Disability Evaluation and ICF

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Is ICF a solution, in search of a problem?

• On EUMASS agenda since 2002 or so
• Mentioned in Dutch insurance medicine protocols
• Mentioned in German social law
• Mentioned in guidelines in DE, CH
• Mentioned in several German text books on disability evaluation
• First application in disability evaluation in Sweden in 2011
Outline

• What does disability evaluation consist of?
• How is a conclusion reached on work capacity?
• Why is ICF promising?
• What does ICF provide and not provide?
• How to go on?
Disability Evaluation

- Evaluate if the claimant fulfills the requirements of the handicapped role in agreement with legal requirements [Anner]
  - Actual functional capacity
  - Sociomedical history
  - Feasibility of intervention
  - Prognosis

- Consistent/ Plausible => Transparent
- Causal considerations (disease, accident)
Time and Present

• In disability evaluation the emphasis may shift from actual work incapacity to socio medical history or prognosis and some other way round [OECD]

• „We tried everything to get him back to work but he simply can‘t“

• “We checked his whole organism but his capacities are too restricted“
Evaluation of disability

After reading all file information, the interview and physical examination and lab and X-ray and so forth....

The Independent Medical Adviser has to decide on disability
What is on the doctor’s mind?
ICF and Disability Evaluation?

• *ICF provides a description of situations with regard to human functioning and its restrictions and serves as a framework to organise this information. It structures the information in a meaningful, interrelated and easily accessible way* [ICF p 7]

• Standardisation within systems => transparency and equity

• Comparability between systems => learning, quality control
ICF Framework [ICF]

Health condition

Body Function & Body Structure  Activity  Participation

Environmental Factors  Personal Factors
ICF Classification [ICF]

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<th>Body functions</th>
<th>Body structure</th>
<th>Activity &amp; participation</th>
<th>Environmental factors</th>
<th>Personal factors</th>
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| 485 | 302 | 384 | 253 | 0   | 1424 categories |
ICF is a bit messy

- Arrows in the framework
- Health condition and body structures and functions
- Time perspective
- Psychiatric morbidity problematic
- Selection of activities arbitrary and not work oriented
- Selection of environmental factors is arbitrary, restricted and not oriented to work or RTW
- So far, personal factors are open
Core Sets

• Purposeful selection of ICF categories, relevant to the task at hand (SR, Linking, Consensus, Practice testing) [Cieza]
  - Diagnose oriented (e.g. Low back pain)
  - Generic (e.g. Vocational rehabilitation)

• EUMASS core set for disability evaluation in social insurance (Consensus) [Brage]
EUMASS Core Set [Anner]

• 20 categories (5 body functions and 15 activities)
• Tested in 6 countries by 48 practicing medical examiners, 509 cases
• All categories are used, incidentally a category is found to be missing
• Medical examiners appreciate the EUMASS core set but country specific
Coding from Report to ICF

Anner et al: 72 Swiss reports coded to ICF core sets
LBP, CWP, Obesity, Depression,
- 70000 statements, 30% not codable to ICF
- Body structures and functions OK;
- Work requirements, time perspective, relations (temporal, causal and logical) are problematic
- Core sets can capture up to 80% of codable content but to a price in efficiency

Boer et al: 100 Swiss reports, conclusion section
- 200 statements about functional capacity, mostly mental functions and some work requirements.
- Mental functions OK, Work requirements problematic
ICF can capture some aspects of functional capacity but not all
ICF is helpful with

1. the thinking in biopsychosocial terms (but not in setting relations of causality, time, consistency, apart)

2. expressing body structures and functions and activity limitations and some work requirements (but not other work requirements, time, consistency, causality)
ICF for Disability Evaluation

• Generic or diagnose oriented?

• Complete the environmental factors component with work requirements and interventions for RTW

• Validate on the claimants‘ perspective

• What about what the claimant wants?
But:

• Disability evaluation is much more than functional capacity assessment
• This 'more' is beyond ICF
• If a country’s policy moves towards return to work the position of disability evaluation and it’s practice may change and so may the standardisation with ICF
In that case the solution has lost its problem...