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Implementation of a questionnaire to collect information on the use of qualifiers, rating scales and assessment protocols with ICF

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Abstract

There is a need for systematic global collection of information on the actual use of qualifiers, rating scales and assessment protocols with ICF. The information is needed in order to develop and harmonize the assessment methodologies with ICF to ensure that the data collected will be valid for various national and international purposes.

Within the overall framework of information collection for the WHO-FIC committees with regard to ICF issues, the Implementation Education and Electronic Tools committees have proposed a survey for international "Information collection on ICF: Educational and Implementation materials, including Electronic Tools". The survey formula has been piloted in 2005 and will be further discussed at the WHO-FIC Network Meeting 2005.

The Nordic Centre proposes that the information needed for harmonizing assessment methodology with ICF specifically in regard to use of qualifiers, rating scales and assessment protocols is integrated and collected as part of the survey on ICF materials piloted by the Education and Implementation Committees. Responsibility for the analysis of specific topics of the ICF survey could be shared between WHO-FIC Committees, Collaborating Centres and WHO.

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The need to collect information on the use of ICF qualifiers

In summary, there is a need for systematic global collection of information on the actual use of qualifiers, rating scales and assessment protocols with ICF. The information is needed in order to develop and harmonize the assessment methodologies with ICF to ensure that the data collected will be valid for various national and international purposes.

In December 2001 the WHO-FIC network was urged to collect information on ICF in praxis. The report was compiled by Jane Millar and discussed at the WHO-FIC Network Meeting in Brisbane 2002 (1). The focus of that paper was on the Coding Guidelines for ICF (Appendix 2, page 219-233) and the collection of international views on their application.

The WHO document "The conceptual basis for measuring and reporting on health" was published in 2002 to clarify the assessment procedures (2). Several other international activities were simultaneously started in 2002 to facilitate the implementation of qualifiers and rating scales with ICF (3, 4). The NACC-meetings have been an important forum for discussions on ICF (5).

At the WHO-FIC Network Meeting 2003 in Cologne, the Implementation Committee suggested that information about the actual use of ICF qualifiers should be collected internationally. The Nordic Centre for Classifications in Health Care volunteered to prepare a plan on how to collect that type of information. A work plan for a survey was further discussed in conjuction with the WHO-FIC Meeting in 2004 (6) and subsequently a proposal for an action plan was scheduled to be presented at the WHO-FIC Network Meeting in 2005 for discussion and possible endorsement.

Stakes/Classification Centre, Finland, was contracted by the Nordic Centre for the preparatory work for this plan. The current proposal for discussion draws on a draft report prepared by Seija Talo, Stakes, Finland, and subsequent discussions in the Nordic Reference Group for ICF (September 2005).

Proactive measures

At a proactive level the strategy for promoting and harmonizing the assessment procedures with ICF were presented in 2004 (7).The short "mission statement" and proposed activities for promoting the development of assessment methodologies were:

> "The concept of measuring functioning, disability or health is not new. There are hundreds of well-established assessment tools. Mostly clinicians in different specialties have developed condition specific assessment tools (e.g. Arthritis Impact Measurement Scale, AIMS 2; Hamilton Rating Scale of Depression, HAMD; McGill Pain Assessment Questionnaire, MPQ; Outcome Measures in Rheumatology Clinical Trials, OMERACT). There are also some generic measures (SF 36, Nottingham Health Profile, EuroQol-5D). These measures have proven useful to track outcomes, but they are neither comprehensive nor do they fully map to the ICF. Furthermore, no single measure appears to be commonly used internationally for assessment of

functioning and disability and those few which have been developed internationally or used in different cultures have no proven cross-population comparability."

"To synergize ongoing and upcoming activities within the WHO FIC Network the activities are proposed: (i) protocol development for mapping assessment instruments to ICF and WHO DAS II further development; (ii) establish a portal on the WHO FIC website; (iii) development and field testing of maps and WHO questions on impairments and environmental factors."

The authors recommended two approaches to map the response scales of existing assessment instruments with the ICF generic qualifier scale. Actions concerning to the rules to conceptually map ICF items/categories to other relevant classifications and assessment tools were also discussed (7). In addition to the original WHO paper an article was published in 2005 (8).

Questionnaire for global collection of information on ICF use

In 2005, the Implementation, Education and Electronic Tools committees have prepared and piloted a survey questionnaire on "Information collection on ICF: Educational and Implementation materials, including Electronic Tools". The survey formula and the implementation of the overall data collection project will be discussed during the WHO-FIC meeting in 2005 (9, 10).

Rationale behind the proposed questions on qualifier use

For the most efficient use of existing material and resources we propose that the existing questionnaire on ICF materials and tools, adapted to the overall framework for information sharing and data collection for WHO-FIC committees, should incorporate questions on use of qualifiers. The proposal is to include additional questionnaire items in the existing questionnaire (possibly in the section on "Definitions and content of material", see Annex 1).

The current questionnaire developed by the Implementation and Education Committee has three sets of questions that are important for analysis of the use of qualifiers, assessment scales and assessment protocols:

- content of implementation material
- area of application and purpose of use
- types of ICF users/audiences

The proposed additional questions are planned to collect more specific information on the actual use of qualifiers, rating scales and assessment protocols. The specifications are linked to each other adding to the general level question of the "content of implementation material", e.g.:

- ICF dimensions: BF/S, A/P, E including coding
- ICF qualifiers including coding

- ICF frameworks and concepts
- measurement and calibration (e.g. to existing measurement tools)
- minimum data sets using ICF

The need for each proposed new question is discussed below.

Q1. "If subsets/core sets of ICF are used, please list the selected ICF codes:"

The coding of ICF for various purposes requires different code subsets. In the survey there is no specific question on the identification of subsets/core sets at code level. This issue is of course possible to cover in the survey section "Description or abstract of material". However, in order to obtain the information on the subset codes selected systematically, the question should also be asked separately.

Q2. "Use of the qualifiers and scaling"

The usage of ICF qualifiers and ICF rating scales, respectively, and other options are listed asked in a tick list table.

Q3. "If the coding is made by using other than ICF qualifiers or scales, please describe"

a) The construct(s) behind the qualifier(s): …..

b) Structure and assessment procedure with the scale(s): …..

According to the ICF manual "the generic qualifier is supposed to denote a magnitude of the level of health (e.g. severity of the problem)". The assessment with the negative scale indicates the extent or magnitude of the problem or barrier and with the positive scale the extent or magnitude of a facilitator.

There are many other possible options to assess the ICF items/categories besides the options defined in ICF.

The qualifiers in ICF do not always measure all relevant aspects, such as the time consumed or the quality of the execution of the task, e.g. d530 Toileting, which is defined as "Planning and carrying out the elimination of human waste (menstruation, urination and defecation), and cleaning oneself afterwards."

The assessment scales for the genuine ICF items can be different from the 0-4 scale introduced in ICF in other measurement instruments. WHO has suggested methodologies for mapping the response scale of existing assessment instruments with ICF qualifiers scale (7). ICF can also be used to capture the positive aspects of functioning (ICF, p. 223). The methodology for the positive assessment is left for further development work.

It is important to know more about how qualifiers and assessment scales are constructed and used for the development work and harmonization of ICF use in order to get reliable and valid assessment results. The added

questions will provide basic level information of the situation in all ICF implementation projects and also a possibility to target a specific questionnaire for individual projects to get even more information.

Q4. Assessment protocols

a) Coding with the qualifiers

b) Reporting of the assessment results

There is presently no questionnaire item about the individual who makes the assessment or the mode of assessment. To compare the assessment results the information about the assessment protocols is needed. We propose the following questions for classifying the assessment protocols:

Q4 a) Assessment with coding is made by:

- Self-evaluation

- Professionals with each personnel group a separate assessment score

- Team evaluation with separate assessment scores and summary assessment score

- Other (please specify):……

Q4 b) The assessment results are reported

- Separately per item/item profiles

- Summary score, index

- Other (please specify): ……

Summary:

• Add new question topics on qualifier use to the current proposed survey "Information collection on ICF: Educational, Implementation materials, including Electronic Tools" prepared by the WHO-FIC Committees.

• The added value of the specific information concerning to the implementation of ICF qualifiers, scales and assessment protocols is discussed.

If the proposed subset is accepted by the Network Meeting and the Committees, the Nordic Centre is willing to provide the resources to analyse and report the subset data collected by the ICF survey in 2006.

References:

1. Jane Millar. Coding Guidelines for ICF – Issues that need resolving. (WHO/HFS/CAS/C/02.93)

2. Chatterji, Üstün, Sadana, Salomon, Mathers, Murray. The conceptual basis for measuring and reporting on health, WHO/GPE Health Policy Discussion Papers No. 45 WHO, 2002.

3. American Psychological Association. International Classification of Functioning, Disability and Health - Procedural manual and guide for standardized application of the ICF: A manual for health professionals, Sample and prototype, 2003.

4. ICF core set studies (see ICF Research Branch of the WHO Collaborating Centre for the Family of International Classifications at the German Institute of Medical Documentation and Information (DIMDI) [http://www.icf-research-branch.org/publications/publications.htm]

5. NACC conferences on ICF (see e.g. "Mapping the clinical world to ICF", 11th NACC conference, 2005). [http://www.icfconference.com/]

6. Seija Talo, Matti Ojala, Martti Virtanen. The use of the ICF qualifiers - a plan for international collection of exchange of experiences. (WHOFIC/04.056)

7. Nenad Kostanjsek, Bedirhan Üstün. Operationalizing ICF for Measurement: Calibration,

Qualifier, Instruments (WHOFIC/04.059)

8. Alarcos Cieza, Szilvia Geyh, Somnath Chatterji, Nenad Kostanjsek, Bedirhan Üstün and Gerold Stucki. ICF linking rules: an update based on lessons learned. J Rehabil Med 2005; 37: 212–218.

9. Marijke de Klein, Marjorie Greenberg and Huib ten Napel. A structured collection of comments, experiences and information on ICF, based on the framework for sharing what we know, interim report pilot inventory of ICF education and implementation items in the world, May 2005. [http://www.who.int/classifications/network/en/]

10. Information collection on ICF: Educational and implementation materials, including electronic tools (Version 2.), info.share.doc (30.6.2005) (see WHO-FIC network collaborative workspace) [http://www.who.int/classifications/network/en/]

Annex

Proposed addition of items to existing pilot questionnaire on "Information collection on ICF: Educational and Implementation materials, including Electronic Tools" (Education Committee, Implementation Committee)

DEFINITIONS AND CONTENT OF MATERIAL:

DEFINITION OF IMPLEMENTATION MATERIAL:

ICF implementation means ”use and application of ICF in practice”.

It includes translation into other languages, instruments developed based on the ICF as well as existing instruments mapped to the ICF (originally not based on the ICF).

Regularity of use and application may vary by circumstances from ad hoc use (as in a one-off survey, a research or a pilot project) up to regular use such as in legislation, censuses, running population based surveys, clinical settings and disability certification.

Is the material implementation material?

☐ **Yes** ☐ **No**

If yes, what is the content? (Tick list with topics below, select the relevant tick boxes with your mouse, or type X, to undo type X again)

☐ ICF dimensions: BF/S, A/P, E including coding

☐ ICF qualifiers including coding

☐ ICF frameworks and concepts

☐ ICF history and concepts

☐ Measurement and calibration (e.g. to existing measurement tools)

☐ The broader concept of health—Use of ICF and ICD together

☐ Minimum data sets using ICF

☐ Ethical considerations including privacy

☐ Implementation strategy and dissemination

☐ Translation

☐ Other (please specify)

1. If subset/core-sets of ICF have been created or used, please list the selected ICF codes:

2. Use of the qualifiers and scaling

Choose the relevant tick boxes to identify the qualifiers and scales used in the assessment (mark with X) (see ICF, pp. 224-241, WHO 2001).

Component	**Qualifiers**						**Scales**	
	ICF				Other		ICF	Other
	1st	2nd	3rd	4th				
Body function (b)								
Body structure (s)								
Activity and participation (d)								
Activity (a)								
Participation (p)								
Environment (e)								

Comments: …..

3. If the coding is made by using <u>other</u> than ICF qualifiers or scales, please specify:

3.a) The construct(s) behind the qualifier(s):

3.b) Structure and assessment procedure with the scale(s):

4. Assessment protocols

4.a) Assessment with coding is made by (please select all relevant):

☐ Self-assessment
If problems in using qualifiers and scales, please specify:

☐ Professional(s), please specify:

If problems in using qualifiers and scales, please specify:

☐ Team of professionals, please specify:

If problems in using qualifiers and scales, please specify:

☐ Other, please specify:

If problems in using qualifiers and scales, please specify:

4.b) The assessment results are reported (please select all relevant):

☐ Separately per item / item profiles

Comment:

☐ Summary score / index

Comment:

☐ Other, please specify:

Comment: