

Health classifications 1

– An introduction to the ICF

This is the first of two Keynotes by Catherine Sykes looking at the International Classification of Functioning, Disability and Health (ICF) and how physical therapists can make use of it in their work.

What is the ICF?

The International Classification of Functioning, Disability and Health (ICF) is a framework and classifications that provide a unified and standard language by which people can describe health, and health related states. It was agreed by the World Health Assembly in 2001.

Why is it important?

By providing a common language, the ICF has the potential to link information across the different settings in which physical therapy is provided – hospitals, community services, mental health services, disability services – irrespective of the method of service provision and the provider. It can be used to describe a full and consistent picture of the health of individuals who may encounter a wide range of providers. And it helps health planners have an accurate picture of the health of populations.

How does it work?

The ICF does not classify people - it describes the health of each according to how they are functioning within their environment. An individual's health includes their

ability to carry out the full range of activities required to engage in all aspects of human life. The outcomes of interventions can be evaluated by recording performance in the individual's real-life environment.

A complementary classification, the International Classification of Diseases and Related Health Problems (ICD), codes and classifies health conditions (diseases, disorders, injuries); the ICF codes and classifies functioning and disability associated with health conditions.

How can physical therapists use it?

Physical therapists and other health professionals are more interested in the impact of a health condition on an individual than they are in the diagnosis. For example, Seropositive rheumatoid arthritis (coded with a single code in ICD) conveys little information about a person living with the disease. But the ICF has the capacity to code other areas of interest to physical therapists involved in their care – such as whether the person is more affected in the upper limbs (s730) or the lower limbs (s750), or about the support a person needs at home (e310).

What are its benefits?

The inclusion of functional status information in administrative records gives a fuller picture of the health of individuals and populations. It promotes consistency of records across the health and community care sectors.

Routinely collecting functional status information across the health system allows us to evaluate outcomes, compare treatments, predict and manage costs associated with health care delivery and establish eligibility for government programmes.

Knowing about the functional status of populations may also inform social policies such as social security, pensions, retirement, long-term care of older people, education, employment, housing and transport policies for younger people.

What does it look like?

There are three components of the classification:

- The Body component includes classifications of body functions and body structures
- Activities and participation includes all aspects of functioning from both individual and societal perspectives, and
- Contextual factors; both personal and environmental factors (though personal factors are not classified in the ICF).

Under each of these components, there are various "chapters", and below that hierarchically organised domains, which relate to physiological function, anatomical structures, actions, tasks, areas of life, and external influences. Information on each of these can be recorded at different levels of detail depending on the need of the user – a three digit number conveys considerably more detail than a single digit number.



An example of ICF components, chapters and domains

<u>Component</u>	Activities and participation
<u>Chapter</u>	Mobility (chapter 4)
<u>Block</u>	Walking and moving (d450-d469)
<u>Two level category</u>	Walking (d450)
<u>Three level category</u>	Walking short distances (d4500)

For example, a physical therapist may want to record information on mobility (see example above). Within the mobility chapter are blocks, and categories, where a number can describe particular elements of mobility.

The physical therapist working in the community may wish to record information at the three or possibly four digit level as a measure of outcomes of a programme of care. The manager of a department may wish to know how many people attending have problems walking as an indicator for ordering crutches and walking sticks. Information on numbers of people with mobility problems may be a sufficient indicator for planning recruitment of physical therapists at a district level.

Interactions between the components

Figure 1 shows the ICF model of functioning and disability and illustrates the dynamic interactions between the components. The interactions are in both directions, so

for example the presence of a disability may modify the health condition. It is important to collect data on each of the components to explore the associations and causal links between them.

Contextual factors interact with the individual with a health condition and influence the experience of functioning. Environmental factors represent an important new component of the classification in recognition of their influence on functioning and disability. Personal factors are recognised but are not classified in the ICF. These factors might include age, sex, and Indigenous status, and would be selected by users according to the application.

Measures in the ICF

Qualifiers are measures coded after the relevant domain. These qualifiers are essential to meaningful use of the classification because of the neutral nature of the domains. All domains are coded using a uniform or “generic” qualifier to record the

extent of the “problem” (none, mild, moderate, severe, complete) in relation to impairment, activity limitation or participation restriction, and environmental factor. It is recognised that these qualifiers need calibration to relate them to existing measurement and assessment instruments in the field.

In addition to the generic qualifier, qualifiers for specific components have been proposed by the WHO.

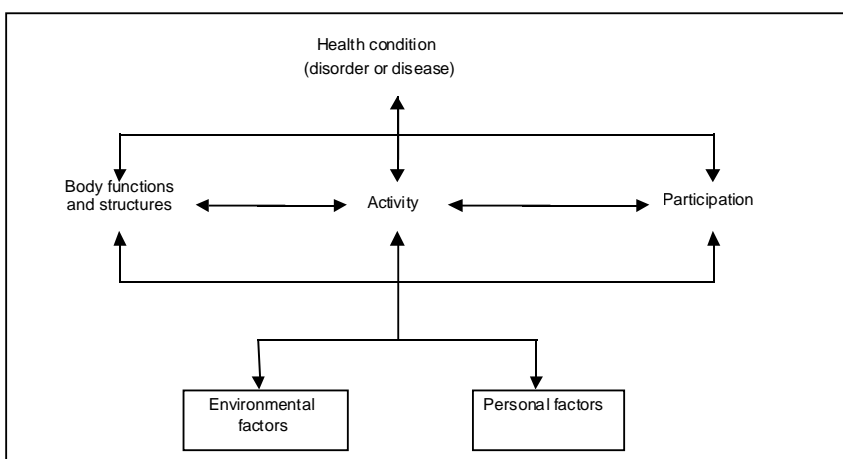
Further information

Further information on the use of the classification in data collections may be found in a companion Keynotes paper which covers using the ICF in data collection.

The codes and definitions of the ICF can be accessed on the WHO website www3.who.int/icf/onlinebrowser/icf.cfm. Copies of the publication can be ordered from WHO at: www3.who.int/icf/icftemplate.cfm?myurl=order.html&mytitle=Ordering%20ICF

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Figure 1: Interactions between components of the ICF



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