NACC Clearinghouse on ICF- January-May 2005 Messages

1. WELCOME BACK PAUL

2. GREENBERG WINS "GRAMMY"

3. STILL TIME TO REGISTER FOR JUNE 21-24, 2005 11th ANNUAL

NACC CONFERENCE ON ICF IN ROCHESTER, MINNESOTA

4. CENTER HEAD CHAIRS WORKSHOP ON ICF IN THAILAND

5. PILOT TEST FOR FRAMEWORK ON ICF EDUCATION AND USE IN MEMBER STATES

6. NIH GRANTS ON FUNCTIONAL ASSESSMENT OF PEOPLE WITH MENTAL DISORDERS

7. LOLLAR AND SIMEONSSON CONDUCT ICF WORKSHOP AT HRSA/DHHS

8. PLACEK DOES ICF SYMPOSIUM AT SOUTHERN UNIVERSITY

9. VALLUZZI PRESENTS ON ICF AT CANADIAN OT MEETING

10. SPOTLIGHT ON MARIE DI COWDEN

1. WELCOME BACK PAUL

There has not been a NACC Clearinghouse message since December 2004, when Paul Placek retired after 30+ years of Federal service. Paul now has a new contract with the CDC to promote ICF dissemination, which includes drafting these Clearinghouse messages, participating in annual NACC meetings on ICF, co-facilitating the DHHS/OD ICF Subcommittee meetings, and conducting ICF workshops. Contact Paul with your ICF news at: Paul J. Placek, PhD; 103 Big Holly Court, Stevensville, MD 21666-3333, tel 410-643-2817, fax 410-643-0390, PJPLACEK@DMV.COM.

2. GREENBERG WINS "GRAMMY"

Noah William Greenberg was born May 14, 2005 to Marjorie Greenberg's son Josh and daughter-in-law Mindy, making her a "Grammy" award winner for the first time ever. Noah is a healthy 6 lb. 7oz. boy and Marjorie suggests that whenever you see her, ask about Noah, because she will tell you anyway.

3. STILL TIME TO REGISTER FOR JUNE 21-24, 2005 11th ANNUAL NACC CONFERENCE ON ICF IN ROCHESTER, MINNESOTA

The attached PDF file includes a registration form, tutorial outline, conference program, faculty, information on CME credits and hotel information. Discounted hotel rates are available through June 10. Check out <u>www.icfconference.com</u> for the very latest. On June 21 to 24, 2005, the Mayo Clinic and the National Center for Health Statistics (NCHS), on behalf of the World Health Organization (WHO) Collaborating Center for the Family of International Classifications for North America, welcome you to the 11th Annual North American Collaborating Center (NACC) Conference on the International Classifications of the ICF will be emphasized in all plenaries and concurrent sessions. The science of mapping and uses of "mapped" clinical data for

research and policy will receive emphasis in relation to the ICF. These were identified as top priorities for the NACC Research Agenda on ICF at the 10th Annual Meeting in Halifax. Questions about the 6 Continuing Education Credits for the June 21 Tutorial or 15 Continuing Education Credits for the June 22-24 Conference may be directed to Martha Hoag hoag.martha@mayo.edu or Julie Beinborn beinborn.julie@mayo.edu. Questions about accepted abstracts and scientific aspects of the conference may be directed to Marcy Harris harris.marcelline@mayo.edu or Diane Caulfeild dcaulfeild@cihi.ca. Registration is \$100 USD for the tutorial and \$200 USD for the conference or \$250 USD for both. The ICF was approved by the World Health Assembly in May 2001, and is available in published form and on the WHO website at http://www.edc.gov/nchs/about/otheract/icd9/icfactivities.htm. Read the Oct. '02 - Dec. '04 ICF Clearinghouse Messages at http://www.cdc.gov/nchs/about/otheract/icd9/icfactivities.htm. (See PDF of ICF

Brochure, attached)

4. CENTER HEAD CHAIRS WORKSHOP ON ICF IN THAILAND

As Head of the WHO Collaborating Center for the Family of International Classifications (FIC) for North America and Chair of the WHO-FIC Education Committee, Marjorie Greenberg attended a series of WHO-FIC meetings in Bangkok, Thailand, On April 27, she participated in the mid-year meeting of the Family Development Committee, and on April 28-29, the mid-year meeting of the WHO-FIC Planning Committee. She chaired a workshop on the International Classification of Functioning, Disability and Health (ICF) on May 2-3 and made a presentation on ICF implementation activities in the U.S. and Canada. Also participating in the meetings of the WHO-FIC Network and the ICF workshop were Heads and representatives of the Australian, German, Dutch, French, Nordic and North American collaborating centres, as well as the ICD Office of Japan, and staff from WHO Headquarters, led by Dr. Bedirhan Ustun, Coordinator for Classification, Assessment and Terminology at WHO. The purposes of the ICF Workshop in Thailand were to provide practical information on ICF tools and applications worldwide and to facilitate development of an action plan for implementation of ICF in Thailand. The presentations and small group sessions were well received by the 84 participants representing clinicians, government officials, policymakers, researchers, statisticians, students and representatives from organizations of and for people with disabilities. Action plans were initiated around the four international priority areas: censuses and surveys, health outcomes at clinical and service level, administrative and clinical information and records and social policy field. The 2005 annual network meeting is scheduled to take place October 16-22, 2005 in Tokyo, Japan.

5. PILOT TEST FOR FRAMEWORK ON ICF EDUCATION AND USE IN MEMBER STATES

During the WHO-FIC network Reykjavik meeting October 2004, it was decided to carry out an ICF pilot study to test a framework for collecting and sharing information on usage and implementation of ICF in member states. The first results were reported in the Thailand meetings. This pilot test was carried out by the WHO-FIC Implementation and

Education Committees. The May 2005 report was authored by Marijke de Kleijn marijke.de.kleijn@rivm.nl and Marjorie Greenberg msg1@cdc.gov, and technically supported by Huib ten Napel huib.ten.napel@rivm.nl (chairs of the WHO-FIC Education Committee and the co-chair of the WHO-FIC Implementation Committee). The pilot inventory was conducted to test if it is useful to gather ICF usage information in a structured way. The team developed a questionnaire based on the framework for sharing information (developed by the Australian Centre and agreed in Reykjavik), in which the required information can be entered in a word processor and sent to a central point. The questionnaire and an explanatory letter were sent to Heads of RO'S and Centres, EC and IC members, and the WHO team. The returned and completed forms where entered into the electronic structure of the developed information framework manually. The team received 28 forms and 3 emails with unstructured information. Completed forms were received from: Sweden & Norway, France, Mexico, The Netherlands, North America, Australia, Brazil and Portugal. Unstructured reactions by Email were received from the United Kingdom, Brazil and Germany. The issue of bringing the content of the forms into the structure of the framework showed that the framework could be filled with information on 110 items. There are more items on Education (62) than on Implementation (48). The next step of the pilot will be carried out by using an improved form and the collaborative workspace on the WHO-FIC website as the technical way to collect the information. Additional items will be added (such as those related to electronic tools). Templates used by some other countries will be examined in order to check missing items as well. Proposals for implementation in the websites of WHO and centres will be offered to the EC and IC committee meetings during the October 2005 WHO-FIC network meeting.

6. NIH GRANTS ON FUNCTIONAL ASSESSMENT OF PEOPLE WITH MENTAL DISORDERS

Deadlines for this series of grants occur three times per year, with the next deadline being October 1, 2005. Program Announcement #PA-05-037 can be found at http://grants.nih.gov/grants/funding/submissionschedule.htm. This PA will use the NIH R01, R03, and NIMH R34 mechanisms. For example, the R03 Small Grant program provides up to two years of funding with up to \$450,000 in direct costs per year. The R34 Grant may be up to three years and a total of \$450,000. For scientific or research questions, contact Donna Mayo, PhD, Functional Assessment Research Program, NIMH, NIH, Bethesda, Maryland, tel 301-594-9483 and dmayo@mail.nih.gov. Dr. Mayo stated that ICF-based applications would be welcome to compete.

7. LOLLAR AND SIMEONSSON CONDUCT ICF WORKSHOP AT HRSA

Merle McPherson and Bonnie Strickland of the Health Resources and Services Administration (part of the U.S. Department of Health and Human Services) facilitated an April 7, 2005 day-long ICF training at HRSA. HRSA has four bureaus: 1) Maternal and Child Health Bureau; 2) HIV/AIDS; 3) Primary Health Care; and 4) Health Professions. It was determined that an "orientation" level training would be most appropriate to facilitate awareness of ICF and ICF-CY across the agency at this time. To facilitate inclusion of individuals from across the agency, Merle and Bonnie sent e-mails to the Bureau Chiefs, requesting identification of a key contact in each Bureau, to assist

in developing a training schedule. An e-mail was also sent to all Agency staff inviting them to participate in a "General Session" in the afternoon. The training schedule consisted of a morning overview of ICF-CY with MCH; and an overview of the ICF with the key contact person and identified representatives from the other three bureaus. The afternoon session also included a General Session for all staff. Rune Simeonsson and Don Lollar provided the training. They developed two different powerpoint presentations to facilitate sharing of information about ICF: 1) International Classification of Functioning, Disability, and Health for Children and Youth (ICF-CY) and 2) International Classification of Functioning, Disability, and Health (ICF). Attendance ranged from 2-5 participants for the sessions that addressed specific Bureaus to about 25-30 participants at the afternoon General Session. The powerpoint presentations served as an introduction to the ICF and ICF-CY; as well as a catalyst for discussion about potential applications of ICF or ICF-CY within each Bureau. Potential clinical applications and survey applications were discussed. Also, less traditional applications were mentioned, such as emergency preparedness; classification of organ transplantation outcomes; and hospital facility compliance with Americans with Disabilities Act facility and equipment accessibility requirements. Questions were raised about topics such as reimbursement mechanisms that incorporated ICF information into the billing scheme; clinical assessment tools that utilize the ICF or ICF-CY framework, and survey questions that utilize the ICF to identify individuals with disabilities and their level of activity and participation within their environment. Don Lollar is at DCL5@cdc.gov and Rune Simeonsson is at rune simeonsson@unc.edu.

8. PLACEK DOES ICF SYMPOSIUM AT SOUTHERN UNIVERSITY

The Department of Rehabilitation and Disability Studies at Southern University in Baton Rouge held a day-long symposium entitled Ethics and Evidence Based Practice in Rehabilitation on Friday, February 25, 2005. There were two primary presenters at the day-long Seminar--Vilia Tarvydas of the University of Iowa, who spoke on Risk Management as Good Ethics, and Paul Placek, who spoke on the ICF: Ethical Guidelines in Clinical and Survey Applications. A total of 6 hours of CRC, LRC, and CVE Credits were offered to the 50 attendees. Opening remarks were given by Dr. Madan Kundu, Department Director. Kundu had heard an ICF presentation by Dr. Matilde Leonardi in Africa several years earlier and wanted to introduce University students to the ICF. More information on the Southern University's program is available at http://www.subr.edu/science/rehabcounsel/

9. VALLUZZI PRESENTS ON ICF AT CANADIAN OT MEETING

Janet Valluzzi presented on "The ICF and Occupational Therapy: Potential for Diversity and Professional Growth" at the Canadian Association of Occupational Therapists Annual Meeting in May 2005. For a copy of her presentation, contact her at the Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends in Rockville, Maryland, Phone: (301) 427-1646, jvalluzz@ahrq.gov.

10. SPOTLIGHT ON MARIE DI COWDEN

Marie A. DiCowden, PhD is in this month's Clearinghouse Spotlight for four reasons: 1) She is a plenary speaker at the upcoming 11th Annual NACC Meeting on ICF on clinical

applications of ICF in her comprehensive care Biscayne Institutes of Health and Living; 2) she used the ICF in a Florida court case; 3) she used the ICF in her CARF accreditation renewal, and 4) she has many scientific publications, including several interesting ICF articles. Marie's PhD is in Clinical Psychology from the George Washington University in Washington, DC, and since 1982 she has been a Board Certified Licensed Psychologist in Florida. She has built the Biscayne Institute as an outpatient rehab center specializing in brain injury and spinal cord injury. It now regularly treats about 50 children and 40 adults, and she serves as its Administrator. Nearly all 28 staffers at the Biscayne Institute have been familiarized or trained in the ICF. The ICF was an attractive way to view patients because of its comprehensive nature, which matches the comprehensive nature of injuries and therapies used. The injuries include orthopedic injuries, all types of brain injury, pediatric disorders both congenital and postpartum, spinal cord injury, amputation rehab, chronic disease, pain rehab, and cognitive difficulties. The interdisciplinary team there includes physical therapy, neuropsychology, cognitive retraining, speech therapy, social work, family therapy, art therapy, Chinese medicine, voc rehab, biofeedback, whirlpool therapy, OT, neuromuscular massage, and holistic medicine. The facility has been CARF and CORF accredited for 15 years. In its most recent CARF accreditation renewal request, the ICF was specified. One of her ICF publications (with Seltser and Gerry Hendershot) is "Terrorism and the International Classification of Functioning, Disability and Health: A Speculative Case Study Based on the Terrorist Attacks on New York and Washington", Disability and Rehabilitation, Vol. 24, No 11-12, 2003, pp. 635-643. Each patient at her clinic gets quarterly review by the entire treatment staff, and they collectively assign ICF codes to each patient. These are cross-matched to the FIM and FAM scores, and other assessment tools as well. Marie says: "Our bottom line is treating the person who has the disease, not treating the disease the person has. It's that shift in philosophy that allows psychologists to be at the head of this enterprise. We're setting the medical model on its ear and surviving!" DiCowden's application of ICF in a court case involves "Joseph", a 42-year-old meter reader who was nearly killed by a car in 1996 while on the job giving tickets. Two years after the accident, he could not speak or walk, and was in a 5 point restraint due to behavior outbursts. He was deemed untreatable and sent to a nursing home. His mother thought Joseph still had potential, and she found Dr. DiCowden and the Biscayne Institute. With their comprehensive therapies, he can now read, do double digit math calculations, do Math Blaster on a computer, stand independently, toilet independently, converse in small groups, and behave in a pro-social manner. She has sued the insurance company for the one million \$ in free treatment which they have since given him, and used the ICF in court testimony to chart his progress since 1998. In court, she used the FIM, the FAM, and the ICF with severity indicators. Others who testified in court were Dr. Raymond Seltser and Dr. Don Lollar. Marie can be reached at the Biscayne Rehabilitation Institute, 2785 NE 183rd Street, Miami, FL 33160, tel 305-932-8994, fax 305-932-9362, bri@gate.net and MDCatbihl@aol.com. Better yet, come and meet her personally at the NACC ICF Meeting at Mayo in Rochester.