

NACC Clearinghouse on ICF- July 2005 Messages

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1. LET OTHERS KNOW ABOUT YOUR ICF ACTIVITIES

Send news of your ICF activities to:

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We'll put it into the ICF Clearinghouse to share it with everyone! Remember that previous ICF Clearinghouse messages of 2002, 2003, 2004, and 2005 are archived at <http://www.cdc.gov/nchs/about/otheract/icd9/icfhome.htm>.

2. "CODE ICF" STILL ON WESTERN U WEBSITE

Under development for several years at Western University through contracts with NCHS, the web-based training called Code ICF was approved by NCHS and sent to WHO for installation on their website. It is not yet on the WHO website, but remains on the Western University website at <http://wsdb.westernu.edu/icftraining/>. It has a site map, coding exercises, and is designed to be a self-paced interactive tutorial. Check it out!

3. BODENREIDER TALK ON "ICF AND UMLS" TO ICF SUBCOMMITTEE

On July 12, Olivia Bodenreider gave a presentation to the ICF Subcommittee of the New Freedom Initiative (NFI). President Bush's NFI is overseen by the Office on Disability, and the Director is Margaret Giannini, M.D. Bodenreider spoke on "Mapping New Vocabularies to the UMLS: Experience with ICF". "UMLS" stands for "Unified Medical Language System", and was started in 1986 at NIH's National Library of Medicine. The UMLS has three components: the metathesaurus; the semantic network; and the lexical

resources. The metathesaurus contains 1.2 million concepts, 4.2 million terms, and 5.5 million atoms. Starting with 1,495 terms in the ICF, Dr. Bodenreider filtered out 478 terms and worked with 1,017 terms. Of these, 717 were mapped with an exact map or a normalized match. He used the ICF illustrations of "pain in back" (ICFb – 28013) and impulse control (b1304) to illustrate the nuances of mapping. He concluded that the ICF could be integrated into the UMLS; it is relatively small, and many ICF concepts are already present in the UMLS. The challenges are unspecified terms and other ambiguities. The benefit of this integration for the UMLS is that it would add new perspective. The benefit for the ICF is that it would link ICF to other vocabularies. Expert consultation must be combined with automated algorithms in order to map successfully. Ambiguity in the terms will impair mapping; "goodness of fit" after mapping should be evident in the judgment of an expert; and because the UMLS is based on the medical model, the ICF could enhance the UMLS due to its inclusion of terms for social participation and environment. His slides are available at http://mor.nlm.nih.gov/pubs/pres/050711-NFI_ICF_Subcommittee.pdf, Contact information is as follows: Dr. Olivier Bodenreider, Staff Scientist, National Library of Medicine, 8600 Rockville Pike - MS 43 (Rm B1N28U), Bethesda, MD 20894, phone: 301 435-3246, fax: 301 480-3035, olivier@nlm.nih.gov.

4. PORTER AND BURLINGAME ICF WORKSHOP TO RECREATION THERAPY PRACTICE GROUP

On Monday, May 16, 2005, Heather R. Porter and Joan Burlingame (her legal name is not capitalized) presented at the Mideast Symposium for Recreational Therapy in Ocean City, Maryland. The three-hour workshop was about the application of the ICF to recreational therapy practice. About 50 recreational therapists attended the session. Porter and Burlingame also have a book coming out entitled "Handbook of Recreational Therapy Practice" that reflects the application of the ICF to RT practice. It is anticipated to be on the market late spring 2006. For more information, contact Heather Porter at hrporter4@yahoo.com.

5. CURRICULUM DESIGN FOR PHYSICAL THERAPY USING ICF STILL AVAILABLE

Evangeline Yoder, PT, DHSc, received her Doctoral degree at the University of St. Augustine, Florida in 2004 and the title of her thesis was "A Curriculum Design for Physical Therapist Education Using ICF, ICD-10 and the APTA Guide to Physical Therapist Practices". Her Product Demonstrating Excellence (PDE) is a 100+ page Curriculum Guide. Copies have been photocopied with her permission and eight copies are still available from NCHS, so send your mailing address and phone number to Marjorie Greenberg at MSG1@CDC.GOV to receive your free copy of Dr. Yoder's Curriculum Guide.

6. POPULATION SESSION INCLUDES ICF-BASED PAPERS

The International Union for the Scientific Study of Population XXV International Population Conference in Tours, France, July 18-23, 2005 includes Session 148, "The Demography of Disability: Setting New Directions". This session is chaired by Mary

Chamie of the United Nations Statistical Division, tel 212-963-4869, mchamie@un.org. The first paper in the session is: "Developing Internationally Comparable General Disability Measures: The Washington Group on Disability Statistics", presented by Jennifer Madans and Barbara Altman of the National Center for Health Statistics. The Washington Group is well-known to use the ICF as the underpinning of its recommended disability questions. Another paper is "People with Disability in Brazil: A Look at 2000 Census Results", by Alicia Bercovich. The abstract states: "The conceptual basis (of the census questions) is compatible with the International Classification of Functioning, Disability and Health, ICF (2001) published by the WHO." More information on the session is available at <http://iussp2005.princeton.edu/sessionViewer.aspx?sessionId=208>.

7. ISDS MEETING FEATURES WEATHERS TALK ON EMPLOYMENT OF PEOPLE WITH DISABILITIES

The April 2005 meeting of the Interagency Subcommittee on Disability Statistics featured a talk by Bob Weathers of Cornell University entitled: "Comparing the Prevalence and Employment of People with Disabilities across Data Sources". Seven national surveys were compared, and Weathers stated: "The ICF concepts provide a useful framework for examining differences across these datasets". For more information contact Bob at tel 607-255-6560 and rw56@cornell.edu.

8. FELICIANO TRAINING ON ICF AT JUNE CMS MEETING AND AUGUST UNIFORM DATA SYSTEMS FOR MEDICAL REHABILITATION MEETING

Harry Feliciano, M.D. made a presentation to the June 2005 "Contractor Medical Director and Medical Review Managers' National Conference" sponsored by the Center for Medicare and Medicaid Services. There were 335 registered attendees. The talk was listed in the program as "Going Beyond Medical Diagnosis - For Medical Review". He had 35 minutes for the presentation. His slides are available for the asking. The presentation addresses a challenge faced by hospitals throughout the U.S. when caring for terminally ill beneficiaries enrolled in hospice care. In August 2005, Dr. Harry Feliciano is giving ICF training in a presentation entitled "Going Beyond Diagnosis: Documenting Reasonable and Necessary Inpatient Rehabilitation Facility (IRF) Services" at the Uniform Data Systems for Medical Rehabilitation in Buffalo, New York. His training consists of a 30 slide powerpoint presentation, a case scenario of a 74 year-old female with a right intertrochanteric hip fracture and four comorbid conditions. Following the presentation, participants will be able to name the four components of the ICF, identify the ICF domains and categories relevant to an IRF plan of care, and differentiate between comorbid and secondary conditions.

In his June 2005 presentation, Dr. Feliciano used an article published by Palmetto GBA in April 2005. He used the article along with his slides to introduce the Medicare Medical Directors and Medical Review Managers from across the U.S. to the ICF. Palmetto GBA has also used the article to educate Medicare providers on the need for specificity in clinical documentation. Palmetto GBA uses the term "going beyond diagnosis" in its Local Provider Education and Training (LPET) interventions to convey that ICD-9-CM codes alone often do not capture all the relevant information needed to support "reasonable and necessary" services - a statutory requirement for payment under

Medicare. To view the article (and related links) simply go to www.PalmettoGBA.com . Once you're on the Palmetto GBA home page simply type the following into the search box in the left upper-hand section of the web page: Going Beyond Diagnosis: ICD-9-CM 799.3 Debility Unspecified. Hit "search" or enter and it will take you to a list of articles, scroll down and "click" on the first listing and you'll be able to view the article. If you have time please take a look at the link titled "The ICF: A Taxonomy for the 21st Century". This link explains the background and rationale for Palmetto GBA's approach and includes additional links to a draft Local Coverage Determination (LCD) on Medicare coverage of "teaching and training" home health services for caregivers of beneficiaries with Alzheimer's Disease and behavioral disturbances. The draft LCD contains additional links to two relevant case scenarios -both described using the ICF. Harry attended the recent ICF meeting at Mayo Clinic. He is willing to share his materials, and may be reached at this address: Harry Feliciano, MD, MPH, Director, Part A Medical Affairs, Palmetto GBA, Mail Code AG-300, Post Office Box 7004, Camden, South Carolina 29020-7004, harry.feliciano@palmettoGBA.com tel 803-763-5007.

9. SPOTLIGHT ON DR. HARRY FELICIANO, M.D.

Dr. Feliciano is a specialist in internal medicine, geriatrics, preventive medicine and public health. He received his medical degree from the Albert Einstein College of Medicine and his Masters of Public Health degree from the Columbia University School of Public Health. He had been interested in the applications of the ICIDH for many years and, with publication of the ICF in 2001, has tried to incorporate the spirit of the ICF into Palmetto GBA Local Coverage Determinations (LCDs). LCDs are administrative and educational tools to assist Medicare providers in submitting correct claims for payment. While Medicare claims do not use ICF codes for processing, Palmetto GBA is using the ICF domains and categories to clarify covered Medicare services using scenarios. Feliciano joined Palmetto GBA, LLC (a wholly-owned subsidiary of BlueCross BlueShield of South Carolina) in 1997. Palmetto GBA's principal business is providing administrative services for the Medicare health benefit program throughout the continuum of care from inpatient rehabilitation to home health and hospice services. In 2004, under its contracts with the Centers for Medicare and Medicaid Services (CMS), the federal agency responsible for Medicare, Palmetto GBA processed 113 million claims, responded to 4 million customer inquiries and paid nearly \$25 billion in Medicare benefits. Palmetto GBA's 3,400 associates served over 8.7 million Medicare beneficiaries throughout the United States from its offices in Columbia and Camden, S.C.; Augusta, Ga.; Palm Harbor, Fla.; Durham, N.C.; Columbus and Wheelersburg, Ohio and Springfield, Ill.

Palmetto GBA's scope provides an excellent environment within which to implement ICF-based educational initiatives. It has enabled him to incorporate the ICF into public health policy and educational interventions, with the aim of increasing both provider and beneficiary knowledge of Medicare covered services. Harry serves as the Contractor Medical Director (CMD) for Palmetto GBA's Regional Home Health Intermediary (RHHI) overseeing health policy development in 16 states for Home Health and Hospice services. Along with Dr. Charles Stewart, he also provides policy oversight for other Part

A Medicare services (e.g., Hospitals, Skilled Nursing Facilities, and CORFs) in the states of North and South Carolina.

Palmetto GBA began working with Medicare providers 39 years ago at the inception of the Medicare program. Since that time much has changed. The increasing number and age of Medicare beneficiaries, together with the increasing prevalence of chronic disabling conditions, has created many treatment opportunities for Medicare providers. The documentation of associated impairments, activity limitations, and disability, however, is a complex task requiring a standardized approach. The resultant clinical record must support both the implementation of a beneficiary-specific care plan and Medicare reimbursement. It is for this reason that Palmetto GBA has utilized the ICF to help Medicare providers translate clinical insight into medical documentation that would support Medicare payment. The specificity contained in the ICF is ideal for this task because it allows the Medicare providers to go beyond diagnosis in their medical documentation.

A Medicare provider recently likened his efforts on behalf of the ICF to those of Johnny Appleseed of U.S. folklore. His hope is that through the efforts of the North American Collaborating Center and others, the ICF seeds will bear fruit for Medicare providers and beneficiaries.