

Can the content of medical work capacity evaluations of chronic pain be captured by ICF Core Sets?

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Introduction

Medical work capacity evaluations form the basis for eligibility decisions regarding disability benefits. They are often poorly standardized and lack transparency because decisions on work capacity are partly based on diagnoses rather than on the claimants' functional capacity. A comprehensive and consistent illustration of the persons' lived experience in relation to functioning, applying the International Classification of Functioning, Disability and Health (ICF) and the ICF Core Sets (ICF-CS), potentially enhances transparency and standardization of such evaluations.

Text

Objective: The objective of the paper was to establish whether or not and how the relevant content of medical work capacity evaluations can be captured by applicable ICF-CS, using disability claimants with the index conditions chronic widespread pain (CWP) and low back pain (LBP) as examples.

Methods: Mixed methods study, involving a qualitative and quantitative content analysis of medical reports from Swiss disability claimants with CWP and/or LBP. The ICF was used for data coding. The coded categories were ranked according to the percentage of reports in which they were addressed in. A relevance threshold at 25% was applied. Measures of coverage and efficiency were used to determine the extent to which the categories above the thresholds are represented by the ICF-CS for CWP, LBP, two major co-morbidities (i.e. depression and obesity), or combinations thereof.

Main findings: When combining the Comprehensive [Brief] ICF-CS for CWP, LBP and depression in the analysis of CWP reports, the coverage ratio reached 82% [49%] and the efficiency ratio 47% [70%] for the 25% threshold. Combining the Comprehensive [Brief] ICF-CS for LBP, CWP and obesity in the analysis of LBP reports led to a coverage of 80% [47%] and an efficiency of 41% [78%]. The specific ICF-CS for the index conditions showed substantially lower coverage and higher efficiency.

Conclusions

The relevant aspects of work capacity evaluations involving CWP and LBP can be represented by a combination of ICF-CS for the index conditions and major co-morbidities. A suitable approach for standardizing the evaluations could consist of the Brief ICF-CS for the index conditions and the co-morbidities, augmented by additional ICF categories relevant for this particular field of application. In addition to this standard, the unique individual experiences of claimants have to be taken into account in order to assess work capacity comprehensively.