- Outcome: Report with National Disability, Health, and Rehabilitation Plan incl. recommendations

Principle: development of national solutions  
based on international standards



# International approaches to rehabilitation service implementation and examples for German-Chinese projects

## Disability, Health & Rehabilitation Plans

- National Disability, Health & Rehabilitation Plans have been developed for:
  - Egypt (*October 2015*)
  - Ukraine (*December 2015*)
- Support was give to:
  - Morocco (*2015-2016*)
- Rehabilitation Advisors will be trained for:
  - Democratic Peoples Republic of Korea (*July 2016*)
- Under development:
  - Rehabilitation Services Assessment Tool (*RSAT*)
  - Rehabilitation Services Implementation Framework (*RSIF*)

# International approaches & examples for German-Chinese projects



## German-Chinese Projects (examples)

- Scientific collaborations:
  - MoU of the University of **Nanjing** and **Hannover** Medical School Rehabilitation Medicine Departments
  - MoU of the Tonji University Hospital in **Wuhan** and **Hannover** Medical School Rehabilitation Medicine Departments
  - Implementation of elements of the **Hannover** Model Curriculum in Tonji University in **Wuhan**
- Early rehabilitation:
  - Course for Basic Early Rehabilitation Techniques (**Hannover** Medical School and **Wuhan** Asia Heart Hospital)
  - Training in Dysphagia Therapy (**Hannover** Medical School and **Tonji Hospital Wuhan**)
- Psychosomatic rehabilitation:
  - **Beijing** Union Medical College Hospital, **Freiburg** University and DRV **Brunswick-Hannover**
  - Beijing Sino-german research network in psychosomatic medicine



# Outlook

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## The way forward

- Use of international principles (ISPRM & WHO):
  - Health systems analysis and development
  - Rehabilitation systems analysis and development (*incl. rehabilitation workforce*)
- Areas of German-Chinese Collaboration (MHH & experts):
  - Training programs for health professionals
  - Development of (*comprehensive*) rehabilitation services (*e.g. acute and post acute rehabilitation*)(*including pathways*)
  - Research projects and capacity



Thank you for your  
attention!

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