

NACC CLEARINGHOUSE ON ICF - SEPTEMBER 2004 MESSAGES

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1. THE ICF IN CANADA - THREE DEVELOPMENTS

First, Diane Caulfeild of the Canadian Institute for Health Information reports that CIHI has been instrumental in “The Round Table Project of Ontario” embracing the ICF framework. The stakeholders of the Round Table represent Canadian government agencies, third party payers, providers and advocacy groups. . They are planning to pilot a form for a group of individuals with Hepatitis C. The objective is to develop and implement a common form, using the language and codes of ICF, which could be used across agencies that work with people with disabilities who are seeking work from the pilot project, the plan is to refine the form as required for other groups of individuals with disabilities to enhance communication across other sectors. Ultimately the desired outcome is to reduce barriers that impede the timely return to work for individuals with disabilities. *Second*, Ms. Caulfeild reports that the Social Development Department in the Canadian Federal Government has launched discussions with CIHI to investigate using ICF in their Disability Income Replacement programs. ICF offers them neutrality of terminology, a common language for all programs and the ICF codes for data collection. They are striving to provide opportunities within the many federal government of Canada departments that deal with the disability initiatives and agendas to streamline their communications, achieve greater agreement in decision making, track and analyze utilization within their various programs. *Third*, the Canadian Life and Health Insurance Association, which represents all life and health insurance agencies on a national basis, has expressed an interest in working with CIHI to develop a common form using ICF that can be used for their various intake claims forms. They can see the potential that applying ICF has to streamlining their processes and reducing the paperwork involved with insurance claims. In particular, they look forward to

reducing physicians' time spent on completing forms and expediting their processes for the claimants' benefit. For more information, contact: Diane Caulfeild, Canadian Institute for Health Information (CIHI), Consultant, Classification, 377 Dalhousie St., Suite 200, Ottawa, ON, K1N 9N8, Tel: 613 241 7860 ext.4055, Fax: 613 2418120, Email: dcaulfeild@cihi.ca.

2. NCHS/CDC AWARDS CONTRACT TO WHO TO CROSS MAP ASSESSMENT TOOLS TO ICF

In August 2004, the National Center for Health Statistics/Centers for Disease Control and Prevention awarded to the World Health Organization a six-month contract to crosswalk ICF with a dozen or so major assessment tools. This activity was first proposed at the October 2003 Cologne meeting of the Heads of the Family of International Classifications. The purpose of this project is to explore the feasibility of identifying the specific ICF codes that are relevant for coding based on specific items in commonly-used assessment instruments and to review and evaluate the results with other experts. This would enable users of various instruments to streamline their crosswalk coding efforts to ICF codes electronically, and enable them to generate more comparable clinical information efficiently. The need for mapping existing assessment tools was recently reaffirmed at the Tenth Annual meeting on ICF held in Halifax June 1-4, 2004. On the final morning of this meeting, 44 persons voted on a list of 27 ICF research priorities. Although the ICF researchers there had many competing interests (half had presented scientific papers), the largest consensus for the top ICF research priority was "crosswalks to ICF of assessment tools and terminologies". This project implements that recommendation. Nenad Kostansjek kostansjekn@who.int and Bedirhan Ustun ustunb@who.int are the WHO Project Officers; Paul Placek pjp2@cdc.gov and Marjorie Greenberg msg1@cdc.gov are the NCHS/CDC Project Officers. The Eleventh Annual NACC meeting is likely to have a major focus on this topic. The Eleventh Annual meeting is tentatively scheduled for June 21-24, 2005 at the Mayo Clinic in Rochester, Minnesota. Keep your eye on these monthly Clearinghouse messages and www.icfconference.com for more information. The [icfconference.com](http://www.icfconference.com) website currently has presentations from the June 2004 Halifax meeting and will soon have a summary report as well..

3. ORDER ICF FROM NEW YORK

If you are in the U.S. or Canada, you can order your ICF books from New York instead of Geneva.

ICF Hardback Book, 299 pages, \$45 USD, #1152088 (English, Spanish, French, Russian, Arabic, or Chinese)

ICF Pocket-sized book, 229 pages, small, soft cover \$12.60 USD, #1153088 (English only)

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4. ICF TRAINING IN ITALY - BRAVISSIMO!

In a paper entitled "ICF in Italy and the ICF Training Developed by the Disability Italian Network (DIN)", authors Matilde Leonardi and colleagues describe how DIN (a non-profit organization which disseminates ICF in Italy) developed ICF-DIN Basic and Advanced Courses to address labor, health, rehabilitation, statistics and education issues. Developed in collaboration with WHO's experts, the Basic course (eight-hours long) focuses on ICF's brief history; basic principles; structure; differences between classifying, measuring and assessing; ICF's application in different settings; presentation of ICF tool box and related instruments as well as ethical aspects and implications related to ICF and its use. The Advanced course (three days long followed by a three months distance learning period and by a final evaluation day) assumes Basic course completion. The first day covers ICF structure, chapters, domains; how to code, how to use the different qualifiers, when to use them, difficulties and FAQs. Participants work in small groups on simple clinical cases. The focus is on qualifiers and on problems related to ICF components' codification. The second day focus is on the ICF checklist (how to use it, coding case vignettes, use in different settings, checklist structure and rationale, coding and back-coding on clinical cases). The third day focus is on WHO-DAS II (how to assess, video cases of interviews with actors, coding, exercises of coding case vignettes, back coding, and from ICF codes rewrite case histories). Then, in the distance learning, each pupil is assigned a user ID and a password for a website. DIN teachers have a section with question and answer made by participants about homework, problems and issues. On DIN's website is hosted a discussion forum, reserved to those attending at Distance Learning: each case has its discussion thread, where participants can post questions and read teachers' answers. The most common questions will be set in a FAQ section. The Disability Italian Network website is www.icfitaly.it and the ICF in Italy project website is www.welfare.gov.it/icf. For the full paper, contact:

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5. FREE ICIDH (1980) BOOKS AVAILABLE

The new ICF approved May 2001 superseded the International Classification of Impairments, Disabilities and Handicaps (WHO, 1980). We have about 35 copies left of ICIDH (1980). They usually sell for \$16 but they are now free for the asking. Just email your mailing address and phone number to Paul Placek pjp2@cdc.gov.

6. AOTF AND AOTA REAFFIRM ICF PRIORITY

In 2003, the American Occupational Therapy Foundation (AOTF) and the American Occupational Therapy Association (AOTA) reaffirmed research priorities and parameters of practice for the occupational therapy practice in the United States that are rooted in the World Health Organization's International Classification of Functioning, Disability, and Health (ICF). The AOTA's Occupational Therapy Practice Framework: Domain and Process (AJOT, November / December 2002, Volume 56, Number 6), an official document of the Association, moves practitioners to language and terminology that is similarly grounded in the ICF. In July, 2004; occupational therapy leaders and scholars representing 13 different countries met to discuss international evidence for occupational therapy practice at a conference funded by the Agency for Healthcare Research and Quality (AHRQ). One of the outcomes of the conference is a commitment to establish criteria for the selection, review and synthesis of literature related to evidence concerning occupational therapy; and, that the ICF will be a primary consideration in the system that is developed <http://www.aotf.org/html/priorities.html>. It is believed that occupational therapy should have "participation" as a primary focus in most interventions provided by occupational therapy practitioners, and the profession has made a commitment to promote this throughout all educational programs, all continuing education efforts, and all research funded by our organizations. OT Practice Framework (identifies terminology for the profession) is only available to AOTA members at: <http://www.aota.org/ajot/abstract.asp?IVol=56&INum=6&ArtID=2&Date=November/December%202002>. For more information, contact Janet Valluzzi jvalluzz@ahrq.gov.

7. JANET VALLUZZI NAMED CO-FACILITATOR OF ICF SUBCOMMITTEE OF NFI COMMITTEE

Janet Valluzzi of the Agency for Healthcare Research and Quality has been named by Dr. Margaret Giannini as Co-Facilitator of the ICF Subcommittee of the New Freedom Initiative Committee <http://www.hhs.gov/newfreedom/>. The Committee was established by the Office on Disability/HHS to monitor and promote activities of the NFI, which has these goals: increase access to assistive and universally designed technologies; expand educational opportunities; promote homeownership; integrate Americans with disabilities into the workforce; expand transportation options; promote full access to community life; and support sound health care policy for people with disabilities. There are Subcommittees for all of these topic areas, plus one for the ICF. The ICF captures many of these features and could allow for the assessment of progress and gaps in achieving NFI objectives. Therefore, the ICF

Subcommittee was established by the Office on Disability to explore ways in which the ICF can possibly improve understanding of progress towards NFI goals and to consider ICF applications within DHHS programs. To date, five meetings have been held in 2004, and three more are scheduled. The meetings are chaired by Margaret Giannini, M.D., F.A.A.P., Director, Office on Disability/HHS. Dr. Paul Placek is the other Co-Facilitator. Participating are representatives from all HHS agencies: CDC, ASPE, SAMHSA, AHRQ, AoA, NIDCD, NCMRR/NIH, NCBDDD/CDC, HRSA, and ACF.

8. ICF CORE SETS SOFTWARE NOW AVAILABLE

Professor Gerold Stucki's "core set" software is now available for sale. Check out the Rehab-CYCLE website with information on ICF Core Sets and ICF Browser:
http://www.rehabnet.ch/index.htm?./html/left/rhLRCSSENSW.htm&./html/e_RC_Software.htm&./html/rhEMenu.htm

The website is in English and German. Rehab-CYCLE is the first ICF software to optimize the management of patients. It provides you with the ICF core sets for a number of conditions and diseases. The integrated ICF browser allows you to make a clear functional diagnosis by linking the problems documented in the ICF sheet to the most appropriate ICF category--then the 0-4 ICF qualifiers are used. MS Windows 2000/XP and CD-ROM 4x speed are required. You can contact: Prof. Gerold Stucki, MD, MS, Director of Department, Department of Physical Medicine and Rehabilitation, University Hospital Munich, Marchioninstr.15, 81377 Munchen, Germany, tel (000 49 89) 7095-4050, fax (00 49 89) 7095-8836,
Gerold.Stucki@phys.med.uni-muenchen.de.

9. ICF SECTION IN CIRRIE WEBSITE

The Center for International Rehabilitation Research Information and Exchange has a section specifically on ICF which you will want to check out:
<http://www.cirrie.buffalo.edu/icf/>. There are hotlinks for ICF research projects, meeting proceedings, and instructional materials.

10. ICF FEATURED AT SECOND EUROPEAN CONGRESS ON PHYSIOTHERAPY AND PREVENTION

The Second European Congress on Physiotherapy and Prevention expects over 1,000 registrants at the March 2-5, 2005 meeting in Vienna, Austria. Keynote speakers in the ICF section are Bedirhan Ustun of WHO, Nanette Mutrie of Scotland, and Karin Gutierrez-Lobos of Austria. For more information, check out:
<http://www.physioaustria.at/2005/congress/>

11. SPOTLIGHT ON JANET VALLUZZI

Janet Valluzzi is a relative newcomer on the ICF scene. She is the new Co-Facilitator of the ICF Subcommittee of the New Freedom Initiative, and since 2003 has been AHRQ's agency lead to the NFI. She presented at the ICF meeting in Halifax. Her DrPH dissertation work at George Washington University uses the ICF and the Medical Expenditure Panel Survey, so she is an ICF researcher. She holds a license in Washington State Occupational Therapy #VA-LL-UJ-LM450M3, certification with the National Board for Certification in Occupational Therapy #AA324062, and registration with the American Occupational Therapy Association #324061. She presented "Use of ICF in National Health Surveys" at the June 2003 American Occupational Therapy Association meeting, and remains active in AOTA considerations of ICF. On a personal note, Jan grew up in the Chicago area, and is a long time Cubbies fan. She lived in the Pacific Northwest for many years where she especially enjoyed canoeing, mountain climbing, and hiking. Currently she enjoys scuba diving, dance, and playing the organ. Her husband Tom is National Program Manager for Persons with Disabilities and American Indians and Alaska Natives USDA Forest Civil Rights. She is a bit of a work-a-holic so she is readily reached at this address:

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