



The relevance of functioning indicators in distinguishing clusters of outpatients.

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Abstract 490 outpatients under the care of community-based mental health services (N= 133), community-based services for children with disabilities (N= 173) and community-based services for adults with disabilities (N=184) in Friuli Venezia Giulia Region were assessed in order to describe the mix of resources invested in their functioning. The data of the three groups are shown in order to compare the corresponding mix of resources and the associated functioning results. The database was made by ICF data collected using the ICF based assessment system developed by the Italian WHO-FIC CC experts. Five clusters were created according to the Cumulative Functioning Ratio (CFR) values.

Introduction

The study aims were:

- to describe the distribution of the mix of resources invested in individual functioning outcomes (health services, social security interventions, general social support interventions, professional carers, non-professional carers and relationships, products and technologies, material and immaterial goods)
- to describe the usefulness of the investment in individual functioning using the infographic Family of Functioning Indicators.

Materials and Methods

Cross-walking tables from lay language to ICF and algorithms made by the Italian CC were used by an ad hoc developed software to automatically code in ICF and to calculate the Cumulative Functioning Ratio (1) at individual level. The data were shown as distribution of values by ID.

Four examples in each table (Tables 1-3) are shown in which blue lines connect the investment in health and CFR values relating to the same ID.

Results

490 outpatients under the care of community-based mental health services (N= 133), community-based services for children with disabilities (N= 173) and community-based services for adults with disabilities (N=184) were assessed in order to describe the mix of resources invested in their functioning. The data for the three groups are shown in order to compare the corresponding mix of resources and the associated functioning results.

Adults under the care of community-based mental health services showed better functioning outcomes than the other two groups (CFR > 0.86). Investments in functioning were different among the three groups, and, inside each group, among three different clusters.

The community-based approach to functioning and health was the same for all assessed persons. Nevertheless the obtained functioning results were not equally distributed.

Conclusions

CFR allows to distinguish individual functioning profiles. It clarifies the role of EF in functioning and shows that results in functioning do not directly depend on the amount of investments.

Investments in health (collected in lay language and automatically coded by the software using ICF EF)

CFR values and VilmaFABER EcoLabel (automatically calculated by the software using specific algorithms)

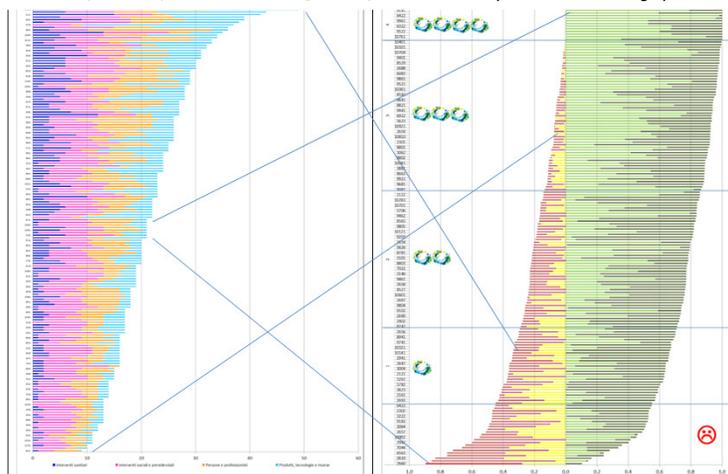


Table 1 - Investments and results in outpatients < 18 years by patient ID and functioning indicators (N=173) - Community based services for adults with disabilities

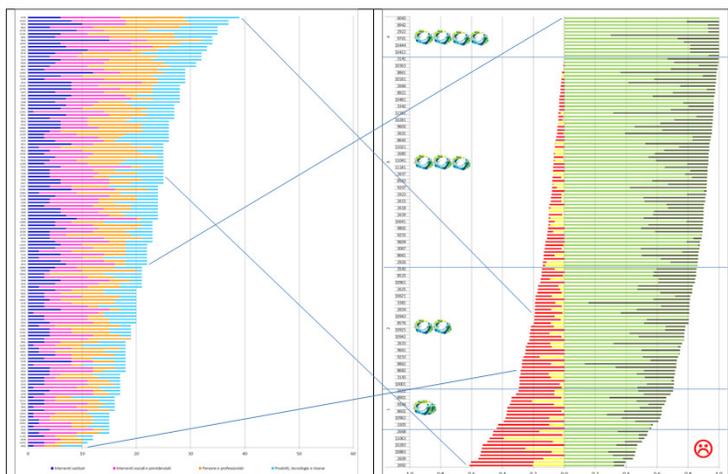


Table 2 - Investments and results in outpatients > 18 ys by patient ID and functioning indicators - Mental health community-based services (N = 133)

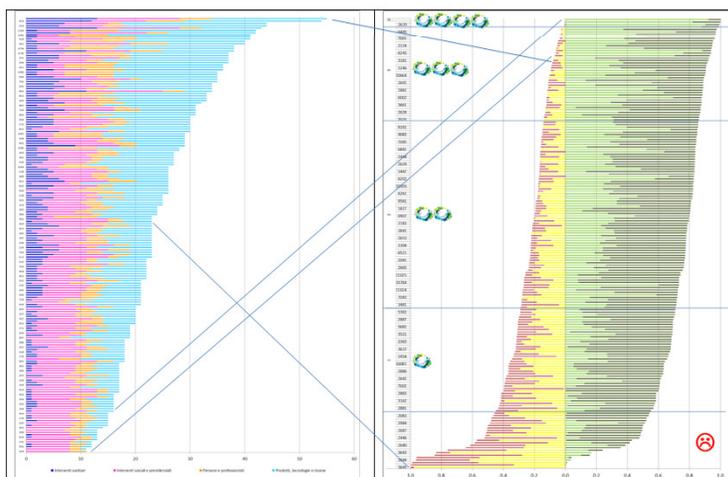


Table 3 - Investments and results in outpatients > 18 ys by patient ID and functioning indicators - Community-based services for adults with chronic conditions (N= 184)

References

(1) Frattura L. et al. The infographic Family of Functioning Indicators (FaFI). WHO-FIC Network Annual Meeting 2015

(2) Frattura L. et al. Disability/functioning balance and levels of disability: some evidences for continuum, WHO-FIC Network Annual Meeting 2016