



IC2A Think Tank 2024

Theme: How can be done to improve access and the user/patient journey?
15th May 2024, OT World, Leipzig, 10.00 AM, Central European Time.
Leipzig Messehaus, Ebene-1, Room M28 and Online by Zoom

Face to Face Attendees:

Not shown

Online Attendees:

Not shown

1- Introduction:

The session was opened by the chairman, who thanked all the participants for their attendance and their commitment to support IC2A. As moderator, he presented the areas for reflection and gave the working instructions.

The questionnaire was structured as follows:

- What barriers to access exist today?
- How can the barriers be overcome?
- What can be done to improve the patient/prosthetic user journey and outcomes?
- What journey and outcome measures should be considered?

Participants were asked to split into 4 groups (3 groups in person and 1 online with Beth) to reflect on questions and choose a reporter per group, they were also told to think at the lower and higher income country level.

2- Outcomes of group work:

Group 1: (Online)

- 1- What barriers exist to access today?
 - Lack of trained personnel particularly in LMIC
 - Lack of specific skills (e.g. upper limb)
 - Barriers to access in remote countries include transport, education, funding

- 2- How can the barriers be overcome?
 - Health systems working together and with multidisciplinary educational groups / organisations e.g. ISPO, ISWP, IC2A to help educate, promote, raise awareness but also work towards improving education in regions/ countries
 - Health systems / rehab personnel increasing impact studies in remote areas to determine the need and inability to access services
- 3- What can be done to improve the patient journey?
 - Improve resources and education in all amputation facilities
 - Include carers and support network in the education and information phases
 - Continue to work towards wider amputee association globally and disseminate consistent messaging but regional specific messaging
 - Improve link between amputation team, rehab team and P&O personnel to ensure the transition from amputation to prosthesis or assistive devices is improved
- 4- What journey and outcome measures should be taken?
 - Lower limb seems to have more consistency and common understanding amongst professionals and globally however upper limb lacks in a consistent tool. Further research in this space is needed.

Group 2:

- 1- Barriers are:
 - Policy: lack of equity
 - provision of services: access to technology, lack of trained professionals (socket fit, expertise)
- 2- Solutions:
 - Peer to peer: connexions online, associations, in person
 - Improve policies and procedures
 - Increase provisions
 - train specialised professionals
- 3- Recognition
 - Profession
 - Informing
 - Multi-disciplinary team
- 4- Enable a lifetime and human potential

Group 3:

- 1- Barriers
 - Lack of knowledge/data

- Challenges and continuum of care
- Acceptance of innovation
- Funding
- 2- Solutions:
 - User driven
 - Collaboration – Professions/Industry
 - Removing stigma
 - Streamline and task shift
 - Embrace technology
- 3- Improving the patient/prosthetic user journey and outcomes
 - Access to information in simple language
 - Continuous engagement system
 - Payors on board
 - Organization of P&O clinics
- 4- Journey and outcome measures
 - User driven outcomes
 - Outcome measure to consider health and economic benefits.
 - Quality of life and mobility independence

Group 4:

- 1- Barriers:
 - Costs
 - Lack of peer support
 - Language
 - Low resource setting vs high
 - Culture/Stigma
 - Maintenance
 - Legal
 - Awareness on services
- 2- Overcoming barriers:
 - Better language
 - Knowledge
 - Understanding of users aims
 - Peer pressure/Network
 - Value chain collaboration/Partnership
- 3-
- 4- Journey and outcome measures
 - Universal measures of usefulness of users/devices
 - Regular use
 - SOS
 - Happiness

Discussions and comments:

- We must change our advocacy language:
 - “Investment” instead of “costs”
 - “Socket experience” instead of “socket fit”
- Amputation or being in a wheelchair is not a failure. It is an opportunity for a different life.

Conclusions:

The moderator of the discussions expressed his satisfaction at the large number of participants and the quality of their contributions. He also said that this discussion should continue even after this session and IC2A will always welcome ideas and comments that will contribute to improving access and the user/patient journey.

We can conclude that the main barriers to prosthetic access today are political decision to funding components and services and trained personnel. The lack of peer support, lack of awareness of prosthetic care and cultural challenges are also important issues.

To overcome these barriers we believe that ISPO, ISWP, WHO, IC2A and other relevant parties should work closely together to help educate, promote, raise awareness but also work towards improving education in regions/ countries. We also need impact studies in remote areas to determine the need and inability to access services.

The patient journey needs to be improved linking amputees and carers, rehab team and P&O personnel together to ensure the transition from amputation to prosthesis/assistive devices. An outcome measure to consider is quality of life and economic benefits.

Actions:

Agree on existing barriers with ISPO, ISWP, WHO, IC2A and other relevant parties

Create a plan and apply for funding for impact studies in remote areas to determine the need and inability to access services.

Create platforms to encourage and support peer to peer access.

Lobbying for raising the profile of this global issue.