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ICF: why collaborate?

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Abstract We collaborate by learning from each other, sharing information and working together in areas where we can gain knowledge, increase efficiency, improve outcomes, or avoid risks. This table outlines Australian work in the four key ICF strategy areas and, from this perspective, makes some suggestions for priority areas for international collaboration, and for methods of working together.

ICF key strategies	ACC work	Suggestions for WHO-FIC collaboration
1. Establish ICF as the official framework for measuring the health and disability in the general population (in censuses and surveys) across member states, so as to improve the quality and comparability of health and disability statistics for national and international purposes. Global initiatives like the UN Washington Group on Disability Statistics should be supported in order to carry ICF to its full potential use with proper scientific tests.	• Work on national data standards for use in population surveys, clinical records and administrative data. • Provision and development of advice on measurements and qualifiers. Products include metadata standards, data capture modules and national minimum data sets. • Work and advice on national and international census and survey design.	• Develop, promote and represent WHO-FIC position on appropriate (best practice) use of ICF in international survey design and standards (e.g. with Washington Group & UNECE). Involve WHO and Planning Committee in communication. • Common work on metadata? Adopt ISO11179 for metadata standards. • CCs to promote use of ICF by national statistical agencies.
2. Establish the ICF as a major health outcome assessment framework at the clinical and service levels, in order to quantify health gains of treatment programs and understand how health gains translate into productivity gains at the individual and population levels. Particular emphasis should be given to major public health burden such as HIV/AIDS, tuberculosis, malaria or obesity. Identify or develop ICF-related instruments suitable for outcome assessment of effectiveness of interventions within the global health intervention.	• Data capture tool based on ICF (Functional and Related Health Outcome Module), for use in wide range of applications.	• Negotiate with journal editors, clinical colleges, expert groups etc to ensure that ICF is considered in the development of new outcome measures and assessment tools. • Data capture – consider the FRHOM and the core sets as data capture tools for communicating among data silos (see Kostanjsek and Üstün 2004). • Mapping and calibration – develop an achievable action plan based in the ideas in Kostanjsek and Üstün 2004. • Assessment and measurement: select key areas for development of ICF-related assessment tools (e.g. new generic tool construction, such as rehabilitation with full use of environmental factors; aged care; functioning components of quality of life measures).
3. Streamline ICF in administrative and clinical information systems, including functional status indicators in health records and information systems such as electronic health records and terminologies.	• See 1 and 2. • Work with clinical information committees on adoption of ICF to frame outcome indicators. • Work with people developing electronic health records and systems developers to ensure that information on functioning is included in ICF terms.	• Market ICF among people and organisations who need it. • Increase awareness, among professionals and educators, of ICF-related work and the benefits of its use in systems. • Work with international bodies setting standards for health records and terminologies to ensure that ICF is used for recording functioning.
4. Implement ICF in the social policy field by focusing on aligning the disability certification process with the ICF framework, developing applications, and in the areas of education, labour market and law.	• Some work in labour market and children's services.	• Liaise with OECD to encourage use of ICF in international policy discussion (e.g. re labour market) and in information gathering (e.g. health costs) – WHO and Planning Committee?

How best can we work together?

- Decide a modest and achievable work plan
- Improve the collaborative workspace, its use for sharing information and encouraging potential Network members.
- Develop a methodology for storing suggestions for ICF enhancement.
- Weave the annual meetings into all 'team' plans, as outlined in paper.
- Agree and use WHO-FIC positions on key aspects of work (eg surveys).

In addition to
- the 'general principles' of 2004
- the 'related tasks' of 2004