

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

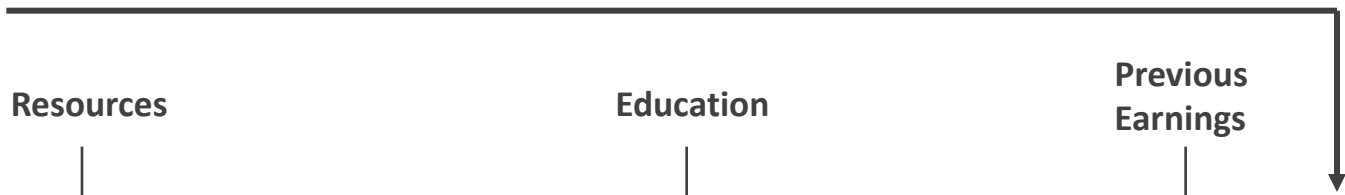
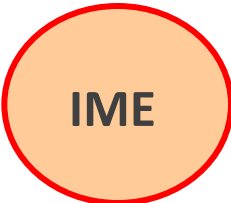
- In disability evaluation the emphasis may shift from actual work incapacity to socio medical history or prognosis and some other way round [OECD]
- *„We tried everything to get him back to work but he simply can't“*
- *“We checked his whole organism but his capacities are too restricted“*



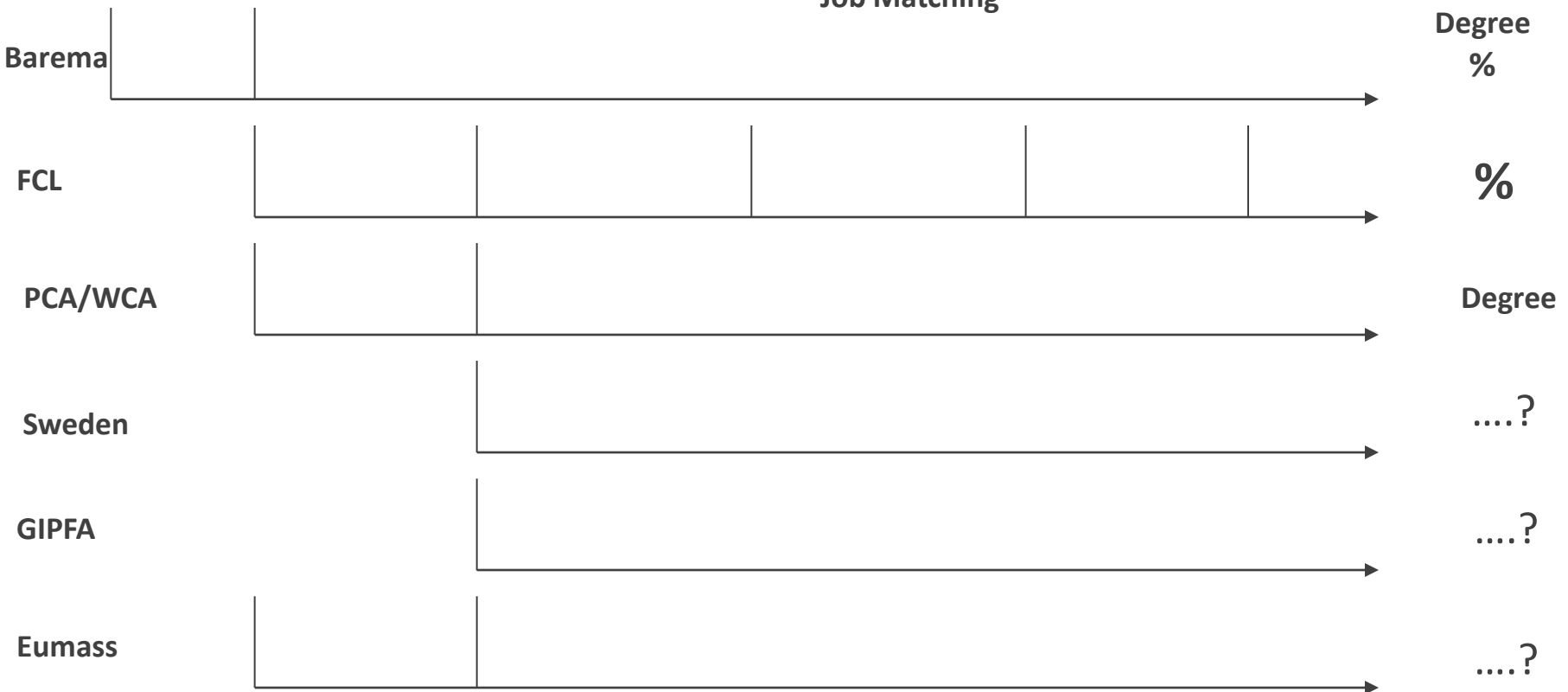
Evaluation of disability

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?



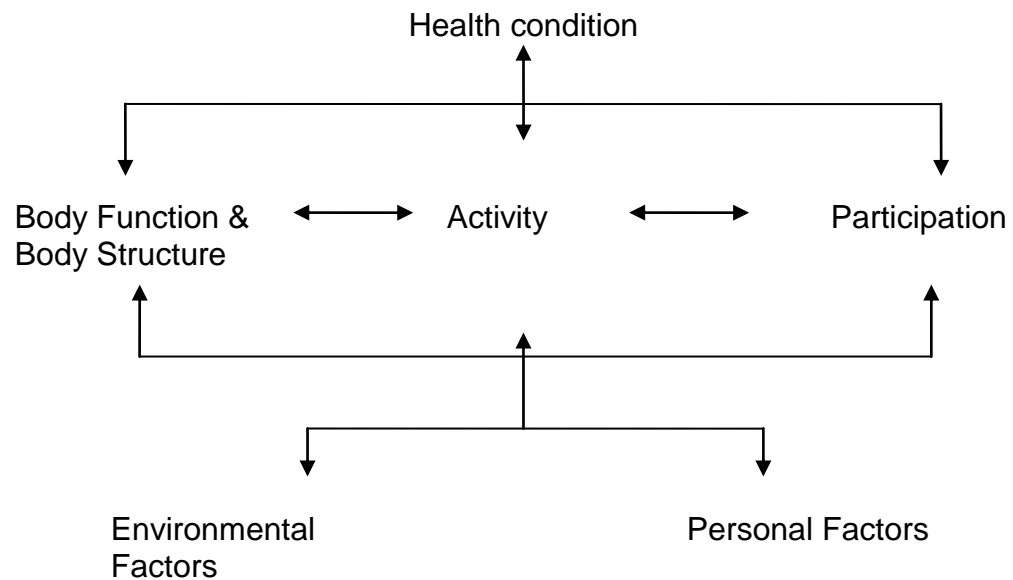
Job Matching



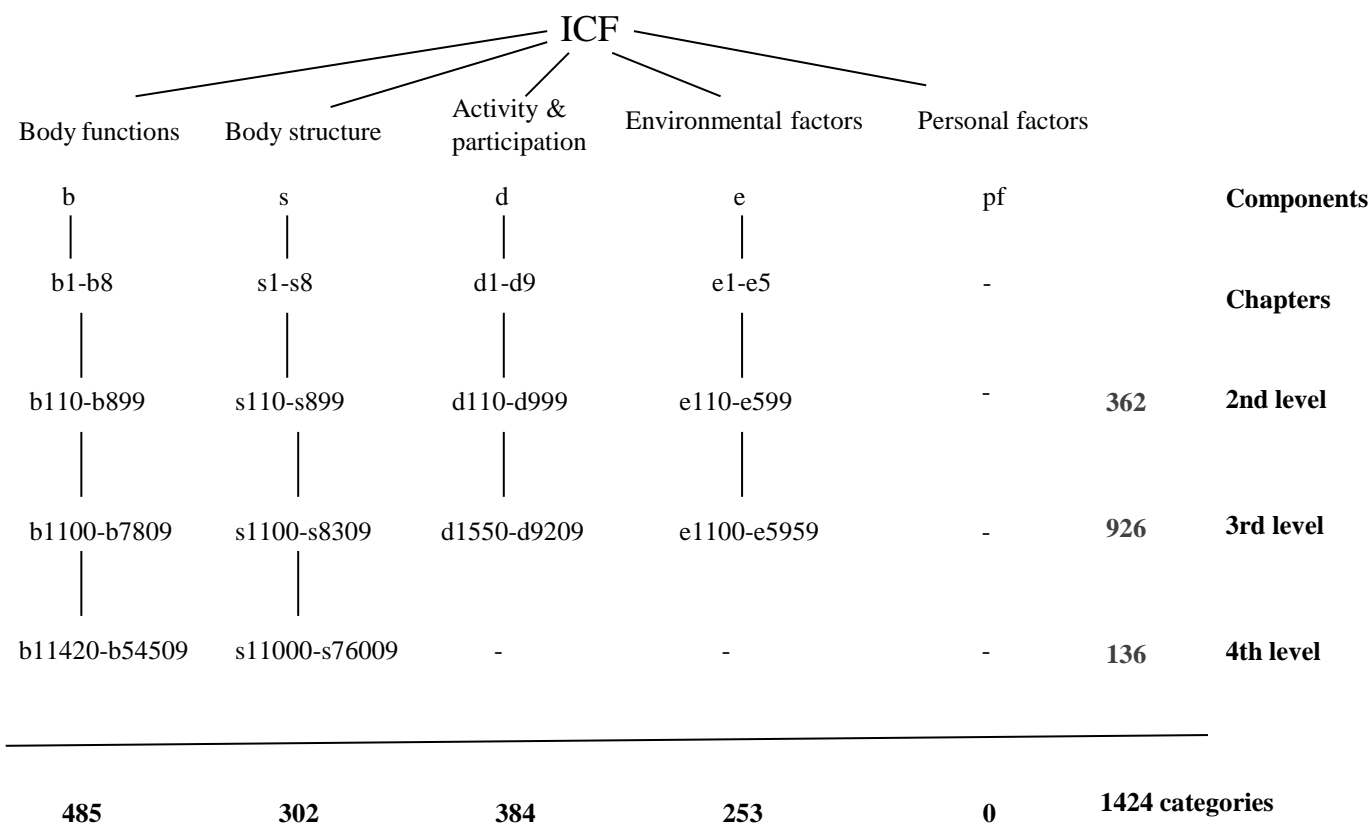
ICF and Disability Evaluation?

- *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]



ICF Classification [ICF]



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**

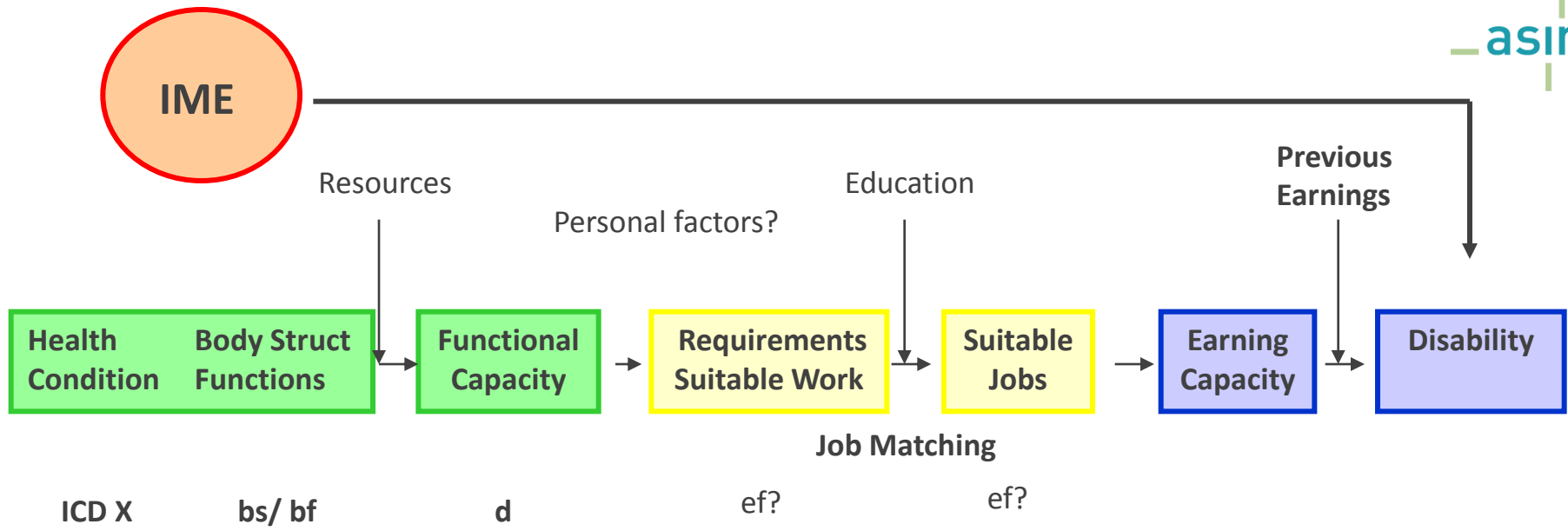
Coding from Report to ICF

**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...**