Health classifications 2 – Using the ICF in clinical practice

This is the second in a series of Keynotes by Catherine Sykes looking at the International Classification of Functioning, Disability and Health (ICF). It describes a range of ways that the ICF can be used in clinical practice.

The aims of the ICF

The International Classification of Functioning, Disability and Health (ICF), endorsed by the World Health Assembly in May 2001, aims to:

- provide a scientific basis for understanding and studying health and health-related states, outcomes and determinants;
- establish a common language for describing health and health-related states in order to improve communication between health care workers, researchers, policy makers and people with disabilities;
- allow data comparison across countries, health care disciplines, services and time;
- provide a systematic coding scheme for health information systems' (WHO 2001).

This paper describes a range of clinical applications to fulfil these aims, and cites a number of materials that may help the reader develop clinical applications of ICF. To access the references, please go to http://www.wcpt.org/programmes/icf/resources.php#articles.

A tool for case records

The World Health Organization's ICF checklist itemises the major ICF categories. It is a practical tool to elicit and record summary information for case records.

The ICF checklist has been used to identify the most common problems in patients with chronic health conditions (Ewert et al 2004). A pilot study into the use of the ICF checklist for describing the functioning and disability of patients with unipolar depression demonstrated that the tool provided a "complete description of the symptomatology and functioning of depressive patients" (Nieto- Moreno et al, 2006).

The ICF checklist has also been used successfully in clinical practice in Spain (Ayuso-Mateos JL et al 2006) and the MHADIE project (Measuring Health and Disability in Europe (see below).To download a copy of the checklist, go to: http://www.who.int/classifications/icf/site/icftemplate.cfm?myurl=checklist.html&mytitle=ICF%2520Checklist

A means of measuring needs and outcomes

The WHO Disability Assessment Schedule (WHODAS II) is an outcomes measure which provides a profile of functioning across six activity domains, as well as a general disability score. This information can be used to:
- identify needs;
- match patients to interventions;
- track functioning over time;
- measure clinical outcomes and treatment effectiveness.

The WHODAS II is available in either self-report or clinician completed 36 and 12 item forms at http://www.who.int/icidh/whodas/index.html. Psychometric testing of the WHODAS II has been rigorous and extensive, and it has undergone reliability and validity testing in 16 centres across 14 countries. Studies testing its sensitivity to change and predictive validity were conducted in centres throughout the world during the year 2000. The Irish national database for information on the specialised health and social service needs of people with physical or sensory disability has used the WHO-DAS II since 2004 (O'Donovan & Doyle, 2004).

As a tool for assessing and reporting

An international project to develop disease-specific subsets of ICF is currently underway. The Core Sets Project has the aim of producing lists of domains that cover the range of functioning relevant to a particular disease (Stucki et al. 2002). It is intended that these subsets can serve as "minimal standards for the assessment, communication and reporting of functioning and health for clinical studies, clinical encounters and multi-professional comprehensive assessment and management purposes".

Phase I of the project developed core sets of ICF for 12 chronic diseases, by way of consensus conferences. The diseases are those which are prevalent and a significant cause of disability. They are:

- Breast cancer
- Chronic ischaemic heart disease
- Chronic widespread pain
- Depression
- Diabetes mellitus
- Low back pain
- Obesity
- Obstructive pulmonary diseases
- Osteoarthritis

- Osteoporosis
- Rheumatoid arthritis
- Stroke

The second phase aims to validate the ICF core sets in a range of countries. Some of the studies are already complete – for example the core set for rheumatoid arthritis has been validated with patients and clinicians (Coenen et al 2006).

A project to develop an ICF core set for manual medicine to facilitate standardised assessment and documentation and as a quality management tool for manual medicine is currently underway. The project has started with a Delphi survey of Swiss manual medicine experts to identify relevant functional problems of patients treated with manual medicine.

The acute ICF core sets are for patients with neurological, musculoskeletal and cardiopulmonary conditions. They are intended for use by physicians, nurses and health professionals working in the acute hospital and who are not specialised in rehabilitation.

The post-acute ICF core sets for geriatric patients and patients with neurological, musculoskeletal or cardiopulmonary conditions are intended for use by physicians, nurses, therapists and other health professionals involved in early post-acute rehabilitation programmes.

Further information on the Core Sets Project can be found at: http://www.icf-research-branch.org/research/researchprojects.htm

Supporting policy development

The Measuring Health and Disability in Europe (MHADIE) project is using the ICF to document the interaction between health status and environmental features, and the distribution of disability among different populations in different contexts.

Eleven countries across Europe are collaborating to demonstrate the feasibility of using the ICF model in the measurement of types and prevalence of impairments. It is expected that using the ICF model will clarify the ambiguity about disability in the data currently being collected.

The project objectives are:
1) to use the ICF model as the structure for analysing existing data from general population health surveys and education statistics;

2) to show that the ICF model is useful and feasible for describing and measuring patterns of disability in samples of selected conditions in different countries, both cross-sectionally and over time.

3) to produce policy recommendations and guidelines on how the existing sources of data can be harmonised with the ICF model. The methodology used will lead to an integration of existing statistical information systems across nations, sectors and life span of present and future members of the EU.
For more information about how the ICF is being used to integrate existing statistical information systems across the EU: http://www.mhadie.com/home.aspx

For measuring outcomes

Therapy outcomes measures (TOMs), first developed in the UK for speech therapy, occupational therapy and physiotherapy, were based on the International Classification of Impairments, Disability and Handicap (WHO 1980), the precursor to ICF (Enderby and John 2000). The TOMs have been used to study equity of access to therapy services and therapy management in relation to case complexity, as well as outcomes of therapy interventions (John et al 2001).

The Australian Therapy Outcome Measures (AusTOMs) have been developed for the same professions and are based on the ICF. The AusTOMs have been tested as a reliable and clinically relevant measure to reflect the outcomes of the therapeutic input of speech pathologists, occupational therapists and physiotherapists (Perry et al 2004). Further information on the AusTOMs can be found at: http://www.latrobe.edu.au/austoms/backgrnd.htm

Conclusion

The ICF is a new member of the WHO Family of International Classifications (WHO-FIC) and has not yet reached maturity. The number of uses is expanding exponentially and the benefit to physiotherapy practice of using this international standard is yet to be fully developed. In line with its mission the WCPT is keen to raise the profile of the ICF with the membership of the WCPT and work with World Health Organization to gain greater use of the ICF by physiotherapists.

References
A full list of the references alluded to in the text of this article can be found at
http://www.wcpt.org/programmes/icf/resources.php#article

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