



**MEETING OF WHO COLLABORATING CENTRES
FOR THE FAMILY OF INTERNATIONAL CLASSIFICATIONS**

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**Title: The Dutch ICF Electronic tool for following the ICF in applications
(statistics, surveys, records)**

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Purpose: for information and discussion

Recommendations:

Abstract:

With the publication of ICF by WHO in May 2002, the discussion has been closed temporary which view of human functioning can be defined as a kind_of activity (A) or as a kind_of participation (P).

Consensus on two separate, clearly defined classifications, or components as they are called in ICF, could not be reached within the time span given. The result is *one* set of health domains, comprising terms for activities *and* participation. In an Annex suggestions are given for arranging domains from different points of view to distinguish between A or P. The application of the terms in daily practice will help to elucidate what defines an activity and what defines participation.

The Dutch Centre is focussing on the use and operationalisation in several implementations of ICF terms for A and P, such as in statistics, surveys and health records. A systematic collection and analysis of A and P usage will be undertaken by means of the electronic tool (ClassificationWorkbench). The Centre aims at:

- collecting terms, in order to discover what defines A and P (concept diagram),
- collecting questionnaires related to or operationalising a specific ICF term.

How in the Dutch situation the systematic collection and analysis can be done by using a web-interface on the classification, will be described. In the discussion it will be explored if this approach can be applied on an international level.

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Background

The Dutch WHO Collaborating Centre is aiming at understanding, what in the Dutch situation, and in practice, is understood as an activity-item and what is understood as a participation-item in the context of functioning, disability and health. In daily practice there is a quest for a clear distinction between A and P, and for two separate lists of corresponding codes.

We could try to stipulate a definition of both concepts, as presented in the ICF. However this will not lead to an appropriate solution in the codes and terms as presented in ICF. Implementation of these definitions in combination with the given list of codes, terms, constructs and qualifiers is not a straightforward thing to do. It needs a lot of explaining and discussing before health care workers start to understand what is meant by A or P in ICF, and even than get puzzled by the complexity of it and the ambiguity of assigning a code by means of the qualifiers.

In connection with this the Centre receives requests which questionnaires are compliant with the new ICF terminology or how questionnaires, surveys or specific parts of patient records should be set up in line with the ICF terminology. A number of projects for development of ICIDH based applications already have been taken place. Now they want to move on to ICF status.

Dutch Centres approach

A high number of international experts on former ICIDH and present ICF, have already discussed this topic, and agreed for the time being, on the combined A & P list.

Theorising about concepts and definitions is important, checking the reliability of this theorising is the next step.

Our thought is that A and P can only be understood, and the reliability of definitions checked in real live context. That is why the Dutch Centre wants to undertake a systematic collecting of terms concerning A & P, and study what makes something an Activity item or a Participation item.

In addition the Centre wants to collect information about which questionnaires are used for which ICF terms. Information on specific validated questionnaires will be integrated on term level in the electronic version of ICF. We think this will promote univocal use of terms in surveys, research and patient records, and lead to less new questionnaires on items already operationalised in existing questionnaires.

The ICF Response Centre

For the collection of expressions on A & P with corresponding codes, and on questionnaires, the Dutch Centre will organize the ICF Response Centre. In principle the ICF Response Centre is an electronic tool for structured data collection. The ICF Response Centre is a locally working software application. A message will be sent to a central server, either in the Dutch CC or in a University setting.

This structured way of data collecting also supports the arranging of data by code. Normally this arranging of collected data, in most cases comments on standards, is done manually.

The basis for the tool is a structured message, which can be applied in similar software applications like the ICF Response Centre. It can also serve as the basis for a paper based message where no computer assistance is directly available. These messages can be processed on a central point later.

The message contains the following fields:

Scheme: name of scheme	Version: number of version
Code: number of code of origin	Class: name of class of origin
Assigned Code: Number of code with number of qualifiers	
Assigned class name: your specific term for the assigned code, if available	
Description of functioning in context: Explicit description of functioning as A or P in context	
Concept from questionnaire?: Yes or No answer	
Name questionnaire: full name of questionnaire and abbreviation	
Reference: reference for questionnaire	
Store Comments	Enter your comments on class above

User Group

An important question is, whom we want to comment on A & P? The Centre thinks a controlled group of ICF users should be invited to contribute to this work on A & P. Specific interested parties can be invited to participate, if the Centres criteria for participation are met. These criteria will be made explicit.

The selected group of ICF users needs to be equipped with the ICF Response Centre, either as part of the electronic Classification Browser software or a limited version of the Classification Manager software. Once the ICF Response Centre is activated, information about the selected class will automatically be shown within the first four fields. Comments on separate codes and classes can be stored, and mailed as a batch to the central server on any convenient moment.

Terminological Analysis on A & P

To discover what the difference is between an activity and participation item, and what defines A and P, the submitted descriptions will be analysed using a method for modelling medical terminology (MMT). This method has been developed in analogy with the development of the French Classification of Procedures (CCAM), and further developed by the Medical Informatics Group of Nijmegen University. As part of the method a class concept diagram for Activity and Participation will be modelled. The concept diagram describes the class constructs with their relations. The diagram will be modelled in the Unified Modelling Language (UML).

The Terminological Analysis is a contribution in the answer to the question if separate lists of classes for A & P are sensible and possible. In other words, if the present A & P list can be reconstructed and separate A's and P's can be explicitly defined.

The Dutch CC wants to explore the possibility of applying this approach to A & P on an international level and expansion of the scope to all of ICF in a next step.

References

Ten Napel H, Rogers J and Zanstra PE Demonstration of the Telematic Infrastructure for a common resource for medical terminology and language for Europe including the designated segments of national classifications. *Galen-In-Use deliverable D6.1* for the European Commission DGXIII.C4, Project HC 1018 – Telematic Applications for Health, 1999.

Ten Napel H, Heerkens YF. A formal reference model of the ICDH-2. In: *Comments and Results of Field Trials on the ICDH-2 Beta-2 Draft*. Halbertsma J, Heerkens YF, Hirs WM, de Kleijn-de Vrankrijker MW, van Ravensberg CD and Ten Napel H. RIVM report, 270553 001. Bilthoven, 2000. pp 58-73, 98-112.

WHO, International Statistical Classification of Diseases and Health related problems, 10th revision, Geneva, Switzerland, 1992.

WHO, International Classification of Functioning, Disability and Health; ICF, Geneva, 2001.

WHO CC, Nederlandse vertaling van de International Classification of Functioning, Disabilities and Health, Bilthoven, 2002.