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Clinical Application of ICF to National Medical Insurance and Personal care Insurance

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Abstract

ICF has been introduced to Japan's Medical and Long-term Care Insurance systems and its influence is still increasing. It includes the introduction of ICF concepts to the national medical and personal care insurance systems in Japan, the application of ICF concepts to the definition of "rehabilitation" in national Long-term Care Insurance, The definition of "activity training" in national Medical and Long-term Care Insurances, the introduction of two qualifiers for activity in ICF: (performance and capacity) , and the introduction of ICF concepts to the "(comprehensive) rehabilitation implementation plan."

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ICF (the International Classification of Functioning Disability and Health) has been introduced to Japan's Mesical and Long-term Care Insurance systems and its influence is still increasing.

1. Introduction of ICF Concepts to the National Medical and Personal Care Insurance systems in Japan

In Japan, every citizen has been compulsorily insured for medical care since 1958, and all the citizens aged 65 years and more have been insured for a long-team personal care and assistance since 2000.

The guidelines and prices for the individual service items provided by the insurances are set by the Ministry of Health, Labor and welfare (MHLW) after a detailed, and quite often long-term, discussion and negotiation by and within a commission consisting of representatives of the insurers (employers and labor organizations) health service providers, (medical, dental, nursing associations etc.) and neutral members. The guidelines and prices are revised periodically: every other year in the National Medical Insurance and once in three years in the national Long-term Care Insurance.

ICF was introduced to both the national Medical and Long-term Care Insurances. It was introduced to the revision of guidelines and prices of the national Medical Insurance in 2002 and of the National Long-term Care Insurance in 2003.

2. Application of ICF concepts to the Definition of "Rehabilitation" in National long-term Care Insurance.

One of the application of ICF model to the Long-term Care Insurance is the definition of rehabilitation. It reads "The purpose of rehabilitation is improvement of functioning. It consists of physical therapy, occupational therapy, speech therapy etc., which strive for higher independence of activities in practical daily life.".

3. Definition of "Activity Training" in National Medical and Long-term Care Insurances.

Another important example is introduction of ICF model to the definition of "Activity Training" that was newly introduced to the Medical Insurance in 2002 and Long-term Care Insurance in 2003. It states as following.

1) "Activity Training aims at improvement of independence of activities in practical daily life, and consists of training of practical gait and other activities that are performed not in gym, shop or training room, but at ward and in outdoors."
2) "The capacity of activity that was augmented by this training must be practically utilized in actual performance in daily life in the hospital and at home through the guidance by nurses, care workers etc."
3) "The following are not included: gait training in parallel bars in the ward or corridor, gait training as basic motion exercise and sitting balance exercise."

4. Two Qualifiers for Activity in ICF: Performance and Capacity

The distinction between the two qualifiers of activity, i.e. performance and

capacity, coincide precisely what we (S. Ueda and Y. Okawa) have argued for more than ten years. In the practice of rehabilitation, the improvement of the capacity of an activity that was realized by training does not automatically lead to the improvement of the performance of the activity. For the improvement of the performance, it is necessary that the activity is practically used repeatedly in actual life with the assistance or supervision (if necessary) of nurses, care workers or families.

This means that a cooperation between physical, occupational and speech therapists in one hand, who train activities as capacity, and nurses, care workers and families on the other, who train activities as performance, is essential. This way of thinking is the basis of the “activity training” which was introduced to both Medical and Long-term Care Insurances as stated above.

5.Introduction of ICF Concepts to the "(Comprehensive) Rehabilitation Implementation Plan”

Forms of "Rehabilitation Implementation Plan" and "Comprehensive Rehabilitation Implementation Plan" were introduced as compulsory documents to be prepared for the many newly introduced items of rehabilitation service in national Medical and Long-term Care Insurances such as above-mentioned ”activity training”, ”home-visit rehabilitation” and others.

The basic structure is same for both plans and is based on ICF concepts. The central components of the ordinate is three levels of functioning: Participation, Activity and Body functions/structure (in this order from the top to the bottom). Then in addition, there are Health condition, Psychological state, Environment, Third-party disability, Wishes by the client and the family, Basic Plan and Concrete Programs, etc.

The abscissa is divided to two parts: Evaluation of the present state on the right hand; and goals on the left. The goals are to be set on the basis of the evaluation.

In the Activity section, the Evaluation part of the abscissa is further divided into two parts: ‘Activity as Performance’ on the left and ‘Activity as Capacity’ on the right. Thus the planner is asked to set the goal of the activity (far left) on the basis of the evaluation of both ‘activity as performance’ and ‘activity as capacity.’

These plans are required to be filled in based on the discussion within the rehabilitation team and to be discussed with the patient and his/her family. It should have signatures by the patient and family. The original is to be preserved as a part of service records and a copy to be given to the patient.

Thus this serves as a good example of the utilization of ICF as the ‘Common Language’ among different disciplines consisting a rehabilitation team as well as between the specialists on one hand and the patient and family on the other.

Conclusion

ICF has influenced the clinical way of thinking firstly in the field of rehabilitation and has been introduced in various forms in the legislation and rules of that field. However, its influence is not limited to rehabilitation. For example, it is being introduced to disability prevention and long-term care (personal assistance) and many other fields as well.